Teachers' Comprehensive Understanding and Learners' Mental Health Challenges in Selected Secondary Schools: A Case of Rubaga Division, KCCA, Uganda

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Abstract

This study examined teachers' comprehensive understanding and learners' mental health challenges in selected secondary schools: A case of Rubaga Division, KCCA, Uganda. The study adopted both qualitative and quantitative methods with a cross-sectional design. 10 head teachers, 1 deputy head teacher, and 270 teachers made up the sample of 281 respondents. The results by 74% (mean = 3.85; standard deviation = 1.273) showed a high level of agreement of teachers' comprehensive understanding based on their abilities to understand that mental health is brain health; that not all behaviours are mental issues but rather stems from parenting; that mental illness affect learners' academic achievement; and mental illness is always caused by a negative event. Also, evidence on teachers' abilities to recognize and support learners facing mental challenges confirmed a high agreement by 83% (mean = 4.15; standard deviation.=1.113). Therefore, stakeholders are recommended to support teachers training to gain knowledge of mental health to help the teachers understand what mental health challenges are and ways to identify and possible interventions to support students battling mental challenges. In addition, the study further recommended that schools should make provision for the recruitment of mental health experts who should be at the schools in collaboration with the teachers to support students overcome mental challenges or crises. Also, future researchers should investigate the role of family in managing mental health challenges among students in Uganda.

Keywords: Teachers' Comprehensive Understanding, Learners, Mental Health Challenges

Introduction

This study was intended to examine teachers' comprehensive understanding and

learners' mental health challenges in selected secondary schools in Rubaga Division, KCCA, Uganda. The spectrum of mental health issues includes "simple" issues, more complicated ones, and how an individual adjusts to these developments. It might range from common concerns to more severe illnesses including anxiety, depression, or hallucinations (Mental Health Foundation, 2018). For instance, not everyone will handle loss in the same manner when a loved one passes away; some individuals may be able to handle it alone, while others may need further professional assistance (Kutcher, 2016).

According to the Government of Ontario (2012), concerns arise as mental health and addiction rates increase to 70%, with 1 in 5 children being vulnerable to it. With the prevalence rate prediction increase, it was vital for teachers to understand this illness and ways to handle or refer in cases of severance. Since mental health issues are becoming more common among youth, educators must know how to identify and help children who are struggling because it might affect their lives in terms of learning outcome and retention at school.

The unfortunate aspect of it is that instead of talking about mental health issues, society frequently concentrates on physical health. People care about their physical health but avoid talking about their mental health, claims LaFee (2013). People may avoid talking about mental health and instead concentrate on physical health and illnesses due to the stigma attached to mental illness.

WHO (2018a) states that mental disorders vary in classification unlike physical health concerns. A growing number of ailments have been caused by their widespread disregard till recently. However, according to WHO (2018b), only a small percentage of the 450 million individuals who suffer from mental or behavioural disorders receive even the most basic therapy.

According to a poll of teachers conducted by Roeser & Midgley (1997), 99% of participants had a thorough awareness that one of their responsibilities was immediate intervention in handling students' mental challenges, thus a call for instructors to introduce the initiative intervention awareness program in schools regarding these issues. Most importantly, secondary school teachers in Rubaga Division faced a separate set of difficulties, some of which may have been connected to the mental health of the pupils in their classes.

Given how common mental health issues are in our nation, it is critical that educators are equipped to help students who are struggling. Marsh (2016) opined that teachers should be able to identify the indicators of mental illness so as to be in a position to intervene in any cases of students emotional, behavioural, social, and cognitive concerns in the classroom and connect them to the right individuals, as they may be the first to notice their existence.

School administrators have not been the subject of any research, suggesting that the situation may be different. Furthermore, 20% of children and adolescents worldwide

are said to have some form of mental illness (Nsereko, Garman, & Roomaney, 2021; Thumann, Naker, & Devries, 2016). According to McEntee (2014), many instructors did not believe they could help students develop good mental health. It was also discovered that if their school had a supportive culture about mental health, they would feel more comfortable advocating for good mental health. Furthermore, since school is the second home for children, teachers remain crucial in identifying mental health issues and fostering intervention channels to manage learners' mental challenges. Consequently, this investigation was conducted against this backdrop to examine teachers' comprehensive understanding and learners' mental health challenges in selected secondary schools: A case of Rubaga Division, KCCA, Uganda.

