



A collaborative approach to support learners with mental health challenges in under-resourced schools: A secondary data analysis

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ABSTRACT

The burden of mental health problems is rising affecting both the functional and social lives of young and adult individuals. Given the high rates of student mental health difficulties worldwide and the escalation of incidences in schools, homes and communities, where learners fight with their peers, educators and families, specialist support is sparse within the Department of Education. Thus, it is imperative to explore the collaborative support provided to learners with mental health problems in schools. This secondary data analysis is about exploring the collaborative support to learners experiencing mental health challenges in under-resourced schools. The Biopsychosocial theory was used as a theoretical framework for this review. Data was collected from peer-reviewed publications and government policies. This review seeks to understand the challenges that are experienced by learners with mental health in under-resourced schools and to establish how learners with mental health challenges are identified in schools. It also explored how learners are coping with mental health in schools as well as to ascertain the nature and extent of the collaborative support provided to learners with mental health and psychosocial concerns in under-resourced schools.

The review found that there is ineffective and inefficient collaborative support provided to learners with mental health in under-resourced schools and that there is insufficient training to equip educators with skills to identify and support learners with mental health problems and coping strategies. The findings of the review recommended that the School Based Support Team ensures the using of the Screening, Identification Assessment and Support policy as a standardised tool to identify learners experiencing mental health challenges to enable the provision of relevant support and that in-service training of educators be mandatory to equip them with strategies to identify and support learners with mental health challenges. It also recommended that educators and other educational support professionals to acquire means within which to work collaboratively to benefit learners with mental health challenges.

Key words

Children; adolescents; mental health; integrated school health promotion; Attention Deficit Hyperactive Disorder; depression; suicide; collaborative support; under-resourced.

ACRONYMS

AD/HD	Attention Deficit and Hyperactive Disorder
APA	American Psychiatric Association
CAMH	Children and Adolescents Mental Health
CBO	Community Based Organization
DBST	District Based Support Team
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
DSM 5	Diagnostic and Screening Manual 5
GAD	General Anxiety Disorders
ISHP	Integrated School Health Program
LSD	D-lysergic acid diethylamide
NGO	Non-Government Organisation
OCD	Obsessive Compulsive Disorder
PTSD	Post-Traumatic Stress Disorder
SBST	School Based Support Team
SEL	Social and Emotional Learning
SIAS	Screening Identification Assessment and Support
SMT	School Management Team
SNA	Support Needs Assessment
SNES	Special Needs Education Services
UNICEF	United Nation Children's Emergency Fund
WHO	World Health Organization

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CHAPTER 1

INTRODUCTION TO THE STUDY

1.0 Introduction

Mental health is the foundation of individual well-being as it relates specifically to the individual's physical, social and emotional well-being (Erkones et al., 2012). Everybody is prone to mental health disorders, due to either genetics, socio-economic status, emotional or physical problems, and it is no secret that mental disorders cause untold human misery (WHO, 2003; Erkones et al., 2012; WHO, 2016). Mental ill-health which includes amongst others, depression, anxiety, aggressive behaviour and feeling down has been seen as mostly among young individuals and society as a whole globally (Daniszewski, 2013; Crenna- Jennings, 2021). The study conducted by World Health Organisation (WHO) 2017) revealed that common mental disorders are the main instigator of mortality in children and young people younger than 18 years. Globally, depressive disorders were the third most frequent cause of adolescents' disability-adjusted life-years lost, and anxiety disorders are the fifth most frequent cause of disability-adjusted life-years lost for adolescent girls. Given the prevalence of mental health and substance-dependence problems in both adults and children, it is not surprising that there is an enormous emotional as well as financial burden on individuals, their families and society as a whole (WHO, 2003).

The study conducted by WHO (2016) estimates that at least 10% of the world's population is affected and that 20% of children and adolescents suffer from some type of mental disorders. Researchers like Hawton and Heeringen (2009); Jones (2015); and Schlebusch (2012) concur that suicide is a global issue, and many countries are creating national strategies for suicide prevention because psychiatric disorders are present in about 90% of people who kill themselves and contribute 47%-74% of population risk of suicide and 10 to 40 times more people engage in non-fatal suicidal behaviour attempts. Van der Merwe and Dawes (2007) concur that mental health is an international problem and further stated that, adolescents living in impoverished areas are vulnerable to widespread exposure to substance abuse and violence in the home, school and neighbourhood and how this exposure to violence increases the probability of youth involvement in violence. The Bill of Rights, Act 108 of 1996, Section (29) addresses amongst other things, the basic right to health services, drug and substance abuse,

violence and mental health. The state has a mandate beyond reasonable doubt to make this right progressively available and accessible to all learners in schools.

Conversely, the study by van Rensburg and Fourie (2016) assert that despite global efforts towards the strengthening of mental health systems, mental health remains on the periphery of the global health agenda. The exposure of learners to stressors as described above, as well as the inadequate need fulfilment, puts them at risk for emotional, behavioural and academic difficulties (Landsberg, 2005). The review conducted by the Canadian Paediatric Society (2009) concurred that one in five children of school-going age has a mental condition. Based on the findings of these studies, there was a strong substantiation that many learners experience or suffer from mental challenges. Studies conducted estimate that approximately 17% of South African youth between the ages of 6-16 years have poor mental health and approximately 50% of mental disorders begin before the age of 14 (DoE, 2012; DoH, 2020).

The most cited mental disorders exhibited by children and adolescents were generalised anxiety disorders (11%), depression (8%), attention deficit hyperactivity disorder (5%) and post-traumatic stress disorder (8%) (Mfidi, 2015; Kleintjies et al., 2006). To corroborate with the above statement, Ogden and Hagen (2014) mentioned that children either experience intrinsic or extrinsic barriers. The intrinsic being those that emanate from within the child whereas extrinsic barriers refer to those triggered by social and economic issues, lack of parental involvement etc. Based on the findings of these studies, it is clear that environmental issues, lack of resources and support have a detrimental effect on learning, especially for learners with mental health issues.

Research revealed that ill-health prevents many children from growing into productive, capable citizens, who can help their communities grow and prosper (DoE, 2012). Provision of support to learners with mental health in all schools especially, the under-resourced schools is still a challenge in South Africa. Karlsson (1998) defines under-resourced schools as the teaching and learning context which is subjected to a critical lack and insufficiency in resource provisioning. According to the Mental Health Atlas only 15% of the WHO's 194-member states reported full implementation of mental health policies, whilst 14% had policies in place but were not fully implemented and about 10% of countries had not launched any policy at all (WHO, 2014a, 2015a). In 2012, concerned about the adherence to standard practices of the ISHP policy, the South African government launched the integrated school health policy which guides the implementation of health programmes in South Africa. Scholars have indicated the

high prevalence rates for anxiety disorders, post-traumatic stress disorders (PTSD), depression, and conduct disorders amongst children and adolescent (DoE, 2012; Mfidi, 2015). According to the DoE (2012), the school health programme amongst other things must perform a basic mental health and/or psychosocial risk assessment.

The reasons behind this study emerged from the researcher's experiences as an educator and a special needs educator in the Zululand district. The researcher worked directly with learners with barriers to learning either psychosocial or educational. These barriers are triggered amongst other things by the socio-economic status. Studies conducted concurred that children and adolescents in the 21st century are vulnerable and must cope with all sorts of pressures with limited resources and skills (The study further stipulated that the conditions (socio-economic status) to which these children are exposed may hinder them from achieving the best of their abilities.

This review explored the collaborative support rendered to learners with mental condition challenges in under-resourced schools.

1.1 Problem statement

Throughout the world, the predominance of mental health in children and adolescents has been a major concern. Mental health has long been the orphan in South Africa (Morrison, 2021:1). The study by Van Rensburg and Fourie (2016) stated that mental health, neurological and substance abuse disorders accounted for 258 million disability-adjusted life years. The studies conducted revealed that between 60-70% of South African learners are vulnerable and live-in extreme conditions in under-resourced areas and stay with families who earn below the poverty threshold many of whom depend on the government social grants (DoE, 2012; Shung-king, 2013; Stansfeld et al., 2017). Morris (2021:1) concurred that one in five people in south Africa have mental health issues. The study by Mfidi (2015) stated that the high prevalence of the precarious behaviours in adolescents and youth include depression, substance abuse, gang membership and teenage pregnancy cause mental health. In this review, the researcher set out

to discover what collaborative approach to support learners with mental health challenges is available in under-resourced schools.

1.2 Purpose of the study

The study by Van Rensburg and Fourie (2016) stated that mental health and substance abuse disorders accounted for 258 million disability-adjusted life years. The study further revealed that intensive pressure is exerted by mental illness on countries with underdeveloped health systems, which already must contend with significant challenges associated with poverty, conflict and suicide. The purpose of the study was to establish the collaborative support provided to learners experiencing mental health challenges in under-resourced schools.

1.3 Objectives and need for this systematic review

Extensive effort has been made locally and internationally to research the collaborative support to learners with mental health challenges. However, there is still a paucity on the prevalence of adolescent mental health within South Africa specifically in KwaZulu-Natal in relation to collaborative support to mental health in schools (Jorns-Presentati et al., 2020; Amod, 2020). The review explored the support provided to learners with mental health problems within the education system. As a way of realising the aim of this study into the issue of support provided to learners with mental health discussed above, this review explored the following objectives:

1. To ascertain the nature and extent of the collaborative support rendered to learners with mental health challenges in under-resourced schools.
2. To determine the criteria used by educators to identify learners with mental health challenges in under-resourced schools.
3. To establish the challenges experienced by children with mental health challenges in under-resourced schools.
4. To establish the coping strategies for both learners and educators in under-resourced schools.
5. To determine strategies for improving student's mental health in schools

1.4 Research questions

There were two questions which are, primary and secondary questions.

Primary question:

What is the nature and extent of the collaborative support rendered to learners with mental health challenges in under-resourced schools?

Secondary questions:

What criteria do educators use to identify students with mental health in under-resourced schools?

What challenges are experienced by children with mental health challenges in under-resourced schools?

What are the coping strategies for learners in under-resourced schools?

What strategies do educators put forth regarding the improvement of student mental health in schools?

1.5 Significance of the study

Considering the prevalence of mental health among learners in South African schools and the lack of studies on the collaborative support provided to this cohort, there is need to conduct studies collaborative support provided to learners with mental health in under-resourced schools. A significant number of studies have been conducted on mental health in schools at an international and a national level. However, little research has been conducted on the collaborative support to learners in under-resourced schools (Jones, 2015; Vierod, 2016; Amod, 2019). Shung-King et al. (2013) revealed that the socio-economic status for most school-going adolescents was not favourable, with the Eastern Cape, Limpopo and KwaZulu-Natal ranked as the poorest and most rural provinces in South Africa. Approximately 60% of schoolchildren living in these provinces live in poverty and attend under-resourced schools. The collaborative support to learners with mental health challenges in schools especially, under-resourced schools has been identified as a major concern (DoE, 2012). Thus, the review seeks to explore the provision of collaborative support to learners with mental health challenges in under-resourced schools, especially, because this study has never been conducted in KZN.

1.6 Assumptions of the study

Hofstee (2006) states that assumptions are those items the researcher envisages the reader to consider true without tendering any evidence. The following are assumptions made by the researcher in this work: This review involved an assumption that educators are aware of learners experiencing mental health challenges. This assumption was necessary for this review to explore the collaborative support provided to learners with mental health challenges. Prior studies conducted have indicated and measured educators' awareness of mental health issues regarding children (Reinke et al., 2011; Fourie, 2017). The second assumption was that the integrated school health programme is not conducted in all schools and that the under-resourced schools are not given the first preference with regard to the provision of mental health support to learners. The studies conducted revealed that there is unequal distribution of resources to support learners with mental health challenges (Engelbrecht & Nel, 2014). Contrary to the DoE (2012) which states that the ISHP is jointly responsible for overseeing and co-ordinating the ISHP within the districts. This includes ensuring progressive coverage of all schools and learners starting with the most disadvantaged schools.

1.7 Scope and delimitation of the study

The scope of the study is based on the collaborative support to learners with mental health challenges in under-resourced schools in South Africa. The delimitation of the study is that data was collected from the existing literature which could restrict the researcher. The conclusions drawn on this systematic review may be limited by the research base and sources reviewed. The data collected is about the collaborative support provided to learners with mental health challenges in under-resourced schools. The only existing data included in the review was collected in South Africa and other data emanating from elsewhere was excluded. As a qualitative research approach was followed, the scope of the review largely evolved as this journey unfolded. This journey and its milestones are described in detail in later chapters.

1.7 Operational definition of terms

In this section, the key terms that are used in this study are defined according to the concept.

1.7.1 Under-resourced schools

Under-resourced schools are defined as schools where teaching and learning context is subjected to a critical lack and insufficiency in the resource provisioning (Naidoo, 2005; Karlsson, 1999).

1.7.2 Integrated school health

Researchers define Integrated School Health as the techniques and systems that are put in place and implemented at school level aimed at understanding, maintaining and improving the health care of the learners and school staff and the entire school system (Adegbenro, 2006; Buckley et al., 2012).

1.7.3 Mental illness

Mental illness is a health condition whereby people may display symptoms involving abnormal cognition, thinking, emotion, perception, behaviour or physical functioning (DSM 5, 2013; Daniszewski, 2013; Nduna et al., 2013).

1.7.4 Mental health problems

Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community (WHO, 2001). The Mental Health Foundation (2016) advises that good mental health encompasses being able to cope with life, engage in employment and positive relationships and reach one's potential. Whereas the National Health Service (2016) advises that mental well-being involves factors such as life satisfaction, optimism, self-esteem, mastery and having a sense of belonging.

In this study, mental health problems referred to the following: externalising behaviours related to psychotic difficulty (hearing voices); conduct (stealing, aggression, defiance etc); hyper-kinetic (attention problems); and self-care (soiling and wetting, anti-social personality disorder, impulse-control, aggression, impulsivity, alcohol and substance use and inattention or internalising behaviours like withdrawal, phobias, anxiety, depression, self-harm, post-traumatic stress following trauma such as rape or other violent attacks (Alexander, 2002; DSM 5, 2013; Kaplan & Sadock, 2015). Studies indicated that crises at the school level (e.g., school

shooting), small group level (e.g., death of a classmate which results in a small group of students are adversely affected), and the individual level (e.g., rape, assault) exacerbate the mental health issues in children and adolescents (Shilubane et al., 2015; Marthur et al., 2017; Mfidi, 2015).

1.8 Summary and overview of the study

1.8.1 Summary of the study

The purpose of this review is to explore the collaborative support provided to learners with mental health challenges in under-resourced schools in South Africa. Mental Health is everybody's business hence all stakeholders need to partake and ensure that effective collaborative support is provided to all learners with mental health challenges.

1.8.2 Overview of the study

Chapter 1 of this study has introduced mental health in schools and in particular the systematic review. The aim and purpose of the review as well as the guiding research questions have been discussed and the chapter has briefly explained how the review took place.

Chapter 2 considers literature that focuses on the collaborative support provided to learners in under-resourced schools while looking at an international perspective as a backdrop. The study was focused specifically on mental health in under-resourced schools, the implementation of integrated school health policy by the DBST and the SBST and the support provided by the collaboration.

Chapter 3 discussed the research methods that were used, as well as assumptions and the rationale for using a qualitative case study, are presented in Chapter 3. The systematic review, inclusion and exclusion criteria, the research design, methodology and trustworthiness are also discussed in this chapter and the ethical considerations are outlined.

Chapter 4 provides a description of the data and includes a summary and interpretation of the findings as categorised according to overall themes.

Chapter 5 contains a reflection on the process and the results. The research questions are addressed by means of conclusions from the research and recommendations based on the research processes and findings drawn.

1.9 Conclusion

The introductory chapter outlined the critical issues pertaining to mental health in schools. The need for more collaborative support to learners with mental health in schools was highlighted. The following chapter reviews the literature on the collaborative support provided to learners with mental health challenges in under-resourced schools.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

The previous chapter presented the introduction and the background of the study. This chapter provides the descriptive information on the collaborative support to learners with mental health challenges in under-resourced schools. The chapter outlined the reviewed literature under the following subheadings: Conceptual framework, international trends, Southern African Development Countries, District-Based Support Teams, School-Based Support Teams, Integrated Support Health Program, educator and mental health and family involvement.

2.1 Conceptual framework

A conceptual framework is a coordination of concepts, theory, assumptions, and theories that build the research and also provides a model of relationship between variables that may or may not infer a theoretical standpoint in trying to explain a phenomenon (Berman, 2013). The framework that guided this study was the Biopsychosocial and the Bio-Ecological model.

2.1.1 Biopsychosocial

The framework that guided this study was viewed through the lens of Engel 's Biopsychosocial (BPS) model. The BPS made an important conceptual understanding of mental health difficulties in a more all-encompassing fashion which meant the interaction between a person's genetics, personality, culture and socio-economic status contribute towards the person's health or illness (Cardoso, 2013; Babalola et al., 2020). The studies conducted mentioned that the emotional, behavioural, psychological and physical functioning are all intertwined (Weist et al., 2010).

Bhana et al. (2010) concurred that the interrelationship between poverty and mental and physical ill-health thus reduces the human capabilities available in both children and adults to reach their potential. Among the plethora of risk factors associated with living in unfavourable socio-economic conditions, mental illness was listed as the most leading psychological

outcome in adolescence, as poverty is associated with heightened vulnerability to experiencing mental illness, including mood and anxiety disorders (Najman et al., 2010).

Figure 2.1: Biopsychosocial model



Source: Cardoso (2013)

Research revealed that a systemic and interactional framework which posits that external interacting systems (such as family, school, and their reciprocal interactions) influence the child’s developmental trajectory (Amod, 2013). The studies concurred that the biological and social effects have a psychological impact on children and adolescents with mental health challenges (Smith & Thornberry, 1995; WHO, 2003; Hoare et al., 2016).

The study conducted by Hoare et al. (2016) identified that psychosocial emotional health is one of the most neglected areas of study in childhood overweight/obesity and that many recommendations focus on physical outcomes such as body mass index, ignoring the impact on psychological or social well-being. Overweight and obesity treatment programmes appear to have positive psychological impacts for children and adolescents (Hoare et al., 2016). Hoare et al. (2016) concur that the biological and the social effect have a psychological impact on children and adolescents with mental health challenges. It is estimated that by 2020 unipolar depression will be second among causes for disability worldwide (van Rensburg & Fourie, 2016). An increase in the suicide rate due to inadequate support systems in individuals and their families are disproportionately affected by a mental disorder (van Rensburg & Fourie,

2016). It may, therefore, be useful to use such a theory to establish the collaborative approach to support learners with mental health challenges in under-resourced schools.

2.1.2 Bio-Ecological model

The second framework that was used to guide the study was the Bio-Bio-Ecological framework designed by Urie Bronfenbrenner. Bronfenbrenner's theory can be described as having complex layers of environment that are micro, meso, exo, macro and chrono systems, each influencing a child's growth and development (Paquette & Ryan, 2001; Swart & Phasha, 2009; Lakhan & Ekundayo, 2013). The Bio-Ecological framework signified that direct and indirect systems influence children's academic, social and behavioural development. This system explains the developing of the individual's sense of belonging (Swart & Pettipher, 2011). According to the Bio-Ecological framework, all stakeholders have an impact e.g., family and neighbourhood, which indicates the relationship the child has with friends, families and educators. Directly interacting with learners in their respective environments thus impacting on the learner which influences the learner's development at micro-level. Research further indicated that family environments that are filled with conflict contribute to significantly more maladjustment difficulties amongst adolescents (Tschann et al., 2002; Wadsworth & Compass, 2002; Shelton & Harold, 2008; Alexander, 2011). Indirectly, influences the relationships the family and school have at the *mesosystemic* level. Studies conducted indicated that proximal factors like students, educators, school support staff, school social workers and psychologists, parents of students and distal factors like community centres, community leaders and policy makers all have a significant impact on the child's mental health (Daniszewski, 2013; Swart & Pettipher, 2011). The larger social context whereby an individual learner is seen as a passive member and not directly involved but the influence the system exerts on the parents, educators and environment has a direct impact on the individual. Included in the exosystem would be systems like the social services, educational system, health service, etc.

The lack of services in the *exosystem* like lack of access to adequate mental health services and the policy on family-school communication can have a detrimental effect on the individual, The study conducted by Crenna-Jennings (2021) stated that poor mental health can also be triggered by certain social, economic and political contexts, such as being an asylum seeker fleeing political violence or being incarcerated, a point which highlights the importance of living conditions for mental health.

(iv) At a *macro-level*, there is an overarching pattern of culture and sub-culture which may influence the family-school engagement, without the budget, the health services will not be able to provide services to the individual. The study by Swart and Pettipher (2016) concurred that the macro-level encompasses cultural and societal beliefs and parliamentary legislation. These policies significantly influence the impact of the collaborative support to learners with mental health.

2.2 International trends on the prevalence of mental health and the collaborative support to learners

UNICEF (2007) stressed that the strength of a country can be examined by how much it improves its own environment to provide support to children's well-being and identifying their areas of concern. WHO (2003) revealed, that mental health issues are a major concern globally and everybody's business. Globally, the study revealed that about 450 million people experience mental health disorders, and almost one (1) million people committed suicide every year. It further stated that every family had a member with a mental disorder. The principal causes of neuropsychiatric disorders are depression, alcohol use disorders, schizophrenia, and bipolar disorders. Kaplan and Sadock (2015) and DSM 5 (2013) recognize substance-related disorders resulting from the use of 10 separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens (phencyclidine or similarly acting aryl cyclohexylamines, and other hallucinogens, such as LSD); inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants (including amphetamine-type substances, cocaine, and other stimulants); tobacco; and other or unknown substances.

United States of America

Studies revealed that estimates are that between 70% and 80% of school-aged children with a diagnosed mental disorder do not receive treatment (Mendez et al., 2009). According to Sadock et al. (2015), estimated that more than 12 000 children and adolescents were hospitalised because of mental health issues. The study further postulated that the main cause of mental health is exposure to family violence, impulsivity, and substance abuse. Suicide was named as the second leading cause of death for young people between ages of 15-24 years. Conversely, the study by Patel et al. (2007) revealed that the rate of suicide has decreased due to the

promotion of the prevention programmes. The above statistics highlighted how mental health impacted negatively on the lives of children and their families.

Canada

The study indicates that the alarming prevalence rates of youth with mental health illnesses are limited to those who meet requirements for a diagnosis, leaving the true number of students with severe functional difficulties unknown (Daniszewski, 2013). Epidemiological studies reveal that one in five children in Canada under the age of 18 suffers from at least one mental health illness, a risk that rises for children from indigenous populations and in adverse conditions (Canadian Paediatric Society, 2009). Wei and Kutcher's study (Health Canada, 2002; Waddell & Shepherd, 2002; Kessler et al., 2005) revealed that there is lack of mental health focus in secondary schools given the fact that adolescence is when most mental disorders have their onset. Approximately one fifth of young people suffer from a mental disorder, but only one in five of those requiring specialty care receive treatment. The results published by the school-based Mental Health and Substance Abuse consortium identified over 100 programs currently in use across Canada.

Great Britain

The study conducted by Green et al. (2005) revealed that the last national child and adolescent psychiatric morbidity survey found a prevalence of various mental disorders in 5-16-year-olds in Great Britain as follows: Any mental disorder: 9.6%; conduct disorder: 5.9%, emotional disorder (anxiety or depression): 3.5%; hyperkinetic disorder: 1.5%, and any conduct, emotional 8.7%. The studies confirmed that there has been a rise in the prevalence of diagnosable mental illness to approximately one in nine children (DoE, 2012; Brown, 2018; Green et al., 2004). Simkiss et al. (2020) indicate that there are low levels of mental health education in Britain. However, educators, health professionals, and policy makers have recognised the importance of schools being able to address the mental health needs of young people. The study revealed that the United Kingdom has set up a structure called 'Every Child Matters' framework which is aimed at building services around the needs of children and youth to enable them to be mentally and emotional healthy (Thornton, 2013). The above statistics confirmed that mental health challenges remain rife and a major concern globally thus having a detrimental effect on the lives of learners socially and academically.

2.3 Southern African Development Communities (SADC)

Mental health is a global concern. The study by Opondo (2020) revealed that it has been estimated that between 76% and 85% of people with severe mental disorders in low- and middle-income countries receive no intervention. Van Rensburg and Fourie (2016) also concurred that there has been a lack of dedication on the SADC countries to develop mental health policies and further stated that those African countries that have available mental health policies, are inappropriate, poorly implemented and not translated into detailed strategic plans. Conversely, the study maintained that the interdisciplinary collaboration manifested in four countries which are South Africa, Namibia, Tanzania and Malawi.

South Africa

A review by Thornton (2013) stressed that the poor mental well-being of children and teenagers has been prompted by more especially socio-economic (social ills) and systemic issues. Studies revealed that suicide, in particular, is related to psychiatric disease, with depression and psychosis being the most relevant risk factors to children and adolescents (Jones, 2015). According to the reviews by Mfidi (2015) the survey conducted estimated 21.4% of adolescents in South African schools that had attempted suicide in 6 months. The study conducted by Schlebusch (2012) concurred that in South Africa, suicide rates range from 11.5 per 100 000 to as high as 25 per 100 000 of the population.

