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The Mental Health Needs of South African Mainstream High School Learners: Teachers' Experiences and Perceptions

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A research report submitted to the Department of Psychology in partial fulfilment for the degree of Masters of Education by coursework and Research Report in the field of Educational Psychology in the faculty of Humanities, University of the Witwatersrand.

Johannesburg, South Africa April 2023

Declaration

I declare that this research report is my own, unaided work. It is It is being submitted for the partial fulfillment of a degree of Master's in Educational Psychology at the University of the Witwatersrand, Johannesburg. It has not been submitted, in whole or in part, before for any other degree or examination at any other university.



Signed: Ms. Leandra Imilia Abreu Date: 23 March 2023

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- My friends, who uncomplainingly provided motivation through the ups and downs of what we termed, “the r-word”, research.

Dedications

To the two most influential women in my life. Mom, Imilia Abreu, the way you have so bravely faced life challenges is admirable. You are an inspiration and have taught me the lesson of never giving up. I love you beyond.

Vóvó, Firmina Gonçalves, your kindness, friendship, love and purpose is remarkable. I will always remember you by these qualities. Amo-te muito.

Abstract

This qualitative study set out to explore teachers' experiences and perceptions of South African high school learner mental health. Mainly, what teachers believe to contribute towards learner mental health, what they deem to be the barriers and how they believe these barriers can be addressed. The study aimed to provide insight into facilitative factors and challenges concerning adolescent learner mental health in addition to offering support to teachers in managing the mental health of their learners, an important factor in assisting the overall development of South African learners. To better understand these views, twelve qualified and registered teachers practicing in South African high schools were interviewed using a non-probability, purposive sampling technique and following an interpretive phenomenological approach. The use of semi-structured individual interview questions was used to ascertain the perceptions and experiences of 12 teachers in South Africa. The teachers were approached via online platforms, due to social restrictions during the COVID-19 pandemic. The data was analysed using Braun and Clarke's (2006) thematic analysis to establish the main themes brought up by the participants. The findings uncovered numerous themes and subthemes surrounding teachers' perceptions of aspects contributing to the mental health of their learners namely: challenging households and the role of parents, social pressures and stressors, anxiety, depression, ADHD and the influence of self-esteem. The impacts of COVID-19 were also prominent due to the interviews being conducted during the initial lockdown period in South Africa. The teachers identified a lack of resources and teacher mental health training/knowledge, stigma and poverty as three of the major barriers to learners accessing mental health support. Finally, the teachers identified multilayered responsibilities, interventions pertaining to teacher training and curriculum adaptions as possible approaches to address these barriers. These findings suggest that managing the mental health of learners is extremely burdensome for teachers who feel unsupported. Obtaining teachers' perceptions, experiences and beliefs about learner mental health is thus important to improve school psychological services. The findings contribute to research regarding factors influencing learner mental health and adds to the limited empirical research available surrounding South African teachers' experiences and perceptions. It is recommended that future research be carried out on several different aspects surrounding adolescent mental health in South Africa.

Keywords: *adolescent mental health, interventions, school support, educational psychologists, South African teacher perceptions*

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Chapter One: Overview of the Study

Introduction

In 2011, a study conducted by Kieling et al. (2011) identified a large gap in the mental health support received by adolescents in low-income and middle-income countries, stating that their mental health is neglected. A decade later, studies continue to show a lack in adequate mental health support for adolescents (Addy et al., 2021; Jörns-Presentati et al., 2021). This suggests that although the prioritisation of research pertaining to the needs of adolescent mental health has existed for over a decade, little has been done. The necessity in identifying both the risk and protective factors in the mental health of adolescents has become a major concern as it is an increasing challenge worldwide.

Schools have been recognised as having the potential to assist in mental health promotion and in the upliftment of adolescent learners (Addy et al., 2021). Studies have discovered that on a community level, positive connections and bonds between teachers and their learners reduces risky behaviour in adolescents and lowers the occurrences of mental health issues in young adulthood (Parmar et al., 2022). The impact of teachers who are insightful about learner mental health was stressed by Johnson et al. (2011), who reveal that teachers who are aware and knowledgeable of the mental health needs of adolescents can foster early identification and treatment plans. This assists in making a substantial difference to mental health support for adolescents.

Literature suggests that South African high school teachers experience difficulties in coping to manage the mental health needs of their learners (Khanare et al., 2019; Maree & Van Der Westhuizen, 2010; Shilubane et al., 2015; Skinner et al., 2019). The mental health needs of learners are therefore often unintentionally overlooked by teachers who are struggling to cope and manage the mental health challenges present in the schooling context. The purpose of this study was to explore this further in order to acquire more insight into the experiences and perceptions that South African high school teachers have about the mental health of their learners. This is important to the field of psychology, especially educational psychology, as it can assist educational psychologists in determining the perceptions, experiences, strengths and struggles of teachers in relation to the mental health of their learners. This understanding can allow for strategies to be developed and implemented in schools where support is provided to the teachers, which can contribute to adolescent mental health care.

Rationale

In November 2021, the World Health Organisation (WHO) released alarming data pertaining to adolescent mental health. WHO (2021) stated that 14% of the global burden of disease within the 10- to 19-year-old age group is due to a mental disorder that is often overlooked and left untreated. Furthermore, mental disorders such as depression, anxiety and behavioural disorders are the leading causes of illness and disability in adolescents, and suicide is the fourth leading cause of death among 15 to 19 year old's (WHO, 2021). Many children and adolescents spend most of their time at school. Children are molded and shaped by many elements and influences within their environments (Bronfenbrenner & Morris, 2007), the most instrumental being schools, which have a long-term impact on a child's cognitive and social development (Atkins et al., 2010). Schools that create a safe and supportive environment for adolescents are therefore imperative to their well-being and mental health.

Support of children's mental health in schools has been studied by researchers on a global scale (Auerbach et al., 2018; Milin et al., 2016; Reinke et al., 2011; Suldo et al., 2016). Reinke et al. (2011) conducted a quantitative study on the perceptions of 292 early childhood and elementary school American teachers from five school districts in various areas with regards to the mental health needs of their learners and their roles in supporting these needs. This study found that over 80% of the teachers reported mental health concerns in their learners in relation to disruptive behaviour, inattention, hyperactivity, defiant behaviour, family stressors and peer problems. It was additionally found that less than 30% of the teachers indicated feeling like they had sufficient knowledge in meeting the mental health needs of their learners, while less than 40% felt as though they had the skills to meet the mental health needs of their learners. When considering barriers to the mental health of their learners, 82% of the teachers identified a lack of mental health professionals within the school setting, 78% spoke to the lack of adequate training they received in dealing with the mental health of their learners, 66% spoke to the lack of funding for school-based mental health services, and 63% addressed the stigma associated with receiving mental health services. The above study is what underpinned this research (Reinke et al., 2011).

In considering more recent research within the South African context, a study conducted by Skinner et al. (2019) aimed to discuss the mental health challenges teachers observed within their classrooms. In addition, the study sought to understand what the teachers believed were causing these challenges as well as techniques used to address the

challenges. The study's qualitative findings were gathered from 10 teachers who taught grades 3 to 6, where the children's ages ranged from 7 to 11 years old. The current research differs from this as it has similar aims to the Skinner et al.'s (2019) study, however, it focuses on high school teachers who work with adolescent learners. The adolescent developmental stage (ages 10 to 19) is crucial and often demands social support from teachers (Shilubane et al., 2014). However, thus far, there is limited research on the mental health needs of adolescents within the South African context, adding to the rationale of this qualitative study.

South Africa is characterised by high crime rates that are often linked to the development of various health and psychosocial problems, which include mental illnesses and other hindering developmental effects on the youth (Stevens, 2013). Psychologists in the schooling context are scarce due to a variety of reasons, which are unpacked in the literature review, and therefore it is important to assist teachers in tending to the mental health needs of their learners. In this way, teachers can act as initial contact points for learners before referring learners with more severe cases to psychologists and more specialised mental health assistance. There seems to be a lack of research in the field on teachers working with the adolescent age group despite teachers having a vital role in shaping the mental health outcomes of their learners (Reinke et al., 2011). Arguably, teachers can function as protective factors against harmful environmental influences. This is supported by Theron, Liebenberg and Malindi (2014) findings that when teachers encourage "youth agency" and promote positive learner future successes, learners perceived this as fostering their resilience and being beneficial to their adjustment (Theron, Liebenberg, Malindi, 2014). As such, this study aims to contribute to the field of mental health by providing insights from teachers in South Africa regarding their understanding of the mental health needs of their learners. It may furthermore provide possible strategies for support and future interventions within schools for educational psychologists to reflect upon when supporting learners and teachers.

Research Aims

This research explores South African teachers' experiences and perceptions of the mental health of their learners to better understand mental health within the schooling environment. Furthermore, it endeavours to specifically focus on the understanding teachers have about mental health, what they deem to be the barriers towards their learners seeking mental health support, and how they believe these barriers can be addressed. This will provide insight into facilitative factors and challenges/barriers concerning the mental health of adolescent learners in schools. It additionally aims to inform policies on mental health to

place more value on mental health in the schooling context as a support unit for learners and teachers alike. Teachers receiving support in managing the mental health of their learners is an important factor to assist the overall development of South African learners. This was achieved by generating data from twelve semi-structured individual interviews (Choy, 2014) and using Braun and Clarke's (2006) six phase approach to thematic analysis to allow for the identification of common themes across the participants. The ethical considerations of autonomy and privacy were also adhered to. These procedures are explained in more detail in Chapter 3 of this study.

Demarcation of the Study

Chapter 2 discusses relevant literature for this study in relation to adolescent learners and factors that may impact their mental health in the schooling context.

Chapter 3 provides the research methodology, design and procedures implemented when undertaking the study.

Chapter 4 presents the findings of this study using a thematic analysis approach presented in the format of prominent themes that emerged from the data.

Chapter 5 uses the findings and discusses them in accordance with literature. It additionally discusses the implications and limitations of this study, as well as future recommendations.

Chapter 6 concludes the study with a summary of the findings and the final deductions made.

Chapter Two: Literature Review

This chapter will begin with defining mental health among adolescents and discussing its importance in the South African context. Teachers' experiences and perceptions of adolescent mental health protective factors and challenges will be discussed. The challenges South African adolescents experience are discussed as these may potentially have an impact on their mental health and well-being. Presented at the end of this section is a brief discussion of the key policy documents that need to be considered in relation to mental health in the schooling system. These include the National Adolescent and Youth Policy (DoH, 2017) and the Education White Paper 6 (DoE, 2001), which promotes the policy of inclusive education in schools. This section will examine how this impacts the role of the teacher in addressing the mental health of their learners. The biopsychosocial model is discussed as the theoretical underpinning for this study to assist with the understanding of mental health within the schooling context. Literature relative to the barriers that teachers experience in relation to the mental health of their learners will be discussed as well. The mental health difficulties of learners have been identified largely drawing on a study completed by Skinner et al. (2019) and the challenges identified by the teachers in that study. This literature review will add to these findings by focusing on previous studies that have been conducted internationally and in the South African context.

Defining Mental Health Within Schools

Globally, concerns about mental health rates have been increasing, however in many countries the demand for services have exceeded the availability (Auerbach et al., 2018). According to the World Health Organisation (2001, p.1), mental health is defined as

> a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community.

In researching mental illness, psychopathology considers both externalised disorders (hyperactivity and other behavioural disorders), as well as internalised disorders (depression and anxiety) (Suldo et al., 2016). A study completed by Raman and Janse van Rensburg (2013) revealed that the most common mental health illnesses presented by adolescents in South Africa are attention deficit hyperactivity disorder (ADHD), mood disorders such as depression and bipolar disorder, behaviour disorders, and anxiety disorders.

Due to adolescence being a critical period for the onset of mental illnesses (Milin et al., 2016), the implementation of protective factors in high school learners is crucial. Protective factors include early interventions, child support, mental health promotion activities in schools, violence prevention programmes and community development programmes (WHO, 2018). However, for these protective factors to be effective in the schooling context, teachers need to have a comprehensive understanding of mental health and to be competent in identifying mental illnesses within their learners. Teachers are important within the schooling context because learners spend most of their days at school. Therefore, schools are an essential setting for detecting the mental health needs of adolescents (Reinke et al., 2011). This emphasises the crucial role of teachers in supporting the mental health needs of their learners.

The WHO (2018) states that a range of social, biological and psychological aspects aid in determining an individual's mental health level, hence issues such as violence, social exclusion, socio-economic pressure and unhealthy lifestyles are among the risk factors to obtaining optimal mental health. Considering the WHO's understanding of mental health and the influencing factors of it, one can understand mental health in relation to the biopsychosocial model.

George Engle's (1980) biopsychosocial model (BPSM) is a model that can be used to understand the mental health of learners. The BPSM considers aspects of health that were missing in the biomedical model when attending to patients (Engel, 1980). This extension of the biomedical model includes multiple elements of illness, health and well-being (Monteiro, 2015). The BPSM states that in order to attend to a patient, there needs to be a focus on the biological, psychological and social aspects of the patient's mental illness (Borrell-Carrió et al., 2004). Thus the BPSM describes mental health as the active interactions between these three aspects (Fiissel, 2017). The importance of the social aspects and their impact on health is spoken about extensively in literature (Monteiro, 2015). As such, the BPSM provides a more holistic approach toward presenting illnesses and disorders (Engel, 1980) in that it aims to address every individual's needs while paying attention to their social and psychological settings (Babalola et al., 2017). However, the holistic characteristic of the BPSM also appears to be its downfall. A criticism is that this type of approach to mental health support is not only costly to apply, but also time-consuming (Babalola et al., 2017), features that many African countries cannot overcome.

Monteiro (2015) considers mental health in African countries and expresses that governments within these countries are more dedicated to confronting illnesses such as tuberculosis, HIV/AIDS, malaria and, as of recently, the COVID-19 pandemic, thus they do not have the time to put effort into addressing mental illnesses. This results in numerous barriers such as a lack of health care facilities, a scarce amount of mental health specialists, poor infrastructure and a lack of access to health care facilities due to funding and policies (Monteiro, 2015).

One of the major barriers to mental health is that throughout the majority of Africa, mental health is confronted by much stigma and judgement (Monteiro, 2015). Consequently, this results in individuals suffering not only with the symptomatology of their mental illness, but also with a lot of emotional unrest (Bell et al., 2011). This often results in many individuals feeling a sense of embarrassment and therefore avoiding treatment and support, causing them to suffer alone (Bell et al., 2011; Monteiro, 2015). A fear of stigmatisation and social discrimination is one of the most common barriers to adolescents seeking assistance and services for their mental illnesses (Milin et al., 2016). At an age where social and emotional development is at its peak, the effects of stigma on adolescents is detrimental to their well-being (Bell et al., 2011). This is why it is important to explore the experiences and perceptions of teachers in relation to the social barriers they observe within their learners. Previous studies have explored the perceptions teachers have on mental health, with a particular focus on stigmatisation. One study found that although the majority of teachers reported viewing their learners with mental health concerns in a positive way, they also perceive these learners as being an increased burden to them in the classroom and as being a risk to the other learners in the classroom (Fiissel, 2017). Reasons for these findings were not discusses, however it was related to the increased responsibilities and workload the teachers felt was associated with learners who have mental health concerns.

African countries are characterised by having populations that are subjected to high levels of socio-economic and psychological stressors including violence, poverty and social inequalities, thus making adolescents prone to developing mental health illnesses (Monteiro, 2015). South Africa is described as having high levels of social inequalities (Naidoo et al., 2019), thus it is expected that many South African adolescents presenting with mental health concerns will not receive adequate support. This is because of the various barriers to treatment they may experience, such as the lack of easily accessible professional and therapeutic spaces within schooling systems, limited knowledge in assisting with mental

health in schools, and the lack of accessibility to mental health services due to the demand being a lot higher than the availability of services (Skinner et al., 2019). These barriers experienced by South African high school learners emphasise the importance of alternative methods of support. Teachers are perceived as the bridge between learners receiving mental health support by virtue of the amount of time they spend with the adolescents. Teachers are usually the first to notice any mental health changes or challenges in their learners thus making them important points of contact who can then make referrals (Breuer, 2016). Thus, they have an important role in the process of intervention, however, with a lack of knowledge, they often do not know what process to follow (Soares et al., 2014). This leads to many mental health concerns being overlooked. A study done in the United Kingdom (UK) where teachers were taught various techniques of mentalisation in a bid to support the mental health of their learners who displayed disruptive and inappropriate behaviours, found that teachers are usually apprehensive about intervening in supporting the mental health of their learners (Malberg et al., 2012). This is because they feel that becoming "too involved" might result in the loss of their performing role as teachers (Malberg et al., 2012).

When focusing on teachers in schools as a means of aiding in the identification and intervention of mental health concerns in learners, the concept of mental health needs to be established from the teachers' perspectives within the contexts of the biological, psychological and social spheres of their lives. Research suggests that determining teachers' perceptions in relation to stigma and mental illness is important as studies have proved that the more open-minded a teacher is to mental health services, the better the chances of he/she making a referral (Breuer, 2016).

Implementing mental health promotion into the schooling curriculum has been proposed as an intervention aimed to promote mental wellness among school learners. This is largely supported and executed by the teachers within the school, however the effectiveness of teachers' detection of mental illness and the possibility of further interventions is essential. A quantitative study conducted by Askell-Williams and Cefai (2014) explored the perceptions of Australian and Maltese teachers who were in the early stages of introducing mental health promotion into the formal schooling curricula. It was found that within these vastly different countries, overall, the teachers felt positively towards the promotion of mental health in their schools. It was noted however that the teachers perceived some difficulties in the implementation of mental health promotion into the formal curriculum as they did not feel as if they were knowledgeable, well-resourced or self-efficacious. These

perceptions were not significantly different across the two countries and were not dependent on their gender. It was however noted that Maltese teachers provided lower scores in relation to mental health knowledge and resources in addition to perceptions of parental support. Finally, it was also noted that primary school teachers provided higher scores in relation to attitudes and actions of promoting mental health in schools in comparison to secondary school teachers (Askell-Williams & Cefai, 2014).

Although such studies are beneficial in determining the perceptions of the implementation of mental health promotion into the curriculum, it lacks the personal experiences and nuances of the teachers that facilitate the understanding of what they may be finding challenging in relation to the mental health of their learners in addition to what the teachers perceive to be beneficial support. Such information is better understood through a qualitative study. Furthermore, the perceptions of high school teachers are captured in this study as they are the sole participants.

The BPSM will be used in this study to identify how teachers perceive mental health in their learners. It will also allow the researcher to identify any possible misconceptions within South African teachers' conceptualisations of mental health in an effort to establish school interventions that allow teachers to feel more confident in their skills of detecting mental health concerns, resulting in a greater benefit for the needs of high school learners (Breuer, 2016).

Depression and Suicide within the Classroom

Theories on the causes of depression are vast, but what is commonly reported is the impact of psychosocial stressors on the hormonal responses in the body (Roy & Roy, 2017), thus we notice the biological, social and psychological aspects on the development of depression and how it may be linked to the development of suicidality in learners. The symptoms of depression include fatigue, a lack of concentration and interest, problems in memory and changes in weight, sleep patterns and appetite (Roy & Roy, 2017). This is problematic as depression has been linked to low academic performance, poor behaviour at school and a higher risk of suicide in learners (Breuer, 2016).

Globally, suicide seizes the lives of thousands of people (Oprescu et al., 2017) and is thus a significant large-scale public-health issue. The main contributing factor of suicide among South African teenagers is said to be depression (Robertson, 2018). The South African Depression and Anxiety Group (SADAG) released statistics in 2018 indicating that 17% of South African teenagers (aged 13 to 18) attempted suicide that year. Of the total

number of unnatural deaths of South African teenagers in 2018, 9% were due to suicide. These statistics emphasise the concern for the mental health needs of South African learners. In South Africa, adolescents are at a high risk of developing non-communicable diseases (NCDs) – diseases that are not contagious and cannot be spread by person-to-person contact, an example of such is depression. Depression is a high burden, internalised NCD that is extremely prevalent in high school learners (Naidoo et al., 2019). It has a negative impact on how learners feel, think and act, compromising their well-being and academic performance (Townsend et al., 2017). However, Loades and Mastroyannopoulou (2010) reported that teachers often perceive learners that presented with NCDs, including depressive disorders, to be less of a burden. This was attributed to the presentation of the behavioural symptomatology of these disorders being less disruptive in the classroom (Loades & Mastroyannopoulou, 2010). Due to the learners being seen as being less disruptive in the classroom, the teachers may overlook them and any of their mental health concerns. This in turn results in these learners being at a higher risk. Prevention strategies are therefore of the utmost importance, especially among adolescents.

A quantitative study based in the United States of America (USA) comprising of elementary school, middle school and high school teachers, found that almost 60% of the teachers had received some training in suicide prevention (Hatton et al., 2017). The researchers additionally gained insight into what the teachers perceived to be barriers in suicide prevention. It was found that all but one of the 74 teachers who participated in the study felt that they had a role in preventing suicide among their learners. 77% of the teachers also recounted listening for warning signs of suicide in learner conversations, however, only 34% of the teachers reported making themselves available for the learners to talk about their personal concerns and suicidal thoughts (Hatton et al., 2017).

