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PERCEPTIONS OF HIGH SCHOOL TEACHERS ON MENTAL HEALTH SUPPORT FOR LEARNERS

BY

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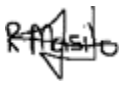
DECLARATION

I, Rorisang Neo Moira Masilo, declare that the dissertation “perceptions of high school teachers on mental health support for learners” for the qualification of master’s degree in educational psychology at the University of the Free State is my own independent work.

All the references that I have used have been indicated and acknowledged by means of a reference list.

I further declare that this work has not been previously submitted by me at another university of faculty for the purpose of obtaining a qualification.



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ABSTRACT

Mental health among learners has become an increasingly prevalent topic, and understanding the perceptions of teachers on mental health support for learners is very important. Teachers' roles and responsibilities have increased to include identifying, referring and supporting learners with mental health problems. This study explored the perception of high school teachers on mental health support for learners in five schools in the Lejweleputswa District in the Free State. The study aimed to make a positive contribution to the awareness of mental health and the needs of teachers to successfully contribute to supporting learners with mental health problems, by highlighting the needs and the recommendations of teachers regarding supporting learners with mental health problems.

The study adopted qualitative research approach, with an exploratory research approach and a phenomenology research design to describe the perceptions of teachers regarding mental health support. A non-probability, convenience sample of fourteen teachers from five different high schools participated in the study. Data was collected through semi-structured, face-to-face audio-recorded interviews. The data was transcribed, and thematic analysis was used to analyse the data through the identification of themes and sub-themes as outlined by Braun and Clarke (2023). The findings from the study show that there is a need for awareness and training for teachers regarding mental health. Teachers are expected to support learners with mental health and cannot do so without knowledge and skills on how to support learners with mental health problems.

Teachers highlighted that they do not have adequate training and that there are barriers and limitations to the effectiveness of supporting learners with mental health problems. Teachers have recommended the implementation of holistic peer support, professional development, in-house counselling, the involvement of stakeholders such as the Department of Education, and increased awareness of mental health. These recommendations were suggested to ensure that learners are able to receive timely and effective support from teachers.

Keywords: Mental health; Mental health support.

DEDICATION

This dissertation is dedicated to my mother, Mamosele Annah Masilo. You never fully understood what I was talking about, but you were always listened, advised me and supported me.

Kea leboha!!!

Motaung wa molete wa difalana kwena

Motho wa matsola nku e se folle mokekeng

Bakone ba senne ba e supa ke monwana montshoyana

Ba e je ka moso e se e fodile!!!!

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To my friends, family and colleagues, thank you for the support and love you have given me throughout this journey. Thank you for always availing yourself to being my idea bouncing board, I appreciate you.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF ABBREVIATIONS

ACE	Advanced Certificate in Education
ADHD	Attention Deficit Hyperactivity Disorder
B.Ed.	Bachelor of education
B.Ed. Hons	Bachelor of education Honours
BHC	Behavioral Health Commission
CDC	Center for Disease Control and Prevention
DBST	District Based Support Team
DoE	Department of Education
FET	Further Education and Training’
FS DoE	Free State Department of Education
HDE	Higher Diploma in Education
HOD	Head of Department
MHPSS	Mental health and psychosocial support
PGCE	PostGraduate Certificate in Education
RIMS	Research Information Management System
RSA	Republic of South Africa
SACE	South African Council of Educators.
SAMHSA	Substance Abuse and Mental Health Services Administration
SASA	South African Schools Act
SBST	School-based support team
SIAS	Screening, Identification, Assessment and Support
SMH	School Mental Health

SMT	School Management Team
SPTD	Senior Primary Teachers Diploma
STD	Secondary Teachers Diploma
WHO	World Health Organisation

CHAPTER 1
INTRODUCTION

1.1 Background

Mental health and support for learners has become an increasing topic of interest as it has a significant impact on the education process. Dimitropoulos, Cullen, Cullen, Pawluk, McLuckie, Patten, Bulloch, Wilcox, and Arnold (2022) indicate that learners tend to look for mental health support at schools first, and high school teachers' have been identified as the best people to provide this support at schools. However, the perceptions of high school teachers on this matter has not been adequately researched. This study, therefore, intends to explore the perception of high school teachers on this matter for learners in high schools in the Lejweleputswa district in the Free State.

Perception refers to the sensory interpretation of the world, through which individuals acquire information about their surrounding environment (Cherry, 2024). Perceptions rely on the cognitive function used to process information. The factors that influence perception include one's perception of people, interests, things that are shaped by previous experiences, and the way one processes information (Cherry, 2024). There is no actual definition for mental health support. According to Tol, Ager, Bizouerne, Bryant, El Chammay, Colebunders, García- Moreno, Hamdani, James, Jansen, Leku, Likindikoki, Panter-Brick, Pluess, Robinson, Ruttenberg, Savage, Welton-Mitchell, Hall, Shehadeh, Harmer, and van Ommeren (2020), mental health and psychosocial support (MHPSS) is type of support that aims to protect and advocate for psychosocial well-being. It can therefore be referred to as any support that is received by a person to protect and promote their mental health.

Many studies relating to the mental health support for learners by high school teachers have proved to be unsatisfying. For example, the study done by Weight and Bond (2022) has shown that high school teachers often have extremely limited training in the strategies needed to address the mental health of learners. Furthermore, high school teachers have reported a lack of necessary knowledge and skills to effectively deliver mental health

programs (Weight & Bond, 2022). Another study by Benningfield and Stephan (2015), and Glazzard (2019), revealed that the probable reason behind the above-stated problems is that most research has focused on how the school can integrate mental health support rather than the perceptions of high school teachers on the mental health support of learners. Moreover, Glazzard (2019), points out that high school teachers do not possess the qualifications of health care professionals, and they cannot be expected to conduct therapeutic sessions with learners. This therefore puts high school teachers in a difficult position as there is a boundary that should not be crossed. Moreover, Ormiston et al. (2021), agree that they do not have mandatory background knowledge and skills to convey mental health support.

Despite the challenges identified above, high school teachers are seen as well-placed to help support learners with mental health issues (Maclean & Law, 2022). According to Benningfield and Stephan (2015), the ability of high school teachers to identify and address learners' mental health needs can help promote students support in schools. Teachers spend 5/7 days of the week with learners, thus putting high school teachers in a perfect position to identify and support learners with mental health problems. From the point of view of Guo, Liu, Zhao, and Wang (2020) different forms of support could be provided to learners by teachers, such as through academic, emotional, and competence support. Even though teachers are placed in the right position to support learners with mental health problems, it is especially important to understand the interpretations of teachers when it comes to supporting learners with mental health problems. In agreement, Maclean and Law (2022), state that understanding the beliefs and motivation of teachers is crucial when conferring with others in order to identify mental health problems at school. Understanding teachers' thoughts on the roles, abilities, and training may serve as imperative information on how to fill in the gap in their system.

There are several challenges that teachers face when trying to implement mental health support practices at schools. Firstly, a challenge experienced includes schools not being set up in a manner to have mental health services (Reinke, Stormont, Herman, Puri, & Goel, 2011). Additionally, teachers lack the resources and knowledge to help the learner with

mental health concerns, despite them being the people who can impact mental health needs (Reinke et al, 2011). It is important that schools start to understand the need for mental health support at schools and the necessary training that is needed for teachers to allow them to be initiative-taking in helping learners with mental health problems. In addition to insufficient training, teachers often lack the confidence to support learners with mental health challenges (Moon, Williford, & Mendenhall, 2017). In agreement, Dimitropoulos et al. (2022) state that previous studies have also seen a lack of confidence and inadequate knowledge and training on mental health as a barrier to teachers' ability to fully support learners with mental health problems.

There is limited literature that indicates the success of addressing the teachers' perceptions of the mental health of learners. Articles often address the implementation of mental health services within a school, and not the challenges and concerns that teachers have. As it is said that little is known about the implementation process of school-based mental health services (SBMHS) (Richter, Sjunnestrand, Strandh, & Hasson, 2022). Based on Ormiston et al. (2021), the implementation of mental health services in schools are through various systems of support. Furthermore, school-based mental health services aim to foster safe and healthy learning environment to improve the academic and socio-economic success of learners. This encompasses assessment, prevention, and implementation.

Dimitropoulos et al. (2022), noted that there is developing evidence that indicates that a supportive school environment can positively impact on learners' mental health. It is important that teachers' perceptions be considered important as they need to build a strong relationship with their learners to not only guide their academic success, but also their emotional needs.

1.2 Problem Statement

Mental health is a growing concern and understanding the perceptions of teachers on mental health support for learners has thus become especially important. Despite teachers having some knowledge of mental health, Ormiston et al. (2021) reported that teachers have testified to not having sufficient knowledge and skills on mental health. Ormiston, et al. (2021), further

adds that teachers recognise the significance of the role that they play in supporting learners with mental health issues. The problem that needs to be addressed is teachers' perceptions regarding mental health support because this matter has not been adequately researched.

1.3 Aim and Objectives of the Study

1.3.1 Aim

This study aims to explore the perceptions of high schools' teachers on mental health support for learners.

1.3.2 Objectives

1. To investigate the current status of support for learners' with mental health problems.
2. To explore the strategies which high school teachers use to help support learners with mental health problems at school.
3. To identify recommended support measures to be used to support learners with mental health problems.

1.4 Research Question

1.4.1 Main question

What are the perceptions of high school teachers on mental health support for learners?

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1.4.2 Sub-questions

1. How is the current status of support for learners with mental health problems?
2. What strategies do High school teachers support learners with mental health problems at school?
3. What are the recommended support measures to support learners with mental health problems?

1.5 Value of the Study

This research is important as it can probably help identify what teachers understand about

supporting learners with mental health problems and their needs. It is also important to understand how teachers perceive mental health, and the availability of support offered to learners. It is important to take into consideration the teachers' perception as they spend a lot of time with learners and if they are not heard learners with mental health will not be effectively identified and supported with the help they need. There are many factors that could influence the perceptions of teachers.

Teachers play a very vital role in helping to identify and help learners with mental health problems. The results of this research will help provide an understanding of the needs of teachers when it comes them supporting learners who have mental health problems. This research will also provide strategies that will help teachers be at the capacity to help support learners with mental health problems. Furthermore, this research will provide insight into support measures that are available for teachers to help learners with mental health problems.

1.6 Delimitations

This research will focused on the perceptions of teachers on mental health support for learners. The perceptions of teachers in the Lejweleputswa district,In Free State South Africa was taken into consideration in understanding their take on supporting learners with mental health problems. The focus was on understanding how teachers perceive learners' mental health, and the resources available to them and to identify the support measures that they use. The research only covered the perceptions of teachers in the district stated above.

1.7 Definition of Terms

Perception is defined as the process by which individuals interpret and organize sensory information to understand and interact with their environment. It encompasses the way we see, hear, feel, taste, and smell the world around us, and it plays a crucial role in how we form opinions and make decisions. In the context of this study, perception is particularly relevant to how teachers view and understand mental health support for learners (Cherry, 2024).

Mental health is defined as a state of well-being in which an individual is able to cope with

the normal stresses of life, work productively, and contribute to their community. It involves a balance of emotional, psychological, and social well-being, and is essential for overall health and quality of life (Galderisi, Heinz, Kastrup, Beehold and Sartorius, 2015).

Psychosocial support psychosocial support is defined as the necessary support to address psychosocial and mental well-being (DBE, 2025)

Mental health and psychosocial support (MHPSS) encompass a range of interventions and strategies aimed at protecting and promoting the psychosocial well-being of individuals. This includes providing emotional, social, and psychological support to help individuals cope with stress, trauma, and other challenges. MHPSS can involve counselling, peer support, community-based activities, and other forms of assistance that aim to improve mental health and overall well-being (Tol et al., 2020).

1.8 Theoretical Framework

This study employed social constructivism as its theoretical framework. Social constructivism is a paradigm that elucidates how knowledge, understanding, and meaning are collaboratively constructed through interactions with others (Saleem,Kausar and Deeba, 2021). Roth (2000, as cited in Amineh & Asl, 2015) suggests that the foundations of individual knowledge emerge from interactions with both the social environment and other individuals, prior to the internalization of that knowledge. In this light, it becomes evident that such interactions significantly shape perceptions, understandings, and knowledge related to mental health support for students. This theory emphasizes how a teacher's understanding is influenced by both past experiences and current interactions (Shah, 2022), highlighting the development of cultural and contextual knowledge within society, which ultimately contributes to knowledge construction (Kim, 2001).

Furthermore, Kim (2001) posits that social constructivism is grounded in specific assumptions about reality, knowledge, and learning. Proponents of this framework argue that reality does not exist before its social invention but is instead constructed through human interactions Knowledge is thus acquired through engagement with others and the surrounding environment, influenced by cultural and social contexts. Learning is viewed as a social process whereby meaningful knowledge is attained through active participation in

social activities(Kim, 2001).

As noted by McLeod (2023), the principles of social constructivism are heavily influenced by the theories of Lev Vygotsky (1978). Advocates of this theory assert that learning is a dynamic process in which individuals should actively participate to discover principles, concepts, and facts independently. In this educational approach, teachers are encouraged to act as facilitators, enabling learners to take an active role in their own learning experiences (Amineh & Asl, 2015). Consequently, it is crucial for educators to draw upon the social constructivist perspective in their practices.

The application of Social Constructivism in this research is particularly fitting, as it underscores the processes through which knowledge, meaning, and understanding are formed. This study investigates teachers' perceptions of mental health support for learners and examines how these perceptions are influenced by a variety of factors.

1.9 Research Methodology

1.9.1 Paradigm

This study will adopted the interpretivism paradigm. According to Maree (2019), the interpretivism paradigm emphasises an individual’s ability to construct meaning.

The study has no single reality, as teachers might have different perceptions of mental health support for learners. This paradigm is useful as I used the qualitative method to understand these perceptions of teachers as the research is based on personal experiences.

The epistemological foundation of this paradigm asserts that knowledge is inherently subjective and deeply embedded in human experiences, shaped by cultural and contextual factors. This framework asserts that reality is constructed through intersubjective understanding, emphasizing the significance of social interactions and experiential dimensions (Alharahsheh & Pius, 2020).

1.9.2 Research approach

In this research, qualitative research methods was applied, as explained by Polkinghorne (1989 in Maree, 2019), qualitative research is research that relies on linguistic and employee meaning-based data rather than the statistical form of data. This means that used written data such as interviews, focus groups, etc., in the research and not statistical data which includes surveys, questionnaires, etc.

The research approach used is that of exploratory research. The main objective of exploratory research is to identify significant issues and variables while deepening the understanding of a particular group of people, phenomenon, or social context (Maree, 2019).

The qualitative exploratory research approach is appropriate for my study as I am trying to understand the teacher's perspective on mental health support for learners.

1.9.3 Research design

Research design is a plan that begins with fundamental philosophical assumptions and extends to the criteria for selecting participants. It includes the methods for gathering data and the procedures for analyzing that data (Maree, 2019)..

The research design that will be used is phenomenology. A phenomenological study explores how individuals perceive and interpret their lived experiences in relation to a concept of phenomenon (Maree, 2019). The phenomenological research design is appropriate as I am trying to understand the perception of teachers from their own lived experiences.

1.9.4 Method of sampling

Non-probability sampling was used. Non-probability sampling is a method of sampling that

does not rely on principle of randomness and probability theory (Maree, 2019).. The non-probability sampling technique that will be used is the convenience sampling method, and this matter refers to situations where the population is selected because they are easily and conveniently available. The reason for choosing this method is that I will not have a specific category for selecting participants. The method of sampling and the techniques are appropriate for my study as I will work using the ease of accessibility, by looking for readily available samples.

For this research, fifteen participants teachers in the Lejweleputswa district,In Free State South Africa were asked to participate in this research. The teachers that participated were from five different public schools.

The participation of teachers who teach learners who experience mental health problems plays an important role in this research. The teachers participated in this research will add value as their perceptions on mental health support will be scrutinised. In addition, the participants were able to bring insight into what mental health support is available at schools.

1.9.5 Data collection technique

To collect data for my research I will be conducting Interviews.

An interview is a dialogue between two people where the interviewer poses questions the participants in order to collect data and gain insight into their ideas, beliefs, views, opinions, and behaviours, and Maree (2019, p.108), states that, “a qualitative interview aims to see the world through the eyes of a participant”. The benefits of using interviews are firstly, that they are more personal and that you can connect with the interviewee and, secondly, they are beneficial as one can gain deeper insight into what is being researched (Jain, 2021).

For my data collection, I used semi-structured interviews which will take place in a formal conversation. This type of interview will assist me to understand the perception of teachers. During interviews, I will record the questions and answers. I will also take notes to have backup evidence. I will ensure that the interviewee is comfortable and ensure that the space is safe and quiet with no room for distractions or interruptions.

1.9.5.1 Interview procedure

1. I will be ensuring that the participants do not stray from the topic.
2. I use probing strategies to ensure that I get as much data as possible.
3. Ensure that I am not being biased.
4. I will not interrupt the participants.
5. I will not debate with the participants.
6. I will ensure that I do not ask leading questions.
7. I will assure confidentiality.

1.9.6 Data analyses and interpretation

The method of data analysis employed is thematic analysis, a method designed to identify, analyse, and interpret patterns to extract meaning from qualitative research (Clarke & Braun, 2017). This approach offers a clear and systematic framework for generating codes and themes from qualitative data. The flexibility of thematic analysis is a significant asset, as it can adapt to diverse research questions, varying sample sizes, different data collection methods, and multiple strategies for generating meaning (Clarke & Braun, 2017)..

The thematic analysis was useful for my research as it will help me identify key points from the interviews and it will help me draft a final report.

1.10 Strategies for Trustworthiness

Trustworthiness pertains to the assessment of qualitative data by looking at credibility, transferability, dependability, and confirmability (Adler, 2022).

Trustworthiness:

Credibility: to ensure credibility in my research ensured that the data collection is well-detailed. I will have debriefing sessions where I give the participants my notes to ensure factual correctness.

Transferability: In my research, I will ensure that my research is well-informed so that the reader can determine if they can transfer my research to their context. I will have a full report on the context of the research, the participants, and the research design. I will also ensure that my sampling of participants represents the wider population.

Dependability: I am going to ensure that I keep a journal to make notes of what decisions I make during the research, especially for data collection and analysis. I will also be ensuring that I document the process of data analysis to ensure another person can see the process and reasons results.

Confirmability: I am going to include triangulation in my study to ensure that I am not biased in any way during the research.

1.11 Ethical Issue

Ethical decision-making in research occurs when we choose between different courses of action not based on convenience or efficiency, but by considering moral standards of right and wrong (Banks, and Scheyvens, 2014)

I recived ethical clearance from the University of the Free State.
I ensured that the data collected will be kept secure and confidential.
I ensured that I get informed consent from the participants.
I respected the participants.
I informed the participants that the research is voluntary and that they can withdraw at any time.
I informed the participants that their real names will not be used.

1.12 Chapter Layout

Chapter 1: presents the introduction, background and orientation of the study.

Chapter 2: presents the reviewed literature relating to the perception of teachers on mental health support for learners.

Chapter 3: the research methodology, research approach, research paradigm, research design, method of sampling , data collection techniques and data analysis and Interpretation are discussed.

Chapter 4: the data are presented, discussed and analysed, providing the interpretation for each of the objectives of the study.

Chapter 5: the findings, recommendations and a summary of the whole study are presented.

1.13 Chapter summary

This chapter provides a comprehensive overview of the study's background, problem statement, research questions, aims, objectives, value, delimitations, definitions, theoretical framework, and methodology. The background highlights the increasing importance of mental health support for learners and the critical role high school teachers play in providing this support, yet their perceptions have not been adequately researched. The problem statement addresses the lack of sufficient knowledge and skills among teachers to effectively address learners' mental health needs. The research questions focus on understanding teachers' perceptions of mental health support, the current status of support, strategies used, and recommended measures. The aim of the study is to explore these perceptions, with objectives to investigate the current status, explore strategies, and identify recommended support measures. The value of the study lies in its potential to identify teachers' understanding of mental health support and their needs, which is essential for effective support and identification of learners with mental health issues. The study is delimited to the perspectives of teachers in the Lejweleputswa district, examining their views on supporting learners with mental health problems. Key terms such as perception, mental health and psychosocial support (MHPSS), and mental health are defined.

The theoretical framework employs social constructivism, emphasizing how knowledge and understanding are collaboratively constructed through interactions with others. The research methodology adopts the interpretivism paradigm, using qualitative research methods and a

phenomenological research design to explore how teachers perceive and interpret their lived experiences related to mental health support. Non-probability sampling, specifically convenience sampling, was used to select fifteen participants from five different public schools in the Lejweleputswa district. Data collection was conducted through semi-structured interviews, which were recorded and notes were taken to ensure data accuracy.

Thematic analysis was employed to identify, analyze, and interpret patterns from the interview data. Strategies for trustworthiness included ensuring credibility through detailed data collection and debriefing sessions, transferability by providing a comprehensive report on the research context, dependability by documenting decisions and processes, and confirmability by including triangulation to minimize bias. Ethical considerations included obtaining ethical clearance, ensuring data confidentiality, obtaining informed consent, and informing participants of their right to withdraw at any time

CHAPTER 2
LITERATURE REVIEW

2.1 Introduction

This study aims to explore the perception of teachers on mental health support for learners in high schools in the Lejweleputswa district in the Free State. The theory of social constructivism will be discussed in this chapter as a theoretical framework, as well as a review of the literature related to the perceptions of high school teachers on mental health support for learners The chapter seeks to show how the theoretical framework relates to this study, by unpacking the theory's historical origins, objectives, and principles. Furthermore, this chapter reviews the literature that relates to high school teachers' perceptions of mental health support by looking at the role of teachers in relation to mental health support, as well as the challenges and solutions relating to teachers supporting learners with mental health support. Moreover, the resources and support measures that are available to teachers to support learners with mental health problems will be attended to.

2.2 Theoretical Framework

2.2.1 Social constructivism as a theoretical framework

The social constructivism theory is employed as the theoretical framework for this study. According to Shibina, and Vidyapeetham (2022), social constructivism by Lev Vygotsky highlights the value of social interactions and the environment during the learning process. Vygotsky further emphasised that culture and social context play a role on an individual's learning and development (Shibina, & Vidyapeetham, 2022). This theory recognises that the construction of knowledge and new learning is a function of an individual's existing understanding and experiences (van Hover. & Hicks, 2017).

According to Davis, Witcraft, Baird, and Smits (2017), the theory posits that individuals actively participate in the development of their own creation. It is based on the premise that

understanding, significance, and meaning are constructed collaboratively through interactions with other individuals (Amineh & Asl, 2015). In other words, social constructivism theory proposes that the perceptions of teachers are influenced by their understanding and their experiences.

To understand the theoretical framework the following will be discussed: the historic origin of social constructivism, the objectives, the principles and the epistemology and ontology of social constructivism. The aim of this study is to explore the perceptions of high schools' teachers on mental health support for learners, the social constructivism theory seemed to be the most appropriate theory for this study.

2.2.2 Historical origins of social constructivism

The historic origin of the theory of social constructivism can be linked to the contribution of various theorists. Some of them are discussed below.

Immanuel Kant was a German philosopher and founder of constructivism. He argues that morality derives from basic ideas and the structure of the human experience (John, 2018). In this, it can be noted that Immanuel Kant saw how everyday human experiences affect moral decisions. John (2018), further states that Kant went on to argue that the human mind is where experience first begins and that it is not an inactive recipient of external experiences. This shows that Kant viewed the first step to the construction of meaning and understanding through cognitive analysis of the event. Stone 1996 (in John, 2018) further states that people construct their reality through their thoughts as they are the interpreters of their lives. Kant assumed that only through internal cognitive construction, a person will be able to develop knowledge and organise experience. As a result, the constructivist learning theory was developed from cognitivism.

The second theorist who contributed to the theory of constructivism is Jean Piaget (1896-1980), a Swiss psychologist, who is considered a foundational figure by constructivists. According to John (2018), Piaget's constructivism theory asserts that people produce meaning and knowledge based on their experience. Similarly, Caruso (2018) alluded to Piaget's theory which helped explain how people adapt their thinking as a response to new

experiences, and hence people usually seek to have order and certainty in their lives. Piaget believed that children use different mental structures to construct meaning of the world around them. Jean Piaget explained the learning process as adaptation, assimilation, and accommodation (Devi, 2019). Adaptation is when there is a direct interaction between the environment and creating information. Assimilation is the introduction of new information to already existing information. Accommodation is the transformation of existing knowledge or the creation of new knowledge.

Lastly, Lev Vygotsky, a Russian psychologist who is seen as the father of social constructivism, advocated that knowledge is constructed through engagement and interaction with others (Vygotsky, 1978 in John 2018). As noted by Bulle (2021), Vygotsky, believed that knowledge and meaning are actively constructed through the human mind. Vygotsky also believed that knowledge is co-constructed in a social environment and that language was a tool used to construct meaning in social interactions. As outlined by John (2018), the social constructivist views knowledge as different from learning.

In conclusion, the historical origin of social constructivism can be traced back to theorists such as Immanuel Kant, Jean Piaget and Lev Vygotsky; each theorist contributed important principles to the theory. These theorists have laid the groundwork for the social constructivist perspective, highlighting the dynamic interplay between individual cognition, social interaction, and the construction of knowledge and meaning.

2.2.3 Objectives of social constructivism

In this subsection, we will discuss the key objectives of social constructivism. The four objectives we will be exploring are knowledge construction, active engagement, social interaction, and cultural context.

2.2.3.1 Knowledge construction

Mthembu and Mtshali (2013) define knowledge constructions as an act of acquiring new information while also being able to comprehend previously acquired knowledge. They further add that as posited by Hammett and Collins 2002 (in Mthembu & Mtshali, 2013), knowledge construction occurs when there is engagement in meaningful activities that occur in real-life situations. Furthermore, Mohammed and Kinyó (2020), agree that social constructivism does not rely only on individual reasoning logic as the main basis of knowledge but rather on social interactions and communications.

Knowledge construction under the social constructivism theory is characterised as a set of beliefs that are used to interpret actions and events of the world. According to social constructivism knowledge is built as a way of understanding the world and these ways are part of how the world is understood (Jackson, 2010).

2.2.3.2 Active engagement

Active engagement in social constructivism is how each person plays a role in attaining knowledge and being able to make meaning. This theory suggests that successful learning or acquisition of knowledge is dependent on interaction and discussion with the primary focus being on learning (Davis, et al. 2017). Wilson (2017), states that learning is an active process where meaning can be comprehended through experiences and interactions with our environment. Furthermore, he adds that learning takes place when individuals actively engage in cognitive conflict (Wilson, 2017). Vygotsky valued the importance of people being active participants in acquiring knowledge independently through interactions with others.

Kharade and Thakkar (2017) state social constructivists emphasize that learning is active, contextual, and social. They continue to add that constructivism emphasises learners' active role in constructing their own knowledge by fusing new concepts and ideas with those that they already know and have experienced. In fact, the importance of participation, discussion, and sharing is emphasised (Saleem, Kausar, & Deeba, 2021).

2.2.3.3 Social interaction

Vygotsky believed that learning is not an internal event that just takes place within an individual, instead he viewed that knowledge as a social and collaborative activity where meaning is constructed through interactions with other people (Schreiber & Valle, 2013). Additionally, Saleem, Kausar, and Deeba (2021:406) emphasize that knowledge is socially generated and co-constructed, necessitating a community of individuals who share common language and cultural backgrounds. From a social constructivist perspective, knowledge is seen as a collaborative endeavour, developed through interactions among children, their peers, and educators.

Thus, the theory of social constructivism views social interaction as primary to acquiring knowledge and being able to reason. Mohammed and Kinyó (2020), state that the theory relies on social interactions and communication and not only logical reasoning. The impact that social interactions have on learning and acquiring knowledge, is well-valued by social constructivists, as mentioned by Bozkurt (2017), social interaction leads to increased levels of reasoning and learning. He further added that the acquisition of knowledge is an active learning process which involves other people. In addition, Akpan, Igwe, Mpamah and Okoro (2020), add that the theory views the social aspect which involves the use of conversation and interaction with others to acquire knowledge as essential to learning.

On the other hand, collaborative elaboration, which according to (Amineh & Asl, 2015) serves as a process of sharing individual perspectives, it is believed to be the process which encourages social interactions, as social constructivists believe that knowledge construction is a collaborative process. Mohammed and Kinyó (2020) agree that learning takes place through collaboration, discourse and social interaction instead of occurring in isolation. The interaction of individuals with knowledgeable individuals is important as the young develop knowledge through interactions with adults (Kim, 2001). As described by Woolfolk (2016), social interactions create our cognitive structures and thinking processes and are not just an influence on cognitive development. Thus, social constructivism emphasizes that learning and knowledge acquisition are collective, social processes which are framed through interaction, communication, and shared cultural backgrounds.

2.2.3.4 Cultural context

Lev Vygotsky viewed culture as patterns of behaviours and beliefs which have been passed on for generations (Vygotsky & Cole, 2018). Vygotsky proposed that culture plays a crucial role in the development of thinking and learning. The most important cultural tool according to Vygotsky was language, as through talking and listening the development of the ability to understand and comprehend was able to take place.

As stated by Vygotsky 1968 (in Akpan et al., 2020), language and culture are pivotal in how people view the world. Akpan, et al. (2020) further state that knowledge is transmitted through language, and it is then interpreted and understood through interactions in a cultural setting. In this context, one can understand that knowledge is not only socially constructed but co-constructed. Vygotsky accepted that human activities cannot be understood apart from cultural settings (Woolfolk, 2016).

According to Saleem, Kausar, and Deeba (2021), language and culture in the social constructivist view are frameworks in which experience, communication and reality are comprehended. Moreover, Vygotsky viewed language, age, and culture to have an influence on the perceptions and intellectual growth of people (Saleem et al, 2021). Thus, the transmission of language can result in the interpretation of learning concepts and is assimilated through cultural context. While knowledge is produced and co-constructed socially as it requires a community which shares a similar language and culture.

