BARRIERS UNDERMINING THE IMPLEMENTATION OF STUDENTS' MENTAL HEALTH PROMOTION PROCESS IN SCHOOLS: TEACHERS' PERCEPTIONS - A CALL FOR MENTAL HEALTH EDUCATION

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Abstract - This study shed the lights on the investigating teachers' perceptions aboutcontextual barriers that could affect their understanding of the mental health issues; thus, hinder their role in promoting students' mental health in the context of Kuwaiti secondary schools. The study also attempted to explore teachers' perceptions regarding the changes required to put students' mental health promotion process into practice in the Kuwaiti educational context. A mixed-methodological research approach includes two stages has been adopted: A systematic surveyconducted on 500 Kuwaiti secondaryschool teachers, and semi-structured interviews conducted on30 teachers were chosen purposely. Findings from the study showed that teachers' perceptions were markedly affected within the socio-cultural and religious context in the State of Kuwait. A variety of personal, interpersonal, socio-cultural and structural-organisational barriers could undermine and impact in terms of moving towards the implementation of promoting pupils' mental health, were reported by teachers.

Keywords - Mental health barriers, Mental health, Mental health perceptions, Mental health socio-cultural context.

I. INTRODUCTION

There is a growing view that teachers in schools are expected to be more keenly involved in the promotion of mental health amongst students, doing more than simply educating and adhering to the national curriculum (World Federation for Mental Health, 2003; Lines, 2002). This means that additional responsibility for the early recognition of mental health issues must be shouldered by teaching staff, as well as referring affected studentsto the most suitable help and services. The current study has been completed as a reflection of the global interest in promoting young people's mental health, as well as in consideration to the high frequency of mental health problems amongst pupils, alongside ever-growing waiting lists for professionals in this area, namely counsellors (Capey, 1997; Baxter, 2002; Neil & Christensen, 2007). Additionally, the study could be considered a reaction to the available evidence emphasising the positive impact of promoting students' mental health on theirown personal, social, mental well-being, and academic achievement. The study may help to develop better understanding of teachers' perceptions and perceptions towards promoting the mental health of students within a specific socio-cultural context; thus,it could direct policymakers' attention to the value of hearing and considering the neglected views of teachers concerning changes in the education system.

II. THE TERM 'MENTAL HEALTH'

There is growing global awareness of the shift from defining mental health in narrow quasi-medical terms as the absence of a diagnosable problem and widely associated with mental illnesses, to a positive concept emphasising the prevention of mental disorders and the promotion of social and emotional development (Tudor, 1996; Wilson, 2003). Such positive aspects of mental health have been reflected in the field of psychology, particularly within the perspective of 'positive psychology', which holds that mental health comprises more than simply not being diagnosed with mental disorders (Kitchener &Jorn, 2002, Alradaan, 2017; 2018). Such a view considers mental health as a positive quality, and further echoes the early efforts of the World Health Organisation (1964) in redefining the concept of mental health into more positive terms. The WHO has provided a positive definition for the term of 'mental health', positioning the term as an integral component of the individual's whole health, as health is defined as 'a complete state of physical, mental and social well-being and not only the absence of infirmity or disease', and mental health as an 'integral component of health, through which each person realises his or her own cognitive, effective and rational capacities to cope with the stresses of normal life and work to participate effectively and productively in his or her community' (WHO, 2001, p. 1).

The positive conceptualisation of the concept of mental health has been reflected in a number of other definitions of mental health that have been posited, centred on the ability of a person to adapt to change as a response to their environment's demands and stresses, and corresponding psychological and social considerations, equipping them with cognitive, personal and social skills in maintaining a good relationship and achieving goals (Anderson & Anderson, 1995; Health Education Authority, 1998; Surgeon General's Report, 2000; Department of Health and Aged Care, 2000). Within the Arab context, the mental health concept conforms to social

and cultural values alongside religious considerations. In the Islamic and Arabic culture, good mental health is concerned with 'conformity', which includes feelings of being satisfied and secure, achieved through creating a balance between one's psychological capability and environmental demands within the socio-cultural context, 'including religious principles and cultural values (El-Islam, 2006). It also seems that the views of Arabic and Muslims families who have mentally ill members have been affected by the social negative ideas prevailing towards mental illness; thus they hide them at home, that they believe that mental disorders do not deserve seeking counselling therapists help(Mogran&Alradaan, 2017).

