



Humanities and Educational
Sciences Journal

ISSN: 2617-5908 (print)



مجلة العلوم التربوية
والدراسات الإنسانية

ISSN: 2709-0302 (online)

Evaluating Primary School Teachers' Ability to Identify Signs of Depression Among School Children in Saudi Arabia^(*)

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تاريخ قبوله للنشر 12/11/2022

<http://hesj.org/ojs/index.php/hesj/index>

(*) تاريخ تسليم البحث 1/10/2022

(*) موقع المجلة:



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Abstract:

Depressive symptoms are common among primary students. According to the World Health Organization, depression is the number one cause of disability, and will be the second most important disorder by 2020. At any given time, between 8% and 20% of the student's population reports experiencing depressive symptomatology. Given that depression is significantly linked to poor adaptation during primary stage.

Objectives of the study:

1. Examine teachers' readiness and ability to identify and report pupils presenting depressive symptoms;
2. Investigate Saudi primary school teachers' perceptions concerning the causation of pupils' depression.

Sample of the study: sample size of 15 teachers was not recruited. In total, 23 schools were contacted to reach the target sample of 15 teachers.

Methods of the study: Data for this research was collected from school teachers working in primary and secondary schools in Saudi Arabia. Data was collected using semi-structured interviews. Data were thematically analysed, whilst the interviews had some pre-determined themes.

Results of the study: This research finds that whilst training the teachers may improve their ability to the more pressing issues is the lack of a proper support system/mechanism for the teachers to act in cases where they notice the signs of depression.



تقييم قدرة معلمي المرحلة الابتدائية للتعرف على علامات الاكتئاب لدى أطفال المدارس في المملكة العربية السعودية

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الملخص

تعتبر أعراض الاكتئاب شائعة بين طلاب المرحلة الابتدائية. وفقاً لمنظمة الصحة العالمية، فإن الاكتئاب هو السبب الأول للإعاقة، ويعتبر ثاني أهم اضطراب في عام 2020. وقد أفاد نحو 8% و 20% من الطلاب بأنهم يعانون من أعراض الاكتئاب. كما أن الاكتئاب مرتبط بشكل كبير بعدم القدرة على التأقلم مع البيئة الدراسية خلال المرحلة الابتدائية.

أهداف الدراسة:

1- تقييم مدى استعداد المعلمين وقدرتهم على التعرف على التلاميذ الذين يعانون من أعراض الاكتئاب والإبلاغ عنها.

2- البحث في تصورات معلمي المدارس الابتدائية السعوديين بشأن أسباب اكتئاب التلاميذ. عينة الدراسة: تكونت الدراسة من 15 معلماً. تم التواصل مع 23 مدرسة للوصول إلى العينة المستهدفة المكونة من 15 معلماً.

طرق الدراسة: تم جمع بيانات هذا البحث من معلمي المدارس الابتدائية والثانوية في المملكة العربية السعودية. تم جمع البيانات باستخدام المقابلات شبه المنظمة. تم تحليل البيانات موضوعياً، في حين أن المقابلات كانت تحتوي على بعض الأسئلة المحددة مسبقاً.

نتائج الدراسة: وجدت الدراسة أنه في حين أن تدريب المعلمين قد يحسن قدرتهم على اكتشاف أكثر المشكلات والأعراض المتعلقة بالاكتئاب، فإن عدم وجود آلية دعم مناسبة للمعلمين يؤثر على قدرتهم على التعامل مع الحالات التي يلاحظونها.



Introduction:

Mental health problems among children have significantly increased in recent years, affecting individuals in childhood and further on in their lives (Singh and Junnarkar, 2015). Evidence from the literature has associated childhood mental health problems with major mental health issues in adulthood, implying that if mental health problems during childhood are not appropriately identified and treated during childhood, they are likely to affect individuals in adulthood (Schulte-Körne, 2016). Secondly, it is also identified that the mental health needs of children are often ignored and neglected, especially in developing nations (Vieira et al., 2014). Mental health problems can also have a detrimental impact on children's academic performance and functionality. Schulte-Körne (2016) further identified that the global prevalence of mental health problems among school-going children is 10-20%. The main mental problems include depression, anxiety, conduct, and behavioural disorders.

