



ASSESSING THE IMPACT OF SCHOOL-BASED MENTAL HEALTH INTERVENTIONS: ADOLESCENT PERSPECTIVES AT

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Abstract: Besides families, schools represent the second social environment where children and adolescents spend a lot of their time, and on which a large part of their learning and development depends. The purpose of this study is to access the awareness and perception of adolescents on the effectiveness of school-based mental health interventions. The research design adopted for this study was a descriptive cross-sectional study. The research was carried out in Queens School, Rivers state. The target population for this study was focused on adolescents attending Queens School which comprised of 200 adolescents. A sample size of 80 respondents was gotten using Nwanas' formula. Sampling technique adopted was a simple random sampling technique. A criterion mean of 2.5 was used to compare the results. The results from the study showed that there was high level of awareness of adolescents on the effectiveness of school-based mental health interventions with an overall grand mean of 2.9, higher than the criterion mean. In the same way, there was an overall high perception of adolescents on the effectiveness of school-based mental health intervention with an overall grand mean of 3.02, higher than the criterion mean. Lastly, there was high effectiveness of counsellors on school-based mental health interventions with an overall grand mean of 2.07 which are all higher than the criterion mean. The study proved that the majority of adolescents were all aware about mental health but some did not practice seeking help. Therefore, mental health programs such as counseling, therapy and support groups, should be made available in the school, counselors should also be accessible and have a welcoming attitude towards students. A follow up should be done to ensure their adolescents are free from any long term effects in the future.

Keywords: Awareness, Perception, Mental, Adolescents, Health, Counsellors, School, Effectiveness

Introduction

Most Adolescents spend a large portion of their time in schools; therefore, most of their symptoms may present in the school setting. "School as a primary access point makes sense because almost every community has schools, and children and youth spend six or more hours a day there" (Rossen & Cowan, 2023). Mental health disorders are a major driver of the progression of overall morbidity and disability worldwide (Vigo et al., 2016). Mental Health refers to cognitive, emotional and behavioural wellbeing of an individual. It is a vital aspect of overall health, influencing how individuals handle stress, relate to others and make choices (World Health Organization,

2019). Issues such as mental illness may not be addressed in the home so adolescents display behaviors in schools. School based mental health interventions often call for a partnership between the clinician, the client, and the school team such as school counsellors, teachers, and the family creating an extra support. Dunn (2018) asserts that schools play an important role in determining the mental health of adolescents because they serve more than 95% of the nation's young people for nearly 6 hours per day (which equates to 40% of students awake time throughout the school year) for at least 11 years of their lives. Atkins (2020) also stated that the concern for children's social and emotional growth has been an ongoing concern for both mental health professionals and schools as they realize the impact the school setting has on children's social and cognitive development.

When students have a mental health issue, the teachers are usually the ones who refer them to counselors or administrators for help. Berzin (2017) found regardless of their professional experience or educational background, teachers find themselves as proxy mental health service providers. This statement means that teachers, regardless of their professional experience or educational background, often find themselves taking on the role of providing mental health support and services to their students, even though it may not be their primary responsibility or area of expertise. Ball (2019) found mental health concerns can cause a student to have difficulty in school with poor academic performance, even chronic absenteeism, and disciplinary concerns. The prevalence of mental health disorders is higher among young people than persons at any other stage of the development with up to 20% of adolescents suffering from mental illness (Velasco et al., 2020). Research suggests that adolescence is a vulnerable stage of development with about 50% of mental health disorders starting before the age of 14 and about 75% before the age of 18 (Velasco et al., 2020). Adolescents experiencing mental health disorders often face numerous challenges such as isolation, stigma, prejudice, and difficulty in accessing health services (Velasco et al., 2020). Depression and anxiety are amongst the most common mental health disorders experienced by adolescents. Also, mental illness is a major contributing factor to high suicide rates in adolescents (Steck et al., 2018).

There are many programs and organizations that provide treatment for adolescents with severe and persistent mental illness (SPMI) such as community clinics, hospitals, and residential treatment centers. Although these settings are all beneficial, they can be inconvenient due to barriers which include lack of transportation, financial hardships and lack of insurance. What is the alternative to these settings? Establishing formal school based mental health programs. School based mental health interventions have been designed to improve access to mental health services for children and youths with mental problems (Burnett-Zeigler & Lyons, 2019).