Studies conducted have revealed that there has been a surge of violent activities in schools around the country such as the assault of an educator in Limpopo province by a Grade 12 pupil and the murder of an educator by a 17-year-old pupil at a school in North West province (Modise, 2018). The DoE (2018) corroborated with the above statement when releasing the statistics of 16,000 children that specified that both boys and girls were susceptible to developmental disorders. Based on the findings of these studies, school-going age children are prone to mental challenges due to unfavourable conditions in which they live. Adelman and Taylor (2003) agreed that not surprisingly, wealthier communities tend to have more access and resources; “the reality in poor neighbourhoods... is that there are simply not enough community agency resources” (p. 30). The studies conducted corroborate with the above statement where it revealed that there are inadequate services to support learners with mental health challenges in schools due to lack of resources in the country (Shilubane et al., 2015).

Despite a large body of evidence confirming the growing prevalence of mental health conditions among children and adolescents, most youth with mental disorders do not receive treatment (Ghandour et al., 2012). In 2012, the South African government launched an Integrated School Health Policy which has since been implemented from 2012 in all nine South African provinces (Integrated School Health Policy, 2012). The research by Keothaile (2016) revealed that the programs are implemented by health workers in South African schools and those implemented by educators are mostly HIV/AIDS related.

Tanzania

The study by Obasi et al. (2006) provides an account of how Tanzania implemented their health programmes through projects. Kutcher et al. (2019, p.2) revealed that “in Tanzania, the 2008 Global School-Based Student Health Survey (GSHS) reported that 23.6% of students felt sad, lonely, or hopeless daily, with 11.2% reporting suicidal thoughts”. In Tanzania, school health programs were conducted through projects and two were noted with different implementers. The first project mainly focused on adolescent sexual reproductive health whereby learners were educated on health education by peer educators in classrooms.

Namibia

The study conducted by Ashipala (2016) revealed that there has been ongoing support only for projects like tuberculosis but a lack of collaborative support to learners with mental health due to conflicting policies and the lack of clear guidelines for identifying and managing mental health disorders. Scholars revealed that there have been many challenges to the actual implementation and practice in all countries despite the ongoing integrated mental health care advocacy that has been taking place. These challenges are attributed to the lack of resources, lack of training on the provision of mental health support and the bottom-up approach hinders the implementation of the integrated school health project. The studies further revealed that the solution on to the above would be the implementation of the bottom-up approach (Gilson & Erasmus, 2008; Anand et al., 2009; Alibusa, 2011).

Malawi

The study conducted by Wang et al. (2007) revealed that poor or lack of collaborative mental health support is attributed to access to mental health treatment, which is strikingly low, with over three-quarters of those living with mental ill-ness in LMICs not receiving any treatment,

and an even smaller proportion receiving adequate treatment. Kauye (2007) cited the lack of human resources and training as the hindrance to the implementation of the mental health provision.

2.4 A collaborative approach

Intersectoral collaboration is seen as the synergy of, multidisciplinary or transversal teams between specialists that takes place between the school and its community with the intention of supporting learners experiencing barriers to learning and mental health (Engelbrecht, 2004; Moola, 2011; Engelbrecht & Nel, 2014; Shilubane et al., 2015; Swart & Pettipher, 2011; Fourie, 2017). The study further revealed that these teams are experienced and work towards achieving the desired goals to generate solutions for complex and diverse problems. UNICEF (2007) stated that children are every country's treasure; hence their needs had to be taken care of. Mfidi (2015) found that intervention programs to assist learners with mental health conditions yielded positive results when developed and implemented correctly. The study by Garcia-Carrion et al. (2019) concurred that the collaborative efforts to learners with mental health challenges has a positive effect on the decrease in disruptive behaviours and affective symptoms such as depression and anxiety, together with an increase in social skills, as well as an improvement in personal well-being.

A study conducted by Williams (2012) suggested that schools create environments that support, keep students safe and healthy in their schools and communities to increase access to mental health care that delivers the best education for all students. The DoE (2018) emphasised that early identification of learners in need of support is vital through observation and screening to detect challenges experienced by learners and relevant support be provided thereafter. The DoE (2014) also mentioned that identification of barriers and provision of support should be ongoing. Garcia-Carrion et al. (2019) confirmed that provision of relevant interventions in schools and communities fosters supportive interactions among diverse actors including educators, parents, community members, and other professionals.

2.5 Integrated School Health Teams

The study by Cooper (2015) revealed that South Africa had introduced integrated school health teams that are responsible for the provision of minor ailments on site to fortify the support. The DoE (2018) emphasised that schools should adhere to the referral procedure for learners to

receive the necessary support, and further implied that schools should liaise with organisations that can render support to both learners and the community. The DoE (2012) stressed that the accomplishment of the school health program relied on the integration of all the parties involved as per the DoE and DoH initiatives. All stakeholders have a specified role to play. The study conducted by Keothaile (2016) revealed that the lack of dedicated officials for school health programme in the Department of Health and Education seem to be a challenge to the implementation of the ISHP. The study further explored the four general key challenges to the implementation of the ISHP policy. The identified challenges are (i) unqualified providers, (ii) competing priorities, (iii) unclear roles of providers and (iv) lack of understanding of policies.

2.6 Structures within the education system

The South African Department of Education provides a wide-range framework for education support services at national, provincial and school levels. Within this framework, support teams at all levels of education play a significant role in identifying and addressing barriers to learning experienced by learners in their proximate context (Donald et al., 2010).

2.6.1 District Based Support Team and Mental Health

Studies define the district support team as a multifunction, interdisciplinary team which comprises professionals such as educational psychologists, social workers, remedial and special education consultants (DoE, 2001; Engelbrecht, 2004; Daniels, 2010; Engelbrecht & Nel, 2014; DoE, 2014; Amod, 2018). According to the DoE (2005), the district-based support teams are responsible for coordinating integrated professional support services to both educators and students to ensure the provision of quality education. The study conducted revealed that the approach of the provision of support by service professionals is to consider the learner in totality or holistically, looking at family, school and community functioning (Hay, 2003). The stated factors can have a negative or positive impact on the performance of learners with mental health in schools. The DoE (2001) concurs that the norms and standards for educator training should include competencies in addressing barriers to learning as well as provide specialised proficiencies such as life skills, counselling and learner support.

The DBST should include specialist support e.g., psychologists employed by the DoE and can access support from external stakeholders like non-governmental or community-based

organisations. A study by Cooper (2013) showed that educators valued counselling services in schools believing them to have a positive impact on pupils' capacity to study and concentrate in class. Weare (2015) concurred that multi-component approaches, provided they are coherent, are more effective in stimulating social and emotional well-being of learners with mental health challenges. Makhalemele (2011) stated that the DBST members are struggling to provide the relevant support to learners with barriers to learning as stipulated in the DoE, 2005 due to unavailability of human resources within the district. The study by Skeen et al. (2010) argued that at the district level, the inter-sectoral collaborations are the exception rather than the rule. Makhalemele (2011) stated that the support provided to learners with mental health challenges in schools is impeded by the lack of resources either human or physical. The profusion of unfilled posts also exacerbates the problem. The study by Nel et al. (2016) revealed that inadequate facilities and infrastructure such as the availability of human resources and transport hinders the provision of collegial collaborative support to schools. The lack of support by the DBST is caused by the limited resources impacting negatively on support service delivery in schools because DBSTs find it difficult to visit schools due to the shortage of transport and district officials. Makhalemele (2011) supports the above finding and cautions that the availability of resources has a great influence on the provision of support.

The constitution states that it is the right of a child to have access to mental health services, yet South Africa has not seen much of the implementation of the ISHP especially in under-resourced schools. Many children with mental health challenges have not been receiving the support suited to their needs. The research by Vierod (2016) concurs that while school nurses, counsellors, and paediatricians render services to children with mental health, only a quarter of learner's access support.

2.6.2 School-Based Support Team and Mental health

Fazel et al. (2013) stated that learners occupy more time in school in relation to their homes hence schools have a major role in peer relationships, social relations, academic attainment and cognitive improvement, emotional control and moral growth. The school-based support team is a structure that was established to provide coordinated support to all stakeholders within the school that is learners, educators and the whole school (DoE, 2001; Le Roux, 2013). The functionality of this team is determined by a stable environment where learners feel safe and protected physically and emotionally to enable their holistic development.

The DoE (2014) revealed that the authority of the SBST structure lies with the school principal to ensure relevant support is provided. It should be centrally involved in detecting vulnerable pupils and tackling impediments to learning. The studies conducted stated that schools represent an obvious entry point for mental health screening and location for service delivery. It further mentioned that educators are seen as mediators between learners and the provision of mental health support (Patel et al., 2007; Vierod, 2016; Fourie, 2017; Hess, 2020).

It is imperative that educators adopt a positive attitude towards mental health as these enabled learners to confide in them easily and create an enabling environment where learners can be supported and support each other by sharing good practices thereby instilling a sense of belonging (Hornby & Atkinson, 2010; Kratt, 2016). The study by Paternite (2005) revealed that school based mental health support is delivered in different ways but without a specific best practice model. Based on the finding on the study above, it was clear that educators have a fundamental role to play in developing learners, shaping and moulding their characters holistically.

The DoE (2018) emphasised that the school should have a stable environment that is nurturing to learners and completely productive to raising learners who are resilient and healthy to develop a whole-school approach where learners' needs are met. A study conducted by Rossen and Cowan (2013) argued that in every institution there are learners with barriers to learning particularly mental health issues. Studies revealed that schools have the necessary forms to identify problem learners but are reluctant to administer them to identify learners with barriers to learning (Fourie, 2017; Hess, 2020).

Composition of the School-Based Team

The principal is responsible for establishing the SBST and ensuring that it performs its duties optimally (DoE, 2014; DoE, 2018). The SBST is formed by:

- Members of the school management team.
- Specialist educators e.g., guidance or counselling.
- Specific members of the DBST to assist with particular challenges.
- Any other educator who has interest in working with learners.

- Other sources of support from the local community e.g., Department of Health, Social Development, Safety, and Security and NGOs.

Function of the School-Based Team and Mental Health

As a manager, the school principal should be the champion for driving the implementation of the ISHP. Some of the key responsibilities of the SBST are:

- The responsibility of SBST to support learners and educators and recognise further community-based support by facilitating collaboration (DoE, 2001; DoE, 2014; Ntseto, 2019).
- Mobilising and liaising support for learners.
- Ensuring that all components of the ISHP package are provided to all learners.
- Ensuring that data is kept for safeguarding and building a profile for learners.
- The SBST is responsible for holding case conferences and developing individual support plans or programs to assist at-risk learners (DoE, 2012; DoE, 2018).

Conversely, the study by Thornton (2015) indicated that 87% of principals indicated that they were only moderately confident in dealing with potential mental health issues. Dreyer et al. (2012) concur that mainstream educators do not understand the function of the SBST and that the burden of implementing the roles and responsibilities of the SBST rests on the learning support educator.

A review conducted concurred that conducting awareness campaigns in schools and one-on-one support on issues facing learners would yield positive results on learners' well-being and performance in class. Moreover, schools' development of individual support plans on psychosocial issues experienced by learners (Rossen & Cowan, 2013; Kratt, 2016). The above-mentioned support will nurture learners to be socially independent, lead fulfilling lives and be prepared to face challenges thus improving their academic results.

Educators and mental health

Some researchers emphasised that educators are not utilised to the best of their abilities about mental health service delivery even though they interact with learners daily. The studies further argued that the impact of educators' assistance (i.e., passion and interest) on the pupils'

emotional and scholastic performance had a greater impact than the home background and acted as a significant factor against the undesirable home background. Some of the roles of educators in mental health care were clearly defined below:

- Creation of an enabling environment where learners can confide in them,
- Establish and maintain rapport with the at-risk learners,
- Conducting the screening, identification, assessment and support,
- Refer learners to relevant stakeholders and follow the correct referral procedures.

2.7 Role of the family in mental health

In their quest to promote family involvement and yield positive results in providing support to learners with mental health challenges, educators should play a prominent role in spreading awareness to promote a positive policy related to adolescents' mental health. A review policy on integrated school health by the DoE (2018) emphasised that consideration of family therapy by mental health specialists to assist pupils and their family to better understand and control behaviour is critical. It further postulated that family involvement in children and youth mental health services is imperative for accomplishing positive results. Hornby and Atkinson (2010) revealed how concerned families of children with mental health difficulties are since they were left to cope alone thus, the school often plays a vital support role. The study further asked the following questions:

- (i) Does the school have a policy that promotes parental involvement?
- (ii) Do educators convey messages of support to parents of children with mental health challenges, such as listening to children and setting clear boundaries?
- (iii) Does the school point out possible triggers common in an adolescent's life such as factors like the disruption of personal relationships, feelings of desperation, depression and traumatic experience?

The findings of the studies above, show that educators and the school should conduct awareness campaigns and establish support groups where parents of children with mental health problems can share their experiences. The focus of this study was to identify and investigate the intervention programs offered by the schools, district, and the integrated school health policy to learners with mental health challenges in schools. WHO (2001) defined mental

health as a state of complete physical, emotional and social well-being and not just the non-existence of malady or infirmity? The study aimed to establish the intervention programs rendered to learners with mental health challenges to ascertain their impact on the performance of such learners. Kratt (2016) further argued that in creating a 21st century education system, we have a special obligation to instil these values and to ensure that all learners, regardless of the challenges they experience, perform to the best of their abilities. The DSM 5 (2013) defined mental health as any consequences which cause clinically significant distress or impairment in social, occupational, or important areas of functioning.

2.8 Conclusion

This part of the study presented the conceptual framework, international trends, Southern African Development Countries, district-based support team, school-based support team, integrated support health programme, educator and mental health and family involvement. The following chapter discusses the paradigm, research approach, design, sampling and data collection.

CHAPTER 3

METHODOLOGY

3 Introduction

The purpose of this review was to investigate the collaborative support to learners with mental health problems in under-resourced schools. To be able to understand and describe the collaborative support this study adopted qualitative research methods. The research methodology is presented under the following sub-headings: research approach, research design, sample and data collection. Data analysis and ethical issues such as informed consent, deception and confidentiality were discussed.

3.1 Paradigm

The paradigm acts as a foundation that underlies the principle for the research and persuades the researcher to a specific method of data collection. Hughes (2010) suggests that a paradigm is a way of seeing the world that frames a particular topic and influences how the researcher thinks about it. In this review, the researcher accomplished strategic reasoning by using an explorative study. McMillan and Schumacher (2011) state that the interpretivist paradigm is based on the belief that reality is multi-layered and constructed by individuals through their interactions in trying to make sense of their world. According to Alharahsheh et al. (2020), an interpretivist paradigm provides an in-depth understanding of certain aspects and factors influencing certain development through collection and interpretation of qualitative data. An interpretative paradigm assisted the researcher in obtaining the true knowledge of the phenomena by deep interpretation of the subject in question and understanding of a concept and exploration of the world in which she lives (Rahi, 2017).

Since the study assumed an interpretative paradigm, information was gathered through a qualitative approach which involved selecting articles for further study using predetermined phases. Inclusion and exclusion criteria were used which meant that those that met the criteria were included and those that did not were excluded. This was accomplished by employing secondary data that is, government and non-government reports, South African Acts, peer-reviewed articles, newspaper published articles and published books between the years 2000 and 2020 to explore the collaborative support to learners with mental health challenges in South African schools. In this study, the role of the researcher, firstly, was to interpret the analysis of

other authors thus identifying the support provided to learners with mental health challenges and secondly, determining the extent to which the support was provided. By employing an interpretive paradigm, the researcher managed to explore the collaborative support provided to learners with mental health challenges in under-resourced schools.

3.2 Research approach

The approach that was used in this study is qualitative. A study by De Vos et al. (2011) clarified that this research is concerned with understanding the topic and answering the subject in question. Braun and Clarke (2013) defined qualitative approach as a rich, diverse and complex field aimed to do one or more different things and further gave a detailed description of events. This research approach was, therefore, appropriate to gather information based on analysis of literature on how learners with mental health challenges are supported within the school.

3.3 Research design

A research design calls for a particular data collection methodology. The research design is a comprehensive plan or blueprint that directed or guided on how one intended conducting the study (Mouton, 2001; Bhattacharjee, 2012). Terre Blanche et al. (2006) stated that research design is scheduled and laid down prior to its implementation. In this study, the researcher employed secondary data collection methods. Travis (2016) stated that secondary data comprised data that was already collected for a different purpose but could be repurposed for use in a different study to gain a broad understanding of the field. According to Mouton (2001), secondary data ought to be obtained from the literature reviewed, which comprised documentary sources on similar studies and policy documents from South Africa.

3.3.1 Advantages of secondary data

The advantage of using secondary data was that it was cost-effective and easily accessible and it provided a relatively large, good quality database that might not be feasible for any individual researcher to collect.

3.3.2 Disadvantages of secondary data

Hox and Boeije (2005) stated that the disadvantage of utilising the secondary data was that the data was originally collected for a different purpose and therefore, not optimal for the research problem under consideration. It also stated that searching for suitable data and retrieving secondary data was time consuming. However, the researcher used the secondary data due to COVID-19 pandemic restrictions which prohibited face to face consultation.

3.4 Research sampling

This study employed secondary data. According to Hox and Boeije (2005), the secondary data is the reanalysis or asking questions of data that were not originally addressed. In the process of conducting the database search, the researcher adopted a criterion for extracting the information, which aimed at finding classical information that assisted in serving the purpose of the thesis. The sampling was charted in three stages: the search strategies, search terms, and the inclusion and exclusion criteria.

3.4.1 Search strategies

The search strategy for this desktop research involved extracting existing data from electronic databases including Google Scholar, EBSCOhost, and Academic Search. Both national and international data was reviewed. The focus of the study was based on the under-resourced schools in South Africa. Government and non-Government reports, South African Acts, peer-reviewed articles, newspaper published articles and published books between the year, 2000 and 2020 were reviewed to compare the old and current information about the research topic.

3.4.2 Search terms

The data was retrieved by using the following keywords: support to learners with mental health challenges children, adolescents and mental health, learners and mental health, educators and mental health, educators and early identification, and collaborative support to learners with mental health challenges.

3.4.3 Inclusion criteria

The secondary data that was searched was listed in the inclusion and exclusion criteria. Sources of publications included; peer-reviewed journal articles, systematic reviews, scoping reviews,

meta-analysis and rapid reviews. The inclusion and exclusion criteria were as follows: The literature that specifically addressed the nature and extent of the support provided to learners with mental health issues in schools between the years 2000 and 2020 and that the he studies reviewed were published in English only; the focus was on journal publications concerning collaborative support of learners with mental health challenges, with a focus on mental health in South Africa; the literature that specifically addressed the issue of the criteria which educators use to identify students with psychosocial issues in schools; the data from selected studies was databased primary or secondary with qualitative, quantitative and/or mixed designs, or conceptual articles and the literature that specifically addressed the issue of strategies employed by educators and challenges they experienced when assisting learners with mental health challenges.

3.5 Permission

The researcher requested permission to conduct the study from the University of KwaZulu-Natal's Humanities and Social Sciences Research Ethics Committee to appraise whether the study adheres to ethical requirements. Once approval was granted, the researcher commenced with the data collection process using newspapers, research studies, peer-reviewed journal articles and Government policies.

3.6 Data collection

The study used Government and non-Government reports, South African Acts, newspaper, peer reviewed articles and published books between the years 2000 and 2020 which located useful data given the research problem (Hox & Boeijie, 2005) (Annexure A).

3.6.1 Search results

It began by providing a brief background into the findings followed by a description of the research methods used and other descriptive data from the publications included in the review. To summarise the literature, the matrix method was used to engage in a critical analysis of each reference to identify potential data to review. Klopper et al. (2007) stated that the matrix method assisted the researcher to concentrate on those aspects that related to the problems under investigation.

3.6.2 Study selection

The data collection process for this secondary data analysis began in September 2020 and involved a four-part search. The search strategy yielded 139 abstracts through EBSCOhost, Google Scholar, government reports, South African acts and peer reviewed articles which were screened by the author for possible inclusion. The publications were screened for relevance based on the abstract and title. The publications had to meet all inclusion criteria to be selected for inclusion in the review. The abstracts were first sorted by publication year and then alphabetically by title. This procedure made it possible to identify duplicates that had not been found previously, for instance because the author's name was missing. After screening, a further 17 full text articles were excluded due to duplication and the articles available were then reduced to 116.

A further 29 articles were excluded at this stage due to irrelevancy or ineligibility. In the next step, the 87 references remaining after the abstract screening were screened for relevance based on scrutiny of the full text of the references. A further 38 international articles were excluded since the study focused on under-resourced schools in South Africa. If the publication was included information about mental health aspects, educational aspects, methodology and sample were also entered. Only 49 articles were included in this review.

3.7 Setting

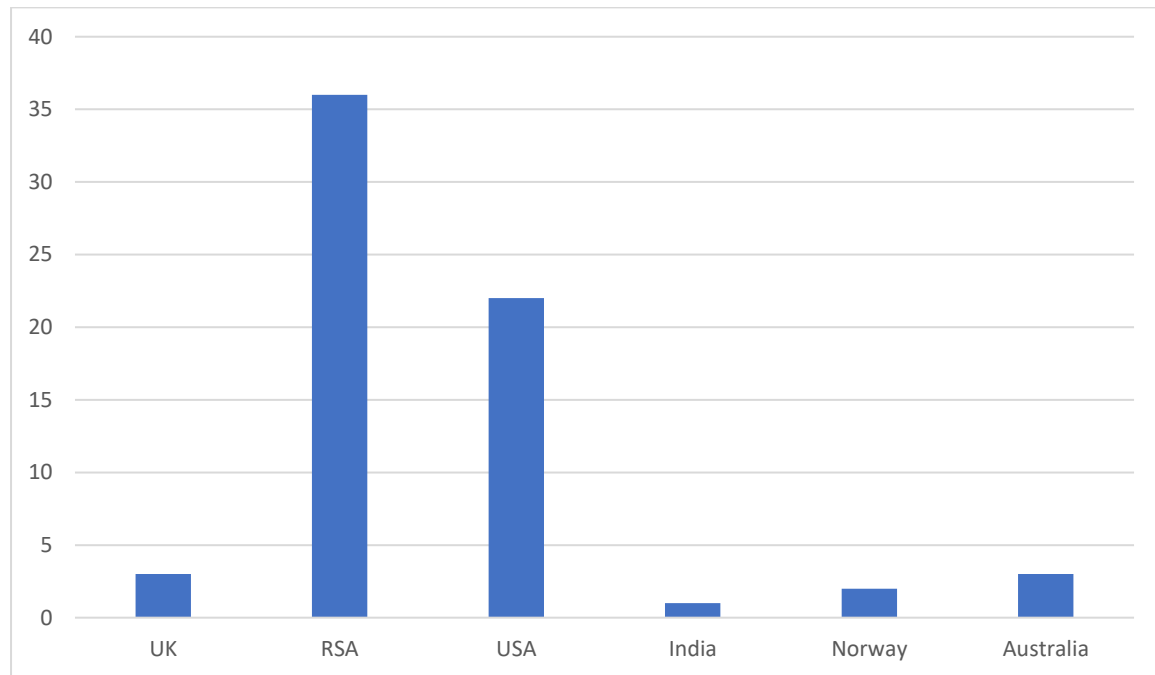
Values and approaches towards the school as well as the school systems showed both variations and similarities between countries. Of the 71 research settings included in the studies, South Africa (52.9%) (n=41), United States of America (32.4%) (n=22), Australia (1%), appeared to be the areas most researched. The second most researched areas in this review were South Africa, United States of America followed by Australia (4.4%) (n=3) and thereafter the United Kingdom (4.4%) (n=3), Norway (2.9%), Geneva (2.9%). These publications examined various aspects of mental health, but mainly on policy versus practice of inclusive education in South Africa, highlighting the challenges and successes of the provision of collaborative support to learners with mental health challenges in under-resourced schools thus far.

3.7. Classification of data

Classification according to countries

Mental health remains a significant global, social, and public health problem. Carrion et al. (2019) revealed that there was mounting evidence and awareness regarding the magnitude of mental health issues across the globe, pertaining to adolescents and adults and had lifelong effects on individuals and society.

Figure 3.1: Number of studies conducted in each country



Source: Researcher (2021)

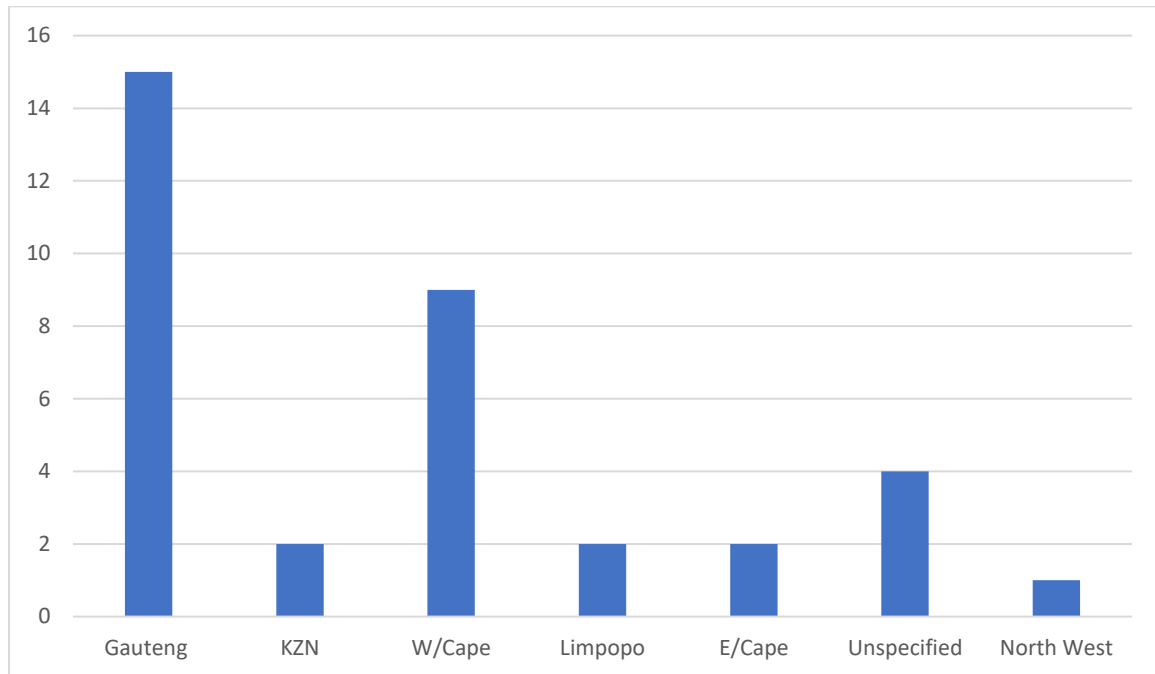
Figure 1. above, illustrates the number of international publications that were relevant to the study but could not be included since the focus of the study was on South African schools. Most studies (n=41) were conducted in South Africa, followed by the USA with (n=22) and United Kingdom and Australia with (n=3) each respectively.