Scholars and academics have focused on understanding the reasons behind the higher prevalence of mental issues among school-going children. They have identified that the problem is manifold, which include insufficient availability of specialist care, fear and stigma of mental disorders, uncertainty among people whether mood and behavioural disorders require treatment and lack of awareness and knowledge among teachers and parents to understand the mental health-related symptoms (Schulte-Körne, 2016). However, according to Reinke et al. (2011), schools and teachers play an important role in managing the mental health needs of school-going children. Furthermore, schools and teachers have a major influence on children's effective development and growth because children and adolescents spend a large part of their time in schools and with their teachers (Glazzard, 2018). Thus, it becomes important for them to identify or recognise the signs of mental disorders and provide the necessary support to children.

Depression is one of the most common mental issues identified among children that significantly influence the mental and physical health of children and their overall development. In the Kingdom of Saudi Arabia, it is identified that there is no nationwide report that could inform regarding the burden of mental health problems among children, yet according to evidence gathered from a few reports, the prevalence of mental health problems among children in Saudi Arabia is significantly high at around 36.3%–48.0% (Al-Modayfer and Alatiq, 2015; Al-Sughayr and Ferwana, 2012). Through nationally representative samples, researchers have identified a high prevalence of depression and anxiety among children and



adolescents in Saudi Arabia. The long-term impacts of such mental health issues on an individual warrant early identification and intervention. Teachers, due to their frequent interaction with children in group settings, are well placed to identify signs of mental health issues among children. This paper focuses on understanding the importance of identifying early signs of depression among school children, current knowledge of teachers to identify such signs and symptoms, the importance of teacher's ability to identify depression, and ways through which teachers' ability to identify depression could be enhanced.

Statement of the problem:

Actually, the apparent recent rise of behavioural issues has produced significant worry in everyone whether they're directly or indirectly associated with the course of schooling. Teachers have worked to personally participate in order to address the growing problems coming from inside the education system alone. They have created a variety of strategies to address challenging behaviours in educational institutions and classrooms. In these circumstances, the demands of persons who experience emotional challenges, especially signs of depression, run the risk of being neglected as the focus shifts to dealing with the rise in behavioural issues. The needs of persons who have emotional issues, particularly depression, are frequently disregarded.

Questions of the study:

1. Do the teachers have the ability to identify and report students presenting depressive symptoms?
2. What is the Saudi primary school teachers' perceptions concerning the causation of pupils' depression?

Objectives of the study:

3. Examine teachers' readiness and ability to identify and report pupils presenting depressive symptoms;
4. Investigate Saudi primary school teachers' perceptions concerning the causation of pupils' depression.

Significance of the study:

Probably of the biggest obstacles for mental health professionals in terms of public health is identifying depression in its early stages. Additionally, schools offer a pre-built referral system that allows students to reach parents, community mental health providers, and specialised mental health services. Teachers are in a prime position to take the necessary actions to facilitate rehabilitation through this structured triage system if they can better grasp the nature of depression and how to recognise it. One of the



biggest public health concerns for student mental health services is identifying depressive disorder in primary schools. Additionally, schools have a pre-established referral mechanism that allows students to reach parents, community mental health providers, and specialised services for mental health issues. Teachers are in an ideal spot to take the necessary actions to facilitate rehabilitation through this structured triage system if they can better grasp the nature of depressive disorders and how to recognise it.

Limitations of the study:

The study is limited to examining the ability of teachers in Saudi secondary and primary schools to identify the characteristics of students' depression. The study used a sample of teachers in 23 primary and secondary schools in the Kingdom of Saudi Arabia. The study was carried out in March-April for the academic year 2022-2023.

Terminology of the study:

Depression: Depression is one of the most prevalent sorts of mental health issues and frequently arises in conjunction with anxiety. Depression can range from moderate and transient to severe and persistent. While some people may ever experience depression once, others may do it again.