Mental Health offers different kinds of services such as assessment and diagnosis, therapy such as cognitive behavioral therapy, psychodynamic therapy, medication management, crisis intervention, education and support. In the school setting students are typically referred to counsellors by other staff members due to their disruptive behaviors. It is typically the counsellor's job to figure out what the underlying issues are. There are often many underlying issues such as family problems and academic struggles; however, a major issue that is often overlooked is mental illness. "An estimated 10% of children experience clinically significant difficulties, with many cases remaining undiagnosed and/or untreated; Mental health difficulties at all levels negatively impact children's quality of life school attendance and educational performance" (Lendrum et al., 2022).

Most adolescents spend more time in school than in any other formal institutional structure. As such, schools play a key part in children's development, from peer relationships and social interactions to academic attainment and cognitive progress, emotional control and behavioral expectations, and physical and moral development. All these areas are reciprocally affected by mental health. Increases in recognition of the effect of mental health problems on academic attainment, and the unique platform that schools can offer in access to and support for children and adolescents with psychological difficulties, has led to an expansion of school-based mental health interventions

in high-income countries. In our highly competitive world, children and adolescents are living in an increasingly stressful environment, with the need to succeed permeating down from the adult world to the world of adolescents and even very young children. Educational achievement is pushed to the forefront of children's lives, creating stress which hugely impacts their mental health, physical health, family relationship, and social relationship. Without effective treatment, adverse effects were found to persist into adulthood, impeding growth, life opportunities, and wellbeing. As a result, effective preventative measures and prompt intervention during childhood and adolescence should be the top priorities in the delivery of mental health care (Hung et al, 2022). Worldwide, mental health problems affect 10–20% of children and adolescents. Yet, while effective mental health interventions for youth are available, the majority of affected adolescents do not receive treatment. As adolescents spend a substantial part of their time at school, the school environment seems particularly suitable to reach and support adolescents with emerging mental health problems. In the last decades, school-based intervention programs have become increasingly popular, and meta-analytic reviews have demonstrated that school-based intervention programs—particularly targeted programs aimed at adolescents in need—have the potential to improve adolescent mental health, including physiological and psychological stress, social and emotional skills, internalizing problems, and behavior problems (Van loon et al ,2023).

Besides families, schools represent the second social environment where children and adolescents spend a lot of their time, and on which a large part of their learning and development depends. Given the above, schools become the venue where early signs of mental health problems can be detected and where access to intervention can be provided promptly. This recognition has led to the rise of school-based mental health services, with the aims of promoting mental health awareness, as well as prevention and amelioration of students' mental health problems. A recent meta-analysis reported preliminary supportive findings of small-to-medium effect sizes of schoolbased mental health services in reducing student mental health problems, but strategies that were specifically integrated into teachers' routine teaching activities recorded a larger effect size. Yet, teachers were often uncertain about their roles in supporting their students with mental health problems. Some even felt that it was beyond their roles since they were not trained in mental health (Lai et al, 2022).

“School-based mental health interventions often also provide a variety of other support services to youth and their families such as afterschool programming, employment counseling, and financial support” (Burnett-Zeigler & Lyons, 2019). Students are more likely to be successfully in school based programs when their family members are engaged and supportive of services. “When students do use school-based mental health services, defined as any mental health services along the continuum from prevention to intervention that are initiated through the school, researchers have found family involvement is a key component to both service utilization and effectiveness” (Vanderbleek, 2018). Parents have the ability to be influential as well as provide reinforcement in the home and other setting.