Classification according to provinces in South Africa

The table below illustrates the number of publications that were published across the nine provinces of South Africa. The graph indicates that most of the research was conducted in Gauteng (n=15), followed by the Western Cape with (n=9). KwaZulu-Natal, Limpopo and the Eastern Cape had (n=2) respectively, and Northwest had only (n=1). The graph indicates that no research was conducted in the Northern Cape and Free State. The results from the eligible

literature could not be generalised since most of the research was conducted outside the province.

Figure 3.2: Number of studies conducted in each province



Source: Researcher (2021)

3.7.2 Number of publications within a five-year period

All the publications that were not conducted in South Africa were excluded and only those that were eligible were included. Figure 3 below illustrates that only three studies were published between the years 2000–2004, two studies were published between the years 2005–2009, fifteen studies were published between the years 2010–2014, and another fifteen studies were published between the years 2015–2020. The graph indicates that most publications came from the latest research.

Table 3.1: Number of included publications within a five-year period

Year of publication	Number of published studies
2000---2004	4
2005---2009	3

2010---2014	16
2015---2020	18

3.8 Methodology

3.8.1 Data descriptions

Figure 3.2: Description of the data included in the study

No	Types of Methodologies	Number of publications included	Percentage
1.	Qualitative method	14	40%
2.	Quantitative	4	11.4%
3.	Mixed methods design	7	20%
4.	Systematic review	1	2.8%
5.	Conceptual articles	9	25.7%
	TOTAL	35	100%

Source: Researcher

Thirty-five publications met the criteria for inclusion in the study. Out of the 35 publications that were selected for the current review, Figure 4 below illustrates that 40% (n=14) used a qualitative methodology, 11.4% (n=4) used a quantitative methodology and 20% (n=7) utilised a mixed methods design and 2.8% (n=1) used a systematic review. The remaining 25.7% (n=9) were conceptual articles. These articles examined various aspects of mental health, but mainly on policy versus practice of the integrated school health programme in South Africa, highlighting the challenges and successes of the collaboration of different stakeholders (parents, educators, social workers, therapists, psychologists) to support learners with mental health challenges in under-resourced schools.

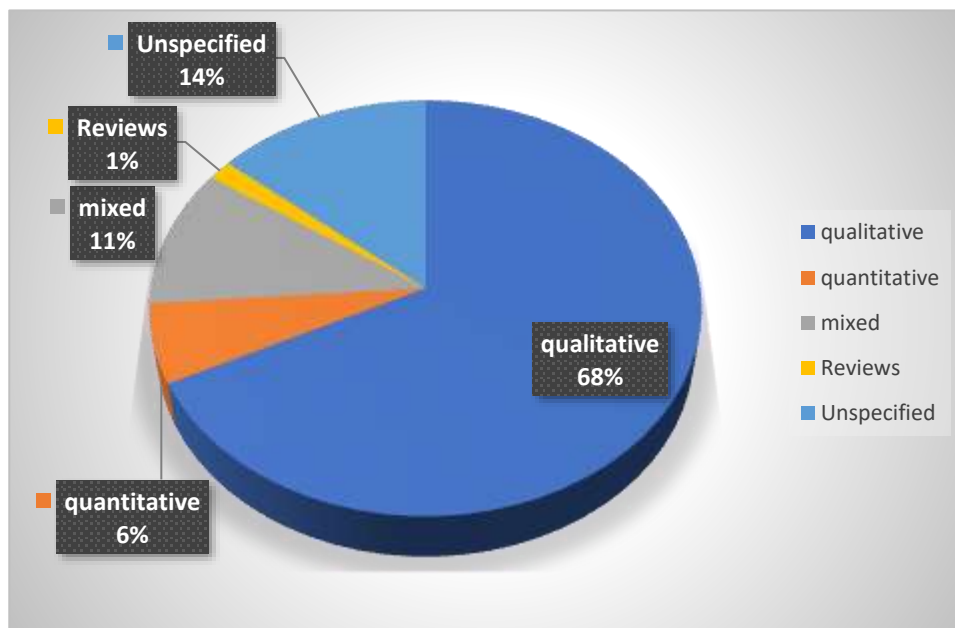
As indicated above, out of the thirty-five publications that met the criteria for inclusion in the review, only 40% (n=14) were qualitative studies. One of the studies was conducted on thirteen multidisciplinary stakeholders (senior managers nursing managers, medical officers,

psychiatrists and psychologists). The main aim of the study was to look at the strengths, weaknesses, opportunities and threats (SWOT) for the provision of child and adolescent mental health support. The emerged strength was that the specialists were described as passionate about what they do, striving to provide effective mental health services despite the challenges. The main weaknesses emerged from the analysis was the limited capacity especially with the DoE and DoH, workload demands, inadequate and inequitable resource allocation, poor implementation of early detection and preventive policies, and overall neglect of child and adolescents' mental health (CAMH). Of the 35 publications that met the criteria, the majority 11.4% (n=4) were quantitative. Most of the studies are investigating the compliance to the integrated school health policy (ISHP). The studies revealed that there was non-compliance to the integration and collaboration with the communities within which the schools are found and where learners reside It also indicated the lack of collaboration with other multidisciplinary teams as set out in the ISHP guidelines.

3.8.2 Method of inquiry

This dissertation undertook an exploration of the collaboration of support to learners with mental health challenges in under-resourced schools from multiple sour

Figure 3.3: Method used to collect data

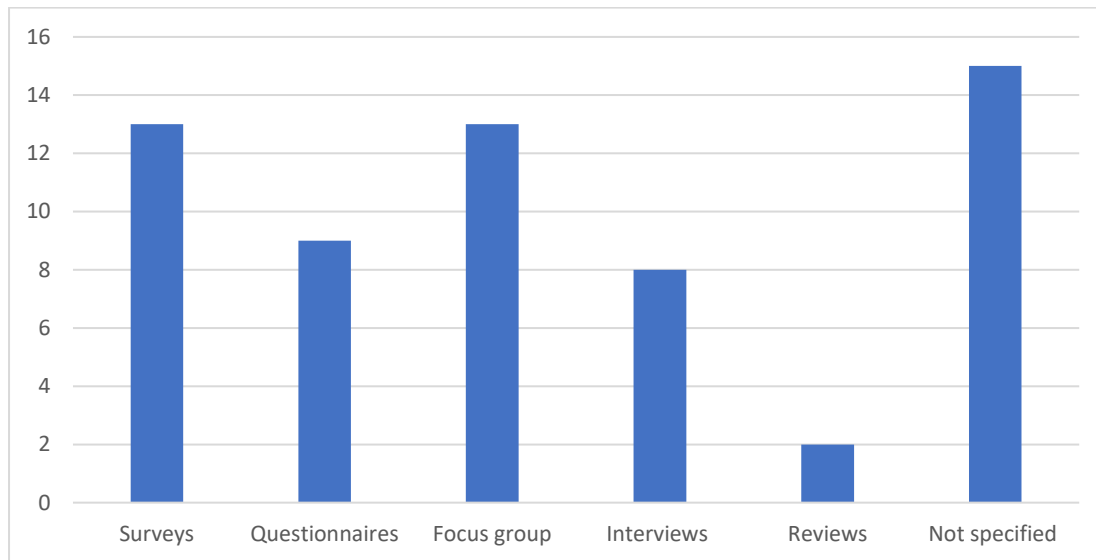


Source: Researcher

3.8.3 Design methods

In terms of research methodology, it transpired that an extensively high number 41.6% of articles (n=15) did not specify the method used, the second considerably high number used surveys and focus groups both with 36.1% of articles (n=13) as a method of inquiry.

Figure 3.4: Method of inquiry used in collecting data

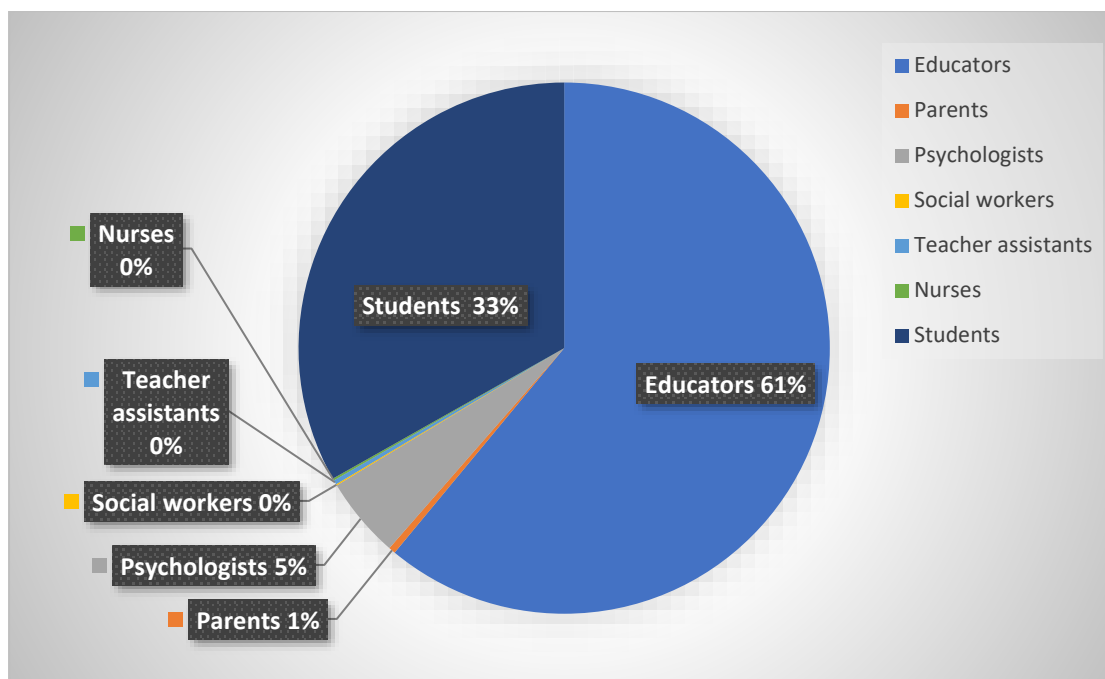


Source: Researcher (2021)

3.9

3.9.1 Participants

Figure 3.5: Sample indicating the number of participants in the included publications



Source: Researcher (2021)

3.9.2 Provinces where the under-resourced studies were conducted

- (i) Western Cape,
- (ii) Eastern Cape,
- (iii) KwaZulu-Natal,
- (iv) Limpopo,
- (v) Mpumalanga,
- (vi) North West.

3.10 Data analysis

Qualitative data analysis is defined as the categorisation, accounting for and explaining the data analysis beginning with a process of immersion in the data whereby the researcher becomes intimately familiar with the dataset's content to choose what is most appropriate or significant to the research questions (Cohen et al., 2007; Braun & Clarke, 2013).

To analyse data, the researcher used thematic analysis. Braun and Clarke (2006) defined thematic analysis as a method for identifying, analysing and reporting patterns (themes) within data as this method works both to reflect reality, and to unpick or unravel the surface of reality.

In this study, the data was collected in large probes, coded, summarised, and thematically categorised to identify, recognise, evaluate and describe patterns of important aspects of the

collaborative support programmes of learners with mental health challenges in schools (De Vos et al., 2005). The researcher outlined the data analysis through the six phases of analysis, to demonstrate the process followed as stated by Braun and Clarke (2006).

Phase 1: familiarising yourself with the data

The researcher engrossed herself with the data to familiarise the extent and broadness of the content by reading through it to identify meaning and patterns before the commencement with the coding process. The researcher made notes that were visited for reference.

Phase 2: Generating initial codes

The researcher had already acquired a list of data that was of interest and then produced initial codes from the data in case something of interest transpires later. The copies of data were extracted, and each code collated in a separate computer file.

Phase 3: Searching for themes

In this phase, the researcher re-focused at the broader level of themes rather than codes that sorted different codes into potential themes and identified exactly how many codes were combined to form an overarching theme using tables. The researcher then determined that these emergent themes needed to be phased under each research questions.

Phase 4: Reviewing themes

During this phase, the researcher was involved in two phases of refining the themes and combined those that are internal homogeneity and external homogeneity. During the first phase, the researcher determined whether the themes formed a coherent pattern, then the researcher proceeded to the second phase

Phase 5: Defining and naming themes

During the fifth phase the researcher defined and named the themes by writing down a detailed analysis of each theme and reflected on the relevance of each theme to the data collected (Clarke & Braun, 2013; Braun et al., 2019). The researcher determined what was interesting about the data to be presented and why it was interesting. The themes themselves needed to be considered, each theme in relation to the others. The results were presented according to the

following themes identified on the collaborative support to learners with mental health challenges, internalising and externalising behaviours; dysfunctional SBSTs that hinder the policy implementation of early identification of barriers and provision of support to learners with mental health challenges; coping strategies for both learners and educators and the ineffective and inefficient collaboration

Phase 6: Producing the report

In Phase 6, the researcher began the final analysis and writing up of the report. The researcher tried to convince readers of the merit and validity of the analysis in a concise form that captured the points the researcher wanted to demonstrate about the collaborative approach to support learners in under-resourced schools.

3.11 Ethical considerations

De Vos et al. (2005) referred to ethics as values and moral principles that stipulated how the researcher conducted himself during the study and to what the researcher had to adhere. Tripathy (2013) stated that the data sourced should be adequate, relevant but not excessive and it should also be evaluated to detect if it does meet the criteria for data collection. The researcher used data that was freely available on the Internet, in books or other public forums, where permission for further use and analysis was implied. However, the ownership of the original data was acknowledged by the researcher.

3.11.1 Trustworthiness

To maintain trustworthiness, the researcher used a variety of data collection methods (Triangulation). If each method produced the same result, then the truth value was increased. The study used Government and non-Government reports, South African Acts, newspaper published articles and published books between the years 2000 and 2020 which located data that was useful given the research problem (Hox & Boeijie, 2005).

3.11.2 Credibility

Credibility was the first aspect, or criterion, that had to be established and was seen as the most important aspect in establishing trustworthiness. Corbin and Strauss (2015) defined credibility as the benchmark used by researchers to evaluate whether the outcomes of the study were

plausible and convincing by ensuring that specific contexts, settings, and circumstances of the study were discussed in detail. In this study, the researcher guaranteed that the analysis presented in the study rang true to the data collected by following the appropriate research procedures.

3.11.3 Transferability

As opposed to generalisability, whereby the findings of the research were applied to other times and places, qualitative research is an intensive study of a small number of people. Mouton (2001) stated that qualitative researchers were encouraged to produce rich, detailed accounts of the group's culture or people's experiences about a particular phenomenon called thick description. In this study, the researcher ensured that the true version of the secondary data collected was constructed.

3.11.4 Confirmability

Bryman and Bell (2019) stressed that the confirmability yardstick or benchmark was designed to warrant that the researcher had acted in good faith. Personal values or theoretical predisposition did not deliberately and unreservedly sway the conduct of the researcher, or the findings derived from it. The researcher ensured that confirmability was guaranteed by trying to be as objective and impartial as possible.

3.11.5 Dependability

Bryman and Bell (2019) referred to dependability as adhering to the procedures followed during the research. The researcher involved the presentation of rich, vivid, faithful, and artful descriptions that highlight the salient themes in the data.

3.12 Conclusion

This chapter focused mainly on research design, methodology and data collection methods for the review. An outline of qualitative research and tools that were used to collect the secondary data review, has also been given. The researcher endeavoured to enhance quality by following ethical principles of the research study. Data analysis for this review has been described, and the findings have been analysed and discussed in the next chapter.

CHAPTER 4

FINDINGS

4 Introduction

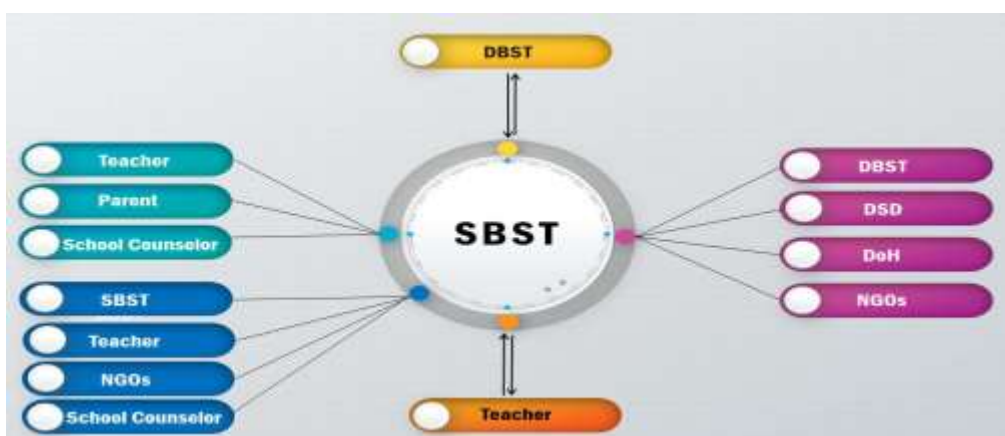
This chapter aimed to present the findings of the current study based on a qualitative analysis of the data obtained from secondary data analysis. The questions used to gather information during the secondary data collection were concerned with understanding the challenges experienced by learners with mental health challenges in under-resourced schools, the criteria used to identify these learners, the coping strategies used by educators and the collaborative support to learners with mental health challenges in under-resourced schools.

4.1 Nature and extent of the collaborative approach to support learners with mental health.

The type of collaboration and involved parties

For effective collaborative support to learners with mental health, different stakeholders must work together in different structures at all levels. At the school level, the collaborations can be (i) among the educator, the parent and the school counsellor or (ii) among educator with the SBST or (iii) among the SBST collaborates with the counsellor, DBST, NGOs, other government departments (Health & Social Department).

Figure 4.1: Illustrating the type of collaboration to support learners with mental health



Source: Researcher (2021) adopted from (DoE, 2001; 2005; 2012; 2014)

The type of collaboration that is conducted to assist learners with barriers to learning including mental health is inter-professional collaboration. Inter-professional collaboration involves two or more people from different professions or agencies working together to help the child and his or her family, which includes the school, local school districts, health departments, child welfare systems, workforce services, local mental health providers, housing authorities, local youth development agencies, law enforcement, and other community partners (Engelbrecht et al., 2013; Mellin et al., 2011; DoE, 2001; DoE, 2010; DoE, 2012).

Aims of collaborations

The scholars revealed conducted revealed that team collaboration means constant communication and a project management approach, emphasising teamwork, innovative thinking and equal participation to achieve desired goals. The collaboration is aimed at ensuring that the integrated support is a success and that learners with mental health challenges receive the necessary support they deserve. This includes ensuring progressive coverage of all schools and learners starting with the most disadvantaged schools. The collaboration is aimed at ensuring that school health services are delivered in the most efficient and effective way (DoE, 2012; Ntseto, 2019; Amod, 2020; DoE, 2018).

Benefits/effect of collaboration

Collaboration depends solely on shared responsibilities, resources and accountability for participation and decision making (Engelbrecht, 2004; Friend et al., 2010; Engelbrecht & Hay, 2018). Studies conducted mentioned that collaboration between educators, school administrators and specialists have the following positive effects (Amod, 2019; Nel et al., 2014; Engelbrecht & Nel, 2013; Ntseto, 2019).

- 1) Collaboration can provide supportive and therapeutic benefits by reducing stress and improving confidence in both educators, families and learners.
- 2) Student discipline and a sense of belonging, reduces school violence, enhances attitudes and improves communication, and relationships among educators, students and their families.

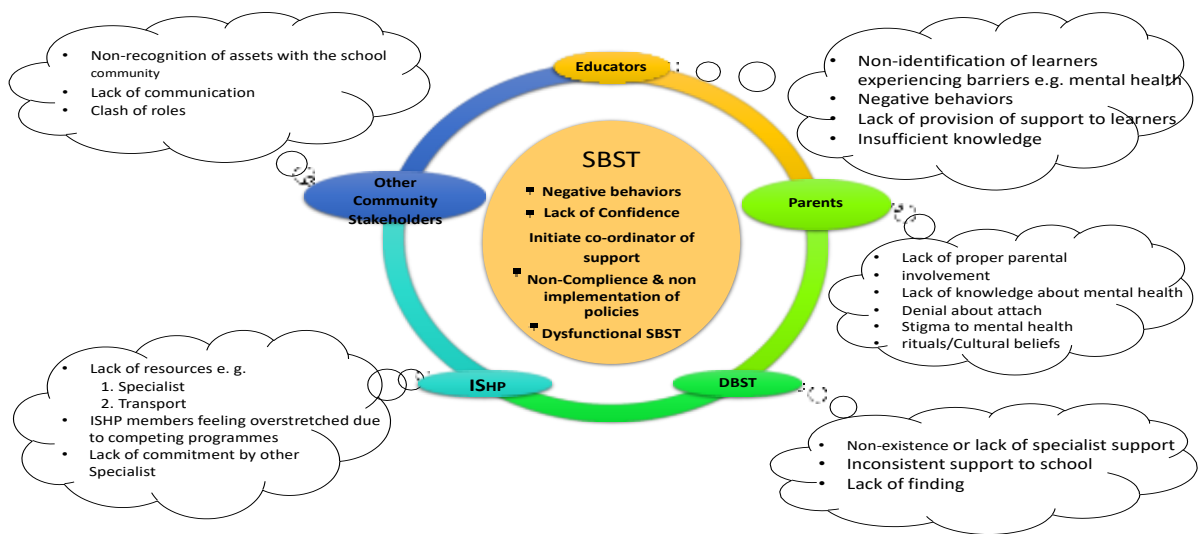
3) Parents gain a better understanding and knowledge of how to identify peculiar behaviours in their children and to seek early intervention which increases parental involvement in the school,

4) It also improves academic and social skills for low-achieving students, self-concepts, more positive peer relationships, and professional growth, personal support and enhanced sense of community within the general education classroom.

(iv) Ineffective and insufficient collaborations

The data that emerged from the review revealed that there is a lack and/or insufficient collaboration of support to learners with mental health challenges in under-resourced schools. The diagram below indicates the causes of the ineffective and inefficient collaboration as stated by research (Nel et al., 2015; Amod, 2019; Shilubane et al., 2019; Rasesemola et al., 2019; Amod, 2020; Fodo, 2020).

Figure 4.2: Illustrating the ineffective and inefficient collaborations



Source: Researcher (2021) adopted from DoE (2012)

4.1.1 Theme: Effective and efficient collaborations

The first theme that emerged from the review revealed that there is a lack and/or insufficient collaboration of support to learners with mental health challenges in under-resourced schools caused by dysfunctional SBSTs. The reviews revealed that the collaboration in providing

support (reliance on the school therapists, counsellors, special needs educators, learning support educators for support and school management involvement) was most frequently mentioned from the findings of the reviews. The successful implementation of any program at school depends heavily on the administrating leaders (SBST) at school which liaise with the SNES directorate to ensure that learners receive the relevant support they deserve. The DoE (2012) stipulates that the implementation of the ISHP at school level is the responsibility of the school-based support team (SBST) under the guidance of the school principal. The significance and initiation shown by the SBST/SMT at the school is the key to educator buy-in, resulting in creating a safe and supportive environment for everyone at school, including staff and students. The study by Amod (2019) indicated that some school-based support teams remained utilised and functional within their schools. However, some teams were more active than others, as approximately half of the teams continued to meet regularly, while the rest met on a need's basis.

Sub-theme: Human resources

The second sub-theme that emerged from the review revealed that there is a dearth of human resources to support learners with mental health challenges in under-resourced schools. The study conducted by Rasesemola et al. (2019) indicated that there was no collaboration or integration with mental health or social development services into school health services. This question involved the need for more collaboration among the specialists within the DoE, DoH, DSD & NGOs to ensure that relevant support is provided to learners with mental health challenges in under-resourced schools. The DoE (2012) stipulated that the school community should work in partnership with the school health programme in shaping, informing and sustaining the “healthy” status of learning sites. Engelbrecht (2004) concurred that collaboration offered the opportunity to capitalise on the diverse and specialised knowledge of educators and educational support professionals who have different expertise and experience.

Nel et al. (2014) revealed that insufficient and ineffective collaborations between support services have been found to play a crucial role in the inefficient practice of mental health support of learners in under-resourced schools. Based on the research conducted by (Nel et al., 2004; DoE, 2012) few schools have access to health professionals such as therapists, psychologists, and social workers, except for the Western Cape Province (88%). In the Eastern Cape Province, 0.5% of schools, and in Limpopo Province, only 0.3% of schools have access to the services of health professionals. Engelbrecht (2004) emphasised the need for educational

support professionals' involvement in mental health consultation in schools is linked to the increase of the importance of the development of health promoting schools in South Africa.