Shilubane et al., (2015) expressed the importance of teachers being knowledgeable on suicidal behaviour as it assists in suicide prevention as well as support for learners within their classrooms following a completed suicide. Therefore, their study focused on assessing the knowledge, skills and training needs of 50 teachers from Limpopo, South Africa in relation to learners' suicidal behaviour. It was found in this study that the teachers felt that they did not have knowledge on the precursors of suicidal behaviour and perceived themselves as not being trained to handle suicidal learners. It was additionally found that when a learner in distress would approach their teacher with their concerns, the teachers would dismiss them as they felt that many of the issues had "nothing to do with [them]". Due

to their lack of knowledge surrounding suicide and suicidal behaviours, the teachers felt anxious in discussing suicide with their learners, especially after one had occurred in the school. The study revealed that all the teachers felt that they were not aware of their learners' suicidal ideations as the learners did not confide with them about their struggles (Shilubane et al., 2015). However, another study found that teachers who had some form of training in suicide prevention were twice as likely to have learners confide in them about their suicidal intentions than teachers who had no training (Hatton et al., 2017). This may be due to the teachers appearing to be more approachable by the learners. Teachers appearing to be more approachable may be linked to the teachers feeling comfortable and confident in identifying and assisting suicidal learners and therefore not dismissing their learners. Although, it was found that teachers were more likely to intervene when they were comfortable in managing suicidal prevention rather than when they felt confident (Hatton et al., 2017). Thus, teachers feeling confident in providing suicide prevention support may also assist in them appearing to be approachable by the learners.

The lack of mental wellness resources, especially on-site mental health practitioners available to support the teachers and learners after a suicide has occurred, was also identified by the teachers as a barrier to sufficient suicide prevention in schools (Shilubane et al., 2015). The importance of teachers receiving debriefing assistance from school counsellors after a suicide of a learner, in addition to professional assistance, training and having a school crisis plan was also emphasised by teachers in Australia as beneficial to decreasing the negative effects of suicide on their mental health (Kolves et al., 2017). In identifying the impact of suicide on teachers, Kolves et al. (2017) found in their quantitative study with 138 high school Australian teachers that suicide of a learner had a negative impact on the personal and professional life of the majority of the teachers. 58% of the teachers reported having low moods and 50% expressed poor sleep and a preoccupation with the event following the suicide of a learner. Furthermore, over one-third of the teachers reported the incident negatively impacting their self-confidence (Kolves et al., 2017). These findings are noteworthy in a South African context where studies have discovered that teachers being confronted by angry community members, who hold the teachers responsible for the suicide of a learner, as being a common experience. The teachers expressed feeling angered at being targets of blame and fury by community members (Shilubane et al., 2015). The accumulation of these factors creates an environment for teachers where it is extremely difficult to cope

without the availability of and access to professional counselling services in the school environment that can handle the emotional well-being of the teachers.

Attention-deficit/Hyperactivity Disorder within the Classroom

Attention deficit hyperactivity disorder (ADHD) is defined as a chronic neurodevelopmental disorder that is characterised by impaired levels of inattention and hyperactivity (Lawrence et al., 2017). Children with ADHD have a higher chance of having difficulties with their social behaviour (Lawrence et al., 2017). Having poor social skills, a lack of social cues and negative interactions with others often results in learners being socially rejected by their classmates (Kita & Inoue, 2017). It has therefore resulted in adolescents developing a low self-esteem and self-acceptance, which is strongly related to the development of major depression and anxiety (Kita & Inoue, 2017; Lawrence et al., 2017). Although the above research linked ADHD to the development of low self-esteem, depression and anxiety, a study conducted by Skinner et al. (2019) found that primary school South African teachers felt differently. The authors discussed how South African teachers perceived concentration difficulties as being caused by their learners being depressed, anxious, and engaging in substances. They additionally felt that such challenges were driven by the poor social conditions surrounding their learners, which included health issues, malnourishment and increased responsibility in relation to caring for their sick parents and siblings.

Literature suggests that teachers rarely receive their knowledge about ADHD and mental health through formal education, often relying on in-service training that they perceive to be inadequate, therefore they aspire to learn more about the disorder (Lawrence et al., 2017). The lack of formal education about the mental health of learners that is provided to teachers can be identified as problematic in supporting the mental health of learners. This is because having a higher formal education about ADHD and all its contributing facets may assist in the improvement of learner-teacher relationships, as ADHD has been associated with classroom struggles and conflicts between learners and teachers (Singh, 2011). The lack of knowledge connected to learner mental health and ADHD has consequently led to many teachers viewing their learners who are suffering with ADHD, or those who have poor concentration, in a negative way. This has detrimental effects on teacher-learner interactions and, in turn, the learner's mental health (Bell et al., 2011). In Skinner et al.'s (2019) study, the teachers had a basic training in the psychometric properties of the strength and difficulties questionnaire (SDQ), which led them to being able to perceive the concentration difficulties

experienced by their learners as being linked to their academic difficulties in class, and the frustration and aggression resulting from this. Therefore, it can be argued that because of the deeper insight into mental health gained from basic training in the SDQ given to the teachers, they were better able to understand these difficulties, which, in turn, improved their responses to their learners and fostered better teacher-learner relationships. This is significant to this study as it aimed to explore what may be beneficial in assisting teachers in addressing the mental health concerns of their learners. It also demonstrates how formal education on learner mental health may be an option to equip teachers with the right skills to assist.

Anxiety, Violence and Bullying within the Schooling Context

Bullying can be both physical and social in nature. Social bullying refers to a more subtle form of bullying that does not entail physical contact and may include laughing or giving looks that indicate an intention to harm (Ellis & Shute, 2007). Despite social bullying having the same negative psychological impact on learners' mental health as physical bullying, teachers often perceive social bullying to be less severe and therefore find it less important to intervene (Ellis & Shute, 2007). Globally, the violence learners are exposed to has been described as an increasing problem to the educational system as it compromises learning (Sathiparsad, 2003). High levels of bullying, both face-to-face and cyberbullying, were expressed in Singh's (2011) study. Although it is usually assumed that males are perpetrators of physical violence, this study revealed that females are not exempt from being perpetrators of physical violence as a result of bullying. Many girls in the study reported that they were victimised by other girls and boys in their classes. Within South Africa, reports as well as video footage show young girls at school engaging in physically violent interactions both with their peers and with their teachers (Westerdale, 2020). These interactions are particularly worrisome in terms of their impact on the mental health of those involved and exploring the perceptions and experiences of teachers may provide a lot of insight into this.

Previous studies have shown that South African student teachers have expressed their feelings of "fear and tension" between themselves and their learners in response to the violence experienced in schools and how this has a negative effect on teacher-learner relationships and trust (Maree & Van Der Westhuizen, 2010). The exposure to bullying and violence has many negative effects on learners' mental health.

Social anxiety is said to be an outcome of bullying due to the peer victimisation associated with bullying in the schooling context (Pabian & Vandebosch, 2016). Research in both developed and developing countries suggests that learners who are either the victim or

perpetrator of bullying have a greater chance of dropping out of school due to the wide range of psychosocial effects including lowered academic performances, being absent and psychological distress (Ndibalema, 2013; Townsend et al., 2008). Being socially excluded by their peers will consequently result in learners having a lack of peer support. This, combined with bullying, could lead to the development of teen depression as adolescents' social relationships with their peers become increasingly more important to them during this stage of development (Chen & Eisenberg, 2012). Thus, the effects of bullying on one's social and psychological well-being are detrimental to learner mental development and socialization.

Learners' first point of call for support and assistance in schools is often their teachers. It is therefore imperative that teachers can understand the psychological impact that all types of bullying and misbehavior have on an individual's mental health and teachers' reactions to them. Studies in Tanzania found that in response to physical bullying, teachers reported that it was challenging to manage because many children come from adverse conditions and therefore get involved with substances, often resulting in their aggression (Ndibalema, 2013). In a study conducted by Hagenauer et al. (2015), it was further revealed that a lack of discipline from learners within the classroom was associated with high levels of teacher anger. This has a negative impact on the type of teaching received by the learners. It was furthermore discovered that negative teaching experiences cause teachers to be alienated by the learners, which strains the teacher-learner relationship and increases the risk of burnout developing (Hagenauer et al., 2015). Dealing with school violence and bullying is recognised as a fundamental challenge for all, including the government, thus interventions are very complex to develop (Sathiparsad, 2003). Subsequently, teachers who are first in line to experience school violence and bullying feel challenged and ill-equipped to manage it. While research is contradictory in terms of the discipline strategies used by teachers, it is evident that teachers often respond to a lack of disciplined behaviour with harsh punishments (Ndibalema, 2013). Harsh punishment by teachers has been associated with learners being vulnerable to bullying victimisation. This is because the teachers are modelling hostile behaviour as being acceptable as a means to solve issues (Banzon-Librojo et al., 2017). Nevertheless, many South African schools still view corporal punishment as an appropriate way to handle bullying even though it has been made illegal to administer. This highlights the disconnect between government policies and the implementation of these policies at school level (Khanare et al., 2019). This is why it is important to explore teachers' experiences and perceptions of bullying, in order to gain a better understanding of their feelings about

bullying and how it impacts them. This insight will assist in programmes that can be developed for teachers to cope with managing bullying in schools that are in line with government policies and beneficial to the learners.

At the beginning of 2021, bullying incidents in South Africa revealed a link between bullying and the suicide rate, both internationally and locally. Rare consequences of online bullying incidents in the US have resulted in teens being imprisoned on aggravated stalking charges (Stanglin & Welch, 2013). Another incident of bullying resulted in a 21 year old being imprisoned for second-degree involuntary manslaughter (Andrews, 2017). In Limpopo, South Africa, a video surfaced of a physical bullying incident. Reports state that the victim, a 15-year-old girl, subsequently ended her life hours after this incident. Investigations resulted in her bully being arrested on charges of assault (Head, 2021). Research suggests that among the factors contributing to the likelihood of teachers intervening in bullying is their level of confidence in handling bullies and their victims (Kennedy et al., 2012) along with the level of seriousness teachers associate with a bullying situation (VanZoeren & Weisz, 2018). In exploring teachers' perceptions of what might increase their level of confidence to intervene in bullying, the need for an increase in professional development programmes that focus on bullying prevention was expressed (Kennedy et al., 2012). Educating teachers on the long-term implications and seriousness of bullying on a learner's educational, social and emotional development is said to be one of the greatest approaches in encouraging teachers to intervene in bullying (VanZoeren & Weisz, 2018). Therefore, exploring teachers' understandings of the topic within the school setting and the effects it has on the mental health of their learners will assist in understanding the increase in violence and bullying within South African high schools. Teachers being confident in their skills to confront bullies is a large contributing factor that assists in combating bullying within schools to curb the development of many mental health disturbances in learners.

The Impact of Learners Living in Challenging Households

A phenomenon that has become very common within households, regardless of socio-economic status, is that of divorce. Children from divorced homes have an increased risk to their internal, external and social well-being and are at a higher risk for developing depression and dysregulation of their psychological stress response (Aasen Nilsen et al., 2018; D'Onofrio & Emery, 2019; Fabricius & Luecken, 2007), thus the influence of social, psychological and biological aspects in the child's well-being and the possibility of mental illness developing in children within challenging households has been established.

In considering the perspective of 21 Australian teachers working with young children who have experienced parents who are divorced or separated, it was found that the teachers were able to detect an immediate shift in learners' behaviour and emotional well-being. Perceived deterioration in a child's academic performance and the predicted failure to progress through high school was additionally voiced by the teachers (Mahony, 2013). In addressing this, ten of the 21 participants spoke about working with parents and having good communication with the parents as being beneficial in gaining more insight into the home-life challenges experienced by the child. Teachers also felt that working collaboratively with the parents towards solutions to support the child at school was useful. The collaboration with parents was discovered to be more helpful than with other school personnel, like psychologists. Although this study uncovered the benefits of teacher-parent collaboration in assisting the support provided to children within challenging households, this seems to speak to the ideal circumstance in which parents and teachers have good working relationships and trust between the two parties. Parent-teacher collaboration may also be easier when the divorce process is uncomplicated. It may therefore be argued that when parents are in the midst of a difficult divorce, or other stressful life events including illnesses, financial strain and mental health challenges, depending on their personalities, communication with their children's school may be more complicated. This is confirmed by D'Onofrio and Emery (2019) in their examination of research linking family instability to reduced parental interaction with one parent and less effective parenting.

Redding (2019) reviewed educational research that included articles that had been published between 1995 and August 2018. These articles were available in full text, written in English and located within the USA. The review examined articles that spoke to teacher-learner relationships when learners are placed into classrooms with teachers of the same race/ethnicity as their own. Such placements resulted in improved teacher-learner relationships, which allowed teachers to gain higher levels of cultural understanding towards their learners. Increased cultural understanding from the teachers led to an increase in the trust between teachers and their learners. These factors ultimately led to an increase in improved teacher-parent relationships, which encouraged higher levels of parental involvement and communication within the schooling context (Redding, 2019). Although this study was conducted within the USA, it is relevant within a South African context that has deep rooted racial and ethnic conflicts and may speak to a way of addressing barriers to

South African learners feeling as though they can trust their teachers to seek mental health support from them and thus increase parental involvement.

Parental involvement allows for better communication and collaboration between teachers and parents. This assists with supporting the mental health of learners. Without parental involvement, teachers perceive the efforts made in the classroom to be ineffective (Lawson, 2003). Teachers additionally identify that when there is effective communication, problem areas can be easily detected and resolved, benefitting the learner's academic development (Barrera & Warner, 2006). A South African study that closely examined perceptions and experiences around parental involvement of ten teachers from two separate schools found that "parental involvement can indeed help to improve learner's performance" (Makgopa & Mokhele, 2013, p. 221). This study focused on the positive impact of parental involvement in academic success, however, it can be inferred that enhanced academic performance would result in improved learner mental health. The idea of better parent-teacher collaboration is well supported by teachers in the bid to improve support for the mental health needs of their learners (Mahony, 2013; Ndibalema, 2013; Olatoye & Agbatogun, 2009).

Poverty, violence, social inequality and the HIV/AIDS epidemic in South Africa contributes largely to the challenging households of learners. These challenging environments are largely linked to the phenomenon of child-headed households, where children under the age of 18 are looking after their younger siblings in vulnerable conditions (Pillay, 2016). Teachers have been found to be concerned about these learners' emotional well-being, where they identify high levels of depression, anxiety, substance abuse, scholastic problems and aggression among these learners (Skinner et al., 2019).

A South African study investigated the psychosocial support for learners from child-headed households in five government high schools that were classified as underperforming and were located in poor-status communities (Kwatubana & Ebrahim, 2020). This study found that all five schools had implemented an "adult supervision" programme for the vulnerable learners in their schools that required teachers to informally adopt their learners. This required the teachers to be allocated learners who they would take care of for the year. The teachers that volunteered to be a part of this programme reported feeling satisfied and fulfilled as it allowed the children to have social, emotional and academic support. The teachers found this programme to assist the learners being supported, enabling their "opening up" about their challenges. Within this programme it was also found that among the

vulnerable children, children from child-headed households were identified as being the most vulnerable and were therefore placed onto a "must adopt list" (Kwatubana & Ebrahim, 2020). The teachers found that the informal adoption programme to be more effective than working with and referring the learners to social workers for counselling services. It was discovered that some of the teachers were unable to work with the social workers regardless of being able to acknowledge the need for their learners to receive such services in order to "deal with serious issues of raising themselves" and the trauma they had been exposed to (Kwatubana & Ebrahim, 2020, p. 45). This informal adoption programme was able to provide a solution to the lack of resources available to vulnerable children in South Africa, albeit adding to the teachers' responsibilities of needing to support their learners beyond their academic needs.

Impact of COVID-19 within the Classroom

Although this study was conceptualised before the COVID-19 pandemic had reached South Africa, during the time of data collection, the closure of schools and prolonged periods of remote-learning during 2020 and 2021 had changed the schooling environment on a scale both teachers and learners had never experienced before. The impact of COVID-19 on the mental health of teachers in the north of Spain was studied by Santamaría et al. (2021) in their quantitative study that included a total sample of 1,633 teachers, the majority of whom work within primary education (n = 530). Using the Spanish version of the Depression Anxiety and Stress Scale-21, this study found that teachers between the age of 23 and 30 displayed high levels of depression and stress during the pandemic. Furthermore, teachers who had school-going children were discovered to have had the highest levels of depression and teachers within the age group of 31 to 35 years displayed higher levels of anxiety. Within the study, the levels of depression were attributed to elements of the pandemic that included social distancing, the lack of control of events and changes in working environments (Santamaría et al., 2021). It is important to note though that the latter two factors were identified as major contributing factors of depression among teachers before the pandemic; however, these factors were expected to be elevated during the pandemic when data gathering took place. The results from Santamaria et al. (2021) are significant in determining the mental health impact of COVID-19 on teachers. This study focused particularly on primary school teachers, with the lesser of the sample including high school teachers (n = 89). The small nuances of the teachers, something that is better achieved through qualitative studies that include interviews, was omitted within this study. This is a limitation of the study

and therefore the researcher of this study hopes to obtain nuanced data about the perceptions of high school teachers. Nevertheless, Santamaria et al.'s (2021) study is important to hold in mind when discussing the results of the present study.

In exploring some of the elements of the pandemic, a Finnish study focused on the perceptions of 11 high school teachers and 30 of their learners with regards to distance learning (Niemi & Kousa, 2020). Overall, the learners within this study described the implementation of distance learning as going well; however, they did not feel as if their own studies went well. The learners identified that distance learning resulted in an increase in their workload from the teachers, causing distance to have a negative impact on their motivation and concentration. It was additionally found that learners reported longing for social interactions, an increased sense of fatigue, and difficulty in asking for assistance from their teachers (Niemi & Kousa, 2020). The teachers within the study were found to be positive but also concerned about their learners. The teachers reported perceiving the demands of high school that was combined with the quick shift to distance learning as being highly pressurising for their learners (Niemi & Kousa, 2020). In relation to the use of technology over distance learning, many of the teachers reported using the Teams platform and reported positive experiences in relation to the flexibility of communication and teaching techniques. However, although the teachers used a variety of interactive digital tools, they felt that there was a loss of real interactive relationships with their learners that was linked to a concern for the learning outcomes of their learners (Niemi & Kousa, 2020). An interesting finding in this study stems from the differences in perceptions between the teachers and the learners, where the teachers were not aware of, nor did they perceive, the workload of the learners as having increased and they also did not recognise the lack of motivation that the learners were experiencing, whereas the learners reported increased workloads and increased lack of motivation during distance learning (Niemi & Kousa, 2020). While the implementation of distance learning was doable with the use of various technological platforms, one may question the effectiveness of these platforms in under-resourced countries that have other extraneous environmental variables at play, as in South Africa.

The use of WhatsApp was reported by African countries such as Rwanda and Zimbabwe. Nsabayezu et al. (2020) studied the perceptions of 18 teachers in Rwandan secondary schools in relation to the utilisation of WhatsApp in supporting teaching and learning during the COVID-19 pandemic. While the teachers reported high positive results for effectiveness, with 83.4% agreeing that it created positive collaborative experiences, and

88.9% agreeing that there was an increase in teacher-learner interactions, 50% of the teachers reported their collaboration with their learners being impeded by their poor-quality internet connection. Furthermore, 66.6% of the teachers reported WhatsApp being expensive to use. Despite some of the negative experiences of using WhatsApp though, the majority of the teachers stated that they would recommend the use of WhatsApp to other schools (Nsabayezu et al., 2020). The teachers experienced WhatsApp as allowing for cooperation from their learners in a manner that strengthened motivation to achieve through better communication and increased information sharing between learners that was more accessible. Although the study did not mention that the increased communication between learner-learner and teacher-learner relationships contributed to decreased feelings of isolation, it can be assumed that had this area been included in the questionnaire, the learners and teachers may have also scored high positive results in this section.

Within South Africa, studies found that the rapid societal changes caused by COVID-19 and the lockdown period caused higher levels of poverty, unemployment and mental health challenges that exasperated stress that was experienced (Kim et al., 2022). This, in combination with the inadequate distribution of protective gear, poor schooling infrastructure and heavily crowded classrooms, increased the levels of anxiety teachers experienced in their working conditions during this period. The anxiety levels of the teachers contributed to higher levels of depression, feelings of hopelessness and the fear of contracting COVID-19 (Kim et al., 2022; Padmanabhanunni et al., 2022). These factors may contribute to a decrease in teachers' job satisfaction, however Padmanabhanunni and Pretorius (2021) found that teacher identification was a protective factor against the mental health challenges experienced by teachers. As such, teachers who identified with their professions did not experience high levels of job dissatisfaction and were furthermore able to work though the uncertainties and stressors caused by the anxiety-provoking circumstances of the pandemic.

Health and Educational Policies within South Africa

The National Adolescent and Youth Health Policy that was developed in 2017 envisions young people in South Africa between the ages of ten to 24 as living healthy and lengthy lives (DoH, 2017). The policy states that in order to improve the healthcare delivery system, issues such as accessibility, efficiency, quality and sustainability need to be addressed (DoH, 2017). The standards-driven approach to address the quality of health care is the Adolescent and Youth Friendly Services (AYFS). One of the objectives of the AYFS is to "use innovative, youth-oriented programs and technologies to promote the health and

wellbeing of adolescents and youth" (DoH, 2017, p. 6). Within this objective, mental health and violence prevention are among the issues that the school curriculum should address in a way that is interactive, non-judgmental and non-demoralising (DoH, 2017).

An implementation of a more inclusive educational system began in 2001 when the Education White Paper 6 (WP6) was implemented (DoE, 2001). One of the core strategies related to WP6 is to achieve holistic development that not only focuses on an accessible physical environment to all learners, but similarly a "supportive and inclusive psycho-social learning environment" (DoE, 2001, p.6), where budgets within education departments in every province is expected to be reviewed and reformulated to include to "optimizing the expertise of special support personnel, such as therapists, psychologists, remedial educators and health professionals". (DoE, 2001, p. 41). Therefore, in a bid to achieve such outcomes, teachers are to be trained in a manner that allows for a wide array of learning needs to be identified, addressed and accommodated (DoE, 2001).