Statement of the Problem

In school settings mental health symptoms tend to manifest in different ways such as behavioral issues, skipping school and bullying. Many students are not given a mental health diagnosis or put in special education classes which don't meet their needs. These behaviors also distract other students from learning. Many teachers and other support staff are not trained to deal with mental health symptoms and or behaviors. Students are then consequently isolated by staff and peers. “Childhood and adolescent mental health issues can cause pain and emotional distress and may compromise a student's chances for fully succeeding in school and later life”. Without adequate intervention, adolescents may be unable to develop the basic tools needed to function in society. Those skills include the basic communication, and self-regulating skills (Mc Carthy, 2022). Thus, this research is focused on

identifying the factors that influences school-based mental health intervention for adolescents attending Queens Secondary School Igwuruta-Ali, Port Harcourt.

Objectives

The specific objectives of the study include to:

1. identify the level of awareness of school-based mental health intervention among adolescents in Queens Secondary School, Igwuruta-Ali, Port Harcourt
2. ascertain the perception of adolescents on school-based mental health interventions in Queens Secondary School, Igwuruta-Ali, Port Harcourt.
3. determine the effectiveness of counsellors on school-based mental health interventions among adolescents in Queens Secondary School, Igwuruta-Ali, Port Harcourt.

Methodology

A cross sectional descriptive research design was adopted. The target population of this research work is all students of SS I, SS II and SS III of Queens Secondary School Igwuruta-Ali, are 200 in number which includes 60 students in SSI, 70 students in SSII, and 70 students in SSIII. The sample size for the study was 88 which was selected using the simple random sampling technique. The instrument for data collection is a self-designed structured questionnaire. The questionnaire comprised of 4 sections with 4 to 5 questions in each section. Questions on accessing the level of awareness of adolescents, perception of adolescents about school based mental health interventions and the effectiveness of counsellors on school-based mental health interventions among adolescents. Modified four point Likert scale was used with Strongly Agree (SA) = 4 points; Agree (A)= 3 points; Disagree (D) = 2 points; Strongly Disagree (SD) = 1 point. Data was collected by delivering the questionnaire physically to the respondents and retrieving same when completely filled. The data collected was checked for completeness and accuracy in the field. Results were presented in frequency tablet and percentage. The data was then analyzed using mean statistics.

Results

The results of the study are shown below:

Table 1: Description of respondents by Age, Sex, Religion, and level of education

S/NO		Variables		Frequency(n)		Percentages (%)	
a	1	Age:					
	12-14 years	19	23.7% b	15-16 years	50	63.0% c	17-18 years
							11
			Total	80		100%	13.8%
a	2	Sex:					
	Male	36	45% b	Female	44	55%	Total
					80	100%	
a	3	Religion:					
	Christian	74	92.5%				
	Islam	6					
b			Total	80		100%	

a	SSS1	30	37.5%
b	SSS2	27	33.8%
c	SSS3	23	28.8%
	Total	80	100%

Table 1 above shows the socio-demographic characteristics of the respondents. This table shows that 19 (23.7%) of the respondents are within the ages of 12-14 years, 50(63.0%) are within the ages of 15-16 and 11(13.8%) are within the ages of 17-18 years. It equally shows that 36(45%) of the respondents are males, while 44(55%) of the respondents are females. Item 3 of the table shows that 74(92.5%) of the respondents are Christians and 6(7.5%) of the respondents are Muslims. In item 4, more of the respondents are in SSS1 with a total of 30(37.5%), while SSS2 are 27(33.8%) and SSS3 are 23(28.8%).

Table 2: What is the level of awareness of adolescents on school-based mental health interventions?

S/N	Statements	Strongly Agree (A)	Disagree (D)	Strongly Disagree (SD)	Mean x
1	I have heard of mental health programs offered at my school (67.5%)	54 (80.0%)	6 (7.5%)	4 (5.0%)	3.5
2	Counseling, Therapy, and groups are all available in my school (52.5%)	42 (80.0%)	30 (37.5%)	6 (7.5%)	2 (2.5%)
3	I am familiar with the mental health services provided at my school (41.2%)	33 (80.0%)	25 (31.3%)	18 (22.5%)	4 (5.0%)
4	I am very comfortable using the mental health services (12.5%) offered at my school	10 (20.0%)	2 (2.5%)	40 (50.0%)	28 (35.0%)