Signs of depression: Extreme exhaustion, incapacity to focus or make decisions, guilt or worry, and a general lack of interest in life are some of the symptoms.

Teacher readiness indicates that the teacher have the abilities necessary for effective teaching, adequate expertise in the subject area they will be teaching, and the qualities and talents necessary to participate in the profession via successful interpersonal development.

Literature Review

Mental Health Problems among School Going Children

Mental health is defined as the state of complete well-being under which every individual can cope with everyday stress. Although children and adolescents are now found to often experience various forms of mental disorders, including emotional and behavioural problems, they can recognise their potential and work productively. A wide range of emotional and behavioural problems can be displayed by school-going children and adolescents, which may have a major negative impact on their well-being and their functioning in school, home, and community. The burden of mental disorders is not just very high on the individuals, but it is also very significant for parents and society. Mental health problems among children impact the children's relationships with their friends and family and create



barriers to their academic achievement. A study conducted by Shelemy, Harvey and Waite (2019) identified that despite the high prevalence of mental health problems among children, very few could access timely care and support or receive specialist treatment and care.

A study conducted by Jones et al. (2016) has also informed that the development of mental health problems at a young age is a risk factor for developing heart disease and diabetes at a later age. Scholars have classified children's mental health problems in specifically two categories. The first category is internalising health problems, including social withdrawal, fearfulness, mood disorder and depression (Pathak et al., 2011). The other category of mental health problems includes externalising problems that are characterised by destructive behaviour, aggression and defiance (Radez et al., 2021). Children's mental health problems are found on a continuum, as children may experience a range of mild to serious mental health issues. For example, some children may experience nervousness or anxiety when given a test. In contrast, others may experience an extreme level of anxiety, depressive mood or social withdrawal in any situation (Radez et al., 2021). Harikrishnan, Arif and Sobhana (2017) have identified that identifying and addressing the early signs and symptoms of emotional and behavioural issues among children are necessary, as these problems pose a risk for the later age development of a clinical mental disorder, while early interventions can reduce such risk. Researchers have also identified that the most common mental health problem among children and adolescents is depression, which is equally identified in developed nations and developing nations (Ghandour et al., 2019). Depression is a problem that could increase self-harming behaviour among children. Some of the studies have also associated socio-economic conditions in which children grow as the reason behind increasing the risk of depression (Department of Health, 2020). According to a report from WHO (2017), depression often occurs among children aged below 15 years, but at low levels, making the condition remain undiagnosed and neglected for a long time. Considering the higher prevalence of depression among children, the next section of the chapter will discuss the causes of depression among school children.

Causes and Implications of Depression among School Children

Depression is a common yet serious mental health problem that negatively impacts the way individuals think, feel or act (Nalugya-Sserunjogi et al., 2016). Research has indicated that are multi-factorial causes are involved in the occurrence of depression among school children and adolescents. Some of the common causes of depression are related to socio-economic, environmental and genetic factors (Ghandour et al., 2019).



It has been further identified that certain children are at higher risk of developing depression than other children because of their family situations, social and economic conditions, life events, as well as their personal capability to cope with stress and anxiety (Ghandour et al., 2019). Psychological, social and cognitive factors are found to be involved in creating mental as well as emotional turmoil for children and adolescents and result in causing depressive disorders.

Gledhill and Hodes (2015) identified that from the biological or genetic perspective, various elements are involved that may cause depression among children. For example, genetic causes may include brain trauma, development disorders, genetic influence or chemical imbalances. According to the socio-economic perspective, depression among children could occur because of the economic difficulty experienced by family, low household income, parental unemployment, loss of a parent, parental drug or alcohol abuse, punishment at home and school (Freeman et al., 2016). Depression can, therefore, result in causing emotional instability among children and may affect their overall well-being. There are various other factors that could result in trigger the problem of depression, such as prenatal and postnatal challenges experienced by the mother, psychological problems, severe life stressors as well as a family history of mental illness (Wemakor and Mensah, 2016). Environmental factors of depression may include social triggers, relationships with peers and community, significant loss or relationship problems. School going children need significant support from parents, family and teachers to receive the required social support and also to cope with the stress and depressive symptoms (Wemakor and Mensah, 2016). However, the problem arises when the parental and social attitude toward mental health problems may see it as a stigma, and the parental negative attitude and behaviour toward the problem may result in neglecting the depression among children (Gase et al., 2014).