The realisation of inclusive education in the schooling context is an intervention set to promote the health and well-being of adolescent school learners in a manner that is accessible, efficient, of good quality and sustainable. The responsibility of the teacher is to continue achieving their continuing professional development (CPD) points and focus on developing their competencies in identifying and addressing the needs of their learners in a holistic way. In South Africa, the Children's Act 38 of 2005 allows a learner to bring a case of bullying to court; however, it is important to note that this act does not focus on punishing learners who bully, but rather attempts to rehabilitate them, which is known as restorative justice. Within schools, there should be programmes in place to assist in the rehabilitation of learners, rather than punishing them. However, studies have shown that teachers and schools often handle bullying in a punitive way where the learners who bully are faced with consequences that include demerits, detentions and other forms of punishment (Venter, 2013). It may therefore be assumed that knowledge on the South African policies that are aimed to protect and assist learners in schools are not known by teaching staff and therefore not practiced.

This literature review has outlined the previous research on contributing factors to adolescent mental health and teachers' experiences and perceptions of them. It is noted that within the previous research on the topic, gaps connected to adolescent mental health in the South African context are present. This study aimed to address these gaps by following the following procedure discussed in the next chapter.

Chapter Three: Methods

This chapter begins by briefly stating the aim and research questions of the study. It then explores the research design, data procedure, and data analysis followed. Furthermore, it provides information surrounding the background of the participants. Matters involving trustworthiness, credibility, and ethical considerations are also discussed in addition to the reflexivity undertaken within this study.

Research Aims and Questions of the Study

This research aimed to explore high school teachers' perceptions and experiences of their learners' mental health needs. The research questions were as follows:

1. What do teachers perceive to be the contributing factors to the mental health of South African learners?
2. What do the teachers perceive to be the barriers to the access of mental health support of South African learners in the schooling context?
3. What do teachers perceive to be helpful in addressing the barriers of South African learners accessing mental health support?

Research Design

This study used a qualitative research design. Qualitative research has an advantage in the explorative and investigative properties of a research study as it investigates and highlights an in-depth exploration of the emotions, perceptions and lived experiences of participants (Alase, 2017). As such, a qualitative research design generates data that "refers to meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions" of the research topic (Berg & Lune, 2017, p. 12). Criticism of qualitative research is that the data obtained cannot be generalised to all individuals or population groups due to the small sample size in the research. However, the small sample size can obtain rich personal accounts of information that offer a deep understanding into the values, behaviours and assumptions of the participants. Gaining a deep insight into these understanding of the teachers that participated in the study and their experiences in relation to learner mental health was the core aim of this study, thus making a qualitative research design suitable for this study. A further perceived weakness to qualitative research is that it is often regarded as being less objective, as it assesses the quality of words, symbols and descriptions of the participants' experiences. Because of this, qualitative researchers need to be more precise, clearer, and careful in their definitions and write up of data compared to other researchers (Berg & Lune,

2017). The importance of the participants having the freedom to express their lived experiences and define complex issues that are relevant to them is achieved in qualitative research by using semi-structured interviews, which is the most common type of data collection method used for this design (Rahman, 2020). It was suitable for this study as the flexible, one-on-one nature of the semi-structured interviews allowed the teachers to speak through complex issues, while giving the researcher the opportunity to better understand their experiences.

The importance of the lived experiences of the participants was further emphasised with the study following an interpretive phenomenological paradigm. This type of paradigm focuses primarily on the participant's experience of the phenomenon and how they make sense of this experience (Eatough & Smith, 2017). Alase (2017, p. 9) explains that it is important for the participants to be able to share their lived experiences with the researcher "without the fear of distortions and/or prosecutions", so that the researcher can capture the true lived experiences of the participants in the study. Therefore, the essence of using an interpretive phenomenological paradigm is to gather these true lived experiences so that readers can reflect upon these experiences and feel that they are better able to understand what the experience was like for the participants (Alase, 2017). This is suitable for this study because with the "small and situated" participant group, each individual's lived experience and their perceptions of them are able to be considered before they are combined together to determine the collective experiences between the participants. This allows for the researcher to gather first-hand accounts of the teachers' lived experiences by capturing the detail and uniqueness of their experiences, while still showing how these experiences are shared (Eatough & Smith, 2017; Gentles et al., 2015).

A qualitative research design together with an interpretative phenomenological paradigm links to a constructionist paradigm. The constructionist paradigm highlights the idea that the individual experiences of the teachers is understood by the teachers in their own way through their experiences of the world, which provides the researcher with their diverse and complex reality that outlines the collective experiences within the same environment (Adom et al., 2016).

Data Collection

Context of Study

Before the participants were interviewed, they were asked to complete a short biographical questionnaire (see Appendix D) and returned to the researcher, their information was recounted within this study in Table 1 and Table 2. Table 1 provides the demographics of the participants in this study. The participants included females (*n*=11) and a male (*n*=1) from private (*n*=8) and government (*n*=4) schools within Gauteng. The number of learners within the classrooms of the participants varied from a minimum of 15 learners to a maximum of 35 learners. Table 2 provides a summary of the support structures available within the schools these teachers work for. The support structures include: in-house psychologists (*n*=7), external support structures (psychologists and psychiatrists) (*n*=8), school-based support teams (*n*=7), mental health awareness programmes (*n*=6), parent-teacher communication (*n*=11), anti-bullying policies (*n*=11), learning support programmes (*n*=10), parent involvement in the school (*n*=9), and suicide detection/ prevention programmes (*n*=4).

Sample and Sampling Approach

This study included twelve teachers from private schools and government mainstream schools within South Africa. The principle of saturation is used as a common indicator of ensuring adequacy in purposive sampling, and recent research has found that across studies an average of 12-13 interviews is the point of saturation in qualitative research (Hennink & Kaiser, 2022). This sample size of this study was established accordingly. The sampling technique used was a non-probability, purposive technique as the researcher selected participants based on qualities that they possess, in this case being a teacher and working with high school learners (Etikan et al., 2016). Due to the COVID-19 pandemic in South Africa and the enforcement of social distancing, samples were difficult to contact. As such, a sampling technique known as chain-referral sampling was used to increase the sample size (Taherdoost, 2016). Therefore, the teachers that volunteered to participate in the study were asked to pass the information of the study on to their acquaintances, who are also teachers, who may have been interested in participating too. These individuals were then required to contact the researcher via WhatsApp, Facebook messenger or email. The criteria of the teachers that needed to be met was that they needed to be between the ages of 24 and 65, be a part of the high school permanent staff within their schools and have at least two years of teaching experience, including their teaching training practical work. Participant information sheets were provided to all potential participants (see Appendix A).

Table 1

Demographics of Participants

Participant*	Type of school	Number of years' experience as a teacher	Province	Number of learners per class
Amy	Private	3	Gauteng	15
Ruth	Private	3	Gauteng	20-25
Kelly	Private	2	Gauteng	21
Lucy	Private	22	Gauteng	20-23
Pam	Government	3	Gauteng	28
Amanda	Private	2	Gauteng	26
Jill	Government	7	Gauteng	35
Candice	Government	2	Gauteng	23-27
Andrew	Private	18	Gauteng	16
Monica	Private	2	Gauteng	17
Zoe	Private	7	Gauteng	10-15
Sandy	Government	2	Gauteng	35

Note. Participants' names are provided as *pseudonyms to ensure anonymity.

Table 2

Support Structures Available at Schools

Participant	In-house psychologist	External support structures (psychologists or psychiatrists)	School-based support team	Mental health awareness programmes	Parent-teacher communication	Anti-bullying policies	Learning support programmes	Parent involvement in school	Suicide detection/ prevention programmes
Amy		X			X	X	X	X	
Ruth			X		X	X	X	X	
Lucy	X	X			X	X	X	X	X
Kelly		X			X	X		X	
Pam	X			X	X	X	X	X	
Amanda	X	X	X	X	X	X	X	X	
Jill		X	X	X	X	X	X	X	X
Candice	X		X	X	X	X			
Andrew	X	X	X	X	X	X	X	X	X
Monica	X	X	X	X	X	X	X	X	
Zoe		X			X	X	X		X
Sandy	X		X				X		

Instruments

The data was collected through semi-structured individual interviews (Choy, 2014). The interviews began with participants electronically filling in the participant consent form (see Appendix B). They were then asked to complete a short biographical questionnaire to obtain background information such as the number of years of experience they had in teaching, whether they worked at a private or government school, their age and which province they resided in. This information helped the researcher gain more information about her participants in a manner that facilitated the online interviews that were conducted over Zoom.

The interview schedule consisted of twelve semi-structured questions (see Appendix E). The interview schedule was developed based on existing theory as well as previous empirical studies exploring the experiences and perceptions of teachers regarding learner mental health.

The questions used ascertained teachers' perceptions of the contributing factors to the mental health of their learners. Additionally, the questions explored the experiences and perceptions of the teachers surrounding barriers to mental health support in the schooling context and how they thought these could be addressed. The interview questions were broad to allow for the participants and researcher to fully discuss the topics at hand.

Procedure

Before the research began, the researcher needed to gain ethics clearance from the University Human Research Ethics Committee – Non-medical (Ethics protocol number: MEDPSYC/20/01). The researcher then sourced potential participants by asking for volunteers who met the above-mentioned criteria using various social media platforms such as WhatsApp and Facebook groups as well as using snowball sampling.

A participant information sheet (PIS) (see Appendix A) was forwarded to those individuals who expressed an interest in participating in the research study by contacting the researcher. Once the teachers agreed to participate in the study, the researcher provided the volunteers with the relevant consent forms that gave the researcher permission to conduct the interviews and to record these interviews (see Appendix B). The researcher then scheduled a time and day where the teachers could partake in an online interview via Zoom.

The duration of the interviews was approximately one hour each. Once the interviews were completed, the researcher held a debriefing session in which she ensured that any concerns or emotions that were raised within the participants through the interview process

were dealt with appropriately. The researcher also drew the participants' attention to the recommended counselling centers provided on the PIS, should they have viewed this as being necessary.

Data Analysis

Almost all qualitative methods of analysis proceed through at least five steps, from collecting the data in the interviews, transcribing it, reading it and then arranging the data into themes in a manner that is organised, and finally, summarising the findings in a manner that can be shared with the public (Giorgi, 1997). The data in this study was analysed using Braun and Clarke's (2006) thematic analysis. Through the thematic analysis the researcher searched for common themes brought up within each of the twelve interviews that are important to the depiction of the phenomenon (Fereday & Muir-Cochrane, 2006). The phenomena of this study were the experiences and perceptions of the teachers in relation to the mental health needs of South African learners.

The researcher followed Braun and Clarke's (2006) six phase approach to thematic analysis to allow for the identification of common themes across the participants. This started with *familiarising herself with the data.* The data collection was conducted by the researcher. This included running the interviews and transcribing them. As such, the researcher had knowledge of the data prior to beginning the analysis. The researcher read the transcripts with great attention and reread them to allow for the complete immersion with the data (Fereday & Muir-Cochrane, 2006). This process may also be referred to as open-minded reading, which is intended to allow the researcher to open her mind to the text and the meanings within it (Sundler et al., 2019). During the re-reading of the data, the researcher made sidenotes to signify some of the common emerging meanings from the texts. This process allowed the researcher to start exploring the experiences of the participants through their nuances, allowing meanings to start being understood (Sundler et al., 2019).

The second phase was to *generate the initial codes*. This is done through exploring the transcribed interviews, allowing the researcher to identify patterns within the data and place them into initial groups based on their similarities (Terry et al., 2017). In moving back and forth between the transcripts, the researcher was able to find meanings that were related to the aims and research questions of the study (Sundler et al., 2019). This was fulfilled by using colour codes for the placement of data into diverse themes, which was done in the next phase (Braun & Clarke, 2006).

In *searching for themes*, the researcher re-read the extracts that had been placed within each colour-coded theme and placed them into their overarching themes. Within each of the overarching themes, subthemes were identified, which enabled the data to be explored in a more meaningful way. The themes were then assigned to the three overarching aims of the research study: (1) What do teachers perceive to be the contributing factors to the mental health of South African learners?; (2) What do the teachers perceive to be the barriers to the access of mental health support of South African learners in the schooling context?; and (3) What do teachers perceive to be helpful in addressing the barriers of South African learners accessing mental health support? During this phase it was important for the researcher to take care and remain thoughtful (Sundler et al., 2019). The themes were therefore discussed and reflected upon with peers and her supervisor.

The researcher then began the next phase of *reviewing themes* in the data. The researcher focused on ensuring that the extracts within the themes were true representations of the themes (Terry et al., 2017). Additionally, the researcher intended to use the extracts to create coherence within the themes. It was within this phase that the researcher rearranged and relooked at the themes to determine if any extracts needed to be removed or added to the themes (Kiger & Varpio, 2020).

Defining and naming themes was the penultimate step, and it involved the researcher combining the data extracts into a coherent and consistent form with the use of a narrative. The quotes were incorporated into each theme and used to respond to the research questions of the study in a story-like technique that allowed the data to be represented in a rich and detailed fashion (Braun & Clarke, 2006; Terry et al., 2017).

In completing the final phase of *producing the final write-up of the report*, the themes and subthemes were related back to relevant literature on the research topic and research questions (Braun & Clarke, 2006). The researcher was certain that the identified themes and subthemes that were recognised and written about were true representations of the reports given by the teachers about their perceptions and experiences and would assist in answering the research questions. It is in the discussion section where the researcher was able to extend the exploration by speaking to the implications, assumptions or preconditions of the findings (Kiger & Varpio, 2020).

Credibility and Trustworthiness

Trustworthiness was accounted for in this study by implementing Lincoln and Guba's, (1986) four concepts: (1) credibility, (2) dependability, (3) conformability, and (4) transferability.

In qualitative research *credibility* is regarded as the essential indicator of the quality of the research and is recognised as the alternative to validity (Liao & Hitchcock, 2018). Essentially, credibility in research is a process that ensures that the study is investigating what it intended to investigate. Credibility in this study was firstly established by implementing Braun and Clarke's (2006) six guidelines of thematic analysis. The researcher, by immersing herself into the data and re-reading her findings constantly to have a comprehensive understanding of the experiences and perceptions of the teacher, accounted for rigour in her study (Braun & Clarke, 2006).

Another credibility technique that has been identified is peer reviewing as an audit trail (Cope, 2014; Lincoln & Guba, 1986). This involves reviewing the analytic discussions and data interpretations with other professional colleagues (Shufutinsky, 2020). Within this study the supervision space made use of peer reviewing. Once the analysis was completed and the themes identified, the researcher verified her findings with her supervisor. The crosschecking of themes and supervision acts as an external check of the research process (Creswell & Poth, 2016).

Dependability speaks to the constancy of the findings over similar conditions if another researcher were to achieve the same results (Cope, 2014). Having a thoroughly thought out research design, in addition to ensuring rigour within a well-planned study, research questions, and the type of participants used is essential to dependability (Bradshaw & Stratford, 2010). In detailing the research design and procedures followed in collecting the data and analysing it, dependability was established within this study.

The third concept of *confirmability* refers to the ability of the researcher to validate that the findings presented are the participants' responses and have not been influenced by the researcher's own viewpoints or biases (Cope, 2014). The researchers ensured that lived experiences of the participants have been captured. Additionally, the researcher recognised herself as a subjective agent in the creation of the meanings in the analysis. Therefore, in this study, the researcher needed to be more precise, clearer, and careful in her definitions and the write up of data (Berg & Lune, 2017). The use of supervision furthermore protected against researcher bias. Another way of reducing researcher bias was for the researcher to look back

at her own actions during the research process. This was accomplished using a researcher diary, where the researcher was able to process her own reflections of the interview processes and the write up to ensure that her own perceptions did not influence the research process.

The final concept is *transferability*. Transferability denotes that the research findings should be able to be applied to other settings and/or groups. This is present in a qualitative study if the results of the study are relatable to persons who did not partake in the study (Cope, 2014). Guba and Lincoln (1982) discuss transferability being established in qualitative research through the use of enough "thick description" (Guba & Lincoln, 1982). Thick description was achieved by the researcher being able to include contextual information about the teachers and the environments in which these teachers were teaching (high schools within South Africa). Furthermore, the data collection procedures were detailed within this study to allow for transferability of the study within another study as these thick descriptions provide a thorough picture of conditions for others' situations (Stahl & King, 2020).

Reflexivity

Reflexivity includes self-reflection and introspection in a manner that allows for a critical examination of the researcher's own beliefs, assumptions and position within society. These factors may affect the manner in which she interacted with and related to the participants within her study (Shufutinsky, 2020). Like the participants, the researcher is also a qualified teacher. While an advantage to this is that it allowed the researcher to be more receptive to what the participants were saying, having gone through similar experiences and training, it was, however, important for the researcher to not impose her experiences onto the participants. The researcher achieved this by becoming aware of her own thoughts and feelings and putting these aside in an attempt to approach the study from an impartial position. Although remaining completely objective throughout this study is not possible, the researcher however tried to be open-minded and reflexive throughout the study by taking notes in a reflective journal of times in which she may have over-identified with the participants due to being able to relate with them. After each interview, the researcher wrote within this reflective journal about how she felt about the outcome of each interview as it assisted with remaining objective, whereby her opinions did not influence the data analysis.

The researcher also practiced mindfulness throughout her interviews. Mindfulness allows for the present-focused awareness, attention and openness towards current events and experiences and the individual interactions with them to allow for cognitive flexibility and enhanced attention (Shufutinsky, 2020).

Ethical considerations

Ethical clearance (see Appendix F) was obtained from the University of the Witwatersrand School of Human and Community Development Ethics Committee, which is constituted under the Human Research Ethics Committee (Non-medical), on 21 May 2020 (ethics protocol number: MEDPSYC/20/01).

There are five commonly recognised ethical principles when conducting research. These include minimising harm, respecting autonomy, protecting the privacy of the participants, offering reciprocity and treating people equitably (Rahman, 2020). This section will discuss how the researcher adhered to these considerations as well as other ethical considerations.

The participants were all qualified and registered teachers that practice in South African schools and are thus not a vulnerable sample, however, autonomy was established in informing the participants that they had the right to withdraw from the process at any time, with no consequences. The interview questions were also used as a guideline, whereby the researcher used the semi-structured nature of the interview schedule to allow for reciprocity. The topic of study might have been sensitive as it drew from their experiences of mental health issues within their schools, allowing for negative experiences to resurface. However, when feelings of discomfort were evoked, the researcher allowed for the participants to debrief after the interview and recommend free off-site counselling resources such as Lifeline Norwood or FAMSA. All the participants were volunteers in the study and no forms of deception were used to coerce participation. Written letters of consent (see Appendix B) were also obtained from participants before beginning with the study and all ethical considerations within the interview process were obeyed. Additionally, before starting with the audio-visual recording, the researcher asked for the participants' permission (see Appendix C), while explaining all the details that were provided on the written letters of consent. These letters informed the participants of their rights when participating in the research and requested permission for the participants' responses to be audio-visually recorded, emphasising the ethical considerations of autonomy and privacy.

Confidentiality was guaranteed as only the researcher and her supervisor had access to the recorded data. Anonymity was however not possible as face-to-face online interviews were held. However, the researcher informed the participants that if they felt more comfortable keeping their web cameras off, they could do so. The researcher also allocated

pseudonyms to the participants and ensured that no identifiable details were included in the final write up of the study so that anonymity and confidentiality was assured and respected.

The research is available on the Wits WIReDSpace, where registered University of the Witwatersrand students can have future access to it. This allows for the possibility of the findings to be used in future academic research within the field. The researcher provided a summary of the findings to the participants who expressed interest in them via email after the research report was written in May 2023. The participants were informed that the results may potentially be published as a journal article in the future.

All recordings were kept on a password-protected computer that was only available to the researcher and her supervisor until they were transcribed. Once transcription was completed, the recordings were destroyed. The transcripts were anonymised with the use of pseudonyms in order to remove all identifiable information about the participants. These transcripts were kept on a password-protected computer and were only accessible to the researcher and her supervisor. Permission obtained from all participants permits for the transcripts to be kept in the Psychology Department at the University of the Witwatersrand for a maximum of five years for future research purposes was received.

This chapter focused on the methods that were used in this study. It discussed the aims, research questions, research design as well as the sampling techniques and instruments used in this study. Thereafter, a detailed breakdown of the analysis procedure was provided. Finally, how the study ensured credibility, trustworthiness, and employed reflexivity and ethical considerations were explored. The results of this study will be reviewed in the following chapter, Chapter 4.

Chapter Four: Results

The reoccurring themes that arose throughout the interviews with the participants are recounted within this section. To utilise the participants' original words with closest precision, verbatim quotes will be used throughout. The results are presented according to the research questions, whereby each research question was answered with themes and subthemes. The research questions answered were: 1) What do teachers' perceptive to be the contributing factors to the mental health of their learners within the schooling context?; 2) What do teachers perceive to be the barriers to the mental health of learners in the schooling context?; and 3) What do teachers perceive to be helpful in addressing the barriers to mental health that are experienced among learners?

When asked about their understanding of mental health in the school setting, the teachers struggled to provide succinct answers. Two teachers described the question as being "tricky" and "vague" and were also unable to provide clear explanations of what mental health should be defined as. Rather, the teachers focused on factors that contribute to mental illnesses in the school setting. Namely: adverse home environments that impact learning abilities, bullying and stressors contributing to suicide and depression. One teacher, Zoe, spoke to the promotion of mental health in schools being important and that every child should be perceived as an individual, but was also unable to form a well-defined explanation of mental health. This suggests that teachers lack the knowledge and understanding of what learner mental health is. This results section will discuss these findings in more detail.

Contributing Factors to Their Learner's Mental Health

Figure 1

Organisational Framework Depicting the Themes and Subthemes of Teachers' Perceptions of the Contributing Factors to the Mental Health of Learners within the Schooling Context.