In conclusion, in this, we can see how the objectives of the social constructivist theory by Lev Vygotsky are connected and interlinked. Everyone is raised in a specific cultural context and through social interaction and active engagement we can construct knowledge. Culture plays an important role in knowledge acquisition as it affects the thinking and learning of individuals, and it is through this that cultural settings evidently play a role in the perceptions of people.

2.2.4 Assumptions of social constructivism

In this section, we will be discussing the three assumptions that the social constructivist theory is based on. Amineh and Asl (2015), state that the theory of social constructivism assumes that understanding, significance, and meaning are developed in relation to other people. It is further reiterated by Mohammed and Kinyó (2020) that learning in the view of Vygotsky is dependent on collaboration and social interactions. The assumptions that this section will be focused on are reality, knowledge, and learning.

2.2.4.1 Reality

The theory of social constructivism and social constructivism views reality as constructed through human activity. In essence, they see reality as something that cannot be discovered but rather in existence through social intervention (Amineh & Asl, 2015).

The assumption is that humans rationalize their experience through the creation of a model of the social world and how it functions. The belief is that language is important as it is a system through which humans construct reality (Amineh & Asl, 2015).

2.2.4.2 Knowledge

Social constructivism views knowledge as a human product that is constructed through social and cultural interactions. This theory sees individuals as being able to create meaning through interactions with other individuals and the environment (Amineh & Asl, 2015). According to Rannikmäe, Holbrook, and Soobard (2020), knowledge construction is impacted by beliefs and attitudes. Additionally, language acquisition is viewed as constructed and subject to individual experiences, and how they integrate new ideas into those that are already existing (Rannikmäe et al, 2020).

2.2.4.3 Learning

Social constructivism perceives learning as a social process that does not only take place independently within an individual, nor is it a passive development of behaviours that are shaped externally by forces, but rather through learning that is meaningful and takes place within social engagements, interactions, and collaborations (Amineh & Asl, 2015). Vygotsky viewed learning as an active process, he saw it as a tool in development (Woolfolk, 2016). Learning is a social activity and interaction that affects knowledge which is obtained through active constructs. The social constructivism theory views learning as an active process that depends on active engagement and is an experience which hinges on understanding and meaning (Rannikmäe et al, 2020).

2.2.5 Principles of Social Constructivism

As highlighted by Mohammed and Kinyó (2020), there are 4 principles of social constructivism. The principles of social constructivism help explain how high school teachers' perceptions of mental health support for learners are formed and evolve. These principles highlight the active, adaptive, flexible, context-dependent nature of teachers' knowledge and understanding, providing a comprehensive framework for exploring their perceptions in the context of mental health support.

The first principle refers to the accumulation of knowledge where attaining knowledge is an active process which is controlled by the cognition of each person.

This principle talks about how knowledge accumulation is a cognitive process where one has to play an active role in acquiring knowledge. In other words, learning is an active process which involves the participation of the cognitive processes to acquire, process and organise knowledge. The principle suggests that learning is an active and intentional activity that is fuelled by the cognitive engagement one uses to make sense of the world.

The second principle is based on the assumption that cognition is adaptable (learning); it suggests that a person's cognition can adapt to their environment and conditions.

The principle refers to how adaptability is an important aspect as cognition is not rigid as it

can be influenced by their environment, culture, social interactions and shared practices and beliefs. According to Devi (2019), Vygotsky viewed cognitive development as a process that is socially mediated which depends on the idea that children learn from adults and expect when tackling new challenges. This principle emphasises one's cognitive ability to learn in response to the changing environmental conditions.

The third principle views cognition as a flexible mechanism with a changeable vision of the real world which can develop itself as the person develops cognitive awareness through different experiences (Mohammed and Kinyó, 2020).

The theory views cognition as versatile as experiences affect how one sees and experiences the world, that one is able to change their views based on each individual experience. This principle highlights how individuals are active recipients of information as they engage with the world and learn through their experiences,

The fourth principle asserts that biological and neurological processes have a role in information processing and that the production of knowledge itself depends on social and cultural interaction.

The principle by Mohammed and Kinyó (2020) ,illustrates that there is a connection between our biological and neurological processes and the social and cultural context when it comes to the production and processing of knowledge. It brings understanding to unique individuals and how our social, cultural and environmental engagements contribute to knowledge acquisition.

2.2.6 Epistemology and ontology of social constructivism

A subjectivist-relativist epistemology holds that knowledge is constructed by individuals based on their experiences and an anti-realist ontology holds that there are multiple realities as opposed to an objective reality (Boyland, 2019).. Social constructivism views the world from a philosophical standpoint, where people see the world via a subjective lens that both influences and is impacted by the ontological, axiological, and epistemological stances that characterize their lived reality (Boyland, 2019).

The transference in terms of epistemology and ontology hints that there are only different

individual constructions of knowledge and no external epistemic authority (Golding, 2011 in McPhail 2023). According to Maree (2019), ontology refers to the nature of reality of the theory, while epistemology is concerned with ways of knowing and learning about the social world.

As stated by Buckland and Chinn (2015), epistemology is a part of philosophy that seeks to answer questions of the ideal cognitive aims and achievements which encompass knowledge, justification, explanation, understanding and wisdom. As noted by Taber (2020), Vygotsky considered social interaction as the centre of learning for humans. Constructivist epistemology rejects the notion of knowledge transmission (Kharade & Thakkar, 2017). Social constructivism assumes that knowledge is constructed socially and that there is not a single reality but rather diverse realities that interact through human experiences and social contexts to co-construct knowledge (McNeil, 2021). Busch, Henderson, and Stevenson (2019) further add to say that social constructivism asserts that knowledge is socially constructed and is subject to human experience.

In addition, reality is socially constructed and is subjective in social constructivism (McLeod, 2023). From this, we understand that the epistemology of social constructivism is that knowledge is a subjective representation of an external reality that is actively constructed in a social construct.

Ontology refers to one's beliefs on the nature of reality (Merriam & Tisdell, 2015). Alele and Malau-Aduli (2023), further added that ontology is defined as the perception of reality (nature of reality) and what truly exists, it is the study of being and describes how the researcher views reality and the human interaction with the world. The ontology of social constructivism assumes that social constructs are shaped by cultural context and social factors. The social constructivist paradigm assumes the ontological stance that multiple realities are socially constructed (Wagner, Kawulich & Garner, 2012). From a social constructivist perspective, there is no single reality that one can observe. A researcher does not discover knowledge but rather constructs the knowledge (Merriam & Tisdell, 2015).

In conclusion, epistemology and ontology provide a perspective lens in which we are able to understand the nature of reality and knowledge of social constructivism. The emphasis is that knowledge is socially constructed through individual interpretation of the world. The

ontology shows how reality is subjective and that observations cannot be made through a single lens.

2.2.7 Relevance of social constructivism theory in this study

The theory of Social Constructivism is appropriate for this research as it focuses on the development of knowledge, meaning, and understanding. This study examines teachers' perceptions of mental health support for learners, and how personal values, cultural background, religious beliefs, and societal context.

The theory posits that individuals actively construct their knowledge and understanding through their experiences and interactions within a social context. It highlights the significance of social interaction, active engagement, and social context in moulding an individual's worldview. The idea of the theory holds significance as it aids in understanding human experiences by recognizing that knowledge is formed through social interactions and how individuals' perceptions, beliefs, and behaviours are influenced by diverse social situations (Akpan et al., 2020).

The theory of social constructivism draws distinctions between qualitative research techniques like interviews and focus groups; these study techniques enable the researchers to understand the viewpoints and interpretations that people might have on a particular phenomenon (Sagvaag and Barbosa da Silva, 2021). The researcher is encouraged to consider the social, cultural, and historical context in which knowledge was formed.

2.3 Definition of Operational Terms

2.3.1 Teacher

A teacher is defined by the Educators Employment Act (RSA 1998:3), as a person who teaches or educates others or provides educational services which include professional therapy and education psychological services at a public school or departmental office, and is appointed in a post on any teacher establishment which falls under the educator's

employment act. According to the South African Council of Educators (SACE) (2002), a teacher is someone who is registered or is provisionally registered with the SACE.

2.3.2 Mental health

Mental health is defined as a state of mental well-being which enables individuals to survive the stressors of everyday life, realise their abilities, learn well and work well while contributing to their community (WHO, 2022a). The WHO further states that mental health is more than just the absence of mental disorders. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2023), mental health includes our emotions, psychological and social well-being. SAMHSA (in Ellison, Belanger, Niles, Evans & Bauer, 2018) states that mental health is a journey of healing and transformation that allows a person with mental health problems to live a meaningful life while striving to achieve their fullest potential in the community of their choice. Wren-Lewis and Alexandrova (2021) viewed mental health as a state of well-being and the absence of mental health. They further said that mental health is the state of general well-being across all aspects of one's social and personal life.

2.3.3 Mental health problems

There is no actual definition for mental health problems. The definition that is the closest is that used by WHO (2022b), of mental disorders which states mental disorder is characterised by a disturbance in an individual's cognition, emotional regulation, or behaviour. Impairments in critical areas of functioning are usually associated with this disturbance. Mental health problems are factors that affect emotional, psychological, and social well-being and impact daily functioning and relationships. According to Bruffaerts, Mortier, Kiekens, Auerbach, Cuijpers, Demyttenaere, Green, Nock, and Kessler (2018), there are two types of mental health problems. Firstly, mental health problems are internalised, and can include depression, anxiety, sleep problems, post-traumatic stress and suicidal ideation. Secondly, there are externalising mental health problems that include inattentiveness, hyperactivity, impulsivity and conduct disorder (Bruffaerts et al., 2018).

2.3.4 Learners

As defined by SACE (2002), a learner is a pupil or a student at any early learning site, school, further education and training institution or adult learning centre. According to the South African Schools Act (SASA) (RSA 1996:4), a learner is any person receiving education or obliged: to receive education in terms of this Act.

2.3.5 Mental health literacy

Mental health literacy refers to the knowledge and beliefs about mental health disorders which aid their recognition, management or prevention (Sampaio, Gonçalves, and Sequeira, 2022; Furnham & Swami, 2018). In Lee, Hwang, Ball, Lee, Yu, and Albright (2020), mental health literacy is defined as the awareness and ability to recognise mental conditions while understanding the risk factors, and attitudes that do not stigmatise. It also includes self-help methods to promote the capacity to seek assistance for the management and prevention of mental illness.

Mental health consists of several components which include the recognition of mental disorders, knowledge of how to search for mental health information, knowledge of the risk factors associated with mental health, understanding of the causes of mental illness, knowledge of self-treatment, expertise on the available professional help, and the attitudes that promote appropriate help-seeking behaviour (Spiker & Hammer, 2019).

2.3.6 A school-based support team

A school-based support team (SBST) also previously known as an institution-level Support Team refers to teams which are established by the school as a school-based mechanism with the primary focus being to put in place coordinated school, learner and teacher support services (RSA DoE, 2014). According to Agulhas (2021), the SBST has the responsibility to establish the needs of the learners, teachers and the school, and arrange the provision of support within the Screening, Identification, Assessment and Support policy (SIAS)

framework. In addition, Mpaza and Govender (2022), state that the SBST play an important role in providing support through early identification and intervention to learners who are experiencing learning barriers.

2.3.7 School-based mental health services

School-based mental health services refer to services that are delivered by school-employed and community-employed providers within the school grounds. School-based mental health services increase the chances of adolescents receiving mental health services (Osagiede, Costa, Spaulding, Rose, Allen, Rose & Apatu, 2018). According to Kurian, Murray, Kuhn, and LaForett (2022), school mental health services help reduce barriers to access these include financial and transportation barriers which will be beneficial for low-income families and compared to clinic-based services mental health stigmas can be reduced.

2.4 Literature Review

2.4.1 Towards defining the concept of mental health

According to the WHO (2022a), Mental health is a state of well-being that allows people to cope with everyday stresses of life, realise their abilities, learn, and work well while contributing to the community. Mental health exists on a complex continuum that differs from person to person. Center for Disease Control and Prevention (CDC) (2023) views mental health as including our emotional, psychological, and social well-being. They state that mental health affects our everyday well-being in how we think, feel, and act. CDC (2023) further explains that there is no single cause for mental health issues as several factors can contribute to it.

Mental health despite having many definitions is important as it speaks to well-being in different forms which include our emotional, psychological, and social well-being (WHO (2022a). Mental health issues affect our everyday functioning, and hence the importance of addressing issues as they arise.

There are various factors that can affect an individual's mental health. Determinants of mental health problems may include individual, social, and societal factors (Eriksson, Ghazinour & Hammarström, 2018). According to WHO in (Yao, Kadetz, Sidibe, Wu, Li, Lyu, Ma & Hesketh, 2021), the most common mental health problems experienced by adolescents include emotional disorders such as depression and anxiety, eating disorders, psychosis, and self-harm.

Guthold, Carvajal-Vele, Adebayo, Azzopardi, Baltag, Dastgiri, Dua, Fagan, Ferguson, Inchkey, Mekuria, Moller, Servili, and Requejo (2023) state that mental health issues often manifest during the adolescence stage; it is important to address mental health during all stages of life especially during adolescence as this time forms a unique period for social and emotional development which lays a foundation for long term health and well-being. Strengthening adolescents' resources and protecting them from risk factors may have a positive impact on their mental health and well-being in their adulthood.

According to the WHO (n.d.), mental health is extremely important for everyone as it goes beyond a mental condition. It includes well-being where people are able to realise their own potential and show resilience during adversity whilst being productive during daily activities (WHO ,n.d.). Promoting and protecting mental health thus becomes important to foster a well-functioning society.

Mental health is important as it not only affects our well-being but also our ability to function on a daily basis. Schools play an important part in assisting adolescents with mental health problems as during this time they are at a point in their lives where they are building the foundation of their social and emotional development for long-term health and well-being.

2.4.2 The role of teachers in supporting learners' mental health

Teachers play a very important role in the schools and in supporting learners in the different aspects of their lives. The roles of teachers go beyond simply teaching; they include creating a nurturing and safe environment for learners to develop and grow (Ramaila, 2025). This plays a vital role in identifying and supporting learners with mental health problems. In this section, we will be viewing the roles that teachers play in supporting the health needs of

learners.

In the context of mental health support for learners, teachers may experience issues that could stem from various issues as the challenges require them to shift their roles to focus on the learner's well-being. The recent literature from Korinek (2021), acknowledges that the roles of teachers have changed as they no longer only focus on academic success, but now go beyond simply teaching to address learners' mental health problems. Ormiston et al. (2021) emphasise that teachers are aware of the importance of their role in supporting learners' mental health and are willing to support learners with mental health problems. Guo et al. (2020) note that teachers' support concerning mental health has shown improvement in the mental health of learners. Teachers have a responsibility to protect learners from harm and provide learners with academic knowledge, and a safe environment meant for social and psychological growth. Additionally, teachers are expected to be role models to learners and promote the well-being of learners (SACE, 2020).

According to Mastronardi, Millar, Toldo, Kay, and Geffs (2022), the support that teachers provide for learners' mental health can be attributed to several variables which include access, time, observation, and awareness. On the assumption that teachers made it easy for learners to come to talk to them, they would be able to have conversations with learners and if there are any mental health problems identified during these conversations the teacher would then be able to intervene. Time and observation play an important role. Should teachers take time during their day or class to observe their learners, they will be at a better opportunity to identify learners who might be experiencing mental health problems. (Mastronardi, Millar, Toldo, Kay, and Geffs 2022). It is important that teachers are aware of mental health problems that can affect their learners, and if the teachers are aware of the types of problems that affect their learners, they are in a better position to provide support. The roles of teachers in the classrooms have expanded to include mental health support for the learners from prevention to intervention (Beames, Johnston, O'Dea, Torok, Boydell, Christensen, and Werner-Seidler, 2022).

Mbwayo, Mathai, Khasakhala, Kuria, and Vander Stoep (2020) state that it is important to understand the perceptions of teachers as it is important to the education and addressing the learners' performance gaps. Mbwayo et al. (2020) further explain that when parents have concerns about their children, they usually consult the teacher which may suggest that

teachers have expertise in identifying mental health

.Despite teachers being aware of the role that they play when it comes to mental health support for learners, it is important to take into account the views of teachers about their role when it comes to mental health support. Teachers' perceptions, beliefs, and motivation are important to take into consideration when viewing their roles in supporting learners with mental health problems. Although there has been limited research on how teachers' perspectives change or affect their roles (Rice O'Toole & Soan, 2022), it is important to view how they perceive mental health and their role in supporting learners.

From the available literature, it is evident that teachers report inadequate professional preparation and a lack of confidence in supporting learners (Green, Guzmán, Didaskalou, Harbaugh, Segal & LaBillois, 2018; Moon, Williford, & Mendenhall, 2017). Teachers are well aware of the responsibilities that are expected of them when it comes to supporting learners with mental health problems. Even though the teachers are aware of these they are not required to learn about mental health as part of their teaching training (Shelemy, Harvey & Waite, 2019). Shelemy et al. (2019), highlight those teachers acknowledge that supporting learners with mental health was part of their role, and many teachers believed schools to be a place where mental health issues should be addressed.

It is undeniable that teachers are specially positioned at schools as they can recognise learners who may need mental health support. Korinek (2021), in agreement with Ormiston et al. (2021), states that teachers are uniquely placed at schools to recognise and support learners with mental health problems. According to O'Farrell, Wilson, and Shiel (2023), teachers may be seen as the gateway providers in the identification of learners who need mental health services and support. It is reasonable to say that teachers play a very important role in the classroom as they are in a better position to recognise learners who are struggling with mental health issues as they spend five out of seven days of the week with them during the school days.

The identification and assistance of learners with mental health support can help teachers promote learner success. Deaton, Ohrt, Linich, Wymer, Toomey, Lewis, Guest, and Newton (2022), further agree that due to the time teachers spend with learners they are frontline personnel who can support learners with mental health problems, as addressing mental

health problems that learners experience in schools is very important as there is a strong connection between learner's mental health and academic success.

There are various ways in which teachers can play a role in supporting learners with mental health problems. Teachers are often seen as key players in information sharing between parents, family, and learners (Sibanda, Sifelani, Kwembeya, Matsikure & Songo, 2022), due to teachers being in constant interaction with learners when they recognise signs of struggle or difficulties, they are able to collaborate or consult with other professionals who can assist in supporting learners with mental health problems (Korinek, 2021).

The teachers have an important role as they do not only focus on the academic aspect, but they also support learners who might have mental health needs. The advancing roles of teachers now include creating an environment that is conducive to the growth and well-being of learners and identifying and addressing mental health challenges. The above literature emphasizes the shift in roles where, in addition to their regular duties, teachers are tasked with supporting learners with mental health needs. Despite the challenges that teachers continuously experience such as the need for training in regard to mental health, the role of teachers in supporting the well-being of learners remains of great importance. Teachers can contribute to the identification and support of learners with mental health issues by creating a safe and supportive environment which will in the end improve the learner's well-being and success.

2.4.3 Perceptions of teachers in supporting learners with mental health

The perception of teachers on mental health plays an important role in the support that learners obtain. It is important to understand how teachers' beliefs, interpretations and understanding of mental health affect how they support learners with mental health. As established teachers, roles are focused on more than academic success but also the well-being of learners. Understanding the perceptions of teachers will provide enlightenment on the gaps and potential solutions to supporting learners' mental health. Exploring the perceptions, beliefs and practices of teachers will gain an understanding of the growing role of teachers with regards to mental health support.

Teachers feel ill-equipped to handle learners' mental health problems as they lack knowledge about effective classroom interventions and warning signs for emerging mental health problems (Ekornes, 2017).

As noted by Sibanda et al. (2022), the roles of teachers have changed as the importance of addressing mental health has emerged. The need to care for learners' psychological and emotional needs has become a new responsibility that teachers have to undertake. Sibanda et al. (2022), further add that teachers have an important role, where they have to be aware and note any behavioural changes and mental health challenges which learners may experience. The teachers believe that the school structures are important to support learners with mental health problems and their perception is that there should be a broad common school approach for learners who are faced with mental health challenges. Dimitropoulos et al. (2022) also state that teachers agree that their professional role includes addressing learners' mental health, but they would prefer to have appropriate training in order to play a more direct role in assisting learners in that regard.

Reports from North America, the UK, Australia, and Africa state the perceptions of teachers include the need for more training in mental health (Dimitropoulos et al. 2022). The following perceptions of teachers regarding their views on mental health support were reported. Teachers often feel uncertain when they have to recognise learners with mental health problems (Dey, Marti & Jorm, 2022). Similarly, Caldwell (2019) states that teachers often find it difficult to find the correct response to certain problems that they might identify in learners.

Teachers struggle to create an environment where learners feel free to speak about their emotions. Caldwell (2019) also highlighted that the poor attitudes towards mental health are due to a lack of knowledge and that the teachers believe that lack of training leaves them unable to identify learners with mental health problems. Cruz et al. (2021) further add that teachers tend to feel overburdened with their educational class duties and lack the capacity to take on the role of being a counsellor, whilst other teachers may not view mental health as part of their responsibilities. According to Dey et al. (2022), teachers often perceive that others are more responsible and better equipped to manage learners

with mental health problems.

It is evident that there is a need for learners' emotional and psychological needs to be taken on as additional responsibilities by teachers (Sibanda et al., 2022). In addition to this, there is a need to improve the knowledge and capacity of teachers to help them flag mental health challenges in their early stages. Caldwell (2019) states the importance of teachers recognising the significance of their role in identifying adolescents with mental health problems especially as adolescents tend to be reluctant to seek mental health services due to the stigmas surrounding mental health. For the most part, teachers do acknowledge the responsibilities they have about mental health support and that some of these responsibilities can be integrated into their daily classroom routine such as creating an anxiety-free environment, while others cannot easily be integrated as they are viewed as additional duties this may include screening learners for mental health problems (Dey et al., 2022).

The perceptions of teachers regarding mental health support for learners not only shape the support that learners get but also the changing roles of teachers in addressing the learner's well-being. Understanding the beliefs, interpretations and challenges experienced by teachers in relation to mental health is important when improving the support provided the learners with mental health support. As highlighted by various authors, teachers are aware of the importance of addressing mental health and academic success. The identification of the need for further training in mental health highlights the gaps that teachers have towards their preparedness to address mental health problems effectively. By understanding teachers' perceptions, beliefs and practices we gain an understanding of the expansion of the role of teachers in mental health support at schools.

2.4.4 The Impact of teachers' perceptions on mental health support

Teachers can be gateway providers who identify children who are in need of mental health support, as they play a key role in identifying learners with mental health problems in the classroom (O'Farrell et al., 2023). The perception of teachers on mental health can influence their knowledge and willingness to support learners with their mental health

needs (Engel, 2023)

It is no question that teachers are uniquely placed to support and refer learners for appropriate, timely intervention and treatment (Cross & Currie, 2018). Teachers have a rich understanding of behaviour as they can identify appropriate behaviour, and thus they are able to understand the behaviours of their own learners (Cross & Currie, 2018). Unattended learner mental health problems may interfere with learning especially since learners spend a lot of time at school. Teachers have a lot of pressure to meet academic benchmarks, and they often have limited solutions to helping learners with behavioural issues (Gueldner, Feuerborn, & Merrell, 2020). It is understandable that teachers strive to meet the academic needs of learners and that they are not necessarily trained to understand impediments to learning that are caused by mental health problems (Mbwayo et al., 2020). When teachers are exposed to poor mental health this reduces their belief that they have the capability to help learners who have mental health issues (Harding et al. 2019).

According to Sibanda et al. (2022), when teachers attend to the mental needs of learners, they ensure that the learners develop to their full potential and achieve positive educational outcomes. Once teachers have negative attitudes and stigmas about mental health problems it has been found to be a barrier to successful interventions (Korinek, 2021). Positive mental health is associated with positive social relations, when teachers build a good teacher-learner relationship it is usually associated with lowered depression among learners (Harding et al., 2019). Furthermore, Yao et al. (2021), adds that the positive nurturing interpersonal relationship between teachers and learners plays an important role in the success of learners and emotional health. This is an indication that if teachers' perceptions are positive, they have the potential to impact learners' mental health positively.

Teachers supporting learners with mental health problems can have a positive impact on the learners not only psychologically but can have a significant impact on the learner's academic and social functioning. According to Korinek (2021), the lack of support may affect the functioning of learners and put them at risk of long-term effects which may include absenteeism, dropping out and underachievement.

2.4.5 Barriers that hinder teachers to provide support

Teachers serve as the go-to people when learners seek mental health support, they often encounter several barriers that hinder their ability to offer effective support to learners. These factors not only hinder teachers from being able to fully support learners with mental health problems but they impact the general well-being of learners. Understanding the barriers to providing mental health support experienced by teachers is important to identify areas which could be improved and the strategies that would need to be implemented to improve the support system for learners' mental health.

Teachers find themselves lacking the confidence to recognise, support, and address mental health problems among their learners. The lack of mental health literacy seems to be a recurring theme. According to Sibanda et al. (2022), the lack of mental health literacy has been a key factor in the attitudes and beliefs of teachers on mental health issues.

Despite it being important to note that teachers are not trained healthcare professionals, it is important to note that mental health problems can reduce the chances of learners successfully completing their education (Glazzard, 2019). Lack of knowledge and training may hinder teachers from adopting their roles and responsibilities of supporting learners with mental health problems. According to Korinek (2021), and Maclean and Law (2022), the lack of training specifically relating to mental health has led to misinformation, misinterpretation, perpetuating stigma, and biases which results in the delay of timely referrals and interventions.

Moreover, Maclean and Law (2022) states that it is important to consider the motivation and beliefs of teachers when discussing school-based approaches and the identification of mental health. Teachers tend to focus on externalising problems (Caldwell, 2019), which means that the learners who are experiencing internalising problems relating to mental health are overlooked. Teachers' attitudes and stigma towards mental health problems have been found to be a barrier when helping learners with mental health.

A contributing factor to teachers' reluctance to help learners with mental health problems results from the lack of knowledge, confidence, and efficacy in recognising mental health problems (Maclean & Law, 2022). According to Engel (2023), when teachers do not feel confident in their capability to provide mental health services, they are unlikely to support learners in this regard. When learners do not receive the support that they need this may lead to academic underachievement, early school dropout, and other issues.

Teachers find it challenging to find a balance between offering support and avoiding being too close to a learner (Dey et al., 2022), which may hinder teachers from helping learners. Teachers understand the importance of school-based mental health interventions however many teachers report that the mental health support aspect of their lives can be stressful and difficult (Dey et al., 2022). Teachers further say that they feel inadequately prepared to manage learners with mental health problems as they often feel unable to recognise the difference between mental health problems and emotional or behavioural difficulties (Stoll & McLeod, 2020).

Time is also another factor that seems to be a barrier to teachers supporting learners with mental health problems. According to McLean, Abry, Taylor, Jimenez, and Granger (2017), teachers' responsibilities include balancing, planning and organizing, managing the classroom, providing instructional support, and facilitating high-quality classroom relationships. Teachers further have obligations such as working with parents and school officials, preparing for class, and keeping up with changing curriculum and professional demands. In agreement Gray, Wilcox, and Nordstokke (2017), stated that teachers face considerable demands which include the expectation to successfully manage the classroom and contribute to learners learning. Given the myriad roles, responsibilities, and obligations it would seem that teachers do not have time to help learners who may have mental health problems. According to Ekornes (2017), teachers expressed that their concern to provide

mental health support to learners is done at the expense of instructional tasks and despite mental health support being seen as beneficial to academic performance, it is also seen as a ‘time thief’.

According to Perkins, Clarke, Smith, Oberklaid, and Darling (2021), many teachers report being overwhelmed and underprepared to deal with learners' mental health issues. They further added that the lack of child mental health training and weak relationship with the community child and adolescent mental health services are barriers that hinder them from supporting learners with mental health problems. Additional barriers include a lack of parent-support programs, programs for learners with externalizing behaviours, preventative programs for learners with internalizing problems, and for mental health problems (Caldwell, 2019). Therefore, due to the absences of these programs, everything is reliant on the teachers, which revert to inadequate training, and which causes teachers to be unable to support learners with mental health problems. Dealing with these challenging mental health problems seems to worry teachers about the impact of unmet needs, which could lead to an increased burden and diminish their job satisfaction (Stoll & McLeod, 2020).

Teachers face several barriers that affect their ability to effectively support learners with mental health problems. The lack of knowledge, training and mental health literacy adds to the struggles teachers experience in addressing mental health issues among learners. The lack of mental health training has been shown to lead to misinformation about mental health, which has perpetuated stigmas and biases. Ensuring a balance between responsibilities, time constraints and the overwhelming demands that teachers experience poses a challenge for addressing mental health concerns. It is a collaborative effort, and it is important to address these barriers that teachers experience. This includes improving training, resources and support systems that are available to empower teachers to provide effective mental health support to promote the well-being of learners.

2.4.6 Possible strategies to improve Mental Health Support

Teachers have been trained to provide academic knowledge and support but not mental health services. It is important to acknowledge that teachers need to be able to identify

mental health to support learners with mental health and deliver evidence-based interventions (Engel, 2023).

Early prevention and intervention by schools have been seen as important for reducing behavioural problems. Moon et al. (2017), stress the importance of equipping teachers with knowledge and developing a system to enhance adult awareness and knowledge of youth mental health issues. Teachers want to refer learners but most support that is available is limited and mainly focuses on educational assistance. Despite there being professional services available most are extremely difficult to obtain without entering private care. Many schools have SBST which consists of a group of teachers who work together to help learners with academic problems (Marais, Skinner, Serekoane, Sharp, & Lenka, 2019). According to Harding et al. (2019), the primary focus for health promotion in schools should be the realisation of practical reasoning and affiliation with others. Teachers are not the only people who need to be factored in to improve the mental health support that learners need, but the schools need to play a role in outsourcing additional assistance as part of their strategy to improve mental health support.

