

ORIGINAL ARTICLE

Resources available for school based mental health services in Enugu urban and head teachers' knowledge of childhood mental health problems

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ABSTRACT

Background: Childhood mental illnesses most times are detected earlier in schools than at homes as the schools provide enabling environment for early identification of children with problems.

Objectives: To evaluate the resources available for school-based mental health services in Enugu urban and to determine the head teachers' knowledge of childhood mental health problems.

Methodology: A cross-sectional survey of 176 head teachers, who consented and were randomly selected. They were asked questions on how often they encountered children with mental health problems, facilities for the care of mentally ill children in their schools, the symptoms that could signify mental health problems in a school child and their first line of action in a situation where a child is found to have such problems.

Results: Seventy-four (77.1%) primary schools did not have any personnel for the care of mentally ill children compared with 24 (30%) of secondary schools. School guidance and counsellors were the most likely personnel to handle mental health needs of children in both the primary and secondary schools. Overall, only 24 (13.6%) of the head teachers would send the mentally ill child to a guidance and counsellor. About 40% of them suggested prayer house/herbal homes as a place where children with mental health challenges could get help.

Conclusions and Recommendations: This study exposed the paucity of facilities and personnel required to meet the mental health needs of children in schools and a need to increase the level of mental health awareness among the stakeholders that could facilitate the process of addressing these needs.

Keywords: *Early intervention, guidance and counselling, private and public schools*

INTRODUCTION

A recent study of adults with mental health disabilities reported that their problems start by 14 years of age, when most children are expected to be in school.¹ A study of 990 children attending a Nigerian primary care setting reported that approximately 20% of them had mental health disorders.² Currently, there is increasing concern about the growing number of children and adolescents who experience difficulties facing the challenges of development, and who succumb to the adverse effects of emotional disturbances.³

Whereas it had been reported that most children in need of mental health services do not receive them, it has been documented that those that eventually received help were for the most part through the school system.^{4,5} This underscored the potential role schools could play in child mental health service provision. Unfortunately, the situation is likely to be worse for children in the developing world where several factors such as low school enrolment and high rate of school dropout could make it more difficult for them to get help through the schools.^{6,7}

There is a dearth of information on the resources that are available in our schools for the care of children with mental health needs and the teachers' knowledge of childhood mental health problems.

This study aims to determine the resources available in these schools for the care of the mentally ill school children and the head teachers' knowledge of childhood mental illnesses. It is hoped that this study would contribute to the available body of knowledge in this major form of health challenge.

METHODOLOGY

Setting

The study was carried out in Enugu urban. Enugu is the capital of the Enugu State in South-East Nigeria. It was the capital of the former East Central State of the Nigeria of the 1970s, and known for its large amounts of coal deposits. The Enugu urban is constituted

by parts of three local government areas (LGAs), viz. Enugu North, Enugu East and Enugu South LGAs that are situated within the metropolis. There are 399 primary and secondary schools in the area.

Study Design and Sampling

The study was a cross-sectional survey of 200 selected schools representing 50.1% of the schools in Enugu urban, which was conducted between the months of June and July 2012. All the schools on the list were serially numbered and after balloting for the first two schools, all the odd numbered schools were selected for the study. Sixty-four (31.8%) of the schools were from Enugu East, 70 (35.2%) were from Enugu North and 66 (33%) were from Enugu South LGAs.

Subjects

The schools selected for the study comprised of 43 private primary schools, 71 public primary schools, 45 public secondary schools and 41 private secondary schools.

Instrument

The study made use of a self-administered questionnaire. Items in the questionnaire were developed by the authors. The questions asked were the age and gender of head teachers, type of school, duration of headship of the school and proportion of professional teachers in the school. There were also questions about the frequency of encountering children with mental health problems, symptoms that may indicate a mental health problem in a child in their opinion, their first line of action if a child develops a mental health problem, facilities available in the school to help children who might have mental health needs and facilities that they were aware of in the town for the care of the mentally ill children. The items were pre-tested on twenty-five head teachers who were not part of the study and were found to be well understood.

Procedure

Enugu State Schools Management Board gave the permission for the study. Then, each

participant gave an informed consent for the study. During school visits, the participants' were given the questionnaires to complete. Visits were re-scheduled in cases where the head teachers were not met on seat and at such visits, the deputy was approached to complete the questionnaire. The study lasted for 10 weeks.

Data Analysis

Data obtained was analyzed using the Statistical Package for Social Sciences (SPSS) version 17.0 for Windows (Chicago: SPSS Inc. 2008). The results were presented as frequency tables.