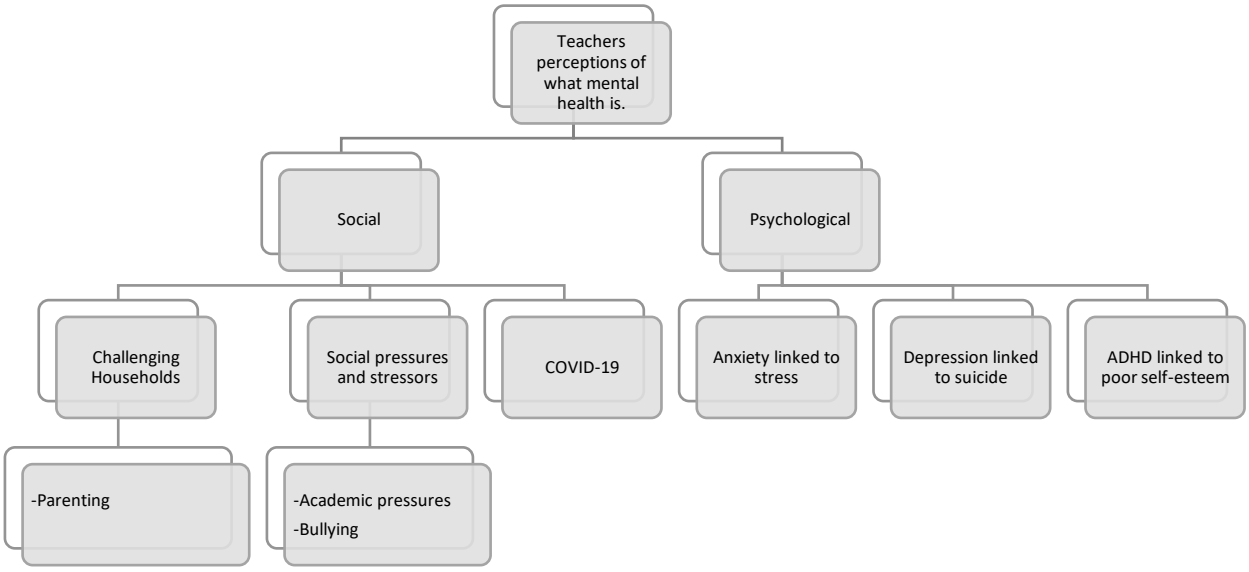


Figure 1 depicts teachers' perception to the factors contributing to the mental health of their learners. In considering these contributions, both private and government high school teachers believed that the mental health of their learners is impacted primarily by social aspects followed by psychological aspects. Although the social and psychological aspects can be interrelated and affect one another, the teachers spoke about these as being separate aspects that are not interrelated. Subthemes related to challenging households and parenting, social pressures and stressors such as academic pressure and bullying and the COVID-19 pandemic were linked to the social aspects. The psychological aspects were perceived to be linked to the subthemes of anxiety and stress; depression and suicide and ADHD being linked to the development of a poor self-esteem.

Social Aspects

The social aspects were divided into three different subthemes: Challenging households; learners' pressures; and the impacts of COVID-19. These will be shown in more detail below.

Challenging Households. The most significant social aspect that emerged from both private and government high school teachers were challenging households, albeit differing in

their nature. Challenging households are linked to the social component of the BPSM. The most significant component of challenging households that the teachers perceived to have a high impact on the mental health of their learners is in relation to parenting.

Parenting. Teachers often perceived support and understanding received from parents as having a major role in the mental health of their learners. Nine of the twelve teachers spoke about the parental role in the mental well-being of their learners, with most of these teachers agreeing that parents who are active participants in the overall well-being of their children and those who foster healthy mental development in their children, assist in the management of good mental health of learners within the classroom setting. However, in managing the mental health of learners, all the teachers voiced the need for support from everyone involved in the development of the learners, including parents, head of schools, teachers, support staff and the learners themselves.

> *…It just doesn't help if you don't have the support behind you…it needs to be everyone's responsibility…every educator within us is the support structure for these kids. But we can only do that in conjunction with the parents and the outside psychologists and psychiatrists.* (Zoe)

> *I believe we all are. Like if I can see a kid deteriorating, I would like to know that I need to be able to help them in some sort of way, but they also need to be willing to get that help…So, I don't believe in solely the child and I don't believe it's solely us, I believe it's everyone*. (Amanda)

The topic of parental involvement in the mental well-being of learners included contradictory perceptions from the teachers, with the majority of the teachers feeling as though parents tend to neglect this area of their development. Andrew stated that "they are not getting the support they need from home and the absolute worst thing you can do is then phone the parents." Andrew concluded by saying: "So, the trick for the teacher is to find that balance of when do you involve parents and when do you not involve parents." Many teachers shared in the belief that parents are not attuned to their child's emotional needs, thus resulting in them feeling as though the learners rely more heavily on teachers for emotional support. Teachers saw parents having commitments that make it difficult for them to be active support systems for their children, leaving the teachers and school responsible for such

roles. Nine of the teachers felt that managing their learners' mental health was a lot easier when they can work in conjunction with parents to support learners. Teachers felt that "collaboration between parents is very important because then we have a common ground with them…" Teachers perceived parental involvement as being a vital support system to their learners and for the implementation of interventions.

> *We really do firmly believe that parents are also a support structure… When we have parents on our side, and when we are on the parent's side, that is a major support system that benefits the kids thoroughly.* (Amy)

> *Many breaks, many afternoons, we just sit in the classroom and they can talk. Mostly because their parents don't understand, you know a lot of them say to me, "If it's not bleeding, it's not hurt."* (Lucy)

Pam, however, expressed the contrary, stating: "Our parents are great, and I really do like involved parents, but I think it can cause a lot of problems." Pam felt that parents who are too involved in the lives of their children, often unbeknown to them, end up creating more pressure and anxiety for their children instead of relieving it.

All the teachers considered how adverse living conditions in addition to parental support, or lack thereof, have a negative effect on the mental health of their learners. These adverse environments included living with alcoholic parents, absent parents or parents that are going through a divorce. Teachers spoke of how these conditions have a negative effect on their concentration and focus, which often results in declining academic marks and weakened school participation.

> *Especially if they come from a bad situation at home, it does affect how they think at school. So, like if we are giving a certain topic and they are not there. Their brains are always thinking about what's happening at home or what happened at home. So that's why mental health is a very tricky issue.* (Ruth)

When their learners are living within these types of environments, teachers spoke about their sympathetic experiences and felt as though they need to provide these learners with additional emotional support and attention "because they do not get it from home". The

teachers feel astounded by the resilience shown by their learners but felt limited in the support they are able to provide. Although they feel restricted with the amount of support, they can offer, many of the teachers nevertheless feel that supporting their learners in any way is beneficial to the upliftment of their mental health.

> *I mean, some kids are at the age of 14, they are busy playing the parent role at home. Looking after, cooking, cleaning, getting the little sisters and brothers in bed. So, if they have that little bit of support at school…just that little.* (Jill)

> *Some of them are even trying to find ways to make money. Like the one girl was selling sweets at break to try and raise money, not for her, but for her family which is like crazy.* (Sandy)

Social Stressors and Pressures. The pressures faced by learners was another major contributing factor that teachers perceived to contribute to the development of poor mental health. These include the academic pressures placed on learners and instances of bullying that their learners are faced with.

Academic Pressures. All the teachers spoke to the pressures that parents place on their children to achieve well academically. Teachers perceive these pressures that parents place on their children to be a large contribution to stress and many additional mental health issues they experience in their classes. A few teachers added that they perceive parents to add to the anxieties and pressure experienced by their children but "don't give their children solutions to deal with these problems or with what they are feeling." Rather, the teachers felt as though parents tend to dismiss the issues their children are experiencing and expect these to be addressed and managed by the school teaching staff.

> *The parents obviously want them to achieve, and they push them a lot. But if the child does experience a certain amount of anxiety or distress with something going on, the parents often don't know how to deal with it. So, they do in turn come to the teachers or the school support group.* (Monica)

Teachers perceive the academic pressures experienced by their learners to surpass the direct pressures placed on them by their parents. Ten of the twelve teachers emphasised the pressures placed on the learners by schools to achieve well academically, which is similarly

responsible for the development of poor mental health in their learners. They linked these pressures to the leading societal idea that success is achieved through performing well academically and gaining entrance into tertiary education. Teachers spoke to how these ideas create a culture of over-testing while overlooking mental and physical health in their learners. They believed that this is what causes their learners to resort to unhealthy lifestyle habits to manage the pressures placed on them. Teachers additionally noted the role they have in contributing to these cultures; however, they do not know how to avert it. Amy noted that "Not every child is academically capable or inclined" and that she is often left thinking "to what degree are we willing to push these kids to finish in that school." Andrew perceived these factors to be "a leading factor in suicide. It's this pressure."

> *You've got schools… their main focus is academics and that causes a lot of anxiety amongst their students. The students find it so difficult to function because of all that stress and pressure that they're put under in that section of their life and the rest of their life is not addressed and what makes them who they are is not addressed.* (Zoe)

> *The kids were so, so, so, overworked by a lot of teachers. [They are] so overworked and so over pressurised. And like I feel like as teachers especially, we have the ability to make or break a child and to put so much pressure on a child and I feel like that was happening*. (Candice)

> *It is a natural pressure that is just kind of passed down from generation to generation within the school and it's a kind of learnt process that they get into. We have to manage that, in fact, we've got to tell our girls, most of the time to, to actually take time out and to take breaks and to think of themselves because they don't do that naturally, they will burn themselves to the core without having anyone intervening.* (Andrew)

While nine teachers perceived family difficulties, such as divorce, poverty, abuse and death as having a negative impact of the mental health of their learners, only three of the teachers spoke to how these external factors negatively impact the academic achievements of learners:

So, from the school system, it's so result driven, we don't get a certain result, well then you're a "failure" and so they are constantly trying to get these results. But there are circumstances that affect them from achieving these results which are sometimes out of their control. This year we've had like 7 girls lose a parent, which is crazy. So, they are dealing with family trauma as well. (Sandy)

Especially if they come from a bad situation at home, it does affect how they think at school. So, like if we are giving a certain topic and they are not there. Their brains are always thinking about what's happening at home or what happened at home. So that's why mental health is a very tricky issue. They tell us that the parents are either going through a divorce or there's like the mother was diagnosed with a serious illness or something like that. So, if effects it. (Ruth)

Mom and dad get divorced, or you lose a loved one. Your academics take a fall. (Amy)

Bullying. Another major element of stress that teachers perceive as having an impact on the mental health of their learners is bullying. All the teachers spoke about incidents of bullying among their learners. They further stated that they have experienced a decline in reports of physical bullying and an increase in cyberbullying reports. Zoe explained that "because it's so easy to sit behind a computer or a keyboard or a phone or whatever and just type in a cruel message and send it to someone" as a possible explanation for this shift in styles of bullying. In addition to cyberbullying, teachers have experienced more occurrences of bullying that involve learners being more verbal in nature or making use of their body language to communicate their feelings of animosity towards each other. Kelly explained this follows:

...the way somebody glares at you or stares at you. You can feel very intimidated by that. You don't need somebody to physically touch you. You know, somebody could bully you with words, but you know you could be sitting

in a classroom and feel embarrassed or anxious or threatened by somebody that stares at you or gives you like that death stare. (Kelly)

Many teachers perceived these more passive forms of bullying in addition to cyberbullying, where their learners are exposed to a wide range of emotional abuse and torment, to be more detrimental to the mental well-being of their learners than physical forms of bullying that previously existed. Jill explained how she believes that "if there is bullying, you can also fall into a depression." She went on to further explain that this is why she believed bullying should be dealt with "immediately".

I personally believe that verbal or emotional bullying holds its effects longer. I mean to be physically bullied is one thing, the wounds heal. I think it's easier to get over, whereas the things that people say can be so nasty, kids can be so nasty. I think that affects a lot more than physical bullying. I mean of course bullying in general, whether it is physical or verbal, mental, whatever the case is, is unacceptable but I do believe that the emotional side of it holds more weight than the physical. (Amy)

When asked about their perceptions of the underlying sources of bullying, five of the teachers identified various potential causes, including challenges at home and unsupportive parents that result in learners acting out at school, the influences of social media on self-confidence and feeling excluded by friends, and finally, the bullies having been victims of bullying themselves.

Normally somebody who bullies, there's underlying issues there it's not just that they wake up and they decide to attack somebody else… I think that that behaviour also comes from home. So, it's learnt behaviour at the end of the day. (Kelly)

We often reflect back to their lives and find that they've actually been a victim to the same kind of [bullying]. (Andrew)

> *Social media plays a really big part in metal health in children. Particularly in high school. They've all got cell phones; they've all got Facebook accounts and Instagram accounts and things like that and I think that plays a really big factor in terms of things like confidence and stuff like that. I mean, online bullying is so prevalent now days, because of the internet.* (Amy)

Nine of the teachers spoke about anti-bullying policies within their schools. Perceptions of the anti-bullying policies in place were divided. While all of them reported the schools they work in to have zero tolerance towards bullying of any kind within their schools, five of the nine teachers were aware of an anti-bullying policy within their school and feel as though it is effective. Although there was a lack of a comprehensive description of the policy, these teachers perceive their responsibility to report the bullying incidents to individuals in higher positions within the schooling system where appropriate action will be taken. These teachers furthermore acknowledged that bullying is often linked to emotional struggles that are overlooked, emphasising the need for psychological interventions for bullies.

> *Our anti-bullying policy at the school is very strict, it's one of our zero tolerance processes and uhm we definitely don't take that lightly. I think our girls, I hope for the most part our girls are confident in that when they do report something, action is taken in each and every case*. (Andrew)

> *If you see any bullying, you take the child straight to the principal and they deal with it straight away, they don't mess around.* (Jill)

> *We do approach the child that is bullying, then we obviously refer, we obviously phone the parents and everything and if we see that there is an underlying issue then we refer the child.* (Ruth)

Four of the nine teachers felt that they require a clearer understanding of what the anti-bullying policies within their school include. These teachers believe more needs to be done in order to combat the bullying they witness between their learners in their schools.

> *I'm sure we do [have an anti-bullying policy] but they are not very apparent. Like, since I've been there, I haven't seen like a document, or I haven't heard of it being advertised or anything like that. So, I'm sure that we do have one. It must be somewhere, but I haven't really seen the enactment of it.* (Sandy)

> *I know there is an anti-bullying policy, uhm pretty much that it will not be tolerated at the school, besides that, I think that's where my knowledge ends. I do think there is definitely more that needs to be done about it.* (Kelly)

Feelings of being powerless and incapable of decreasing the bullying within their schools was reported by three of the teachers. They feel unsure about the boundaries of intervening, since a lot of the cyberbullying occurs while the learners are not on the school property. These teachers therefore believe that the responsibility of addressing bullying in schools cannot be placed solely on the school or on teachers and that learners and their parents need to be involved in the process too, as when there is involvement, there is commitment.

> *It's quite a difficult thing because technically it's outside of the school environment and it's something we often can't, legally there's a little bit of an issue in terms of what we can get involved in. But we do try to the best of our ability to stamp that out.* (Andrew)

> *You need, you know bullying programmes, and it can't just be led by teachers, it needs to be led by students. Because students need to be involved, they need to buy into the idea. You know, you can tell a child over and over and over what bullying is, what mental health is. But only once they are invested, will you see the impact and the improvement*. (Kelly)

The Impact of COVID-19. Another significant social aspect that the teachers perceived to negatively impact the overall mental health of their learners is the COVID-19 pandemic. All the teachers spoke to aspects of COVID-19 having negative implications on the mental health of their learners.

> *We as people are meant to be in a society and being isolated for long periods of time with only limited interaction with family members or whatever, has not been good for the mental well-being of more than just students*. (Zoe)

Limited Social Interactions being Connected to Anxiety and Depression. Seven of the teachers spoke to the long-standing psychological repercussions of COVID-19. Teachers experienced a significant change in their learners where they noticed elevated levels of anxiety and depression, in addition to the regression of emotional intelligence in the learners. The teachers predominantly believed this to be caused by lockdown and the various social restrictions being placed on their learners. They perceived the extended periods of isolation and limited contact learners had with their friends to be linked to their learners returning to school feeling worried of contracting the coronavirus and overwhelmed by the transition from remote learning back to onsite learning. Three teachers furthermore noticed that their learners were no longer accustomed to the normal routines of being and participating in school.

> *A lot of them have said that they are really, really nervous to come back. They're nervous of contracting the virus. They're nervous of taking it home to family members who are old or sickly. They are also very stressed about the work.* (Pam)

> *I noticed a significant difference in the children and also from the lockdown experience. I think that had the worst effect possible on their mental health. They came back to school and lots of them were going to bed at like 2 or 3 o'clock in the morning and then waking up at 2 or 3 o'clock in the afternoon and watching TV and staying inside. Those are the ones who obviously are privileged. But those who weren't like they were then at home with all of their siblings, trying to look after them and having to run a household…They came back completely out of routine which had a negative impact on their work ethic because ja, in a results driven education system, if you are not following a routine, it's not really helpful, but also, they came and they weren't motivated. They were really depressed; everything was a problem*. (Sandy)

Furthermore, four of the teachers believed that the isolation that came from the limited social interactions had a negative impact on their social maturation in addition to their motivation to succeed in their schoolwork.

> *Social interaction is so important with teenagers and we found that for the first couple of weeks it was all laughs and smile and, "How are you?" "No, we are fine, this is wonderful" and then after that, the isolation set in and it became REALLY difficult to motivate them. So, we found that even more important to connect with them*. (Andrew)

Academic Regression and Deteriorating Lifestyles. The teachers additionally spoke to the negative impact of COVID-19 on their learners' academic progress, lifestyles and social interactions. Many of their learners had little to no support while outside the school setting and were unable to cope during lockdown. Two of these teachers reported reaching out and working as confidants to assist their learners in feeling more supported so that their academic motivation and success could increase.

> *A lot of their marks really went down and I think that was something that they really struggled with but they knew they had to work towards. And in some cases, a lot of them didn't have support from home from their parents.* (Monica)

> *I'm teaching and I'm not teaching… I teach 40-minute lessons. 20 minutes I teach, 20 minutes I let them talk. They are traumatised! They are totally traumatised. It's going to take us years to come back from this.* (Lucy)

Teachers reported that a lot of the parents of their learners had lost their jobs, causing significant financial strain within the family. Three of the teachers viewed the repercussions of such events within the household in combination with not being able to attend school as having an adverse impact on the mental health of their learners.

> *I think has been very tough on a lot of students. I think it hasn't helped with anxiety, it hasn't helped with feeling integrated into society and I think the*

> *repercussions of this are going to be really evident over the next year or two…I think it's going to show in their marks*. (Zoe)

> *When they came back were just different people. Like, some kids I didn't recognise. They were just so withdrawn…and a lot of them were going through things at home and school is an escape for them, and then all of a sudden, this escape is gone. They don't have their friends. Like this one kid that broke down to me, she just said that she basically locked herself in her room the entire lockdown because she didn't really want to talk about things.* (Candice)

Psychological Aspects

As discussed above, the impacts of the COVID-19 pandemic also had a negative effect on the psychological aspects of the learner's mental health contributing to the development of anxiety and depression. The psychological aspects that teachers perceived to contribute to their learners' mental health are divided into three additional subthemes: general anxiety being associated with stress, depression connected to suicide, and ADHD being linked to poor self-esteem. These will be shown in more detail below.

Anxiety and Stress. Eight of the teachers reported anxiety being one of the leading mental health problems within their classrooms. Teachers believed that stress and anxiety are linked where there are a variety of contributing factors to this anxiety. Some of the teachers believed that the anxiety caused by stress that their learners are facing extends further than the academic pressures that are placed onto them by their schools and parents, and they emphasised the psychological underpinnings of their learners struggling to cope and manage their stressors.

> *How they feel about themselves, especially since uhm, sort of in the high school stage, they are going through puberty, they are uhm, starting to get to know themselves and grow as a person.* (Monica)

Monica emphasised how they are going through developmental changes, which have an impact on their psyche. Adolescent learners are going through a journey of self-discovery,

and this can be a lot to manage when it is exasperated by social stressors, as explained by Sandy and Kelly:

> *Now during exam time, there was a lot of anxiety. Some of them were actually having panic attacks. And ja, just because I think there is so much stress and on top of that the stress of writing an exam. So stressors from that but also like stressors from being a teenager… there are stressors that you worry about how you look, you worry about if your friends like you or if they don't like you. You worry about boys and all of these sort of things they are having to deal with as well. So ja, lots of stress.* (Sandy)

> *I think a lot of kids are anxious at what their parents think of them, and what their peers think of them and students.* (Kelly)

Additionally, Amy spoke to the prevalence of anxiety and how it has increased within society where she has noticed "so many kids at such a young age that are on antidepressants and anxiety medication." Amy indicated that the amount of medication that her young learners take is "the biggest shocker" for her, further emphasising the inability of her learners in being able to cope and manage their anxieties and pressures.

Depression and Suicide. Nine of the teachers identified depression as being an additional leading mental health problem they experience in their classrooms. Six of these teachers linked instances of depression in their classrooms to suicidal thoughts or behaviours among their learners. The teachers spoke to the many conflicting feelings they associate with suicide among high school learners and how "traumatising" it is for the school community. Some of the teachers spoke to the shock and guilt they felt in addition to the other learners with the unexpectedness of the loss they have experienced, especially when it is a learner who is a top academic performer.

> *A few weeks ago, a girl passed away with suicide as well. So, that's been. It's been quite traumatic for all of our students that knew her because then again, it's always that. It's ironically always the top performers. The kids who everyone thought was perfect, everyone thought was happy.* (Andrew)

I've had two students that have committed suicide and it was horrendous. It sends a shock wave throughout the school. You sit staring at that table because nobody wants to sit on that desk anymore for the rest of the year and/or years… it's horrible. You just feel like a piece of the class is missing. (Lucy)

One of the grade 11 girls in our school committed suicide and the teachers were broken. Like, even our principal, he was like crying…it's just the thought that someone so young can feel so trapped and feel like there is no other way. It's traumatic for everyone…I think it has an effect on all the teachers, on all the students… You sort of back track in your mind and you think what you could have done differently. It becomes this emotional rollercoaster. It's just horrible. That is my fear. It is my fear that one of my students commit suicide. Honestly. (Pam)

One teacher spoke to how the development of the learners plays a role in these emotions and ultimately their actions. This teacher spoke about how, in her experience, when a suicide occurs within the school, the learners tend to reflect on their own emotions and internal thoughts, which frightens them.