The positive concept also could be understood further through the continuum concept, where the degree of a person's mental health quality is situated on a scale. Keyes (2002) suggests a model that illustrates such a continuum, with the scholar presenting the term 'flourishing', which describes mentally healthy individuals possessing a notable degree of satisfaction, happiness, personal growth and emotional well-being, and the ability to oppose stressful life events. He also adopts 'languishing' as a term to describe a person who does not enjoy complete mental health, but is not experiencing serious mental health disorders; despite being diagnosed by mental illnesses, Keyes holds that an individual's mental health can be enhanced.

III. PROMOTING STUDENTS'MENTAL HEALTH

Promoting mental health focuses on improving individuals' knowledge and perceptions towards mental health issues and seeking the coping skills required to facilitate social, personal and mental-wellbeing (Hodgson, Abbasi& Clarkson, 1996; Adelman & Taylor, 2006). The current study supports promoting young people's mental health based on the 'asset' model of promoting mental health, which adopts the 'salutogenic' perspective. The former aims at investigating and assessing the origins of disease through approaching preventive paradigm, rather than curing the disease.

In addition, this perspective considers the promotion of all individuals' mental well-being—not only that of those who have been diagnosed with mental illnesses—and emphasises less dependence on professional services (Rappaport, 1977; Tew, 2005; Morgan &Ziglio, 2006). The model is founded on a conception of young people's resiliency, where they have the ability to succeed in learning, playing and developing physically, socially and psychologically, regardless of the risk factors that can pull young people back from successful life through delivering supportive environments wherein academic, personal and social skills can be enhanced (Davidson, 2008).

The continuum model seems to fit here, as the key issues revolve around what happens should a young person become stuck or overwhelmed by their feelings, and unable to function well in their life (YoungMinds, 1996). These young people are not 'mentally ill' but do demonstrate significant 'mental health problems', though these problems may not match the criteria of mental disorders or mental illnesses, and are manageable with help and support (Paternite et al., 2008). Within the school context, this study focuses on the potential support available from teachers, who have direct contact with those young people.

Young people have the right to live in a mentally healthy way, and to have their mental health supported and promoted by individuals surrounding them, as has been recognised across multiple dimensions, including ethics, legislation, psychology and education (Department of Health, 2004; The Convention on the Rights of the Child, published by the United Nations, 1998). Schools are in a unique position to integrate the essential protective factors shown to contribute to mental health development, by reorienting their systems, including ethos, culture, policy, curriculum and school environment (Rothì, Leavey& Best, 2008; Wells, Barlow & Stewart-Brown, 2003; Weare, 2000). Undoubtedly, teachers hold a unique position in promoting pupils' mental health due to their daily and direct contact with those young individuals; however, previous studies have shown the paucity of research carried out in the area of investigating teachers' perspectives towards their role as promotors of their students' mental health.

IV. RESEARCH QUESTIONS

The study in its two phases has attempted to answer the fowling questions:

1. What are Kuwaiti secondary school teachers' perceptions concerning the barriers undermining their role in terms of promoting pupils' mental health?
2. What factors do Kuwaiti secondary school teachers perceive as affecting their perceptions in promoting mental health?
3. What are Kuwaiti middle school teachers' perceptions concerning the changes necessary to put promoting students' mental health into practice?

V. RESEARCH APPROACH

A mixed-methodological approach related to the pragmatic framework, consisting of two complementary research design stages, is implemented in this study. The adoption of this approach is based on the belief that a mixed-methodological approach can profitably amalgamate study approaches, depending on their overall significance in terms of answering specific study

questions (Johnson &Onwuegbuzie, 2004). It also may be referred to as multi-purpose, or a 'what works' approach, thereby enabling the researcher to deal with questions that may not be efficiently answered if aligned with a narrower research methodology (Creswell, 2003).