Literature Review

Literature was based on the transformation of learning theory. Transformative learning studies how adults' limited life experiences shape their perspectives. The ten phases of Mezirow's (1997) transformation learning theory—which may or may not be necessary for the learner to undergo in order to undergo transformation—include: "a disorienting dilemma, self-examination of assumptions, critical reflection on assumptions, recognition of dissatisfaction, exploration of alternatives, action planning, acquisition of new comprehensive understanding, experimentation with roles, competence building, and reintegration of new perspectives into one's life."

Incorporation of Nerstrom's (2014) transformational learning model was part of the analysis of transformational learning. According to the transformative learning model, learners experience each model phase of transformative learning in a sequential order. Nerstrom (2014) developed a model based on transformation learning theory that consists of four phases: having experiences, establishing assumptions, questioning viewpoints, and experiencing transformative learning. Therefore, the theory was pertinent to the study because it offers a condensed framework for analysing "participants' transformative learning and how professional development can mould teachers into genuine, unique, and critically reflective practitioners."

According to Martin and Pear's (2007) cognitive theory, evaluating illogical thoughts or beliefs might change behaviours or actions. They pointed out that "action" is the outcome of thoughts and ideas regarding a specific concept, whereas "behaviour" is defined as action. They also endorsed the "cognitive theory," which holds that a shift in thinking is necessary for behavioural transformation. The study's theoretical underpinning, cognitive theory, supported the fundamental idea that "teachers make their decisions to refer or not refer students on their own personal convictions and thorough knowledge of mental health." To put it another way, their acts are motivated by their values and thorough comprehension.

The findings of this study aid in identifying the shift in mindset or attitudes that must take place in order to assist instructors in referring children for mental health assistance, given this knowledge of the basis of their actions. Toshi and Eshbaugh (1976) talked about how attitude influences choices. A person's feelings about something influence their beliefs about it, which in turn influence their decisions and behaviours (Toshi & Eshbaugh, 1976). But it's crucial to this study's methodology to realise that thorough comprehension results in ideas that reflect in actions.

Toshi and Eshbaugh's (1976) perspective is also similar to social cognitive theory, which maintains that ideas and behaviour are interrelated. Webb et al. (2010) examined the ways in which personal experiences and the lessons gained from them impact conduct. Teachers' decisions to send a teen for treatment or to say nothing about it are influenced by their own in-depth knowledge of mental health services. In order to gather information on teachers' personal comprehensive understanding of mental health and use the findings to ascertain how they responded to scenarios related to adolescent depression and their decision to refer, the researcher employed the theoretical framework developed by Toshi and Eshbaugh (1976) and Webb et al. (2010), which contends that a person's beliefs have led to behaviour. Additionally, the studies discovered that a teacher's decision to refer is influenced by their own personal views on mental health. Shanley (1981) asserts that one of the better methods for assessing behaviour in response to in-depth knowledge is the use of a Likert scale. (Midlarsky et al., 2012; Stanley, 1981). Weisz et al. (1991) stated that unique characteristics such as age, gender, education, and ethnicity specifically related to culture are also factors that can influence decisions and are part of the analysis to ensure that all variables are considered.

Atkins and Rodger (2016) also made their inquiry to understand educators' understanding of mental health, their positive attitudes towards students with mental health issues, and the importance of professional development in promoting positive mental wellness of learners' in the classroom, based on a literature review.

LaFee (2013) opined that society often prioritizes physical health over mental health, possibly due to stigma or lack of knowledge, causing individuals to focus on maintaining their physical health rather than discussing mental health issues. Froese-Germain and Riel (2012) construed that mental illness affects children and adolescents, with prevalent conditions including eating disorders, anxiety disorders, mood disorders, and substance abuse. The National Alliance of Mental Illness (2018) report also confirmed that 1 in 5 teenagers between 13 and 18 will suffer from a major mental illness, with 20% experiencing eating disorders, 8% experiencing anxiety disorders, 10% experiencing behaviour disorders, and 11% experiencing mood disorders. Vieira, Gadelha, Moriyama, Bressan, and Bordin (2014) were in support that teachers should receive professional development on mental health issues, as they interact with students daily and are early observers of mental health symptoms. A one-day program is insufficient; teachers must be

effectively educated.

