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Causes Of Mental Health And Preventive Strategies In Turkana County Secondary Schools

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Abstract: In the Kenyan education system, the concept of 100% transition to Secondary schools from primary schools, exerts immense pressure on the teenage youthful students joining high schools, thus precipitating a possible environment for mental health related illness. Most mental health disorders have their peak onset during young adulthood. This could be attributed to the fact that high school students present a naïve character and reliance on their parents/caregivers for financial and moral support. The social separation of students from parents instigates a deviation tendency to cope with academic pressure. Some students have to deal with the stressful tasks of separation and individuation from their family of origin while some may have to attend to numerous work and family responsibilities while in school. High school life can be a stressful time for many students. This stress causes mental health among secondary school students. This paper discusses the causes of mental health and strategies that are put in place to prevent more impacts of mental health. The study established that mental health is caused by depression, academic load, exposure to alcohol and substance abuse, financial pressure, intimate relationships, loneliness and lack of role models to provide guidance. It was concluded that parents, guardians and teachers have a role to make sure mental health related illness is reduced through; mentorship, talk shows, parental students relationship creation, exposure trips, academic career guidance, counseling and specialized services.

Keywords: Mental health, social separation, secondary schools stressful tasks

I. INTRODUCTION

According to World Health Organization (WHO) 2009 report, mental illness affects nearly half of the population worldwide. Mental illness is associated with considerable disablement with the combination of affective and anxiety disorders being the most predictive of disability and service utilization (Henderson 2003, Andrews, 2002). Benton 2003 indicates that in the US, the number of students seen with depression over a 13-year time period doubled whereas the number of suicidal students tripled in one of the study conducted. The case of mental health is rampant among students in secondary schools and colleges globally causing mental disorders.

Most mental health disorders have their peak onset during young adulthood leading to anxiety and depression. This has led to emotional problems among students enrolled in secondary schools both with a formal diagnosis and also with non formal diagnosis but with disabling symptoms. According to Kessler 2005, anxiety disorders are the most prevalent psychiatric problems among students, with approximately 11.9 % of students suffering from an anxiety disorder. Among the anxiety disorders, social phobia has an early age of onset (median age of onset between 7–14 years), while panic disorder, generalized anxiety disorders (GAD), and post traumatic stress disorder (PTSD) have somewhat later onsets. Giaconia et al. 1994, agrees with this assertion and alludes that in a community sample of adolescents, the peak risk period for developing PTSD was between the ages of 16 to 17 years, with approx-imately one third of the sample developing the disorder by the age of 14 years. This indicates that the youth in secondary schools are the mostly affected by mental illness.

In the Kenyan education system, there is a 100% transition from Primary to Secondary schools. Students are

exposed to different environment where they are alone without parental guidance and mentorship. They are influenced by the peers to engage in activities within the school or outside school hence affecting their mental health. This study therefore focused on understanding the mental health related issues in secondary schools and the preventive strategies undertaken by the schools to reduce truancy and mental health related illness in Secondary schools in Turkana County.

II. METHODS

This was a qualitative research study. According to Ritchie, Lewis and Elam (2003) Samples for qualitative studies are usually generally much smaller than those used in studies. This study therefore had no quantitative predetermined sampling because it's a qualitative study. In this study the sample was determined in the process of data collection through saturation method. Turkana County has a total of 63 Secondary schools spread in the 11 Sub Counties. Schools were purposively sampled (2 schools per sub county). In selecting participants for this study, snowball sampling technique was used. In this case, some contacts were made with one student in every secondary school that had the required characteristics for this study; that is they were students of that school, had mental related illness issues according to the school principal and the teachers and exhibits truancy and indiscipline cases while in school .After gaining their consent and interviewing them, they later helped in identifying other students within the school that had the same characteristic. The later also led to other students. When the researcher achieved a point of saturation at the 5th student from every school, interviewing students stopped because same information that was repeated by students was recorded.I managed to interview 110 students who accepted to be interviewed though they claimed that the information should not be shared with their schools administration because of fear of victimization.

Mason, 2002 notes that qualitative research methods allow the researcher to go into the depth of the participant's experience, social processes and discourses. I therefore relied on qualitative methods. I carried out indepth interviews with the students and principals of the secondary schools. A set of questions in the interview schedule on causes of mental health and preventive strategies achieved and planned in the school and the way forward of reducing further mental health were discussed. Data was analysed thematically and content analysis done based on the themes.

III. RESULTS

The study established that mental health is caused by depression, academic load, exposure to alcohol and substance abuse, financial pressure, intimate relationships, loneliness and lack of role models to provide guidance.