Depression can have a major implication on the overall development and well-being of children. For example, depression negatively impacts the social and cognitive functioning of children, which may make depressed children be fearful of social situations, and can display passive behaviour and withdrawal (Gustafsson et al., 2010). Depression can also have long term implications for children, such as depression can affect children's ability to build relationships, interact socially and manage their emotional problems (Gustafsson et al., 2010). Depression can also result in causing cognitive difficulties, loss of concentration, lack of energy and such distortions may further have negative implications for the learning abilities of children (Pascoe, Hetrick and Parker, 2020). Depression can make children attention deficit and emotionally unstable, yet such problems are



often undiagnosed and undetected because of the poor ability of the parents, schools and teachers to identify depression among children (Pascoe, Hetrick and Parker, 2020). Therefore, it becomes very necessary that schools and teachers are capable of understanding their role in preventing depression among children by identifying early signs and symptoms and applying necessary interventions. Therefore, the next section of this chapter will discuss the role of schools and teachers and why they are the most appropriate place to support children with depression.

Role of Schools and Teachers in Identifying Signs of Depression

Schulte-Körne (2016) espoused in the study that 10-20% of children and adolescents suffer from some form of mental illness, which affect their academic performance, mental development as well as functionality. Schools are the places where children spend a significant amount of time, and teachers are the individuals who have direct interaction with children. Secondly, it has also been identified that due to the increasing prevalence of mental health problems among school-going children, attention of the scholars, school management and policymakers have increased towards addressing the mental health needs of school children. For example, Reinke et al. (2011) identified that the number of school-based mental health programs has increased, and mental health interventions are also becoming increasingly prevalent for addressing the emotional, social and behavioural needs of children. However, Shelemy, Harvey and Waite (2019) argued that school-based mental problem prevention programs are mainly prevalent in Western countries like UK and USA, with limited or no interventions in developing nations.

The problem with depression among children remain undiagnosed is because of the perception that depression is just associated with feeling sad or lonely. However, depression is a serious mental health problem that could be very overwhelming for children. Schools are the places where children and adolescents spend the majority of their time; thus, scholars have argued that schools and teachers should be part of the comprehensive mental health programs for school children (Hoerman, 2014). Evidence has shown that depressed children are likely to display a lower level of interaction with peers and likely to receive a lower level of support from parents. Thus, the responsibility of teachers is to identify such children and identify the reasons behind their poor mental health status. Hoerman (2014) identified that for young children, the school setting must be considered the most appropriate setting to provide relevant mental health services.

Sakthivel, Kannappan and Panicker (2021) conducted a study to analyse the mental health status of children in schools in India and identified that



depression is very prevalent in school children and in 40%-90% of cases of depression, co-morbid psychiatric disorders are also common. Sakthivel, Kannappan and Panicker (2021) further informed that schools play an important role in the development of children by encouraging social interaction, peer relationship as well as developing behavioural expectations in children. Therefore, schools have to focus on the emotional, psychological and behavioural problems of children to provide them with appropriate access to mental healthcare. Herman et al. (2009) identified that schools and teachers have an important and strategic role in the lives of children because they have the responsibility of providing the appropriate environment for children to thrive and grow as responsible, healthy and productive individuals.

With the increasing prevalence of mental health problems among children, the burden of providing appropriate support to children has also increased on schools, which have to focus on building their capabilities to address the mental health needs of children. Studies have informed that one in every ten children suffer from some signs or symptoms of depression and severe emotional problems (Leschied, Flett and Saklofske, 2013). However, despite its prevalence, childhood depression is a highly overlooked, neglected and undertreated issue because of the incapability of schools to identify the signs and symptoms of depression (Leschied, Flett and Saklofske, 2013).