Sub-theme: Parental involvement

The third sub-theme that emerged from the review revealed that there is a lack of parental involvement support to learners with mental health challenges in schools.

Rasesemola et al. (2019) maintained that lack of collaboration amongst the school parents and families of learners, as well as community members, results in poor compliance to the implementation of ISHP programs. The study conducted by Swick and Powers (2018) frequently mentioned there is lack of support from family members since they tend to feel like they have insufficient time to seek treatment for learners with mental health challenges due to structural barriers that interfere with the family's ability to access mental health services. This was supported by the study conducted by Engelbrecht et al. (2012) who found that parental support remains a challenge in South African schools which could jeopardise the collaboration process since it is pivotal that they are involved on an equal level in a collaborative partnership when a learner needs support.

Weare (2015) stated that in an authentic 'whole school approach' well-being and mental health are "everyone's business" with genuine involvement of all staff, parents, community and outside agencies. Conversely, Adelman and Taylor (2000) revealed that when "outside" professionals are brought into a school, school specialists often view it as discounting their skills and threatening their jobs. The study conducted by Skeen et al. (2010) revealed that South Africa's current level of intersectoral action for mental health is limited since it requires substantial resources to initiate and sustain. Graham et al. (2011) stated that other factors cited as hindering parents from fully participating in the integrated support to their children was unstable and dysfunctional home life, such as poverty and parental drug and alcohol abuse.

Sub-theme: District support

The fourth sub-theme that emerged from the review revealed that there is a lack and/or insufficient support from the district officials to support learners with mental health challenges in under-resourced schools. Amod (2018) pointed out that educators were concerned that there was insufficient and inconsistent support from their district support team. Graham et al. (2011) stated that most educators felt confident to assist learners although some felt the need for more

training to equip them with skills to identify learners with mental health challenges. They further stated that they lacked services such as counselling due to their rural location issues. The study by Eiraldi et al. (2015) implied that rural school districts have a challenge of recruiting experienced specialist support which hinders the support to learners with mental health challenges. Conversely, the study by Fodo (2020) revealed that some educators cited that they valued the inputs from the district officials but felt that this support was inadequate to equip them to support learners as well as the delay in the referral process. Engelbrecht et al. (2015) revealed that the support provided to educators only focuses on the deficit rather than on the support to be rendered. Makhalemele and Nel (2015) revealed that educators felt that the district officials were not skilled to support educators.

4.2 Criteria used to identify students with mental health challenges

The table below illuminates the challenges that impedes the identification of learners exhibiting mental health symptoms. The researcher had to identify the criteria that was used to identify learners at-risk. Further, it also indicated whether the criteria was effective or ineffective and the reasons that hindered the early identification of learners. The challenges which could have emerged from either the school or the district/department and where the information was sourced.

Table 4.2: The Challenges that hinders the early identification of learners exhibiting mental health symptoms

Criteria used	Effective/ineffective	Challenge	Source
SBST	-Dysfunctional SBSTs due to lack of understanding and inadequate training.	Unequal distribution of resources to districts.	Engelbrecht and Nel (2013). Shilubane et al (2015).
		-Unfilled posts at district level.	Amod (2019). Hess (2020).
	-The SBSTs were more active and functional in some schools than in others.	-Some principals are not hands-on as required by the policy.	

SIAS	<p>-Some schools still reluctant to use the forms designed to refer the learner.</p> <p>-Still ineffective since educators do not administer the form.</p>	<p>-The SIAS policy only gives limited guidelines on collaboration and how identification should be done only on policy making.</p> <p>-Educators believing that the SIAS form is not a working document for them.</p> <p>-Educators have attended training but still experience challenges regarding completing the necessary forms.</p> <p>-Lack of understanding of what the SIAS entails.</p> <p>-Educators agreeing to having the forms but neglecting the documents.</p> <p>-Lack of support from the SMTs and the DBST.</p>	<p>Fourie (2017).</p> <p>Hess (2020).</p> <p>Ntseto (2019).</p>
Drawings and educator interviews.	<p>-Some, but not all educators are able to identify learners with psychosocial problems through drawings.</p>	<p>activities require learners to draw.</p>	<p>16).</p>
Observing learner behaviour towards other learners or educators.	<p>-Some educators are able to observe behaviour towards other learners.</p>	<p>Educators are only able to identify mental health symptoms in severe cases.</p>	<p>-Shilubane et al (2015).</p>

4.2.1 Theme: Implementation of the SIAS policy

The theme that emerged from this research question is the poor implementation of the SIAS policy to equip educators with skills to identify learners experiencing barriers to learning such as mental health. The study conducted by Fodo (2020) revealed that some educators were not confident in administering the support needs assessment form (SNA). Studies conducted revealed that the lack of commitment from the SMT members especially, the principals is the cause of the poor implementation of the policy (Amod, 2019; Hess, 2020; Fodo, 2020). Some studies conducted cited the inadequate training offered to educators as well as the inconsistent support provided by the district as the challenges or hindrances to the poor implementation of the SIAS policy (Nel et al., 2015; Shilubane et al., 2015; Makhalemele, 2015; Amod, 2019).

4.3 Challenges experienced by children with mental health in under- resourced schools

The table below illuminates the challenges experienced by the learners exhibiting mental health challenges in under-resourced schools. Learners could either face externalising behaviours or internalising behaviours and the impact they have on the learners. The researcher also indicated who (i) the sources of data are, (ii) the year when the article was published (iii) the study approach (iv) the study participants (v) the location where the study was conducted.

Table 4.3: internal and external behaviours exhibited by learners with mental health

Challenge	Effect of challenge	Source of data, study approach, number of participants and setting
Externalising behaviours		
Low self-esteem	Conflict in interpersonal relationships, Perceived accusations of negative behaviour,	et al. (2015). Qualitative method 100 girls and boys Durban-Natal & Western Cape
Feelings of inadequacy and Suicide	Alcohol & drug use, lack of care in personal appearance and taking unnecessary risks.	van der Merwe (2015). Qualitative method 100 school educators. KwaZulu-Natal Province, South Africa
Conduct Disorder & Poor impulse control	Learners engage in violent behaviour, gang violence and early teenage pregnancy and STIs.	van der Merwe (1999). Qualitative (focus group) 100 school learners Durban-Natal, South Africa
Contracting HIV/AIDS	Lack of adequate sexual communication skills and being vulnerable to peer norms that encourage sexual-risk behaviour.	van der Merwe (2016). Qualitative 100, South Africa
Internalising behaviours		
Substance use	Withdrawal symptoms, Drug use before the age of 15 years is highly associated with the development of drug and alcohol abuse in adulthood.	Skinner et al (2019). Qualitative 100 Educators 100 Learners Durban-Natal - South Africa
Stress, anxiety and depression	The social factors associated with mental ill-health are also associated with	World Health Organization. (2017).

alcohol and drug use, crime and dropout from school.

-These behaviours result in these learners hurting themselves

AD/HD

Learners with AD/HD feel lonely, unwanted, poor concentration, disorganised and eventually see themselves as failures. Rasesemola (2018).
-Quantitative
-66 Principals
-South Africa

Kaplan and Saddock (2015)

DSM 5 (2013)

Identification of learners with mental health problems

Poor or no identification of mental health problems Few or no identification of learners with mental health challenges. Amod, Z. (2019).
-Quantitative
-65 Educators
-5 Psychologists
-South Africa

Delay in the early identification of learners with barriers and lack of provision of support thereafter aggravates the mental health challenges in schools. -Lotz, et al (2005).
-Quantitative
-339 Learners
-South Africa

Educators indicated that their failure to recognize warning signs of suicidal behaviour contributed to students' death by suicide. ie et al (2015).
-Qualitative
-Focus groups
-Educators
-South Africa

Specialist support and training

Lack of specialist support & training -Lack of coordinated support to learners. -Amod, Z. (2019).
-Quantitative

-Lack of knowledge -65 Educators &
-5 Psychologists
-South Africa

-Lack of more educator involvement in the collaboration thus owning the project. -Engelbrecht. (2004).
-Qualitative
-South Africa

-Inaccessibility to psychological support and resources that can enhance the resilience to learners. - Nel et al (2014).
-Mixed Method
-85 Educators
South Africa

Parental and social support

The lack of parental involvement or support.	Learners engaged in poor problem-solving and decision-making processes concerning their challenges.	-Amod, Z. (2020). -Mixed Method -72 Educators -44 Parents - South Africa
		-Bhana et al. (2010) -Qualitative -79 Educators KwaZulu Natal Western Cape
Lack of social support	-Forced sexual intercourse -More suicide and suicide attempt cases.	ie et al. (2016). ative method 1 school educators. po Province, South Africa

4.3.1 Theme: Internalising and externalising behaviours

The theme that emerged from this research question is the internalising and externalising behaviours exhibited by learners with mental health challenges in schools. Studies conducted revealed that learners exhibited both intrinsic and extrinsic barriers to learning which hindered them from leading a normal life. Adolescents have acting-out behaviours such as aggression, poor impulse control, suicide, substance abuse, trauma, bipolar, ADHD and conduct disorders (Cooper et al., 2015; WHO, 2017; Harrison et al., 2019). Studies defined aggression as manifested in deliberate verbal threats toward peers and school staff, physical actions (e.g., hitting, kicking, biting) that cause physical harm, and severely damaging the property of others (APA, 2013; Kaplan & Sadock, 2015; DSM 5, 2013). Attention Deficit Hyperactive Disorder is a neuro-psychiatric condition affecting pre-scholars, children, adolescents, and adults around the world. It is characterised by a pattern of diminished sustained attention, and increased impulsivity or hyperactivity (Kaplan & Sadock, 2015; DSM 5, 2013).

Bipolar disorders are brain disorders that cause changes in a person’s mood, energy and ability to function. Bipolar disorder is a category that includes three different conditions — bipolar I, bipolar II and cyclothymic disorder (Kaplan & Sadock, 2015; DSM 5, 2013). A difficult temperament typically is manifested in two different ways. The first form involves students engaging in behaviour that persistently defies established rules that is, well-known classroom

rules (e.g., sitting in assigned seats, asking to use the restroom, using the pencil sharpener, remaining quiet during instruction). The second manifestation of difficult temperament involves persistent argumentative behaviour or tantrums related to perceived unreasonable demands by the child/youth (Kaplan & Sadock, 2015; APA, 2013).

4.3.2 Theme: Specialist support

The theme that emerged from this research question is the lack of specialist support to render services to learners with mental health challenges. Moola (2011) maintains that there is certainly a need for intersectoral efforts to enhance strengths and promote mental health in schools and school psychologists have been key practitioners in whole school development in South Africa and internationally. However, Engelbrecht (2004, p.26) states that “effective mental health programme can provide learners with comprehensive, accessible, coordinated educational psychological support involving resources and strength of professionals, families and communities”. The study conducted by Amod (2018) revealed that there is a shortage of specialist services in many schools and the role of a school- based support teams is to assume the responsibility for learning support coordination, in collaboration with educators and parents. Amod (2018) mentioned that the conflict between educators and their school principal hindered the autonomy and effectiveness of their functioning.

4.3.3 Theme: Identification of learners with mental health challenges

The theme that emerged from this research question is the poor identification of learners experiencing barriers to learning such as mental health. The studies conducted implied that educators lack confidence in identifying learners with mental health challenges and administering the SNA from the SIAS policy (Shilubane et al., 2019; Amod, 2019; Fodo, 2020). Fourie (2017) maintained that the policy does not give clear guidelines on how it should be implemented thus educators refrain from using it. Studies revealed that the time provided for educator development is insufficient and educators are unfamiliar with the mental health technology (Makhalemele & Nel, 2015; Engelbrecht et al., 2015). Inconsistent support from the district is cited as the major cause for poor identification of learners with mental health challenges as well as the challenge of the unequal distribution of resources in some districts and provinces (Amod, 2019).

4.4 Coping strategies for both learners and educators in under- resourced schools

In order learners who are dealing with mental health concerns manage challenging and painful emotions, the inquiry aims to gather information regarding the coping mechanisms these learners can employ when faced with stress or trauma. Strategies created by instructors for use in the classroom and at school to help learners in schools with limited resources manage their mental health.

4.4.1 Coping strategies for learner

The third question this secondary data tried to answer was to identify the coping strategies for both the educators and the learners experiencing mental health challenges in under-resourced schools. The study emphasised that learners from under-resourced schools are affected by multiple stressors that may result in stress and have an impact on their mental health state. In addition, it is evident that adolescents need to cope with a range of difficult circumstances such as child and sexual abuse, bullying, substance abuse as well as their stress in relation to these challenges.

The study conducted by Harrison et al. (2019) revealed that the Cognitive Behaviour Therapy (CBT) program focused on reducing anxiety, yielded promising long-term effects among school- going South African children who lived predominantly low socio-economic contexts and were on the brink of adolescence. The study further mentioned the three strengths as stress coping mechanisms that need to be cultivated by learners e.g., (i) resilience, (ii) self-esteem and (iii) continuous perceived social support. Jones (2015) states that counsellors and school-educators can help students build mechanisms to cope with mental illness symptoms in constructive and proactive ways that also increase independence and academic attainment.

4.4.2 Coping strategies exhibited by educators

Some scholars shared some of the tips and strategies that educators can utilise in dealing with learners with mental health problems (Amod, 2018; Fischer, 2014; Williams et al., 2010). The following are examples;

- (i) Reinforcement of an empathetic attitude in a social skills class where students learn to see situations from different points of views and of people with different backgrounds and family situations from their own.
- (ii) Try to develop a working, collaborative relationship with the student with depression and do not give up on them.
- (iii) Use the child's strengths, to enhance his/her self-esteem. e.g., "use his strength in soccer to build his vocabulary and spelling, to encourage him to read and to improve his oral skills and interaction with his peers.
- (iv) Show the value of students working as a team, where all players are valued and receive the support that they need when/if they need it.
- (v) The SBST to make a concerted effort to combat the stigma by embedding mental health awareness into the school-wide curriculum.
- (vi) Promote positive messages and awareness of warning signs to learners, parents and the community through newsletters, flyers, or brochures made by school personnel or other learners.

Jones (2015) further revealed that equipping learners with strategies to deal with stress becomes an important life skill that will help students reach adulthood with strategies that work so they are likely to be successful in life.

4. Strategies suggested by educators regarding the improvement of student mental health

Amod (2018) emphasised that networking and sharing of expertise and resources among clusters of schools could be a way forward in strengthening school-based support teams. The study further revealed that, the deployment of educational specialists like psychologists and social workers at clusters of mainstream schools could improve the accessibility of their services in countries faced with limited resources. The study by Engelbrecht (2004) concur that the need for educational support of professional involvement in mental health consultation in schools is linked to the increase of the importance of the development of health promoting schools in South Africa. The study by Shilubane et al. (2015) indicated that the reskilling of educators and reviewal of the content and information on mental health and suicide be included in Life Orientation, which would equip educators with warning signs of suicidal behaviour and consequently, they would be more likely to take appropriate action.

4.6 Conclusion

Data presented, analysed and interpreted in this chapter addressed the objectives based on the challenges of the collaborative approach to support learners with mental health challenges. Therefore, findings from this review have also been discussed under the same main headings indicated above.

CHAPTER 5

DISCUSSIONS

5 Introduction

The purpose of this secondary data analysis was to picture research conducted on the collaborative support to learners with mental health challenges in under-resourced schools. This chapter discusses the study's findings in relation to the literature. The discussion is organised around the following research objectives:

To ascertain the nature and extent of the collaborative support rendered to learners with mental health challenges in under-resourced schools.

To determine the criteria used by educators to identify learners with mental health challenges in under-resourced schools.

To establish the challenges experienced by children with mental health challenges in under-resourced schools.

To establish the coping strategies for both learners and educators in under-resourced schools.

5.1 Nature and extent of the collaborative support to learners with mental health

The studies conducted revealed that collaborative support adopts a systems viewpoint that looks beyond the individual and incorporates a more broad-based practice that focuses on the support and development of the contexts within which learners' function, school being a major focus. Research has found that the implementation of a multidisciplinary collaborative approach is not an easy task (Nel, 2004; Nel et al., 2014). The department of education proposed that multidisciplinary teams and structures comprising DBST, SBST, NGOs, communities, parents' educators and learners should be established and monitored for functionality in order to aid in successful implementation of integrated school mental health (DoE, 2001; 2012; 2014). These teams contribute to: (1) The development of the school as an organisation; (2) building a supportive psycho-social learning environment; (3) staff development.

From the secondary data analysis above, it became clear that many studies share common conclusions on how mental health services in under-resourced schools reveal comparable benefits. The identified studies reported an inconsistency in the collaborative support to learners with mental health challenges in under-resourced schools. To understand the factors inhibiting the effective implementation of the collaborative support to learners experiencing mental health challenges, these were examined: black schools were the least resourced, and black learners, who constitute the majority in the country, generally had little or no access to psychologists and remedial educators. Their educators lacked insufficient training on mental health and other specialised support services (Daniels, 2010; Nel et al., 2014, Shilubane et al., 2015, Fourie, 2017; Amod, 2019).

5.1.1 School-Based Support Team

The School-Based Support Team is the most significant resource for the implementation of the ISHP policy in the provision of support to learners with mental health challenges. These should provide guidance and support based on knowledge and expertise. The research conducted revealed that both structures that is the SBST and the DBST should work collaboratively for the full implementation of the ISHP policy. Failure to do so deprives the learners of their constitutional right which is access to mental health services (RSA, 1996).

The studies reviewed revealed that there is a need for leadership to cooperate with outside sources of support, including parents and the general community to take the initiative to strategically and democratically plan how to approach the problems holistically and systematically (DoE, 2001; 2014; Wood & Goba, 2011; Shilubane et al., 2015). Most of the studies revealed that students presented warning signs, but educators were unaware of them or did not know what the behaviour meant (Shilubane et al., 2015; Gae, 2016). It is evident in the above statement that some educators consider the SBST as another dysfunctional structure which lacked the skills and knowledge for it to work effectively.

Conversely, the studies conducted revealed that the SBST members highlighted that the team consultation approach had helped them to work beyond assisting individual educators and learners (Nel et al., 2013; Amod, 2019). Certainly, the role of the SBST is vital since it serves as a link between the learner and the support to be provided. It is imperative that this structure functions effectively and efficiently to ensure that collaborative support is provided to learners. One of the areas of concern is that the SBST should be capacitated such that they know how to

identify learners with mental health challenges needing support. The research conducted further identified that the key factors contributing to decreased staff morale include the inadequate support and training in mental health issues, increased sense of educator accountability, and inadequate time to effectively address the issue (Nel et al., 2013; Nel et al., 2014; Humm et al., 2018; Amod, 2019).

5.1.2 Parental involvement

The benefits of collaborative partnerships between the school and home environment in developed countries have been reported in many studies (Yessel et al., 2007). Conversely, the studies conducted in under-resourced schools revealed that poor parenting skills and negative parental bonds through unaffectionate relationships with the child were cited as the cause of adolescents engaging in unacceptable and risky behaviours such as alcohol and drugs and easy recruitment into gang activities and crime (Kgole, 2004; Mfidi, 2015, Shilubane et al., 2015, Humm et al., 2018). The studies conducted concurred that there was an absence of collaborative partnerships among key stakeholders (learners, educators and other staff, parents and the community) to support these children. The parents' and families' lack of collaboration with the school posed poor compliance with the implementation of ISHP programs (Engelbrecht, 2006; Engelbrecht et al., 2006; Yessel et al., 2007; Shilubane et al., 2015, Humm et al., 2018; Amod, 2019; Rasesemola et al., 2019).

5.1.3 Lack of human resources

The studies reviewed revealed that educators from rural and under-resourced schools relied solely on the staff members and principals for support and reported hindrance to the collaborative support to learners with mental health as follows: (1) Long waiting lists for assessment and intervention, (2) rare or no contact with social workers or psychologists, and (3) infrequent opportunities to collaborate with any school personnel with mental health expertise (Nel et al., 2014; Mwoma & Pillay, 2015; Shilubane et al., 2015; Amod, 2019)

5.2 The criteria used by educators to identify learners with mental health

5.2.1 Referral procedure

The national department of education has stipulated the process and procedure to be followed when a learner has been identified to be experiencing a barrier to learning which could be

psychoeducational or psychosocial. A standardised tool called the Support Needs Assessment is used to refer the learner (DoE, 2014).

Referral form

Since the establishment of the new education reform post-apartheid era, South Africa has made significant attempts to address the imbalances and injustices of the past. Since 1994, new policies and legislation have articulated how identifying learners experiencing barriers to learning, and emphasising that the referral system should be done, which saw the promulgation of the SIAS policy. The studies conducted revealed that a referral procedure must be followed whereby a request for an assistance form outlining the concerns, attempts made to address these concerns, and assistance needed from the school-based support team is completed by the referring educator (Fourie, 2017; Amod, 2019). There seems to be a gap between the policies, legislations and their implementation.

While there may be erratic instances where educators identify learners with mental health challenges, they were found to be unresponsive to administer the Screening, Identification, Assessment and Support. According to DoE (2014), SIAS is a standardised tool to identify learners experiencing barriers to learning, that was designed by the Department of Basic Education in South Africa. Schools must adhere to the protocol and processes of referring learners. The policy specifies that the SNA1 should be completed by the educator and the SNA 2 is administered by the SBST i.e. (SMT).

5.2.2 Lack of training

The studies conducted revealed that the lack of human resource capacity regarding identification and provision of relevant support is bedevilling the success of mainstream education, let alone services for those with disabilities and learning disorders (Peterson et al., 2010; Schlebusch, 2012; Nel et al., 2014; Mwoma & Pillay, 2015; Shilubane et al., 2015; Fourie, 2017). Moola and Lazarus (2014) concurred that the lack of training and human resources in the school psychology division within the education districts has a serious impact on providing education support to educators, learners, and schools. Conversely the study conducted by Skinner et al. (2019) revealed that educators indicated knowledge of the mental health problems faced by the learners in their classrooms.

5.3 Challenges experienced by children with mental health in under-resourced schools

The findings in relation to this research theme are discussed under the following sections:

5.3.1 Internalising problems

The promulgation of the child and adolescent mental health (CAMH) and the integrated school health (ISHP) policies have clear guidelines for the development and provision of collaborative services to support learners with mental disorders in schools. Pervasive and externalising problems such as substance abuse, teen pregnancy, physical and sexual abuse, gang violence, bullying, and delinquency, aggression, conduct problems, oppositionality, hyperactivity, and attention problems were identified as the most common mental health challenges experienced by learners in schools. The internalising problems such as anxiety disorders, depression, schizophrenia, PTSD, and eating disorders were repeatedly reported to be among the challenges experienced by learners in under-resourced schools (Shilubane et al., 2015; Mfidi, 2015; Eiraldi et al., 2015; Amod, 2019).

Anxiety

Anxiety can be categorised into different types or manifestations such as panic disorder, social anxiety disorder, specific phobias, and generalised anxiety disorder.

Generalised anxiety disorder

Anxiety disorders are also quite prevalent within the school-age population. Anxiety is characterised by excessive worry, tension, or fear even if there is little or nothing to provoke the anxiety and interferes with healthy functioning and academic performance.

Depression

Major depression is a condition characterised by sadness, low mood, irritability, lack of volition, etc. that may affect a young person's ability to think, feel, and behave in a typical manner. Sadness is mostly due to bereavement, failing grades, and/or disappointments from relationships (Mfidi, 2015; Shilubane et al., 2015; Amod, 2019).

Post-Traumatic Stress Disorder

Deeply traumatic events may result in post-traumatic stress disorder which is extreme anxiety that is disruptive to daily functioning. Individuals with PTSD relive the events via memories, flashbacks, and /or nightmares (APA, 2013).

5.3.2 Externalising behaviours

Violence and bullying

Educator-learner violence

The findings of several studies revealed that some learners helplessly witness other learners being treated poorly by educators, and those acts of violence seemed to affect learners emotionally and academically (Donald et al., 2009; Gae, 2016).

Learner to learner violence

Most children and adolescents in South Africa are exposed to violence in their homes, schools and broader neighbourhoods. Exposure to violence and deviant peer behaviour increases the likelihood of high risk and violent behaviour among youth as they seek stronger connections with peers (Saxena, 2015; Cooper, 2015; Gae, 2016; Amod, 2019). Some of the circumstances that trigger anger and violence included verbal bullying by peers (e.g., teased or embarrassed in front of others). Gae (2016) revealed that children and youth need safe and supportive schools to develop healthily and thrive, but this is challenging to achieve.

Suicide

Several studies of personal and environmental factors linked to suicide ideation and attempt among young people have been conducted in South Africa. They revealed that anger-related control problems, low self-esteem, perceived stress, and unmet school goals were predictors of suicidal behaviour (Shilubane et al., 2015; Amod, 2019).

Aggression

Usually, boys, are seen as being more troublesome than those with other mental health challenges and are described as having difficulties controlling their emotions, especially anger

and anxiety. They would likely act out aggression by fighting or by disrupting classes and creating fear even with the educators being concerned that they could also become the focus of attacks. As a result, they have a significant impact on the learning situation (Gae, 2016; Skinner et al., 2018; Amod, 2019).

Substance abuse

The study conducted revealed that alcohol and other psychoactive substances are widely recognized risk factors for mental illness and injuries and contribute to a large proportion of non-natural deaths in South Africa (Jacobs, 2018; Harrison et al., 2019).

Attention Deficit Hyperactive Disorder

AD/HD is one of the most common conditions observed in the schools, whereby learners find it extremely challenging to control their impulses and/or pay attention, which poses significant learning challenges.

