

Mental Health and Education in Kenya: Addressing Mental Health Problems through Schools.

Dr. Christine Muthoni Kahigi

Lecturer Department of Educational Foundations School of Education University of Nairobi
Corresponding Author: Dr. Christine Muthoni Kahigi

ABSTRACT: This paper discusses the status of mental illness in Kenya from an educational perspective with regard to awareness, and attention to school pupils experiencing mental disorders. In most cases such pupils drop out of school through expulsion for misbehaviour, stigmatization if the mental illness is obvious, or inability to cope with curriculum. Yet education is a right for every child born in the Universe. According to World Health Organization, 4 in 10 people are likely to suffer from a mental illness in their life time. Majority of the world population are children and adolescents and consequently, the number of children experiencing mental issues could be higher than that of adults. While attempts have been made to address for mental health for general public, there are few programs tailored for children, especially in Kenya where health budget is wanting. This paper discusses the need to involve the community, teachers and the students as a way of broadening the field to assist the youth in addressing mental health issues.

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I. INTRODUCTION

Education is a basic human right for all throughout life and access must be matched by quality. According to United Nations Educational Scientific and Cultural Organization (UNESCO) basic education is an evolving program of instruction that is intended to provide students with the opportunity to become responsible and respectful global citizens, to contribute to their economic well-being and that of their families and communities, to explore and understand different perspectives and to enjoy. Consequently, education is supposed to transform lives as it exposes members of the society to answers to many misunderstood and misconceived life experiences.

The role of education should be a means to empower children and adults alike to become active participants in the transformation of the societies. Consequently, learning should focus on values, attitudes and behavior which enable individuals to learn to live together in a world characterized by diversity and pluralism. For an individual to be able to learn, they need to be healthy or any existing health concerns that a person may have ought to be addressed. Health is another basic human right that ought to be promoted through education for economic well-being. According to World Health Organization (WHO) (2014), health is 'State of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity'.

It also defines public health as 'the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society (Acheson, 1988; WHO). The global burden of disease related to mental disorders is on the increase, with the World Health Organization (WHO) estimating that over 450 million people are affected worldwide. The Mental Health Global Action Program (MHGAP) was launched by the WHO in 2002 in order to address the widening gap in access to mental healthcare in low-income countries which currently lies at 85% against developed countries' 35%.

There are large discrepancies between resources dedicated to mental health services in low-income countries compared with high-income countries. A study by Marangu, Sand, Rolley, Ndeti, and Mansouri (2014) on Mental healthcare in Kenya revealed that with a population of approximately 43 million, Kenya has less than 500 mental health professionals. Furthermore, inadequate funding and underdeveloped policy frameworks add to the challenge of delivering broad population-based mental healthcare. The auditor general's report of 2018 faulted the government for not taking mental healthcare seriously, where one in every four Kenyans will suffer from some form of mental illness in their lifetime. The same report revealed that a 2014 Mental Health Bill is yet to be finalized while the Kenya Mental Health Policy, 2015-2030 has been ignored, (The Standard, January 11, 2019).

Mental illness is common in Kenya, with prevalence rates of 4% for major mental disorders with poverty, unemployment, internal conflict, displacement and HIV add to the mental health burden. Kenya is one of the countries that suffers from collective ignorance on the importance and the dire state of mental health in

the country. According to Omran's theory of epidemiological transitions, Kenya fits in the third stage, the age of degenerative diseases and fluctuating life expectancy. With regard to mental health, the burden of mental disorders is expected to increase in low- and middle-income countries, characterized by a marked increase in non-communicable diseases such as diabetes, cardiac disease and mental disorders. The public needs to recognize the vulnerability of young people to mental illness so that they participate in reducing stigma and avoid criminalizing the behavior of those with forms of mental illnesses. For citizens to provide safe spaces for themselves and people with mental illnesses, they need to support their journey to recovery and integration into the community.

The school and mental health and schools.