It's very traumatising for them, I think it's very, what's the word, it, scary for them because in that time of your life, I feel like suicide has crossed your mind at least once, no matter who you are, no matter what. I mean it's just the age and it's just what's happening in your development. Uhm, so I think it's very traumatising and it's very, I don't know, not good…it's just sad. It's just a very sad situation. (Pam)

Teachers believe there to be a multitude of situations that causes their learners to feel depressed and/or suicidal. Teachers (n=8) discussed the main factors they perceived as contributing factors to depression and/or suicide among their learners: the lack of support experienced by learners, the high expectations placed on them, unhealthy living conditions such as divorce and the loss of loved ones and abuse.

I think a lot of them, from what I've seen, struggle with depression and the thing is, I just find that they don't have anyone to talk to. (Candice)

It's like that whole thing of "I have an expectation but now I don't meet it" and then they fall into that trap of constantly being hard on themselves... So, I noticed it in a lot of kids, they do spiral quite quickly in terms of like depression. (Amanda)

But then you do get the cases where they just are abused at home and some of them want to you know, commit suicide and all of that. So, I do think mental health is important. (Lucy)

Depression is a hard thing. At the school that I'm at the kids have gone through a lot. We've had students where there has been abuse at home and that plays a role in their life and how they progress. (Kelly)

Attention Deficit/ Hyperactivity Disorder (ADHD) Linked to Poor Self-esteem. Within the interviews, ADHD was perceived by three of the twelve teachers as having a negative impact on the mental health of their learners if it is not understood and managed within the classroom. The teachers linked being unfamiliar with ADHD, and not being able to manage it within the classroom, to the development of poor self-esteem and reduced mental health in their learners. This in turn was seen to have a negative impact on their academic success.

I pick up that ADHD is one of the main causes for an accommodation…so something like that challenges a child often, but as soon as they get those accommodations, you see confidence grows, their marks escalates and it definitely assists (with their mental health). (Kelly)

I think it ranges from the, you know the normal ADD and ADHD, whether they're on Ritalin and Concerta and you need to be accommodating for their shorter attention span and break up lessons. (Amy)

> *It's really difficult when one person confides something to a friend like you know, "I have ADHD," or something, it can quickly get spread to everybody. And if it's not in an environment where that is understood and where mental health is understood, and this is where I also think that this is something that needs to be addressed in a school or in a classroom situation.* (Zoe)

Perceived Barriers to Mental Health.

Figure 2

Organisational Framework Depicting the Themes and Subthemes of What Teachers Perceive to be the Barriers to the Mental Health of Learners in the Schooling Context

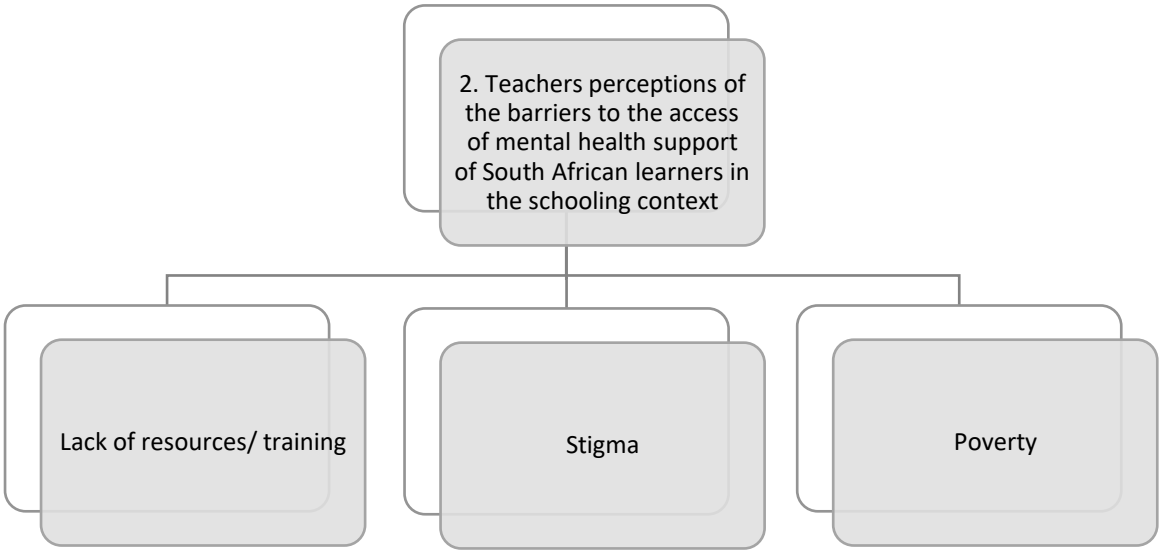


Figure 2 displays the barriers private and government school teachers felt impeded learners from being supported in relation to mental health. These included societal perceptions of mental health as well as larger systemic issues. Themes related to the overarching themes of lack of resources/ training, stigma and poverty were discussed.

Stigma

The stigma surrounding mental health was identified as the main barrier teachers identified in learners seeking support for their mental health, with all the teachers bringing it up with different nuances.

Six of the teachers reflected on how cultural beliefs contribute significantly to the stigma learners experience when faced with mental health issues. Teachers spoke about how

South Africans as a collective tend to overlook mental health issues. Many cultural barriers were identified predominantly within Afrikaans and African communities, where cultures were perceived to have a negative mindset towards mental illness. The teachers considered how cultural beliefs tend to associate mental illnesses with an artificial phenomenon or as a weakness that one can "get over". Furthermore, teachers believed that a lot of cultures attribute mental illness to being cursed. Therefore, individuals with mental health concerns are subsequently isolated from the rest of their community, rather than supported in obtaining psychological support.

> *You know, the things you can't see. It's not believable. You know what I mean? So, like a lot of us, especially South Africans, we are very hard-headed and, "Oh no, nothing is wrong with me" that sort of thing and that's the sort of ethos we've got, especially in like the older generations.* (Amanda)

> *There is still very much a cultural barrier towards mental health. Culturally I think it is very much not accepted. So, I know for example in some Afrikaans communities it's very much a you know, get on with your life. A lot of African communities also feel the same… But even though people might be more educated, they still might not know how to provide the support or be there for people who are experiencing different mental health.* (Monica)

> *I think if someone is considered to be crazy, like crazy, in inverted commas. So, they might suffer from some sort of mental health issue. They would be shunned in a way or like hidden? Or like their parents wouldn't talk about them or some people might not even know that they have that child*. (Pam)

> *Some cultures or traditions that you weak. You know if you're depressed or you have anxiety, you weak. And you need to like get up, dust it off and keep going with life.* (Kelly)

All the teachers identified stigma learners with mental illnesses are confronted with in society as a barrier. The stigma was said to come from teaching staff, peers, and parents. Four of the teachers expressed how they have observed some of their learners who are facing

mental health challenges understand their diagnosis as something that defines who they are as individuals, and as something that needs to be 'fixed'. Teachers felt that when their learners were diagnosed with a mental illness that it meant there is something wrong with who they are. This is something that prevents the methods of support for these mental health challenges. The teachers noted that the learners get labelled and victimised according to the common traits that their diagnosis encompasses.

> *[They think] that having a mental difficulty or a mental illness doesn't mean there is something from with you. You don't need to be fixed. Taking the medication, doesn't mean you are fixing yourself. You are just helping yourself manage and cope with everything. And that is okay too... So, the biggest obstacle I think we need to tackle is the stigma, the negative stigma surrounding mental difficulties.* (Amy)

> *They feel that they are going to be victimised in some way, they are going to be looked at strangely by their friends, or they are going to lose friends or that the teachers are going to treat them differently.* (Andrew)

The stigma learners experience from their teachers was linked to confidentiality by Zoe in saying that a barrier to teachers being able to support the mental health of learners is that they are not allowed access to psychological reports. Zoe did admit that

> *unfortunately making that information available to educators may result in the child being stigmatised but then why is that person a teacher? Why is that person an educator? They shouldn't be. They're not there because they enjoy teaching, or they enjoy spending time imparting knowledge on people. And if that's not why they're there then they shouldn't be there. If they're just there because it's something I can do to get a pay cheque, then they've walked into this with the wrong mentality.* (Zoe)

Although all teachers identified stigma as a barrier to their learners' seeking support, in particular psychological support, two teachers felt that the stigma experienced within their schools had decreased as more awareness and conversations about mental health occured.

I mean, to be honest, mental health issues have only really started to lose their stigma over the last kind of five years, in my opinion. And before that it was kind of like a no-go area, it's something you don't discuss, there was a stigma attached to it. (Andrew)

The attitude teachers have towards the mental health of their learners was identified as another form of stigma that learners experience from their teachers. Seven of the teachers expressed that the way educators react to their learners' mental health has an impact on them pursuing services from supportive systems, such as a psychologist and/or counsellors within their schools. These teachers recognised dismissive educators as a factor that negatively impacts a learner feeling secure enough to seek mental health support. These teachers are said to be viewed as unapproachable. All the interviewed teachers thought that unapproachable educators are linked to loss of trust from their learners and, as such, results in a decline of accessible mental health support for learners who are too afraid to approach the teacher. This is something many of the teachers found worrisome as they believe teachers to be the front line for learners receiving psychological assistance. This is because the teachers acknowledge that learners spend a lot of their time at school. Therefore, if the learners feel as if their teachers are unapproachable, they are unable to initiate the first step in receiving psychological support.

We're sort of, as teachers, we are, this is a terrible analogy, but the first line of defence? The learners ideally, in my mind, should be able to come to us first. (Monica)

I think maybe if there isn't a safe space, so maybe if the child doesn't feel like the environment is safe or they don't trust the people. Then that would prevent them from raising any issues or feeling that they can talk about it. (Pam)

If there is no trust then they don't, then they won't open up to you, they won't you know? Then they might feel like they're drowning and they can't deal with it themselves but they can't turn to anyone. (Amanda)

I don't think all teachers can do it because some teachers do that "it's my way or the highway", so they won't go to those, they will only go to the teachers that they trust. So, if you are an autocratic leader, and not a democratic, they won't come to you. if a child doesn't trust their teacher, that's a big thing… A child is not going to open up to someone they don't trust. (Jill)

You know, you always want the child to feel almost at home, at school. You are their shoulder to cry on, you are their confidant, you are all of those things… You know, we spend a lot of time with them… they need to be able to come to you. You also, they need you to guide them. (Amy)

We as educators cannot dismiss that or look at it and go oh well, they will get over it. We have to be in a position where we are open for them to speak to us, and to say to us, "Look I'm really worried about this." (Zoe)

I don't think there is enough that is actually done for students' mental health. Uh, particularly in my school there is no psychologist or a social worker. Uhm, and I think a lot of teachers brush things off quite quickly. (Kelly)

Lack of Resources

Teachers identified a number of systemic issues that contribute to the barriers in learners seeking support for their mental health. These included teachers feeling incompetent in addressing the mental health needs of their learners, teachers not having sufficient training or knowledge on the mental health and the needs of their learners, and the lack of accessibility to psychologists in schools.

Teachers (n=4) also expressed having children come to them with mental health difficulties and feeling helpless in assisting them, so they indirectly dismiss the learner out of fear of making the situation worse.

I have had a few learners come to me in the past so I do tell them that are welcome to come to me, but I am not a counsellor or a psychologist. So, they can come to me and tell me that they need to talk to someone and I will set it up with the school psychologist… I always tell the kids, "Don't tell me your issues, like I'm not qualified for that. But I'm happy to arrange stuff." Like if a child came to me and they told me something hectic, I wouldn't freak out and say something wrong or you know? (Pam)

We have to be careful, we have to play our cards right, because the problem is that they also have people behind them. So, if we say something wrong, then the parents can come against us and ja, it's a whole situation. So ja, we try to be supportive with the most that we can. (Ruth)

The aforementioned subtheme of teachers being dismissive towards their learners out of a fear of creating more damage is linked to feelings of incompetence. There were a few teachers that felt as though they were adequately prepared to intervene with assisting learners with their mental health needs, particularly the teachers that have some sort of knowledge within the field of psychology. These teachers felt that having some form of understanding around mental health made them more confident to listen to their learner' struggles, but these teachers also acknowledged that it takes a specific person to be able to feel comfortable with listening to the struggles of their learners and being willing to try and assist.

I think maybe because I have majored in psychology. That maybe helps? So, I know what to look for. But I mean if you're a maths teacher and you have now gone and majored in what? Like science and maths and numbers, you're not really going to know how to. But it also depends on you as a teacher. (Jill)

I do have some tools obviously from my own experience and from studying psychology but, if I had more tools for that kind of thing. (Candice)

Candice explained that although she has some knowledge from her undergraduate studies in psychology, she believes that teachers "don't have the skills to [assist]… I have some skills and I can give them advice but at the same time, I'm not an expert you know?". She feels that she lacks the expertise psychologists have in assisting with the mental health needs of her learners and believes that mental health support within schools being solely the responsibility of teachers is a large barrier within school. Teachers being able to refer to a psychologist or school counsellor is therefore imperative because the teachers lack the training needed to assist. This was a common thought with the majority of the other teachers too. Teachers (n=10) commented on how they felt limited in their roles as educators to intervene and assist with the mental health needs of their learners.

> *It's difficult for me. Because to be honest, I haven't had to the professional training and even with my background of studying psychology, I haven't done like any practical experience whatsoever. So, when a girl comes crying to me and talking about her problems, it's very hard for me to like understand what I can do to make her feel better. l feel very useless when that does happen. I just try and say, "l will here for you" and then organise a meeting with the counsellors because they have insight. Ja. It is quite daunting*. (Sandy)

> *I don't think that teachers are equipped. Maybe to deal with minor issues and just maybe there is a once-off issue that a kid is struggling with. It might be a particular test that has gone bad or whatever, and they are able to deal with that but when it comes to bigger issues, I definitely think that referrals need to take place. We emphasise to teachers that especially if you are not comfortable or if you are not sure how to deal with the situation, then definitely refer it and the professionals can take it from there.* (Andrew)

> *Also, some aren't necessarily comfortable talking to the learners about this so they then refer the learner to the school educational psychologist*. (Monica)

Another element impacted by the lack of resources dedicated to assisting mental health within the schooling context and therefore the approachability of the teachers was teacher burnout. Five of the teachers expressed feeling overwhelmed by the amount of work needing to be completed in the curriculum and how that reduces their ability to be compassionate teachers who are able to detect and intervene in the mental health of their learners. They additionally expressed that needing to complete the curriculum for the year and what is expected from them frequently leaves them with little time to address mental health concerns within their classrooms.

> *So much is expected...you must to this and this and this and it must be like perfect and then when something else comes up it's like, "Okay, that is your job as well." Like do it , do it, do it and it's just like no breather.* (Sandy)

> *Well, the big barrier is the syllabus is tight, so we, we as teachers need to have that in our heads. We have to finish the syllabus, but we also have to take care of the child. Because the child is a human being, they're not computers*. (Ruth)

Kelly noted that within smaller schools, learners are able to form better relationships with their teachers and are more inclined to seek support from them. Kelly therefore believes a barrier for learners seeking psychological support in government schools, is the high numbers of pupils per class. While Kelly was the only teacher to explicitly identify this as a barrier, the majority of the teachers shared her views that large classroom sizes have a negative impact on learners, stating that the large classroom numbers in government schools discourage learners from getting to know their teachers on a more personal level, and makes it difficult for teacher to identify any mental health difficulties within their learners. This in turn hinders them from seeking support or being identified as needing support by their teachers.

> *When you've got 40 children in a classroom, you know, a child does not get one on one attention, when you compare it to a private school where you are looking at 25 in a class, if you're lucky. In a government*

> *institution, I think a lot of schools have access to social workers, but I wouldn't say that there is a full-time social presence… You know, in a government school you're looking at a thousand plus in a high school situation and in some grade you're looking at 2/300 in a grade. And I think it is very difficult for a teacher to then be required or expected to know the mental health of every single student. Uhm, so there you need counsellors, your grade tutors need to play a big part.* (Kelly)

Three teachers spoke about the lack of psychologists within the school setting and the psychologists being overworked. Teachers believed that this results in learners not being seen within a desirable timeframe. This is understood to be linked to learners becoming despondent and mistrusting of the supportive systems in place.

> *This poor psychologist that works here. Her office is right next to mine uhm, she's totally overwhelmed I mean there's 250 kids in this school, in the high school and she just doesn't have time.* (Lucy)

Teachers (*n*=6) spoke about the accessibility of psychological support for their own mental health. Teachers believed that their mental health is not adequately addressed within the school setting. They recognised the need for their own mental health to be supported in order for them to be able to support the mental health of their learners. The teachers felt that there was not enough access to support for the mental health of educators within South Africa and that their mental health is somewhat overlooked by unapproachable systems.

> *I don't think anyone's mental health is looked after well enough in this country, or well enough looked into in this country. I feel that there is a lot that could still happen in terms of that. I think that one of the major burnout in good teachers is that they're not being looked after or looked at.* (Zoe)

> *Just personally, as a teacher, our mental health needs, like as much as the children's mental health needs are not taken into consideration, ours are also like completely overlooked…and especially since we are*

> *the frontline of the students, our mental health should be like prime, it should be like optimal. And all those resources should be made available to us as well and they will form like a ripple effect*. (Sandy)

Pam reflected on her experience of seeking personal psychological services after the suicide of a learner within her school:

> *For me personally, I wouldn't want to go to some random person in the department and talk about things, I don't know. That's just me. So, I think there is space for them to do better and to do more and maybe…present themselves as being more approachable because they seem very like, "We're here if you need us, contact this number" so it seems very… impersonal and disconnected.* (Pam)

Poverty

All the teachers identified poverty as being linked to the lack of accessibility of psychological services within the school settings, with the majority of the teachers identifying this barrier to be more present within government schools. The majority of the teachers associated the lack of mental health resources to the lack of funds available in their schools.

> *Resources as well, we have the three- social worker, psychologist and counsellor but they are full, all day, every day. Like they are just flooded with work.* (Sandy)

Teachers (*n*=8) stated the funds available within their schools generally first gets allocated to fulfilling other basic needs such as school maintenance, before the funds go towards a psychologist, counsellor or social worker. The teachers within government schools, in particular SBG government schools, considered themselves and their learners "fortunate" to have access to psychologists or counsellors, even if there was a long waiting list in place as they believed it is a service that is only provided for within private school settings. Some teachers felt that this is a massive barrier and an injustice to learners that are in government schools, as this results in their mental health being left unchecked.

> *We're an SGB school. So, we have a psychologist but I feel like there is a lot of government schools that don't. And so, if you don't have that and the teachers don't have training, they really probably have nothing.* (Candice)

> *There's financial problems, we can't afford to have uhm, I mean this school that I'm in, I'm very fortunate that there is a psychologist on the property but, to get to her and to get a meeting with her it's just like pulling teeth.* (Lucy)

> *It can't just be private schools enforcing mental health, it needs to go right down to rural schools. So you know, it's great to put it in one area but uhm, a lot of private schools have got the funds and the means to access this great health care.* (Kelly)

> *They are worried about the money, they are worried about the classrooms, they're worried about so much that is going on that they sort of lose track of the kids actual (mental health) needs.* (Amanda)

The lack of funds is not something the teachers perceived as being solely a problem within the school setting but extended to the families of their learners. Teachers (n=2) discussed that often their learners are unable to have their basic needs provided for, resulting in even less mental health support. When psychological services are unavailable within the school setting, learners will need to seek this support externally, which is costly, a cost that many of their parents cannot afford.

> *But it could be like because of a situation like there is no electricity at home or something like that. Uhm, that could affect it uhm, also like if they haven't like had like food or something. That could also affect their mental ability and yea, all those little things that we see every day.* (Ruth)

> *A lot of the time especially in a public (government) school situation, a lot of the time the parents won't have the money to take their child to a psychologist or psychiatrist or whatever. As much as you can say to them it would be helpful, they might not be able to afford it.* (Zoe)

Zoe explained how a lack of funds also interferes with the mental health of teachers and that teachers need their mental health to be supported too but are also unable to afford the services externally.

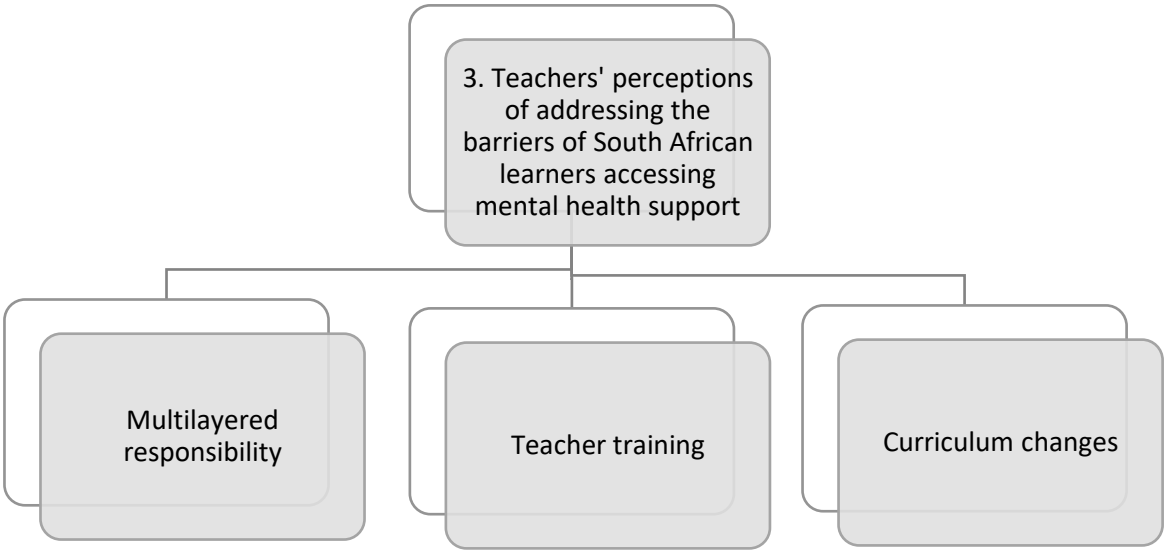
> *But there are a lot of schools that ignore the teachers' needs in favour of the students. I think one of the biggest problems is, like if you're earning a standard kind of teachers' salary, you probably will not be able to afford, like especially if you are the main breadwinner in your family, you won't be able to afford to see a psychologist. You won't be able to see the counsellor or the whatever that you need because you just won't be able to afford it.* (Zoe)

Measures to Address Mental Health Barriers.