Additionally, the literature suggests that perceptions cannot be measured through direct observation; rather, they must be inferred; however, they can be deduced by considering the way in which individuals behave, the beliefs they hold, as well as what they feel (Ajzen&Fishbein, 1980; Eagly&Chaiken, 1993; Silverman, 2006). Moreover, a review of the literature in the field of Mental Health Education indicates that research related to perceptions has been mostly carried out within the field of epidemiology or psychology, encompassing only positivist approaches, using surveys (Norwich, 1998; Brockington, Hall, Levings & Murphy, 1993). Surveys can help researchers to shed light on perceptions; however, they cannot explain how these perceptions are shaped and might influence behaviour (Secker & Platt, 1996).

VI. RESEARCH DESIGN, SAMPLE AND DATA COLLECTION METHODS

A systematic survey was carried out, utilising a large sample of Kuwaiti teachers, totalling 500, with all individuals chosen randomly from four Kuwaiti educational administration authorities. Perceptions scale was conducted on teachers concerning their perceptions and perceived barriers in promoting pupils' mental health. In the second stage, semi-structured interviews were utilised with a purposive sample of 30 teachers. The quantitative data from the survey were fed into SPSS software (Statistical Package for Social Science; version 16.0 for Windows XP). Two types of statistical analysis were performed: descriptive and inferential. A factor analysis statistical method (principal component using Varimax rotation) was employed in the pilot study so as to determine whether groups of barriers scale items tend to bunch together to form distinct clusters, referred to as factors (dimensions) (Bryman & Cramer, 2001). Transcripts, post-interview analysis notes, and writing memos, data management, data reduction and data display, and coding were used (Cohen, Manion& Morrison, 2007; Delamont, 1992, Maxwell, 1996).

VII. FINDINGS AND DISCUSSION

Generally, the survey analysis showed that barriers hindering the promotion of students' mental health can be categorised into four types—personal, interpersonal, structural-organisational and socio-cultural—as they perceived them mildly positively (M=3.93, SD=.73). The results indicated that teachers agree strongly with the existence of interpersonal and personal barriers (M=4.06, SD=.76; M=4.12, SD=.56); however, the overall mean score of their beliefs concerning the existence of structural-organisational and socio-cultural barriers were more neutral (M=3.78, SD=.80; M=3.79; SD=.80) (see Figure 1).The results from the survey showed that 81.8% of the teachers perceived a lack of partnership between themselves and parents, school administration and inspectors' resistance to change, and a lack of partnership between themselves and specialists, such as counsellors and educational psychologists, as being the most significant of interpersonal barriers. A total of 81.6% of the teachers considered a lack of their awareness regarding their role and responsibility surrounding pupils' mental health, their negative perceptions to mental issues, and their inadequate training to recognise the early signs of their students' mental health problems as the most significant personal barriers.

Additionally, teachers tend to show a moderate level of agreement concerning the existence of the structural-organisational barriers, perceiving workload and limited time, and the lack of information resources related to mental health in school, as critical structural-organisational barriers. The results showed that curriculum, pedagogy and the examination system received the lowest rating of the structural-organisational barriers. Moreover, the data derived from the survey indicates that teachers agreed moderately with the existence of the social-cultural barriers. School culture and ethos, social stigma towards talking about mental health problems and labelling, and inappropriate media representations, and cultural and religious beliefs centred on mental health problems, were perceived by 82.4% of teachers as significant social–cultural barriers. Furthermore, 83.1% of the teachers believed that cultural and religious beliefs about dealing with mental health problems are important barriers.

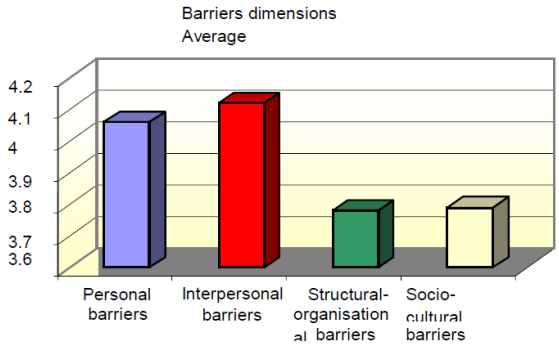


Figure 1: Descriptive statistics for the four dimensions of barriers scale

Data from the interviews indicated that teachers hold fears of being ill-equipped to recognise mental health problems amongst their students, and recognise their lack of familiarity and understanding of the positive terminology of mental health concept, consequently