Herman et al. (2009) argued that-

“students with untreated or undertreated mental health needs experience poor academic outcomes, including lower grades, higher retention and absenteeism rates, higher dropout rates, lowered rates of current and future employment, and increased likelihood of involvement in the criminal justice, adult mental health, welfare, and/or public health systems.”

Thus, the implications of the untreated and neglected problem of depression among children can increase the mental healthcare burden. However, despite its significance, schools have been found to be incapable of providing appropriate support and identifying signs of depression among children.

Barriers to Identifying Signs of Depression in School Children

Although a wide array of evidence from the literature has identified that schools and teachers have an important role in identifying depression or other mental health problems among school children, there is evidence that schools have been unable to achieve this aim. The first barrier to identifying depression is that mental health services are not a central element in the



school curriculum (Atkins et al., 2010). This may be because schools have limited financial resources, and funding mental health services may further diminish the financial resources, which may further result in undermining the primary goal (education) of schools (Atkins et al., 2010). However, Stephan et al. (2007) have further argued that schools forget that depression could be a burden on the educational attainment of children, as depression may make learning difficult for children and teaching to be less effective for children with severe depressive disorder.

Another important barrier in the identification of depression in school children could be associated with the availability of a psychologist or a professional mental health professional in schools. Evidence from the literature has informed that schools can appoint psychologists who are trained in identifying and treating depression among children (Weare and Nind, 2011). School counsellors and school psychologists could be called upon to help children when required. However, Fazel et al. (2014) argued that the inclusion of appropriate mental health services in schools could be supportive in creating an integrative care system within schools, but such a system requires a significant amount of financial and human resources, thus are often found only in high-income countries or developed nations. Secondly, the role of counsellors or psychologists begins when depression is identified and needs to be treated (Fazel et al., 2014). This is when the role of teachers become important, as they are the individuals who spend long hours with children in classrooms, which makes them as most appropriate individuals to identify the signs and symptoms of depression by identifying a change in children's emotional state and behaviour (O'Connor, Dearing and Collins, 2011).

Therefore, the role of teachers in identifying signs of depression. However, a vital factor that poses a barrier for the schools to identify signs of depression among children is the lack of capability, awareness and preparedness of teachers (O'Connor, Dearing and Collins, 2011). Due to such reasons, depression is often neglected or overlooked among children because due to lack of teacher's knowledge and awareness of the mental health problem makes the condition unnoticeable (Vieira et al., 2014). Stigma related to mental health problems is very prevalent in developing nations, and stigma related to mental illness often results in discrimination and devaluation of individuals suffering from it (Ní Chorcora and Swords, 2021). However, the stigma surrounding mental health problems occur because of a lack of knowledge and awareness. Thus, a lack of awareness and knowledge among teachers pose a barrier for them to identify the signs of depression among children (Leschied, Flett, and Saklofske, 2013). Poor mental health literacy impacts the ability of teachers to take appropriate



measures to support children with depression. It is further argued that some schools provide one-day training to teachers to enhance their mental health literacy, but such training programs are incapable of empowering teachers or preparing them to identify signs and symptoms of depression.

Mansfield, Humphrey and Patalay (2021) also argued that teachers can easily identify the emotional and behavioural changes among children in their classrooms and can refer children to appropriate mental health services. Teachers can further collaborate with mental health professionals and can support in reducing the burden of depression on school children. However, the main issue is that such collaboration between teachers and mental health services relies on teachers' ability to identify the signs of depression (Mansfield, Humphrey and Patalay, 2021).

A cross-sectional study conducted by Abonassir et al. (2021) informs that with the increasing prevalence of mental health problems among children and adolescents, Saudi Arabia is also observing the issues and focusing on taking appropriate measures. However, this study could not assess the importance of the teacher's attitude and ability in identifying mental health problems among children. Another study conducted by Kamel et al. (2020) focused on assessing the ability and awareness of the school teachers in Saudi Arabia towards mental health problems among children and identified that schools in Saudi Arabia are deficient in providing appropriate mental health services. Results of the study also informed that only a limited number of the teachers (24.3%) could display awareness towards identifying signs of mental issues and had low efficacy in consistently assessing their students (Kamel et al., 2020). Evidence from the literature has shown that there is a need for effective mental health education, training programs and workshops for teachers to make them capable of identifying signs of depression among school children.