Korinek (2021) reported ways in which teachers can provide a safe, supportive learning environment to improve mental health support. This can be done through physical arrangements, clear expectations, learner engagement, affirmations and acknowledgement, class contributions, voice and choice, and accommodation. O'Farrell et al. (2023) stated that the implementation of teacher training can increase the confidence of teachers when addressing mental health in their classrooms. This can improve the mental health support that the teachers provide the learners as they will be well-equipped to support learners.

For teachers to support learners with mental health issues they need to be able to feel responsible and equipped (Caldwell, 2019). It is important to understand how school-based approaches can be improved and enhanced for supporting learners with mental health problems (Cross & Currie, 2018). According to Moon, Williford, and Mendenhall (2017), school-based mental health practices hold promise in addressing the unmet needs of mental health.

Mental health support is a strategy that can be implemented as it is an effort to promote learners' mental well-being. The strategy includes having classroom prevention programs, calming rooms and schools (BHC, 2023). Schools have a variety of services and support for learners who experience mental health problems. According to the BHC (2023), mental health services are interventions that are provided by trained professionals in order to address the mental health needs of learners. This includes individual counselling, referrals, crisis interventions and other interventions which are offered by other providers. The implementation of school-based mental health services would be ideal as a strategy to improve mental health support for learners. Doll, Nastasi, Cornell, and Song (2017) viewed school-based mental health services as services that are delivered by employees of the school and the community providers within the school premises. School-based mental health services are inclusive of any program, intervention, or strategy that is applied in a school setting designed in an attempt to influence learners' emotional, behavioural, and social functioning (Richter, Sjunnestrand, Romare Strandh, & Hasson, 2022). Mental health programs conducted through school-based mental health services have been found to have an effect on emotional and behavioural problems.

According to Richter et al. (2022), school-based mental health services are services which are aimed at increasing the accessibility of mental health services. School-based mental health has the potential to improve the academic performances of learners (Osagiede et al., 2018). Sanchez, Cornacchio, Poznanski, Golik, Chou, and Comer (2018) state that school-based mental health services can decrease the continuous disparities in mental health needs as they would be more accessible than community-based services.

As identified in Section 2.4.5, a lack of mental health literacy forms part of the factors that hinder teachers from supporting learners with mental health problems. In Furnham and Swami (2018), mental health literacy is defined as the public knowledge and recognition of mental health disorders as well as knowing how and where to seek help. Mental health literacy includes several components which include, firstly, the ability to recognise specific disorders or types of psychological distress. A second component would be knowledge and

belief about the risk factors and causes. Thirdly, knowledge and belief about self-help interventions is another important component. Additionally, knowledge and beliefs about available professional help are vital. Furthermore, positive attitudes facilitate recognition and appropriate help-seeking, and lastly, the knowledge of how to seek mental health information is vital to mental health literacy (Sampaio et al., 2022). According to Ma, Anderson, and Burn (2023), improving mental health literacy and reducing stigma may help overcome barriers and increase access to and use of mental services when needed. The implementation of mental health literacy may also be important for reducing the negative consequences of mental health stigma.

Teachers play an important role in supporting learners' mental health. The implementation of various strategies to improve mental health support by equipping teachers with mental health literacy. The appointment of a functional SBST to assist teachers with intervention and refer to learners who need mental health support. Additionally, the implementation of various support strategies will assist teachers not only with intervention, support and referrals, but also with reducing stigma and biases when it comes to mental health.

2.5 Conclusion

In conclusion, mental health highlights the significance of well-being and its role in an individual's functioning. Mental health includes emotional, psychological and social dimensions. Teachers play an important role in supporting learners' mental health as their roles are more than just the usual traditional academic roles. Understanding teachers' perceptions is important to improving mental health support as understanding the beliefs, interpretations and viewpoints of teachers in relation to mental health support. Teachers have highlighted the need for training and resources to effectively support learners with mental health problems. Understanding the barriers that stand in the way of teachers supporting learners is very important so that strategies to overcome those barriers can be implemented and ensure that teachers are able to support learners with mental health effectively.

2.6 Chapter Summary

In this chapter, the social constructivism theory was presented as the theoretical framework. Within the theoretical framework section, the overview of the theory was elaborated on. The historical origin of the social constructivism theory was highlighted, as well as the various theorists who contributed to the theory. The objectives of social constructivism included knowledge construction, active engagement, social interaction and cultural context. The assumption of social constructivism included the assumption that humans rationalize their experiences through the creation of a model of the social world. The theory of social constructivism views reality as constructed through human activity, knowledge is viewed as a human product, and lastly the theory perceives learning as a social process that is not independent. The principle of social constructivism included learning being an active and intentional activity. Furthermore, the second principle is that cognition is adaptable in that people can learn. Moreover, the third principle is that cognition is a flexible mechanism with a changeable vision of the world. The last principle of social constructivism is that the biological and neurological process have a role in the information processing. The epistemology and ontology of the social constructivist theory, as well as the relevance of this theory in the study was also discussed. The following operational terms were defined: teachers, mental health, mental health problems, learners, mental health literacy, SBST and school-based mental health services. The second part of this chapter was the literature review, and the literature reviewed in this section highlighted information under the following headings: the introduction of mental health, the roles of teachers in supporting learners with mental health problems, the impact of teachers' perceptions of mental health support, teachers' barriers to providing mental health and the strategies to improve mental health.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 Introduction

The chapter intends to discuss the qualitative research methodology that was used to achieve the aim of this study. Qualitative research was adopted as a research approach to analyse the data, and more specifically the exploratory research approach was used in this study. The historical background and principles of this approach was discussed, as well as the justification for choosing this approach. Subsequently, the research paradigm, the research design, the sampling method, the data collection technique, the study site, and the participants was elaborated upon. Lastly, this chapter detailed the data analysis and interpretation, the strategies for trustworthiness, and the ethical considerations.

3.2 Qualitative Research Approach

As explained by Polkinghorne (1989, in Maree, 2019), qualitative research relies on linguistic and employee meaning-based data rather than statistical data. This approach largely focuses on the study of a phenomenon (Busetto, Wick & Gumbinger, 2020), and it allows a researcher to explore the lived experiences of people (Hennink, Hutter & Bailey, 2020).

This approach aims to answer the phenomenon’s how, why and what questions (Haven & Van Grootel, 2019). This is to allow for the participant's perspectives regarding the research question to be evident. Cleland (2017) alluded that the qualitative approach allows the researcher to ask questions that cannot easily be put into numbers when trying to understand human experience.

Qualitative research was appropriate for this study as the aim of this study is to explore the perceptions of high school teachers on mental health support for learners. This research allows the researcher to explore the lived experiences, thoughts and feelings of participants. on their perception of mental health support for learners

Moreover, qualitative research allows for in-depth understanding, participant perspectives and an understanding of context.

The advantage of utilising qualitative research is that it creates a detailed description of the feelings, opinions and experiences of participants and interprets the meaning. Additionally, it allows the researcher to uncover the inner experiences of participants and how their meanings are shaped by culture (Rahman, 2020). However qualitative research is not without its disadvantages. For instance, Mwita (2022) and Rahman (2020) point out that policy may give low credibility to results which stem from a qualitative approach, and generalisability is an issue raised due to the small sample size. Furthermore, data analysis may be more complex and may take a lot of time (Rahman, 2020).

Hunter, McCallum, and Howes (2019), explain that various qualitative approaches exist. The three research types of approaches which can be found within qualitative research are the exploratory, descriptive and theoretically/philosophically grounded research approaches (Nieuwenhuis, 2019). For this research, the exploratory research approach will be employed.

In summary, the qualitative research approach offers a way into the perceptions and experiences of high school teachers regarding mental health support for learners. It allows for a refined exploration of lived experiences, thoughts and feelings while providing a detailed understanding of the perspectives of participants. While this approach has advantages, it is important to acknowledge its challenges. In recognition of these factors, this research adopted an exploratory research approach which is well suited to uncover the phenomenon that is being explored. With this foundation, the next section will detail more on the exploratory research approach.

3.3 Exploratory Research Approach

This study is informed by exploratory research, which is an approach that investigates a study that has not yet been studied in depth (George, 2023). The objective of this approach is to uncover primary issues and variables and to obtain a deeper insight into a particular group, phenomenon or social setting (Nieuwenhuis, 2019). Al-Ababneh (2020) states that

flexibility is a characteristic of this approach, as it does not stem from a fixed theoretical framework (Nieuwenhuis, 2019).

Exploratory research is usually conducted to better understand the existing problem or explore issues that are not clearly defined (Bhat, 2024). When many researchers conduct research, they usually possess little or no knowledge about the phenomenon (Nieuwenhuis, 2019). Bhat (2024) identified two types of exploratory research methodologies. The first type is the primary research method which includes, surveys or polls, interviews, focus groups and observations. The second is the secondary research methods which include online research, literature research and case study research.

This study employed the primary research method type, which is specifically includes the use of semi- structured interviews to collect data. This approach will be beneficial as the intention is to maximise the findings which led to a comprehensive understanding of teachers' perceptions of the mental health support for learners.

3.3.1 Background of exploratory research approach

Hunter et al. (2019) explain that the exploratory research approach is a methodology that is significantly influenced by the work of sociologist Robert Stebbins. Robert Stebbins characterised it as broad-ranging and purposeful, which is planned to maximise the generalisability of findings, ultimately leading to a comprehensive understanding of a social domain.

Swedberg (2020) notes that there is currently no information that exists on how often exploratory studies have been employed. The term exploratory research was first introduced in a 1929 sociology journal in the United States. Furthermore, Nieuwenhuis (2019) explains that this research aims to build new insights and does not depart from a fixed theoretical framework. This approach is typically inductive and builds on an emerging theoretical framework rather than an already established theory. Moreover, Mbaka and Isiramen (2021) describe this approach as a method to better understanding of human behaviour, experiences, attitudes, intentions and motivations.

In summary, there is not much information about how often the term has been used, however, it is a broad and purposeful methodology that looks to optimally utilise the generalisability of its findings to understand social domains.

3.3.2 Principles of exploratory approach

Bhat (2024) outlines several principles of this approach. Firstly, it is unstructured, typically low in cost, interactive and open-ended. It enables a researcher to define the problem, the purpose of the study and the potential topics that can be studied. Secondly, this approach is often used when the existing research does not fully address the problem at hand. The researcher must review all the available information related to the study, as there are no fixed rules for conducting the research. Thirdly, the approach is broad, flexible and multifaceted. Additionally, the research must hold value or significance to be effective. Finally, the research should be supported by theories that substantiate its findings.

3.3.3 Justification of choosing exploratory research

This approach was chosen to enhance understanding of a phenomenon's origins, and it is valuable when seeking a comprehensive understanding of subjects that are not entirely understood (Hunter, McCallum & Howes, 2019). Bhat (2024) explains that this method is employed when a topic requires an in-depth analysis with the objective of thoroughly examining the problem and reaching a conclusion.

Bhat (2024), further notes that researchers using this method enjoy significant flexibility and can adapt to changes as they occur. This approach is cost-effective and lays the foundation for future studies on the subject.

The qualitative exploratory approach is well suited for this study as seeks to understand the teacher's perspective on mental health support for learners. Al-Ababneh (2020) concurs that exploratory research offers a better understanding of research problems, especially when there is limited existing literature. This approach is appropriate as it facilitates clearer definitions and comprehension of the problem.

3.4 Research Paradigm

Nieuwenhuis (2019) explains that research paradigms can be understood as the foundational assumption or beliefs about reality that leads to a particular worldview. These paradigms encompass the critical assumptions that the researchers accept as true, this includes beliefs about the nature of reality, the connection between the researcher and the subject of the study and methodological assumptions (Nieuwenhuis ,2019).

Kivunja and Kuyini (2017), and Khatri (2020), define a research paradigm as consisting of four components: epistemology, ontology, methodology and axiology.

3.4.1 Interpretivism paradigm

In this study, the interpretivism paradigm was employed, emphasising the ability of individuals to construct meaning (Maree, 2019). This paradigm acknowledges the influence of factors such as culture, context and time on social development (Alharahsheh & Pius, 2020). Furthermore, Nickerson (2022) describes interpretivism as a social science approach that recognizes the significance of individual beliefs, motivations and reasoning within a social context to interpret the data collected from a phenomenon. According to William (2024), researchers in this paradigm seek to comprehend the distinct viewpoints and experiences of individuals and how they contribute to their understanding of the world.

This paradigm is advantageous as it acknowledges that teachers may have varying perceptions of mental health support for learners as there is no single reality. The ontology believes that there are many realities that are socially constructed by people. As such, interpretivism is centred on understanding human behaviour and social phenomena, challenging the positivist view by emphasising the role of meaning in knowledge production (William, 2024). The main principle of this paradigm is that individuals construct their knowledge through interpreting and reflecting on their experiences, highlighting the significance of subjective meaning and perspectives in understanding the phenomena. Interpretivism is highly influenced by hermeneutics and phenomenology at the philosophical level (Nieuwenhuis, 2019). Junjie and Yingxin (2022) note that this paradigm encourages

researchers to seek out experiences and consider diverse interpretations of social context to achieve a deeper meaning.

The paradigm is subjective, and it is influenced by situational context and individual experiences. Junjie and Yingxin (2022) explain that the interpretivist ontology adapts a relativist perspective, viewing reality through intersubjectivity by considering meaning in research and social aspects. This paradigm posits that reality can only be explained in a socially constructed manner. Alharahsheh and Pius (2020) concur that the paradigm views reality as expressed through intersubjectivity, through the understanding of social and experiential aspects. Ryan (2018) describes the ontological perspective of interpretivism as relativist, where reality is understood through socially constructed meanings with no single shared reality. Additionally, Pervin and Mokhtar (2022) state that the relativist ontology which is adopted by interpretivism suggests that an event may have multiple interpretations rather than a fact determined by a specific method, aiming to understand the context and diverse issues and phenomena within it.

The epistemology of this paradigm asserts that knowledge is subjective and is embedded in human experiences, as it is culture-bound and context-bound. Junjie and Yingxin (2022) describe interpretivist epistemology as the study of the relationship between the researcher and the research subject, focusing on individuals' expressed thoughts, feelings, meanings, voices, standpoints, and experiences.

The axiology of interpretivism is characterised by value-bound research, where researchers are integral to the research process, and subjective interpretations are important for the reflexive contributions (Saunders, Lewis, & Thornhill, 2019). The methodological approach is typically inductive, involving small samples, in-depth investigations, and qualitative analysis, though various data can be interpreted (Saunders, Lewis & Thornhill, 2019).

Given its relativist ontology and subjective epistemology, interpretivism assumes that humans are inseparable from knowledge (Junjie & Yingxin, 2022). Pervin and Mokhtar (2022) explain that the interpretivist paradigm is rooted in the belief that people's perceptions, ideas, thoughts, and meanings are meaningful and can be understood through researching their culture. Nieuwenhuis (2019) states that interpretivism seeks to understand phenomena through the meanings people ascribe to them.

Nickerson (2022) and Nieuwenhuis (2019) both outline the perspectives underlying the interpretivist paradigm; firstly, human life can only be understood from an internal perspective and is not observable in an external reality. Interpretivism focuses on the individual's subjective experiences and their interaction to create shared meanings that constitute the social world. Secondly, social life is a uniquely human creation, where reality is viewed as subjective and socially constructed. Thirdly, the human mind is the source of meaning, conveyed to phenomena and their social context through the exploration of their richness, depth and complexity. Fourthly, human behaviour is influenced by knowledge of the social world, with interpretivism recognising multiple realities that can vary across time and place. Lastly, the social world does not exist independently of human knowledge; interpretivism maintains that research is shaped by existing theories and researchers' worldviews, with knowledge and understanding limited by one's exposures.

Interpretivists argue that all research is shaped by researchers' pre-existing theories and worldviews. This paradigm is beneficial as it allows researchers to apply their diverse perspectives to deeply understand objects, people, or events within their socio-cultural contexts, rather than merely describing them based on shared societal beliefs (Pervin & Mokhtar, 2022). Interpretivism utilizes qualitative methods, including interviews, to gather in-depth data on subjective experiences and meanings (William, 2024). This paradigm is particularly useful for this study, as it will employ qualitative methods to understand teachers' perceptions, given the basis in personal experiences of the research.

Nieuwenhuis (2019) elaborates that epistemology deals with the ways of acquiring knowledge and understanding the social understanding the social world. Essentially, it explains how we come to know what we know (Kivunja & Kuyini, 2017).

Ontology is the philosophical exploration of the nature of reality or existence, which addresses the assumptions that underpin our beliefs about what is sensible or real (Khatri, 2020; Kivunja & Kuyini, 2017) It is crucial to a research paradigm as it offers insight into the constituents of the known world (Ugwu, Ekere & Onoh, 2021).

Kamal (2019) defines methodology as the approach used when conducting research investigations. It encompasses the designs, methods, strategies, and procedures used in an investigation (Ugwu et al., 2021).

Furthermore, Khatri (2020) explains that axiology centres on ethical considerations in research. It involves the defining, assessment and comprehension of right and wrong in the conduct of research (Kivunja & Kuyini, 2017).

The epistemology focuses on the nature and scope of knowledge, and this is important when researchers reflect on the sources, methods and knowledge. The ontology plays an important role in shaping the researchers understanding of the nature of reality. Axiology is often overlooked but is very important in ensuring that research is conducted in a responsible and ethical manner

3.5 Research Design

A research design is a strategic plan, derived from an underlying philosophical assumption that outlines the selection of participants, the method of data collection to be used, and the data analysis to be done (Nieuwenhuis, 2019). The research design employed in this study is phenomenology which explores the meanings of individuals' attributes to a concept or phenomenon based on their personal experiences (Nieuwenhuis, 2019).

Urcia (2021) explains that the term phenomenology was inspired by Franz Brentano and was adopted by Edmund Husserl. It is considered a philosophy that eludes simple definition due to its complex nature, but it is associated with the science of human lived experiences as they manifest in consciousness (Urcia, 2021). Emerging as a significant philosophical movement in the late 19th century, phenomenology is attributed to Edmund Husserl (1859–1938). Husserl emphasised that phenomenology should not be confused with psychology, as its focus is not on cognitive functions. Larsen and Adu (2021) offered a pragmatic perspective, explaining that phenomenology examines the meanings of real events, aiming to understand experiences directly without considering their psychological origins.

Neubauer, Witkop, and Varpio (2019), define phenomenology as an approach that seeks to describe the nature of a phenomenon by exploring the perspective of individuals' lived

experiences. It aims to convey the significance of these experiences and how they were encountered and strives to grasp how a phenomenon is experienced by those who have been part of it (Tomaszewski, Zarestky, & Gonzalez, 2020; Neubauer, Witkop, & Varpio, 2019). Odusanya and Bankole (2020), highlighted that the main objective of phenomenology as a research design is to explore and depict a phenomenon directly. Within qualitative research, phenomenology concentrates on the observable lived experiences of individuals, who may have varying viewpoints (Tomaszewski, Zarestky, & Gonzalez, 2020). Fundamentally phenomenology is committed to describing the shared aspects of a phenomenon among individuals who have undergone a similar experience.

This research design facilitated the exploration of the perceptions of teachers regarding mental health support for learners. It offered a deeper insight into the phenomenon by exploring the teacher's lived experiences. Furthermore, phenomenology aims to describe the meaning of these experiences, addressing the “how” and “what” questions. The phenomenological approach is well suited for understanding teachers' perceptions based on their lived experiences.

3.6 Method of Sampling

This research employed non-probability sampling, a method described by Maree (2019), as one that does not involve random selection of population elements. Berndt (2020) further clarifies that non-probability sampling can be seen as a method where samples are chosen based on the researcher's subjective judgement rather than through random selection. It is evident from the above that non-probability sampling is not random; instead, it relies on the willingness of participants to engage in the study. Sarstedt, Bengart, Shaltoni, and Lehmann (2018) explain that non-probability sampling uses personal judgment and convenience rather than randomness to determine which units will be sampled from a population. While non-probability samples may not achieve representativeness and generalisability in a single study, the generalisability of non-probability samples can be established through the replication of studies.

Mweshi and Sakyi (2020) note that non-probability sampling is conducted without the certainty of whether the selected sample will represent the entire population. The sampling method selects samples on non-random criteria and not all individuals have an equal chance of being included in the study. Non-probability sampling is suitable for exploratory and qualitative research, as these types of research focus on understanding a phenomenon or an under-researched population rather than testing a hypothesis.

All non-probability sampling methods do not employ random selection (Baltes & Ralph, 2022). The specific non-probability sampling technique that was used is the convenience sampling method. Turner (2020) defines convenience sampling as a method where the population is selected because they are easily and conveniently available. Baltes and Ralph (2022), and Elfil and Negida (2017), concur that the participants are selected to participate in a study based on availability and proximity. Obilor (2023) describes convenience sampling as a non-probability sampling method which relies on samples that are close and readily available, and it is adopted by researchers where data is collected from an easily accessible pool of participants . This sampling method allows the researcher to select participants for their study based on proximity, without considering whether they represent the entire population or not.

The advantages of convenience sampling include speed, low cost and the absence of the need for a sampling frame (Baltes & Ralph, 2022). The benefits of using convincing sampling include quick and easy data collection of data, as there are no strict rules or criteria for selecting participants (Obilor, 2023). Obilor (2023), in agreement with Baltes and Ralph (2022), states that this sampling method is time-effective and also inexpensive. Another benefit is that quotes are met quickly, and the data collection is collected timeously. Mweshi and Sakyi (2020) mentioned that non-probability sampling remains a convenient and easy way to gather data and feedback, being convenient, verifiable and cost-effective compared to paper and pencil questionnaires.

However, convenience sampling is not without disadvantages. Obilor (2023) points out that some of the disadvantages include sampling bias, which may lead to a skewed representation of the groups in the sample compared to the target population. Due to this,

conclusions from convenience sampling cannot be used to describe the whole population, additionally, the results from using convenience sampling are not very generalisable (Mweshi & Sakyi, 2020).

Convenience sampling was chosen for this study due to its advantages, despite its limitations in representativeness and generalisability. This method is appropriate for this study because it will not have a specific category for selecting participants. Participants will be selected based on availability, accessibility and convenience. This sampling method is also suitable as exploratory research focusing on understanding a phenomenon is being conducted.

3.7 Data Collection Technique

In this section, the data collection technique used in this research were discussed. Qualitative data can be gathered through various methods. For this study, semi-structured interview were the chosen method for data collection.

An interview is a dialogue between two individuals, where the interviewer poses questions to the participants to gather data and learn about the ideas, beliefs, views, opinions, and behaviours of the participants (Nieuwenhuis ,2019). As Nieuwenhuis (2019) states, “a qualitative interview aims to see the world through the eyes of a participant”. Mazhar, Anjum, Anwar, and Khan (2021), note that interviews typically occur between two people with one acting as the interviewer and the other as a respondent or interviewee. Interviews are a data collection method through conversations, providing an organised way to engage in a dialogue and listen to others (Monday, 2020). Knott, Rao, Summers, and Teeger (2022) describe interviews as a form of social interaction where questions are asked, and answers are given. Yet in this instance, the questions are guided by the researcher. They further elaborate that interviews are a type of interaction where the researcher primarily asks questions about someone's life experience and opinions, and the participants respond accordingly.

The benefits of using interviews include their nature, allowing for a connection with the interviewee and the ability to gain deeper insight into the research (Jain, 2021). Monday

(2020) agrees, noting that interviews are valuable for uncovering the stories behind participant's experiences. Monday (2020) also identifies several reasons for using interviews: they are beneficial for obtaining personalised data and provide an opportunity for the interviewer to ask in-depth questions. However, there are disadvantages to using interviews such as the cost, lack of anonymity, the necessity for callbacks, variance effect, dishonesty and personal style (Monday, 2020).

Interviews can be conducted in various formats for data collection. For this study, semi-structured interviews also known as in-depth, open-ended, relative or long interviews were employed (Low, 2019), which will occur within a formal conversation. This interview type helped this study understand the perception of teachers. According to Monday (2020), semi- structured interviews are not standardised, and a researcher does not have to stick to a set interview guide.

The advantages of semi-structured interviews lie in their ability to prompt and probe deeper into situations (Monday, 2020). Low (2019), explains that these interviews are flexible and enable researchers to delve into emerging themes, providing greater insight into the phenomenon under this study. Low (2019), further notes that semi-structured interviews allow the researcher to explore the perceptions of individuals and understand how they give meaning to their experiences. However, there are also drawbacks to using semi-structured interviews. Kakilla (2021) points out that one weakness is the potential for limited probing due to language barriers. Another identified limitation is the possibility of the conversation being curtailed when participants have a limited understanding of the topic.

The interview method that was employed in this study is in the form of semi-structured interviews. According to Roulston and Choi (2018), phenomenological interviews focus on the participant's lived experiences and the meanings they derive from these experiences. This approach enabled me to obtain detailed insight into the phenomenon under investigation by inquiring about the participant's feelings, perceptions and understanding (Roulston & Choi, 2018). During the interviews, I recorded the questions and answers. Additionally, I took notes to ensure that there is a backup of the evidence. I ensured that the interviewee is comfortable, and that the environment is safe, quiet and free from ddistractions or interruptions.

The above-mentioned method of collecting data is appropriate for this research as it aims to explore the perceptions of teachers using an exploratory approach. Semi-structured interviews allow the participants to share their lived experiences and perspectives on the topic while allowing the researcher to probe when there are new emerging themes.

3.8 Study Site and Participants

In this section the study site and the participants of this study will be discussed.

3.8.1 Study site

A study site refers to the physical location where a study is conducted (Coe, Waring, Hedges, & Ashley, 2021). Majid (2018), emphasises the importance of the study site, noting that it may influence the conduct of the research. Maree (2019) further stresses the significance of selecting a study site that is both suitable and feasible. The study will took place in the five high schools in the Lejweleputswa district in the Free State province South Africa, all located around the town named Welkom. The schools were selected using non probability sampling.

3.8.2 Participants

Participants are individuals whose experiences a researcher seeks to understand and to whom the study's results may be generalised (Casteel & Bridier, 2021). For this study, fourteen participants in the Lejweleputswa district were asked to participate in this research. In alignment with the study's aim, only high school teachers were asked to participate in this study. The teachers that are going to participate were from different schools, school four teachers from school, Three teachers from school B, two teachers from school C, one teacher from school D, four teachers from school E.

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3.9 Data Analysis and Interpretation

Islam (2020) defines data analysis as a process of arranging and organising raw data to extract useful information. In this study, thematic analysis will be employed as the method of data analysis. Braun and Clarke (2023) describe thematic analysis as a systematic approach used to identify and provide insight into the meanings of patterns which are also referred to as themes across a data set. This approach is used to identify, analyse, and interpret patterns to make meaning within a qualitative study (Clarke & Braun, 2017; Kiger & Varpio, 2020).

Nowell, Norris, White, and Moules (2017) explain that thematic analysis is a method used for identifying, analysing, organising, describing and reporting themes found in collected data. It offers an accessible and systematic procedure for generating codes and themes from a qualitative approach. Thematic analysis is beneficial when a researcher aims to explore and interpret patterned meanings in a data set (Braun & Clarke, 2023). It is advantageous for my research as it will help in identifying key points from the interviews and in drafting the final report (Nowell et al., 2017).

The benefits of using thematic analysis include providing the researcher with theoretical freedom and offering a flexible approach that can be tailored to the research needs. Braun and Clarke (2023), note that thematic analysis allows the researcher to develop and understand shared meaning and experiences. Its flexibility enables the researcher to focus on data in various ways (Kiger & Varpio, 2020). Nowell et al. (2017) highlight that thematic analysis offers a more accessible form of analysis as it does not require a detailed theoretical approach. It is a relatively easy analysis method to use as researchers can grasp it with ease. Thematic analysis is particularly useful for examining different perspectives of different participants and summarising key points in a large data set, providing a well-structured approach to handling the data (Nowell et al., 2017; Kiger & Varpio, 2020).

However, Nowell et al (2017) also pointed out the disadvantages of using thematic analysis. One disadvantage is the lack of substantial literature, which may lead to confusion about how to apply thematic analysis. The simplicity of thematic analysis may be a disadvantage when compared to other methods, as it does not allow researchers to make claims about

the language used. The flexibility of thematic analysis can potentially result in inconsistency and a lack of coherence when developing themes from research data (Nowell et al., 2017), stemming from the challenge researchers face in determining which aspects of the data to focus on (Kiger & Varpio, 2020).

To analyse the data from the semi-structured interview, six steps of thematic analysis as outlined by Braun and Clarke (2023) will be followed:

3.9.1 Phase 1: Familiarising yourself with the data.

This phase involves engaging with the data by reading and re-reading the textual data, this includes transcripts of interviews, and listening to recordings (Braun & Clarke, 2023). Kiger and Varpio (2020) concur that the first phase of thematic analysis is familiarising yourself with the entire data set which includes actively reading through the data. Braun and Clarke (2023) suggest notes are taken during this process which allows the researcher to read the data as data, which refers to doing more than simply absorbing the surface meaning of the words. This phase involves asking questions such as how the participants make sense of their experience, and what assumptions they make in interpreting their experiences.

This phase was observed by engaging with the data by reading and re-reading the transcripts of the interviews and listening to the recordings. This process involves taking notes to capture initial impressions and questions about the data.

3.9.2 Phase 2: Generating initial codes.

In this phase systematic analysis of the data, takes place through the generation of codes, which serve as the foundational elements of the analysis (Braun & Clarke, 2023). Kiger and Varpio (2020) describe codes are the most basic elements of raw data or information that can be assessed meaningfully. These codes capture each aspect individually to inform the themes which are made of multiple aspects.

This phase the data was systematically analyze generate initial codes. These codes are the basic elements that capture specific aspects of the data.