viewing the term as belonging to a medical and professional context, in a way that leads teachers to avoid using mental health language for fear of causing harm or stigmatising students(Rogers & Pilgrim, 2005). The teachers interviewed reported that their views in this area are mainly based on explicit signs of students' externalised problems, considering such studentsas troublemakers or as having special education needs. These results are in line with the findings of Bowers (1996), Meltzer et al. (2000), Farmer et al. (2003) and Poulou& Norwich (2000), all of whom reported that teachers appear to be more comfortable using language that is grounded in education, using terms such as 'emotional and behavioural difficulties' (EBD) or special educational needs. As is known, EBD is a term widely accepted by the educational community as covering a wide range of inappropriate behaviours, including mental health problems (Fox &Avramidis, 2003; Clare & Maitland, 2004).

The findings have shown that interviewed teachers' beliefs are oriented morally towards what we refer to as a 'value discourse', founded on their religious beliefs, relating to the equality of rights amongst human beings, and the necessity to provide sympathy and support to those experiencing difficulties, which are key and valued aspects of Islam, where values and morals are significant components of people's ethical heritage (Long, 2000). It was recognised amongst some of the interviewed teachers that paying more attention to mental health issues (or studentsfacing such issues) is a 'wrong use of time' in class, as there is an underlying assumption that time should be used appropriately and only in mind of fulfilling educational demands, so as to meet academic standards. The contradiction in teachers' responses regarding their responsibility towards promoting students' mental health represents and rationalises a numbers of factors that are interrelated and rooted in the socio-cultural and educational contexts. Firstly, they viewed that the promotion of students' mental health is not their job, that professionals, such as school counsellors and social workers, should take the primary responsibility for this task.Additionally, the teachers reported fears about dealing with their students' mental health, and how doing so may be, in large part, explained by their lack of knowledge and training skills, which is a view in line with findings derived by Walter, Gouze& Lim (2006), Rothì, Leavey& Best, (2008) and Repie (2006). A resolution to this would be reflected in appropriately dealing with students' mental health, and further results in more confident and skilled staff with the ability to recognise issues and who are capable of making appropriate referrals to psychiatric and mental health professional services; teachers require a sense of confidence in their own ability to act. The analysis of the interviews identified young person-related variables, such as severity and type of mental health problem, as a significant barrier that could influence teachers' perceptions in this area. These findings also are in line with the works of Loades&Mastroyannopoulou (2010) and Rothì&Leavey (2006).

The interviews addressed more detailed views of teachers' suggestions of training and mental education courses requirements in terms of the 'quality' and 'nature' of the training and educational courses that should be provided for them. The interviewed teachers also propose that administrators and inspectors need to be involved in mental health education and training, which would result in a greater degree of flexibility in promotion strategies. This means that knowledge relating to mental health might be important in relation to promoting students' mental health, but is not, in itself, sufficient to induce positive mental health promotion and early identification of mental disorders among students; therefore, the lack of information in the field of mental and mental health might lead to misunderstanding and misdealing (Al-Tarawneh, 2002). The interviewed teachers perceive a lack of partnership between themselves and parents, who are affected by religious and cultural beliefs considering mental health problems, as God punishes people for neglecting their religious duties and God tests a person's piety and patience (Rones&Hoagwood, 2000; Keyes, 2002). Teachers reported that such religious and traditional beliefs lead parents to ignore the possibility of counselling for their children, and instead seek help from traditional and religious healing (Mukalel& Jacobs, 2005; Funk, 2005; El-Islam, 2006; Al-Ansari et al., 1989). The results garnered from the interviews reported that social stigma and media inappropriately representing mental health issues and showcasing negative perceptions towards mentally ill people have a significant impact on the degree of co-operation between teachers, parents and counsellors, with such media showing a 'lack of confidence and trust in teachers' skills'. These results are in line with various works (Corrigan &Kleinlein, 2005; Edney, 2004; Al-Maleh, (2009). Additionally, some interviewed teachers highlighted the need for support with delivering practical help and in being provided with mental health education courses, as well as reconsideration to rewards and salaries, and ensuring their mental health could overcome the stress and pressure associated with such a role.