5.4 Coping strategies for both learners and educators in under- resourced schools?

The studies conducted revealed that both learners and educators need to devise strategies on how to survive in stressful situations and have clear goals and commitments in life (Poggenpoel & Myburgh, 2006; Naicker, 2014, Harrison et al., 2019). They cited three examples of tips to be shared.

5.4.1 Coping strategies used by educators

The studies emphasised that higher levels of tendency-focused coping strategies have a positive relationship with mental health (Harrison et al., 2019; Amod, 2019). The advantages of teaching coping strategies to adolescents are that coping strategies are effective in reducing their anxiety and depression, they are effective in reducing their somatic symptoms exhibited by learners, they are further effective in enhancing the learner' social functions and these coping strategies improve self-control and instil resilience in children and adolescents.

The study revealed that power struggles between an educator and student may arise due to the student's inability to maintain emotional stability. It further stated that it is important for educators to remain outwardly composed (Harrison et al., 2019).

5.4.2 Coping strategies for learners

Psychological strengths as protectors of the stress coping process

Harrison et al. (2019) define psychological strengths as protective factors that lower the likelihood of negative outcomes. These outcomes can be internal and/or external and may inform children and adolescents' coping when experiencing stress. Psychological strengths that influence stress, coping, and mental health are the abilities of the individuals to determine the available avenues for enlisting support. The examples include sharing their distress with trusted others, having a positive outlook to life, exercising physically and participating in sport and extra-mural activities is highly desirable and fun and helps in alleviating the levels of stress and, it further emphasised maintaining friends and love relationships as well as remaining calm and in control.

Resilience

Resilience is the person's ability to successfully adapt in the context of adversities and authors suggest that it can be instrumental in preventing mental health challenges. They further state that assets are internal to the person, such as self-esteem and self-efficacy, whereas resources are external and further explained that building those assets falls within the intrapersonal system (Harrison et al., 2019; Peterson et al., 2018).

(iii) Self-esteem

Self-esteem is defined as the perceptions of one's self-worth and competence in the face of challenges and is seen as a buffer against the risky behaviours of drug abuse, contributing to views on self-efficacy. The study further indicated that individuals with low self-esteem are likely to have shoddy perceptions of worth and adequacy, thus increasing their vulnerability to experiencing stress, depression, anxiety and withdrawal (Mfidi, 2015; Harrison et al., 2019).

Social and emotional learning

Social and Emotional Learning is a process of helping children and even adults develop the fundamental skills needed for life effectiveness and maintaining our mental health (CASEL, 2007). SEL imparts the skills that we all, including children, adolescents and educators are expected to handle ourselves, our relationships, and our work, effectively and ethically. These skills include:

1. Recognising and managing our emotions, developing caring and concern for others, establishing positive relationships and making responsible decisions.
2. Handling challenging situations constructively and ethically.
3. The skills that allow children to remain calm and in control when angry, make friends, resolve conflicts respectfully, and make ethical and safe choices.

5.5 Conclusion

The prevalence of mental health challenges in adolescent and youth is exhibited through internalising and externalising behaviours. The challenge is the lack of identification of learners experiencing mental health as well as ineffective collaborations between DoE and other stakeholders to provide psychosocial support to learners. Teachers lack of adequate training to identify learners and the non-refusal to refer learners. Functional support structures (SBST, DBST & ISHP) at all levels should be put in place to ensure that support is rendered to learners with mental health challenges to equip learners with coping skills.

CHAPTER 6

SUMMARY AND CONCLUSION

6.0 Summary and implication of the study

The main aim of this review was to explore the collaborative approach to support learners with mental health challenges in under-resourced schools. Five questions were formulated to guide this study.

What is the nature and extent of the collaborative support rendered to learners with mental health challenges in under-resourced schools?

What criteria are used by educators to identify learners with mental health challenges in under-resourced schools?

What are the challenges experienced by learners with mental health challenges in under-resourced schools?

What are the coping strategies for both learners and educators in under-resourced schools?

What strategies are put forth by educators to improve the mental health challenges experienced by learners.

The review of the relevant literature included amongst other topics, the theoretical framework on the collaborations and mental health in schools. The international and SADC trends were discussed and the impact of the collaboration, was discussed under the following topics: integrated school health programs, the school-based support teams, the district-based support teams, the educator and parental involvement in mental health. The findings of the review revealed that South Africa's current level of intersectoral action for mental health is limited since it requires substantial resources to initiate and sustain (Skeen et al., 2010). The study indicated that some of the school-based support teams remained utilised and functional within their schools. However, some teams were more active than others, as approximately half of the teams continued to meet regularly, while the rest met on a need's basis (Amod, 2019; Hess, 2020). Conversely, the study conducted by indicated that no collaboration. Studies have revealed that insufficient and ineffective collaborations between support services have been found to play a crucial role in the inefficient practice of mental health support of learners in under-resourced schools (Nel, 2014; Rasesemola et al., 2019).

What is the nature and extent of the collaborative support rendered to learners with mental health

The results of the review revealed that the effective and efficient collaboration to support learners in under-resourced schools are among the following: Firstly, effective integrated planning is crucial and a cornerstone for the successful collaboration to support learners with mental health challenges. Every stakeholder especially, the SBST and the DBST needs to understand that collaboration is mandatory. The successful implementation of any program at school level depends entirely on the school management team/ SBST.

Secondly, the school-based therapy services can make schools a “one stop shop” by providing mental health services, academic and other services all in one place coordinated by the SBST hence, the effective collaboration of support to learners with barriers to learning (mental health) lies in the functionality of the administration/ management of any structure. Thirdly, parental involvement is an essential component in the collaboration since it creates a foundation of support for children in that they are involved on an equal level in a collaborative partnership when a learner needs support. Research has indicated that communication, cooperation, and coordination are three variables that are key to understanding how collaboration works. Fourthly, the lack of parental involvement and support has a detrimental effect on the children seeking and receiving treatment for learners with mental health. Training of parents on the availability and use of resources provides support to learners with mental health challenges. Lastly, the ineffective collaboration between the school with parents and families of learners, as well as community members, has a negative effect on the implementation of ISHP programs and provision of support to learners with mental health challenges.

What criteria is used by educators to identify learners with mental health in under-resourced schools?

Firstly, late identification and prompt of learners with mental health challenges has a detrimental effect in exacerbating these problems and in delaying these problems being resolved with the least fuss and disruption. Secondly, the dysfunctional SBST and the inadequate support for SIAS policy implementation by both the SBST and the DBST has been identified as the first challenge behind poor implementation of the SIAS policy by educators.

Thirdly, the SBST should understand that the screening, identification, assessment and support (SIAS) is mandatory. The Department of Education promulgated the policy which provides a framework for the standardisation of the procedures to identify, assess and provide programmes for all learners experiencing barriers to learning and development. Fourthly, the role of educators through the SBST is to identify learners who have barriers to learning and ensure that the relevant support is provided. The research has revealed that some educators displayed little knowledge of the warning signs of suicidal behaviour hence they struggled to identify them. Consequently, it is imperative that more training be available to educators to equip them with skills to identify learners with challenges. Lastly, learners also reveal their emotional difficulties through conversations with peers' daily interactions, their writing, and general behaviour towards school staff, which provides a gateway for educators to detect warning signs of suicidal behaviour.

What are the challenges experienced by learners with mental health in under resourced schools?

Firstly, learners are frequently faced with personal and contextual stressors that put them at risk of emotional, behavioural and learning difficulties. Secondly, some of the challenges they experience manifest themselves through internalising symptoms such as anxiety, sadness, social withdrawal, feelings of inadequacy and low self-esteem. Thirdly, another significant challenge that has been indicated by research is the unequal resource distribution. This challenge results in educators lacking skills and strategies to identify and provide support to learners with mental health challenges. Fourthly, the social stigma attached to mental illnesses can hinder students' willingness to disclose the abnormal thoughts and behaviours with peers, educators, parents and health care professionals thus preventing them from getting help. Lastly, educators fail to read or detect the early signs of distress due to lack of time and training.

What are the coping strategies for learners in under-resourced schools?

Firstly, educators provide empathetic support to their students and believe in empowering their students by listening with compassion and providing a voice for them. Secondly, educators build rapport and a positive-educator relationship which yields a positive and conducive environment that enables learners to confide in them. Thirdly, educators encourage learners to build social support, self-esteem and resilience to enable them to manage their stress. Fourthly,

teach stress coping techniques to learners i) breathing exercises, ii) reading a book, iii) create artwork and iv) exercise etc. Fifthly, teaching learners time management and setting priorities Sixthly, getting professional help, taking a day-off, leaving school problems at school. Lastly attending workshops and short courses on mental health and psychosocial issues

6.1 Limitations of the study

Although the present study results provide some avenues for integrated support to learners with mental health challenges in under-resourced school contexts, it is essential to note the study's limitations. Generalisation of the results is limited as a secondary data analysis was utilised. Future research should utilise direct measures to assess and evaluate the quality and effectiveness of collaborative support and its impact on learners in under-resourced schools. The lack of evaluation of existing school-based mental health challenges suggests that rigorous research studies are not conducted on the collaborative support of mental health delivered within the school contexts. The reviewed studies did not find any significant improvement in the collaboration of support to learners in under-resourced schools. Pullman et al. (2013) assert that school-based supportive programs such as mental health, family and child support, and mentoring can influence school performance.

6.2 Conclusion

Lindsey (2017) states that many mental health issues disguise themselves as academic difficulties which create problems for students, peers, and staff in the school environment. It is imperative that the SBST understands its roles and responsibilities in order to facilitate the following. Amod (2018) also pointed out that educators were concerned that there was insufficient and inconsistent support from their district support teams. Educators also identified a broad range of factors in the community, including substance abuse, violence and generalised poverty that contributed to the problems the learners experienced. The study further implied that educators saw multiple signs of drug addiction among their pupils, including use of alcohol, dagga and sniffing glue or petrol being secondary to the depression and anxiety (Skinner et al., 2019). The study conducted by Shilubane et al. (2015) revealed that adolescents perceived lack of social support and negative feelings about the family and behavioural factors such as forced sexual intercourse and physical violence of partners were positively correlated with the risk of suicidal ideation. The evidence revealed by the study indicates that there is

commonality in terms of the presence of internalising and externalising behaviours, experienced by children and adolescents in under-resourced schools. Given the increasing rate of children and adolescents with mental health challenges in South Africa in recent years, it is imperative that integrated support be provided to learners in under-resourced schools. Unfortunately, multiple barriers prevent many children and adolescents from receiving early treatment for mental health that they need.

Learners experience varying levels of need for mental health support in the school setting. These needs can only be adequately met in a positive and engaging school environment hence this secondary data analysis explored research on collaborative support to learners with mental health challenges in under-resourced schools. The study revealed a glaring deficit in the implementation of the integrated school health program for learners with mental health challenges. The benefits of the integrated school health program make provisions for all stakeholders to promote comprehensive mental health support. Schools can be a one-stop setting for all child-serving agencies to provide mental health services to children and their families. Such services help minimise barriers that parents encounter when trying to seek mental health services for their children.

6.3 Recommendations for policy and practice

Rasesemola et al. (2019) suggest there is a need to establish a policy oversight authority to oversee the district and schools' compliance to ISHP programmes. The study conducted recommended the following: Evaluation of integrated support to learners with mental health challenges in under-resourced schools and the need of using the SIAS as a standardised tool to identify learners experiencing mental health challenges to enable the provision of relevant support (DoE, 2014). Offering of bursaries to educators to study counselling courses as this would boost their morale thus increasing their efficacy in teaching and learning. Reduce the number of children experiencing mental health challenges, training of more educators on how to identify learners at risk and provide lay counselling. A collaborative approach to provide support and assistance to learners, educators, parents, and the community through the effective and functional SBST's (Dalton et al., 2012). Educators and other educational support professionals to acquire means within which to work collaboratively to benefit learners with mental health challenges (Dalton et al., 2012). Incorporation of the Social Emotional Learning

programme in our curriculum to ensure resilience and adaptation skills are instilled in learners throughout their school years (Durlak et al., 2011).

6.4 Recommendations for future research

This study deduced that there is a definite need to:

- (i) Conduct a more extensive and more in-depth study to explore the collaboration of support to learners with mental health challenges and how educators understand their role and experience collaboration when a learner needs support.
- (ii) More quantitative studies need to be conducted on collaborative support in under-resourced schools in South Africa.
- (iii) Address the general lack of research on the learners with mental health challenges in South Africa.

REFERENCES

- Adegbenro, C. A. (2006). Effect of school health programme on ensuring safe environments for primary school children. *The Journal of the Royal Society for the Promotion of Health*, 127(1), 29-32. <http://doi.org/10.1177/1466424007073204>
- Adelman, H. S., & Taylor, L. (2000). Promoting mental health in schools in the midst of reform. *Journal of school health*. 70: 171-178. <https://doi.org/10.1111/J.1746-1561.2000.Tb06467.X>
- Adelman, H. S., & Taylor, L. (2003). Towards a comprehensive policy vision for mental health in schools. In M. D. Weist, S. W. Evans, & N. A. Lever (Eds.), *Handbook of school mental health: Advancing practice and research*, 23-44. New York: Springer. Kluwer Academic/Plenum Publishers.
- Adelman, H. S., Taylor, L. (2009). *Mental health in schools*. Engaging learners, preventing problem, and improving schools. Corwin Press.
- Adom, D., Hussein, E. K., & Agyem, J., A. (2018). Theoretical and conceptual framework: mandatory ingredients of a quality research. *International Journal of Scientific Research*, 7(1),438-441.
- Alharahsheh, H. H., & Pius, A. (2020). A Review of key paradigm vs interpretivism. *Global academic Journal of Humanities and Social Sciences*, 2(3) 39-43
- Alibusa, S. W. (2011). Mood disorders in PHC. Department of Health, MoHSS. Windhoek, Namibia
- Amod, Z. A. (2013). A family consultation model of child assessment. In Laher, S., & Cockcroft, K. (Eds.), *Psychological assessment in South Africa: Research and applications* 461–473. Johannesburg, South Africa: Wits University Press.
- Amod, Z. (2018). Collaborative Problem-Solving Psychoeducational Approach Implemented in Under-resourced South African Schools. *Journal of educational psychology*. <https://doi.org/10.1080.10474412.2018.1531764>
- Amod, Z. (2019) A Collaborative Problem-Solving Psychoeducational Approach Implemented in Under-resourced South African Schools, *Journal of Educational and*

- Psychological Consultation*, 29: 4,423-443, <http://doi.org/10.1080/10474412.2018.1531764>
- Amod, Z. (2020) A Educator-family Consultation Approach to School-based Intervention and Support, *International Journal of Disability, Development and Education*, <http://doi.org/10.1080/1034912X.2020.1749238>
- Amod, Z. (2020). A educator-family consultation approach to school based intervention and support. *International Journal of Disability, Development and Education*, <http://doi.org/10.1080/1034912X.2020.1749238>
- Alexander, St. Clair P. (2011). Family Environment Externalizing and Internalising Behaviors Among Adolescents in St. Lucia . Loma Linda University Electronic eses, Dissertations & Projects. 18.<https://scholarsrepository.llu.edu/etd/18>
- Alexandra, D. (2016). An exploration of adolescents' experiences of mental health. University of London.
- Alpaslan, A., H. (2010). *Social work research: step by step guide on how to conduct your 4th year research project and write the research report*. Only study guide for SCK4810. University of South Africa.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders. (5thed). Washington DC. <https://doi.org/10.1177/0306624X13511040>
- Anand, K., Pandurangi, F., & Nimesh, G. D. (2009). Report of the Indo–US Health Care Summit 2009 – Mental Health section. *Indian Journal of Psychiatry*, 51(4), 292–301.
- Auriacombe, C. J. (2011). Methodology class lecture for honours students. unpublished document. *African journal of public affairs*. University of Johannesburg.
- Ashipala, D. O. (2016). Mental health policy implementation as an integral part of primary health care services in Oshana region, Namibia. *Journal of Nursing Education and Practice*, 6, 53-60. <https://doi.org/10.5430/jnep.v6n11p53baudenstein>,
- Babalola, E., Noel, P., White, R. (2017). The biopsychosocial approach and global mental health: Synergies and opportunities. *Indian Journal of Social Psychiatry*;33:29, 1-6. <https://www.indjsp.org/text.asp?2017/33/4/291/218597>

- Berman, J. (2013). Utility of a conceptual framework within doctoral study: A researcher's reflections. *Issues in Educational Research*, 23(1), 1–18.
- Bhajacherjee, A. (2012). Social Science Research: Principles, Methods, and Practices. Textbooks Collection, Book 3. University of Florida. https://scholarcommons.usf.edu/oa_textbooks/3
- Bhana, A., Swartz, L., & Peterson, L. (2010). Mental Health Promotion initiation for children & youth in context of poverty the case of South Africa. *Journal of Health Promotion International*, 25(3):331-41. <https://doi.org/10.1093/heapro/daq026>
- Bhana, A., Skeen, S., Kleintjies, S., Lund, C., Peterson, I., & Flischer, A. (2010). The Mental Health & poverty Research Programme Consortium.12(8):871-83, <http://doi.org/10.1080/13691058.2010.500398>
- Borg, E., Pålshaugen, Ø. Promoting Students' Mental Health: A Study of Inter-professional Team Collaboration Functioning in Norwegian Schools. *School Mental Health* 11, 476–488 (2019). <https://doi.org/10.1007/s12310-018-9289-9>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2). 77-101. <http://eprints.uwe.ac.uk/11735>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research*. A practical guide for beginners. SAGE Publications.
- Braun, V., Clarke, V., & Hayfield, N. (2019). A starting point for your journey, not a map': Nikki Hayfield in conversation with Virginia Braun and Victoria Clarke about thematic analysis. <https://doi.org/10.1080/14780887.2019.1670765>
- Brown, R. (2018). Mental health and well-being provision in schools. Review of published policies and information. Department of Education
- Bryman, A., & Bell, E. (2019). *Social Research Methods*. (2nd ed). Oxford University Press.

- Buckley, S., Gerring, Z., Cumming, J., Mason, D., MacDonald, J., & Churchward, M. (2012). School Nursing in New Zealand: A study of services policy, politics & nursing practices. *Policy, Politics, and Nursing Science*, 13(1), 45-53. <http://doi.org/10.1177/1527154412438919>
- Burke, R. W., & Stephan, S. H. (2008). Contextual features of public schools in the United States as settings for mental health promotion. *Advances in School Mental Health Promotion*, 1(1), 52-56.
- Campbell, V. (2014). "What are effective approaches to improving students' mental well-being?" The Facts on Education. Canadian Education Association and University of Prince Edward Island, Apr. 2014.
- Canadian Pediatric Society (2009). Are we doing enough? A status report on Canadian public policy and child and youth health. Ottawa, ON. Retrieved from <http://www.cps.ca/English/Advocacy/StatusReport2009>.
- Cowan, B. A. (2014). Trauma Exposures and Mental Health Outcomes Among Sheltered Children and Youth Ages 6–18. Supporting Families Experiencing Homelessness, 37-55, https://doi.org/10.1007/978-1-4614-8718-0_3
- Cooper, D., De Lannoy, A., & Rule, C. (2015) Youth health and well-being: why it matters?. In: De Lannoy, A., Swartz, S., Lake, L. & Smith, C. *South African child gauge*. Cape Town: Children's Institute, University of Cape Town. 60-68. <http://hdl.handle.net/20.500.11910/1739>
- Cooper, M. (2013). School-based counselling in UK secondary schools: a review and critical evaluation University of Strathclyde: Glasgow. [ISBN-13 978-0-947649-93-7](https://doi.org/10.1007/978-0-947649-93-7)
- Corbin, J., & Strauss, A. (2015). *Basics of Qualitative Research*. Techniques and procedures for developing grounded theory. (4 ed). SAGE Publications.
- Crenna-Jennings, W. (2021). Young people's mental and emotional health. Trajectories and drivers in childhood and adolescence. Education policy Institute

- Curtis, B., & Curtis, C. (2011). *Social Research. A practical Introduction*. SAGE Publications Ltd. <https://dx.doi.org/10.4135/9781526435415>
- Dalton, E. M., Mackenzie, J. A., & Kahonde, C. (2012). The implementation of inclusive education in South Africa: Reflections arising from a workshop for educators and therapists to introduce Universal Design for Learning. *African Journal of Disability, Vol,1* (1), 1–7. <https://doi.org/10.4102/ajod.v1i1.1>
- Daniels, B. (2010). *oping inclusive policy and practice in diverse contexts: a South African experience*. <https://doi.org/10.1177/0143034310386536>
- Daniszewski, T. D. (2013). "Educators' Mental Health Literacy and Capacity towards Student Mental Health". Electronic Thesis and Dissertation Repository. 1165. <https://ir.lib.uwo.ca/etd/1165>
- De Vos, A. S., Strydom, H., Fouche, C. B., & Delpont, C. S. L. (2005). *Research at grass roots. For the social sciences and human service professions*. (2nd ed). Van Schaik Publishers. Pretoria.
- De Vos, A. S., Strydom, H., Fouche, C. B., & Delpont, C. S. L. (2014). *Research at grassroots. A Primer for the caring professions*. Van Schaik Publishers. Pretoria.
- Department of Education. (2001). *Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System*. Government Printers.
- Department of Education. (2005). *Conceptual and Operational Guidelines for the Implementation of Inclusive Education*. District Based Support Teams. Government Printers
- Department of Education. (2009). *Integrated National Strategy on Support Services to Children with Disabilities*. Government Printers.
- Department of Education. (2012). *Integrated School Health Policy*. Pretoria, Government Printers.
- Department of Education. (2014). *Screening, identification, assessment and support*. Department of Education. Government Printers.

- Department of Education. (2018). *Mental health and behaviour in schools*. Government Printers.<https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools>. Government printers
- Dietrich, J. J., Samji, H., Closson, K., Nkala, B., Miller, C. L., Gray, G., Davis, J., Kaida, A., Hogg, R. S., & Cescon-Coliza, K. (2016). A high prevalence of depression symptomatology among adolescents in Soweto. South Africa associated with being female and cofactors of HIV transmission, *Vulnerable children and youth studies*.
- Donald, D., Lazarus, S., & Moola, P. (2009). Educational psychology in social context. Ecosystemic applications in Southern Africa, (4). Cape Town: Oxford University press. *South African journal of psychology*, <https://hdl.handle.net/10520/EJC169931>
- Dreyer, L., Engelbrecht, P., & Swart, E. (2012). Making learning support contextually responsive. *Africa Education Review*, 9(2), 270-288. <http://doi.org/10.1080/18146627.2012.722393>
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing student's social and emotional learning: A meta-analysis of school based universal interventions. *Child development*, 82, 405-432
- Education Beureau. (Eds). (2017). *Understanding and supporting students with mental illness*. Educator's resource handbook.
- Education Development Centre. (2012). *Research Methods in Education*. Educator's College, Columbia University.
- Engelbrecht, P. (2004). Changing roles for Educational Psychologists. *Within Inclusive Education in South Africa*. University of Stellenbosch.
- Engelbrecht, P. (2006). The implementation of inclusive education in South Africa after ten years of democracy. *European Journal of Psychology of Education*, XXI, (3), 253–264.
- Engelbrecht, P., Oswald, M., & Forlin, C. (2006). Promoting the implementation of inclusive education in primary schools in South Africa. *British Journal of Special Education*, 33, (3), 121–129. <https://doi.org/10.1111/j.1467-8578.2006.00427.x>

- Engelbrecht, P., Savolainen, H., Nel, M., & Malinen, O. (2012). Understanding educators' attitudes and self-efficacy in inclusive education: implications for pre-service and in-service educator education. Vol 27 (10), <https://doi.org/10.1080/08856257.2011.613603>
- Eiraldi, R., Wolk, C. B., Locke, J., & Beidas, R. (2015). Clearing hurdles: the challenges of implementation of mental health evidence-based practices in under-resourced schools, *Advances in School Mental Health Promotion*, 8:3, 124-140, <http://doi.org/10.1080/1754730X.2015.1037848>
- Ekornes, S., Trond, E., Lund, H., & Lund, I. (2012) Educators as mental health promoters: a study of educators' understanding of the concept of mental health. *International Journal of Mental Health Promotion*, 14:5, 289-310, <http://doi.org/10/1080/1462370.2013.79854>
- Fazel, M., Patel, V., Thomas, S., & Tol, W. (2014). Mental health Intervention in Schools in High Income Countries. *Department of Psychiatry*, University of Oxford. <http://doi.org/10.1016/S2215-0366703128>.
- Fischer, M. (2014). *Students with Depression: Help Them Find Their Way Out*. ASCA School Counselor, 52:1, 18-22.
- Flischer, A. J., Dawes, A., Kaffir, Z., & Lund, C. (2012). Child and adolescent mental health in South Africa. *Journal of Child and Adolescent Mental Health*. 24(2)(2):149-161. <http://doi.org/10.2989/17280583.2012.735505>
- Fodo, S. (2020). Collaboration in inclusive education. Educator's perspective and practices. University of the western cape. <http://hdl.handle.net/11394/7554>
- Friend, M., Cook, L., Hurley-Chamberlain, D., & Shamberger, C. (2010). *Co-teaching: An illustration of the complexity of collaboration in special education*. *Journal of Education and Psychological Consultation*. 20, 9-27. <https://doi.org/10.1080/10474410903535380>
- Gae, W. (2016). Primary School Learner Perspectives on Factors that Impact on their Learning & Well-Being. University of Stellenbosch. <http://hdl.handle.net/10019.1/100012>

- García-Carrión, R., Villarejo-Carballido, B., & Villardón-Gallego, L. (2019) Children and adolescents mental health: A systematic review of interaction-based interventions in schools and communities. *Front. Psychology*, 10:918. <http://doi.org/10.3389/fpsyg.2019.00918>
- Gilson, L., & Erasmus, E. (2008). *Tackling implementation gaps through health policy analysis*, University of Cape Town: Equinet and Centre for Health Policy, University of Witwatersrand and Health Economics Unit, <http://www.equinet africa.org>
- Ghandour, R. M., Kogan, M. D., Blumberg, S. J., Jones, J. R., & Perrin, J. M. (2012). Mental health conditions among school-aged children: Geographic and sociodemographic patterns in prevalence and treatment. *Journal of Developmental and Behavioral Pediatrics*, 33(1),42-54. <https://doi.org/10.1097/DBP.0b013e31823e18fd>
- Graham, M., Phelps, R., Medicine, C., & Fitzgerald, R. (2011). Supporting children’s mental health in schools: Educator views. <https://doi.org/10.1080/13540602>.
- Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: creating the blueprint for your “house” Vol (4) <http://doi.org/10.5929/2014.4.2.9>
- Green, J., McGinnity, A., Meltzer, H., Tamsin, F., & Goodman, R. (2005). *Mental health of children and young people in Great Britain*. <http://www.esds.ac.uk/doc/5269/mrdoc/pdf/5269technicalreport.pdf>.
- Greenberg, M., Weissberg, R., O’Brien, M., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school- based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, 58(7), 466-474. <https://doi.org/10.1037/0003-066X.58.6-7.466>
- Gregg-Wedmore, M., A. (2015). *School Based Mental Health Practices in New Jersey. A Transdisciplinary Perspective*. Ruitgers, The state University of New Jersey
- Harrison, C., Loxton, H., & Somhlaba, N. Z. (2019). *Stress and Coping: Considering the influence of psychological strengths on the mental health of at-risk south african adolescents* <https://doi.org/10.1080/13575279.2019.1604492>.