3.9.3 Phase 3: Searching for themes.

During this phase, the researcher analyses the codes and converts them into themes. Phase 3 includes going through the coded data to look for themes of broader significance

(Kiger & Varpio, 2020). In thematic analysis the development of themes is an active process, and this means that themes are constructed and not discovered. This phase involves reviewing the data that was previously coded to identify similarities and overlaps between codes. The process of generating themes involves clustering codes, which share the same features, that reflect the same meaningful pattern in the data (Braun & Clarke, 2023). Kiger and Varpio (2020) suggest that creating and organising themes using thematic maps can help visualize connections between concepts and themes.

This phase was observed through the analysis of the codes to identify broader themes. This involves reviewing the coded data to look for similarities and overlaps between codes.

3.9.4 Phase 4: Reviewing themes.

This phase, involves both quality checking and analytic development, including a repetitive process where the researcher reviews themes as they develop against the coded data and the other data set (Braun & Clarke, 2023). This phase is relevant for novice researchers and those who work with large data sets. Kiger and Varpio (2020), describe this phase as a two-level analytic process where the first part involves the researcher viewing the code data which is placed within each theme. The second part is where the researcher decides whether each theme fits in a meaningful way within the data set.

In this phase I reviewed the themes against the coded data and the entire data set to ensure they accurately represent the data.

3.9.5 Phase 5: Defining and naming themes.

In phase 5 a deeper analytic development and clarification of the themes are done (Braun and Clarke, 2023). This phase of analysis involves writing, where defining the themes is an important part of the thematic analysis. This process helps the researcher clarify whether they can state what is unique about each theme (Kiger & Varpio, 2020). In this phase, the selection of extracts which are presented and analysed, then set out to tell the story of each of them. Another aspect of this phase is determining what to call each theme. The name of the theme should be informative, concise and catchy

In this phase the In this phase, further develops and clarifications of the themes was done, this involves writing detailed definitions for each theme and selecting extracts from the data that best illustrate the theme.

3.9.6 Phase 6: producing the report.

In the final phase of thematic analysis, the report is produced in the form of a journal article or a dissertation (Braun & Clarke, 2023). The writing and analysis process is not only done in phase 6 but rather throughout the phases. This may take place in the form of informal writing of notes and journaling, and then a more formal process in phase 6. This phase formalises and finalises the analysis and writing. The purpose of the report that is to be produced is to provide a compelling story based on the data collected. The themes should be logically collected and meaningful to build a coherent story about the data (Braun & Clarke, 2023).

This phase was observed through producing the report, in the form of a dissertation. This phase formalizes and finalizes the analysis and writing, I organized the themes logically to tell a compelling story based on the data.

Thematic analysis is appropriate for my study. The researcher was able to identify similar meanings across the data set which is important for the interpretation of the phenomena of understanding the perspective of the participants on mental health support for learners from their own experiences.

3.10 Strategies for Trustworthiness

Trustworthiness in qualitative research is of great importance as it is the key measure (Nieuwenhuis, 2019). Nowell et al. (2017) define trustworthiness as how a researcher can persuade themselves and readers that the research findings are worthy of attention. It is concerned with the value it will add to the field. Lincoln and Guba (1985) (in Nowell et al. 2017) proposed four criteria for trustworthiness that qualitative researchers should consider: credibility, transferability, dependability, and confirmability.

3.10.1 Credibility

Nowell et al. (2017) explain that the credibility of a study is determined when co-researchers can relate to what the study is about. Credibility addresses the connection between the reader's views and the interpretation of the researcher. According to Stahl and King (2020), it is to question the congruency of the findings with reality. Ahmed (2024) describes credibility as the extent to which the findings of a study reflect the reality of the lived experiences of the participants. When ensuring trustworthiness, it is important to consider credibility, as it refers to the truthful display of data and participants' perspectives and interpretations (Haq, Rasheed, Rashid & Akhter, 2023).

Forero, Nahidi, De Costa, Mohsin, Fitzgerald, Gibson, McCarthy, and Aboagye-Sarfo (2018), state that the purpose of credibility is to establish the confidence that the results are true and credible. To ensure credibility in this research, the data collected was well-detailed. Debriefing sessions were held where I gave the participants my notes collected to ensure factual correctness and to ensure that there are no discrepancies

3.10.2 Transferability

Forero et al. (2018) state that the purpose of transference is to extend how much the results can be generalised or transferred to different contexts. Stahl and King (2020), base transferability on the idea that patterns and descriptions from one context may be applied to another research of the same nature. Ahmed (2024) defines transferability as the degree to which the results of the study can be transferred to other contexts or situations. The transferability of the research shows the extent to which the findings are in the same context, peoples and settings (Haq et al., 2023).

This is to ensure that the research is well-informed so that the reader can determine if they can transfer this research to another context. A full report with the context of the research, the participants, and the research design was written. The sampling of participants in this study represented the wider population.

3.10.3 Dependability

Ahmed (2024) defines dependability as the assurance that the quality of the results of the research is long-lasting and unchanging over time. Haq et al. (2023) refers to dependability as the data consistency between similar contexts. It refers to whether the findings of the study can be replicated. The purpose of dependability is to ensure that the findings are

repeatable should the same study take place with the same participants and context (Forero et al., 2018).

To ensure dependability in this study a journal was kept, to make notes of what decisions are made during the research, especially for data collection and analysis. The researcher ensured that the process of data collection procedure and data analysis is documented to ensure another person can see the process and reason results.

3.10.4 Confirmability

Ahmed (2024) describes confirmability refers to the objectivity of the results, which ensures that the results are not affected by biases. Haq et al. (2023), similarly define confirmability as the degree to which the study was free from the basis of the researchers in the research and interpretation process. Stahl and King (2020) aim for confirmability by striving for objectivity in the study. The purpose of confirmability is to extend the confidence that the results would be collaborated or confirmed by other researchers (Forero et al., 2018).

To ensure confirmability, the researcher included triangulation in the study to ensure that it is not biased in any way during the research. This study will achieve confirmability by ensuring that all the stages of the research are documented as well as the final findings of the study.

3.11 Ethical Considerations

When conducting a study, it is important to take note of ethical considerations. According to Resnik (2020), the simplest way of defining ethics is the norms for conduct that decide between acceptable and unacceptable behaviour. Similarly, Bos (2020) defined ethics as an enquiry into what is right and wrong and what is valuable and important.

In this study to ensure that ethical procedures are followed during the research, firstly, ethical clearance from the University of the Free State and permission to conduct research from the Free State Department of Education (FS DoE) was obtained. The researcher adhered to the rules and regulations stipulated by the above-mentioned entities. No data

was collected before ethical clearance is obtained from the University of the Free State. Maree (2019) emphasises the importance of obtaining permission to conduct research and that no research should take place until the application to conduct the research is obtained.

Furthermore, permission from the principal of the schools where the research was conducted was received. Additionally, participants were approached, and informed consent from the participants was ensured. Upon meeting the participants, the researcher will discuss the research and the potential risks and mitigation strategies that are put in place. The participants were given a consent form which they will be required to read and sign. The researcher will inform the participants that the research is voluntary and that they can withdraw at any time.

The researcher informed participants that the data collected would be kept secure and confidential. Maree (2019) stresses the importance of ensuring that participants must be assured that their identities and their responses were kept highly confidential and that under no circumstances will the participant's identities be made known. Anonymity and confidentiality was held in the highest regard throughout the research. The researcher used codes to protect the identities of the participants.

The research will be handled with the utmost respect and consideration for the participants. Participants were informed about the safekeeping of the data and how it would be destroyed. The participants were also informed that a counsellor would be available should they need debriefing counselling after the interviews. Participants were be given any incentives for them to be part of the study.

4.1 Research Journey

My research journey began with writing a proposal which I had to present as part of the CTR application for title registration. Thereafter, I applied for ethics approval and requested permission from the stakeholders to conduct the study. I then visited the five schools where I met with the principal and invited participants to partake in the study. During that meeting I informed the participants about the study, provided them with the consent forms, and arranged a time for the interviews. Once the interviews were completed, I then transcribed

the interviews and analysed the data.

4.1.1 Ethical clearance

I had to apply for ethical clearance from the University of the Free State through an online platform called the Research Information Management System (RIMS) used by the university to apply for ethical clearance. The ethics application included an application to the FSDoE, where I applied to conduct research at five schools in the Lejweleputswa district. I first received approval from the FSDoE which prompted my ethics application to the university. The University of the Free State General/Human Research Ethics Review Committee approved the application and provided me with the approval letter with the approval number: **UFS-HSD2023/2647.** Following this, I then approached the principals of the selected schools and explained the study and the data collection method, where I received positive feedback.

4.1.2 Informing participants about the research and data collection

Once I received permission from the principal to conduct, I arranged with the principal to inform the teachers about the research. Afterwards I requested that the interested volunteers who are interested to participate in the research make themselves available to meet with me. I then met with the participants and provided them with information about myself, the nature of the study and the aim of this study. I showed the participants the permission letter and the ethical clearance letter and explained what it was and why I had it. I informed the participants about the ethical considerations, the data collection method and the consent form. I explained that the interview will be audio-recorded and later transcribed. After this, I informed the participants that we would need a quiet room with minimal distractions where we could have the interview. I then arranged times and dates for the interview at their convenience.

All interviews were conducted face to face, and I went through the consent form again with the participants prior to letting them sign it. The participants were interviewed individually and recorded on an audio-recorder. The interview took between 35 minutes and 60 minutes.

The Interviews were conducted over a period of two weeks from the 11th of July to the 22nd of July 2024.

4.1.3 Transcribing process

To transcribe the individual interviews of the participants, I used Microsoft Word where I uploaded the recordings and transcribed the audio into text. This platform was useful as it was able to recognise different voices and categorise them as different speakers. I had to then edit the inaudible audio and the parts where the participant's native language was used to ensure that the text was concise. I then assigned codes to each participant in order to ensure the anonymity of participants as discussed in Chapter 3. I named myself the researcher and coded the participants as “T1” to “T14” with the T standing for teacher and the numerical number to indicate the participant number. There was a total of fourteen transcripts which I used to organise, analyse, code and generate themes and findings.

3.12 Chapter Summary

In summary, this chapter has diligently outlined the research methodologies which were adopted for the study. It covered the research approach, which was qualitative exploratory research, the research paradigm, research design, method of sampling, data collection techniques, the study site and the participants, the data analysis and interpretation, the strategies for trustworthiness and ethical considerations. The overarching nature of this chapter has ensured that the methodology is aligned with the objectives of the study and

that it was transparent, as these methods were interconnected and informed the next chapter.

CHAPTER 4
DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.2 Introduction

This chapter focuses on the data analysis and interpretations of the data on the perceptions of high school teachers on mental health support for learners in the Lejweleputswa district in the Free State province. The data was collected through face-to-face semi-structured interviews with fourteen participants. The interview was audio-recorded and was later transcribed and analysed using thematic analysis as discussed in Chapter 3 (Section 3.9). The following sub-questions guided the analysis:

- What is the current status of support for learners with mental health problems?
- How do high school teachers support learners with mental health problems at school?
- What are the recommended support measures to support learners with mental health problems?

4.2.1 Participant's Information

In this study, fourteen teachers from five different high schools in the Lejweleputswa district in the Free State participated. The teachers taught both the Senior and Further Education and Training (FET) phase. The participants included fourteen females ranging between the ages of twenty-nine and fifty-six years of age. The participant's years of teaching varied from six years to thirty-three years, with qualifications ranging from Advanced Certificate in Education (ACE), Higher Diploma in Education (HDE), Secondary Teachers Diploma (STD), Post Graduate Certificate in Education (PGCE), Senior Primary Teachers Diploma (SPTD), bachelor's degree in education (B.Ed.), or honours in education (B.Ed. Hons) or a Bachelors of Art (BA). The table below shows the overview of the participants' background details:

Table 4.1: Participant's information

Participant codes: T(n)= Teacher	Age	Gender	Qualification	Teaching grade	Years of Experience
T 1	56	Female	STD + BA + ACE	8-12	33
T 2	55	Female	SPTD + ACE	8 & 11	26
T 3	54	Female	STD + BA + B.Ed. honours	8 &10-12	27
T 4	55	Female	STD + BA	8 & 11	29
T 5	47	Female	BA + PGCE	8 & 9	17
T6	47	Female	HED	9-12	26
T7	38	Female	B. Ed	8-12	16
T8	32	Female	B. Ed	8-12	9
T9	29	Female	B. Ed	8-12	6
T10	35	Female	B. Ed	10-12	13
T11	52	Female	BA + PGCE	8-10	21
T12	40	Female	B. Ed Honours	8-12	17
T13	40	Female	B. Ed	8-12	21
T14	38	Female	B. Ed	8-9 & 11	13

4.3 Data Analysis and Finding

This section presents, analyses, and interprets data from the interviews that were transcribed. The analysis was guided by the following four sub-questions:

1. What are high school teachers' perceptions on mental health support for learners?
2. How is the current status of support for learners with mental health problems

3. How do high school teachers support learners with mental health problems at school?
4. What are the recommended support measures to support learners with mental health problems?

The themes and sub-themes found during the interview are listed in the table below.

Table 4.2: Themes and sub-themes

Themes	Sub-themes
1. Teachers' Perceptions of Mental Health Support	1. Understanding of mental health 2. Role of teachers 3. Impact of the cultural View 4. Changes regarding mental health 5. Educational context
2. Current Status of Mental Health Support for Learners	1. Awareness and understanding 2. School-based support team 3. Counselling support 4. parental engagement 5. Peer support programme 6. Challenges and limitations
3. Teachers' Support Strategies for Learners with Mental Health Issues	1. Identification of learners 2. referral process 3. One on one sessions with learners 4. Classroom management 5. Academic Accommodation 6. Barriers to supporting learners
4. Recommended measures for Supporting Learners with Mental Health Problems	1. Holistic peer support 2. Professional development 3. In-house counselling 4. Stakeholder (DoE) involvement 5. Increase awareness

4.3.1 Theme 1: Teachers' perceptions of mental health support

This theme answers the sub-question that aims to understand high school teachers' perceptions of mental health support for learners. The following five sub-themes were discovered from the interview with the participants, namely: understanding of mental health, the role of teachers, the impact of the cultural view, changes regarding mental health and training.

4.3.1.1 Sub-theme 1: Understanding of mental health

It is highly important for teachers to be able to identify and understand how to work with learners with mental health problems (Cooley, 2024). According to Cooley (2024), teachers who have understood mental health are able to resolve issues relating to mental health timeously as they will be informed on how to identify and help learners. In order to understand the high school teacher's perception of mental health support, it was important to know the participant's understanding of mental health. This implies that understanding mental health is vital for teachers in order for them to be able to support learners.

The participant's responses revealed that they had some knowledge of what mental health is, the causes, and the effects. Below are the responses from the participants when asked about their perception of mental health:

> T1: **"***Mental health is when somebody struggles to cope with smaller issues that anybody else will see them as nothing."*
>
> T2: "*I think someone who is emotionally disturbed or physically disturbed, Yeah, I can say that emotionally."*
>
> T3: ***"****My understanding of mental health is when the child can be able to adapt the information given and check whether she is at the correct state or not. If not, I know we have to refer the child, that's my understanding of the mental health to check if the child is able to do what is expected……."*
>
> T4: "*Oh mental health, It's all about what is happening around us affect especially negative ones, so like when we suffer from death and then violence. Then people who don't understand us well, it triggers the issue of mental health it all happens in your mind, where*

4.3.2 Theme 1: Teachers' perceptions of mental health support

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>
> T4: "*Oh mental health, It's all about what is happening around us affect especially negative ones, so like when we suffer from death and then violence. Then people who don't*

understand us well, it triggers the issue of mental health it all happens in your mind, where you have to deal with different situations. Sometimes you have to quickly deal with circumstances in an instant to so that thing affects any individual."

T5: "*And mental health is when we try to encourage or to support the learner through the emotions that the learner experiences."*

T6: *"… How the kids cope mentally with everything that's going on around them, whether it is in the classes, whether it's home circumstances, that's my opinion…."*

T7: "*Mental health I think it's something like, the obstacle between you and real life and trying to be normal. Yeah, that's what I think."*

T8: "*Mental health is when there is a balance between what you do and say and what your behaviour and how you feel and how you express yourself and emotions."*

T9: ***"****I'd say it has to do with your not emotional well-being, but your state of mind and how it affects your everyday life in a sense."*

T10: "*I think mental health is a very important integral part of a human being. It's the way they perceive things and handle things and process emotions. So that makes it very, very big for daily use."*

T11: "*The person must be for on the inside has to be joyful and feel comfortable in his own skin, so if you feel comfortable with yourself and you don't judge yourself, You don't look down upon yourself. I think then you have joy and you have love inside of you and that will go outwards. So, if you add that happy place, nothing can disturb you. So, if, it's not in balance, then you get depression and you get stressed and anxiety. So there has to be a balance and it all comes from Inside of you. So yeah, and it's neurological, so your brain, basically everything happens there so if you can have. Not focused on the future or the past, but he is being now then you are at the place where anything can happen. You create your own life. So, for me that is mental Wellness. Yeah, yeah"*

T12: *"So mental health, it's the same as when we do health for the kids like you practice with kids, you get them physically healthy so that they can endure any sport or sports injuries or anything. So mental health is the same. Mental health means that your mind. Is healthy enough to handle any……"*

T13: ***"****Mental health I feel is you, it's different parts it can be emotional, sometimes it can even be physical with the chemicals in the brain that does not function properly. It can be*

emotions that is not properly developed, or even it can be emotions that's not properly. How can I say this? worked through, and then it causes the chemical imbalance in the brain, and that is the mental health problems or it causes mental health Problems."

T14: *"Uh, so mental now for me would be something that the way that you go about with situations in your life and the way that you can handle it and the attitude that you have towards it."*

The responses of T1, T3, T4, T6, T7, T9, T10, T12 and T14 convey the teachers understanding of mental health as relating to coping. This understanding is relative to the definition of mental health which highlights that it is a state where one is able to cope with stressors (cf. 2.4.1). T6 states this explicitly by saying*"… How the kids cope mentally with everything that's going on around them*". In reference to the above it is indicated that teachers do have some understanding of mental health.

In affirmation, T2, T5, T10 and T13 define mental health as having to do with emotions, the state in which a person is emotionally healthy. The teachers express how mental health has to do with emotional well-being and being able to process your emotions. T5 highlights that they support learners through the different emotions that they experience.

In addition to displaying understanding of mental health the statement from T8 "*Mental health is when there is a balance between what you do and say and what your behaviour*". This is a statement that is supported by T11, and T13 to say that one's mental health has to do with balance.

From the above, it is clear that teachers do have a basic understanding of mental health, as evident in their responses that highlight various aspects of mental health and its impact on individuals. The teachers showed some awareness of mental health, and how it can impact one's daily functioning. However, responses such as "*I think someone who is emotionally disturbed or physical disturbed"* indicate the need for further education for teachers on mental health. Therefore, teachers require more knowledge and training to support learners with mental health effectively.

4.3.2.2 Sub-theme 2: Role of teachers

The role of teachers has changed as their role now goes beyond teaching (Maclean and Law 2022). Teachers have a vital role in supporting learners with mental health problems. Teachers view identification and referral as their primary role in providing mental health support (Mælan, Tjomsland, Baklien, and Thurston, 2020). Additionally, Dimitropoulos, Cullen, Cullen, Pawluk, McLuckie, Patten, Bulloch, Wilcox, and Arnold (2022) emphasize that despite mental health support for learners being outside of the usual scope for teachers, it remains amenable as teacher's role include supporting learners' well-being. As such the roles of teachers compromise more than just teaching learners because of additional responsibilities added to their role.

Eleven participants have shared their views on their roles as teachers concerning supporting learners with mental health. T2, T8, and T12 indicated that it is not part of their role to support learners, and they have this to say:

> T2: *"I think some things can be done by me, but there are certain things."*
>
> T3: *"I know my role is to be a parent, I need to be a parent for these learners."*
>
> T4: *"As teachers, we call their parents most often"*
>
> T5: *"Yes ma'am especially because I am a member of the SBST, it is highly part of my role."*
>
> T6: *"I think it's good for a teacher, for myself to be there for the kids, they must know. I mean, this is their home away from home too. They are here for so many hours in a day. So, they need to know if there is something troubling me, if there is something bullying someone bullying me, they need to be able to speak to someone. They need to know that there is someone"*
>
> T7: ***"**It must be part of it. Four years back, no, you know I didn't care. And there's other people that's helping them. And now I think we must be part of it. I think we must help them, they will do better, I know they do better because I have just experienced that. But it takes very much so much time and so much people and so much effort in that."*
>
> T8: ***"**It's not (Part of my role), but as a person it is. Ok, it's Ubuntu."*

T9: *“Because we see them 8 hours a day, right? We see how they are coping, whether they're coping with this or not. Can't necessarily always leave everything up to the parents because they don't see them as often as we do, it's a yeah, it's important……”*

T10: ***“****I'm definitely, yeah. Part of my daily life, definitely.”*

T11: “*It is definitely I use examples and positive stuff in my class.”*

T12: *“I don't think it's part of my role.”*

T14: “*Oh definitely that is one of the. Apart from teaching, I think helping learners is one of the biggest things. The teacher, one of the biggest roles the teacher has.”*

T2, T5, T7, T9, T10, T11, T12, T14 assert that supporting learners is part of their role as teachers. The statement of T14, “*Apart from teaching, I think helping learners is one of the biggest things. The teacher, one of the biggest roles the teacher has”* is understood to mean that the teacher role is to help learners in all aspects, not just teach them. T7 alluded that four years prior her response would have been different, but with increased knowledge and experience she has seen how vital her role is in supporting learners with mental health problems.

T3, T4 and T6 have affirmed the importance of referral and communicating with parents. The teachers T3 and T6 view their role as to ensure that they communicate with the parents if they see an issue with the learner, while T4 sees it as important to constantly communicate with parents, when they see a learner struggling with mental health problems.

Contrary to the above statement T8 and T12 do not view supporting learners with mental health as part of their jobs. T8 added that to support learners with mental health is good as it demonstrates ubuntu (‘the belief in a universal bond of sharing that connects all humanity, also commonly translated or understood as ‘I am because we are’ Henri, 2016).

These mixed views above revealed that there are diverse perspectives on teachers' role in providing mental health support for learners. Teachers have different perspectives regarding their role in relation to mental health support for learners. While some participants expressed that supporting learners with mental health issues is not part of their role, this suggests that there is no uniform directive regarding a teacher’s role when it comes to mental health support. This is as a result of having roles that are not formally introduced

with laid out expectations to ensure that there is consistency and uniformity. Nonetheless, the South African Council of Educators (SACE, 2020) underlines that teachers are expected to promote the well-being of learners. According to Beames et al. (2022), role ambiguity occurs when there is not enough information about the expectations, and this may also be because of the increase in the responsibilities of teachers. This is true as the roles of teachers in relation to mental health are not clear and do not seem compulsory.

4.3.2.3 Sub-theme 3: Impact of the cultural view

Teachers come from diverse backgrounds and have different cultural views on mental health, and this can affect how they support learners with mental health problems. Teachers' beliefs have a very big impact on the decisions and actions that they take (Kaymakamoglu, 2018). Understanding the impact of teachers' cultural views allows for direction in addressing stigma or increasing further knowledge on mental health. According to Henderson Smith, Franco, and Bottiani (2023) it is crucial to understand how teachers might be able to identify and respond to the mental health needs of learners. Seven participants revealed how their cultural view has impacted their views on mental health. The responses elicited from the participants are as follows:

> T2: "*On our culture there is a lot of mental health that is caused by negligence of parents, poverty, unemployment. So in in my culture, I think because of poverty we are having that what mental health that is caused by poverty, because we are living in a society that is poor, that is not working. That is using drugs and, in our culture, lot of gangsterism also."*
>
> T3: "*According to my culture now, I grew up in a black community where when you've got the mental issues, they will tell you are silly and what, but because of my knowledge that I received during my education process I find it necessary for us to refer the learners even if the parents are in denial….."*
>
> T5: ***"****Yeah, it does, because in my culture they say that there is nothing like a depression. It simply means that a woman who doesn't know how to endure her problems so it affects how I view it because I believe that just because I have depression, I cannot endure my own struggles it simply means that a part of my mental problems are just too much for me to handle."*

T6: *“you see because depression and anxiety is so open in the white community as a white teacher, I can speak to my learners about it more openly than that they would do at home so they can come, come and confide in me.”*

T10: ***“****I must say when I started teaching, it was very difficult because I only had my own cultural reference and viewpoint and the way my culture deals with certain things and other cultures deals with, especially with emotions and the way you feel is very different. So, when I started teaching, it was very difficult but. I'm very fortunate to work at a school with a multicultural background, so you get to know the learners and their cultures, and so you adapt your own mindset to incorporate all of their viewpoints in in your daily life.”*

T12: *“Because we are sensitive to depression, we are sensitive to all these nitty gritty, mentals stuff. That the other cultures do not acknowledge yet…I think I am more sensitive, and I think a lot of our black learners do not even know what's wrong. But I feel something's not right. But they don't know because they. I won't say they're not allowed, but they're not used to blaming it on mental health. They don't know mental health…”*

T14: “*Well, coming from my, my culture is also it's not as bad as the African community, but in my family, for instance, you when I said to my parents I'm depressed then, like, how can you be depressed? You've got everything you want and there's nothing wrong with you, and so that is also a big problem that we have is the perception of people, even if it's your family.”*

The point by T2, “*On our culture there is a lot of mental health that is caused by negligence of parents, poverty, unemployment…*” conveys the message that the worrying factor for these teachers is the impact that socio-cultural factors have on mental health. Furthermore, this indicates that T2 also conveys the message that mental health support cannot be isolated form factors such as poverty, unemployment, etc.

T5, T6 and T14 share very similar sentiments to one another, where mental health was not a widely encouraged topic which came with stigma and judgement. The statements, “*..they will tell you are silly*..” “*...there is nothing like a depression...*” and, “*how can you be depressed?”* show that these experiences have allowed the teachers to learn about mental health and be open about it because of their experiences.

The idea of not knowing how to approach or support is brought about by T10 and T12 where they highlight that it is difficult, and they do not want to offend anyone. The impact of their

cultural view and background led them to feeling uncertain on how to support learners with mental health problems.

The comment by T6, *“you see because depression and anxiety is so open in the white community as a white teacher, I can speak to my learners about it more openly”* gives the perception this teachers cultural view has impacted the teacher in a way that has allowed her to be open about mental health and this has further made it easier to support learners with mental health problems.

The above responses highlight how the cultural views of the participants have shaped their views on mental health, by discussing how their upbringing, culture, and community has influenced their understanding of mental health. Moreover, Maclean and Law (2022) emphasised the importance of considering teachers' motivation and beliefs. Despite these cultural influences, the participants' responses indicated that they have actively chosen to understand and learn about mental health, ensuring their views do not hinder their ability to support learners.

Teachers' background affects how they respond, this is aligned with the social interaction which is an objective of the social constructivism theory which states that learning is a collaborative activity where meaning is created through interactions with other people (cf. 2.2.3.3). Furthermore, the social constructivist theory objective of cultural context states that culture plays an important role in the development of thinking and learning (cf. 2.2.3.4). This indicates that culture does pay a role in the perceptions of teachers.

4.3.2.4 Sub-theme 4: Changes regarding mental health

Most teachers have identified changes regarding the mental health challenges that learners experience. Shelemy, Harvey, and Waite (2019) highlight the importance of understanding and learning about the experiences of teachers regarding mental health at schools, so as to ensure the improvements of interventions and resources. As stated by O'Reilly, Svirydzenka, Adams, and Dogra (2018), there has been a global increase in mental health problems among children and adolescents.

Eleven participants stated that there have been changes regarding mental health. They have noticed an increase in the mental health struggles that the learners experience and it seems to have gotten worse over the years. Some of their responses are as follows:

> T1: "*There's a change because most of our learners, they don't want to open up and they resort to drugs instead and even the brilliant learners, some of them, they will say that they are not comfortable and we cannot"*
>
> T2: "*I don't see changes. We are struggling a lot that mental health. I don't see any changes, there is no change. The thing that I should everything is becoming worse…We teach the learners that do not care, I think they are affected so much because of those issues, social issues."*
>
> T3: "*The child of nowadays. That's why I said they are so sensitive more than those ones and they are sensitive in a way that…"*
>
> T4: **"***There's no change because it it's becoming worse since they live mostly live in poverty so It's so difficult for them to cope and with even with us teachers, we don't know how to assist anymore."*
>
> T6: "*I think so because these things technology play a huge, huge role. I mean, when I started off cell phones wasn't such a big thing, so we didn't have something like cyber bullying. You know, post a photo of someone and make fun of them, we didn't have that. Now we've got so many extra things on social media where kids are being bullied on the phone, Comments* [sic] *are being made. Things are being posted and that makes it worse. So that makes the problem more difficult for them to deal with."*

T8: *“It has become broader, it's not just about ADHD (Attention Deficit Hyperactivity Disorder)or anxiety or depression. It's more than that It's about the trauma and it can be a trauma from a past event or something that's happening currently.”*

T9: “*It's not just the normal anxiety and depression anymore...they're a lot more disorders or what not to just anxiety and depression. Again, sometimes there's people take it for granted and it's a go to know, but I'm feeling anxious.”*

T10: “*Anxiety is definitely one that has picked up immensely over the years. I think that has a lot to do with the amount of work the kids have to cope with.”*

T11: **“***I think it's just increasing. Yeah, it's increasing stress and anxiety for me. That's what I picked up a lot of a lot, mostly,”*

T12: “*Yes, after COVID it is worse, it's even worse after COVID. After COVID kids didn't want to do sports anymore. So, they are not physically active when they're not physically active, they are not mentally healthy because they don't participate in anything healthy. They are just on their phones the whole time, so their mental health issues are getting worse every year, every year there is more. Children with issues, more children with depression, and even after COVID had a lot of. Emotional damage on the kids and after COVID a lot of children didn't have friends for those years.”*

T14: “*Mental health has definitely gotten worse since I started teaching because they are so much more pressure on the learners and because it's gotten worse, there has been no way that they have been helped to get out of that situation.”*

The remark “*it's becoming worse*” uttered by T2, T4, T8, T9, 12 and T14 is understood to show that mental health problems among learners have only gotten worse as there is an increase in the disorders that learners face, supported by the comment, “*it's not just the normal anxiety and depression anymore*”. T2 comments, “*I think they are affected so much because of those issues, social issues*” as a possible reason for the increase in the mental health challenges that learners are facing. In addition, T12 repeatedly adds, *“after COVID it is worse, it's even worse after COVID”*. This is in reference to the Covid-19 pandemic where they highlight that learners have experienced increased mental health problems after the pandemic.