The qualitative data derived from the interviews showed that those teachers who show lower behavioural intention towards promoting pupils' mental health identify more barriers to the promotional process in two ways. One is that the barriers they perceive are real for them, and so they are discouraged from promoting pupils' mental health, whilst those teachers who have higher behavioural intentions regarding the perceived barriers as not affecting them might feel this way because of their commitment to mental health

promotion. Alternatively, teachers with low behavioural intention may be justifying their low behaviour intentions by using external barriers as 'reasons' for not promoting mental health—a kind of rationalisation.

Regarding the interconnections between perceptions of behavioural intentions and the educational context, which were seen clearly through the current study, these could be a good example of the correlation between structural-organisational barriers and teachers' perceptions of behavioural intentions towards the implementations of the promotional processes. It is unsurprising that school teachers may feel stressed, over-worked and disempowered, and that there is no room for them to recognise students' mental health within the education system, which adopts an extensive and demanding academic curriculum to be covered in a limited time, with large class sizes and traditional teaching style to consider, which places power in the hands of administrators and inspectors in terms of controlling the educational process, with such individuals then able to resist change in this domain (Hargreaves et al., 1998). This number of features could hinder teachers in having positive perceptions towards promoting students' mental health. Thus, the application of students' mental health promotion in Kuwaiti education seems to be a significant challenge, with the process associated with designing and adopting such a framework necessitating a great deal of reform of the education policy and system in Kuwait. Throughout the interviews, four key suggestions of change within the educational context were highlighted related to developing educational policies, organisational and structural changes within schools, societal awareness, and teachers' commitment, which ultimately would help in the promotion of mental health. Accordingly, change flourishes in a cooperative and co-ordinated environment, with good levels of prepared and trained staff, all of whom should hold positive perceptions and perspectives concerning the promotion of mental health, with such professionals also afforded the right resources—administrative, educational, financial and political.

VIII. IMPLICATIONS OF THE STUDY

The results showed that teachers' perceptions of promoting students' mental health are complicated and context-dependent, according to a more social constructivist view; perceptions cannot be easily understood in isolation from wider circumstances (Eiser, 1994; Brockington et al., 1993). Barriers and factors need to be taken into account in order to ensure that teachers' perceptions are understood, rather than engaging in simplistic 'victim-blaming' (Ingstad& Whyte, 1995).

Practically, the study calls for policy reform and the development of practice in the field of promoting students' mental health in schools in Kuwait, which could be achieved through implementing a shift away from the more conventional pathological 'deficit' model, as currently practised, towards a wide-ranging ecological and interactive position, supporting the 'asset model' of promoting mental health, focusing on protective factors, empowerment and encouraging individuals' levels of self-esteem, resulting in lesser dependence on professional services (Masten& Reed, 2005). Additionally, there is a need he need to focus on raising awareness among university studentswho are specialists in majors where they can deal directly with students in schools through workshops, training and educational programs, which might be helpful for decreasing the negativeattitudes towards mental issues and make dealing with students easier (Sevensson et al., 2014; Almosawy, 2010).

Methodologically, the utilisation of a mixed-methodology strategy in the present research has proven to be extremely valuable, in contrast to dependence on a positivistic-scientific framework—the most prevalent strategy in Kuwait. The study provides evidence that utilising a single quantifiable instrument may suppress participants' subjectivities and deprive them of the chance to have their voices heard. It has further provided the foundations and opened opportunities for the implementation of a mixed-methodology approach within the context of the education environment in Kuwait. This may assist other researchers in this same context; helping to provide answers to questions that could not be answered through the use of one individual strategy by providing a clear and in-depth image concerning social phenomena (Johnson &Onwuegbuzie, 2004; Tashakkori&Teddlie, 2003; Creswell & Plano Clark, 2007; Punch, 2005).

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