Importance of Improving Teacher's Ability to Identify Early signs of depression

Schools are the primary settings, and teachers are the sole individuals in schools who have direct contact with students, provide individualised educational support to children and also support children in their better educational, social and emotional development (Özabacı, 2010). Teachers are considered to be well placed to observe emotional and behavioural changes among children that could be signs of depression, such as irritability, attention deficit, low concentration, cognitive decline as well as social withdrawal (Özabacı, 2010). Some have argued that training teachers with educational material about depression could improve their ability to identify signs of depression. However, Shelemy, Harvey and Waite (2019)



argued that education material for teachers is often based on psychiatric concepts, and most teachers are unfamiliar with such concepts. Thus, in the absence of appropriate and practical training for teachers, their ability to identify correct signs of depression is unlikely to occur. In such cases, the right signs of depression remain unrecognised, and educational interventions alone could not enhance the ability of teachers.

Daniszewski (2013) argued that though some schools provide mental health training to teachers, for teachers, such training may not be sufficient and do not prepare them to take an active role in identifying depression in classrooms. Therefore, Kamel et al. (2020) argued that pre-service mental health education of the teachers must be combined with in-service mental health training to increase their knowledge, awareness and ability to identify signs of depression among children in their classrooms. Valdez and Budge (2012) also identified the importance of in-service training, as it helped in improving teachers' knowledge and awareness of their ability to connect with depressed children and their parents. Mazzer and Rickwood (2015) also argued that although teachers are well-placed to support the mental health of children, they are required to be well-equipped with appropriate skills and knowledge to identify the mental health needs of children. Thus, Mazzer and Rickwood (2015) suggested that teachers need to work within a well-coordinated pastoral care system, with additional and appropriate mental health training, as well as clear role delineation in their schools could better equip them with the ability to identify signs of mental problems among children in their classrooms.

Whitley, Smith and Vaillancourt (2013) also argued that schools are now recognising the importance of mental health in classrooms, but training provided to them should be focused on their knowledge and professional development in order to enhance their abilities, skills and awareness towards understanding and taking appropriate steps in managing mental health issues among children. Sonesson et al. (2018) school-based mental health screening programs are significant in identifying mental health issues among children but require the active involvement of teachers and mental health professionals to work together. Ní Chorcora and Swords (2021) identified that the personal experience of teachers, past training they received and their teaching experience were factors that supported teachers in enhancing their ability to identify internalising mental health problems, such as anxiety and depression. According to evidence from the literature, it could be determined that in-depth specialised mental health training with continuous professional development support to the teachers could be most important for enhancing their ability to identify signs of depression in school children.



Methodology

Data for this research was collected from school teachers working in primary and secondary schools in Saudi Arabia. Initially, Principals of schools were contacted through email, informing them of the objectives of this research. They were requested to review the information sheet and provide us with the contact details of the teachers that they consider suitable to participate in the study. One of the qualifying criteria for this research was that the teacher should be professionally qualified as an early childhood educator and have at least three years of working experience. Since this research is qualitative research, the researcher was not aiming for a large sample. For this reason, only 20 randomly selected schools were contacted for participation in the study. The aim was to expand the sample if the target sample size of 15 teachers was not recruited. In total, 23 schools were contacted to reach the target sample of 15 teachers. Out of the 15 respondents who participated in this study, 9 were females, and 6 were males. The experience of the individuals ranged from 3 to 9 years.

Data collection

Data was collected using semi-structured interviews. It allowed asking for asking open questions and gradually narrowing down on specific aspects as the interview progressed (Langemar, 2008). This meant that the interviewer could decide what information to seek from each specific interviewee as the interviews progressed. Interviews contained some predetermined themes such as teachers' interaction with the students, their knowledge of the signs of depression and anxiety, their knowledge of the actions to be taken when they noticed children facing mental health issues and finally, the actions that need to be taken to improve their ability to identify depression among children.