Teachers have noticed a specific increase in mental health disorders, "*it's increasing stress and anxiety for me*". T10 states that in their opinion, "*Anxiety is definitely one that has picked up immensely over the years*", and this conveys that despite there being a general increase in changes that learners experience there are those disorders that stand out. In addition, there is a change in learners' reactions and this is expressed in the statements, "*they are so sensitive*" and, "*they don't want to open up*" that this could imply the reasons for the increase.

A possible explanation for the responses above is that there has been a shift in the mental health problems that learners experience over the years. According to Högberg (2021), there has been an increase in mental health problems reported in several countries among adolescents over the last decades. The teachers alluded that there has been a significant increase in the prevalence of mental issues among learners. The contributing factors to these changes include social issues, technology, the covid-19 pandemic and other pressures. Participant T1 further notes that some learners even resort to substance abuse to deal with their issues.

4.3.2.5 Sub-theme 5: Educational context

Educational context refers to the environment where learning takes place. Schools are important for providing a supportive environment for learner's mental health, offering mental health services and access to information (Ali, West, Teich, Lynch, Mutter, & Dubenitz, 2019). According to Norwich, Moore, Stentiford, and Hall (2022) mental health provisions within schools can lead to an increase in the identification of mental health problems among learners.

Ten participants stated their view on the importance of mental health in the educational context. They indicated the importance of supporting learners with mental health issues and helping them to cope. This is what they have to say about this matter:

> T1: "*The importance of mental health in the education sector because we are dealing with human beings, they have to be in the state of mind. These learners in the state of mind that*

when we teach them. They absorb the information that we teach, but if they are troubled. They will not perform..”

T2: *“It is very important to support learners with mental health.”*

T4: “*Well it is important Mental health. That the learners are assisted, psychologically, so that they can focus, they are still young they are growing during their growth and development there should be that support by the department.”*

T5: *“Is very important lady because imagine if you were not able to cope from home, the things that happen at home, then you come to the school it means even at the school you will not be able to cope. Because whatever that happens at home can be brought to school so I think it is very important.”*

T6: *“I think it's very, very important, because if a kid struggles with something they won't be able to focus at school because their mind will wander off to that specific situation. So, I think it's very, very important that us as teachers, we need to be aware of this. We need to have some tools.”*

T9: *“There's definitely an important aspect to teachers not only just understanding it, but knowing how to interact with learners who struggle because of the consequences that are attached to.”*

T10: *“It is definitely the pillar of success or not succeeding if you are not coping mentally, you are not coping at all, you can't handle the stresses of life, so definitely important.”*

T12: “*It's very important, you can't teach a child mathematics if they are not mentally well. You can't get them to lessen in a class… So it's very important and that they are mentally well and there's such a lot of factors at school that can influence them the whole time.”*

T13: **“***Mental health is extremely important in the educational context if it is dealt with correct um the importance is that each child needs to be or each teacher needs to be basically mentally healthy before then give a proper or get appropriate education from any anyone or give a proper education to anyone so that is how I feel about that one.”*

T14: *“I think it's extremely important to be aware of it, and as someone who's struggling with mental health, I know how it affects me daily, so I can only imagine how a learner must feel who might not have the support or the idea of what the problem is. So, for us as teachers to protect their mental health is very important.”*

The assertion, "*The importance of mental health in the education sector because we are dealing with human beings, they have to be in the state of mind. These learners in the state of mind that when we teach them. They absorb the information that we teach, but if they are troubled. They will not perform..*" effectively highlights the important role of mental health in the educational context. This emphasises that without mental well-being learners will not engage or benefit from educational content as highlighted by T1 and T12.

The impression that is given is that the inclusion of mental health is not only important for the school, but post-school, *"Well it is important Mental health. That the learners are assisted, psychologically, so that they can focus, they are still young, they are growing during their growth and development there should be that support by the department"* addressing issues and challenges that learners experience regarding mental health at school level can offer them coping skills and knowledge for life after school.

The utterance above imply that it is important to include mental health in the school context, as it will be beneficial for the learners. Teachers emphasised the importance of mental health in the educational context. Moreover, Sibanda et al. (2022) posits that when teachers address the mental health needs of learners, they ensure that learners develop to their full potential and achieve positive educational outcomes. The participants underscored the importance of supporting learners with mental health issues and ensuring that they are able to cope with their schoolwork. They highlighted that learners are unable to learn effectively when they are not mentally healthy. As a result, the implication of this data is that schools must prioritise mental health support to create a conducive learning environment.

4.3.3 Theme 2: Current Status of Mental Health Support for Learners

This theme investigates the current status of mental health support given to learners at high schools. The following sub-themes emerged as part of this theme: Awareness and understanding; SBST; Counselling support, parental engagement, peer support; challenges and limitations.

4.3.3.1 Sub-theme 1: Awareness and understanding

Awareness and understanding of mental health can promote eagerness and quick response to supporting learners with mental health problems. Ma and Anto (2022) stress that a lack of awareness and understanding among teachers increases stigma and reduces their inclination to support learners. Mental health literacy among teachers can promote the reduction of stigma towards mental health disorders, thereby ensuring that teachers have adequate awareness about mental health and mental health disorders which may be important for the learner's well-being (Ma & Anto, 2022).

Thirteen participants expressed the level of awareness and understanding among their colleagues at their respective schools. They expressed the following views on this matter:

> T1: "*We are lucky because sometimes we have these people who will come to us, the social workers, the Department of Education, will refer people to and motivate learners. And tell them about these things. So, we do have those programs, even the department itself, it will take the people who are who are working in the district to support team to come and talk to us."*
>
> T2: *"There is not enough awareness on mental health because we did not invite some people over and over, a long period of time, we do not invite the people with skills regularly so that they can talk to these learners."*
>
> T3: *"I think most of them we are aware because the government is holding the workshop for us."*
>
> T4: *"They are aware because we always talk about our stresses and frustrations."*
>
> T5: *"not* [sic] *at all. I don't think there is enough awareness, because even the teachers themselves have mental health problems so I don't think that if we are not able to care for ourselves, we will be able to care for others so I don't think that there is enough awareness. When we hear mental health issues, we associate it with being crazy. They need to be taken to a psych hospital."*
>
> T6: *"I think all I understand it as well because all of us go through stuff. All of us have our own personal things that we have to deal with, so they know. I mean, if we as adults go through this, then kids are going through this and a lot of them with the teaching, everything they've experienced that they know that some of the kids come from a house, that they might*

be violence in or whatever. So, we are aware of this. I don't think all of us always know how to deal with it. I think that is a concern, but I think they all are all aware of."

T7: *"No, no there isn't. I think I have a better understanding because I like to improve the way that I give my classroom. But I don't think all my colleagues do. They are some of them that screams at children and then like this child lost his mother and his father his, you know, he's with just his grandparents. This happened, they don't care. Why the child isn't behaving in class and they just sending them because they're not doing their work and we don't have just one, we have several colleagues."*

T8: *"I think for the school as a whole there is because we also focus. On how we can help the children not just academically, but we need to understand what happens when a mark is dropping. So, we do need to have a deeper understanding of who is the child, what is going on with the child. So, we have to understand that first before we understand why did we lose 10 marks here or five marks here?"*

T9: *"Obviously, everybody knows that there are problems with it, but just think that there could be a bit more done with regards to how we deal with it and how you interact with learners that are struggling with it."*

T11: *"I don't think there's much awareness, really, I think the what teachers now is basically you go to a psychologist."*

T12:*"No, I have a big problem with that teacher. My oh four years, five years at university, nobody told me, told me, taught me how to develop the kid mentally? How to give a kid certain steps how to get the kid? Kid's mental health up to standard out to test the mental health. Nothing, there's nothing for that."*

T13: *"I feel that my current view on the level of awareness and or understanding of mental health among teachers at a school or we are struggling because first we do not have the staff we do not have the educational or the knowledge about it is extremely difficult to have a proper view if you're not educated properly in a certain way"*

T14:*"I don't think there is enough awareness. Umm, I think everyone is might just Brush it off as the learner being quiet or the learner being disruptive and we are not aware of what's going on in their lives, because the private about certain situations. So, if the learner does not go to the school counsellor or is referred by maybe the parents, then we do not know about the issues. We do not actually know about it at all."*

The phrase, *“I think most of them we are aware because the government is holding the workshop for us”* gives the notion there are workshops for teachers to raise awareness and give understanding to teachers, as highlighted by T1 and T3.

The impression is given that there is not enough awareness, however teachers rather rely on personal experience, *“I think all I understand it as well because all of us go through stuff. All of us have our own personal things that we have to deal with, so they know*”.

The quote, “*I don't think there is enough awareness,”* is one that the vast majority of the teachers agree with where they do not think there is enough awareness and understanding of mental health between teachers. The following reasons are highlighted for the above statement, “*we do not invite the people with skills regularly so that they can talk to these learners”, “I don't think there is enough awareness, because even the teachers themselves have mental health problems so I don’t think that if we are not able to care for ourselves”, “I don't think all my colleagues do. They are some of them that screams at children”,* and, *“we do not have the educational or the knowledge about it is extremely difficult to have a proper view if you're not educated properly in a certain way”.* All of these reasons highlight that there is a need for more awareness and understanding of mental health among teachers.

The information obtained from the teachers' responses demonstrates that teachers feel that there is a need for more awareness and understanding of mental health among teachers. Furthermore, Moon, Williford, and Mendenhall (2017) stress the importance of equipping teachers with the necessary knowledge, and to establish a system that enhances awareness and understanding of youth mental health issues. Additionally, some participants alluded to the need for more information on mental health.

4.3.3.2 Sub-theme 2: School-based support team

It is very important for the school to have a support structure which can address issues relating to mental health. In this regard, many schools have a support structure namely the SBST. The role of the SBST is but not limited to the identification of learners' needs and arranging support that is within the SIAS (Cf. 2.3.6). Nine participants indicated the role of the SBST in relation to supporting learners with mental health problems. Some of the respondents answered in the following ways:

T1: ***"****This in nowadays name it is we have this committee that is called school based support team, it deals strictly with such issues. We have to have meetings and then every time, every month we have to hold meetings, but, second week of every month we have to go back and then check in classes. How teachers have perceived learner, then check who has this problems* [sic] *then we as committee, we sit down and then we call the Department of Education and actually the district-based support team. They will come and screen the land and then after screening, they will tell us. Now there are forms that needs to be filled whereby the learner maybe will be referred if the case is severe."*

T3: *"It's helpful because after identifying those learners, like I've said, we are able to refer to the committee and the committee will take them from there and they are also working with them. There's somebody from the department that is working with the SBST then. The government, the district will take it over.****"***

T4: *"Yes, we have this SBST committee. We give them support, you know, start with the level in the classroom than to the principal's office, then to the department; Like in that classroom, we identified the learner. You'll find that some can even write or memorize or remember their they lack to remember. And then others it affects their writing we find that when their writing, the writing is horrible, and they don't care to improve it then we start it. We take it from there and then there their results are affected. So once the results are affected, we become worried, yeah, then we'll take the learner to the committee or SBST committee. The committee will discuss about the learner and then plus the class teacher,*

they will all agree with this learner can cope with. We fill in those forms that department SNA1 we refer the learner."

T6: *"I don't think there's a specific like an SBST team, because the kids speak to other their registered teacher or they come to the HOD."*

T7: *"I think there is a SBST It's you know, something like that. Mr (insert name) is the head of that, we as grade heads we just leave it to him. He does all of those admin for us, so they do the concession and all those."*

T10: *"It's definitely an important part, we focus on our barrier learners and we try to incorporate them and make it easier for them in mainstream. It is difficult though to incorporate in mainstream, because the classes are so big, but yeah, the SBST is an integral part of supporting learners and families and the community as a whole because they get to know which families and community members they need to support."*

T12: *"Yes, there is. But the problem with that is the teacher that is on the SBST committee is also the coach for the first in netball is also the maths teacher is also the one dealing with the disciplinary things of the school. So, we do have that committee. We do get together. Once every term. And then mostly we discuss the learners with learning disabilities. The learners that are struggling with learning. Yeah, we are not getting to the mental health, but part of the SBST is."*

T13: *"this is an approach that the school takes to support these learners first up the teacher identifies such child then we refer them to the SMT, then the SMT will refer them to the pastoral psychologist and that basically helps with it so that is basically what we are doing"*

T14: *"We have SBST, but we the SBST is mostly just for learners with um concession that has ADHD or what do you call it? Social anxiety. You can't write with the group in a classroom, so they have separate with venues to write to help with that. But further on it's just for exam the SBST."*

The statement, *"How teachers have perceived learner, then check who has this problems then we as committee, we sit down and then we call the Department of Education and*

actually the district-based support team" is understood to show that the SBST does not work alone but collaborates with the DoE and the district based support team (DBST). The SBST has resources and support from the department to support the learners.

The following comment, "*we have this SBST committee. We give them support, you know, start with the level in the classroom than to the principal's office, then to the department*" highlights the different levels of support that the learners receive. Support is first given at classroom level with classroom accommodations to support the learner, and if the matter progresses it is then taken to school level where the principal is involved. However. if they are unable to assist the learner the matter is taken further to the district level.

However, there are situations where there is no SBST and the work of supporting learners is left to individuals, such as, *"I think there is a SBST It's you know, something like that. Mr (insert name) is the head of that, we as grade heads we just leave it to him. He does all of those admin for us, so they do the concession and all those"* and, *"I don't think there's a specific like an SBST team, because the kids speak to other their registered teacher or they come to the HOD".* The two statements show uncertainty about the teachers' knowledge in the role and support available for learners.

The above suggests that the School Based Support Team (SBST) plays a vital role in assisting students with mental health issues. According to Agulhas (2021), the SBST is responsible for identifying the needs of the students. The SBST is seen as important in addressing mental health issues among learners by providing a structured approach to identification, referral, and support. The participants' responses imply that by addressing the following areas—clarifying the SBST's focus, increasing resources and support, and enhancing collaboration and communication between teachers—the SBST can become more effective in supporting learners with mental health problems.

4.3.3.3 Sub-theme 3: Counselling support

The availability of counselling support at schools for learners with mental health problems could lead to the early intervention and support once learners have been identified to be struggling with mental health. Referencing the Adlerian counselling theory, Bekere and Tlale (2019) state that counselling at schools helps in supporting learners and developing their potential. Counselling support was highlighted by seven participants as an approach that the school uses to support learners with mental health problems. According to the participants the counselling support at the various schools is carried out by either a school counsellor, a psychologist, a youth worker, or a youth counsellor. The input from the participants is provided hereafter:

> T6: *"we refer them to the school counsellor and then she has sessions with him during the week. So, I make appointments with her, arranged with the kids, and she goes, they go to see her and then she will give me feedback. She will say, OK, she thinks this child needs to see someone a bit more qualified."*
>
> T7: *"we have the psychologist. He comes in every week, yeah, four days a week and he has appointments with certain children through grade eight to grade 12, and then he would just get me in, like, once every two weeks and you would just tell me, OK, no, this is what's happening. This is what the children are going through"*
>
> T8: *"So we do have a youth worker on the premises, that's here every single day. That also works with problems or with teens that have mental illnesses."*
>
> T9: *"they get referred to if they're going to do things, they'll refer to the youth counsellor. And as far as my knowledge is that's where it ends."*
>
> T10: *"So when you see them, you refer them to at our school counsellor, that is our part. we have a guidance counsellor It's not a psychologist, but as you know the counsellor. So, then we send them, to the counsellor, see them in school times, he will just calm them down and speak to them, see if they're fine or not. If he says a big problem, he will refer to psychologists."*
>
> T13: *"SMT will refer them to the pastoral psychologist and that basically helps with it so that is basically what we are doing."*
>
> T14: "*We have a youth counsellor that the learners can go and see."*

The response from T7, *“we have the psychologist. He comes in every week, yeah, four days a week”* and T8, “*So we do have a youth worker on the premises, that's here every single day. That also works with problems or with teens that have mental illnesses”* conveys that there is constant support that is available for learners who may be struggling with mental health issues. The school has a measure to ensure that if a learner is in need of professional help, that it is readily available.

It seems that the teachers are the ones who refer the learners for counselling once they identify learners who may be struggling with mental health problems - *“So when you see them, you refer them to at our school counsellor, that is our part.”.* This may be disadvantageous to learners who may want direct access to counselling services available.

The statement, *“they get referred to if they're going to do things, they'll refer to the youth counsellor. And as far as my knowledge is that’s where it ends”* by T9 conveys that the teachers are not informed of accommodations or progress of the learner once they have been referred for counselling services. Therefore, this shows that teachers are not able to ensure learner support as they are not given feedback on the learner once they refer to them. Based on participant feedback, the school offers counselling services as a strategy to address learner mental health concerns. While counselling support is available, there are communication gaps among teachers regarding the extent of the support process. Counselling services, as defined by the BHC (2023), are mental health interventions designed to assist learners experiencing mental health difficulties. Participants indicated a need for increased collaboration and feedback within the counselling support system. Teachers and counsellors have the responsibility to support learners to achieve, and build healthy social awareness (Bekere & Tlale, 2019).

4.3.3.4 Sub-theme 4: Parental engagement

Parental involvement is very important to ensure the success of the learner. Parental involvement includes interactions between the teacher, learner and parents to promote the academic motivation, development and achievement of learners (Krane and Klevan, 2019). The partnership and engagement between teachers and parents regarding learners’ mental

health is important. This includes the learners emotional and behavioural concerns, especially with nearly one in five children suffering from mental health disorders (Smith, Holmes, Romero, & Sheridan, 2022).

Five participants stated that an approach they use to support learners is informing and engaging with the parents when the learner is having mental health issues. The participants' responses from the interview are subsequently presented:

> T1: *"normally we will call parents name and then after calling parents will sit down with the parent and the learner and then we find out what happened? What has triggered this? How is life at home? So that home, so that at school we understand the, this problem that the child has."*
>
> T3: *"We are having a sick bay in that sick bay. We are having all the necessary equipment we took the child there maybe for a certain periods* [sic] *to come up, if there is no change, we call the parents."*
>
> T4: *"As teachers, we call their parents most often. So that we engage them, yes, because there is the instruction from the department must always engage parents."*
>
> T6: *"If it is something that we've also heard before, like the child is completely in an emotional disaster. If I can say about that, then we phone the parents as well, because then we know that their child will not be able to focus further for the rest of the day, so if it is something like that, that is an urgent matter, we need to hold the parents, then we do so. Well."*
>
> T7: *"That the only other thing that we do is call the parents in and we speak loud, clear, try to help at home. If it's financial stuff, you know, we've got fundraisers to help them financially or with food or anything, but there's nothing else in place at our school."*

The response, *"normally we will call parents name and then after calling parents will sit down with the parent and the learner and then we find out what happened? What has triggered this? How is life at home? So that home, so that at school we understand the, this problem that the child has"* conveys a sentiment that is shared by T1 and T7, where they engage with the parents to try and find the source of the cause of the learner's mental health problems.

There seems to be high efforts that are taken by teachers to try and assist and support learners who may be experiencing mental health problems prior to calling the parents. *"We are having a sick bay in that sick bay* [sic]*. We are having all the necessary equipment we took the child there maybe for a certain periods* [sic] *to come up, if there is no change, we call the parents".* Teachers try to support the learners when they are experiencing mental health related problems before just calling the parents to deal with the learner themselves.

The statement, "*As teachers, we call their parents most often. So that we engage them, yes, because there is the instruction from the department must always engage parents"* coveys that the teachers also have instruction from the DoE to engage with parents in relation to the learner's mental well-being.

The data above imply that teachers see the importance of parental engagement when it comes to learners' mental health. As noted by Sibanda et al. (2022), teachers play a pivotal role in facilitating communication between parents and families. Participants' responses highlight a collaborative approach where they engage with parents to support learners experiencing mental health challenges. Specifically, participants indicated that they work with parents to identify potential causes contributing to the learner's mental health difficulties.

4.3.3.5 Sub-theme 5: Peer support programmes

Peer support is a mental intervention where learners are involved in supporting other learners (Coleman, Sykes, & Groom, 2017). According to Widnall, Dodd, Simmonds, Bohan, Russell, Limmer, and Kidger (2021) learners often turn to their peers for support with mental health concerns, and therefore formalising peer advising through the introduction of mental health literacy may increase the likelihood of support and seeking help.

Six participants stated that there is peer support as an approach to support learners. T12 highlighted that learners usually speak to their friends. The responses collected from the participants are outlined below:

T6: *“We always try to teach the kids to be the best person that they can be, to be kind human beings to help one another. So, we try to install that in them so we've had instances in the classes where a kid has ADHD or even autism, or any anxiety disorders and the kids are most of the times, being nice to them, they still include them.”*

T8: *“...and then we have the trauma buddies, if you're going through trauma, you have a buddy who can help you to get through it who are trained.”*

T9: *“We do have the trauma buddy system in place, whether the kids use it or not, I personally do not know. So, they're all learners around they can go and talk to but if they actually do it or not, I don't know.”*

T10: *“...learners that are more prone to supporting others and helping others and I think that is how our buddy system works because it's those learners that can deal with it in the training.”*

T12: *“…They usually speak to their friends and the friends come and report and says this kid wants to cut themselves, this kid wants to do this, this kids* [sic] *is doing this. They all usually they are seeking help, but not in the right places. They are seeking with their friends. So, a lot of the times the friends also reported.”*

T14: *“...we also have a thing called trauma buddies. And when, which peers that you can go and talk to about a situation…”*

The statements, *“We always try to teach the kids to be the best person that they can be, to be kind human beings to help one another”* and, “*…They usually speak to their friends and the friends come and report and says this kid wants to cut themselves, this kid wants to do this, this kids is doing this”* are understood to mean that the peer support may not be formalised but they encourage learners to support one another and speak up should they know that one learner is struggling with mental health problems.

The following statement, “*we have the trauma buddies, if you're going through trauma, you have a buddy who can help you to get through it who are* [sic] *trained”* as expressed by T8, T9, T10, and T14 gives the impression of formalised peer support for learners, where the learners are trained on how to support learners with mental health problems.

The participant responses suggest that peer support plays a significant role in addressing learner mental health concerns. According to Cowie (2020), peer support systems can take various forms to fulfil their intended purpose, including addressing mental health issues within schools. Moreover, participants indicated that learners are often prone to turn to their peers for support and that schools have encouraged this practice by ensuring that peer supporters are trained to recognise and report mental health concerns. This indicates that formal and informal peer support for learners with mental health is beneficial as some learners may be more prone to talking to peers than the teachers.

4.3.3.6 Sub-theme 6: Challenges and limitations

The status of mental health support for learners at schools is not without challenges and limitations. Challenges can be seen as the obstacles that may stand in the way, while limitations are the shortcomings that may affect the support of learners with mental health problems. According to Shelemy, Harvey, and Waite (2019), teachers have sparse access to support and supervision from mental health experts. Various challenges and limitations were mentioned by participants. The participants highlighted issues such as the lack of social workers, counsellors, psychologists, time, lack of knowledge and training, and the inadequate functioning of the SBST. The data obtained from the participants' responses is as follows:

> T1: *"the lack of the social workers, counsellors, I think each and every school should be allocated a Counsellor."*
>
> T2: *"The SBST they, they are doing their job but not properly, they do some of the things, but the issues there are a lot of issues, but all they can do is to meet ,is the problem of SBST the SBST are not functioning properly at schools. I think is the workload. But they are not functioning properly, they can do some of the things, but not all."*
>
> T4: *"The other one is the psychologist who is not here full time?"*
>
> T5: "*Lack of training. Stereotype and ignorance."*

T7: *“No, I think it's just the label that you have and it would help him, but I don’t even care about that committee…It's the first time that you are explaining this mental health issues, so now I know more and I know we have a lack of that in our school”*

T11: *“Yeah. So, we also have SB committee here, but I think on top of that we also need peer support and maybe others more support because I don't think it's enough, yeah. I think there should be more access.”*

T13: *“There is a limit of funds and then there's no support of the Department of Education we can't do everything on our own I feel that there is a lot of students psychologists students that can be used to help in schools and provide need and support for these learners but I feel that the requirement of education is our greatest barrier for mental health issues and to support.”*

The statement, *“the lack of the social workers, counsellors, I think each and every school should be allocated a Counsellor”* conveys a sentiment that is shared by T1, T4, T11 and T13, where they highlight that lack of counselling support at schools, serves as a barrier to effective support for learners with mental health problems.

The claim *“The SBST they, they are doing their job but not properly, they do some of the things, but the issues there are a lot of issues* [sic]*, but all they can do is to meet, is the problem of SBST the SBST are not functioning properly at schools. I think is the workload. But they are not functioning properly, they can do some of the things, but not all”* conveys that despite there being an SBST at schools to support the learners, it is not functioning at the optimal level. This serves as a barrier as the level of support that they can offer the learners with mental health problems is limited.

The complaint that, “*there is a limit of funds and then there's no support of the Department of Education we can't do everything on our own”* highlights the frustration caused by the financial issues that are faced, and that there is lack of support from the DoE. Participant T13 further adds that, “*education is our greatest barrier for mental health issues and to support”* which supports that there is not enough information shared to ensure that learners with mental health problems are supported.

The above finding gives the notion that there are challenges and limitations that are experienced at schools when it comes to supporting learners with mental health problems. T1 highlighted concern regarding the functioning of the SBTS as they form an important part of the support of learners. The participants identified a critical need for improved mental health support services within the school. Key challenges and limitations included a shortage of mental health professionals, such as social workers, counsellors, and psychologists, as well as the inadequate functioning of the School Based Support Team (SBST). Participants emphasized the importance of having dedicated mental health professionals in each school and expressed concerns about the SBST's ability to effectively address the needs of learners. Additionally, some participants highlighted the lack of awareness and understanding of mental health issues among school staff, further hindering the provision of adequate support.

4.3.4 Theme 3: Teachers' Support Strategies for Learners with Mental Health Issues

The purpose of this theme is to explore the strategies that high school teachers use to help support learners with mental health problems. The following six sub-themes emerged as part of this theme: identification; referral process; one on one sessions with learners; classroom management; academic accommodations; barriers to supporting learners.

4.3.4.1 Sub- theme 1: Identification of learners

Kratt (2018) asserts that teachers play a crucial role in identifying learners who have mental health problems, referring the students and providing interventions. Schools are viewed as the ideal place for early identification for learners who may be experiencing mental health problems, and this can lead to prevention and intervention efforts (von der Embse, Kilgus, Eklund, Ake, and Levi-Neilsen, 2018). The fourteen participants expressed how they identify learners who may have mental health problems. The responses gathered from the participants are as found below:

T1: *"If the learner was an A student, a clean learner and now all of a sudden you don't see that cleanliness in them anymore and then they come to school. And when you look at them, sometimes it's like they did not even bath and then they are not taking care of themselves from there, they will just withdraw from activities with other learners from answering in class from all doing those things and another thing they will show a behaviour that you will not even expect from a learner and this learner when you speak to the learner the learner becomes very cheeky when they answer you, they sometimes cry or they resort to smoking dagga."*

T2: *"How the learner communicate with other learners, he can say. It shows. Because some are taking vulgar again. The facial experience into facial appearance again talks a lot. Sometimes facial appearance shows loneliness. Then shows loneliness and again sometimes is physical appearance, sometimes a physical appearance. Then shows that, and again like for not doing her job. For failing if the learner fails, then there is something wrong about her."*

T3: *"the first one, you'll see them after giving them activity, you'll find that this one cannot understand the question in accounting, we are dealing with the analysis and interpreting we find that the child cannot analyse the question;... Sometimes they're very quiet, he will sit or he will sit at the corner and be quiet, Sometimes he will just cry… "*

T4: *"They want to fight, so mostly we identify them, I identify them. But if they don't have the whatever, let's say pens example, they want to grab a pen without even asking. They are aggressive; They are noisy, they will be screaming, they are not polite so. The communication is also an issue."*

T5: *"One of the of the things we look at is behaviour, how the learner behaves and how they speak. You will notice in terms of behaviour how they behave whether good or bad and how they speak to others. Another thing is interaction, how they interact with other learners, myself and other teachers how that engagement is and lastly is when they write sometime there was a learner who struggled when we would be talking about cars, he would refer to cows so there was no correlation between what he was taught and what he would write."*

T6: *"The child will go very quiet, so they will normally be a bubbly person speaking to the class and then you see that this child is now just quiet, not communicating with other kids. That for me is an indicator. Sometimes the kids will be excluding themselves, they will not*

be with their friends anymore. They will sit alone, or they'll come sit in the hall or in the media centre or wherever. So that for me as a next spot is so excluding themselves. Other kids might act out behave differently, so instead of, they might be a child that's placed that they just get along with other kids and now suddenly today they're fighting, they're swearing at another learner or shouting or whatever. So that for me are all indicators, yeah."