WHO (2014) described mental health as a state of well-being where individuals realise their potential, cope with life's stresses, work productively, and contribute to their community. Schwean and Rodger (2013, p. 137) asserted that it is present from an early age, and Andrews et al. (2014) conjectured that it can manifest in various ways, such as mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders, and addictions. For Kutcher (2016), educators are responsible for recognising potential mental health issues, making referrals, and collaborating with professionals to support identified students. Farmer, Burns, Phillips, Angold, and Costello (2016) longitudinal study in the US found that 75% of children receiving mental health services through the educational system, emphasising the importance of teacher knowledge and referral in addressing mental health issues among children.

Still, Kutcher (2016) suggested that teachers should be aware of the signs of mental health issues in students and be able to identify those struggling. They should also create a positive learning environment and speak positively about mental health. Meldrum et al. (2008) found out that social stigma against students with mental disorders is a significant obstacle. Askell-Williams and Lawson (2013) views suggested that teachers should provide comprehensive information and initiate dialogue to increase awareness. Kutcher (2016) concluded that misusing terms associated with mental illnesses can minimise symptoms and encourage stigma in social and educational contexts.

Lastly, Reinke et al.'s (2011) study found that teachers perceive mental health services as necessary but believe schools should handle this. They also noted teachers lack skills to support children with mental health needs. Roeser and Midgley (1997) found teachers overwhelmed by addressing mental health needs, highlighting the need for more research on how teachers' understanding of mental health influences their decision to refer students for support. Furthermore, little research has been done on teachers and decision-making, and no one has specifically examined teachers' choices about referrals for mental health services, which could be an important topic for future studies.

Materials and Methods

This study, conducted in Kampala Capital City Authority, involved 270 teachers, 10 head teachers, and 1 deputy head teacher from 10 secondary schools. A mixed method with cross-sectional design was adopted. Descriptive and thematic analysis were used to analyse quantitative and qualitative data, focusing on the respondents' insights and ratings.

Transparency and Openness

The researcher obtained an introductory letter from the university research committee, presented it to the administrators of selected secondary schools, and requested permission. In order for the respondents to give the researcher accurate information, the

researcher prepared the research equipment and delivered it to them. Only teachers and head teachers were included in this. In order to respect the respondents' ethical concerns, we did not provide all of this material here, but it can be verified upon request. The researcher has completed, approved, and signed documents. A quantitative dataset was coded in SPSS version 20. Literature was used as a secondary data source from open sites and was duly acknowledged and appended to the reference list.

Ethical Consideration

In order to give the study's findings credibility and encourage public trust, a number of ethical factors were taken into account. The observed ethical considerations are listed below:

Being conscious of the ethical concerns, the researcher informed the participants in advance about the goal of the study, its anticipated duration, and the protocols observed.

Given that participation was voluntary, the researcher obtained authorisation from the respondents before starting any research to prevent humiliation or giving inaccurate information or answers.

Anonymity: The researcher avoided using respondents' true names or information about their schools in the study to maintain privacy.

Confidentiality: The researcher made an effort to keep the study participants' information private and use it exclusively for that purpose.

Honesty: When doing this study, the researcher made an effort to be truthful in every way. Honesty was noted throughout the whole data gathering, coding, analysis, and report writing process. By working alongside other research assistants during the data gathering process, the researcher also prevented the fabrication, falsification, or misrepresentation of data.

Results
Attributes of the Participants

The respondents' age, marital status, and gender were examined, as indicated in Table 1 below.

Table 1: Attributes of the participants

Characteristics		N=281	%
Gender	Male	129	46
	Female	152	54
	Total	281	100%
Age of respondents	20-30 Years	85	30.3
	31-40 Years	99	35.2
	41 Years and above	97	34.5
	Total	281	100%
Marital status	Married	185	66
	Single	96	34
	Total	281	100%

Source: Primary Data (2024)

The study included 281 respondents in total. The study participants' sociodemographic details are shown in Table 1. Of the participants, women made up 54% of the total. The fact that men made up only 46% of the total responses suggests that women predominated in secondary schools in Rubaga Division, KCCA, Uganda. The majority of respondents (35.2%) were between 31 and 40 years old. A lot of teachers also fall between the age range of 41 years and above, accounting for 44.5%. The remaining 30.3% were at the age of 20–30 years. When asked about their marital status, more than half (66%) of the respondents are married, while 34% are single.