Due to logistical reasons and considering covid restrictions imposed on travelling and face to face interactions, online interviews were preferred. This also helped in minimising the inconvenience to the respondents and allowed for the collection of data from teachers across the country. Interviews were voice recorded with the permission of the respondents, and the recordings were destroyed after the completion of the transcripts. No details of the interviewees were recorded or stored, and all transcripts were anonymously registered, with proxies being used to distinguish different transcripts.

Data analysis

Data were thematically analysed. Whilst the interviews had some pre-determined themes; still, the analysis started as an open analysis in order to



extract the complete essence of the data. Thus, the author's analysis was driven by the data.

Respondents were first asked about how they interact with the students in their class. Eleven of the fifteen respondents suggested that they have a personal one to one relationship with all of the students. Some of the respondents suggested that they have been in touch with students since they entered the school and consequently have developed quite strong personal bonds with the children. As one respondent commented: "I teach students from nursery to class 3. So basically from when they join the school. I know almost all students, and almost all of them know me because I have been with them through the first four most challenging years of their school life." Not all teachers could claim this, though, as some teachers complained that they could not form such personal bonds because of excessive work pressure. One of them commented, "I try, but you can imagine a large number of students and continuously changing curriculum. It is not easy. I try to be professional, ensuring they get the best education but seriously, I would like more time to be able to form personal relationships with students." Another teacher commented that "children are more interested in playing with other children and at an early stage of life parents are the only adults who can bond that strongly with the children. Children often see teachers as a hindrance as we teach them and discipline them, so forming bonds with children at the emotional level is not easy for teachers." Irrespective of the issues mentioned by the teachers, forming a personal relationship with students is critical because it allows for easier detection of behavioural changes. Most of the teachers suggested that having worked with the students for a longer duration helped them understand the behaviour of each of the students. Teachers who suggested they could not forge personal relationships with students primarily cited high workload and work pressure as the main reasons for this.

Teachers were asked, in their opinion, what are the potential signs of depression among children. The table below shows the frequency of different signs of depression as mentioned by teachers:

Sign of depression	% Of respondents
Unusually sad	93%
Unusually quiet	80%
Lack of interest in playing and other fun activities	80%
Lack of social interaction with other children	73%
Children lost all the time, have high attention deficit, low concentration	60%
Anger and high irritability (easily getting angry)	53%
Poor academic performance	53%

Table: Frequency of respondents identifying the different signs of depression in children



Teachers cited several signs which, in their opinion, could hint that the child is suffering from depression. These signs align well with past research indicating that the teachers do have knowledge of the signs of depression. But then teachers were asked whether they feel confident in identifying signs of depression among young children. Most of the teachers indicated they have noticed issues like irritability, attention deficit, cognitive decline as well as social withdrawal among students but have not linked it to depression. Teachers suggested that for them, such issues are part of the personality of children and the issues that can be rectified. One of the teachers commented, "such behaviours are common among children. It could be a mood, or maybe they miss home or parents or something. I don't think it is depression." Most of the teachers indicated that, in their opinion, depression is almost non-existent among children, and this is an issue that mainly bothers older individuals. As one of the teachers commented, "children are too young to understand the issues which may actually cause depression. They are too young, too curious and playful. If I find a child who is sad, I just know how to cheer him up." Likewise, most of the respondents suggested their opinion depression among young children is quite rare and almost impossible to detect. In other words, respondents were dismissive of the suggestion that depression is possible and, in fact, common among young children. One of the teachers, however, noted that "I would consider these signs as signs of depression if these are persistent. Children can be sad because of anything, like if their parents scolded them for something. But yes, if a child is always sad or not talking, then I would think the child is depressed."