T7: *"Their participation in class, they would also lie on their arms don't care what you're saying and then. Yeah. What would be another one? I think you would. See it with their friends also, they would come late for classes. They won't talk to their friends, look down. That is definitely things to look at when somebody is struggling. But the marks the biggest one that I go on."*

T8: *"Behaviour and cross changes and behaviour changes in academics, demeanour changes, changes in behaviour, interactions with their classmates, if it changes interactions with us. If it's suddenly a big drop in academics, if sometimes their friends do tend to spit on them. It's basically there's the moment something changes. They start acting different, then that's the first thing that okay, now something is going on with this learner, whether it is just an off day or whether it is something bigger. It's the if something is different."*

T9: *"Appearance. It's a lack of appearance. For example, there is dirty, or the nails are too long, so you neglect yourself and then obviously the school work. And then the last one is to see whether you have friends or not, if you're isolated, if you keep to yourself. And then if your homework is done, if your homework is not done or your books here are they neat and tidy, or you neat and tidy. So that's the main indicators that we can pick it up on."*

T10: *"It's definitely the biggest one, especially in schools are their behaviour. Their behaviour is completely it's usually completely the opposite as what they normally do. Quiet people usually lash out loud, loud people usually go quiet or yeah, so it's definitely behaviour. Is a big thing? Many of them struggle academically. Something happens with their marks and then of course, the I think other than them, their behaviour and what they say and what they do is just their demeanour. They you, they have a different demeanour when they step into your class, where they are usually comfortable in your class, they become fidgety and move a lot. And others who are usually talkative, become very quiet and do nothing."*

T11: *"Usually they're very withdrawn. They're very quiet and they're not interested. Sometimes they put the earphones in, and they're not interested in the work and they're not*

interested in in what you say. And so that's a clear indication for me. And then people who cannot breathe, like the anxiety, anxiety and stress is quiet. Featuring more these days, children get stressed a lot, but I think the main thing for me is they. They are quiet. They withdraw totally. Yeah, they're not interested in anything."

T12: *"The first thing is their marks are dropping. Don't know why. There's no reason for it. The marks are dropping. The second one is just by observation. You can. See, a kid is not focusing in your class, you can see that there are absent minded. There are not there. They mental health kids is not behavioural problems it is the absence of being there. They are there but they're not there or they are not coming to school, they have a lot of absentees, the mothers, don't get them out of bed, they can't get them to get to school. So, if you can see there's a lot of absentees, other marks are failing, or in the clause you can observe the kids."*

T13: *"first up we look at behaviour and extremely chat in extreme changing behaviour is always an indicator of it the next one also an indicator is when with boys switches partners or friends and so on girls on the other hand they totally probably against the authority and so on the next indicator is an extremely emotional child suddenly a child there's was no problem but emotion wise is all over the place the crying then laughing etcetera leaving sport and leaving important sport events etcetera."*

T14: *"okay the first one would be that the learner is totally withdrawn from the class interaction with classmates just being isolated by themselves enclosed during breaks particularly the whole day long another one is not interacting with the teacher totally disregarding, not disregarding the teacher but not even saying good morning or asking a question in class another one can be that a learner is disruptive because they do not know how to handle and what they're going through and then they are disruptive to keep attention to be spoken to and then be led with from there on."*

The claim, *"If the learner was an A student, a clean learner and now all of a sudden you don't see that cleanliness in them anymore and then they come to school. And when you look at them, sometimes it's like they did not even bath and then they are not taking care of themselves from there*" tells us that teachers look at the change in physical appearance of learners, which may indicate that the learner might be experiencing mental health problems (a view shared between T1, T2 and T9).

Withdrawal is another indicator seen as a sign of possible mental health issues, *"Usually they're very withdrawn. They're very quiet and they're not interested. Sometimes they put the earphones in, and they're not interested in the work, and they're not interested in in what you say. And so that's a clear indication for me*". T1, T6, T10, 11, and T14 highlight that when a child is suddenly withdrawn from academics and social scenes this could be a sign that the learner may be experiencing mental health problems.

The statement, *"How the learner communicate with other learners*" highlights communication as an indicator of possible mental health problems. The statement views communication with other learners and general interactions within the classroom.

When teachers see a sudden drop in the learners' academic performance such as, *"The first thing is their marks are dropping. Don't know why. There's no reason for it. The marks are dropping",* it can show that the learner may be struggling with mental health problems.

The view, *"You will notice in terms of behaviour how they behave whether good or bad"* shows that when teachers are looking for indicators that a learner might be experiencing mental health problems that they look at behaviour in the classroom Furthermore, participants T3, T4, T5, T6, T8, T10, T11, T12, T13 and T14 share the same view as they look at the behaviour of the learner and interactions.

The insights derived from the teachers' responses reveal that teachers look at when identifying learners experiencing mental health problems. As mentioned by Shelemy, Harvey and Waite (2019) teachers spend a significant amount of time interacting with learners and this positions them well to be able to identify symptoms, behaviours associated with mental health problems. The teachers identified various indicators of potential mental health issues in learners, including changes in hygiene and appearance, behavioural and emotional changes, academic performance, social interactions, physical indicators, communication issues, shifts in interests and activities, and peer reports. These indicators help in recognizing when learners may be struggling.

4.3.4.2 Sub-theme 2: referral process

As part of the role, teachers play an important role in referring the learners to the appropriate health care professional (Shelemy, Harvey and Waite, 2019; Kratt 2018). Teachers are undeniably in the ideal position to refer learners as they are usually the first point of contact (Shelemy, Harvey & Waite, 2019). The referral process by a teacher helps reduce negative attitudes regarding mental health access (Maclean & Law, 2022).

Referral was highlighted by six participants as an approach to supporting learners who may have mental health problems. The participants' input is presented as follows:

> T1: *"..we are just looking at the problems that the learner will have and then refer them to the department …"*
>
> T3: *"We just remedy the situation as the teachers if a child comes to me and cry, we just calm the child and then just listen to what the child is saying. Then the referral when you refer them, it means it's beyond your control."*
>
> T4: *"We fill in those forms that department SNA1 we refer the learner."*
>
> T6: *"If we see that we can't, then we refer them to the school counsellor and then she has sessions with him during the week."*
>
> T12: *"I refer the issue either to our own pastor. So, I refer them to him. If he talks of her, he refers to psychologist."*
>
> T13: *"This is an approach that the school takes to support these learners first up the teacher identifies such child then we refer them to the SMT then the SMT will refer them to the pastoral psychologist."*

"..we are just looking at the problems that the learner will have and then refer them to the department …" is understood to mean that once the learners have been identified, and based on that they are referred to the department so that the learner can get evaluated and assisted. The phrase, *"We fill in those forms that department SNA1 we refer the learner"* draws attention to the fact that some teachers simply fill in forms to refer learners and that is where it ends.

Most teachers attempt to support learners themselves but if they are unable to do so they often refer them for counselling, such as, *"If we see that we can't, then we refer them to the*

school counsellor and then she has sessions with him during the week". It seems that teachers are aware of the importance of referring learners should they not be able to assist.

The conclusions drawn from the above data are that teachers are aware of the importance of referring learners. The evidence is presented in the statements that teachers refer learners to various stakeholders such as the SMT, the DoE or the school counsellor. It is without a doubt that teachers are uniquely placed to support and refer learners for appropriate and timely intervention (Cross and Currie, 2018). The participants mention that they refer the learners in various cases, such as upon identification of issues, when learners are in need of immediate support. Moreover, as highlighted by T3, the teacher also refers the learners when the issue is beyond their control, and this includes the collaboration with other support staff.

4.3.4.3 Sub-them 3: One on one sessions with learners

Teachers are often the first responders to learners who may experience mental health problems. A 'first responder' is a term defined as a person who would be the first to respond in a case of emergency (Gunawardena, Leontini, Nair, Cross, and Hickie (2024). Having one on one sessions with learners is one of the strategies that teachers use to support learners with mental health problems. Eleven participants highlighted that they avail themselves to talk to learners should they need someone to talk to. The insights from the participants' responses are presented as follows:

> T1: *"Those one you call them after the lesson sit with them and ask what is wrong with them."*
>
> T2: *"Sometimes you have to communicate to them, not involving the curriculum. Just to talk to them, just to you know, the whole period you must motivate them. Talk to them, they tell them where to go when they need help. When you have to encourage those learners."*
>
> T3: *"We just remedy the situation as the teachers if a child comes to me and cry, we just calm the child and then just listen to what the child is saying."*
>
> T4: *"I assist also as an individually to talk to them often because they want it to belong again."*
>
> T5: *"I usually ask the learner to wait for me until I am done then we can talk."*

T6: *“Speak with them, then I will speak to him casually, maybe make an appointment to see me and we'll discuss certain things. Sometimes they open up, sometimes they shut down.”*

T8: *“They can ask to come and see me after class or during break, or after school and then it's not a class environment where I single them out and say, are you OK? It is a matter of you come and speak to me. But if I do see that you're not fine in class, I will ask you. Please stay behind so I can ask you what's the matter? What's going on? Tell me, how are you feeling? Are you coping?”*

T9: *“So our main focus is academics and getting them through. Listen, and if you have a bad day, ok, come talk to me after the lesson.”*

T10: *“It's very important that when you are a teacher and you are open to these things, you do not diagnose, you listen and you share everyday experiences not, not necessarily the deepest experiences, but everyday. Examples that makes them feel comfortable, so and with that not diagnosing, just listening, and then maybe making the call of alright, this is just a normal teenage thing and we can talk about it and share about it or I think I need to refer this to a professional.”*

T12: *“I will talk to this kid afterwards and tell him let me speak to you after class. But then a lot of the times when I speak to a kid. It takes a longer time than it's supposed to.”*

T14: *“I've seen learners that would come to me and say to me, ma'am, I've got a problem and we would sit and talk through this mental health problem that they have, which maybe just a small blockage that they have about a certain situation and if they can communicate it, the problem they health problem that they have and they can communicate it is* [sic]*.”*

The willingness of the teacher to avail themselves to learners when they are experiencing problems relating to mental health is important, as most learners prefer talking to teachers one on one rather than in the middle of the class. *“I've seen learners that would come to me and say to me, ma'am, I've got a problem and we would sit and talk through this mental health problem that they have”*, conveys that teachers are available for learners who need help regarding mental health problems.

The statement, *“I will talk to this kid afterwards and tell him let me speak to you after class. But then a lot of the times when I speak to a kid. It takes a longer time than it's supposed to”,* shows that despite the main focus during class is academics, teachers do take note of

the learner/s who may be showing signs of mental health problems and engage with them once the teaching has been completed.

The response, *"They can ask to come and see me after class or during break, or after school and then it's not a class environment where I single them out and say, are you OK? It is a matter of you come and speak to me. But if I do see that you're not fine in class, I will ask you. Please stay behind so I can ask you what's the matter? What's going on? Tell me, how are you feeling? Are you coping?"* As indicated above, the participants emphasised the importance of one-on-one sessions with the learners as a valuable supporting tool for learners with mental health problems. They described providing a confidential and supportive environment, offering motivation and encouragement to the learners while using a non-diagnostic approach. When necessary, the participants refer the learners to the appropriate professional. These responses align with Yao et al. (2021), who highlighted the importance of positive interpersonal relationships between teachers and learners as it plays an important role in the success of learner's emotional health.

4.3.4.4 Sub-theme 4: Classroom management

According to the World Health Organization (2021), it is important that teachers understand how to support the mental health of learners in the classroom and have a big responsibility in maintaining a healthy classroom environment for early identification and referral for learners' difficulties. Teachers create classroom adaptations to support learners who they have identified as at risk for mental health problems as an intervention to support and promote mental wellbeing (Semchuk, McCullough, Lever, Gotham, Gonzalez, and Hoover, 2022). Classroom management was one of the strategies highlighted by seven participants stated as a method that teachers used to ensure that they support learners within the teaching and learning space. These are some of their comments:

> T1: *"I have one actually in my classroom, this learner, she needs attention more than any other learner. Who I must make sure that when I am in class, I show her that she is valuable, that every time when I teach in class I will also now and again refer to her that this and that and she will say 'Yes, ma'am'."*

T2: *“When you have to teach them. Then I can see you try to teach them, but you try teaching them, but again, you try helping them. Then try to accommodate them in the classroom by giving him attention or her attention. Every now and then you know, ask question or then you involved that learner so that you cannot feel neglected.”*

T4: *“Usually I group them into groups and then I don’t isolate. The ones that is a problem, I want them to be involved...”*

T6: *“I've seen sometimes where there's a child that struggles with something and then they do something completely out of character. So, then we also just try to subtly speak to their child or remind them to behave or to work, or whatever the case may be, and speak to them”.*

T9: *“Keeping them closer. So, if you can keep an eye on them. If something was to happen, then? You have easier access to them if they are close by than sitting at the back of the class.”*

T10: *“I think that has a lot to do with getting to know your learners a little bit better by asking them. A personal question, not something intrusive but what is your favourite colour and what do you like doing in your free time? You get to know your learners and you know which ones you can push your limits but and which ones not. And you know which learners you can use as an example and which you can't. So, it's very important to. You generalise examples so that someone doesn't feel picked on or left out, but it is also important to know your learners and know which ones you can use as examples.”*

T13: *“I think in my classroom, the way they are situated in in* [sic] *a classroom, for instance, now my classroom is totally different back than other classrooms. other classrooms are in rows you get in in rows. I don't work like that I work like my class is packed, you know you around the wall and there's 41 kids in my class and the thing is, I'm in the middle so one I can hear every speaking. And two, I'm an integrated part of the class.”*

The statement, ***“****When you have to teach them. Then I can see you try to teach them, but you try teaching them, but again, you try helping them. Then try to accommodate them in the classroom by giving him attention or her attention. Every now and then you know, ask question or then you involved that learner so that you cannot feel neglected”* conveys that the teacher tries to accommodate the learner by making them part of the lesson and asking them questions. Furthermore, T1 and T2 share this view in that they ensure that the learner is accommodated and understands the content.

Moreover, the comment, *"I think In my classroom, the way they are situated in in* [sic] *a classroom, for instance, now my classroom is totally different back than other classrooms. Other* [sic] *classrooms are in rows you get in in* [sic] *rows"* indicates the physical accommodations that are done in the classroom for all learners to ensure that they feel like they belong. Similarly, T4 and T9 states, *"Usually I group them into groups and then I don't isolate. The ones that is a problem, I want them to be involved.."* and *"Keeping them closer. So, if you can keep an eye on them. If something was to happen, then? You have easier access to them if they are close by than sitting at the back of the class".* This indicates that they group learners or move learners with mental health problems closer to them to ensure that learners do not isolate themselves but feel support through being grouped with other learners or have easy access to the teacher.

In summary, the data indicates the classroom management strategies that the teachers use to support learners with mental health problems. The roles of teachers in the classroom have since expanded to include mental health support for learners, ranging from prevention to interventions (Beames et al. 2022). Participants described their classroom management strategies aimed at accommodating learners' mental health needs. They highlighted various approaches to ensure that they provide personalised support and interventions for learners.

4.3.4.5 Sub- theme 5: Academic Accommodations

According to Sullivan (2024), academic accommodations are put in place so that learners with mental health problems have equal access. Academic accommodations are made to promote the learner's success; students with mental health problems often require individualised accommodations and this may include allowing for extra time when completing assessments, breaks between teaching and learning, and additional prompts during classes (Korinek, 2021).

Five participants mentioned the academic accommodations that are in place to support learners with mental health issues. These are some of the data obtained from the participants:

T1: *“hey will in class when we give them activities or tests or exams, they will be given what we call concessions and then those concessions it will be according to what the learner's problem is..”*

T2: *“Groupwork can be useful if the learners can talk in class let's say they stay together and solve a certain problem then the learner of mental health. Then you will forget everything. Then concentrate or be involved again. We can motivate these learners to talk in class if they can communicate. If you can. Encourage them if they are having something that is bothering them.”*

T7: *“I would help them separately. Mm. That's a teacher that I am. I have extra classes in all my subjects. So, in that case, I would go to them and say, you know, just join the classes. It's a smaller group. And I can help you more like that”; “Just give us permission and then the child gets tested and after that they would give concession. And that's a big thing at our school is concession. Yeah. So many children get concession.”*

T9: *“in terms of teaching strategies for them, just giving a bit more attention and literally explaining something to them in easier, simpler terms than you would for someone else.” ; “The diagnosed anxiety learners and such. They do receive concessions,”*

T10:: *“I think it's very important to have, I want to say visual and audio prompts in that case where you. Maybe do this on a desk or maybe just? Wave or there's a prompt you have to do with that kid to get them to focus on something else, to get them to not say, hey, you must listen.”*

The disclosure, “*they will be given what we call concessions and then those concessions it will be according to what the learner's problem is..”* highlighted by T1, T2 and T7 asserts that learners are given academic concessions according to the mental health needs of the learners.

The affirmation, “*I would help them separately. Mm. That's a teacher that I am. I have extra classes in all my subjects. So, in that case, I would go to them and say, you know, just join the classes. It's a smaller group.*” shared by T2 and T7 implies that learners are given extra teaching and learning time where they can learn in smaller groups and ask questions that they could not ask.

The response, *“in terms of teaching strategies for them, just giving a bit more attention and literally explaining something to them in easier, simpler terms than you would for someone else”* conveys that additional teaching strategies are implemented to ensure that the needs of learners are accommodated, where things are explained in a way to ensure that learners understand what is being taught. Similarly, T10 highlights the use of prompts in the classroom and accommodating different learning styles, *“I think it's very important to have, I want to say visual and audio prompts*”.

The participants described using academic accommodations to support learners, and T1, T7, and T9 mentioned the use of concessions for learners for assessments where needed. Furthermore, they also offer additional support through small group instruction or one-on-one tutoring as mentioned by T7, and the utilisation of visual and audio prompts to aid focus as mentioned by T10. Teachers seem to have different strategies to ensure that the learners are accommodated in the teaching and learning environment. As outlined by Korinek (2021) there are different ways in which a teacher can provide a safe, supportive learning environment to improve mental health support, and one of those ways included accommodation. These accommodations demonstrate the efforts to adopt their instructional approaches to meet the needs of learners experiencing mental health problems.

4.3.4.6 Sub-theme 6: Barriers to supporting learner

Barriers refer to the obstacles that block teachers from effectively supporting learners with mental health problems. Factors such as lack of mental health training, lack of knowledge on mental health, skills and confidence in supporting learners with mental health problems are key barriers that teachers face (O'Farrell et al, 2023). Ten Participants highlighted the barriers that teachers experience when it comes to supporting learners with mental health problems. Additionally, T10 also highlighted that the teachers are also not coping mentally and that is the reason that they are unable to support learners effectively. Here are the key points from the participants' responses:

T2: *“Teachers. I think teachers are not trained, because they are struggling to fill up the form, the SNA, they are struggling to fill that form. So, I think the teachers are not trained some teachers not know how to handle a learner with mental health, they do not know.”*

T3: ***“****Lack of enough knowledge, lack of enough knowledge, because if you don't have enough knowledge, you see now it become a burden to you and you'll run away from the situation, or which is not what is expected from us the parents of this learners.”*

T5: *“Lack of training. Stereotype and ignorance.”*

T6: ***“****I think the barriers might be time, because we are here for, for lots of things and with enough time during the day, maybe to do this. I mean if I need to see a kid, I must take them out of a class, or I must see them during break. So, I think that might be a problem. Knowledge about the whole thing might be a problem, how to deal with it? Because a lot of us would only go according to our own personal, yeah, things we weren't trained to do that. So, I think that might also be a barrier.”*

T7: *“I think I'm knowing about the issue of knowledge, knowing how to treat that child. I think that's the biggest one and just caring about them. Yeah.”*

T9: ***“****I think it's the not having, not necessarily, not having the knowledge of how to deal with it. It's more of just we don't know what the learners is deal with, it's like I said earlier, if we don't know, how can we help? Yeah, it's a they aren't voicing anything. So how? What are we supposed? To do about it.”*

T10: *“Oh, definitely their own mental health, that is definitely a huge struggle in amongst educators of today is their own mental health and not knowing how to deal with their own mental health and if you can't deal with your own, how can you support a kid?”*

T12: *“lack of knowledge.”*

T13: *“my first one is that there is a limit of time for the teachers because we are working extremely hard then there is a limit of funds and then there's no support of the Department of Education we can't do everything on our own…”*

T14: ***“****Definitely a lack of knowledge. Umm. Your lack of knowledge, and I think sometimes teachers, they just see learners as children.”*

The response, *“Teachers. I think teachers are not trained, because they are struggling to fill up the form, the SNA, they are struggling to fill that form. So, I think the teachers are not*

trained some teachers not know how to handle a learner with mental health, they do not know" sends a message conveyed by T2 and T5 that teachers do not have enough training to support learners, as teachers struggle to fill in forms that refer learners. Moreover, *"Lack of training. Stereotype and ignorance"* highlights that there is a great deal of stereotypes and ignorance regarding mental health that training can eradicate.

Lack of training and knowledge is a challenge that is highlighted by T3, T5, T6, T7, T9, and T12. The statement, ***"****Lack of enough knowledge, lack of enough knowledge, because if you don't have enough knowledge, you see now it become a burden to you and you'll run away from the situation, or which is not what is expected from us the parents of these learners"* is a statement that highlights that because of lack of knowledge, teachers tend to be reluctant to assist learners with mental health problems as they are uncertain of how to help.

The claim, *"I think the barriers might be. Time. Because we are here for, for lots of things. And with enough time during the day, maybe to do this*" gives the impression that teachers tend to feel overwhelmed as they do not have enough time to do their task and still support learners with mental health problems, as the time in which they can help learners is limited.

The evidence collected from the response's points to the different challenges that participants face when trying to support learners with mental health problems. The participants highlighted the need for training and knowledge, while time constraints and limited resources were also seen as barriers for teachers to support learners with mental health problems. Moreover, a lack of knowledge and training to address and support learners are factors that prevent teachers from supporting learners with mental health problems (Deaton et al., 2022; Maclean & Law, 2022; and Ormiston et al., 2021).

4.3.5 Theme 4: Recommended measures for supporting learners with mental health problems

In identifying the recommended support measures for supporting learners with mental health problems, there are four sub-themes that emerged: holistic peer support, professional development, in-house counselling, stakeholder (DoE) involvement and

Increase awareness

4.3.5.1 Sub-Theme 1: Holistic peer support

Peer support is important for learners' sense of belonging, well-being and success (Korinek, 2021). According to Widnall et al. (2021), peer support in relation to mental health capitalises on learners' tendencies to turn to peers for support and advice. Enhancing peer mental health support at schools allows for an increased mental health literacy which may lead to improved outcomes for learners with mental health problems (Widnall et al. 2021).

Participants T2, T5, T8 and T11 recommended the enhancement of peer support among the learners. They referred to how learners supporting one another when experiencing mental health issues can be a strategy to support learners with mental health problems.

> T2: *"Encourage them if they are having something that is bothering them, then they must talk. Just to talk to her friend.."*
>
> T5: *"having talks, having a topic and allow learners to talk and engage. Where there will be no judgement, where people express themselves"*
>
> T8: ***"I think if you.*** [sic] *Have a buddy system because we do use a buddy system. You it doesn't happen to necessarily be the smartest kid in the class. It can be a friend or someone who's kind-hearted and kind spirited and say, can you just keep an eye on her? And if their child sees but she's busy struggling Just reach out and ask. Are you OK? Are you fine? And then? They report back to. Me. OK."*
>
> T11: ***"I think there should be teams, even with children taking responsibility for other children and peer groups as well, so they can go to, they have like a friend or a team."***

The suggestion, *"Encourage them if they are having something that is bothering them, then they must talk. Just to talk to her friend..."* shows that need for there to have peer support at schools to allow learners to be able to support one another should they not feel comfortable talking to a teacher.

The advice, *"having talks, having a topic and allow learners to talk and engage. Where there will be no judgement, where people express themselves"* gives the impression that there

should be peer support groups that allow engagements about mental health where knowledge is shared and learners are able to express themselves.

The preposition *"I think if you.* [sic] *Have a buddy system because we do use a buddy system. You it doesn't happen to necessarily be the smartest kid in the class. It can be a friend or someone who's kind-hearted and kind spirited and say, can you just keep an eye on her? And if their child sees but she's busy struggling Just reach out and ask. Are you OK? Are you fine? And then? They report back to. Me. OK."* conveys the idea that learners should have a peer who they are able to talk to, but within this system there should be reports given to teachers should there be serious issues. T11 similarly suggests that there should be peer groups where they can go should they need mental health support.

The responses above simply expressed the teachers desires to enhance peer support within the school setting. The teachers highlighted that they need to encourage learners to talk to one another, create a non-judgemental environment, and establish a system where learners can be trained and empowered to report learners who may have mental health issues. According to Nash (2024), peer support programs for young adults are associated with improvements in self-esteem, effective coping and a reduction in depression, loneliness and anxiety. Peer support promotes the need for mental health literacy among learners which will allow them to be informed and know where to get help.

4.3.5.2 Sub- theme 2: Professional development

According to Lee, Goh, and Yeo (2023) it is important that teachers are educated, as part of professional development teachers should be equipped with appropriate knowledge and skills to support learners with mental health problems which includes having a training programme for teachers. Teachers require resources and training to allow them to develop skills in mental health support to promote mental health and well-being among learners (Semchuk et al., 2022). Ensuring that teachers are equipped with the appropriate levels of knowledge, skills and confidence is essential in reducing the impact of mental health problems (Anderson, Werner-Seidler, King, Gayed, Harvey, & O'Dea, 2019).

Nine participants expressed the need for professional development when it comes to mental health problems. The participants reported that training and better understanding of mental health is important so that they are able to support learners effectively. Some commented thus:

> T1: *"I would say training of teachers that what will help us. And teachers must be trained well for them to know that these are the issues that they must look at."*
>
> T2: *"I think teachers are not trained. Because they are struggling to fill up the form. The SNA, they are struggling to fill that form. So, I think the teachers are not trained. Some teachers not know how to handle a learner with mental health, they do not know."*
>
> T5: *"Maybe some form of a training as we teachers spend a lot of time with learners. Training on how we can help the learners and how to spot mental health trends."*
>
> T6: *"We need to have some tools. If I could pull it that to help us with this, to guide. Yes, because I mean, I never went on a course for mental health issues or how to help someone. I'm just going on my own instinct. Yeah. So, it will be awesome if we have some sort of, here's some training."*
>
> T7: *"Yes, having more training and better understanding of what mental health is…"*
>
> T9: *"Training, but we do have learners that have certain needs and we have to acknowledge it and we have to have the preferred training to deal."*
>
> T10: *"Well, I think there should be a compulsory training for all educated just basic know how to recognise when kids are in distress. So definitely a training session for basics."*
>
> T11: *"Training at school for teachers and introducing bigger panels of assistance."*
>
> T12: *"The policy should be that every teacher needs to have a level one. Certificate in Mental health, I don't know. Training mental health assistance, health. But you know they need to have that."*

The comment. *"Well, I think there should be a compulsory training for all educated just basic know how to recognise when kids are in distress. So definitely a training session for basics"* is a suggestion that is shared by participants T1, T2, T5, T6, T7, T9, T10 and T11. This shared sentiment indicates that there should be compulsory mental health training for all teachers.

The proposal, *"The policy should be that every teacher needs to have a level one. Certificate in Mental health"* conveys the suggestion that all teachers should have a certificate in mental health serving as evidence that they are able to support learners with mental health.

It becomes clear that teachers would prefer to have training on mental health. Dimitropoulos et al. (2022) agree that teachers would prefer to have appropriate training in order to play a bigger and effective role in supporting learners with mental health problems. Participants recommended providing training for teachers to enhance their ability to identify and support learners experiencing mental health issues. The responses showed that training about mental health may be beneficial for teachers in that they will be equipped to support learners with mental health problems.

4.3.5.3 Sub-theme 3: In-house counselling

In schools, mental-health services are typically delivered by school mental-health (SMH) professionals, including the school counsellor, psychologist, nurse, and social worker (Kratt, 2018). However, schools do not have appropriate resources for addressing emotional and behavioural challenges and the ratios of SMH professionals fail to meet the demand for effective comprehensive services. According to Sitinjak and Canu (2023), the role of school counsellors is important in helping shape learners' futures. Furthermore, counselling is important in that counsellors can help learners overcome emotional problems and assist in solving problems that may arise during their school days (Sitinjak & Canu, 2023).

Ten participants highlighted the importance of having counsellors or psychologists present at schools on a daily basis. The participants made the following suggestions as recommended measures for supporting learning.

> T1: *"I think each and every school should be allocated a Counsellor."*
>
> T2: *"think the school the school can hire someone, some someone who's to. Who specializes with only those learners who can talk to learners every day. The person who is there every day and who can talk to these learners."*

T3: *"I would like our school to have a person that is working strictly with that, there must be a maybe psychologist for a school to come and work directly with those learners without being us to be involved."*

T4: *"Like I said, the social worker, full time social worker who should be here to attend to those problems."*

T5: *"Perhaps if we could get assistance with having counselling for the learners."*

T8: "So maybe if you add another youth worker, the sessions can be longer. You can see twice as many people who need to."

T10: *"It would be wonderful if we could get more specialised people working with schools and that's school based. Not just we are assigned to a district. Yeah, so. Definitely more, you know, professionals."*

T12: *"Have counsellor the whole day at our school to take that out of the teacher's hands so that they can focus on the other students, learners in the classes..."*

The suggestion, *"I think each and every school should be allocated a Counsellor."* conveys that teachers see the need for all schools to have a counsellor to assist with learners' mental health problems. This is evident in the agreement found in the responses above.

The recommendation, *"So maybe if you add another youth worker, the sessions can be longer. You can see twice as many people who need to"* conveys that the school already has a health care worker to ensure that the learners are attended to, however there is a need for more than one person to offer counselling to learners.

The statement, *"Have counsellor the whole day at our school to take that out of the teacher's hands so that they can focus on the other students, learners in the classes..."* can be interpreted as meaning that teachers spend a lot of time focusing on supporting learners with mental health problems, possibly neglecting other learners in the class. Therefore, having a counsellor will help with ensuring that learners with mental health problems are cared for and that no learners are neglected.