RESULTS

The participants who completed the study were one hundred and fifty-nine (159) head teachers and seventeen (17) deputy heads of the selected schools, representing an 88% response rate. They were made up of 67 (38.1%) males and 109 (61.9%) females. The mean duration of headship of schools by the participants was 8.74 +/- 2.86years. They consisted of heads of 32 (18.2%) private primary schools, 64 (36.3%) public primary schools, 44 (25.0%) public secondary school and 36 (20.5%) private secondary schools as shown in Table 1.

Table 1. Age group, gender, duration of headship of respondents

| Variable | Frequency | % |
|--------------------------------------|-----------|------|
| Gender | | |
| Male | 67 | 38.1 |
| Female | 109 | 61.9 |
| Age Group(in years) | | |
| <30 | 13 | 7.4 |
| 30-39 | 32 | 18.2 |
| 40-49 | 57 | 32.4 |
| 50 and above | 74 | 42.0 |
| Duration of headship (in yrs) | | |
| <5 | 37 | 21.0 |
| 5-9 | 86 | 48.9 |
| 10 and above | 53 | 30.1 |
| Type of school | | |
| Private primary school | 32 | 18.2 |
| Public primary school | 64 | 36.3 |
| Private secondary school | 36 | 20.5 |
| Public secondary school | 44 | 25.0 |

Seventy-eight (44.3%) of the head teachers reported that they had never encountered a child with mental health problems in the school, while 94 (53.4%) were not certain if they had encountered children with mental health problems. Four (2.3%) of them reported having encountered children with mental health problems with some level of certainty. Thirteen (7.4%) of the head teachers reported that their schools had at least a sick bay or room designated for the care of school children with health problems.

About half (55.7%) of the schools did not have any personnel for the care of children with mental health problems. Seventy-four (77.1%) primary schools did not have any personnel for the care of mentally ill children compared with 24 (30%) of secondary schools. School guides and counsellors represented the most likely available personnel to handle children with mental health problems in both the primary and secondary schools as shown in Table 2.

Table 2. Mental health resources available in the schools

| Resource | Primary school n (%) | Sec. school n (%) | Primary & Sec school n (%) |
|---|-------------------------|----------------------|-------------------------------|
| Nil | 74 (77.1) | 24 (30.0) | 98 (55.7) |
| Guidance counsellor | 21 (22.9) | 56 (70.0) | 78 (44.3) |
| School nurse | 2 (2.1) | 4 (5.0) | 6 (3.4) |
| Visiting doctor (including psychiatrist) | 1 (1.0) | 2 (2.5) | 3 (1.7) |
| Special educator | 1 (1.0) | 0 (0.0) | 1 (0.6) |
| Linkage arrangement with mental health facility | 1 (1.0) | 0 (0.0) | 1 (0.6) |

As shown in Table 3, about a quarter (25.6%) of the participants did not know of any facility in the town where the mental health problems of school children could be attended to. The Federal Neuropsychiatric Hospital Enugu (61.4%) is the commonly endorsed facility where children with mental health problems could be attended to. About 40% of the head teachers reported prayer

house/herbal homes as places where children with mental health problems could be attended to, whereas 97 (55.1%) knew about the reformatory/rehabilitation centre, and only 6.8% cited the social welfare departments of the local government areas.

Table 3. Knowledge of resources available for the care of mentally ill children

| Resource | Frequency | % |
|--|-----------|------|
| Does not know | 45 | 25.6 |
| UNTH/Park Lane hospital | 76 | 43.2 |
| Federal Neuropsychiatric hospital | 108 | 61.4 |
| Prayer house/Herbal homes | 69 | 39.2 |
| Recreational centers | 11 | 6.3 |
| Therapeutic daycare center | 26 | 14.8 |
| Social welfare departments of local government | 12 | 6.8 |
| Reformatory/rehabilitation camp | 97 | 55.1 |

As shown in Table 4, abnormal/unusual behaviour was reported by nearly all (98.9%) of the head teachers as a symptom of mental health problem in children, while 90% of them reported aggressive/violent behaviour and about 81% of them reported unexplained inability to read and write. Seventy-eight (44%) of the participants reported epilepsy as a symptom of mental health problem in children.

Table 4. Ten most common symptoms suggestive of mental health problem in a school child

| Symptom | Frequency | % |
|--|-----------|------|
| Abnormal/unusual behavior | 174 | 98.9 |
| Aggressive/violent behaviour | 159 | 90.3 |
| Unexplained inability to read and write | 143 | 81.3 |
| Deteriorating academic performance | 127 | 72.2 |
| Social isolation/playing alone | 98 | 55.7 |
| Unexplained absenteeism | 87 | 49.4 |
| Abnormal gait | 86 | 48.9 |
| Epilepsy | 78 | 44.3 |
| Excessively restless, intrusive or talkative | 56 | 31.8 |
| Frequently breaking school rules | 47 | 26.7 |

As shown in Table 5, while majority 27 (39.8) of the heads of private schools would call the parents of the mentally ill children as their

first action, 46 (26.1%) of the heads of public schools would send the mentally ill child out of school. Overall, only 24 (13.6%) of the head teachers would send the mentally ill child to a guide and counsellor.