While the teachers were able to identify what they considered to be major barriers to their learners achieving an optimal mental health within the schooling system, they were also able to think of systems that could be put into place in order to address some of these identified barriers. Figure 3 depicts teachers' perceptions to addressing the mental health support barriers their learners encounter using the following themes: A multilayered responsibility approach, an increase in teacher training, and changes to the schooling curriculum.

Figure 3

Organisational Framework Depicting the Themes and Subthemes of What Teachers Perceive to be Helpful in Addressing the Barriers to Mental Health that are Experienced Among Learners



Multilayered Responsibility Approach

All the teachers considered the responsibility of addressing the mental health needs of their learners to only be partly their responsibility. The teachers spoke to the responsibility of addressing the mental health needs of learners within a school setting needing to extend to parents, people in roles of authority (principals and head of departments) and school psychologists alike.

> *I believe we all are [responsible]. Like if I can see a kid deteriorating, I would like to know that I need to be able to help them in some sort of way but they also need to be willing to get that help…So, I don't believe in solely the child and I don't believe it's solely us, I believe it's everyone.* (Amanda)

> *At the end of the day, I think it is every teacher's responsibility at the school, but there has to be a core group of you know, professional, maybe senior teachers and the psychologist on board that are able to assist and*

> *give more information because most teachers on their own are not equipped to deal with most of the issues that the kids come up with, but they can refer them.* (Andrew)

> *It involves you know the students, the parents and the school. In order for a child to grow and succeed in the schooling career, that triangle needs to be balanced. You know, you have to have the school's input, you've got to have parents and you have to have the child willing. And then obviously there's lots of other external factors but you need that, that communication triangle to work. And if there is a link missing then you're going to definitely have a problem*. (Kelly)

> *We spend a lot of time with them but then they go home. So that they have to also have this support system at home as well. So that it's a hand-in-hand situation. We do our part, and parents also have to do their part... So, I think that collaboration between parents is very important because then at least we can have like a stable ground. We have a common ground with them.* (Ruth)

As such, the teachers believed that these individuals not working together, along with the learner, to assist the learners' mental health is a major barrier in them attaining mental health support, thus a multilayered approach in supporting a learner's well-being should be adopted. The importance of the involvement of the learners was emphasised by Kelly:

> *It can't just be led by teachers; it needs to be led by students! Because students need to be involved, they need to buy into the idea. You know, you can tell a child over and over and over what bullying is, what mental health is. But only once they are invested, will you see the impact and the improvement*. (Kelly)

Teachers explored possibilities of having set out procedures that should be taken within schools. Sandy explained a procedure where she reiterated Lucy's feelings of each layer having their limitations and when those limitations have been reached, the learner

should be referred on, with the school psychologist being the final point of call once all options have been explored.

> *I think it's a lot of people who are responsible. I think first and foremost it should be the parents. But (laughs) we know that's not often the case. But I think then next in line is the teachers… so it- actually the teachers and then if we are not trained, I mean it's not what we are there to do but if we can direct that then to someone with more experience.* (Sandy)

Teachers (n=4) spoke about how they could implement more programmes within the schools that focus on mental health awareness and opening up the conversation in a manageable manner, where psychologists, parents, teachers and learners are involved. Mental health awareness campaigns were also seen as a way of allowing for the decrease in the stigma surrounding mental health illnesses and being able to speak about topics that are at times difficult to face.

> *Putting people in schools that are able to deal with this and to be proactive in addressing issues and proactive in messages in assembly or messages on a notice board somewhere or messages to register classes. I think that once stigma is addressed, literally flood gates will open because kids are literally just needing that motivation to go forward and to speak about whatever their mental health issues are.* (Andrew)

> *I think like the more aware South Africans become, the better and easier it will be to understand that there is actually nothing wrong with you, but you're just, you're sick in a certain way. If you say "I've got depression" or whatever and you know, you not, it's not frowned upon to have depression.* (Amanda)

> *I know it's a touchy subject and there have been a few suicides and it's always a bit of an emotional time and a bit awkward for the kids, knowing that, "Oh my friend's sister committed suicide and now they are talking about her in assembly and I don't know what to do and whatever." But I*

> *think it puts people in a place to actually reach out and actually talk about it…It creates that space for conversations to happen*. (Pam)

Increase in Teacher Training

The teachers (*n*=11) believed that an increase in teacher training would be beneficial for them to feel better equipped in managing and assisting with the mental health of their learners. Teachers reported on this training taking place in two main forms as the teachers all communicated their thoughts, which echoed Lucy in saying that "it is not part of our teaching and it should be."

The first training method proposed by the teachers (*n*=5) is that learning about the mental health of learners should be incorporated into an educator's tertiary education courses. Teachers felt that in order for them to have knowledge on how to support and foster good mental health within their learners, they need to be taught this thoroughly during their own studies. Ruth explained that teachers are taught how to teach and told "you're supposed to deal with the child's mental issues inside the classroom but they don't tell us how." As such, not being taught how to approach mental health within the classroom makes the teachers feel helpless and unsupported. Having a learner mental health course incorporated into their university modules was something these teachers saw as important if teachers are to effectively assist in supporting the mental health of their learners.

> *I think that what really would be perfect is that at a university level, teachers are trained to pick up on mental health issues and to deal with them.* (Andrew)

> *I think you need to start right at the foundation. I think it's something that should be in a BEd course or a PGCE course. So, I'd start at the foundation- at the universities and get them to educate teachers. I think it plays quite a big role.* (Kelly)

The teachers (*n*= 6) proposed a second training method for teachers to learn about fostering and supporting the mental health of their learners. It was proposed that teachers should be engaging in continuous professional development courses even after being qualified. These teachers felt that this would assist them in keeping up to date with the

developing field on learner mental health and provide them with tools to assist where they can.

> *I do think there should be more training. I do feel like it's something that should be addressed both at university level and afterward. It should be an ongoing thing. I think teachers should be continuously learning*. (Zoe)

> *The teacher training is very very important and…ja. I don't think it's something that should be taken lightly… but I also do think that it's something that should be continuous and not just a one-day.* (Monica)

> *It would be actually quite nice if they had more programmes in schools that actually teaches teachers how to think of triggers and to actually see "Okay, oh. That child has got a problem because of a mental issue, like not maybe emotionally, maybe it's more mental." So it would be nice to get those programmes and training for teachers with that in mind*. (Ruth)

Monica was able to acknowledge that more training needed to be done but was unsure as to how. She mentioned that it could perhaps occur with tertiary studies but also as a continuous professional development option:

> *I did a PGCE as my training and it definitely wasn't covered and I've spoken to a few of my friends and colleagues who went the BEd route and they also mentioned that it definitely wasn't covered… I don't know if it's something that the university should sort of provide as a part of your academic course or if it's something that the school should bring through and the government should bring through CPD training*. (Monica)

One teacher, Lucy, felt that she was able to learn about the mental health of her learners through experience and that a lot of the younger teachers cause more harm by thinking they are able to assist with the mental health of their learners without the experience or training, therefore doing courses may be beneficial in preventing harm and will assist those teacher that are still new to the field of teaching.

> *A lot of, and I'm not complaining, because I'm an old teacher but a lot of the younger kids, the younger teachers like 22-year-olds. They think they know but they are actually committing more problems as a result and that's something that should be taught early on. And I must admit, I didn't even know about it, you know, like I was really stupid in the beginning, this has only really started to creep in after a few years of teaching when kids started to really open up. But, we are terribly misinformed about things and how to deal with it. I've learnt over the years and with experience but I know my colleagues, some of them have gone and done courses to try and help the situation.* (Lucy)

A younger teacher, Sandy, commented on the perception of not having experience in dealing with the mental health of her learners, stating:

> *We've had like no...no experience in that… We need training. like we need to have workshops on it where, you know professionals come in and teach us what to do when these issues arise. Maybe even like specific days associated with it. Like you have mental health awareness day and that's what the whole day is about and we have an assembly about it.* (Sandy)

Teachers furthermore explained that the courses provided should be interactive in nature to allow for more active participation from teachers:

> *I would like to say more training…but the thing is like we go through a lot of training and I don't know how much is effective. It's almost like, I think what would be more effective would be if we did workshops, more than training…But like actual skills to give us. So, "This is how you identify changes in behaviour", "This is what you should do when you identify a child" you know? "This is the support that you can give them." So, I think like it would have to be more of a hands-on practical kind of like coaching.* (Candice)

Some teachers commented on their experiences of not remembering the courses, and others admitted that although they perceive it to be beneficial, they did not attend these trainings/courses because it is too much of a hassle or they are not interested. Pam spoke about a mental health awareness talk that took place "on a Saturday once. That invited parents as well [as teachers] and it was like a whole morning. I didn't actually go to it but if I remember correctly. There was like a whole morning and people could go." Such talks are held to assist with mental health awareness and provide teachers with the tools in assisting their learners' mental health needs but teachers had contradictory views on their necessity, with some failing to remember them occurring.

> *Knowledge is key. So, if we keep having courses, then why not? I mean, if they are offered to us, we can go on them. Ja, everyone always complains: "Ag, it's a shlep." But we chose this career. How can you be a teacher if you are not active in your child's life? You have chosen this career; you know that there is going to be things that come up and you have to do it. We have to do courses where we understand and learn how a child's mind works otherwise, we will not know what to do*. (Jill)

> *Oh, I also just remembered, the school psychologist did actually do a little course with us at the beginning of this year telling us what we should do, what we shouldn't do. Uhm, the process to follow. So, I actually forgot about that earlier, but ja. Uhm, so that's good, that, our school has been doing but I think we can do it more often.* (Pam)

Changes to the Schooling Curriculum

The final theme tackles addressing mental health within schools on a much broader scale – adjusting the schooling curriculum. Seven teachers commented on this theme and explored various avenues in adjusting the schooling curriculum in which they believed would assist in supporting learner mental health.

Some teachers (*n*=2) spoke to the introduction of some stress-relieving periods where the learners engage in less academically demanding tasks. Teachers believed that the academic load and demand on learners has become overwhelming for them and is at times not age appropriate. Their experience is that some relief increases their positivity and decreases anxiety.

> *My number one – revamp the maths curriculum, it's a mess. They introduce concepts that children aren't ready for at the wrong time. So, I would say that would definitely be a huge deal because a lot of children's anxiety stems around things like maths because it's so difficult and they don't necessarily understand what's going on it's where a lot of their anxiety comes from.* (Zoe)

> *Towards the end of the term there is always test season, so kids stress because it's always like the last two or three weeks of the term.. It's also stressful for the kids because now they have to study and write all their exams in one go. So, every Tuesday and Thursday is a test period and if there is no test on that day, then they (the school) want to bring in a speaker to bring the kids some positivity, help them with their stress management, help them organise their work and tests so that it's not all in one go.* (Jill)

The teachers (*n*=5) believed that the curriculum had too much content to cover over the academic year, resulting in teachers feeling burnt out and stressed. Furthermore, they believed that the content-heavy curriculum exacerbated learner stress and created a rupture in the teacher-learner relationships, with Andrew explaining:

> *I think when you develop a closer relationship with your kids, you are able to pick up differences in their behaviour much easier than if you are just creating a barrier and just getting through the lesson.* (Andrew)

These teachers believed that compressing the academic curriculum and incorporating more relevant topics into subjects will assist the mental health of their learners. Some teachers perceive Life Orientation to be a subject that should take advantage of speaking about and encouraging suitable mental health exercises.

We need to be discussing mental illness and mental difficulties, we need to be discussing things to manage that. We need to discuss that there is a light at the end of the tunnel and that it is not the end of the world. Like a lot of schools have Life Orientation and I think during those particular lessons, these are skills we need to be equipping our kids. We need to be discussing mental illness and mental difficulties, we need to be discussing things to manage that you know. (Amy)

It should be a part of the school curriculum so, maybe brought into the Life Orientation curricula and there should be certain like social committees at school or a health committee at school where you speak about these topics. (Kelly)

Our school is also deciding that from next year, they want to do a fun activity per a term… a fun day but there will be some things that just breaks their mind off of that whole school. Just to give them that sort of mental health, social, fun, not so serious, let's joke, let's have fun, let's be human. (Jill)

Chapter Five: Discussion

The purpose of this study was to explore the perceptions and experiences of twelve qualified and registered South African high school teachers in relation to the mental health of their learners. A particular focus was placed on what the teachers perceive as factors contributing to their learners' mental health needs, the barriers these learners face in obtaining mental health support in school, and what the teachers perceive to be helpful in addressing the barriers to the mental health of their learners. This chapter will discuss the results presented in Chapter Four and is structured in a manner that will discuss the findings in relation to the first research question. Then, due to the overlap between research questions two and three, this chapter will discuss these questions jointly to avoid any repetition.

Contributing Factors to Learner Mental Health

Challenging Households and the Role of Parents

Challenging households was a facet the majority of the teachers recognised as impacting their learners' mental health. More specifically, the teachers spoke to the role of parents in these households. They believed that parents hold crucial roles in the mental development of learners. Teachers spoke about how supportive parents who understand their children are vital in learners developing good mental health. Supportive parents were described as being active participants in the lives of their children, where teachers are able to work collaboratively with them to understand the mental health needs of the learner. Wang and Sheikh-Khalil's (2014) study found that parental involvement in high school learners positively influences learners' academic and emotional functioning. They further found that specific types of parental involvement influence different functions within learners. Examples of these include academic socialisation strategies such as communicating with their children about the value of education and the future possibilities, as well as being involved in school volunteer activities that provide their children with a sense of support and connection, assisting in the promotion of good mental health development (Wang & Sheikh-Khalil, 2014).

Studies on teachers' perceptions of parental involvement depicts teachers wanting higher levels of parental involvement, and have tried establishing various techniques of encouraging it (Lareau, 2000; Sheridan et al., 2019; Smith et al., 2020). Lareau (2000) found that the majority of teachers believed parental involvement was vital in the implementation of mental health interventions for learners, however they felt that parents are usually dismissive

and unsupportive of the mental health of their children. This may account for why teachers have attempted to encourage teacher-parent relationships in the hope of bringing mental health issues faced by learners to the foreground among their parents. Although most of these teachers felt that parents tend to neglect the mental well-being of their children, one teacher felt that some parents are overly involved, creating increased pressure, stress and anxiety in their children. Although the benefit of having involved parents was acknowledged, the negative impact of invasive parenting on learner mental health was highlighted. Literature is largely in support of these perceptions. Lareau (2000) established findings in which teachers described working with parents as being an unpredictable situation, with several teachers being reluctant to engage with parents, especially about curriculum issues. Although these findings are largely linked to academic support rather than mental health support, it can be presumed that teachers feel similarly towards both circumstances. Teachers may be reluctant to work closely with parents in assisting learners' mental health due to parents becoming intrusive and overbearing.

An intervention that has been found to be beneficial in encouraging parent-teacher relationships, collaboration, learner behavioural support and communication are family-school partnership (FSP) interventions (Sheridan et al., 2019; Smith et al., 2019). FSPs have also been linked to positive effects on children's social-behavioural competence and mental health. Interestingly, Smith et al. (2019) found that the bi-directional communication and behavioural support factors of FSP interventions are more effective for older learners, regardless of their race/ethnicity and can thus be implemented to benefit all learners (Smith et al., 2019).

In line with the lack of parental involvement, another prevalent perception of the teachers was that when learners feel that their parents have neglected their mental health needs, they often rely on their teachers to meet this need. The teachers subsequently take on the responsibility of caring for the mental well-being of their learners. Teachers feeling obliged to attend and support their learners' mental health is associated with increased responsibilities being placed onto their role as teachers. Fissel (2017) revealed that teachers perceive learners with mental health concerns as more burdensome in the classroom and a risk to their peers compared to learners that do not struggle with their mental health. The increased responsibility of attending to the mental health of their learners, in addition to fulfilling their role as an educator, could account for teachers feeling burdened by the mental health of their learners. This is a concept that a teachers' focus group study reflected on. The

teachers within this study expressed that they wanted to avoid the role of a therapist, stating that their role should be more of a preventative one, rather than a therapeutic one (Shelemy et al., 2019). This study exhibits the longing of teachers to focus less on "curing" the mental health needs of their learners, in turn having lessened their responsibility to learner mental health. The current study and previous studies share findings where teachers seem to feel compelled to attend to the mental health needs of their learners, regardless of the added responsibility (although there is a wish to reduce this responsibility). The current study, however, seems to allude to the teachers wanting to address a larger parental issue in South Africa, something that may be less prevalent within international studies – the availability of mental health services in schools. This issue will be discussed further later in this chapter.

Teachers perceived parental involvement to be influenced by numerous challenging household factors including divorce, poverty, abuse and death. Teachers identified absent parents, parents who suffer from alcohol abuse and parents undergoing a divorce as the most common challenging factors among their learners. Adverse living conditions were perceived as having a negative impact on focus and concentration in the classroom. This is in line with literature where teachers list divorce/family separations; abuse/neglect; lack of parental involvement; poor parenting; dysfunctional homes; poverty; and death of family members as events that negatively impact the mental health and academic performance of their learners (Graham et al., 2011; Mahony, 2013). Divorced parents have been linked to increased risks for the social, psychological and biological aspects of learners' well-being, whereby family instability and reduced parental involvement causes learners to be at a higher risk of developing mental illnesses linked to depression and emotional dysregulation (Aasen Nilsen et al., 2018; D'Onofrio & Emery, 2019; Fabricius & Luecken, 2007;). The decline in academic performance and skills such as focus and concentration difficulties may, therefore, be linked to living in challenging households where parental involvement is minimal. These challenging households negatively impact the learners in various ways, including having major influences on the development of depression, anxiety and emotional dysregulation.

Within this study, none of the teachers identified child-headed households as being prevalent within their classrooms. This is an interesting result as South African literature deems child-headed households as a major phenomenon in the country that negatively impacts the mental health of learners (Kwatubana & Ebrahim, 2020; Pillay, 2016; Skinner et al., 2019). This may be due to the majority of the teachers working within the private sector or in government schools that are in more affluent areas. Another interesting result from this

study found that teachers experienced feeling sympathetic towards their learners who lacked parental support, resulting in the need to provide additional emotional support and attention for these learners. Literature on this sympathetic experience reported by the teachers seems to be lacking. However, the teacher "informal adoption programme" reported in Kwatubana and Ebrahim's (2020) study, where teachers volunteered to take care of vulnerable children in their classrooms for the year, may be alluding to these experiences. Teachers felt as though they were having a positive impact on the psychosocial well-being of their learners when they volunteered to be a part of the informal adoption programme. This finding is consistent within this study and previous studies where teachers agree with the perception of being in a position where they are able to provide their learners with support that beneficial to their mental health (Addy et al., 2021; Kwatubana & Ebrahim, 2020; Lawson, 2003; Skinner et al., 2019).

Pressures and Stressors, Depression, Suicide and Anxiety

Teachers (n=8) linked the stress and anxiety experienced by learners to academic pressures, puberty, self-discovery and societal pressures. All the teachers within this study spoke about the social pressure that parents place on their children to succeed academically. This, in addition to parents dismissing the struggles experienced by their children and failing to provide adequate coping mechanisms, were identified by teachers as largely contributing to mental health challenges of their learners. Furthermore, the majority of the teachers recognised the schooling environment as adding to the pressure of needing to succeed academically and even associated these pressures as leading contributors to suicide among school learners in South Africa. Literature has shown that teachers linked depression to low academic achievement, lack of concentration, reduced memory retention and suicide (Breuer, 2016; Roy & Roy, 2017). As such, teachers perceive the social pressures placed on learners from parents and schools as negatively impacting their mental health and academic achievement skills.

The teachers' perceptions concurred with literature that has reported depression as the main contributing factor to suicide in South African adolescents, with depression being particularly prevalent in high school learners (Naidoo et al., 2019; Robertson, 2018). The teachers expressed having difficult feelings about suicide in learners, including being "traumatised", "broken" and having a "fear" associated to the possibility of a learner dying by suicide. In the event of a suicide occurring in the school, the teachers reflected on other learners tending to avoid reminders of that learner, while teachers tend to recount situations

where the learner may have shown signs of mental health struggles. These thoughts can be understood as having a preoccupation with the suicide of the learner. A sense of being unaware of the struggles their learner may have been facing was evident in the findings, where teacher expressed feeling shocked by "top performers", "perfect" and "happy" learners turning to suicide.

These experiences and perceptions are confirmed in studies that have been conducted locally and internationally. Shilubane et al. (2015) found South African teachers are unaware of their learners' suicidal ideations. It was additionally found that these teachers felt helpless in assisting the other learners in their classrooms (Shilubane et al., 2015). The teachers within this current study spoke to how suicide negatively affects both the surviving learners and teachers, as they process the loss of their peer and pupil together. This suggests that suicide affects the school community as a whole. The unity of processing a suicide is contradictory to Shilubane et al.'s (2015) findings that found teachers in Limpopo feeling that many of their learners' issues had "nothing to do with [them]" and that their lack of knowledge surrounding suicide and suicidal behaviours left them anxious to discuss suicide with their learners, especially after one had occurred within the school. It was also found that these teachers would often be blamed by community members after a suicide had occurred, leaving them in difficult personal and professional positions (Shilubane et al., 2015). Kolves et al. (2017) concurred that the impact of learner suicide on teachers is significant, talking to the negative impact of losing a learner to suicide had on their personal and professional lives where teachers became preoccupied with the event to the extent that it impacted their functioning (Kolves et al., 2017). Although these studies talk to the struggles of the teachers, they determine that a suicide in the schooling context negatively impacts the mental health of teachers and learners alike.