- Hay, P. (2013). Quality of life and bulimic eating disorder behaviors: Findings from a community-based sample. University of Adelaide. <http://doi.org/10.1002/eat.2013.10162>
- Health Canada. (2002), A report on mental health in Canada. (Catalogue No 0-662 3218-7). Ottawa, ON: Author. >http://secure.cihi.ca/cihiweb/en/downloads/reports_mental-illness_e.pdf>.
- Hess, S, A. (2020). Educators perception towards the implementation of Screening, Identification, Assessment and Support (SIAS). in mainstream schools. Stellenbosch University. <https://scholar.sun.ac.za>
- Hoagwood, K. E., Olin, S. S., Kerker, B. D., Kratochwill, T. R., Crowe, M., & Saka, N. (2007). Empirically based school interventions targeted at academic and mental health functioning. *Journal of Emotional and Behavioural Disorders*, 15(2), 66–92. <https://doi.org/10.1177/10634266070150020301>
- Holden, S. (2005). Health and Wellbeing. *Educator*, 7-10
- Hofstee, W. K. B., Barelds, D. P. H., & Ten Berge, J. M. F. (2006). Structuring assessments of psychopathology. *Journal of Individual Differences*, 27(2), 87-92. <https://doi.org/10.1027/1614-0001.27.2.87>
- Hox, J. J., & Boeijie, H. R. (2005). *Data Collection vs Secondary Collection: Encyclopedia of social measurement*. Vol (1), 593-599, Amsterdam: Elsevier. <https://doi.org/10.1016/B0-12-369398-5/00041-4>
- Hoare, E., Fuller-Tyszkiewicz, M., Skouteris, H. (2016). Systematic review of mental health and well-being outcomes following community-based obesity prevention interventions among adolescents. <https://doi.org/10.1136/bmjopen-2014-006586>
- Hornby, G., & Atkinson, M. (2010). A Framework for Promoting Mental Health in School. *Pastoral Care in Education: An International Journal of Personal, Social and Emotional Development*, 21:2, 3-9. <http://dx.doi.org/10.1111/1468-0122.00256>

- Hughes, P. (2010). *Paradigm methods and knowledge in Mc Naughton, Rolf & Siraj Blatchford. Doing early childhood research (2nd ed). Maidenhead. Open University Press.*
- Humm, A. Kammer, D. & Hardy, A. (2018). Social Support, Violence exposure and Mental Health among Young South African Adolescents. *Child adolescents mental health* ,30(1):41-50. <https://doi.org/10.2989/17280583.2018.1476358>.
- Jacobs, N., & Coetzee, D. (2018). Mental illness in the Western Cape Province, South Africa: A review of the burden of disease and healthcare interventions. *South African Medical Journal*. <http://doi.org/10.7196/SAMJ2019.v109i3.13956>
- Jones, E. J. (2015). How Schools Can Support Students with Mental Illness. *Education and human development Master's thesis*. Brockport College. http://digitalcommons.brockport.edu/ehd_theses/582
- Jörns-Presentati, A., Napp, A. K., Dessauvague, A. S., Stein, D. J., Jonker. D., Breet, E, et al. (2021) The prevalence of mental health problems in sub-Saharan adolescents: A systematic review. *PLoS ONE* 16(5): e0251689. <https://doi.org/10.1371/journal.pone.0251689>
- Kaffenberger, C., J. & Trigian, J., O. (2013). Addressing Student Mental Health by Providing Direct and Indirect Services and Building Alliances in the Community. Vol, 16 (5), <https://doi.org/10.1177/2156759X1201600505>
- Karlsson, J. (1999). The politics of making a new space for school libraries in South Africa <https://doi.org/10.29173/iasl7530>
- Kauye, F (2007). Management of mental health services in Malawi. *International journal of psychiatry*. Vol 5 (2).
- Keothaile, K. J.(2016). Implementation and outcomes of the school mental health programme in Disobotla. Unpublished masters dissertation. University of the Witwatersrand.
- Kessler, R, C., Wang, P, S., Berglund, P., Olfson, M., Pincus, H. A., & Wells, K. B. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National comorbidity survey replica.

- Kgole, T. M. (2004). Seeking behaviours of adolescents in urban high schools in two South African Provinces. a comparative exploratory study. University of KwaZulu Natal.
- Bility, K. M. (1999). School Violence and Adolescent Mental Health in South Africa: Implications for School Health Programs. *Sociological Practice* 1, 285–303 (1999). <https://doi.org/10.1023/A:1022809806192>
- Klopper, R., Lubbe, S., & Rugbeer, H. (2007). The Matrix Method of Literature Review. University of south Africa. *Alternation*, 14, 262–276. <http://hdl.handle.net/10500/3002>
- Kleintjies, S., Flisher, A. J., Fick, M., Molteno, C., Rolteno, B., & Raloun, A. (2006). The prevalence of Mental Disorders among children, adolescents, adults in Western Cape, South Africa. *African Journal of Psychiatry*. Vol, 9 (3), 157-160, <https://doi.org/10.4314/ajpsy.v9i3.30217>
- Kratt, D. (2016). *Educators Perspectives on educator mental competencies: A case study.* Florida Gulf Coast University. American Journal of Qualitative Research. <http://teenmentalhealth.org/curriculum>
- Kutcher, S., Perkins, K., Gilberds, H., Udedi, M., Ubuguyu, O., Njau, T., Chapota, R., & Hashish, M. (2019). Creating Evidence-Based Youth Mental Health Policy in Sub-Saharan Africa: A Description of the Integrated Approach to Addressing the Issue of Youth Depression in Malawi and Tanzania. <https://doi.org/10.3389/fpsy.2019.00542>
- Kumar, D. M., Hilman, H., & Khalid, K. (2012). Get Along with Quantitative Research process. *International Journal of Research in Management*. University of Malaysia. 2 (2), missing page range.
- Lake, R. (2013). School Mental Health: Perceptions and Practice of School Psychologists. The Ohio State University.
- Lakhan, R., & Ekundayo, O. T. (2013). Application of the Bio-Ecological framework in depression: an approach whose time has come. *Indian Journal of Psychological medicine*. Berea College, 14 (2):103-109

- Ladbrook, M., W. (2009). Challenges experienced by educators in the implementation of inclusive education in primary schools in South Africa. University of South Africa. <http://hdl.handle.net/10500/3038>
- Landsberg, B., Danielzik, S., Pust, S., & Muller M. J. (2005). First lesson from the Kiel obesity study (KOPS). *International Journal of Obesity*, 9, S78-S83. <https://doi.org/10.1038/sj.ijo.0803099>
- Le Roux, M. (2013). Exploring educator resilience before and during induction. In *Annual Meeting of the American Educational Research Association (AERA)*.
- Lindsey, B. (2017). The Common Benefits of School Based Mental Health Programs: A Systematic Review. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/757
- Leslie Lotz, Helene Loxton & Anthony V Naidoo (2005) Visual-motor integration functioning in a South African middle childhood sample, *Journal of Child & Adolescent Mental Health*, 17:2, 63-67, <https://doi.org/10.2989/17280580509486602>
- Littlecot, H., J. Moore, G., F. & Murphy, S., M. (2018). Student Health and Well-Being in Secondary Schools. The role of school support staff alongside teaching staff. *International Journal of Personal, Social and Emotional Development*, <https://doi.org/10.1080/02643944.2018.1528624>
- Longman Dictionary. (2003). Longman Dictionary of Contemporary English. *The living dictionary*. Pearson Education Limited.
- Makhalemele, T. & Nel, M. (2015). Challenges experienced by district-based support teams in execution of their functions in a specific South African province. *International Journal of Inclusive Education*, <http://doi.org/10.1080/13603111.6.2015.1079270>.
- Makhalemele, T., J. (2011). The changing role of District-Based Education Support Services in establishing the inclusive school settings: An exosystemic approach. PHD Thesis, University of North-West. (Vaal Triangle), Vanderbijlpark.

Marthur, S., R. Skiba, R. & Albrecht, S., F. (2017). The Need for School Based Mental Health Services & Recommendations for Implementation.205-217, <https://doi.org/10.1007/s12310-017-9216-5>

Mason-Jones, A. J., Crisp, C., Mathews, C., & Dahnsay, A. (2012). A systematic review of the role of the school based healthcare in adolescents, sexual, reproductive and mental health. <https://doi.org/10.1186/2046-4053-1-49>

McMillan, J. H. and Schumacher, S. (2010) *Research in Education: Evidence Based Inquiry*. New Jersey: Pearson.

Mellin, E. A., Anderson-Butcher, D., & Bronstein, L. (2011). Strengthening interprofessional team collaboration: Potential roles for school mental health professionals. *Advances in School Mental Health Promotion*, 4(2), 51-60. <https://doi.org/10.1080/1754730X.2011.9715629>

Mellin, E., A. (2009). Unpacking Interdisciplinary Collaboration in Expanded School Mental Health. A Conceptual model for development the evidence base. *Advance in School Mental Health Promotion*. <https://doi.org/10.1080/1754730X.2009.9715706>

Mendez, J. L., Carpenter, J. L., LaForett, D. R., & Cohen, J. S. (2009). Parental engagement and barriers to participation in a community-based preventive intervention. *American Journal of Community Psychology*, 44,1-14. <http://doi.org/10.1007/s10464-00909252-x>

Mental Health Foundation. (2016). *What is mental health?* Retrieved August 16, 2016, from <https://www.mentalhealth.org.uk>

Mental Health & High School. (2018). Curriculum Guide. Understanding mental health and mental illness. Version 3. <http://teenmentalhealth.org/curriculum/>

Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., & Swendesen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication-Adolescent Supplement

(NCS-A). *Journal of American Academy of Child Adolescent Psychiatry*, 49, 980–989. <https://doi.org/10.1016/j.jaac.2010.05.017>

Mfidi, F. M. (2015). Promotion of adolescent mental health through a social and emotional learning programme in South African high schools. [Doctoral dissertation, University of South Africa].

Mfidi, F. H. (2017). Mental health issues of school going adolescents in high schools in the Eastern Cape, South Africa. [Doctoral dissertation, University of South Africa]. *African Journal of Nursing and Midwifery*, 19 (3), <https://doi.org/10.25159/2520-5293/2219>

Modise, K. (2018, October 2). Learner violence: Talks with families, pupils needed to find solutions', *learner-violence-talks-with-families-pupils-needed-to-find-solutions*. *Eyewitness News*, <https://ewn.co.za/2018/09/21/learner-violence-tallks-with-families-pupils-needed-to-find-solutions>

Moerdyk, A. (2016). *The principles and practices of psychological assessment*. (2ed). Van Schalk Publishers.

Mokitimi, S., Jones, K., Schneider, M., & De Vries, P. J. (2019). Children and adolescent's mental health services in South Africa. Senior stakeholders' perception of strength, weaknesses, opportunities and threats in the Western Cape Province. *Child and adolescent psychiatry*. <http://doi.org/10.3389/fpsyt2019.00841>

Moola, N. (2011). The role of school psychologists in school development in South Africa: The challenge of intersectoral collaboration. University of Western Cape.

Moolla, N., & Lazarus. S. (2014). School Psychologists' views on challenges in facilitating school development through intersectoral collaboration. *South African Journal of Education*. <https://doi.org/10.15700/201412052103>

Morrison, C. (2021). "The makings of Madness." "How is the "problem" of mental health represented in South African health policy. University of Stellenbosch.

- Mouton, J. (2001) How to Succeed in your Master's and Doctoral studies. A South African Guide and Resource Book. Van Schaik Publishers, Pretoria (2001)
- Mwoma, T., & Pillay, J. (2015). Psychosocial support for orphans and vulnerable children in public primary schools: Challenges and intervention strategy. *South African Journal of Education*. [online], 35, (3), <http://dx.doi.org/10.15700/SAJE.V35N3A1092>.
- Naicker, A., Myburgh, C., & Poppenpoel, M. (2014). Learners' experiences of educator's aggression in a secondary school in Gauteng, South Africa. *African Journal Online*. 19 (1).<http://doi.org/10.4102/hsag.v19i1.793>
- Naidoo, J. P. (2005). Educational decentralisation and school governance in South Africa. From policy to practice. Paris: UNESCO. <https://files.eric.ed.gov/fulltext/ED499627>
- Najman, J. M., Hayatbakhsh, M. R., Clavarino, A., Bor, W., O'Callaghan, M. J., & Williams, G. M. (2010). Family poverty over the early life course and recurrent adolescent and young adult anxiety and depression: A longitudinal study. *American Journal of Public Health*, 100(9), 1719–1723. <http://www.web.ebscohost.com.ez.sun.ac.za>
- Nduna, M., Jewkes, K. M., Dunkle, K. L., Shai, N. P. J., & Colman, I. (2013). Prevalence and factors associated with depressive symptoms among young women and men in the Eastern Cape, South Africa, *Journal of Child & Adolescent Mental Health*, 25 (1), 43-54. <https://doi.org/10.2989/17280583.2012.731410>
- Nel, N. (2011). South African Educators's views of collaboration within inclusive education systems. *International Journal of Inclusive Education*, 18 (9), page range missing <https://doi.org/10.1080/13603116.2013.858779>
- Nel, M., Engelbrecht, P., Nel, N., & Tlale, L, D. N. (2014). South African educators' views of collaboration within an Inclusive Education System. *International Journal of Inclusive Education*. <https://doi.org/10.1080/13603116.2013.858779>
- Nel, M., Engelbrecht, P., Nel, N., & Tlale, D. (2016). educators' perceptions of education support structures in the implementation of inclusive education in South Africa.

University of South Africa. *Koers (Online)* [online]. 2016, 81 (3) 1-14. <http://dx.doi.org/10.19108/koers.81.3.2249>.

National Health Service inform. (2016). *Mental Health and Wellbeing Zone*. <http://www.nhsinform.co.uk/mentalhealth>

Ntseto, R. M. (2019). Improving the implementation of policy on screening, identification, assessment and support with educator training. University of Free State. Bloemfontein. <http://hdl.handle.net/11660/10941>

Obasi, A. I., Cleophas, B., Ross, D. A., Chima, K. L., Mmassy, G., Gavyole, A., Plummer, M. L., Makokha, M., B. Mujaya, B., Todd, J., Wigh, D., Grosskurth, H., Mabey, D. C., & Layes, J. H., M. (2006). Rationale and design of the MEMA kwavijana adolescent sexual and reproductive health intervention in Mwanza Region, Tanzania, *AIDS Care*, 18(4), 311-322, <https://doi.org/10.1080/09540120500161983>

Ogden, T., & Hagen, K.A. (2018). *Adolescent Mental Health: Prevention and Intervention* (2nd ed.). Routledge. <https://doi.org/10.4324/9781315295374>

Ogden, T., & Hagen, K. A. (2014). *Adolescent mental health: Prevention and intervention*. <https://doi.org/10.4324/9781315295374>. eBook ISBN:9781315295374

Peterson, L., Swartz, L. Bhana, A. (2010). Mental Health Promotion initiation for children & youth in context of poverty the case of South Africa. *Journal of Health Promotion International*. <https://doi.org/10.1093/heapro/daq026>

Opondo, P. R., Olashore, A., Molebatsi, K., & Othieno, R. (2020). Mental health research in Botswana: A semi-systematic scoping review. *Journal of International Medical Research*. University of Botswana. 48 (10) 1-16. <http://doi.org.10.1177/036660520966458>.

O'Reilly, M., Syvirydzhenka, N., Adams, S., & Dogra, N. (2018). Review of mental health promotion interventions in schools. *Journal of Sock Psychiatry Epidemiol*. 2018 Jul;53(7):647-662. <http://doi.org/10.1007/s00127-018-1530-1>

Paquette & Ryan (2001). Bronfenbrenner Bio-Ecological theory. National Louis university

- Patel, V., Flisher, A. J., Hettrick, S., & Francis, P. M. (2007). Mental health of young people: a global public-health challenge. [https://doi.org/10.1016/S0140-6736\(07\)60368-7](https://doi.org/10.1016/S0140-6736(07)60368-7)
- Paternite, C. E. (2005). School-based mental health programs and services: Overview and introduction to the special issue. *Journal of Abnormal Child Psychology*, 33(6), 657–663. <https://doi.org/10.1007/s10802-005-7645-3>
- Puigdomenech, e., Robles, N., Saigi-Rubio, F., Zamora, A., Moharra, M., Paluzie, G., Balfego, M., Cuatrecasa, C, G., Garcia-Lorda, P, Carrion, C. (2019). Assessment of the efficacy, safety, and effectiveness of weight control and obesity. *JMIR Mental health*, 7 (10). <https://doi.org/10.2196/12612>
- Peterson, L. Richter, L, Swartz, L. Bhana, A. Flischer, A., J. (2010). Promoting mental health in scarce resourced contexts, emerging evidence and practice. South Africa: HSRC Press, <http://hdl.handle.net/20.500.11910/4377>
- Poggenpoel, M., & Myburgh, C. P. H. (2006). Mental health challenges for educators concerning the experience of violence in secondary school setting. *International Journal on Violence and School*, 2, 70-90
- Powers, J., D. Edwards, J., D. Blackman, K., F. & Wegmann, K., M. (2013). Key Elements of a Successful Multi-Systems Collaboration for School Based Mental Health: In-Depth Interviews with District & Agency Administrators. 45 (5),651-670, <http://dx.doi.org/10.1007/s11256-013-0239-4>
- Prinsloo, E. (2001). Working towards inclusive education in South African classrooms. *South African Journal of Education*, University of South Africa. 21 (4), 344-348.
- Public Health England. (2015). *Promoting children and young people’s emotional health and well-being: A Whole School and College approach.*
- Pullman, M., Van Hooser, S., Hoffman, C., & Heflinger, C. (2010). Barriers to and supports of family participation in a rural system of care for children with serious emotional

problems. *Community Mental Health Journal*, 46 (3), 211-220, <https://doi.org/10.1007/s10597-009-9208-5>

Rahi, S. (2017) Research design and methods: A systematic review of research paradigms, sampling issues and instruments development. *International Journal of Economic Management Science* 6: 403. <http://doi.org/10.4172/2162-6359.1000403>

Rasesemola, R., Matshoge, C. P., & Ramukumba, T. S. (2018). Compliance to the integrated school health policy intersectoral & multisectoral collaboration. <https://dx.doi.org/10.4102%2Fcurationsv42il.1912>

Reinke, W.M., Stormont, M., Herman, K.C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Educator perceptions of needs, roles, and barriers. *School Psychology Quarterly*, 26 (1), 1-13. <https://doi.org/10.1037/a0022714>

Reynolds, M. W., Nabors, L., & Quinlan, A. (2000). *The Effectiveness of Art Therapy: Does it Work?* *Art Therapy*, 17(3), 207-213, <http://doi.org/0.1080/07421656.2000.10129706>

Rossen, E. & Cowan, K.C. (2013). Improving mental health in schools. *Phi Delta Kappan*, 96(4), 8-13, <https://doi.org/10.1177/0031721714561438>

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2013). *Kaplan & Sadock. Synopsis of Psychiatry. Behavioural Science: Clinical Psychology*. (4th ed). New York University School of medicine

Saddock, B. J., Saddock, V. A., & Ruiz, P. (2015). Kaplan & Sadock's synopsis of psychiatry : Behavioral Sciences/Clinical Psychiatry. 11(ed), New York University School of medicine, Philadelphia, [ISBN:9781609139711 1609139712](https://doi.org/10.1002/9781118160913)

Saxena, S., Funk, M. K., & Chisholm, D. (2015). Comprehensive mental health action plan 2013–2020. *EMHJ-Eastern Mediterranean Health Journal*, 21(7), 461-463.

Sawyer, M., Arney, F., Baghurst, P., Clark, J., Graetz, B., Kosky, R., Prior, M. R., Raphael, B., Rey, J., Whaites, L. C., Nucombe, B., & Patton, G. C. (2001). Mental health of

young people in Australia: Child and adolescent component of the national survey of mental health and wellbeing: Commonwealth department of health and aged care. <https://doi.org/10.1046/j.1440-1614.2001.00964.x>

Sawyer, M. (2004). *The mental health and wellbeing of young people in Australia*. Paper presented at supporting student wellbeing - What does the research tell us about the social and emotional development of young people?, Adelaide. https://research.acer.edu.au/research_conference_2004/2

Schulze, S. & Steyn, T. (2007). Stressors in the Professional lives of South African Secondary School Educators. *South African Journal of Education*. 27 (4), 691-707.

Schlebusch, L. (2012). Suicide Prevention: A proposed national strategy for South Africa. *African Journal of Psychiatry, Vol, 15 (6)*, <https://doi.org/10.4314/ajpsy.v15i6.56>

Schoeman, R. (2018). South Africa's children aren't getting the mental health care they need. University of Stellenbosch. *South African Journal of Psychiatry*, 24, <https://doi.org/10.4102.sajpsychiatry.24i01293>

Schulte-Körne, G. (2016). "Mental health problems in a school setting in children and adolescents": In reply. *Deutsches Ärzteblatt International*, 113, 33-34, <https://doi.org/10.3238/arztebl.2016.0183>

Setlhare, R., Wood, L., & Meyer, L. (2016). Collaborated understanding context: Specific Psychosocial Challenges facing South African School learners: A Participatory Approach. <https://doi.org/10.17159/2221-4070/2016/v5i2a2>

Shaibu, S., & Phaladze, N. A. (2010). School health: the challenges to service delivery in Botswana. Cambridge University Press. Vol. 11 (2), pp. 197-202, <http://hdl.handle.net/10311/563>

Shelton, K. H., & Harold, G. (2008). Pathways between interparental conflict and adolescent psychological adjustment. Bridging links between parents depression and children's

- psychological distress. *Journal of Family Psychology*, 22(5), 712–724. <https://doi.org/10.1037/a0013515>
- Shung-King, M., Orgill, M., & Slemming, W. (2013). School health in South Africa: reflections on the past and prospects of the future. *School of Public Health and Family Medicine*. University of Cape Town. <http://hdl.handle.net/10625/54733>
- Shilubane, H. N., Bos, E. R., Ruiter, R. A. C., van den Borne, B., & Reddy, P. S. (2015). High school suicide in South Africa: Educators' knowledge, views and training needs. <http://doi.org/10.1186/s12889-015-1599-3>
- Simkiss, N. J., Gray, N. S., Malone, G., Kemp, A., & Snowden, R. J. (2020). Improving mental health literacy in year 9 high school children across Wales: a protocol for a randomised control treatment trial (RCT) of a mental health literacy programme across an entire country. <https://doi.org/10.1186/s12889-020-08736-z>
- Skeen, S., Kleintjies, S., Lund, C., Peterson, I., Bhana, A., & Flischer, A. (2010). The Mental Health is everybody's business. Roles for an intersectoral approach in south Africa. *International review of Psychiatry*. 22 (6) 611-623, <https://doi.org/10.3109/09540261.2010.535510>.
- Skinner, D., Sharp, C., Marais, L., Serekoane, M., & Lenka, M. (2019). A qualitative study on educators' perceptions of their learners' mental health problems in a disadvantaged community in South Africa, Vol, 42 (1). <https://doi.org/10.4102/curationis.v42i1.1903>
- Smith, C., & Thornberry, T. P. (1995). The relationship between childhood maltreatment and adolescent involvement in delinquency. *Criminology* 33: 451–477. <https://doi.org/10.1111/j.1745-9125.1995.tb01186.x>
- Smith, S. E., Holmes, R. S., Sheridan, S. M., Cooper, M. E., Bloemfield, B. S., & Priest, J. L. (2019). The effect of consultation based family-school engagement on student and parent outcome. A meta-analysis. *Journal of educational psychological consultation*. Vol, 31, (3), 278-396. <https://doi.org/10.1080/10474412.2020.1749062>

- Swart, E., & Pettipher, R. (2011). *Framework for understanding inclusion*. In E. Landsberg (ed.), *Addressing barriers to learning: A South African perspective*, (pp.3-21). Pretoria: Van Schaik.
- Swart, E., & Phasha, T. (2009). Family and community partnerships. (In Landsberg, E., Kruger, D. & Nel, N. eds.). *Addressing barriers to learning. A South African perspectives*. Pretoria. Van Schaik. pp. 213-236).
- Swick, D., & Powers, J. D. (2018). Increasing access to care by delivering mental health services in schools: School-based support program . *School Community Journal*, Vol. 28 (1). <http://www.schoolcommunitynetwork.org/SCJ.aspx>
- Tan, M. (2007). The effects of family cohesion and personality on the mental health of young Australians, Preliminary draft.
- The Republic of South Africa. (1996). The Constitution of the Republic of South Africa and Bill of Rights. Pretoria: Government Gazette.
- Thornton, S. R. (2013). *Supporting children's mental well-being in primary schools: problem-solving through communication and action*. Southern Cross University. <https://researchportal.scu.edu.au/discovery/fulldisplay/alma991012821988902368/61>
- Terre Blanche, M., Durrheim, K., & Painter, D. (2006). Research in practice. Applied methods for the social sciences. (2nd ed). University of Cape Town.
- Travis, D. 2016. Desk research: the what, why and how. <https://www.userfocus.co.uk/articles/desk-research-the-what-why-and-how>.
- Tripathy, J. P. (2013). Secondary Data Analysis. Ethical issues and challenges. *Iranian Journal of Public Health*. 42 (12), 677–680. <https://doi.org/10.1126science.103.2684.677>
- Tschann, J. M., Flores, E., Marin, B. V., Pasch, L. A., Baisch, E. M., & Wibbelsman, C. J. (2002). Interparental conflict and risk behaviors among Mexican American adolescents: A cognitive-emotional model. *Journal of Abnormal Child Psychology*, 30, 373-385.