The data presented earlier implies the need for counselling support to be present at schools on a daily basis for learner support and to ensure that teachers are able to focus on other learners knowing the learners with mental health problems are supported. As discussed by

Zabek, Lyons, Alwani, Taylor, Brown-Meredith, Cruz, and Southall (2023), the development of school capacity to implement coordinated mental health services is crucial for effectively addressing learners' mental health needs. Participants emphasised the importance of having a counsellor or psychologist on-site to assist learners with mental health challenges. Additionally, the participants highlighted the need for increased access to mental health professionals, with ten participants specifically emphasising the importance of having a counsellor or psychologist present at schools on a daily basis. They suggested that having a dedicated mental health professional on-site would allow for more consistent and effective support for learners.

4.3.5.4 Sub-theme 4: Stakeholder (DoE) involvement

According to Neill, Lloyd, Best, and Tully (2022), evidence suggests that for the success of school-based interventions school stakeholders should be part of the process to bring expertise, and the involvement of stakeholders in the intervention process can ensure effective implementation. Eight participants had a common view regarding the involvement and support from the department. The participants suggested that the department should be involved in supporting teachers and the school.

> T1: *"I would think that the department and us should have a programme whereby maybe a month, each and every month they come to school and come and evaluate and look at how these learners are coping, because the program that is in place is for only progressed learners. You will see the department coming each and every time, and most of the time coming to meet with the progress learners. But not with the with the other learners who will be having the mental problem, and those will be maybe the high achievers. They will not be given that chance. So, if maybe there can be such attention from the department and from the school or on that, as we are given to progress learners."*
>
> T2: *"They must call teachers regularly to engage or teach them about the those policies. You must understand that policy before you can remain. They must teach you how to. What is mental health? How can you see the learners with mental health? How can we help the learners with?"*

T5: *“They must come down to schools, and have awareness make the policies known and acquaint the teachers with them so that they understand. Then they apply them.”*

T13: *“Stay updated, communicate with the ground staff with the people. Yeah. Communicate with them policies doesn't mean nonsense if you can't effectively put it out there.”*

The suggestion, *“I would think that the department and us should have a programme whereby maybe a month, each and every month they come to school* ” conveys that the DoE should make regular visits to the schools to hold a programme regarding mental health support for learners which teachers should attend. Additionally, *“and evaluate and look at how these learners are coping,*” implies that the DoE should come and play an active role in evaluating learners and seeing whether they are coping.

The impression is given that the DoE should engage with teachers regularly regarding policies and give them full knowledge on these policies, as expressed in the comment, “*They must call teachers regularly to engage or teach them about the those policies. You must understand that policy before you can remain. They must teach you how to. What is mental health? How can you see the learners with mental health? How can we help the learners with?”*

The recommendation, “*They must come down to schools, and have awareness make the policies known and acquaint the teachers with them so that they understand. Then they apply the*m” is understood to mean that the DoE should visit schools to make awareness campaigns about mental health and make policies relating to mental health known to teachers.

The message is conveyed that the DoE should ensure that teachers are updated regarding policies and that they should be regular communication with them to ensure that the policies are implemented, as stated in, *“Stay updated, communicate with the ground staff with the people. Yeah. Communicate with them policies doesn't mean nonsense if you can't effectively put it out there”.*

The evidence collected from the responses points to the teachers' call for the department to be actively involved in mental health support at schools and in ensuring that teachers are well informed about policies regarding mental health support. They recommended regular

evaluations and support to assess learner well-being and emphasised the importance of ongoing engagement and training sessions for teachers on mental health policies. These sessions should focus on teaching them how to identify learners with mental health issues and providing them with the necessary support strategies. Clear and effective communication of policies to all staff is essential for their effective implementation. By implementing these recommendations teachers and learners could feel supported and valued, with a clear understanding that mental health is taken seriously within the school environment.

4.3.5.5 Sub-theme 5: Increase awareness

Mental health awareness is a form of education regarding mental health, and the increase of mental health awareness can help prevent learners from suffering from mental health problems (Lee, Goh, & Yeo, 2023). The increase of mental health awareness can normalise seeking help and motivate individuals to be proactive when they need help, and therefore mental health awareness campaigns act as a great initiative to reduce stigma regarding mental health (Shim, Eaker, & Park, 2022).

Seven participants indicated that there is no awareness of mental health at schools. The participants showed the need for increased awareness as follows:

> T2: *"There is not enough awareness on mental health because we did not. invite some people over and over, a long period of time, we do not invite the people with skills regularly so that they can talk to these learners."*
>
> T4: *"if we can get maybe one person from there to continuously make awareness to these learners or? There's this mental health issue. That is now a serious problem in our in our society. So, it really awareness campaigns, I think they will work for us."*
>
> T7: *"I think if we do the same with mental health and all those issues put up the posters, do everything, go the extra mile, then I think we will get somewhere."*
>
> T9: *"We're just starting off with a bit more awareness and having the learners know that lesson making fun of the kids aren't OK to just first of all, first of all, just raising a bit more awareness."*

T12: *“For depression awareness, how do you know if you have depression? The this is this the signals. If you see that your friend has depression, what do you do so have awareness weeks or stuff like that. Just have the plans in the policy for every time we need to do awareness of some kind of mental issue and that will help the kids to also be…”*

The comment, *“There is not enough awareness on mental health because we did not.* [sic] *invite some people over and over, a long period of time, we do not invite the people with skills regularly so that they can talk to these learners.”* conveys that the school does not invite people to have awareness for mental health and suggests that there should be more mental health awareness at school, where people are invited to speak to learners.

The recommendation, “*if we can get maybe one person from there to continuously make awareness to these learners or? There's this mental health issue. That is now a serious problem in our in our society. So, it really awareness campaigns, I think they will work for us”* highlights the need for mental health awareness as the teacher states that there is a serious problem in the society regarding mental health, and that continuous awareness can help with this problem.

The comment, *“I think if we do the same with mental health and all those issues put up the posters, do everything, go the extra mile, then I think we will get somewhere.”* conveys that there is some awareness, however there is a need for more to be done in relation to mental health awareness and that schools should do more than put up posters.

The lack of awareness regarding mental health is concerning as awareness can provide valuable information and support. Awareness campaigns are essential to improving teachers', and learners', understanding and skills to address mental health issues effectively. Furthermore, Moon, Williford and Mendenhall (2017) emphasise the importance of developing a system where awareness of mental health issues is enhanced. Participants expressed a need for increased mental health awareness within schools. They highlighted the lack of regular awareness campaigns and the need for more consistent education and support on mental health issues. Participants suggested strategies such as inviting mental health professionals for workshops or presentations, conducting awareness campaigns, and incorporating mental health education into the curriculum. These efforts would help to

improve understanding of mental health, reduce stigma, and empower learners and teachers to address mental health concerns effectively.

4.4 Chapter Summary

This chapter focussed on the presentation, analysis and interpretation of the data that was collected from 14 teachers in different high schools in the Lejweleputswa district in the Free State province. The data was analysed using thematic analysis and four sub questions were used as themes to analyse the data, and from that various sub-themes corresponding with the research questions were identified. Data from the interview transcripts were used to respond to the themes to form sub themes. The findings answered the main questions of the study and the sub questions.

CHAPTER 5
DISCUSSION OF FINDINGS, IMPLICATIONS, RECOMMENDATION AND CONCLUSION OF THE STUDY

5.1 Introduction

The foregoing chapter involved the presentation, analysis and interpretation of data. In this chapter, there will be a discussion of the findings, the summary of findings, the implications of the study, the recommendations for future studies, the limitations of the study and the conclusions of the study on the perceptions of high school teachers on mental health support for learners.

5.2 Discussion of Findings

This section discusses the findings from Chapter 4's data analysis and interpretations in response to the perceptions of high school teachers on mental health support for learners. The findings are discussed according to the literature that was reviewed in the chapter. The discussion will be based on the four themes identified and presented in Chapter 4 (Section 4.3).

5.2.1 Findings in relation to the first objective of the study: to understand high school teachers' perceptions on mental health support for learners

5.2.1.1 Understanding of mental health

The data from the interviews with the participants revealed that teachers have some understanding of mental health. From the data, it is clear that teachers do not have a clear and full understanding of mental health, which is a factor affecting their ability to support learners effectively. Barile (2018) emphasises that teachers are often the first line of defence for learners, thus they need to have a more comprehensive understanding of mental health. Ma and Anto (2022) also stress the importance of teachers have an adequate understanding of mental health issues for the benefit of the learner's well-being.

The teachers highlighted various aspects in their definition of mental health which aligns with the definition of the WHO (2020a), which states that mental health is a state of well-being where an individual is able to cope with everyday stresses, is aware of their abilities, and they are able to learn and work while contributing to the community. Maclean and Law (2022) also note that a lack of accurate knowledge about mental health could result in unnecessary disciplinary actions for learners without addressing the underlying causal mental health issue. Supporting learners with mental health problems without understanding knowledge of mental health may defeat the purpose, and thus, teachers feel ill-equipped to support learners effectively.

Teachers expressed a desire for further training and knowledge on mental health, indicating their willingness to enhance their understanding to better support learners more effectively.

5.2.1.2 Role of teachers

The findings of the study on the role of teachers indicated that teachers often lack clarity regarding their role in mental health support. Teachers not having a clear directive as to their role when it comes to mental health support for learners may prevent teachers from supporting learners, as some do not consider it their role. The ambiguity of the role of the teachers occurs when there is not enough information about the expectations (Beames et al., 2022).

Most teachers recognize that supporting learners with mental health issues is part of their role, given the time they spend with them. Teachers play an important role in identifying and referring learners with mental health difficulties (Shelemy, Harvey, & Waite, 2019). Despite most teachers acknowledging that mental health support is part of their role, many teachers are concerned about exacerbating the mental health problems of learners (Beames et al., 2022). Teachers are willing to help learners with mental health problems as they understand the implications it has on the student.

It is evident that teachers play an important role not only in supporting learners academically but also in the social and emotional growth of learners (Kratt, 2018). In the study the participants said that supporting learners is part of their role, however, they are only able to help to a certain extent due to not having enough knowledge. These findings are aligned

with Shelemy et al. (2019), who highlight that teacher often lack confidence in their ability to recognize mental health problems without adequate training.

5.2.1.3 Impact of the cultural view

The study found that teacher's cultural view significantly influences their understanding of mental health. Some teachers reported being taught that conditions like depression do not exist, while other teachers were informed about mental health within their cultural backgrounds and thus making it easy to understand and support learners who are experiencing mental health issues. The teachers used their cultural views to further educate and learn about mental health so that they are able to support learners. In research conducted by Maclean and Law (2022), the way in which teachers' cultural knowledge shapes their perceptions of mental health was explored. The teachers highlighted their cultures' views on mental health and how those views changed after educating themselves when they were able to understand mental health better.

Graham, Phelps, Maddison, and Fitzgerald (2011) suggested that cultural and ethnic factors may contribute to teachers' professional unpreparedness. In the study, teachers spoke about what their cultural views were and how their perception of mental health changed from what they were taught. Teachers acknowledged that their cultural views evolved as they educated themselves about mental health, highlighting the need for training and awareness to improve their support for learners.

5.2.1.4 Changes regarding mental health

Participants noted an increase in the variety and prevalence of mental health issues among learners over their teaching careers. Teachers revealed that the mental health problems that they see among learners are now broader and now affect a larger population of learners, with one teacher stating that it worsened post-Covid-19. Högberg (2021) reported that there has been an increase in mental health problems among adolescents. Teachers observed that issues now extend beyond typical conditions like ADHD, anxiety, depression

and trauma, with technology also impacting learners' mental health. These increases in mental health issues have resulted in the learners being more sensitive, not caring, and struggling to cope, and some have resorted to substance abuse. Teachers feel ill-equipped and lack sufficient resources to support these learners.

5.2.1.5 Educational context

The findings from the interviews indicated that teachers recognize the importance of mental health in the educational context, emphasising that learners must be mentally healthy for effective teaching and learning. Wang (2023) supports this view, stating that learner's academic success is closely tied to their mental state and the absence of psychological disorders improves the chances of academic success for learners. The participants acknowledged the negative impact of neglecting mental health on learners' academic performance. O'Reilly, et al. (2018a), asserts that schools play an important role in promoting positive mental health, thus the importance of teachers understanding the benefits of supporting learners with mental health issues is important.

Teachers imply that it is important to be aware of learners who are struggling with mental health problems and to support them, this is because learners who are not supported with regard to their mental health issues will not benefit from classes as they might be distracted or unable to cope. This implies the importance of raising awareness and promoting mental health support to ensure learners' academic and personal success.

5.2.2 Findings in relation to the second objective of the study: to investigate the current status of support for learners' mental health problems

5.2.2.1 Awareness and understanding

The findings from the participants' responses indicate a significant need for increased awareness and understanding of mental health among teachers. Teachers wish to be equipped with knowledge in this regard as not a lot is done to inform teachers about mental health and mental health problems. Many teachers feel inadequately informed about mental

health issues, primarily due to infrequent workshops. Shelemy, Harvey and Waite (2019) note that informed teachers are more confident in recognizing mental health problems and providing necessary support.

5.2.2.2 School-Based Support Team

The findings from the participants' answers on the School-Based Support Team revealed the SBST plays a crucial role in providing structured support for learners with mental health issues. The structure of the SBST is responsible for identifying vulnerable learners and offering assistance (Dunge, 2022). Increasing the resources and members of the SBST could enhance the support available to learners. Enhanced guidelines for the SBST's functioning are needed, along with improved collaboration and communication between teachers and the SBST to foster proactive support for learners. This implies that the role of the SBST is fundamental in supporting learners with mental health.

5.2.2.3 Counselling support

The findings indicate that counselling support is available in schools as a strategy for assisting learners with mental health problems. Teachers refer learners to school counsellors when they cannot provide adequate support. School counselling includes a reflective function that assesses the impact of mental health, addressing the emotional and personal needs of learners (Harbola, 2021). This means that this professional help is essential for meeting learners' mental health needs.

5.2.2.4 Parental engagement

The findings from the participant's responses show that parental engagement is vital when teachers identify learners experiencing mental health issues. Teachers involve parents to explore potential problems and seek solutions. It was claimed that parents play an important role in mental health promotion and prevention (O'Reilly, et al. 2018a). Thus, teachers see the importance of engaging and involving parents in relation to learners' mental health. By collaborating with parents, teachers can better support learners by identifying possible causes and triggers of their mental health challenges.

5.2.2.5 Peer Support Programmes

The findings from the participant's responses on peer support suggest that it is a support measure used by teachers to support learners with mental health issues. Peer support is very important as learners tend to look for help from their friends first. Recent reviews have suggested that peer support is a promising intervention for reducing the severity of mental health problems and symptoms (Mutschler, Bellamy, Davidson, Lichtenstein, & Kidd, 2022). Learners are taught to be supportive and help other learners, and some schools have formalized peer support programs (Osborn, Town, Ellis, Buckman, Saunders, & Fonagy, 2022), thereby training students to assist their peers through various traumas and mental health needs. The findings from the participants indicate the need for formalized peer support programmes at schools, teaching learners to be able to support and help one another will increase the availability of support systems at schools.

5.2.2.6 Challenges and limitation

The findings reveal several challenges and limitations in supporting learners' mental health. A primary concern is the lack of timely counselling support, leading to long wait times for learners. Mental health stereotypes and ignorance can make teachers hesitant to assist learners facing mental health issues. The SBST is identified as underperforming, indicating the need for improvements to meet learners' needs. Financial constraints and lack of support from the department are also mentioned as additional barriers. Addressing stigma around mental health and increasing referrals are steps that schools can take to support learners (Kawino, 2024). The findings show an urgent need for improved mental health resources, better-functioning support teams, and increased awareness and training within the educational system to effectively support learners with mental health issues.

5.2.3 Findings in relation to the third objective of the study: to explore the strategies which high school teachers use to help support learners with mental health problems

5.2.3.1 Identification of learners

In the findings participants indicated that teachers use key indicators to identify learners experiencing mental health problems. The key indicators included changes in hygiene and appearance, behavioural and emotional changes, academic performance, social interactions, physical indicators, communication issues, shifts in interests and activities, and peer reports. According to von der Embse et al. (2018), given the amount of time teachers spend with learners they are in an optimal position to identify any early symptoms of declining mental health, and support learners. The teachers maintained that they very observant when it comes to their learners and look at the above-mentioned factors to determine if the learner may be experiencing mental health problems.

5.2.3.2 Referral process

The data from the participants unveiled that teachers often refer learners with mental health problems for further assistance. The teachers try to help the learners as far as they can and if they are unable to help the learner, they refer them to other stakeholders which may include the SBST, the School management teams (SMT), the DoE or the school counsellor. Furthermore, teachers understand the importance of their role of referring learners with mental health problems (Gunawardena et al., 2024). Teachers often refer learners due to the fact that they are unable to help learners with mental health due to a lack of training.

5.2.3.3 One-on-one sessions with learners

Teachers frequently engage in one-on-one conversations with learners to support their mental health. Talking to learners implies that once teachers suspect that a learner may be experiencing mental health problems, they often take the time to talk privately, offering motivation and encouragement in a non-diagnostic manner. Despite issues of time constraints, teachers make time to ensure that they have time to support learners who may have mental health problems. Teachers become facilitators in helping their learners by promoting health and helping them cope with mental health. Therefore, the relationship between the teacher and the learners can serve as support in coping with mental health (Santos & Gondim, 2021).

5.2.3.4 Classroom management

The findings reveal that teachers incorporate classroom management to support learners with mental health problems. Teachers have different accommodations such as engaging the learners in close proximity, grouping the learners so that they are not isolated, and organising the class in a way that all the learners feel part of the class. By implementing classroom management, teachers are able to ensure that learners with mental health problems are not isolated or left behind with their school work. To support this Poznanski, Hart, and Cramer (2018) state that the effective use of classroom management strategies is important to support learners with mental health problems. Classroom management is a skill that refers to being able to create an environment that allows for social-emotional, academic and behaviour learning, and success (Poznanski, Hart, & Cramer, 2018).

5.2.3.5 Academic Accommodations

The participants revealed that to support learners with mental health problems, there are academic accommodations that are done. Academic accommodations imply that teachers may allow for additional time to complete a task for learners with mental health problems, use additional resources in class or provide additional prompts for learners (Korinek, 2021). Learners experience different mental health problems, and require support to ensure their academic success. This means that there should be academic accommodations in place for learners with mental health problems. Teachers implement various strategies, such as concessions, have group work in class, have extra classes and have different teaching strategies to ensure that learners' needs are met and their academic success is supported.

5.2.3.6 Barriers

In the findings, participants identified several barriers that hinder their ability to support learners with mental health problems. Teachers do not have enough training and knowledge on mental health, and as a result feel that they lack the confidence and skills to support learners with mental health problems. These barriers are a major contributing factor to the reluctance of teachers supporting learners with mental health problems, this leads to the

delay in interventions and referrals (Maclean & Law, 2022). The teachers further highlighted time constraints as a significant barrier as teachers feel overwhelmed with their current responsibilities and are often left with little time to accommodate the support of learners with mental health. Addressing these barriers is essential for enabling teachers to effectively assist learners with mental health issues.

5.2.4 Findings in relation to the third objective of the study: to identify recommended support measures to be used to support learners with mental health problems.

5.2.4.1 Holistic peer support

The findings from the Participants emphasized the importance of peer support for learners with mental health problems, noting that students often seek help from their peers before approaching teachers. A similar programme named the teen mental health first aid training program as described by Lu, Hart, Jorm, Gregg, Gross, Mackinnon, and Morgan (2023), clearly explains the suggestions by the teachers, as it is defined as the help adolescents give to a friend with mental health problems until a reliable and trusted adult can take over. Establishing a peer support system empowers learners to recognize and report mental health concerns among their peers. They suggested that peer support can be a valuable strategy for addressing mental health issues among learners. Peer support plays a vital role in helping learners cope with different stressors while in school, while supporting the learner's overall well-being (Drysdale, McBeath, & Callaghan, 2022).

5.2.4.2 Professional development

The findings indicate that teachers require training to effectively support learners with mental health problems. Currently, many teachers lack training on mental health, the types of mental health problems and ways to identify mental health problems among learners. Additionally, there is a need to teachers with the necessary skills and knowledge to support learners with mental health problems. Research highlights a significant gap in mental health literacy among teachers, and this has shown a need for teachers to have mental health training to enhance the teachers' abilities to support the mental health needs of learners

(Moon, Williford, & Mendenhall, 2017). While some teachers may possess basic knowledge, comprehensive mental health training would better equip them to assist students facing these challenges.

5.2.4.3 In-house counselling

The findings from the teachers' views on the implementation of in-house counselling brought to light that teachers would want the help of counsellors to help support learners with mental health problems. They should also think that the presence of a counsellor at school would be beneficial to the timely referral and intervention after a learner is identified to be struggling with mental health problems. There has been an increase in the need for school based mental health services provided either by school counsellors, school psychologists, or school social workers as there has been a rise in mental health problems experienced by the youth. With the presence of an in-house counsellor teachers are able to refer the learners immediately. Additionally, with the implementation of accommodations and guidelines to support a learner with mental health problems, assistance can be provided more immediately through communications between the teachers and the counsellors.

5.2.4.4 Stakeholder (DoE) involvement

Teachers indicated a need for active involvement from the DoE and other stakeholders in supporting learners with mental health issues. The suggestion is that the department should be actively involved in ensuring that teachers are well informed about policies regarding mental health. By being involved in the support of learners the department can ensure that teachers are trained to support learners with mental health problems and be up to date with the policies and support for learners with mental health problems. There is an important need for the involvement of stakeholders as there are limited resources for schools to support learners with mental health problems on their own (Handley, 2017). The participation of school stakeholders should be beneficial to the support of learners' mental health, as teachers would have access to resources and information.

5.2.4.5 Increase awareness

The findings from the participants proposed an increase of mental health awareness at schools, in order to support learners with mental health problems. This initiative would educate both learners and teachers about mental health and help them recognize when someone is struggling. Some teachers suggested inviting mental health professionals for workshops or presentations, conducting awareness campaigns, and incorporating mental health education into the curriculum. The increase of mental health awareness interventions improves mental health knowledge and reduces stigma while increasing help seeking behaviour (Lee, Goh, & Yeo, 2023). According to Lee, Goh, and Yeo (2023) mental health awareness refers to the recognition, knowledge and understanding of mental health, and this is also known as mental health literacy (c.f. 2.3.5). This means that learners and teachers will benefit from increased awareness about mental health at schools.

5.3 Implications of the Study

The implications of this study for policy, schools and the learners are presented below.

5.3.1 Implication for policy

Based on the information found in this study, it is evident that the Department of Basic education has a role in mitigating the challenges experienced by schools in reaction to mental health support for learners. Firstly, it must support schools by reviewing policy to have a section that focuses on mental health support for learners in a way that highlights the roles and responsibilities of various stakeholders. Additionally, the DoE does not provide adequate training on mental health for teachers, which implies that teachers are not equipped to support learners with mental health problems. The DoE is responsible for the teachers and learners, and thus it is important that amendments and reviews of policies are done.

5.3.2 Implication for schools

The barriers to mental support for learners are a clear indication of inadequate systems to support learners with mental health problems. Thus, this implies that the school needs to implement new strategies to ensure that teachers are able to support learners with mental health problems. Without strategies, roles and responsibilities, teachers will not be able to support learners who have mental health problems. Schools can start by increasing awareness, having counsellors at school and implementing peer support at schools. Schools must collaborate with other stakeholders to create a policy for mental health support which includes the roles of teachers, the SBST, and how the referral process must be processed. This way the learners are able to be supported effectively by the teacher. Overall, the school will have a system that will allow for support learners with mental health concerns.

5.3.3 Implication for teachers

This study emphasises the lack of effective mental health support strategies for teachers at high schools in the Lejweleputswa District in the Free State that would assist them in supporting learners with mental health problems. There are strategies that are in place to support learners with mental health problems, but there are still barriers that prevent the effectiveness of these strategies. The findings of the study highlighted the support strategies that are used by teachers to support learners with mental health problems, and also the recommendation that can be implemented. These strategies require support from various stakeholders; with the support the teachers will be able to effectively support the learners with mental health problems. Teachers need training, skills and knowledge regarding mental health to be able to support learners with mental health problems.

5.4 Recommendations

In this section the recommendations are designed to address the key objectives identified in the study regarding mental health support for learners. These suggestions aim to enhance the understanding, resources, and strategies available to teachers and schools, ultimately fostering a more supportive environment for learners with mental health issues

5.4.1 Recommendation for objective one

There are recommendations for the first objective, which speaks to the teachers' perceptions of mental health support. It is crucial that teachers are provided with comprehensive training and that they are supplied with resources to enhance their understanding of mental health. Secondly, there is a need for clarity and a defined role for teachers in providing mental health support for learners with mental health problems. This should be done through clear directives and guidelines that highlight the expectations and responsibilities of teachers. Thirdly, it is important to raise awareness that is culturally sensitive and inclusive in order to address the cultural perspectives that may influence teachers' perceptions on mental health. Fourthly, schools must create a supportive environment that prioritises mental health, where mental health can be openly discussed. Lastly, it is important to ensure that adequate resources are available to support the learners. Schools can better equip themselves to address the mental health needs of learners by investing in resources.

5.4.2 Recommendation for objective two

There are various recommendations for the second objective which focuses on the current status of mental health support for learners. Firstly, it is important that there is an increase in awareness and understanding of mental health among teachers. It is important to clarify the focus of the SBST in order to better their effectiveness. By strengthening the capacity and integrating it more effectively into the school support structure. Secondly, it is important to establish a strong and accessible counselling system in order to enhance the

effectiveness of counselling support for learners with mental health problems. Thirdly, parental engagement is an important component when addressing the mental health issues of learners. Teachers should actively involve parents throughout the process, ensuring that they are informed about their child's mental health concerns and are part of the solution. Fourthly, to enhance the effectiveness of peer support in addressing mental health support among learners, it is important to formalise and expand peer support within the schools. Lastly, the challenges and limitations in providing mental health support to learners in schools must be addressed. It is important to develop and implement a strategy that focuses on resources, professional development and systematic improvements. With this, the functioning of the SBST needs to be improved and this can be done by ensuring the availability of the members, there is a critical need to improve the mental health literacy of all staff members through mandatory training

5.4.3 Recommendation for objective three

The recommendations for teachers support strategies for learners with mental health problems. It is pivotal that teachers have the necessary training and resources to effectively recognise and refer learners with mental health problems. This involves comprehensive training to equip learners with the knowledge and skills to identify change in behaviour. It is also important for the school community to facilitate a culture of openness and support, and by implementing these strategies teachers can create a more supportive environment that promotes the well-being of learners. To enhance the effectiveness of one-on-one sessions and classroom management strategies for supporting learners with mental health problems, it is essential for teachers to be active listeners, be empathetic, and be able to create a safe space and supportive environment for learners. For classroom management teachers should be equipped with strategies to create an inclusive and supportive environment. Teachers should be provided with resources to implement effective academic accommodations for the learners. Teachers should be informed about the policies and procedures regarding the granting of concessions based on the specific mental health needs of the learners. To address the barriers that are faced by teachers in relation to supporting learners with mental health problems, teachers should be able to manage their workload and create time for one-on-one sessions with learners.

5.4.4 Recommendation for objective four

The recommended measures for supporting learners with mental health problems form part of the fourth objective. To foster a supportive school environment, schools should establish a peer support program that trains learners to recognise signs of declining mental health among their peers and provide them with skills to offer support. Secondly, teachers need to be well-equipped to support learners with mental health concerns, schools should have quarterly mandatory training for teachers regarding mental health awareness. To provide consistency and effectiveness each school should be allocated a counsellor or psychologist who will be available on a daily basis, this can be done through the interactions with the DoE. It is important that the DoE should play an active role in supporting mental health initiatives in schools. This involvement should include regular evaluations of learner well-being, providing teachers with comprehensive knowledge of mental health policies, and ensuring the implementation of these policies. Lastly, to promote a culture of understanding and support for mental health, schools should have comprehensive mental health awareness campaigns which include regular invitations of mental health professionals, and conduct workshops and presentations for both teachers and learners.

5.4.5 Recommendation for further study

The following are the suggestions for further research:

- A study that addresses mental health support for learners in various districts.
- Future studies could be spread across different schools in the different towns in the Lejweleputswa district to make a greater generalisation that is easier to transfer.
- A study that focuses on the influence of culture, and background on teachers' perception on mental health support for learners.
- An exploration of clear policies regarding mental health support for learners.

5.5 Limitations of the Study

- The study focused on five high schools in a small town in the Lejweleputswa district in the Free State. This means that the information collected is applicable to small towns in this district.
- The lack of current research on teachers' perception of mental health support. The data found across the studies was similar and this shows the need for future studies to explore teachers' perceptions of mental health support for learners.
- The study was initially supposed to have 15 participants but due to the willingness of participants, the study only had 14 participants.
- The data analysis process was lengthy due to the need to convert audio recordings into text. The software to transcribe the audio recordings was not always effective, and so manual transcription had to be done.

5.6 Conclusion of the Study

In conclusion, the discussions in this study highlight the need for teachers to receive training, knowledge, and skills related to mental health support for learners. Mental health problems among youth and adolescents are on the rise, and teachers who are well-informed are able to effectively support learners with mental health problems. In the high schools visited, the teachers made it clear that they do have mental health training to help them support learners. Teachers find it difficult to support learners as they are uncertain how to support learners fully, and effectively identify and refer learners. As a result, teachers are often left to what they think is right. There is a clear recognition of the importance of mental health support within schools, and there is also a pressing need for systemic changes and increased investment to overcome the existing barriers. By prioritizing the mental health needs of learners and implementing comprehensive support strategies, schools can play a vital role in enhancing the well-being and academic success of their students.

The study revealed that teachers play a critical role in supporting the mental health of learners. While teachers have some knowledge of mental health there is a need for more comprehensive training, knowledge and skills to allow them to effectively support learners

with mental health problems. Furthermore, the study revealed while teachers are generally open to supporting learners, they often lack the necessary knowledge and clear directives concerning mental health support for learners. Teachers apply various support strategies to support learners with mental health problems, which includes identifying learners with mental health problems, referring learners to professionals, having one-on-one sessions with learners, implementing classroom management, and various academic accommodations.