Bullying

Bullying is a social factor that all the teachers perceived as negatively impacting learner mental health. All the teachers in this study reported that cyberbullying and subtle intimidating "death stares" between learners had increased and were the most frequent type of bullying in their schools. These passive forms of bullying were described by the teachers as a form of emotional abuse and torment that are detrimental to the mental health of their learners. The teachers perceived cyberbullying as being more of a threat than physical bullying. This is contradictory to Ellis and Shute's (2007) study that reported teachers perceive physical bullying to be more harmful to one's mental health. The shift in perceptions

may be due to the extended time frame between these two studies and the previous lack of awareness in cyberbullying. As time has progressed, there has been an increase in instances of cyberbullying that resulted in devastating outcomes, including suicide. This may result in teachers noticing the severity of cyberbullying and the increased awareness of the issue.

In explaining the effects of bullying within their classrooms, the teachers used words describing learners as "feeling embarrassed", "anxious", "threatened" and "depressed". Bullying was identified as a serious issue that needed to be managed immediately by the teaching staff. Literature supports the teachers' perceptions of bullying being linked to the development of mental illnesses such as depression and social anxiety (Chen & Eisenberg, 2012; Pabian & Vandebosch, 2016). Bullying has furthermore been associated with other psychosocial issues in adolescents, including psychological distress that stems from being socially excluded, having a lack of peer support, and a decrease in academic performance (Ndibalema, 2013; Townsend et al., 2008).

Although teachers viewed bullying as an issue that needs to be addressed urgently in their classrooms, a minority of the teachers in this study *(n*=3) perceived themselves as being powerless and incapable of intervening with bullying. This was mainly due to being unaware of the limits of intervening with bullying that occurred over social media and off the school property. Ultimately, the teachers felt that the issue of combatting bullying is something that parents need to be involved in too. Studies exploring teachers' perceptions and experiences of intervening with bullying found that teachers have a lack of confidence in handling bullying and often do not take it seriously (Kennedy et al., 2012; VanZoeren & Weisz, 2018). In South Africa, harsh punishments are often administered by teachers in response to bullying, however, this has been found to only perpetuate the cycle of bullying (Banzon-Librojo et al., 2017). Literature seems to confirm the findings of this study as it depicts teachers feeling incompetent in managing bullying and, therefore, turning to a method of discipline that is ineffective. Feeling powerless and incapable of handling bullying could be linked to these ineffective harsh punishments. As such, these ineffective methods of handling bullying may be linked to the feelings of being powerless and incapable, therefore impacting the teachers' levels of confidence. Although the feeling of being incompetent and powerless was not a dominant theme that the teachers in this study identified in relation to bullying, it was a major theme in relation to management of the overall mental health of their learners.

Continuing with the methods enforced in combatting bullying within schools, this study explored the knowledge of teachers in relation to the anti-bullying policies in their

schools. The results revealed divided views. While 11 of the teachers reported having anti-bullying policies available within their school, only five of the teachers spoke of being aware of this policy and felt that it was effective. The teachers spoke to a "zero tolerance" of bullying, however none of the teachers were able to provide a comprehensive description of the meaning of zero tolerance. The majority of these teachers stated their role was only to report bullying to individuals that hold higher positions in the schooling system. Teachers (n=4) within the study expressed needing to gain a better understanding of the anti-bullying policies of their schools. These teachers recognised the presence of an anti-bullying policy, but that it needed to be more pronounced within the school. As such, they did not feel that the anti-bullying policies in their schools were effective. South African studies coincide with these findings. Mahabeer (2020, p. 1) revealed that teachers are aware of "informal anti-bullying interventions", but there is a need for more formal strategies to be established in order to reduce bullying in schools. Furthermore, it was found that teachers are not clear about the policies in place and therefore do not have a clear guideline on the procedures to follow (Mahabeer, 2020).

In many countries across Europe and North America, anti-bullying policies have been associated with a decline in the prevalence of bullying in schools that base their programmes on whole-school approaches and teacher training (van Verseveld et al., 2021). Gaffney et al., (2021) found that in order for anti-bullying interventions to be successful, various components are needed to be in place. These components include: a whole-school approach, clear anti-bullying policies with corresponding classroom rules, informed parents, informal peer involvements and work with bully victims. These findings are contrary to the findings of this study and many other studies that have been completed in the South African context. This may be due to a variety of reasons that are inclusive of, but not limited to, the lack of resources, poverty and other barriers to learner mental health support that will be discussed later in this chapter. This suggests that South Africa, a developing country, needs these interventions in order to address bullying in an effective way. In following guidelines from successful international anti-bullying policies, teachers may be able to feel more informed and confident in managing bullying within their classrooms.

It is evident that bullying is detrimental to the well-being of learners in South Africa. Consistent with previous literature, the teachers within this study noted that bullying may be caused by issues pertaining to the challenging home environments of their learners, the influences of social media on self-confidence, feeling excluded by friends, and finally, the

bullies having been victims of bullying themselves (Şahin, 2010), with the largest contribution being from family members as aggressors (Rosen et al., 2017). Literature additionally provided evidence of intergenerational continuity of children becoming perpetrators and victims of bullying (Farrington, 1995, as cited in Liang et al., 2007). It has been found that victims of bullying can become bullies themselves – a phenomenon often termed as the bully-victim cycle (Ndyave & Kyobe, 2019). This cycle is said to occur when a person who has been a victim of bullying starts to bully others in order to gain a sense of control and power. This behaviour can be seen as a way for the person to cope with the trauma of being bullied. These results suggest that teachers show an understanding of bullying as influencing mental health on a biological, psychological and social level.

Attention Deficit/Hyperactivity Disorder (ADHD)

Contrary to Raman and Janse van Rensburg's (2013) study that argued ADHD as one of the most commonly perceived mental illnesses in South African adolescents, a small percentage of the teachers (*n*=3) in this study spoke to ADHD having a negative impact on the mental health of learners. These teachers felt that ADHD would only impact a learner's mental health if it is not properly understood by teachers within the classroom as it may result in learners developing a poor self-esteem. The link between ADHD and poor self-esteem, anxiety and depression has been found in previous studies (Kita & Inoue, 2017; Lawrence et al., 2017). However, a South African study has linked the symptoms of ADHD as being caused by these aspects instead of these aspects being results of ADHD (Skinner et al., 2019). This seems to suggest confusion in the understanding of the structure of ADHD and its causes. The lack of knowledge connected to learner mental health and ADHD has consequently led to many teachers viewing their learners who are suffering with ADHD or have poor concentration in a negative way. This has detrimental effects on teacher-learner interactions and, in turn, the learners' mental health (Bell et al., 2011).

Impacts of COVID-19

All the teachers spoke to aspects of the COVID-19 pandemic having negative implications on the mental health of their learners. Seven of the teachers spoke to the lockdown period and the repercussions it had on the psychosocial development of their learners. In line with literature on the effects of the COVID-19 pandemic that teachers have experienced, the teachers associated the limited social interactions with their learners' elevated levels of anxiety, depression and regressed emotional intelligence (Kim et al., 2022; Padmanabhanunni et al., 2022). The teachers within this study further spoke to their learners

being fearful of being at risk of contracting COVID-19 at school and passing it onto family members.

A study conducted by Kim et al. (2022) spoke to the rapid societal changes experienced within schools. The conditions of inadequate distribution of protective gear, poor schooling infrastructure and heavily crowded classrooms were found to increase the levels of anxiety teachers experienced. This study spoke to the anxiety the teachers experienced within their working environment; however, it may be associated with the anxiety and fear of contracting COVID-19 that the teachers within this study identified among their learners. The high levels of anxiety may result in the development of higher levels of depression, feelings of hopelessness and the fear of contracting COVID-19 (Kim et al., 2022; Padmanabhanunni et al., 2022). The fear of contracting COVID-19 may be linked to some learners being at risk of contracting the virus. This risk factor is linked to a biological aspect within the learners, thus making them more prone to feeling anxious about being at school during the pandemic. Although a small portion of the teachers interviewed commented on the lack of routine in their learners, literature had alluded to similar instances being reported globally. Learners have been found to react differently to the transition from the traditional face-to-face learning to online learning, with learners described as having "fixed mindsets" finding the transition more difficult (Pokhrel & Chhetri, 2021).

As a result of the pandemic, the teachers within this study further predicted learner academic regression and deteriorating lifestyles to last for an extended period. A study focusing on teacher's perceptions of how the schooling interruption caused by the pandemic impacted literacy learning in learners found that writing skills were perceived to have declined due to the unforeseen closure of school during the pandemic (Merga et al., 2021). Literature suggests that academic achievement and lifestyle quality during the pandemic are linked to the support received by the learners during this period (Helm & Huber, 2022; Kim et al., 2021). The teachers within this study identified a lack of support received by their learners. This lack of support was linked to a decline in academic motivation, focus and success. Additionally, the lack of support learners received from their parents was attributed to pre-existing challenging households.

Similarly to this study, literature has also spoken about the effects of motivation, focus and support on academic success (Helm & Huber, 2022). Findings have varied, where some studies corroborate the findings of this study and link the conditions of lockdown to a decline in parental support for various reasons. However, other studies have found an

increase in parental support and interactions, which have shown to assist in the advancement of reading in younger children due to the increased time given to paired reading (Förster et al., 2023). Online learning can be linked to a lack of adult supervision for learners. It was found that the education of learners who were more disciplined was uninterrupted by the lack of adult supervision. However, learners who needed the adult supervision experienced declined academic results (Pokhrel & Chhetri, 2021). These outcomes may be linked to the disruption in learner routines and reduced adult supervision that usually occurs within traditional face-to-face learning.

Interestingly, the teachers in this study identified instances of new and/or increased financial strain experienced by parents as a contributor to parental disengagement. This parental disengagement was said to negatively impact the mental health of learners. The loss of jobs or wage cuts among parents has been identified by the teachers in this study as exacerbating parental stress in households. Unlike this study, literature that focuses on teachers' perceptions in relation to the pandemic have mainly focused on the shift in pedagogical frameworks and learner well-being and seem to lack a focus on the impacts of parental well-being on the learners' academic achievement and well-being. Nevertheless, a study conducted in Singapore was able to link financial difficulties during the COVID-19 pandemic to parents reporting higher stress levels and therefore harsher parenting and reduced parent-child relationship attachments (Chung et al., 2020). With this in mind, the teachers within this study seem to have an appropriate level of understanding of the impacts of parent-child relationships and mental health, which ultimately impacts academic success.

The findings in this study revealed that the teachers identified several contributing factors linked to the mental health of South African learners mainly in relation to social and psychological influences. However, mental health is said to be influenced by social, psychological and biological aspects (World Health Organisation, 2018), hence the mental health biopsychosocial model. Although the teachers predominantly focused on the social and psychological contributions to learner mental health, we see instances where they are aware of the biological aspects through identifying depression, anxiety and ADHD as contributing factors. However, they did not speak to the biological underpinnings of these disorders, but rather to the influences of social and psychological aspects.

The findings of this study revealed that teachers mainly perceive social contexts as having an impact on the psychology of their learners. Literature extends this understanding

by speaking to how some individuals are more susceptible to being impacted by these social and psychological aspects due to their biological make-up. Ridley et al. (2020) argued that the presence of persistent stress during pregnancy can cause later life mental health difficulties, particularly depression and anxiety. Challenging household situations including economic struggles and violence were further said to negatively impact brain development and cognitive functioning of adolescents (Ridley et al., 2020). These findings suggest that some adolescents are more vulnerable at developing a mental illness/disorder than others simply due to their biological make-up. The teachers, however, did not speak to these aspects of mental health. This may be due to the complex understanding of biological constructions and the impacts of adverse experiences on an individual's mental health development, hence the large amount of stigma within the schooling context.

Barriers and Means of Addressing Barriers to Mental Health Support.

Stigmatisation and Mental Health Awareness Programmes

In the current study, the stigmatisation of mental illnesses was identified by all teachers as a barrier to learners seeking mental health support in schools. Teachers experienced their learners being stigmatised by peers, teachers and family members. Similar to previous studies, the teachers in this study felt that many individuals avoid treatment and support due to facing judgement and misunderstanding from those around them, causing them to suffer alone (Bell et al., 2011; Monteiro, 2015). Literature has confirmed that a fear of stigmatisation and social discrimination is one of the most common barriers to adolescents seeking assistance and services for their mental illnesses (Milin et al., 2016). This is detrimental to their social and emotional development and well-being (Bell et al., 2011).

Cultural beliefs were identified by the teachers as being the main source of stigmatisation, where mental illness is understood as a result of curses, weakness or "something that they can get over". Literature on teachers' perceptions on cultural beliefs and mental illness in their learners seems to be lacking, especially within the South African context. However, studies have examined cultural beliefs around mental illness in the general population and have found that stigma usually originates from beliefs linked to mental illnesses being caused by bewitchment, an individual not praying enough, and mental illness being incurable. As such, mental illness in many faith-based religions are largely considered to be caused by spiritual problems (Ally & Laher, 2008; Caplan, 2019). Dated literature on the destigmitisation of mental illness states that using a biological model to understand

mental illnesses was associated with a reduction in stigma within the general population. However, a study done within the Orthodox Jewish community found that this approach in fact increased the stigma linked to mental illness. This is because the biological understanding of mental illness (chemical imbalances in the brain or genetics) is accompanied with concern for marital suitability and genetics being passed down to future generations of mentally ill individuals (Pirutinsky et al., 2010). Furthermore, most recent literature supports the idea that a dominant biologically oriented understanding of mental illnesses is linked to higher levels of stigma and desires for more social distance. Fissel (2017) found this to exist among teachers too. These beliefs may be associated with the findings of this study as it speaks to the influence of faith and culture in understanding mental health from a biological/medial viewpoint. Supporting and providing a more holistic understanding of mental health through a BPSM lens is therefore better suited in combatting stigmatised attitudes and misguided perceptions of mental health. This is supported by recent literature on the usefulness of using the BPSM in understanding the general population's mental illness perceptions and stigma (Deacon, 2013; Mak et al., 2014; Mannarini & Rossi, 2019).

Teachers (n=4) experienced some of their learners having been defined by their diagnosis and perceived as needing to be 'fixed'. A strategy teachers (n=4) identified in addressing stigma was to incorporate mental health awareness programmes in schools. The teachers felt that these programmes would encourage learners to speak about topics that are at times difficult to face, with two teachers perceiving a decrease in the stigmatisation of mental health in their classrooms as awareness and conversations on the topic have increased. Mental health awareness campaigns may assist in knowledge about mental health being taught in the school, which may assist the schooling community to become more open-minded about mental health and the factors surrounding it. Interventions encouraging mental health promotion activities in schools have furthermore been identified by the World Health Organization (2018) as a protective factor in adolescent mental health.

Research into teachers' perceptions on mental illness and stigma has proven that the more open-minded a teacher is to mental health services, the better the chances of he/she making a referral (Breuer, 2016). It may be believed that an increase in mental health awareness and teacher training on mental health will result in teachers being more open-minded to the topic, regardless of their religious beliefs and understandings. Furthermore, teachers having a better understanding of mental health will assist in facilitating mental

health awareness programmes within school, without the concern of being incompetent in the topic. Research on this seems to be lacking in a South African context and may be an area for future research. However, a study conducted in the USA found that when teachers had a better understanding of depression, they were able to better inform their learners on the topic. It was furthermore found that the implementation of the *Adolescent Depression Awareness Programme* (ADAP) prevented any stigmatised views of mental health from teachers from interfering with the information being passed to the learners (Miller et al., 2019). With this in mind, literature seems to support the teachers' perceptions within this study. Thus, mental health awareness programmes in schools may be useful in combatting stigmatisation of mental health.

Feelings of Incompetence, Teacher Training and Multilayered Responsibilities

Teachers perceived their learners with mental health concerns in a predominantly negative way, viewing them as increased burdens to them in the classroom (Fiissel, 2017), and more demanding teacher responsibility and workload may be linked to what the teachers identified as their own feelings of incompetence in managing the mental health concerns of their learners. Some teachers expressed managing these mental health concerns as being burdensome. Some teachers (n=4) admitted to indirectly dismissing the needs of their learners due to their feelings of helplessness and fear of making the situation worse. In line with literature, the teachers identified receiving training on mental health in relation to the needs of their learners as a possible resource that can be used to assist in supporting the mental health of learners (Malberg et al., 2012). However, studies have shown that teachers who have received training on mental health have not shown a decrease in the stigmatisation on mental illnesses, but the training has assisted teachers in gaining more knowledge about mental health, enabling them to comfortable and competent in handling the mental health needs of their learners (Fiissel, 2017).

Teachers (n=10) were unsure of their responsibilities or roles in intervening with mental health challenges. Further, the limits of teachers' mental health knowledge were perceived by the teachers as being unsupportive of their learners' needs. The fear of creating more damage to the mental health of their learners may be due to the teachers having no formal training in assisting with the mental health of their learners. All the teachers in this study felt that schools need to be involved in the mental health support of learners and agreed that multilayered roles in supporting learner mental health would be beneficial to the learners, in addition to assisting teachers in feeling more supported in handling mental health

concerns. Having a process that included the involvement of heads of schools, parents and referring severe cases to school psychologists was something the teachers perceived to be helpful in feeling supported and knowing that they have a procedure to follow. This finding is consistent with the majority of literature that explores teachers' perceptions of working within multidisciplinary teams to support learner mental health and feeling more supported in their roles as teachers (Fiissel, 2017; Nel et al., 2016; Reinke et al., 2011; Skinner et al., 2019; Soares et al., 2014). The teachers in this study further felt that it was important to include the learners and allow them a sense of autonomy, making them more likely to be invested in the process. A multidisciplinary approach coincides with the BPSM in that each contributing party brings in specific knowledge about the learner who is in need of support. Parents are able to provide insight into biological aspects of the learners, while teachers and the school can attest to the social aspects and psychologists can focus on the psychological influences.

Teachers (*n*=11) identified an increase in teacher mental health training as a means of assisting them in supporting their learners. This is corroborated by literature where teachers' perceived a lack of training as a barrier due to them feeling that they are not experts or professionals in mental health and need the training to feel more competent in assisting their learners (Nel et al., 2016; Reinke et al., 2011). The teachers within this study identified two main forms of training that can be provided. Firstly, teachers (*n*=5) felt that this training needs to be taught during their own studies in tertiary educational systems. Having a course on the mental health of learners incorporated into their modules was something these teachers identified as lacking, which they perceived to be important to effectively assist in the support of the mental health of their learners. The second form of training the teachers *(n*=6) identified was engaging in interactive continuous professional development (CPD) courses even after being qualified. This was identified as being helpful in being informed of the current mental health struggles learners are experiencing. Being informed by these struggles would help them feel more competent in assisting.

Providing basic training in handling adolescent mental health or incorporating psychoeducation into the teaching curriculum at a university level would be beneficial in addressing this barrier within South African schools. This would be especially beneficial in areas that are characterised by high levels of poverty and a lack of resources. The teachers in this study spoke about how some learners come to them as their first source of receiving help and, depending on how the teacher reacts, they might get further assistance. Incorporating

mental health training into the university course material of teachers and having CPD courses on mental health for teachers is in line with the core strategies of the White Paper 6 that aims for learners having access to a "supportive and inclusive psycho-social learning environment" (DoE, 2001, p. 6. This training may also help teachers feel more contained in assisting their learners.

All the teachers in this study identified teachers that learners perceive to be unapproachable and untrustworthy as a barrier to learner mental health support. Some teachers (*n*=7) believed that these perceptions prevent learners from seeking support altogether. The dismissiveness noticed from these teachers may be linked to them being unsure about how to proceed with dealing with the mental health of their learners. Providing teachers with training in mental health in addition to working with a multidisciplinary team will assist in preventing these negative teacher-learner interactions. The study conducted by Soares et al. (2014) supports this in finding that teachers' lack of knowledge in supporting learners' mental health often results in the incorrect procedures being followed in attaining mental health support for these learners. As such, teachers having a clear understanding of their role within a multidisciplinary team and having knowledge about learner mental health is imperative.

Poverty and The Lack of Resources

The teachers' perceptions of poverty in this study correspond to literature, where they linked poverty in South Africa as being connected to the decrease in accessibility to psychological services, teacher burnout, and a lack of psychologists available and accessible in schools (Reinke et al., 2011; Skinner et al., 2019). The majority of the teachers recognised these detrimental effects as being more present within government schools. This study found that in government schools, the teachers expressed experiencing difficulties in their teacher-learner relationships due to the large classroom sizes. Having a large number of learners within one classroom was also linked to teachers feeling as if they are unable to successfully interact with and identify mental health concerns among their learners.