Table 2: Descriptive Statistics on teachers' comprehensive understanding base on learners' mental health challenges

	SD (%)	(%)	(%)	A (%)	SA (%)	Mean	S.D
I understand that mental health is brain health	22.9	6.2	.5	19.2	36.2	3.30	1.624
I also understand that not all behaviours are mental issues but rather stems from parenting.	14.0	3.6	9.6	9.2	33.6	3.25	1.476
I understand that mental illness affect learners academic achievement	17.7	.6	.7	32.1	43.9	3.83	1.466
I am aware that epigenetics is the study of how different brain parts malfunction	25.5	7.0	.4	18.5	34.7	3.20	1.652
I am aware that mental illness are always caused by a negative event.	4.8	.9	.2	17.7	63.5	4.26	1.187
I broadly understand that eating a balanced diet and getting regular exercise are ways of managing mental illness.	4.4	.2	.5	55.0	36.9	4.18	0.918
I ensure that the learning environment is stress-free.	4.8	.9	.0	36.2	50.2	4.21	1.077
I comprehensively understand the indicators and causes of mental health problems among learners.	4.8	.2	.2	30.6	60.1	4.39	0.997
I am aware that my support for the learners is crucial in protecting them from the negative effects of overwhelming academic stress.	5.5	.6	.5	52.0	34.3	4.03	1.061
Overall rating					**74**	**3.85**	**1.273**

Source: Primary Data (2024)

From the analysis of results in Table 2, overall findings of 74% (Mean=3.85; Std.=1.273) showed a high level of agreement of teachers' comprehensive understanding base on their abilities to understand that mental health is brain health; that not all

behaviours are mental issues but rather stems from parenting; that mental illness affect learns academic achievement; mental illness are always caused by a negative event; that eating a balanced diet and getting regular exercise are ways of managing mental illness; that they ensure that the learning environment is stress-free; they understand the indicators and causes of mental health problems among learners and lastly, they are aware that teachers' support for the learners is crucial in protecting them from the negative effects of overwhelming academic stress.

Interview results were also confirming this evidence, as one key informant explained that:

Actually, teachers do have a comprehensive understanding of mental health due to the training that they have gone through. But it is insufficient when compared to mental health specialists to diagnose a situation easily, most especially to differentiate the kind of mental illness a learner is having unless the school is being told by the parent of the learner before enrolment so as to cater for their learning strategies. More so, at school teachers are too busy with lessons and rarely focus so much on applying the comprehensive understanding of mental health in their classrooms, as this is like an extra task added to the load to cover daily subjects as planned. So these are some of the challenges in the implementation as stakeholders.

From the view expressed by the key informant quoted above, three aspects were clear. First, the teachers comprehensively understand the learners' mental health problems. Secondly, when teachers are equipped with a day's lesson, mental health is not minded a lot, thus presenting difficulty in monitoring and evaluation of the whole comprehensive process and thus the outcry for mental health specialists to address these concerns when identified by the teachers in schools.

In the same vein, another key informant disclosed that:

"Mental health is essential to the state of life we pursue and the negative events that happen. So schools should be conducive as much as possible to not traumatise the learners. Therefore, it is very important to prioritise a positive learning environment for effective learning to take place while teachers training to understand and refer cases of mental illness arising from the children entrusted to them is taken seriously across all institutions."

The key informant's quote demonstrates that teachers must receive training in recognising and managing mental illness and making prompt referrals in order to properly manage these students as soon as such cases occur.