Table 5. First likely action to take when a school child becomes mentally ill

| Action | Private School n (%) | Public School n (%) | Private & Public School n (%) |
|--|----------------------|---------------------|-------------------------------|
| Not sure of what to do | 5 (7.4) | 2 (1.9) | 7 (4.0) |
| Call parents | 27 (39.8) | 21 (19.4) | 48 (27.3) |
| Get closer, interact and observe the child | 7 (10.3) | 28 (25.9) | 35 (19.9) |
| Send child away from school | 11 (16.2) | 35 (32.4) | 46 (26.1) |
| Send child over to the guidance counsellor | 13 (19.1) | 11 (10.2) | 24 (13.6) |
| Restrain if violent and take to psychiatric hospital | 5 (7.4) | 11 (10.2) | 16 (9.1) |

DISCUSSION

The finding in this study that the majority of the participants had not encountered children with mental health problems could reflect the lack of recognition of mental health problems in school children, rather than the absence of mental illness in therein. It has been reported that despite teachers' recognition of their roles in the implementation of classroom-based behavioural interventions for mental illness in children, lack of training and experience were cited as a barrier in their support of children's mental health needs.⁸

Many studies have documented a poor knowledge of mental illness across all educational and socio-economic groups in Nigeria and a consequent poor attitude towards the ones with mental illness, even by healthcare personnel, the clergy and the media.^{9,10,11,12}

Less than 10% of the schools in this study have a physical facility such as a sick bay for the care of children with health problems, and this is grossly inadequate in addressing the overall health needs of the children. This low availability of facilities in the schools might be

a reflection of the poor state of facilities in schools as already reported in previous studies.¹³

The school guidance counsellors were recognized as the most usually available personnel in the schools, both in the primary and the secondary schools, for the care of children with mental health problems. Other categories of health workers were not employed especially by the secondary schools groups. This may be due to the additional cost of hiring the services of these professionals. It was observed in this study that none of the secondary schools had special educators or maintained linkages with any mental health institution. This might be because most of the severely impaired school children were less likely to progress beyond the primary level of education.

Despite the availability of a guidance counsellor in 44% of schools, only about 14% of the participants would send affected children to these counsellors for help. This, unfortunately, suggested a poor utilization of the available facilities in these schools. The limited availability of physical space in the schools, as found in this study, could additionally have a negative effect on the utilization of school-based mental health services.

The participants knew a wide range of facilities where the mental health needs of school children could be attended to, the most commonly reported being the Federal Neuropsychiatric Hospital; and this was not surprising because the hospital is located within the Enugu urban where this study was conducted. It is, however, worrisome that nearly 40% of the head teachers cited prayer houses as the place where the mental health needs of their school children could be addressed. This may reflect a general trend in the communities where, despite major breakthroughs in modern medicine, a significant proportion of patients still sought some form of unorthodox care for their health problems even in developed countries.^{14,15} A Nigerian study had previously reported that

majority of mental health practitioners were not receptive to the integration of complementary and alternative medicine into mainstream mental healthcare, and insisted that this informal form of healthcare would continue to thrive in the communities with the attendant negative consequences.¹⁶ Given that many of the teachers in this present study, despite their level of education and standing in the society, still recognized prayer houses and herbal homes as places where the mental health problems of children and adolescents could be attended to, the report of that previous study appeared to have been corroborated by ours.

In our study a wide range of symptoms including abnormal behaviour, frequent breaking the school rules and unexplained deterioration of academic performance were identified as pointers to a possible mental health problem in a school child. This raised the hope that if the teachers were properly trained, they would be able to identify a wide range of mental health problems that pass unnoticed in school children.

With 40% of the private school heads first action towards a mentally ill child being to call the parents, and that of public school heads being to send the child away from the school, it could be said that the participants in this study had negative attitudes toward children with mental health problems.

CONCLUSIONS AND RECOMMENDATIONS

There is paucity of facilities for the care of the mentally ill in our schools, and the guidance counsellors represented the most likely available personnel to attend to the mental health needs of school children.

The head teachers maintained negative attitudes toward children with mental health problems. With this current state of affairs, school-based mental health services may not be optimally instituted.

There is, therefore, an urgent need to put measures in place to address the poor state of

facilities in our schools for caring for school children with mental health needs.

Another issue that may merit review is the curriculum content of the school teachers and counsellors with a view to increasing their ability to recognize the mental health needs of school children.

LIMITATIONS

The limitations of this study include those inherent in self-administered and questionnaire-based studies. The study did not distinguish between the various classes of mental illness. Since the study was conducted within the Enugu urban, it would limit the extent to which the findings of the study could be generalized to the schools in the entire region.

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