Education should participate in promotion of total health in all its institutions both as a subject and as a lifestyle. Whereas the general population have inadequate mental health services in these countries, the scenario may be the same among the school going children and adolescents in schools. A systematic review of mental health issues by Bains R.M (2015) showed that mental health problems affect 20–25% of children and adolescents in Canada, of which few receive services. Yet this is in a developed country where School-based health centers (SBHCs) provide access to mental health services to children and adolescents within their schools.

According to Brueck M.K, (2016), for children whose mental health concerns go unnoticed or untreated, especially those between the ages of 12 and 17, rates of substance abuse, depression, and suicide substantially increase, leading to other health-related problems and lower quality of life. Early diagnosis allows for a more targeted allocation of resources and a more effective trajectory for health care. Utilizing the school environment also where children spend a significant part of their day for early intervention will bring public health efforts to the students, by meeting children where they are thereby providing more accessible services to those in need.

Outcomes of impact of school mental health on school and academic achievement show a strong correlation with domains of functioning. According to Suldo et al, (2014), attention to students' mental health is warranted because; mental health (particularly externalizing problems) affect academic outcomes; academic achievements affects mental health (particularly internalizing problems); and in so far as the mission of the schools involves developing competent citizens, a dual focus on mental health and academic outcomes is warranted given their inseparability.

Unfortunately, mental health is one of the most misunderstood conditions that often result to stigma and/or discrimination of those who happen to experience it even in the institutions that are supposed to educate its members on the same. Mental health conditions are as varied as physical conditions, the difference being that while physical conditions are visually obvious and evident, mental health conditions are of the brain and are manifested through antisocial behavior. Although not all antisocial behaviors are as a result of mental disorder, studies continue to show that many people are penalized for behavior without consideration that it may have happened due to neglected mental health disorder.

Conditions such as stress, anxiety, bipolar, schizophrenia, are in most cases discovered when the person with the condition has committed 'a crime', and is jailed or expelled from school if it was a pupil. The end result will be ostracization and rejection of the perpetrator by society or stigmatization as 'mad'. This may be part of what is manifesting itself in the drastic rise of cases of suicide and fatal domestic violence in Kenya. Bernstein (2008) referred to stress as a negative emotional, cognitive, behavioral and physiological process that occurs as a person tries to adjust to or deal with stressors.

Academic pressure was also identified as a stressor by Fairbrother (2003), occurring due to many assignments, competition with other students, failures and poor relationships with teachers and other students. Stress affects the psychological functions and in turn mental health of people. Consequences of stress are experienced in many walks of life and in particular among students, where it manifests itself through poor academic performance and increases the probability of substance abuse and other destructive behavior.

Secondary school students happen to be at a transition stage between childhood and adulthood (adolescence) which is a stressor in itself. When added to the rising expectations of the parents in terms of scores and academic performance, this extra burden may cause a variety of physical and mental ailments. Studies have shown evidence that schools can be a source of mental health to students. A study by Deb (2015), showed that students' academic stress and parental pressure, as well as psychiatric problems were positively correlated. Examination related anxiety portrayed a significant positive association with psychiatric problems among students. Secondary school level is a stage where students' marks in different subjects are the criteria for allocation to higher education in various streams of study and are therefore under tremendous stress to perform well.

Students' success can be defined at the level of individual systems and at the aggregate level with regard to performance of a particular school. According to Roeser, Eccles, and Sameroff (2000) adolescents

psychosocial functioning in the school shows interconnected domains of social-emotional functioning (including mental health) and school functioning (academic enablers and skills). The two overlap to a certain degree, especially in the case of some disorders, such as attention-deficit/hyperactivity disorder, autism) whose key features are influenced at least in part by learning processes.

Ukraine implemented provision of mental health services in schools to assist in retention and completion of school. A study by Wolpert, Humphrey, Belsky and Deighton (2013) on the

Targeted Mental Health in Schools (TaMHS) program was a nationwide initiative that funded mental health provision in schools for pupils at risk of or already experiencing mental health problems. The longitudinal study found that information giving and good inter-agency working correlated with more positive outcomes for behavioral problems in secondary schools. The qualitative findings indicated that TaMHS was well received by all groups, though challenges to its implementation were noted.