In attempts to improve the support measures for mental health support for learners with mental health problems, teachers relayed that the school has support measures that they use to support learners with mental health problems. This includes a SBST, counselling support, parental engagement and peer support. Teachers suggested that there should be holistic peer support, in-house counselling, the involvement of stakeholders such as the DoE, and increasing awareness. Teachers are at the forefront of ensuring that learners receive the necessary care and attention. The study emphasises the need for professional development in mental health training for teachers, as well as the establishment of effective referral processes and the presence of in-house counselling services. These measures are crucial for creating a supportive and healthy educational environment. The findings align with existing literature, thus reinforcing the unique position of teachers in identifying and addressing mental health challenges among learners. Therefore, the implementation of these strategies is essential for promoting the well-being and success of learners experiencing mental health issues.

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APPENDICES

APPENDIX 1: ETHICAL CLEARANCE

UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA

UFS

GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

Registration Number: REC-112922-058

03-Jun-2024

Dear Ms Rorisang Masilo

Application Approved

Research Project Title:
Perceptions of high school teachers on mental health support for learners

Ethical Clearance number:
UFS-HSD2023/2647

We are pleased to inform you that your application for ethical clearance has been approved. Your ethical clearance is valid for twelve (12) months from the date of issue. We request that any changes that may take place during the course of your study/research project be submitted via an Amendment on RIMS to the ethics office to ensure ethical transparency. Furthermore, you are requested to submit a Final Report on RIMS for your study/research project to the ethics office once the project has concluded. Should you require more time than the allotted 12 months to complete this research, please apply for an extension by submitting a Continuation/Report on RIMS. Thank you for submitting your proposal for ethical clearance. We wish you success with your research.

Yours sincerely,

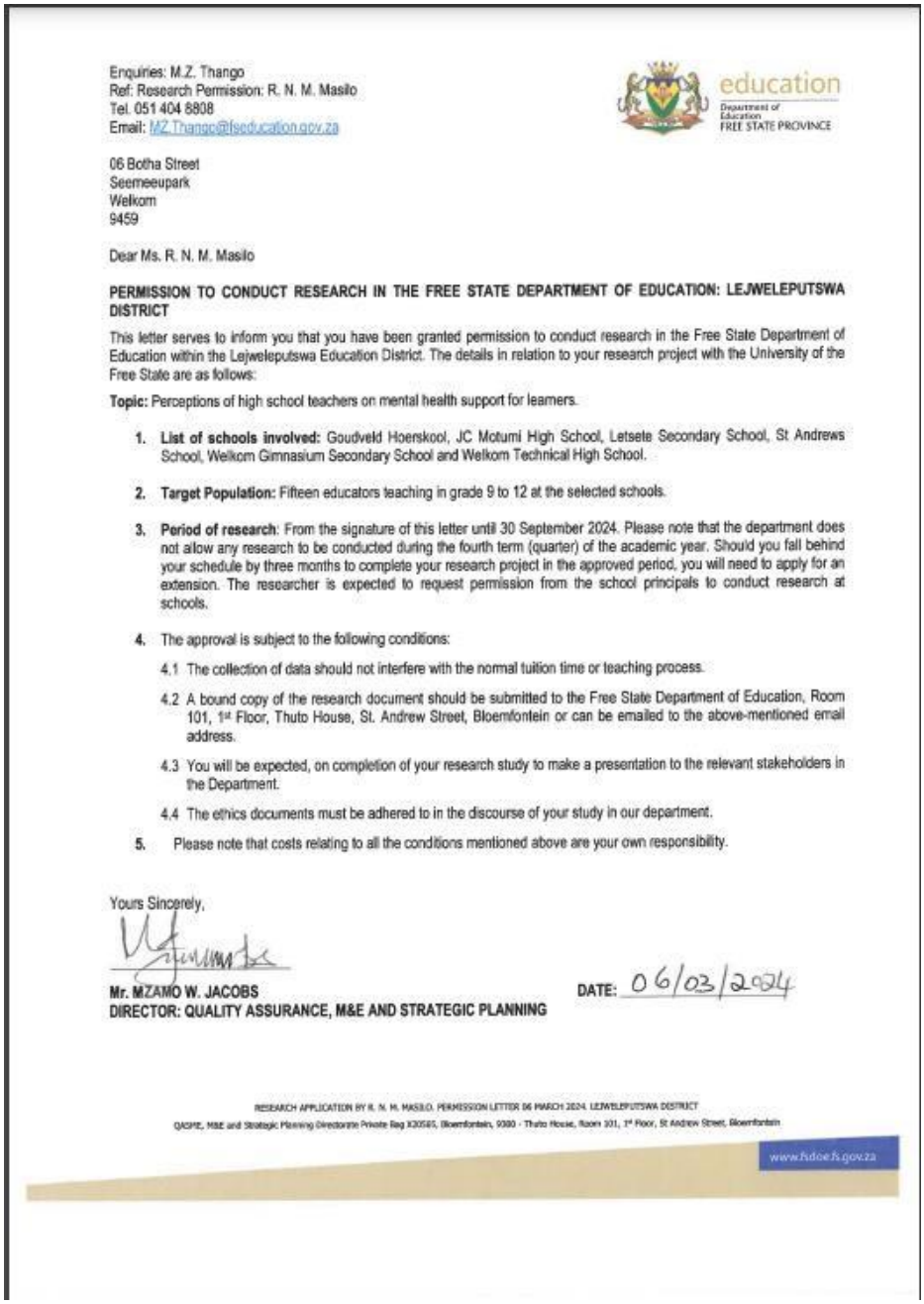
Dr Adri Du Plessis
Chairperson: General/Human Research Ethics Committee

Dr Adri du Plessis
Digitally signed by Dr Adri du Plessis
Date: 2024.06.12 18:05:40 +02'00'

205 Nelson Mandela Drive
Park West
Bloemfontein 9301
South Africa

P.O. Box 339
Bloemfontein 9300
Tel: +27(0)514019337
duplessisA@ufs.ac.za
www.ufs.ac.za

APPENDIX 2: PERMISSION TO CONDUCT RESEARCH IN THE FREE STATE DEPARTMENT OF EDUCATION



Enquiries: M.Z. Thango
Ref: Research Permission: R. N. M. Masilo
Tel. 051 404 8808
Email: MZ.Thango@fseducation.gov.za

education
Department of Education
FREE STATE PROVINCE

06 Botha Street
Seemeeupark
Welkom
9459

Dear Ms. R. N. M. Masilo

PERMISSION TO CONDUCT RESEARCH IN THE FREE STATE DEPARTMENT OF EDUCATION: LEJWELEPUTSWA DISTRICT

This letter serves to inform you that you have been granted permission to conduct research in the Free State Department of Education within the Lejweleputswa Education District. The details in relation to your research project with the University of the Free State are as follows:

Topic: Perceptions of high school teachers on mental health support for learners.

1. **List of schools involved:** Goudveld Hoerskool, JC Motumi High School, Letsete Secondary School, St Andrews School, Welkom Gimnasium Secondary School and Welkom Technical High School.
2. **Target Population:** Fifteen educators teaching in grade 9 to 12 at the selected schools.
3. **Period of research**: From the signature of this letter until 30 September 2024. Please note that the department does not allow any research to be conducted during the fourth term (quarter) of the academic year. Should you fall behind your schedule by three months to complete your research project in the approved period, you will need to apply for an extension. The researcher is expected to request permission from the school principals to conduct research at schools.
4. The approval is subject to the following conditions:
   - 4.1 The collection of data should not interfere with the normal tuition time or teaching process.
   - 4.2 A bound copy of the research document should be submitted to the Free State Department of Education, Room 101, 1st Floor, Thuto House, St. Andrew Street, Bloemfontein or can be emailed to the above-mentioned email address.
   - 4.3 You will be expected, on completion of your research study to make a presentation to the relevant stakeholders in the Department.
   - 4.4 The ethics documents must be adhered to in the discourse of your study in our department.
5. Please note that costs relating to all the conditions mentioned above are your own responsibility.

Yours Sincerely,

Mr. MZAMO W. JACOBS
DIRECTOR: QUALITY ASSURANCE, M&E AND STRATEGIC PLANNING

DATE: 06/03/2024

RESEARCH APPLICATION BY R. N. M. MASILO. PERMISSION LETTER 06 MARCH 2024. LEJWELEPUTSWA DISTRICT
QASPE, M&E and Strategic Planning Directorate Private Bag X20565, Bloemfontein, 9300 - Thuto House, Room 101, 1st Floor, St Andrew Street, Bloemfontein
www.fsdoe.fs.gov.za

Enquiries: M.Z. Thango
Ref: Notification of research: R. N. M. Masilo
Tel. 051 404 8808
Email: MZ.Thango@fseducation.gov.za

education
Department of Education
FREE STATE PROVINCE

District Director
Lejweleputswa District

Dear Ms. Zonke

NOTIFICATION OF RESEARCH: PERMISSION TO CONDUCT RESEARCH PROJECT IN LEJWELEPUTSWA DISTRICT

This letter serves to inform you that Ms. R. N. M. Masilo has been granted permission to conduct research in the Lejweleputswa District under the auspices of the University of the Free State. The details in relation to the research project are as follows:

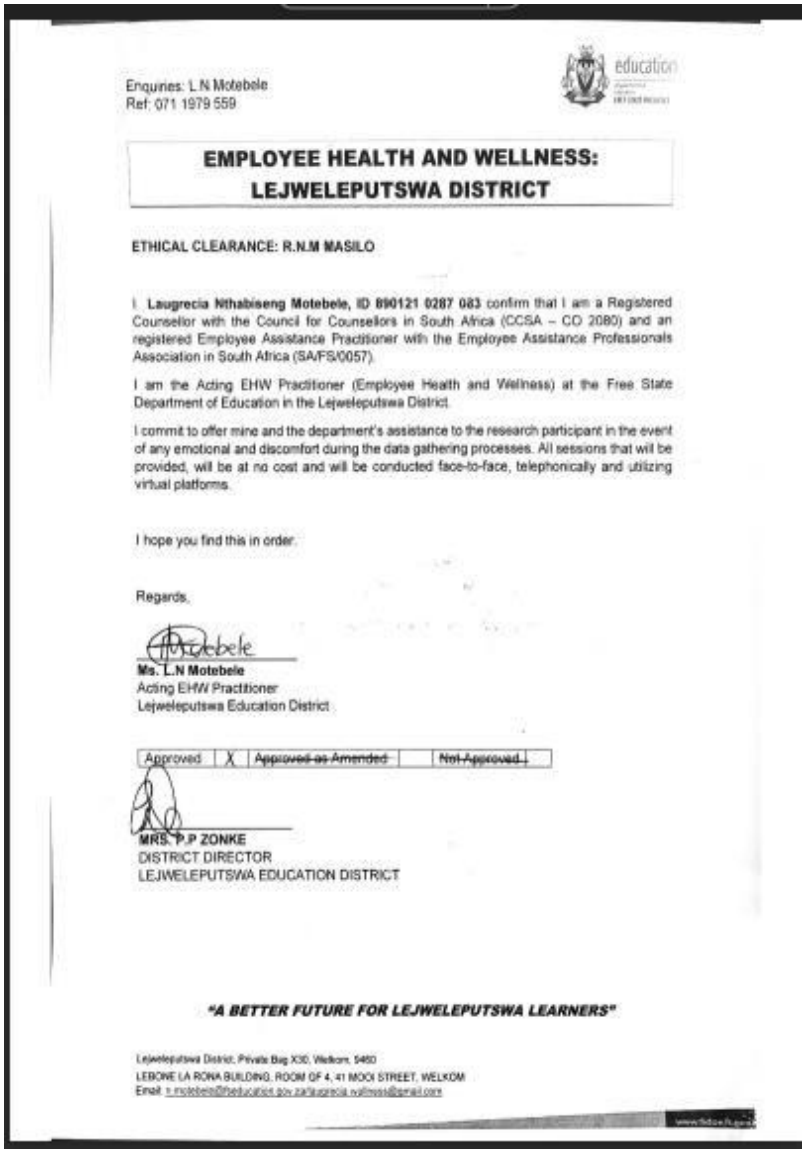
Topic: Perceptions of high school teachers on mental health support for learners.

1. **List of schools involved**: Goudveld Hoerskool, JC Moturni High School, Letsete Secondary School, St Andrews School, Welkom Gimnasium Secondary School and Welkom Technical High School.
2. **Target Population:** Fifteen educators teaching in grade 9 to 12 at the selected schools.
3. **Period of research:** From the signature of this letter until 30 September 2024. Please note the department does not allow any research to be conducted during the fourth term (quarter) of the academic year nor during normal school hours. The researcher is expected to request permission from the school principals to conduct research at schools.
4. **Research benefits:** The results from this research will help provide an understanding of the needs of teachers when it comes to them supporting learners who have mental health problems. The results will also provide strategies that will help teachers have capacity to support learners with mental health problems. Furthermore, this research will provide insight into support measures that are available for teachers to help learners with mental health problems.
5. The Sub-directororate of Research and policy will make the necessary arrangements for the researchers to present the findings and recommendations to the relevant officials in the Department.

Yours Sincerely,

Mr. MZAMO W JACOBS
DIRECTOR: QUALITY ASSURANCE, M&E AND STRATEGIC PLANNING
DATE: 06/03/2024

APPENDIX 3: LETTER FOR COUNSELLING



Enquiries: L.N Motebele
Ref: 071 1979 559

education

EMPLOYEE HEALTH AND WELLNESS:
LEJWELEPUTSWA DISTRICT

ETHICAL CLEARANCE: R.N.M MASILO

I **Laugrecia Nthabiseng Motebele, ID 890121 0287 083** confirm that I am a Registered Counsellor with the Council for Counsellors in South Africa (CCSA – CO 2080) and an registered Employee Assistance Practitioner with the Employee Assistance Professionals Association in South Africa (SA/FS/0057).

I am the Acting EHW Practitioner (Employee Health and Wellness) at the Free State Department of Education in the Lejweleputswa District.

I commit to offer mine and the department's assistance to the research participant in the event of any emotional and discomfort during the data gathering processes. All sessions that will be provided, will be at no cost and will be conducted face-to-face, telephonically and utilizing virtual platforms.

I hope you find this in order.

Regards,

Motebele

Ms. L.N Motebele
Acting EHW Practitioner
Lejweleputswa Education District

Approved	X	~~Approved as Amended~~		~~Not Approved~~

MRS. P.P ZONKE
DISTRICT DIRECTOR
LEJWELEPUTSWA EDUCATION DISTRICT

"A BETTER FUTURE FOR LEJWELEPUTSWA LEARNERS"

Lejweleputswa District, Private Bag X30, Welkom, 9460
LEBONE LA RONA BUILDING, ROOM OF 4, 41 MOOI STREET, WELKOM
Email: l.motebele@fsdeducation.gov.za/laugrecia.nwilmss@gmail.com

APPENDIX 4: LETTER TO PRINCIPALS

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Dear *Principal*

My Name is Rorisang Masilo, I am doing research and would like to request permission to conduct our research at *your school.*

DATE
9 July 2024

TITLE OF THE RESEARCH PROJECT

Perceptions of high school teachers on mental health support for learners.

PRINCIPLE INVESTIGATOR / RESEARCHER(S) NAME(S) AND CONTACT NUMBER(S):

Rorisang Masilo *2016319366* *0604476614*

FACULTY AND DEPARTMENT:

Faculty of Education
Department: Psychology of Education

STUDYLEADER(S) NAME AND CONTACT NUMBER:

Dr. R.J Kgothule
051 401 9688

WHAT IS THE AIM / PURPOSE OF THE STUDY?

This study aims to explore the perceptions of high schools' teachers on mental health support for learners. The reason behind this study is to identify the support measures used to support learners with mental health problems and understand high school teachers' perceptions on mental health support for learners.

WHO IS DOING THE RESEARCH?

Rorisang Masilo, A masters student specialising in psychology of education.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received approval from the Research Ethics Committee of UFS. A copy of the approval letter can be obtained from the researcher.

Approval number: UFS-HSD2023/2647

WHY ARE YOUR INSTITUTION/ORGANISATION/COMPANY INVITED TO TAKE PART IN THIS RESEARCH PROJECT?

I chose this school as I would like the teachers at the school to participate in this research as you are a teacher who engages with learners who might experience mental health problems on a regular basis. The participants' details will be obtained from the principal of the school, who will have received information about the study. I chose teachers as my participants as the study intends to explore the perceptions of teachers. There will be 15 participants in this study who are all teachers from 5 different schools in the Lejweleputswa district.

WHAT IS THE NATURE OF PARTICIPATION IN THIS STUDY?

In this study you will be interviewed to understand your perceptions on mental health support for learners. The study will include an audio recorded semi-structured interview. You will be asked about the type of support received by learners with mental health problems, because the interview is semi- structured there are no set questions for the interview. The duration of the interview will be between 1 hour and 1 hour 30 minutes

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

There are no benefits for participating in this study. The information shared during the interview will be kept private and confidential.

WHAT IS THE POTENTIAL RISKS TAKING PART IN THIS STUDY?

In every study there are foreseeable risks. The risks anticipated may include emotional distress, personal embarrassment. audio recording sensitivity. The risk that may arise from others identifying your participation in the study is minimum as no names will be used in the research and that there are multiple participants. To mitigate the anticipated risks there are measures put in place to ensure full confidence and comfortability throughout the interview.

WILL THE INFORMATION BE KEPT CONFIDENTIAL?

Everything said in the interview will be kept highly confidential. Your name and surname will not be recorded, no one will be able to connect you to the answers. Your answers will be allocated a code number or a pseudonym and that is how your answers will be referred to in the data analysis and throughout the study. I will be the only person with access to the recordings, transcripts and notes, and all these will be kept on a password protected

drive. The answers received may be reviewed by members of the Research Ethics Committee to ensure that the research is done properly, but the identity will continue to remain unknown. The data obtained in study may be used anonymously in a research report, journal articles, and/or conference presentation. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

HOW WILL THE INFORMATION BE STORED AND ULTIMATELY DESTROYED?

Hard copies of your answers will be stored by the researcher for a period of five years in a locked private cupboard for future research or academic purposes; electronic information will be stored on a password protected drive on a computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. The hard copy of the information will be destroyed through a paper shredder and ultimately discarded, the soft copy will be deleted completely from the drive and the computer.

WILL THERE BE PAYMENT OR ANY INCENTIVES FOR PARTICPATING IN THIS STUDY?

The participants will not receive any payment, reward or otherwise

HOW WILL THE INSTITUTION / ORGANISATION / COMPANY BE INFORMED OF THE FINDINGS / RESULTS OF THE STUDY?

If you would like to be informed of the final research findings, please contact Rorisang Masilo on 060 447 6614 or email address rorisangmasilo01@gmail.com. The findings are accessible for 2 years after the completion of the research. Should you require any further information or want to contact the researcher about any aspect of this study, please contact the above-mentioned contacts. Should you have concerns about the way in which the research has been conducted, you may contact the supervisor Dr R.J Kgothule on

0514019688 or email kgothulerj@ufs.ac.za

Yours sincerely

Rorisang Masilo

APPENDIX 5: RESEARCH STUDY INFORMATION LEAFLET AND CONSENT FORM

Research study information leaflet and consent form

Date

9 July 2024

Title of the research project

Perception of High school teachers on mental health support for learners

Principle investigator / researcher(s) name(s) and contact number(s):

Rorisang Masilo Student number: 2016319366 Contact number: 0604476614

Faculty and Department:

Name of Faculty: Education

Name of Department: Psychology of education

Study leader(s) name and contact number:

Name of Study Leader (UFS staff member): Dr. R.J Kgothule

Contact number:

What is the aim / purpose of the study?

This study aims to explore the perceptions of high schools' teachers on mental health support for learners. The reason behind this study is to identify the support measures used to support learners with mental health problems and understand high school teachers' perceptions on mental health support for learners and

Who is doing the research?

Rorisang Masilo, A masters student specialising in psychology of education.]

Has the study received ethical approval?

This study has received approval from the Research Ethics Committee of UFS. A copy of the approval letter can be obtained from the researcher.

Approval number: UFS-HSD2023/2647

Why are you invited to take part in this research project?

You are invited to participate in this research as you are a teacher who engages with learners who might experience mental health problems on a regular basis. You were informed about the study by the principle of the school and you volunteered to participate in the study. There are 10 participants in this study all teachers from 5 different schools in the Lejweleputswa district.

What is the nature of participation in this study?

In this study you will be interviewed to understand your perceptions on mental health support for learners. The study will include an audio recorded semi-structured interview. You will be asked about the type of support received by learners with mental health problems, because the interview is semi- structured there are not set questions for the interview. The duration of the interview will be between 1 hour and 1 hour 30 minutes.

Can the participant withdraw from the study?

The participation in this study is voluntary and there will be no penalty should you decide to withdraw from participating .. Being in this study is voluntary, and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason.

What are the potential benefits of taking part in this study?

There are no benefits for participating in this study. The information shared during the interview will be kept private and confidential.

What is the anticipated inconvenience of taking part in this study?

In every study there are foreseeable risks. The risks anticipated may include emotional distress, personal embarrassment. The risk that may arise from others identifying your participation in the study is minimum as no names will be used in the research and that there are multiple participants. To mitigate the anticipated risks there are measures put in place to ensure full confidence and comfortability throughout the interview.

Will what I say be kept confidential?

Everything said in the interview will be kept highly confidential. Your name and surname will not be recorded, no one will be able to connect you to the answers. Your answers will be

allocated a code number or a pseudonym and that is how your answers will be referred to in the data analysis and throughout the study. I will be the only person with access to the recordings, transcripts and notes, and all these will be kept on a password protected drive. The answers received may be reviewed by members of the Research Ethics Committee to ensure that the research is done properly, but the identity will continue to remain unknown. The data obtained in study may be used anonymously in a research report, journal articles, and/or conference presentation. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

How will the information be stored and ultimately destroyed?

Hard copies of your answers will be stored by the researcher for a period of five years in a locked private cupboard for future research or academic purposes; electronic information will be stored on a password protected drive on a computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. The hard copy of the information will be destroyed through a paper shredder and ultimately discarded, the soft copy will be deleted completely of the drive and the computer.

Will I receive payment or any incentives for participating in this study?

The participants will not receive any payment, reward or otherwise.

How will the participant be informed of the findings / results of the study?

If you would like to be informed of the final research findings, please contact **Rorisang Masilo** on 060 447 6614 or email address rorisangmasilo01@gmail.com . The findings are accessible for 2 years after the completion of the research. Should you require any further information or want to contact the researcher about any aspect of this study, please contact the above mentioned contacts. Should you have concerns about the way in which the research has been conducted, you may contact the supervisor Dr R.J Kgothule on 0514019688 or email kgothulerj@ufs.ac.za

Thank you for taking the time to read this information sheet and for participating in this study.

Consent to participate in this study

I, the undersigned,

_____

(participant's full names to be included) (the "Participant")
confirm that I voluntarily agree to participate in the research study referred to as the

_____ (the "Study") in relation to

_____

and which Study is being conducted by

_____

(Rorisang Masilo) (the "**Researcher**").

I, the undersigned Participant, further confirm that–

1. the Researcher has explained the nature, procedure, potential benefits and anticipated inconvenience of my participation in the Study;
2. I have read (or had explained to me) and understood the Study as explained in the attached information sheet;
3. I have had sufficient opportunity to ask questions and am prepared to participate in the Study;
4. I understand that my participation in the Study is entirely voluntary and that I am free to withdraw at any time without penalty (if applicable);
5. I voluntarily provide the UFS and the Researcher with my personal information and consent to the UFS and the Researcher collecting, disclosing and processing my

personal information in order to conduct the Study and any related activities in relation thereto;

6. I hereby acknowledge and confirm that I understand the purpose for which the UFS and the Researcher may collect, store, use, delete, destroy, outsource, transfer or otherwise process, as the context and circumstances may require and as contemplated in terms of POPIA, my personal information as set out herein;
7. I am aware that the findings of the Study will be anonymously processed into a research report, journal publications and/or conference proceedings and that my personal information will be aggregated and deidentified at such stage;
8. I also give the UFS permission to share, without notification, the collected data with other researchers at the UFS or other Higher Education Institutions. This permission is dependent on the same principles of ethical research practices, anonymity/confidentiality, safekeeping of information, and other issues listed above applying.

I, the Participant, agree to the recording of the <insert specific data collection method>.

Full Name of Participant: _____

Signature of Participant: _____ Date: _____

Full Name(s) of Researcher(s): Rorisang Masilo

Signature of Researcher: _____ Date: _____

APPENDIX 6: RESEARCH INSTRUMENT

QUALITATIVE SEMI-STRUCTURED INTERVIEW GUIDE

I am Rorisang Masilo, a Masters student specializing in Psychology of Education in the Faculty of Education at the University of the Free State. The title of my research is ***"Perceptions of high school teachers on mental health support for learners".*** The aim of this study is to explore the perceptions of high schools' teachers on mental health support for learners. It is important to be able to freely to share your perceptions. I assure you that any information shared will be kept confidential. Please also note that the interview will take place for no more than 90 minutes and will be audio recorded.

Thank you once more for accepting to be part of this study.

SECTION 1: BACKGROUND INFORMATION

To begin with, I would appreciate if you could tell me little about yourself. Probes here may include but not limited to, qualification, post, years of experience, etc. as indicated in the box below to capture your background information necessary for the study.

Date of interview	
Interview venue	
Participant code	
Participant age	
Gender	
Qualification	
Teaching grade	
Years of experience	

SECTION 2: INTERVIEW QUESTIONS

1. What is your definition of mental health?
2. How do you perceive or view mental health? (please elaborate)
3. Can you describe the importance of mental health in the educational context
4. How has your understanding of mental health evolved over the course of your teaching career
5. How do you perceive your role as a teacher in supporting the mental health of your learners
6. Tell me your experiences of working/teaching with learners with mental health issues?
   - probe
7. What are the key indicators that you look at when identifying learners who may be struggling with mental health issues. Please mention at least 3 indicators
8. What are your views on the current on current level of awareness and/ or understanding of mental health among the teachers at your school
9. Are there any approaches that the school takes to support learners with mental health problems? If there are, please tell me about them. If not please tell what approaches would you like to see the school take
10. Are there any systems in place at the school to support learners with mental health problems? If any please specify
11. What are the barriers to effectively support learners with mental health problems in your opinion?
    - How accessible do you find these support systems for learners in need?
    - Are there any specific challenges you face in accessing or utilizing these support systems?
12. What are the gaps you can identify within the school relating to supporting learners with mental health?
13. What strategies (at least 5) do you want the school to put in place to assist learners with mental health problems?
14. What are strategies can be implemented in the classroom to support learners

with mental health issues?

- Can you share an example of a time when you successfully supported a learner with mental health problems?

15. How do you think the school could improve its support measures for learners with mental health?
16. Have you noticed any changes regarding the types of mental health issues that learners experience over the years?
17. How do you balance academic expectations and the mental health needs of learners?
18. What advice would you give to policy makers to improve the mental health support for learners? Is there anything you would like to add that could better inform the study?

Please note: these are not the only questions that will be asked during the interview.

Thank you once more for taking part in this study

APPENDIX 7: LETTER FROM LANGUAGE EDITOR

UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA
UFS UV

Centre for Teaching and Learning

12 November 2024

To whom it may concern,

I, Gawain Norval, hereby declare that I have proofread the master's dissertation entitled *PERCEPTIONS OF HIGH SCHOOL TEACHERS ON MENTAL HEALTH SUPPORT FOR LEARNERS*, by Rorisang Neo Moira Masilo.

I am employed at the Unit for Academic Language and Literacy Development (ALLD), as a Facilitator of Academic Literacy within the ALLD at the University of the Free State (UFS). Due to my experience and expertise teaching Academic Literacy, I am intimately familiar with the structure and requirements of this dissertation and, therefore, qualified to edit, proofread, and verify the style and referencing for this document.

Please feel free to contact me should you require further information regarding the proofreading of this document, either telephonically, at 083 681 1546, or per email, at NorvalGT@ufs.ac.za.

Yours faithfully,

Mr Gawain Norval
Unit for Academic Language and Literacy Development (ALLD)
Literacy Assistant: Unit for Academic Literacy

Unit for Academic Language and Literacy Development (ALLD)
205 Nelson Mandela Rylaan/Drive, Parkwes/Park West, Bloemfontein 9301, Suid-Afrika/South Africa
Posbus/P.O. Box 339, Bloemfontein 9300, Suid-Afrika/South Africa, Tel: +27(0)51 401 9111, www.ufs.ac.za

APPENDIX 8: TURN IT IN REPORT

PERCEPTIONS OF HIGH SCHOOL TEACHERS ON MENTAL HEALTH SUPPORT FOR LEARNERS

by Rorisang Masilo

Submission date: 20-Nov-2024 11:37AM (UTC+0200)
Submission ID: 2526077390
File name: R._Masilo_Full_Masters_Dissertation_-_Final_Proofread_V3_Final_No_Comments.docx (1.73M)
Word count: 44970
Character count: 240719

PERCEPTIONS OF HIGH SCHOOL TEACHERS ON MENTAL HEALTH SUPPORT FOR LEARNERS

ORIGINALITY REPORT

9%	5%	5%	4%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	www.ncbi.nlm.nih.gov Internet Source	<1%
2	Guillory, Adrienne Berry. "Educators' Perceptions of Mental Illness in Elementary Schools: A Phenomenological Study", Lamar University - Beaumont, 2023 Publication	<1%
3	researchspace.ukzn.ac.za Internet Source	<1%
4	Submitted to North West University Student Paper	<1%
5	Submitted to University of South Africa Student Paper	<1%
6	worldwidescience.org Internet Source	<1%
7	Submitted to University of the Western Cape	<1