DEPRESSION

According to Mayo Clinic (2022), depression is a serious mental health problem that causes a persistent feeling of sadness and loss of interest in activities. Teen is an age of rapid growth and body changes. According to the students, most teens are very sensitive and observant when it comes to the realization of who they are i.e different sexes.

John, 14 Years, Student indicated that

"We suffer from depression in the process of trying to come into an understanding to what is happening around us while in school. The School environment is not accommodative as compared to how we use to live at home. This has pushed us to sadness while in school and has changed our moods and perception to learning. The best way of reducing this depression is giving us an opportunity of interacting well with our counsellors and teachers who can understand our situations as it is"

Jane 15 Years, Student said that

"We find it difficult to engage in productive activities that are meant to improve our wellbeing when suffering from depression. Depression affects our personality and in the long run cause adverse holistic problems in our life. It has affected our participation in co curricular activities and expression of talents."

Winnie,30 Years, Principal

"Teens are vulnerable because of their age and so, depression affects them more than it does to the adults. We have tried providing counselling services and inviting mentors to share knowledge and experience. We hope that they listen and work on their attitudes towards achievement of education. Programs on Positive youth development should be encouraged"

According to schools administration, teen depression should be treated as a matter of urgency whenever the symptoms exhibit among the young generation. Depression is never a sign of teen carelessness, weakness or mistake but a situation that needs close monitoring and advise to enable the teens deal with their daily life encounters. Teens who show signs of depression will need to be observed closely in order to get professional help like medical treatment and psychological counselling. If the situations are left unattended, more suicide and burning of schools will continue. Much attention is required since the upbringing of some students is wanting.

ACADEMIC LOAD

Academic load means the quantitative measure of learning activities that a student must engage in which includes lectures, tutorials, seminars, practical work, field work, self-study and examinations to achieve a set of learning outcomes.

Akai, 16 Years, Student said that

"Academic load affects teens' thinking capacity to an extent that they are rendered mentally overwhelmed. We are given too much tutorials and assignment such that we have no time to get out of classes. The only time we have is lunch and supper breaks. During Covid, we were bursting because of too much class work and assignments. The work load was stressful and demanding"

Ekai, 17 Years, Student said that

"Teens' feelings and behavior changes due to a lot of demand from the teachers in relation to how much they are supposed to cover in order to finish the syllabus and be up to date according to their academic levels. This situation causes emotional dysfunction among the teens. The expectation from the teachers is too high."

Dismus, 42 Years, Teacher agreed and said that

"According to their teachers, most of their students who suffer from mental health problems have exhibited high learning difficulties especially in languages and science related subjects. This problem has led a number of them dropping out of school, become suicidal or threaten to harm those around them through violence, engage in criminal activities, and others run away from home".

A research by Kansas KVC (2020) shows that academic stress leads to less well-being and an increased likelihood of developing anxiety or depression. Additionally, students who have academic stress tend to do poorly in school.

A good example is this period of the covid-19 pandemic whereby the academic calendar of students was compressed in a way that it can accommodate four terms in a normal a year which carry three terms. This compression was to ensure that students do no lose any academic year but compensate for the lost time during the covid-19 lockdown period. Today, the school year only started barely three months ago and students are already overwhelmed. This is not a good sign because we have herd of students who have committed suicide as young as those in grade seven because of academic expectation and high demand from the parents and teachers on performance.

Lowoi, 39 Years, Principal agreed and indicated that

"Some students have dropped school because they are unable to keep the pace on how learning is conducted. All these are situations that call for all stakeholders to be vigilant and chip in as earlier as possible to help the teens cope with the situation. Remember, too much academic load cause mental health among students because it denies them enough opportunity to engage in social life, and have time for leisure".

DRUG AND SUBSTANCE ABUSE

Drug abuse in Kenya is a threat that has continually brought distress in the families, community, the nation and change agents. This threat has posed problems to the youth who use them; their health, social, academic and economic lifestyle is compromised negatively. Most youths who indulge into drugs have shown a number of personality, physical, social, emotional, and religious deviant symptoms.

Anastacia, 14 Years, Student said that

"The most commonly used substances are alcohol, miraa, bhang (marijuana) and tobacco. These drugs are smuggled into the school compound through the gatekeepers i.e teachers, cooks, watchmen and of course other students. These drugs have helped us in making us high."

Nawoi, 17 Years, Student said that

"The school neighbors conspire to sell drugs to students over the fence at the wee hours. Many innocent's students have fallen prey of these predictors who have ended up ruining the lives of the young generation".

David, 45Years, Principal explained that

"Substance abuse can affect the growth and development of teens, especially brain development. We have confiscated many contraband goods from our students. They have different tactics of ensuring that drugs reach the school compound but we have laid different strategies of preventing further drug trafficking in our schools."