Teachers' Abilities to Recognise and Support Learners with Mental Health Challenges

Table 3: Descriptive Statistics on teachers' abilities to recognise and support learners with mental health challenges

	SD (%)	D (%)	N (%)	A %	SA %	Mean	Std.
I can recognise and support a student who is having mental challenges	10.7	3.7	3.0	5.5	77.1	4.35	1.341
I offer my support by taking the student to the school counselor	1.8	2.6	3.7	40.2	51.7	4.37	0.829
I can identify a student who is battling with mental illness by the mood.	7.4	13.3	1.8	39.1	38.4	3.88	1.261
I offer my support by calling the student aside to share what he or she is going through	5.9	4.8	3.3	29.9	56.1	4.26	1.121
I can recognise when my student performance starts declining, and I offer my support by trying to engage the person to share what challenges him or her.	8.1	11.8	4.4	34.3	41.3	3.89	1.015

Source: Primary Data, 2024

From the summary results presented in Table 3, there was high agreement on most of the items on the teachers' abilities to recognise and support learners with mental health challenges, as indicated by 83% (mean = 4.15; standard deviation = 1.113) mean values above the average value of 3. This confirmed that teachers have the abilities to recognise, identify, and refer any learner that is having mental challenges. They also show support by talking and sharing techniques to identify the problem that perturbs their students' overall performance and behavioural changes before they could hand over to the school counsellor after problem identification. A similar view was highlighted by a number of key informants during the interviews. For example, one informant explained that:

As the head teacher, we do ensure that when, for example, a child begins to develop some behaviours that are uncoordinated, we do take him or her for counselling, and this helps to know what the child is going through before calling the parents. That's on a higher issue when a student has refused to speak to anyone or changes in the mood as peers, as we usually see in his or her ways of living among their peers. That is how we try to handle such cases, but sometimes we are overwhelmed on what to do as we are not experts in this field. Yes, we have a little comprehensive understanding but it can't be compared to that of a specialist, and that is why recruitment of such experts to work in schools is very crucial

in a fight for mental health in this country.

By carrying out a self-diagnosis as emphasised by the key informant quoted above, the head teachers are able to assess and evaluate the moods and behaviours of their learners. However, it was revealed from the interview that as much as teachers may have the ability, it still required recruitment of experts to handle mental cases, as this would be a very big way of fighting mental challenges encountered by students at school, and when managed at this school age, it prevents the escalation at a later stage. During the interviews with the key informants, it was revealed that teachers active listening and encouragement to learners to perform well in their studies are satisfactory. One key informant reported that:

Generally, as all that the school does is to make sure that the learners improve in their learning capacities, though we have a comprehensive understanding that some students may be lagging behind and this could affect their relations with others and also may have failed in a given assignment, we do encourage them to talk as we listen. This approach has helped in addressing the way we discipline learners. Instead of shaming them, we chose an alternative of how best they can be boosted so as not to feel inferior, which can affect their mental capacity to learn, thus causing mental illness arising out of school pressure for excellent performance. That is why we need extra hands. As teachers try their best, we need specialists to be at the school at all times for the learners to visit and receive therapy.

The view expressed by the informant above is supported by the quantitative findings that indicated that give room for the identified student to share or talk about what they are going through. This is a testament that mental illness can arise from the classroom anytime, which can develop to a later stage and affect the learners' performance, thus the need for professional abilities in handling mental illness at school in collaboration with the teachers as the primary contact during the time they are at school. This suggested that teachers are essential in identifying students who are experiencing mental health issues at school. In the words of one of the informants, he argued that:

Training is a continuous goal, and once one stops, it is as good as a wall; no effort was made at all. The same should be applied in trying to help the learners who are battling with mental health challenges transition normally to a sound and healthier life. The teachers stay with them at most times while at school, and they are best in position to know which student is battling mental issues and refer for treatment.

Still another informant reported that:

The engagement of our teachers to continuously master how to discover a learner who is going through mental issues is very critical in this school. We wouldn't like to hear a student committing suicide, yet such a student would have been saved if we all cooperated and watched closely on all learners, not just to teach them but also to be like their parents at school. I encourage professionalism in our recruitment and ensure that a teacher has the skills and ability to manage mental illnesses because schooling is a stress of its own,

which can trigger a learner into mental problems.

By the two quotations from the key informants, it can be said that teachers' have the ability to recognise learners' facing mental challenges and support them through the available services provided by the school through mental health specialists' early interventions.