- Trochim, W. M. K. (2007). *The Research Methods Knowledge Base*, (2 ed). Cornell Custom Publishing, Cornell University. 1, 29-54,
<http://trochim.human.cornell.edu/kb/index.htm>
- UNESCO. (2012). *International standard classification of education (ISCED) 2011*. Montreal, Quebec:
- UNICEF. (2007). *Child Poverty in Perspective: An Overview of Child Well-being in Rich Countries: A comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations*. Innocenti Report Card 7. Florence, Italy: UNICEF Innocenti Research Centre. Retrieved from:
<http://www.unicef.org/media/files/ChildPovertyReport.pdf>
- UN Committee on the Rights of the Child (UNRC). General comment No. 9 (2006): The rights of children with disabilities, <https://www.refworld.org/docid/461b93f72.html>
- VanderLind, R. (2020). Anxiety disorders. Effects of mental health on student learning. *Texas State University. Volume (22) Issue 2, 39-57.*
<https://doi.org/10.5772/intechopen.92079>
- Van Rensburg, A. J., & Fourie, P. (2016). Health policy and integrated mental health care in the SADC region: strategic clarification using the Rainbow Model. *International Journal of Mental Health Systems*. <http://doi.org/10.1186/s13033-016-0081-7>
- Mouton, J. (2001). *How to succeed in Master's and doctoral. A south African guide and resource book*. Van Schalk.
- Vierod, K. K. (2016). *School based mental health as it relates to Student Outcomes. Dissertations. 115.* <https://irl.umsl.edu/dissertation/115>.
- Wadsworth, M. E., & Compass, B. E. (2002). Coping with family conflict and economic strain: the adolescent perspective. *Journal of Research on Adolescence*, 12: 243 – 275.
<https://doi.org/10.1111/1532-7795.00033>

- Walley, C. (2009). Confusion, Crisis & opportunity: Professional School Counselor's Role in Responding to Student Mental Health Issues. *Journal of School Counselling*, 7 (36), <http://doi.org/www.jsc.montana.edu/articles/v7n36>
- Wang, P. S., Gaxiola, S. A., Alanso, J., Guiherme, M. C., Haro, M., Karam, E. G., Porada-Villa, J., Seedat, S., Wells, E. J., Petikhova, M., Ono, Y., Kessler, R. C., Kovess, V., Lane, M. C., Levinson, D., & Lee, S. (2007). Use of mental health services for anxiety, mood, and substance disorders in 17 countries in the WHO world mental health surveys, 841-50, [https://doi.org/10.1016/S0140-6736\(07\)61414-7](https://doi.org/10.1016/S0140-6736(07)61414-7).
- Weare, K. (2015). What works in promoting social and emotional well-being and responding to mental health problems in schools. Partnerships for well-being and mental health schools. National Children's Beareau, <http://www.walworth.durham.sch.uk>
- Wei, Y., & Kutcher, S. (2011). Comprehensive School Mental Health: An integrated. School-Based Pathway to Care. Model for Canadian secondary schools. *McGill Journal of Education*. vol. 46 (2) p. 213-229.
- Weissberg, R. P., Durlak, J. A., Domitrovich, C. E., & Gullotta, T. P. (2013). Social & Emotional Learning. In a J. L. Durlak Durlak, C. E. Domitrovich, R. P. Weissberg, & T. P. Gullotta (Eds.), *Handbook of social and emotional learning: Research and practice*, 3–19. The Guilford Press.
- Weist, M. D., Sander, M. A., Walrath, C., Link, B., Nabors, L., Adelsheim, S. (2005). Developing principles for best practice in expanded school mental health. *Journal of Youth and Adolescence*. 34 (1), pp: 7–13. <https://doi.org/10.1007/s10964-005-1331-1>
- Williams, L. O. (2012). Relationship between Academic Achievement & School Based Mental Health Services for middle Schools Students. University of Southern Mississippi.
- World Health Organization. (2003). *Investing in Mental Health*. World Health Organization. Geneva.
- Williams, D. R., Costa, M., & Leavell, J. P. (2010). Race and mental health: Patterns and challenges. In T. L. Scheid & T. N. Brown (Eds.), *A handbook for the study of mental health: Social contexts, theories, and systems*, 268–290. Cambridge University Press.

Wood, L., & Goba, L. (2011). Care & Support of orphans vulnerable children at school: Helping educators respond. *South African Journal of education*, 31 (2), 275-290. <https://doi.org/10.15700/saje.v31n2a484>

World Health Organization. (2004). *Promoting mental health: concepts, emerging evidence, practice. Summary Report of WHO: Department of mental health and substance abuse in collaboration with the Victorian health promotion foundation and University of Melbourne*. World Health Organization.

World Health Organization (2013) Mental Health Action Plan 2013-2020. Geneva: World Health Organization.

World Health Organization. (2016). WHO Checklist on mental health legislation, 2016, https://wellbeingfoundation.com.ECT_Evidence_ECT_Documents_Wellbeing_F/WHO_LegislationChecklistpdf. Accessed 19 June 2016

World Health Organization. (2017). *Depression and Other Common Mental Disorders: Global Health Estimates*. World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.

WHO Global Health Observatory. (2017). *Adolescent Health*. Geneva: World Health Organisation. <http://apps.who.int/gho/data/view.wrapper.MortAdov?lang=en>

Yessel, N., Engelbrecht, P., Oswald, M. M., Eloff, I., & Swart, E. (2007). Views of inclusion a comparative study of parents' perceptions in South Africa and the United States. *Remedial and Special Education*, 28, (6), 356-365. <https://doi.org/10.1177/07419325070280060501>

Zimba, C. C., Akiba, C. F., Matewere, M., Thom, A., Udedi, M., Masiye, J. K., Kulisewa, K., Go, V. F., Hosseinpouri, M. C., Gaynes, B. N., & Pence, B. W. (2021). Facilitators, barriers and potential solutions to the integration of depression and non-communicable diseases (NCDs) care in Malawi: a qualitative study with service providers. *International Journal of Mental Health Systems*. <https://doi.org/10.1186/s13033-021-00480-0>

Annexure 2: List of Full-Text Publications Assessed for Eligibility and Included in the Review (2021)

NO	EMERGENT THEMES	DESCRIPTION OF INFORMATION	JOURNAL TITLE	JOURNAL AUTHOR, YEAR & TITLE
(Method & Sample)				
Q.1. What is the nature and extent of the collaborative support rendered to learners with mental health in under-resourced schools?				
1.	The policy emphasised the access to quality of education through collaborative support to ensure holistically development of all learners. -It also stresses the issue of early identification of learners experiencing barriers to learning and the provision of relevant support. This policy introduced the education structures responsible for the provision of support like the SBST and the DBST.	Not specified	Department of Education (2001).	Education White Paper 6. Special Needs Education. Building an Inclusive Education and Training System
2.	The ISHP was designed to ensure that all learners experiencing mental health problems receive the appropriate support through collaboration by different department and also taking into cognizance the role to be played	Not specified	Department of Education (2012)	Integrated School Health Policy.

	by parents in the provision of support. The emphasis is on the provision of resources (human & physical) and also the identification of learners with mental health issues			
3	The study explains how inconsistent the provision of integrated support to learners with mental health issues and how these manifests in lack of interest in school work	Qualitative Questionnaires 192 Educators	Nel, N. Muller, H. & Rheeder, E. (2011).	Supporting Services within Inclusive Education in Gauteng. The Necessity & Efficiency of Support.
4	The lack of parent involvement in the problem- solving and decision-making processes concerning their children	Mixed Method Focus groups Interviews Questionnaires	Amod, Z. (2019)	A Collaborative Problem-Solving Psychoeducational Approach Implemented in Under-resourced South African Schools, Journal of Educational and Psychological Consultation,
	Lack of specialist support e.g. Psychologists to provide psychological support to learners with mental health.	65 Educators 5 Psychologist		
	Lack of educator development to enable them skills to identify learners with mental health challenges			
5.	The inconsistent provision of collaborative support to learners and lack of parental involvement hinders the implementation of the ISHP.	Mixed Method Focus groups Interviews 72 Educators	Amod, Z. (2020).	A Educator-Family Consultation Approach to School Based Intervention and Support

44 Parents

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| 6. | The hindrance to the implementation of the ISHP program is caused by the inaccessible and inadequate services for learners with mental health exhibiting depression, anxiety, substance abuse and violence | Qualitative
10 Educators
5 learners | Skinner, D. Sharp, C. Marais, L. Serekoane, M. & Lenka, M. (2019). | A qualitative study on educators' perceptions of their learners' mental health problems in a disadvantaged community in South Africa |
| 7. | Some of the cited challenged impeding the provision of support to learners is:
-The working in silos of support providers
-Inadequate resources or depletion of support staff/specialist within the district and lack of support by school managers.
-Early detection of mental health issues | Qualitative
Focus groups
13 Senior Managers & Policy makers | Mokitimi, S. Jones, K. Schneider, M. & de Vries, P., J. (2019). | Children and Adolescents Mental Health Services in South Africa. Senior Stakeholders Perception of Strength, Weaknesses, Opportunities and Threats in the Western Cape Province. |
| 8. | Lack of human resource in support services will make it difficult for the DBST members to fulfil their changed roles which is the provision of support to learners with barriers to learning. | Quantitative Method | Makhalemele, T., J. (2011). | The changing role of District-Based Education Support Services in establishing the inclusive school settings: An Ecosystemic Approach |

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| 9. | Lack of collaboration caused by challenges experienced by the psychologists caused by the unclear roles to be played and other officials from the department of Education | Qualitative
Focus groups

47 Psychologists | Moolla, N. (2011). | The role of school psychologists in school development in South Africa: The challenge of intersectoral collaboration. |
| 10. | The importance of pro-poor multisectoral development initiatives that promote distal protective influences are crucial for optimal development to curb the rise of mental health especially in children. It is evident that specific mental health promotion interventions that promote parent – child attachments and parental control can help strengthen the protective social net afforded by families during middle childhood, helping to counter the confluence of mental health in children | Mixed methods

33 Participants | Kakuma, R. Kleintjies, S. Lund, C. Drew, N. Green, A. & Flisher, A., J. (2010). | Mental Health Stigma: What is being done to raise awareness and reduce stigma in South Africa. |
| 11. | The study revealed that the lack of support from the department of education through non-filling of vacant posts for specialists and the insufficient training of educators to support learners | 14 Educators | Wood, L. & Goba, L. (2011). | Care & Support pf Orphans Vulnerable Children at School: Helping Educators Respond |

	hampers the implementation of the ISHP.			
12.	The study cited the following as the hindrance to the implementation of the ISHP and the provision of support to learners with mental health e.g. -Lack of parental support -Lack of professional support to provide guidance to educators and counselling to learners experiencing mental health challenges. -Lack of educator training to support learners with mental health	Qualitative Interviews 47 Psychologists	Mwoma, T & Pillay, J. (2015).	Psychosocial Support for Orphans and Vulnerable Children in Public Primary Schools: Challenges and Intervention Strategy.
13.	Depression also occurs in children and adolescents below the age of 15 years, but at a lower level than older age groups hence the collaborative support can ensure in minimizing and reducing the number of learners with mental health.	Not specified	World Health Organization. (2017).	Depression and other Mental Health Disorders. Global Health Estimates.
Q.2. What criteria do educators use to identify students with mental health challenges in under-resourced schools?				
14.	This policy emphasised the role to be played by different stakeholders in the provision	Not specified	Department of Education. (2005).	District Based support Teams

	of support to learners with mental health such as: -Family involvement -Educator Development Support -Provision of resources (human e.g. psychologists & physical).			
15.	The promulgation of the SIAS policy to assist educators in the identification of learners with barriers to learning e.g., mental health issues	Not specified	Department of Education. (2014).	Screening Identification Assessment and Support
16.	The study believes that early identification and early intervention is the key to addressing mental health challenges.	-500 learners	Schoeman, R. (2018).	South Africa's children aren't getting the mental health care they need
17.	The study explains how the integrated support should aim to: reduce fatal and non- fatal suicidal behaviour by reducing risk factors; promote protective factors; reverse emerging problems areas; focus on early detection of new trends in suicidal behaviour, aggression, impulsiveness, stress etc	Not specified	Schlebusch, L. (2012).	Suicide Prevention: A proposed national strategy for South Africa
18.	Early identification of learners	Quantitative	Rasesemola, R. Matshoge, C., P. &	Compliance to the Integrated School Health Policy intersectoral & multisectoral collaboration.

Questionnaires

Ramukumba, T., S.
(2018).

66 Principals

19.

Q.3. What challenges are experienced by children with mental health in under-resourced schools?

20.	The policy described both the internalising & externalizing behaviours that are exhibited by learners with mental health challenges. It further clarifies how the integrated mental health support should be provided to learners.	Not specified	Mfidi, F., M. (2015).	Promotion of mental health through a social and emotional learning programme in South African high schools.
21.	Learners with mental health challenges experience anxiety, violence, abuse, depression and suicide and result the lack of interest in school work and underachievement	Qualitative Interviews 12 Learners	Department of Education (2018).	Mental Health & Behaviour in Schools.
22.	It is indicated that the adolescents are faced with mental health needs or challenges such as: Substance abuse, anger, suicide and aggression etc	Mixed methods 217 learners 7 educators 8 nurses	Gae, W. (2016).	Primary School Learner Perspectives on Factors that Impact on their Learning & Well-Being.

<p>23. Lack of mental health support to learners with mental health has led to the increase in number of learners with ADHD, depression & anxiety in schools especially under-resourced schools.</p>	<p>-500 learners</p>	<p>Schoeman, R. (2018).</p>	<p>South Africa's children aren't getting the mental health care they need</p>
<p>-Emphasis is on Early identification of learners with mental health and the provision of early intervention to reduce the impact of mental health.</p>			
<p>24. The WHO explains how the barriers can be identified and how the collaborative support should be provided to learners with mental health challenges.</p>	<p>Not specified</p>	<p>World Health Organization. (2004).</p>	<p>Investing in Mental Health.</p>
<p>25. Learners either exhibit internalising that is the negative behaviours projected inwards the individual learner or externalizing behaviours which is directed outwards towards other learners or educators.</p>	<p>Systematic Review</p>	<p>Engelbrecht, P. (2004).</p>	<p>Changing Roles of Educational Psychologists within Inclusive Education in South Africa.</p>
<p>26. Lack of collaborative support to be provided to learners</p>	<p>Qualitative 85 Educators</p>	<p>Nel, N., Engelbrecht, P., Tlale, D. (2013).</p>	<p>South African educator's views of collaboration within an Inclusive Education system</p>

- experiencing intrinsic & extrinsic barriers
27. The study depicts how the inconsistent integrated support has contributed to the rise of mental health challenges such as aggression, anger, fear has escalated in schools thereby affecting both learners and educators. 92 Learners Naicker, A. Myburgh, C. & Poppenpoel, M. (2014). Learners experiences of educator's aggression in a secondary school in Gauteng, South Africa.
28. The delay in the early identification of learners with barriers and lack of provision of support thereafter aggravates the mental health challenges in school. Lotz, L. Loxton, H. & Naidoo, A. (2005). Visual-motor integration functioning in a south African middle childhood sample.
29. -In availability of the collaborative support and the non or late identification of barriers presented by learners results in higher school dropout and rise in crime by learners. Kleintjies, S. Flisher, A., J. & Fick, M. & Raloun, A. (2006). Prevalence of Mental Disorders among children, adolescents, adults in Western Cape, South Africa.
30. In availability of the collaborative support Nel, N., Engelbrecht, P., Tlale, D. (2013). South African educator's views of collaboration within an Inclusive Education system

to the intrinsic & extrinsic barriers experienced by learners in school and also the lack of training for educator to equip them with skills to identify and support learners with mental health.

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| 31. | The late or non-identification of learners with mental health as well as the collaborative support results in the increase of suicide, anxiety, depression cases within the school and the communities. | Qualitative
Focus group interviews

25 Teenagers | Reeson, M., Pazdeska, H., Polzin, W., Greenshaw, A., J. Agyapong, V., Syzmanski, P. N., Silverstone, P. N., & Wei, Y. (2020). | A novel 2 week Intensive Multimodal Treatment Programme for Sexual Abused (CSA) Survivor is associated with Mental Health Benefits for Females age 13-16. |
| 32. | The collaborative support to both educators and learners in equipping them with coping strategies to enable them to | Quantitative
Survey

292 Educators | Reinke, W., M. Herman, S., M. Puri, K., C. & Goel, N. (2011). | Supporting Children Mental Health in School: Educator's perception of Needs, Roles & Barriers. |

educators to provide the relevant support to learners with mental health.

Q.4. What are the coping strategies for both learners and educators in under-resourced schools?

33. The WHO expatiates how the coping strategies for both educators and learners can be instilled to ensure the reduction of mental health issues and crime in schools	Not specified	World Health Organization. (2017).	Depression and other Mental Health Disorders. Global Health Estimates.
34. -Instilling of resilience as a coping strategy for learners with mental health can enable them to withstand the challenges they experience.	Mixed methods Focus groups Questionnaires 85 Educators	Harrison, C. Loxton, H. & Somhlaba, N., Z. (2019).	Stress Coping: Considering the Influence of Psychological Strength on the Mental Health of at-risk South African Adolescents.
Training of educators to equip them with skills to develop the psychological strength in learners which could be internal or external			
35. Lack of training for educators to equip them with strategies on understanding psychosocial	Qualitative	Setlhare, R. Wood, L. & Meyer, L. (2016).	Collaborated understanding context: Specific Psychosocial Challenges facing South African School learners: A Participatory Approach

issues as well instilling coping strategies

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| 36. | -Training of educators to enable them to identify learners using drugs, violence and unprotected sex early will reduce the number of mental health issues. | Qualitative
Focus groups
Document analysis

10 Educators
277 Learners | Olsen, S.S. (2013). | Support to Educators in a Context of Educational Change and Poverty: A Case Study from S.A. |
| 37. | This policy framework supports the provision of support by the multidisciplinary teams and also the training of educators on how to identify learners requiring support to ensure that these learners are identified early and the relevant support is provided to them. | Not specified | Department of Education (2009). | Integrated National Strategy on Support Service. Children with Disabilities. |

Q.5. What suggestions do educators put forth regarding the improvement of student mental health in schools?

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| 38. | The importance of equipping educators with information or strategies to identify learner's internalising & externalizing | Qualitative
Focus groups

7 Educators
8 Nurses | Mfidi, F., H. (2017). | Mental Health Issues of School Going Adolescents in High Schools in the Eastern Cape, South Africa |
|-----|--|--|-----------------------|--|

behaviour within the school as well as to provide the necessary support.

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|-----|---|---|---|--|
| 39. | Educators believe that proper collaborative support to them and the learners with mental health and sufficient training will enable them to conduct assessment to learners with mental health thus reducing or preventing mental health issues | Quantitative
Questionnaires

66 Principals | Peterson, L. Swartz, L. Bhana, A. Flisher, A., R. (2010). | Mental Health Promotion initiation for children & youth in context of poverty the case of South Africa. |
| 40. | Educators cited that there is a need for:

-Proper collaboration and functional SBSTs and supportive school management

-Sufficient training of educators to equip them with strategies to identify learners exhibiting anxiety, anger, shyness, aggression , bullying in learners will reduce the mental health issues in schools. | Quantitative | Fourie, J., V. (2017). | School based collaborative support networks in fostering inclusive education in selected South African schools |

41.	Students mentioned lack of support to assist them in resisting substances and building resilience towards mental health.	Mixed	Mfidi, F., H. (2015).	Promotion of mental health through a social and emotional learning programme in South African high schools.
42	<p>Lack of family support to learners cited by learners.</p> <p>They listed the following mental health examples as exhibited by learners e.g. substance abuse, anxiety, academic anxiety, teen pregnancy,</p> <p>Learners cited lacking coping skills against substances and mental health issues.</p>	<p>Qualitative</p> <p>Focus groups</p> <p>interviews</p>	Kgole, M. (2004).	Help-seeking behaviour of adolescents in urban high schools in two South African provinces. A comparative explorative study.
46	<p>Aggressive behaviour towards educators.</p> <p>Lack of parental and collaborative support to assist</p>	<p>Quantitative</p> <p>Questionnaires</p>	Schulze, S. & Steyn, T. (2007).	Stressors in the Professional lives of South African Secondary School Educators.

	learners instil resilience and addiction.			
47	Lack of resources cited as a hindrance in the collaborative support.	Qualitative Focus group interviews	Moolla, N. & Lazarus. (2014).	School Psychologists' views on Challenges in Facilitating School Development Through Intersectoral Collaboration
	Clarification of roles and responsibilities for all officials.			
48	Reluctance of the educators to use the SIAS to identify learners with barriers to learning including mental health. Educators cited the lack of support from the SBST as the cause for poor identification of learners. Poor parental involvement in the provision of support to learners with mental health.	Mental health	Ntseto, R, M. (2019).	Improving the implementation of policy on screening, identification, assessment and support with educator training.