Apart from the normal stressors in life, teens face ridicule from peers in addition to their parents or academic advisors. They are the most common determinant as to why teens start abusing drugs and alcohol. Peer pressure according to the National Institute on Drug Abuse (2016), has influenced at least 1.9 million adolescents between the ages of 12-17 years old. These teens had used illicit drugs after being given by peers. The answer to this big numbers is because teens are observant and sensitive at this period. They always look forward to being accepted by their age-mates. Therefore, for them to fit in, they get compelled to conform to the practices of the group that they want to join. Little do they know that they have traded their future with that one move of, 'I belong to...'

Youths who do drugs do not perform well in academics. However, there has been a myth that when one is high on drugs especially Bhang, they do well in academics i.e the mathematics subjects. This is a broad daylight lie. Drug and grades are not associated. Drug make youth miss lessons, drop in performance, drop out of school among others, (Bureau of Justice Statistics, 1992). Lack of education makes the youth lose direction in life towards a meaningful future. This is the desperation that will lead them into prostitution, gangs and cartels i.e mingiki, sungusungu, kamjeshi and for the Turkana, they use ngingoroko and ngikechamok are among the disillusioned youths who are addicts to drugs thus perform brutality in the villages and some end up becoming the global terror network attackers like the Al-Shabaab. Youths are easy to corrupt their brains and take a revenge mission, (NACADA)

It is important for every stakeholder to be vigilant so that they can be of help as soon as they realize the signs and offer specialized aid to remedy the problem before it gets out of hand

FINANCIAL PRESSURE

Financial pressure arises from any situation where money worries are causing stress. It is believed that teens do not need money because they are provided for by their parents or guardians. This is wrong because teens too, need to sort out their small and private issues. However, financial pressure has been affected because of the fluctuating economic status that has compelled many people to cut cost of living. The initiative of cutting cost of living has not only affected families but also teens who are at the peak of their growth and development. Teens what to get exposed and experiment life.

Samson, 17 Years, Student said that

"We need financial upkeep in order to achieve this goal. Since there is no cash inflow from the caregiver or parents, the teens try find other means of compensating with the financial gap that they are experiencing. We sell items like books, pens, bread and drugs in schools so that we have enough money for upkeep"

Asekon, 17 Years, Student said that

"Some of us teens end up engaging in prostitution as a means of exchange. We have sponsors who pay our schools and treat us as their future wives. They support us because we are financially disadvantaged".

Lowasa, 19 Years, Student said that

"We smuggle/traffic draggle drugs/people, other end up being recruited into armed gangs and of course money laundering business while in school. We have to look for money because our parents have ignored their responsibility of paying fees"

LONELINESS

Loneliness is a function of the affective need for companionship and belonging, and left unaddressed, it can detrimentally affect a person's self-worth (Hawkley, Browne, & Cacioppo, 2005). Teens are all over trying to create relationships but if they are unable to do so, they get lonely. Therefore, the presence of loneliness is not the absence of people around a teens' life but the absence of connection with others.

Monicah, 15 Years, Student said that

"It is very easy to see teens in isolation even when they are amidst a crowd. The reason for this loneliness is attributed to their emotional functionality. To them they believe that they can only be comfortable if they are among the group of whom they belong. If that group is not available for their social and moral support network then they immediately disconnect from the present world that they are in. This has caused loneliness in many girls in schools"

Absolom, 17 Years, Student said that

"Loneliness is caused by lack of trust or fear of the unknown. The lonelier teens are more isolated with less or no self-esteem. Even when loneliness tends to stir up negative feelings among the teens, it can be helpful during self-exploration as a way of trying to define who they are.

Jared, 47 Years, Principal said that

"Apart from emotional loneliness, social loneliness is common among the teens because it makes them feel that they lack a sense of belonging to a group. When a teen feels that they are not acknowledged, they can feel lonely to an extent of withdrawing themselves from the face of the world."

The overwhelming feeling of isolation will lead to negative feelings of self-doubt about the teens' self-worth that may bring other health related problems like sleep deprivation, a weakened immune system, lack of appetite etc

INTIMATE RELATIONSHIPS

Teenage relationships often involve exploring physical intimacy, sexual feelings and sexual attraction. Not all teenage relationships include sex, but most teenagers will experiment with sexual behaviour at some stage. Earlier unguided teen intimate relationships will result to adverse consequences like early pregnancy, school dropout, poor academic performance, Sexually Transmitted Infections among others.