Furthermore, the majority of the teachers associated the lack of mental health resources present to the lack of funds available in their schools. The substantial lack of resources in low-income countries and communities is acknowledged in research where the need for psychological services outnumbers the availability of such services (Petersen et al., 2010; Ridley et al., 2020; World Health Organization, 2018). Teachers (*n*=8) noticed that within their schools, basic needs such a school being maintained were prioritised over mental

health resources. Employing school psychologists and teachers working in government schools run by SGBs perceived themselves as fortunate to have school counsellors available within the schools. However, some teachers (*n*=3) spoke about how these psychologists are often inundated with learners, resulting in long waiting lists and learners becoming discouraged by these waiting times. With the long waiting lists, it is fair to assume that there is a significant need for more psychologists to be available within schools and for teachers to be trained in containing their learners while they wait for an appointment with the school psychologists. In doing so, psychologists will be able to have a steady flow of learners that they will be able to attend to without being overworked. Literature has linked the shortage of psychologists working in schools and the increased work demands to professional burnout (McCormack et al., 2018; Schilling & Randolph, 2021). The implications of burnout are detrimental to the quality of work produced as studies have equated burnout to a detachment from one's job, where attitudes of callousness, being uncaring and becoming hostile are witnessed. Interestingly, psychologists in schools have been reported to have lower levels of depersonalisation that is characterised by work detachment. Even though it has been reported that professional burnout in psychologists is linked to high levels of emotional exhaustion and leaving one's job or the field of psychology entirely (Schilling & Randolph, 2021). Having psychologists resign from their school positions or exit the field of psychology as a whole will add to the shortage of available psychologists in the schooling context, thus having trained teachers as part of the referral pathway to school psychologists will be beneficial in assisting to mitigate the effects of the lack of psychological resources in South African schools.

The teachers (*n*=6) furthermore spoke to their experiences of feeling that their own mental health was neglected within the schooling context. These teachers admitted to not being able to support their learners when they are experiencing their own mental health challenges. Teachers (*n*=5) perceived the need to complete the curriculum, while attending to the mental health of their learners and their own mental health, as overwhelming and negatively impacting their ability to feel compassion towards their learners. We see in these findings that the teachers' high demands to fulfill their roles as educators, in addition to supporting their learners' mental health, is negatively impacting their own mental health, possibly creating teacher burnout.

The symptoms of burnout experienced by the teachers together while still trying to aid the mental health of their learners is contrary to what literature has found in psychologists.

That is, the teachers experience high levels of depersonalisation and therefore work detachment, hence them feeling a lack of compassion (Schilling & Randolph, 2021). The majority of the teachers in this study identified as females (*n*=11) and literature has found that female teachers are more likely to experience the symptoms of burnout that have been linked to affective, cognitive, physical, behavioural, and motivational symptoms that impact their personal lives (Naig, 2010). Therefore, the findings of this study are consistent with literature in that the prevalence of compassion fatigue, burnout and personal mental health struggles are significant. Future literature may be able to explore this further by including more males in their sample.

Providing tools to assist in developing coping skills to manage work pressure and compassion fatigue had been perceived as a strategy to assist individuals working with adolescent mental health in schools (Schilling & Randolph, 2021). This can be achieved by allocating more funds towards mental health resources in schools, investing in teacher mental health training and employing more psychologists in schools. The lack of available psychologists and resources are thus considered barriers in supporting learner mental health due to poverty.

Poverty being related to the lack of mental health support is not limited to the schooling context. It is a larger issue and extends to being a national problem. Two teachers explicitly linked poverty experienced within their learners' households as interfering with them having access to psychological support. Similarly to the schooling context, funds are perceived to go towards basic needs such as food and shelter before psychological services. This emphasised the great need of having school psychologists available to all learners within schools, especially for learners who are unable to access these resources outside of the school context due to living in disadvantaged households and communities. Although a multidisciplinary approach to school mental health was not identified as a way of addressing the barrier of a lack of resources available to schools, having a whole school interest in promoting positive mental health development, support and interventions in schools may also be useful in overcoming the lack of psychologists in schools. Previous studies have identified mental health promotion interventions in early childhood development as vital in mitigating the impacts of risk factors that have influence on physical cognitive and socio-emotional development (Petersen et al., 2010). Although this study focuses on high school learners, these findings are more beneficial for learners who are much younger. It is important to note this because the implementation of teacher mental health training and school mental health

awareness programmes applies to all teachers. In having these interventions implemented during earlier stages of development, we are creating positive future impacts on adolescent mental health.

Changes to the Schooling Curriculum

Changes to the schooling curriculum in support of learner mental health was a broader topic the teachers (*n*=7) identified in addressing the barriers of mental health in schools. Firstly, the introduction of lessons that were less academically demanding and focused on relieving stress was identified as an avenue to explore. A reduction in academic load was perceived as a way of alleviating the academic pressures and anxieties felt by learners. Compressing the academic curriculum was another suggestion made by the teachers. The current curriculum was viewed as being content heavy and challenging to complete, with little to no focus on positive mental health development. In attempting to complete the curriculum set for the year, the teachers expressed feeling overwhelmed, burnt out and stressed. They perceived their learners as experiencing the same feelings. Ultimately, these feelings were associated with straining the teacher-learner relationship.

The implementation of mental health promotion programmes into the schooling curriculum has been proposed as an intervention aiming to promote mental wellness among school learners. These programmes are predominantly supported, and at times executed, by teachers in their classrooms. Studies have found mostly positive teacher perceptions on the matter. A lack of adequate training on learner mental health, a lack of confidence and lack of resources are perceived as hindering the teachers from implementing this intervention into the formal curriculum (Askell-Williams & Cefai, 2014). Miller et al. (2019) found that when teachers within the United Stated of America are appropriately trained on the implementation of mental health aspects in the curriculum and have knowledge on the subject, they can increase the associated benefits in the learning of their learners. It was additionally found that the effectiveness of the incorporation of their *Adolescent Depression Awareness Programme* into the curriculum was not influenced by the mental health views of the teachers (Miller et al., 2019) and therefore it could assist supporting learner mental health and combatting stigma experienced in schools, while also imparting knowledge of mental health to the learners.

In this chapter, the findings of this study were discussed in relation to previous research that has been conducted. It was noted that while some of the findings of this study may differ from the findings of previous studies, previous studies largely concur with the

findings of this study. Literature on implemented interventions that focus on supporting the mental health of learners have further been argued as beneficial in the support of South African high school learners. The following chapter will conclude this research report.

Chapter Six: Conclusion

Summary of Findings

In this study, twelve qualified and registered teachers who are practicing in South African high schools were interviewed. The findings uncovered numerous themes and subthemes around what the teachers perceived to contribute to the mental health challenges of learners, namely challenging households and the role of parents, social pressures and stressors, anxiety, depression, ADHD and self-esteem and the COVID-19 pandemic. The teachers identified a lack of resources and inadequate teacher training, stigmatised attitudes pertaining to mental health and poverty as three of the major barriers to learners seeking mental health support. Finally, the teachers identified multilayered responsibilities and collaboration between the school as well as parents and learners as being important to addressing this issue. Furthermore, the teachers identified having an increase in teacher training, mental health awareness programmes and increased access to psychologists and other specialists as facilitating factors in promoting adolescent mental health. Curriculum changes were also recognised as possibly aiding in overcoming barriers to mental health support in the schooling context.

Strengths and Limitations of the Study

This study provides data in an area that the researcher identified has been limited in South African research. With mental disorders such as depression, anxiety and behavioural disorders being identified as the leading causes of illness and disability in adolescents, and suicide the fourth leading cause of death among 15 to 19 year old adolescents (WHO, 2021), research in bridging this gap is imperative. Teacher knowledge and support in this area is crucial, with schools being identified as highly influential on a child's social and cognitive development (Atkins et al., 2010). It is essential to have interventions in place within schools that support learner mental health, which this study advocated for throughout. By focusing on the experiences and perceptions of South African teachers surrounding the mental health of their learners, this study was able to provide additional knowledge about South African teachers' understandings regarding hindering and beneficial factors in supporting the mental health of their learners. The quotes included contributed to the criteria of trustworthiness under the construct of *transferability* in qualitative data (Lincoln & Guba, 1986), assisting in depicting the personal experiences of the participating teachers in relation to their learners' mental health. It furthermore includes information on how teachers experienced and

perceived the impacts of the COVID-19 pandemic on the mental health of South African learners, research that is currently still developing. Such material may be beneficial in research pertaining to the COVID-19 pandemic in addition to any future research in relation to pandemics that may potentially occur.

This study was able to provide a demonstration of how the BPSM can be used in the schooling context to understand mental health in a manner that will be beneficial in combatting some of the perceived barriers to learner mental health support. The findings spoke to teachers perceiving learner mental health largely through influences of social and psychological influence, but at times alluding to the influence of biological aspects. Therefore, the range of social, biological and psychological aspects in determining an individual's mental health level was noticed. An understanding of mental health that encompasses all three of these factors, hence a BPSM to mental health, was linked to assist in destigmatised views of mental health. Destigmatising mental health in the schooling system was identified by the teachers as a facilitating factor to learner mental health. Teachers labelling a multidisciplinary approach as an additional facilitating factor also coincides with the BPSM in that each contributing party brings in specific knowledge about the learner who is in need of support. Parents are able to provide insight into biological aspects of the learners, while teachers and the school can attest to the social aspects and psychologist can work on the psychological influences. With these factors in mind, using the BPSM in understanding mental health in the schooling system may be seen as a strength in addressing, supporting and treating learner mental health.

The sample of participants included in study may be perceived as a limitation. The sample was mostly homogenous in that eleven of the twelve teachers were females, resulting in the representation of predominantly female experiences and perceptions. Additionally, all the participants were white and although these participants have a variety of experiences in different contexts with diverse learners, including working within township schools, the first-hand experiences of other demographic groups were lost in this study. As such, these findings may not apply to diverse teacher populations working within different schooling and community settings.

A further unavoidable limitation that occurred in this study was a result of the COVID-19 pandemic. Due to the need to social distance and the lockdown in South Africa, the participants needed to be interviewed online. Online interviews limited the number of participants that were able to be reached, thus limiting the range of perspectives. Online

interviews resulted in connectivity issues between the researcher and her participants. Likewise, the use of online platforms did not allow for the benefits of interpersonal connections that are achieved through in-person communication (Niemi & Kousa, 2020; Nsabayezu et al., 2020). These factors consequently lead to utterances being missed between the two and possibly the rapport between the two. However, the use of online platforms allowed for more convenient and safer access to participants, as they were able to be reached in the confines of their homes.

Implications of the Study

The findings of this study are beneficial for educational psychologists working with teachers in schools as it provides insights into the challenges teachers are experiencing in supporting their learners. Educational psychologists can assist in teacher training sessions that facilitate early identification and treatment plans for learner mental health. As such, educational psychologists can assist in providing pre-service and in-service training on mental health and well-being for schools and teachers. This encourages a multidisciplinary approach to learner mental health where educational psychologists are able to work collaboratively with schools and parents. This systematic approach is in line with the BPSM. Utilising the BPSM in understanding mental health will assist in the reduction of stigmatisation and improved teacher knowledge on the topic.

This study furthermore provides insights into training that could be implemented into teachers' educational courses that may allow them to feel better equipped in handling different types of mental health difficulties faced by their learners. Many of the teachers within this study have voiced what they perceive to be beneficial in their own training concerning learner mental health, and these thoughts may be beneficial in developing teacher training programmes.

On a larger scale, this study can assist in determining perceived barriers to adolescent mental health support in schools and provides teacher insights into changes that can be made by policymakers with regards to teacher' training, curriculum changes and advocating for the allocation of more funding towards the upliftment of psychological resources and services in South African schools. A collaborative and representative process inclusive of all contributors, such as teachers, learners, parents, school management, the education department, and other professionals working with learners, that considers the findings of this study and future studies conducted in South Africa should work together to decide upon what policies should be put forward. Through this process, different fields of knowledge, values,

cultures and beliefs can be considered and taken into account. The mental health interventions that are implemented should be unique, practical and executed with specialised training. Furthermore, these interventions should support schooling staff mental health in addition to learner mental health (Askell-Williams & Cefai, 2014; Breuer, 2016; Gaffney et al., 2021; Mahabeer, 2020).

Recommendations for Future Research

The COVID-19 pandemic resulted in the participants needing to be sourced via social media outlets, and as such these findings unintentionally excluded many teachers that do not have readily available access to the internet or technology. These teachers' experiences and perceptions may have differed to the ones found in this study. Future research would benefit from contacting teachers within a broader range of socio-economic school settings to extend on or add to this research paper to obtain a more holistic representation of the experiences and perceptions of South African teachers within mainstream high schools. Further research into the effectiveness of the interventions that focus on family-school partnerships and involvement, improved learner mental health and increased teacher training that facilitate early identification and treatments for learner mental health could be beneficial in establishing successful mental health school programmes.

Concluding Remarks

This study aimed to explore South African teachers' experiences and perceptions of the mental health of their learners in a bid to better understand mental health within the schooling environment. The impact of teachers who are aware and knowledgeable of adolescent mental health needs can foster early identification and treatment plans in schools (Johnson et al., 2011).

The WHO (2018) states that a range of social, biological and psychological aspects aid in determining an individual's mental health level. Thus, George Engle's (1980) BPSM was used to understand mental health in this study because this model states that in order to attend to a patient, there needs to be a focus on the biological, psychological and social aspects of the patient's mental illness (Borrell-Carrió et al., 2004), and the active interactions between these three aspects (Fiissel, 2017). Aspects of the BPSM were referenced throughout the findings of this study in determining the contributions of mental health, the barriers teachers believed learners encountered in attaining support, and in strategies teachers believed would be useful in addressing these barriers. The usefulness of adapting to the

BPSM of mental health was supported by literature in understanding the general population's perceptions of mental illness, combatting stigmatised views of mental health and advocating for a multidisciplinary panel being used to support adolescent mental health (Deacon, 2013; Fiissel, 2017; Mak et al., 2014; Mannarini & Rossi, 2019; Nel et al., 2016).

In conclusion, the current study has contributed to the limited empirical research available surrounding teachers' experiences and perceptions of high school learners' mental health in South Africa. It highlights teachers' understandings of mental health, what they deem to be barriers in learners' mental health being supported, and how they believe these barriers can be addressed in the schooling systems. This study has emphasised several issues present with schools and the wider socio-economic context of South Africa that should be tended to for adolescents to have access to psychological services. This lays the foundation for future research to be carried out on several aspects surrounding adolescent mental health in South Africa.

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Appendices

Appendix A: Participant Information Sheet



Dear Sir/Madam,

My name is Leandra Abreu and I am a student at the University of Witwatersrand studying Master of Education (Educational Psychology) in the School of Human and Community Development. The focus of my research study is an exploration of the experiences and perceptions of teachers within mainstream high schools. This research is valuable to the field of Educational Psychology since it is imperative to explore the perceptions of South African teachers as they hold the important role in shaping the mental health outcomes of their learners. Therefore, your insight is important in assisting Educational Psychologists in determining any needs, roles and/or barriers to supporting the mental health of learners in schools. Your insight will allow for the potential implementation of strategies that can aid in the improvement of the overall mental health of high school learners in South Africa.

Should you give consent to participate, you will take part in an online interview that will take approximately 1hour and 15 minutes. Confidentiality in guaranteed however, anonymity cannot be guaranteed due to the nature of an online interview. However, all responses will be treated confidentially and any identifying features such as your name will be anonymised in the final write-up of the study.

Participation is completely voluntary and there are no foreseeable risks or benefits in participating in this research study. However, if these issues evoke feelings of discomfort then you can attend free face-to-face counselling at Life line or FAMSA (contact details are provided on the Participant Consent form). As a participant, you have the right to withdraw at any time during the study without any penalty.

The results of the study will be compiled into a master's dissertation, which will be available online on the University of Witwatersrand Repository on WIReDSpace. The results may potentially be published as a journal article in the future. The researcher will provide a summary of the findings of the research to the participants via email after the research report has been written in April 2021.

Should you consent, please read and sign the attached consent form. If you require any further information, please contact me directly. Should you have any concerns regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non- Medical), telephone +27(0) 11 717 1408, email Shaun.Schoeman@wits.ac.za

Thank you.

Leandra Abreu
Researcher and M.Ed. Student
+27 79 914 4180

Prof Zaytoon Amod
Research Supervisor
+27 11 717 8326

Zaytoon.Amod@wits.ac.za

Appendix B: Participation Consent Form



I, _____,hereby give consent for Leandra Abreu to include me in her research on the mental health needs of South African Mainstream High School learners: Teachers' experiences and perceptions.

I understand that:

- I will be participating in an individual interview in which I will be asked questions in relation to my perceptions and experiences of mental health needs of my current and previous learners'.
- Participation is completely voluntary and there are no foreseeable risks or benefits for partaking in the research study.
- The research does not expose me to any harm.
- I have the right to withdraw from the study at any time; without any consequence. And I do not have to answer any questions that I do not feel comfortable with.
- My information as well as the school's information will be treated as confidential.
- I understand that the nature of an interview does not guarantee anonymity.
- I understand that the results of the study will be compiled into a master's research report, which will be available online on the WITS Institutional Repository environment on WIReDSpace.
- I understand that the results of the study may potentially be published as a journal article.
- I understand that I will be provided with an executive summary of the research results once the research report has been completed.

_____ _____

Participant Signature Researcher's Signature

Date: _____

*Please provide your email address below for the final research report to be sent to you upon completion: _____

In the rare event that this study should evoke feelings of discomfort please contact:
LifeLine Norwood: 011 728 1347; **LifeLine Garden Route:** 044 3432769; **LifeLine Durban:** 031 303 1344; **FAMSA Boksburg**: 011 892 4272; **FAMSA Observatory:** 021 447 0170; **FAMSA Durban:** 031 2028987; **FAMSA Limpopo:** 015 307 4833; **FAMSA Highveld Ridge:** 017 631 1593

Appendix C: Consent Form for Audio-Visual Recording



I _____hereby consent for Leandra Abreu to audio record the focus group discussion as a part of her data collection for research on the mental health needs of South African Mainstream High School Learners: Teachers' Experiences and Perceptions.

I understand that:

- The recording will be stored in a secure location (a password protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed,
- The recordings will be erased five (5) years, if no publications arise from this research.
- Anyone wishing to access this information in the future will first have to obtain the approval of the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg
- Direct quotes from my interview, without any information that could identify me, may be cited in the research report or other write-ups of research.

_____ _____

Participant Signature Researcher's Signature

Place: _____

Date: _____

Appendix D: Short Biographical Questionnaire



Identifying information (this will only be made available to the researcher and her supervisor):

1. **Which province do you reside in? _____**
2. **Average number of learners in a classroom: _____**
3. **Number of years' experience as a teacher: _____**
4. **Current teaching position: _____**
4. **Previous school setting that you have worked in (for example, special needs school):**

_____

_____

*Please place a √ next to the support structures available within your school at present:

In house psychologist	
External support structures (psychiatrists or psychologists)	
School Based Support Team	
Mental Health awareness programs	
Parent-teacher communication available	
Anti-bullying policies in place	
Learning support programs	
Parental involvement in school	
Suicide detection/ prevention programs	
Other (please specify on the lines provided below)	

_____

_____

_____

Appendix E: Semi-structured Individual Interview Schedule

1. Do you work in a private or government school?
2. What is your understanding of mental health within a school setting?
3. What are the mental health needs of the learners you have taught or are teaching?
4. What are the common mental health needs that you believe South African learners present with?
5. What do you perceive your role to be in the schooling system when it comes to a consideration of the mental health of the learners?
6. a) Who do you believe is responsible for addressing the mental health needs of the learners within your school?
   b) How should this be done?
7. What support structures are available at your school to support the mental health needs of the learners?
8. What do you believe to be the barriers in providing mental health services in South African Schools?
9. What support structures do you find useful in addressing the mental health needs of your learners?
10. What support would you like in addressing mental health needs in your school?
11. What do you think needs to be done at a government level to improve the mental health of Gauteng learners?
12. Please feel free to add any other comments regarding the promotion of mental health in schools.

Thank you.

Appendix F: Ethics Clearance

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE:	**PROTOCOL NUMBER: MEDPSYC/20/01**
PROJECT TITLE:	The Mental Health Needs of South African Mainstream High School Learners: Teachers' Experiences and Perceptions.
INVESTIGATOR	Abreu Leandra (1126742)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	17 May 2020
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Minimal Risk
EXPIRY DATE	31 December 2022

ISSUE DATE OF CERTIFICATE 21 May 2020 **CHAIRPERSON** Z. AMOD
(Prof. Zaytoon Amod)

cc: Prof. Zaytoon Amod (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

_____ _____/_____/_____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix G: Letter from Professional Editor

Mindful Connections

Certificate of Editing

This serves to confirm that copy-editing and proofreading services were rendered to **Leandra Abreu** for the research report titled **THE MENTAL HEALTH NEEDS OF SOUTH AFRICAN MAINSTREAM HIGH SCHOOL LEARNERS: TEACHERS' EXPERIENCES AND PERCEPTIONS** on **14 April 2023.**

I am a member of the Professional Editors' Guild (member number VAN092) and have completed a copy-writing and proofreading course through the South African Writers College. I commit to the following codes of practice (among others):

- I have completed the work independently and did not sub-contract it out
- I kept to the agreed deadlines and/or communicated changes within reasonable time frames
- I treated all work as confidential and maintained objectivity in editing
- I did not accept work that could be considered unlawful, dishonest, or contrary to public interest

I uphold the following editing standards:

- Proofreading for mechanical errors such as spelling, punctuation, grammar
- Copy-editing that includes commenting on, but not correcting, structure, organisation and logical flow of content, basic formatting (headings, page numbers), eliminating unnecessary repetition
- Checking citation style is correct, punctuating as needed and flagging missing or incorrect references
- Commenting on suspected plagiarism and missing sources
- Returning the document with track changes for the author to accept

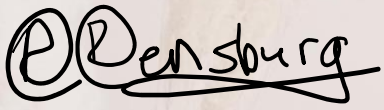
+27 66 257 5160 *(WhatsApp)*
lounette@mindfulconnections.org.za @mindfulconnectionsresearch
3 Pisani Road, Randburg, Johannesburg, 2194
@www.mindfulconnections.org.za/research

Mindful Connections

To whom it may concern,

I, **Richard van Rensburg,** confirm that I have met the above standards of editing and professional ethical practice as set out by the Professional Editors' Guild (PEG) of South Africa. The content of the work edited remains that of the student.

Should you have any further queries please contact me on
Richard@mindfulconnections.org.za

SIGNATURE: 

FULL NAME: Richard Leslie van Rensburg | *MA Social and Psychological Research*

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