Discussion

Analysis of results confirmed high agreement with the teachers' comprehensive understanding base of learners' mental health challenges in selected secondary schools in Rubaga Division, KCCA. From the analysis of results, overall findings of 74% (Mean=3.85; Std.=1.273) showed a high level of agreement of teachers' comprehensive understanding base on their abilities to understand that mental health is brain health; that not all behaviours are mental issues but rather stems from parenting; that mental illness affect learners academic achievement; mental illness are always caused by a negative event; that eating a balanced diet and getting regular exercise are ways of managing mental illness; that they ensure that the learning environment is stress-free; they understand the indicators and causes of mental health problems among learners and lastly, they are aware that teachers' support for the learners is crucial in protecting them from the negative effects of overwhelming academic stress. Also, evidence on teachers abilities to recognise and support learners facing mental challenges confirmed a high agreement by 83% (mean = 4.15; standard deviation = 1.113) that teachers have the abilities to recognise, identify, and refer any learner that is having mental challenges. They also show support by talking and sharing techniques to identify the problem that perturbs their students' overall performance and behavioural changes before they could hand over to the school counsellor after problem identification. The findings of this study aid in identifying the shift in mindset or attitudes that must take place in order to assist educators in referring learners' for mental health assistance, given this knowledge of the basis of their actions. Similarly, Toshi and Eshbaugh (1976) talked about how attitude influences choices. A person's feelings about something influence their beliefs about it, which in turn influence their decisions and behaviour. But it's crucial for this investigation to realise that thorough comprehension results in ideas are reflected in actions.

Atkins and Rodger (2016) also made their inquiry to understand educators' understanding of mental health, their positive attitudes towards students with mental health issues, and the importance of professional development in promoting positive mental wellness of learners' in the classroom, based on a literature review. As for Vieira, Gadelha, Moriyama, Bressan, and Bordin (2014), teachers should receive professional development on mental health issues, as they interact with students daily and are early observers of mental health symptoms. A one-day program is insufficient; teachers must be effectively

educated. Kutcher (2016) sums up that educators are responsible for recognising potential mental health issues, making referrals, and collaborating with professionals to support identified students. Farmer, Burns, Phillips, Angold, and Costello (2016) emphasised the importance of teacher knowledge and referral in addressing mental health issues among children. Still, Kutcher (2016) suggested that teachers should be aware of the signs of mental health issues in students and be able to identify those struggling. They should also create a positive learning environment and speak positively about mental health.

On the contrary, Reinke et al.'s (2011) account that teachers perceive mental health services as necessary but believe schools should handle this. They also noted teachers lack skills to support children with mental health needs. Roeser and Midgley (1997) also pinpointed that teachers are overwhelmed by addressing mental health needs, highlighting the need for more research on how teachers' understanding of mental health influences their decision to refer students for support. Therefore, it is crucial that educators possess a thorough awareness of mental health issues so they can identify which symptoms need assistance and which ones need treatment. It was discovered that managing mental health issues in secondary schools in Rubaga Division, KCCA, Uganda, required teachers to comprehensively understand the nature of the issues, their capacity to identify their existence, and support learners who are facing these challenges in navigating these episodes through therapeutic interventions and treatment.

Conclusion

This study was intended to examine teachers' comprehensive understanding and learners' mental health challenges in selected secondary schools: A case of Rubaga Division, KCCA, Uganda. From the study findings, the study concludes that teachers' comprehensive understanding of learners' mental health challenges is paramount. The study also concludes that the ability of teachers to recognise and support learners' facing mental challenges is vital in managing mental health challenges among students. As a result of the various conclusions made above from the study findings, stakeholders are recommended to support teachers training to gain knowledge of mental health to help the teachers understand what mental health challenges are, ways to identify them, and possible interventions to support students battling mental illness. In addition, the study further recommends that schools should make provision for the recruitment of mental health workers who are in the school in collaboration with the teachers to support students overcome mental challenges or crises. Lastly, future researchers should investigate the role of family in managing mental health challenges among students in Uganda.

Acknowledgment

Declaration of Interest

Regarding this work, the researcher affirms that there are no conflicts of interest. Its goal was to provide general education and enable educational institutions, mental health practitioners, and policymakers to handle the mental health difficulties of students within KCCA and beyond.

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