Jenny, 16 Years, Student said that

"We are engaged in sexual relationships during holidays. We miss our boyfriends. We are sometimes tempted to sneak out of school so that we can engage in relationships. This causes mentallillness among students".

Philiph, 17 Years, Student said that

"We are attracted to girls. We have dated some and heartbroken some. We are also heartbroken well our girls get men with money yet we cannot support them. This makes us demoralized and has affected our academic performance in school".

Lokapel, 42 Years, Principal said that

"Many students are engaged in sexual immorality. We have tried mentoring them. We are doing our role as teachers. Its now a parents initiative to handle the teenagers while at Home because when they are out of school, we do not know what they usually do".

Lack of role models

Role models are a source of learning. Youths observe their role models and imitate their conduct. Bad role model leads to bad influence and good role model leads to good behaviour.

Jenny, 16 Years, Student said that

"Role models influence teens' attitude, conduct and perception of the world and those around them. A role model is someone (adult) that a young person or others emulate as an example. If the role model makes bad choices, the teens will emulate assuming that their roles models know it better".

Jairus, 17 Years, Student said that

"The immediate role models to teens are parents and caregivers. Teachers and peers are secondary models but together with primary role models, they shape the behaviour of teens and help them understand how to face difficulty situations. When teens are left alone, they are faced with life challenges that will lure them in negative bahaviour. Role models should be close to the teens in order to walk with them towards the right path".

Amesek, 42 Years, Principal said that

Bad role models may influence teens to certain behaviour like drug and substance abuse, sexism, racism, bullying, violence etc. it is the task of the primary and secondary role models to help children pick positive behaviours that can help them live a better life. Teens should be taught good moral values and ethics to help them make decisions even in the absence of their elders.

IV. DISCUSSIONS SUMMARY AND CONCLUSION

Rockville: Substance Abuse and Mental Health Services Administration; 2013 report, explained that the use of alcohol and illicit drugs peaks during young adulthood and slowly declines with age. This case was seen from the disclosure from the students who indicated that they abuse different types of drugs that is trafficked in schools.

Among students, mental health problems not only are common, but they often persist for several years. Zivin et al. 2009, through longitudinal data on 763 students, observed that 60 % of those who had a mental health problem at baseline continued to report at least one mental health problem 2 years later. This was confirmed by this study that students are more depressed and get lonely while in school

In summary, mental health problems are common among students. Academic pressure together with stressors typical of starting and attending college may precipitate the first onset of mental health and substance use problems or an exacerbation of symptoms.

Thus, based on the findings of this study, it is critical to employ outreach programs and implement strategies to ensure treatment retention. Given that many students continue to depend on their family while in college, parental involvement in treatment is important. Finally, given the effect that the academic calendar may have on continuity of care, it is critical for clinicians to ensure that students receive treatment throughout the year and to coordinate with other clinicians that may be involved in the students' care. Thus, expertise in developmental psychopathology, family dynamics, specific college issues, and systems of care is critical to conduct clinical treatment to college students.

REFERENCES

- [1] World Health Organization. Gender and women's health. 2009. Available from URL: http://www.who.int/mental_health/prevention/genderwomen/en/. Accessed 20 April 2009.
- [2] Henderson S, Andrews G, Hall W. Australia's mental health: An overview of the general population survey. Australian and New Zealand Journal of Psychiatry 2003; 34: 197–205.
- [3] Andrews G, Slade T, Issakidis C. Deconstructing current comorbidity:data from the Australian National Survey of

- Mental Health and Well-Being. British Journal of Psychiatry 2002; 181: 306–314.
- [4] Benton SA, Robertson JM, Tseng W, Newton FB, Benton SL. Changes in counseling center client problems across 13 years. Professional Psychology: Research and Practice 2003; 34: 66–72.
- [5] Giaconia R et al. Ages of onset of psychiatric disorders in a community population of older adolescents. J Am Acad Child Adoles Psychiatry. 1994;33(5):706–17.
- [6] Kessler RC et al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6):593–602.
- [7] Mason, J. (2002) Qualitative Researching. 2nd Edition, Sage Publications, London
- [8] Ritchie, J., & Lewis, J. (2003). Qualitative Research Practice—A Guide for Social Science Students and Researchers. London, Thousand Oaks, CA: Sage Publications Ltd
- [9] Substance Abuse and Mental Health Services Administration, Results from 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publications No. (SMA) 13-4795. Rockville: Substance Abuse and Mental Health Services Administration; 2013.
- [10] Zivin K et al. Persistence of mental health problems and needs in a college student population. J Affect Disord. 2009;117(3):180–5.
- [11] Hawkley L. C., Browne M. W., & Cacioppo J. T. (2005). How can I connect with thee? Let me count the ways