Another action research was carried out by 'New Education Environment', program, with the aim at helping secondary schools in Israel work more effectively with 'at-risk' pupils. This research led to the discovery of a self-reinforcing 'cycle of exclusion' that involves both pupils and staff in these schools and 'frames' of thinking and action that keep it in place. This was an indicator that teacher training is important if school interventions are expected to produce positive results.

Mental Health Statistics. <http://www.mentalhealth.org.uk>. [Google Scholar] showed that each year, one in four people in the United Kingdom (UK) will have some kind of mental health difficulty, students from this group are underrepresented in further education (FE) colleges. A phenomenological exploratory research, to investigate the barriers to classroom learning that existed among adult students who had severe and enduring mental health difficulties, as well as how they perceived that these could be overcome, revealed that there were many fears connected with the learning process, particularly how the teacher would treat them. The results also revealed that once the barriers were overcome, their learning had a significant impact not just on their skills, but on their lives as a whole. The study concluded by suggesting that colleges need to purposely educate and support teachers in how best to work with such students and that more research be carried out among this group of vulnerable students.

School-based interventions involving teacher training programs have been shown to benefit teachers' ability to identify and manage child mental health problems in developed countries. However, very few studies have been conducted in low-income countries with limited specialist services. Razor et al (2012) describes the cycle of exclusion and its frames as well as an alternative frame that has been used to help school staff to step out of the cycle of exclusion and act more effectively to foster inclusion.

A study by Hussein S.A, & Vostanis. P., (2013) to evaluate the impact of the training program on teachers' knowledge and awareness concurred with the above assertion. A total of 114 primary school teachers from five schools in Karachi participated in a two-day (10–12 hours) workshop to provide them with an understanding of common child mental health problems and train them in basic skills. Their pre- and post-training knowledge was evaluated through a rating scale and open-ended questions. Single tailed *t*-test, involving paired differences, was applied for participants' scores. Pre-/post-training differences were statistically significant. The training sessions were associated with an improvement in teachers' knowledge and awareness of various signs and symptoms of common child mental health problems. The greatest improvement was noted in response to strategies of managing difficult behaviors, as 61% of respondents were able to formulate appropriate behavioral management techniques after the training.

In summary, the discussion in this paper affirms that education is a human right for every child, and more so those with special needs, even of mental nature. Students may acquire mental conditions from their families or in the school due to stressful environments and this may interfere with their retention in schools or transition to higher levels of education. There is evidence that situation improved where programs were put in place to provide mental health services in schools. Financial constraints are a challenge to starting such programs especially in developing countries like Kenya, but governments ought to prioritize education for healthy citizens and propose use of teachers and students in creating awareness and reducing stigma for those experiencing mental issues.

II. RECOMMENDATIONS

Let the countries observed as not paying enough attention to Mental Health issues operationalize recommendations made through informed researches because as Merab. E (2014) asserts, countries need to understand that the mental health of our population will determine how prosperous we become. In Kenya, Mental Health Policy should be implemented and Bills to support its operation should be supported.

Independent organizations and volunteers such as non-governmental organizations involved in raising awareness on issues of mental illness need to be supported through networking with government departments that deal with the same.

In low-income developing countries teachers should be trained in early-intervention programs for the identification and school-based management of less complex emotional and behavioral problems. Such interventions can maximize the use of sparse mental health resources

Mental illness starts from homes even before the pupil goes to school. Some of the experiences the pupils encounter at home may be as a result of parents, guardians or relatives having mental issues. Students need to be taught basics of mental illnesses so that cases of domestic violence perpetrated against spouses or pupils at home can shed some light in case they arise from mental conditions.

Whereas above discussed solutions to mental health treatment may require planning due to budgetary implications, schools co-curricular activities may include clubs and movements on mental health as a means of broadening the scope of information. This kind of education may assist the students to ponder over behavior of other students that leads to indiscipline rather than join the mob.

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