Annexure 3: Data collection tool

Data Collection Tool

No	Database	Author/s, Year & Title	Country/Province where publication was published	Search Terms	Themes covered	Sample	Chosen on the grounds of abstract/topic/full text	Filters	Methodology e.g. Qualitative/Quantitative/Mixed
1.	EBCO host	Breuer, C., A. (2016) High school Educator perceptions of Mental Health & Adolescent Depression.	USA Walden	Mental Health and learners	-Early identification of learners -Depression, ADHD	92 High school Educators	Full Text	English 2000 to date	Quantitative Survey
2.	EBCO host	Williams, B., B. Bayle, K. White, J., M. & Sinko, A. (2010). Children’s Mental Health promotion & Support: Strategies for educators.	USA New Jersey	Mental Health and learners	-Positive school environment -Parent support groups -Family Involvement -ADHD, anxiety, suicide, abuse	184 Middle school students	Full text	English 2000 to date	Qualitative
3.	Google scholar	Nel, N., Nel, M., Engelbrecht, P., Tlale, D. (2013). South African educator’s views of collaboration within an Inclusive Education system	RSA Gauteng	Collaboration on supporting learners with mental health	-Roles of SBST -Identification of barriers	85 Educators	Full text	English 2000 to date	Qualitative

No	Databa se	Author/s, Year & Title	Country/Pr ovince where publication was published	Search Terms ADHD	Themes covered	Sample	Chosen on the grounds of abstract/topic/ full text	Filters	Methodology e.g. Qualitative/Q uantitative/
					-Transdisciplinary approach				Questionnaire s
4.	Google scholar	Brown, R. (2018). Mental health and well-being provision in schools	RSA Gauteng	Mental health Supporting learners	Collaboration of support Bullying Behaviour	77 Schools	Full text	English	Focus group Not specified
5.	Google scholar	Schlebusch, L. (2012). Suicide Prevention: A proposed national strategy for South Africa	RSA KwaZulu Natal	Mental Health and Learners	-Suicide, Aggression, Impulsiveness, stress -Interdisciplinary support		Full text	English	Not specified
6.	Google scholar	Mfidi, F., H. (2015). Promotion of mental health through a social and emotional learning programme in South African high schools.	RSA Gauteng	Mental Health and learners	Early identification Substance abuse ISHP	216 Students 07 Educators & 08 Nurses		English	Mixed Method Survey &Focus groups

7.	EBCO host	Graham, A. Phelps, R. Maddison, C & Fitzgerald, R. (2011). Supporting children's mental health: Educator's views.	Australia	Mental health &	- Early identification Aggressive behaviour, Attention, Depression, violence, divorce - lack of parental involvement -Mental health education	508 Educators	Full text	English	Quantitative Survey
5.	Google scholar	Setlhare, R. Wood, L. & Meyer, L. (2016). Collaborated understanding context: Specific Psychosocial Challenges facing South African School learners: A Participatory Approach	RSA Gauteng	Mental Health	-Family Involvement -Collaboration -Lack of training -Understanding psychosocial challenges -Coping strategies	10 volunteer educators	Full text	English	Qualitative
9.	EBCO host	Nagra, M., K. (2018). Canadian Educators Preparedness in addressing Mental Health needs of Secondary students	Canada	Mental Health support	-Collaborative support to learners with mental Health -Anxiety, substance abuse	160 Educators 35Education Assistants	Full text	English	Qualitative Questionnaire s
10.	EBCO host	Lake, R. (2013). School Mental Health: Perceptions and Practice of School Psychologists	USA Ohio	Learners and Mental health	-Mental Health support to learners -Suicide and mental illness -Collaboration -Lack of support from the school management	122 School Psychologists	Full text	English	Quantitative Survey

11.	EBCO host	Jones, E., J. (2015). How schools can support children with mental health illness.	New York	Mental health and schools	-Collaboration of support -Family involvement -Bipolar, anxiety, depression, suicide, schizophrenia -Coping strategies to learners	92 Educators	Full text	English	Quantitative & Survey
No	Database	Author/s, Year & Title	Country/Province where publication was published	Search Terms	Themes covered	Sample	Chosen on the grounds of abstract/topic/full text	Filters	Methodology e.g. Qualitative/Quantitative/Interviews & questionnaires
12.	Google scholar	Kakuma, R. Kleintjies, S. Lund, C. Drew, N. Green, A. & Flisher, A., J. (2010). Mental Health Stigma: What is being done to raise awareness and reduce stigma in South Africa.	RSA W/Cape	Mental Health and learners	-Early identification -		Full text	English	Mixed Method Interviews & questionnaires
12.	Google Scholar	Moolla, N. (2011). The role of school psychologists in school development in	RSA Western Cape	Mental health support	Collaboration of support to learners with mental health	47 School Psychologists	Full Text	English	Mixed Methods

		South Africa: The challenge of intersectoral collaboration.				17 Educators			Focus groups
14.	Google Scholar	Kgole, M. (2004). Help-seeking behaviour of adolescents in urban high schools in two South African provinces. A comparative explorative study.	RSA KwaZulu-Natal Limpopo	Mental Health support to learners	-Family support to learners -Substance abuse, anxiety, academic anxiety, teen pregnancy, -Coping skills for learners -	64 Learners	Full Text	English	Qualitative Focus Groups
15.	Google Scholar	Thornton, S., R. (2011). Supporting children 's mental well-being in primary schools: Problem solving through communication and action	Australia	Mental health and learner support	-Conduct disorders, Depressive disorders, ADHD -Coping strategies -Social & emotional learning -Emotional intelligence	24 Educators	Full Text	English	Qualitative Interviews
16.		Amod, Z. (2019) A Collaborative Problem-Solving Psychoeducational Approach Implemented in Under-resourced South African Schools, Journal of Educational and Psychological Consultation,	RSA Gauteng	Collaborative support and mental health	-SBST support to learners -Identification and learner referrals -Collaborative consultation -HIV/AIDS, substance abuse, violence	65 Educators	Full Text	English	Mixed approach Survey & focus groups

16.		Engelbrecht, P. (2004). Changing Roles of Educational Psychologists within Inclusive Education in South Africa.	RSA Western Cape	Collaborative support and mental health	-Role of specialists				
17.	Google Scholar	Naicker, A. Myburgh, C. & Poppenpoel, M. (2014). Learners experiences of educator's aggression in a secondary school in Gauteng, South Africa.	RSA Gauteng	Mental health and schools	Aggression in schools	92 Learners	Full Text	English	Qualitative Interviews
18.	EBCOhost	Adelman, H., S. Talor, L. (2010). Mental Health in Schools Engaging learners. Preventing problem & Improving Schools	USA						
19.	Google Scholar	Adelman, H., S. Talor, L. Bradley, B. & Lewis, K., D. (2000). Mental Health in Schools: Expanded Opportunities for School Nurses	USA	Mental Health	-Integrated support -Assessment of learners				
20.	Google Scholar	Borg, E. Palshaugan, O. (2018). Promotion of Mental Health: A study of Inter-professional Team Collaboration Functioning in Norwegian Schools.	Norway	Learner Support and Mental health	Collaboration Assessment of learners	237 Educators	Full Text	English	Quantitative Survey
No	Database	Author/s, Year & Title	Country/Province where publication was published	Search Terms	Themes covered	Sample	Chosen on the grounds of abstract/topic/full text	Filters	Methodology e.g.

21.	Google Scholar	Nel, N. (2011). S A Educators's Views of Collaboration within Inclusive Education Systems	RSA		Mental Health support	Assessment of barriers	85 Educators	Full Text				Qualitative/ Quantitative/ Qualitative
22.	EBCOhost	Nel, N. Muller, H. & Rheeder, E. (2011). Supporting Services within Inclusive Education in Gauteng. The Necessity & Efficiency of Support.	RSA Gauteng		Collaboration of support	Family support	129 Educators.	Full Text				Questionnaires Qualitative Questionnaires
23.	Google scholar	Rasesemola, R. Matshoge, C., P. & Ramukumba, T., S. (2018). Compliance to the Integrated School Health Policy intersectoral & multisectoral collaboration.	RSA Gauteng		Collaborative support to learners	-Collaborative support to learners -Lack of compliance to the policy by the school -	66 principals	Full Text	English			Quantitative Questionnaires
24.	Taylor Francis	Williams L., O. (2012). Relationship between Academic Achievement & School Based Mental Health Services for middle Schools Students.	Southern Mississippi		Learner support on Mental Health	-Identification of learners -Bipolar, depression, anxiety, -Role of the SBST	450 Learners	Full Text	English			Quantitative
25.	EBCOhost	Kratt, D. (2016). Educator's Perception on Mental Health Competence: A case study.	Florida Coast	Gulf	Mental Health and learners	-Collaboration, -Assessment of learners -Lack of competency in educators	2269 Educators	Full Text	English			Qualitative Focus group interviews

-Availability of school mental health services

No	Database	Author/s, Year & Title	Country/Province where publication was published	Search Terms	Themes covered	Sample	Chosen on the grounds of abstract/topic/full text	Filters	Methodology e.g. Qualitative/Quantitative/
26.	Google scholar	Kakuma, R. Kleintjies, S. Lund, C. & Drew, N. (2010). Mental Health Stigma: What is being done to raise awareness & reduce stigma in South Africa	RSA	Mental Health	- Collaboration Support to children with mental health issues -Early identification of mental health issues		Abstract	English	
27.	Taylor & Francis	Melin, E., A. Anderson-Butcher, D. & Bronstein, L. (2011). Strengthening Interprofessional Collaboration: Potential Roles for School Mental Health Professionals.	USA	Collaborative support	-Collaborative support to learners -Lack of support from the SMT/SBST -Training for district specialist	428 members	Full text	English	Quantitative Questionnaires
28.	Taylor & Francis	Daniszewski, T., D. (2013). Educators Mental Health Literacy & Capacity towards Students Mental health.	Ontario	Mental health support	-Parental involvement -Screening of learners -ADHD, Substance abuse	3913 Educators	Full Text	English	Quantitative Survey
29.	Taylor & Francis	Meliin, E., A. (2009). Unpacking Interdisciplinary Collaboration in Expanded School Mental Health. A	USA	School Mental Health	Collaborative support	50 Professionals	Full Text	English	Systematic Review

Conceptual model for development the evidence base. Advance in School Mental Health Promotion.

Survey

No	Database	Author/s, Year & Title	Country/Province where publication was published	Search Terms	Themes covered	Sample	Chosen on the grounds of abstract/topic/full text	Filters	Methodology e.g. Qualitative/Quantitative/Systematic Review
30.	Google Scholar	Kleintjies, S. Flisher, A., J. & Fick, M. & Raloun, A. (2006). Prevalence of Mental Disorders among children, adolescents, adults in Western Cape, South Africa.	RSA Western Cape	Mental health	-Suicide, Bipolar, Substance abuse, anxiety -Collaboration support -Early identification of barriers -Delinquency, PTSD, alcohol abuse, school drop-out, HIV -Strategies ...Developing positive climate in school	Not specified	Full Text	English	Systematic Review
31.	Taylor Francis	Alexandra, D. (2016). An Exploration of Adolescents's Experiences of Mental Health	UK London	Mental Health	-Mental Health Support	8 Males 3 females	Full Text	English	Qualitative Interviews

32.	EBSCOhost	Porsche, M., V. Fortuna, L., R. Lin, J. & Alegria, M. (2011). Childhood Trauma & Psychiatric disorders as Correlates of School Dropout in a National Sample of Young Adults.	USA	Mental Health	-Collaboration -Early Identification -Parental involvement -Bipolar, schizophrenia, ODD, teen pregnancy, trauma	2532 Students	Full Text	English	Quantitative Survey
33.	EBSCOhost	Peterson, L. Swartz, L. Bhana, A. (2010). Mental Health Promotion initiation for children & youth in context of poverty the case of South Africa.	RSA	Not specified	Collaborative support to learners with mental health -Conducting assessment to learners with mental health -Prevention of mental health issues	-Quantitative -Questionnaires -66 Principals	Full Text	English	Not specified
34.	EBSCOhost	Humm, A. Kammer, D. & Hardy, A. (2018). Social Support, Violence exposure and Mental Health among Young South African Adolescents.	RSA	Mental health	-Family support -Violence, depression, aggression, Conduct Disorders -	615 Students	Full Text	English	Quantitative Questionnaires
No	Database	Author/s, Year & Title	Country/Province where publication was published	Search Terms	Themes covered	Sample	Chosen on the grounds of abstract/topic/full text	Filters	Methodology e.g. Qualitative/Quantitative/

35.	Taylor Francis	Marthur, S., R. Skiba, R. & Albrecht, S., F. (2017). The Need for School Based Mental Health Services & Recommendations for Implementation.	USA	Mental Health	-Parental involvement -Collaboration -Early identification of mental health challenges -Programs for behaviour management	Not specified	Full Text	English	
36.	Taylor Francis	Borg, E. & Palshaugan, O. (2018). Promoting Student mental Health: A study of inter Professional Team Collaboration Functioning in Norwegian Schools.	Norway	Collaboration	-Early Identification -Collaboration -School administration	237 Professionals	Full Text	English	Quantitative Survey
37.	Google scholar	Gae, W. (2016). Primary School Learner Perspectives on Factors that Impact on their Learning & Well-Being.	RSA W/Cape	Mental Health	-Collaboration -Violence, Bullying -	12 Learners	Full Text	English	Qualitative Interviews
38.	EBSCOhost	Schulze, S. & Steyn, T. (2007). Stressors in the Professional lives of South African Secondary School Educators.	RSA	Support to stressors	- Educators -Aggression, anxiety, tolerance	192 Students	Full Text	English	Quantitative Questionnaire
39.	EBSCOhost	Partenite, C., E. (2005). School Based Mental Health Programmes and Services: Overview Introduction to the Special Issue.	Ohio	Mental Health	-Diagnosis -Social-emotional competency	Not specifies	Full Text	English	Not specified

40.	Google Scholar	Gregg-Wedmore, M., A. (2015). School Based Mental Health Practices in New Jersey. A Transdisciplinary Perspective	USA New Jersey	Collaborative Support	-Disruptive behavior, Anxiety, ADHD, Conduct disorders -Coping strategies	179 Psychologists & Social Workers	Full Text	English	Quantitative Survey
	Database	Author/s, Year & Title	Country/Province where publication was published	Search Terms	Themes covered	Sample	Chosen on the grounds of abstract/topic / full text	Filters	Methodology e.g. Qualitative/ Quantitative/
41.	EBSCOhost	Mfidi, F., H. (2017). Mental Health Issues of School Going Adolescents in High Schools in the Eastern Cape, South Africa	RSA Eastern Cape	Mental health	-Challenges experienced by learners -Substance abuse -Anger -Social emotional learning	7 Educators 8 Nurses	Full Text	English	Qualitative Interviews & Focus Groups
42.	EBSCOhost	Mokitimi, S. Jones, K. Schneider, M. & de Vries, P., J. (2019). Children and Adolescents Mental Health Services in South Africa. Senior Stakeholders Perception of Strength, Weaknesses, Opportunities and Threats in the Western Cape Province.	RSA Western Cape	Collaboration	Mental Health Support	13 Senior Managers Policy Makers Psychologists Nurses	Topic	English	Qualitative Focus Groups

43.	Google scholar	Walley, C. (2009). Confusion, Crisis & opportunity: Professional School Counselor's Role in Responding to Student Mental Health Issues.	USA	Mental Health	-ADHD, Depression, Child abuse -Environmental stressors -Collaboration -Professional development -Lack of support from SBMH	Not specified	Not specified	English	Not specified
44.	Google scholar	Reinke, W., M. Herman, S., M. Puri, K., C. & Goel, N. (2011). Supporting Children Mental Health in School: Educator's perception of Needs, Roles & Barriers.	RSA	Mental Health Support	-Identification of learners -Collaboration of support	292 Educators	Abstract	English	Quantitative Survey
	Database	Author/s, Year & Title	Country/Province where publication was published	Search Terms	Themes covered	Sample	Chosen on the grounds of abstract/topic / full text	Filters	Methodology e.g. Qualitative/ Quantitative/ Focus groups
45.	Google scholar	Reeson, M. Pazdeska, H, Polzin, W. Greenshaw, A., J. Agyapong, V. Syzmanski, P., N. Silverstone, P., N. & Wei, Y. (2020). A novel 2 week Intensive	RSA	Mental health	-Family support -PTSD, anxiety, depression, substance abuse,	25 Teenagers	Full Text	English	Qualitative Focus groups

Multimodal Treatment Programme for Sexual Abused (CSA) Survivor is associated with Mental Health Benefits for Females age 13-16.

46.	EBSC Ohost	Chinaveh, M. Ishak, N., M. & Salleh, A., M. (2011). Improving Mental Health & Academic Performance Through Multiple Stress Management Intervention. Implication for Diverse Learners	UK	School Mental Health	-Mental Health challenges	60 Learners	Abstract	English	Quantitative
47.	Google scholar	Amod, P. (2018). A Collaborative Problem-Solving Psychoeducational Approach Implemented in under-resourced South African Schools.	RSA	Collaborative support	-Identification of learners -SBST support	65 Educators 5 Psychologists	Full Text	English	Mixed Questionnaires Focus group Interviews
48.	Google scholar	Amod, Z. (2020). A Educator-Family Consultation Approach to School Based Intervention and Support	RSA	Collaboration	-Parental involvement -Screening & Diagnosis -SBST support -Parental involvement	72 Educators 44 Parents	Full Text	English	Mixed Method Questionnaire & Focus group

Databa se	Author/s, Year & Title	Country/ Province where publication was published	Search Terms	Themes covered	Sample	Chosen on the grounds of abstract/topic/ full text	Filters	Methodolog y e.g. Qualitative/ Quantitativ e/
49.	EBSC Ohost Rowling, L. & Weist, M. (2012). Promoting the Growth, Improvement and Sustainability of School Based Mental Health Programme Worldwide.	USA	Mental Health	- -Collaboration -Family involvement - Anxiety, substance abuse, isolation	250 educators	Full Text	English	Not specified
50.	Google scholar Olsen, S.S. (2013). Support to Educators in a Context of Educational Change and Poverty: A Case Study from South Africa.	RSA Western Cape	Learners . Vulnerability	-Rape, Alcohol abuse -Collaborative support -Early identification of barriers	10 Educators 277 learners	Full Text	English	Qualitative Focus group Interview Document analysis
51.	Google scholar Powers, J., D. Edwards, J., D. Blackman, K., F. & Wegmann, K., M. (2013). Key Elements of a Successful Multi-Systems Collaboration for School Based Mental Health: In-Depth Interviews with District & Agency Administrators.	New York	Collaboration	-Multi-Systems -Early identification	6 Officials	Full Text	English	Qualitative Interviews

52.	Google scholar	Mwoma, T & Pillay, J. (2015). Psychosocial Support for Orphans and Vulnerable Children in Public Primary Schools: Challenges and Intervention Strategy.	RSA Gauteng	Collaboration	-Lack of collaboration Support -Challenges experienced by learners e.g. death, sexual abuse, substance abuse, neglect, child headed -Intervention Strategies	42 Educators 65 OVC	Full Text	English	Qualitative Interviews
53.	Google scholar	Moolla, N. & Lazarus. (2014). School Psychologists' views on Challenges in Facilitating School Development Through Intersectoral Collaboration	RSA Western Cape	Intersectoral	-Substance abuse , -Violence -Collaboration	47 Psychologists	Full Text	English	Qualitative Focus Group Interviews
54.		Wood, L. & Goba, L. (2011). Care & Support pf Orphans Vulnerable Children at School: Helping Educators Respond	RSA E/Cape	Care & support	-HIV -Lack of support	14 Educators	Full Text	English	Qualitative
55.	EBSC Ohost	Fourie, J., V. (2017). School based collaborative support networks in fostering inclusive education in selected South African schools	RSA	Mental Health	-Early intervention -Anxiety, anger, shyness, aggression , bullying -Role of the SBST -Need for collaboration	26 Learners	Full Text	English	Quantitative
	Francis Taylor	Vierod, K., K. (2016). School Based Mental Health as it relates to students Outcomes.	USA	Mental health	-Mental illnesses.. -Access to improved mental health	Not specified	Not specified	Not specified	Not specified

						-Training by psychologists, social workers on mental health				
57.	Google Scholar	Weissberg, R., P. Durlak, J., A. Domitrovich, C., E. & Gullutta, T., P. (2013). Social & Emotional Learning	Not specified	Mental health		-Strategies to assist learners with mental health -Family, Educators & community -Decision making skills -Relationship skills	Not specified	Full text	English	Not specified
	Francis Taylor	Littlecot, H., J. Moore, G., F. & Murphy, S., M. (2018). Student Health and Well-Being in Secondary Schools. The role of school support staff alongside teaching staff.	UK	Mental health		-Positive school ethos -Collaboration -Drug use	Not specified	Full Text	English	Not specified
59.	EBSCO Ohost	Fazel, et al., (2014). Mental health Intervention in Schools in High Income Countries.	USA	Mental Health		- SBMH collaboration -ADHD, PTSD, anxiety, depression, substance abuse, Conduct disorder -Screening of learners with mental health -Lack of training	Not specifies	Full text	English	Not specified
60.	EBSCO host	Kaffenberger, C., J. & Trigian, J., O. (2013). Addressing Student Mental Health by Providing Direct and Indirect	USA	Mental health		-Collaboration of support -Family involvement	Not specified	Full text	English	Not specified

		Services and Building Alliances in the Community.			-Identification of barriers				
					-Strategies				
61	Google Scholar	Harrison, C. Loxton, H. & Somhlaba, N., Z. (2019). Stress Coping: Considering the Influence of Psychological Strength on the Mental Health of at-risk South African Adolescents.	RSA W/Cape	Mental Health	-Early Identification -Coping strategies -Anxiety, mood, stress, sexual abuse, AIDS	85 Educators	Full text	English	Mixed method -Focus Group Questionnaires
62.	Google Scholar	Skeen, S. Kleintjies, S. Lund, C. Peterson, I. Bhana, A. & Flischer, A. (2010). The Mental Health & poverty Research Programme Consortium	RSA	School Mental Health	-Limited intersectoral action -Early identification	64 Stakeholders Policy makers	Full Text	English	Mixed Focus groups Interviews
63.	Google Scholar	Peterson, L. Richter, L, Swartz, L. Bhana, A. Flischer, A., J. (2010). Promoting Mental Health in scarce resourced contexts	RSA	Mental health	-Integrated mental health support -Family environment -Internalising and externalizing behaviour -Early identification	Not specified	Full Text	English	Not specified
64	Google scholar	& Kutcher, S. (2011). Comprehensive School Mental Health: An integrated. School-Based Pathway to Care. Model for Canadian secondary schools. McGill	Canada	Mental health	- Collaboration of support -Family involvement		Full Text	English	Not specified

		Journal of Education. vol. 46 (2) p. 213-229.			-Identification of barriers				
65	Google Scholar	Engelbrecht, P., Oswald, M. M., Eloff, I., & Swart, E. (2007). Views of inclusion a comparative study of parents' perceptions in South Africa and the United States. <i>Remedial and Special Education, 28</i> , (6), 356-365.	RSA & USA	Collaboration	Family involvement Collaboration	Abstract	English	Not specified	
66	Google Scholar	I., Cleophas, B., Ross, D. A., Chima, K. L., Mmassy, G., Gavyole, A., Plummer, M. L., Makokha, M., B. Mujaya, B., Todd, J., Wigh, D., Grosskurth, H., Mabey, D. C., & Layes, J. H., M. (2006). Rationale and design of the MEMA kwavijana adolescent sexual and reproductive health intervention in Mwanza Region, Tanzania, <i>AIDS Care, 18</i> :4, 311-322, http://doi.org/10.1080/09540120500161983	Tanzania						
67.	Google Scholar	Department of Education. (2001). <i>Education White Paper 6.</i>	RSA Gauteng	Care & support Collaboration	-Identification of barriers to learning -Collaborative support to learners	Not specified	Full text	English	Not specified

						-Integrated support				
						-Strategies to support learners				
71.	Google Scholar	Department of Education. (2018). Mental Health & Behaviour in Schools.	RSA Gauteng	Mental Health		-Identification of learners	Not specified	Full Text	English	Not specified
						-Integrated support				
						-Strategies to support learners				
						-Mental illnesses (suicide, anxiety, HIV/AIDS, depression, aggression, PTSD,				
72.	Google Scholar	World Health Organization. (2017). Depression and other Mental Health Disorders. Global Health Estimates.	Geneva	Mental Health World Health Organization		-Collaboration support	Not specified	Full Text	English	Not specified
						-Early Identification				
						-Lack of Family involvement				
						-Coping strategies				
73.	Google Scholar	World Health Organization. (2004). Investing in Mental Health.	Geneva	Mental health World Health Organization		-Collaboration support	Not specified	Full Text	English	Not specified
						-Early Identification				
						-Family involvement				
						-Low Socio Economic Status				

					-Stigma				
					-Provision of emotional and physical support				
74	Google Scholar	Department of education (2005). District Based Support Team	RSA	Collaborative support	SBST	Not specified	Full Text	English	Not specified
					DBST				
					Psychologists				
					School Managers				
75	Google scholar	M. (2019). Improving the implementation of policy on screening, identification, assessment and support with educator training. University of Free State. Bloemfontein.	RSA	Mental health	Reluctance to use the SIAS	SBST (members (educators)	Full Text	English	Qualitative
					Lack of support by SBST				Focus group interviews
					Parental involvement				
76		Opondo, P. R., Olashore, A., Molebatsi, K., & Othieno, R. (2020). Mental health research in Botswana: A semi-systematic scoping review. Journal of International Medical Research. University of Botswana. 48 (10) 1-16. http://doi.org.10.1177/036660520966458 .	Botswana	Mental health	Lack of resources	Patients	Full text	English	Qualitative
					Collaboration	learners			
77		., Jewkes, K. M., Dunkle, K. L. Shai, N. P. J., & Colman, I. (2013). Prevalence and factors associated with depressive symptoms	RSA	Collaborative support	Anxiety	Women	Abstract	English	Quantitative
				Mental health		Men			

		among young women and men in the Eastern Cape Province, South Africa, <i>Journal of Child & Adolescent Mental Health</i> , 25:1, 43-54, http://doi.org/10.2989/17280583.2012.731410			Depression				survey
					Substance use				
78	Google	l. (2018, October 2).Learner violence: Talks with families, pupils needed to find solutions', learner-violence-talks-with-families-pupils-needed-to-find-solutions. <i>Eye Witness News</i> , https://ewn.co.za/2018/10/02	RSA	Family involvement Collaboration	Violence	Families	Full article	Endlish	Qualitati ve
79		as, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). <i>Journal of American Academy of Child Adolescent Psychiatry</i> , 49, 980-989.	USA	Mental health	Anxiety Depression suicide	Adolescents	Abstract	English	Quantitat ive
80	Google	health Foundation. (2016). <i>What is mental health?</i> Retrieved August 16, 2016 from https://www.mentalhealth.org.uk	USA	Mental health	Anxiety Depression	Adolescents	Full text	English	Not specified

				suicide					
				Early intervention					
				Family involvement					
81	Google scholar	Mendez, J. L., Carpenter, J. L., LaForett, D. R., & Cohen, J. S. (2009). Parental engagement and barriers to participation in a community-based preventive intervention. <i>American Journal of Community Psychology</i> , 44,1-14. doi:10.1007/s10464-00909252-x	USA	Mental health	Collaborative support	Family members	Abstract	English	Qualitative
				Family involvement					Focus groups
82	APA	nele, T. & Nel, M. (2015). Challenges experienced by district-based support teams in execution of their functions in a specific South African province. <i>International Journal of Inclusive Education</i> , http://doi.org/10.1080/13603111.6.2015.1079270 .	RSA	Collaborative support	Collaborative support	DBST members	Full Text	English	Mixed methods
				Lack of resources					
				Lack of training for officials					
83	APA	nele, T., J. (2011). The changing role of District-Based Education Support Services in establishing the inclusive	RSA	Collaboration	Mental health	DBST members	Full Text	English	Mixed

87	Google	Kaffenberger, C., J. & Trigian, J., O. (2013). Addressing Student Mental Health by Providing Direct and Indirect Services and Building Alliances in the Community.	Mental health	Parent counselling anxiety	Students	Abstract	English	Not specified
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