Criterion mean=2.5

This table 2 above represents the result of awareness of adolescents on school based mental health interventions in Queens Secondary School, Igwuruta-Ali, Port Harcourt. The table consists of 4 questions, Q1,Q2,Q3 and Q4. The table shows that response to Q1, Q2, and Q3 are above the mean score of 3.0, which is high, but response to Q4 is below the score of 2.5 which is low. This means that most respondents agreed to having awareness of school-based mental health interventions which entails them hearing and knowing about it with mean score of (3.5). On the other hand, most respondents strongly disagree with the mean score of below 2.5 which is low. This shows that adolescents are not very comfortable using the mental health services offered at their school which can occur as a result of stigma, privacy concerns, trust issues, etc with a mean score of (1.9) of Q4 shows that majority of the respondents strongly disagree that mental health programmes are bad.

Table 3: Mean responses of Effectiveness of counselors on school-based mental health interventions among adolescents

SN	Statements	Strongly Agree (A)	Disagree (D)	Strongly Disagree (SD)	Mean x
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Q1	I feel comfortable talking to my school counselor about my mental health concern	58 (72.5%)	13 (16.2%)	6 (7.5%)	3 (3.8%)	3.6
Q2	It is easy for me to access a counselor at my school	10 (12.5 %)	26 (32.5%)	20 (25.0%)	24 (30.0%)	2.3
Q3	It is easy for me to schedule an appointment with my school's counselor	10 (12.5%)	2 (2.5%)	41 (51.2%)	27 (33.8%)	1.9
Q4	Talking to the school counselor has helped me manage my mental health	42 (52.5%)	30 (37.5%)	6 (7.5%)	2 (2.5%)	3.4
Q5	I am satisfied with the mental health counseling services provided by my school	12 (15.0)	25 (31.2%)	19 (23.8%)	24 (30.0%)	2.3

Criterion mean=2.5

Table 3 shows that response to Q1 and Q4 indicate that majority strongly agree with the mean score of 3.0 and above, but response to item Q2, Q3 and Q5 is below 2.5 which is a low mean score. This means that most adolescents feel comfortable talking to their school counselors about their mental health concern with mean score of 3.6, It also shows that talking to the school counselor has helped them manage their mental health with mean score of 3.4. On the other hand, mean score of 1.9 of Q3 indicates that majority respondents strongly disagree that it is easy to schedule an appointment with the school counselor, and mean score of 2.3 of Q2 shows that it is usually not easy to access the school's counselor. Also, a mean score of 2.3 of Q5 shows that most respondents disagreed that they are satisfied with the mental health services provided by the school.

Discussion of Findings

The result on the level of awareness of adolescents on school-based mental health interventions shows high level of awareness of adolescents on school-based mental health interventions with an overall grand mean of 2.9 which are all higher than the criterion mean (2.5) further indicating high awareness level. Findings from figure 4.2 states that majority of the respondents 54(67.5%) strongly agreed that they had heard about the concept of mental health programs while a little percentage 4 (5.0%) strongly disagreed that they've never heard of the subject matter. About counseling, therapy and support groups being made available in the school, there was little difference in agreement in that, 30 (37.5%) respondents agreed while 6(7.5%) disagreed that it made available in the school. 25(31.3%) accepted that they are familiar with the mental health services provided at the school while 18(22.5%) rejected the idea. The majority 28 (35.0%) disputed the idea that they are very comfortable using the mental health services in the school while the minority 10 (12.5%) concurred strongly. In addition, this study is in agreement with the study done by Cefal et al, 2022 on the effectiveness of a school-based, universal mental health programme which indicates that indicates that Promehs is a promising universal mental health programme for early years, primary and secondary schools, particularly in enhancing students' social and emotional competence and pro-social behavior and decreasing internalizing and externalizing behaviors. In addition, this study is in agreement with the study on mental health awareness of secondary school students by Lee et al. (2023). The results indicated that mental health awareness was influenced by knowledge on mental health and attitude towards mental health. The findings also revealed that familiarity and media exposure were important determinants of knowledge on

mental health, knowledge on professional help, and attitude towards mental health. Moreover, the results indicated that knowledge on mental health positively mediated the relationship between media exposure and mental health awareness. Besides, attitude towards mental health also found to play mediating roles between familiarity and mental health awareness, as well as between media exposure and mental health awareness.