Teachers were then asked which factors would determine a teacher's response when and if they notice a child is depressed. Teachers suggested that poor support from the management and cultural issues which prevent labelling children as 'depressed' or 'mentally sick' in any way is considered taboo in Saudi society. According to one of the teachers, "if I notice a child is not talking or anything and he is depressed, then I am sure his parents also notice. Now, what do you think will happen if I raise this matter with the parents? It is not easy in Saudi for teachers to call parents and report that their child seems depressed." According to the teacher, in Saudi culture, it is taboo to point out someone's mental illness, especially a child. Almost all teachers suggested that there needs to be a countrywide campaign to raise awareness on this subject before expecting teachers to flag potential cases of depression or other mental illness. Teachers also pointed to a lack of motivation from the management for the same cultural reasons. In fact, one of the respondents commented that she might lose her job if she went to the management seeking their permission to speak to the parents about the



mental health issues of their child. One of the respondents commented: “in Saudi society, such issues are not considered mental health issues but rather developmental issues that teachers, along with parents, need to sort out. So, pointing out such issues will seem like we are running away from our responsibility.” Another respondent had very similar views: “if I tell the parents that their child seems depressed, they will probably ask me what I am going to do about this. For them, it is my problem, and I need to rectify it.” Another teacher commented: “if a teacher tells the parent something like that about their child, they would think there is something wrong with the school. Most likely, they will take away their child. It is just not acceptable in our society. Even in adults, how many times you have seen people with mental health issues but have you ever dared to speak about it. Our culture does not permit highlighting such issues.”

Teachers were asked if they would feel more confident to distinguish between normal behaviour and a depressed state of behaviour if they were formally trained for this. Eleven teachers suggested that it is likely to lead to some improvement in their ability, but the remaining teachers suggested that this is likely to have no clear benefit as they would still find it tough to distinguish between simple mood swings and depression. One of the teachers who supported the usefulness of training suggested, “if we are properly educated and trained about what signs to look for, then it is obviously going to help.” One of the teachers who disagreed commented, “it is not really possible to clearly distinguish between depression and normal down day for children. I mean, I have seen many children who come from perfectly happy families, and they often have down days. Even if you train us, how would I know if this is depression or just a down day when the child just doesn't want to play.” Most of the teachers suggested that what is required more is the mechanism or a system or process which allows teachers to flag such cases without repercussions. Some teachers suggested that they do not have any psychiatric support/facility in their school, so they have no idea what to do if they identify a child with mental health issues such as depression. As one of the teachers commented: “even if I see a child who is depressed, what can I do except try to talk to him and cheer him up. I have no idea why he may be depressed and nowhere to send him for help. If he is depressed because of his home environment, then clearly speaking to his parents is unlikely to help.” Only two of the teachers interviewed suggested that their school has a councillor who can help such students with counselling and further referrals if needed. Having professionals in such positions in schools is quite useful in this regard because teachers can then refer even suspected cases of depression for further assessment. At present, teachers shy away from taking such action because requesting students to be



assessed seem an extreme action that they look to avoid. Teachers suggested that a campaign to raise countrywide awareness on such matters is essential because the main issue is not the lack of skills among teachers but rather the lack of motivation to report mental health issues.

Discussion

This research looked at the various aspects of Saudi teachers' ability to identify signs of depression among young children. This research finds that whilst Saudi teachers have the ability to practically and accurately identify signs of depression, often confusing those with development issues, most of the teachers accurately stated the signs that could signal potential signs of depression. Theoretically speaking, most of the signs of depression mentioned by the teachers align well with those mentioned in the past research, but teachers confirmed that in real life, they would struggle to distinguish between mental health and simply developmental issue. Another interesting aspect was that the signs mentioned by teachers are somewhat observable and noticeable for teachers who spend considerable time with the children. However, teachers suggested that at extreme levels, the signs could refer to mental health issues, but at low or moderate levels, these could just be developmental issues. This indicates that the teachers may be aware of the signs of depression among the children, but barriers such as cultural prejudice, lack of an organised system to report, lack of management and parents' support make it difficult for them to act. This research finds that whilst training the teachers may improve their ability to the more pressing issues is the lack of a proper support system/mechanism for the teachers to act in cases where they notice the signs of depression.

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