The response rate with a grand mean score of 3.2 which is greater than the Criterion mean of 2.5 which shows a good perception of adolescents towards school based Mental health interventions even though a lower response was recorded (1.9) for question 4 Which was lower than the criterion mean (2.5) which Indicates to the respondents agreeing That mental health programmes are good. However, there was an overall high perception level of adolescents towards mental health programmes being offered in schools and churches with a majority 12(15.0%) and 58 (72.5%) strongly agreed and agreed that mental health programmes should be offered in schools and churches. A majority 54(67.5) strongly agreed that it is good to provide mental health support services in the school while 5(6.3%) strongly disagreed. A higher percentage of adolescents, 57 (71.2%) attested that mental health education is best for adolescents as the strongly agreed while

1(1.3%) did not attest to the subject matter as they strongly disagreed. This is not in line with the Results of the study conducted by Cavoni, et al 2022 on Adolescents Mental Health at School. The results found strong associations between the qualities of adolescents' school relations, their life satisfaction and their mental health. Secondly, life satisfaction, which was positively associated with mental health, was found to act as mediator between adolescents' positive relationships and their mental health. Third, both the quality of school relations and life satisfaction appeared to protect mental health, and this outcome did not significantly vary as a function of gender. Finally, students' quality of school relations and mental health deteriorated with age. Overall, the results suggested that life satisfaction acted as a mediator between adolescents' positive school relations and their mental health. deteriorated with age. Overall, the results suggested that life satisfaction acted as a mediator between adolescents' positive school relations and their mental health.

Overall, there was a high positives response rate on the effectiveness of counselors on schoolbased mental health interventions among adolescents with a grand mean score of 2.7 which is higher than the criterion mean. A majority 58(73.5%) opined that they feel comfortable talking to the school counselor about their mental health concern as they strongly agreed while 3 (3.8%) strongly disagreed. 26(32.5) agreed that it is usually easy to access the school Counselor, while 20 (25.0) disagreed. A higher percentage of adolescents 41(51.2%) disagreed that it is easy to schedule an appointment with the school counselor while 2(2.5%) agreed to the subject matter. The majority 42(52.5%) concurred strongly that talking to the school Counselor has helped alot in managing their mental health while 2(2.5) disputed the fact. 24(30.0%) strongly disagreed that they are satisfied with the mental health counseling service provided by the school while 12(15.0%) strongly agreed with the subject matter. This study is in alignment with Sanavi et al, (2020) which states that by applying group training and Individual counseling in the schools improves mental health. Therefore, identifying student Problems and parent–teacher cooperation as well as consulting with specialist counselors can be effective in providing practical and effective solutions in this regard. This study is also in agreement with the study done by Imran et al, (2022) on the Effectiveness of a school-based mental health intervention for school counselors which further indicated that intervention led to significant improvement in mental health literacy and selfefficacy among counselors, which was largely sustained over time.

Conclusion

The study concluded that the majority of adolescents in Queens Secondary School were all aware about mental health but some did not practice seeking help where necessary by visiting the school counselor as a result of them not being able to access the counselor always. Although they were not aware of the consequences and long term

effects it causes in later life. Therefore, mental health programs such as counseling, therapy and support groups, should be adequately made available in the school.

Recommendations

Based on the findings of this study, the following were therefore recommended:

1. The students should seek help from school counselors or mental health professionals when needed
2. Join peer support groups or clubs promoting mental wellbeing
3. The school authorities should improve access to resources and ensure that adolescents have access to resources and support services, such as providing easy access to mental health services, reducing barriers to seeking help and ensuring counselors are easily accessible.
4. There is the need to foster partnership between schools, families and communities to promote mental health awareness and support.
5. There should be collaboration between nurses, healthcare teams, and community organizations to develop comprehensive mental health support.
6. Targeted educational programs should be specifically designed for adolescents, to promote mental health awareness and literacy so as to enhance the understanding of mental health concepts and issues thereby reducing stigma surrounding mental health and encouraging help seeking behaviors. Mental health education should also be integrated into the school curriculum.

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