

# Mental Health of Emerging Private Primary School Teachers: An Exploratory Case Study in Gaborone, Botswana

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## ABSTRACT

The development of any nation is premised on the nature and level of education of its citizens. It is in this regard that education is viewed as the most powerful weapon to end poverty and craft a desirable path for a sustainable future. Consequently, the health and well-being of teachers become apparent to deliver quality education. The purpose of this study was to explore the mental health of emerging private primary school teachers in Gaborone, Botswana. A qualitative research approach of the interpretive paradigm was used to guide this study. The study was couched within social constructionism theoretical framework. Population of the study comprised all teachers, school principals and members of Parents Teachers Association (PTA) of emerging private primary schools. Non-probability purposive sampling was used to select rich informants regarding mental health knowledge of teachers in schools under study. Face-to-face semi-structured interviews were conducted with 3 principals and 5 teachers. Focus group interview (FGI) was managed with 3 parents that were members of the PTA in the selected private schools. The study established that work overload, teacher burnout, job insecurity and unstable work relations fuelled mental health problems. The study recommends the establishment of strong social welfare networks among staff members, settlement grant for newly employed teachers and expeditious processing of documentations for professional practice.

**Key words:** burnout, mental health, private primary school, teachers, wellbeing.

## INTRODUCTION

Education systems globally have been used variously to impart knowledge and skills to citizens for the prime purpose of improving human livelihood in all its facets. Education has widely been viewed to be a powerful weapon to address challenges of poverty and to facilitate processes for the attainment sustainable development. It is in this regard, that progressive nations are continuously focusing on teachers and their readiness to usher individuals, families, communities and societies into the desired global epoch of circular growth and sustainability. Teachers at all types and levels of education are expected to be in the right mental health to facilitate the development of learners as set out in the developed international and/or country specific standards and guidelines.

Mental health is a broad concept which is concerned with mental health conditions in general. It

encompasses many different types of mental disorders. WHO (2022) states that a mental disorder is characterized by clinically significant disturbance in the emotional regulation, cognition or behaviour of an individual. Mental health relates to individuals that tend to exhibit mental disorders, psychosocial disabilities and mental states associated with distressful behaviours or impairment in important areas of functioning (Deb et al., 2022). The affected individuals may show behaviours that are amenable to self-harm. Low, Bentley and Ghosh (2020) observe that mental health embodies disorders inclusive of anxiety disorders, depression, bipolar disorder, post-Traumatic Stress Disorder (PTSD), schizophrenia, eating disorders, disruptive behaviour and dissocial disorders, and neurodevelopmental disorders. Gozi (2019) presents bipolar disorder as observable in individuals that experience alternating episodes of depression with instances of maniac symptoms. Maniac symptoms are those reflected in increased levels of responsiveness in such areas as talking, demonstration of energy, thinking, sleep and disruptiveness.

Anxiety disorders involve excessive worry or fear emanating from behavioural disturbances (Gozi, 2019). These can result from panic attacks, excessive fear in social settings, and separation from significant others and delayed unpredictable outcomes. Depression is associated with extended deep feelings of sadness, emptiness, irritability or loss of interest (Low et al., 2020). Brewin (2020) avers that PTSD is linked to an individual's exposure to a situation or event that is extremely horrific or threatening. The person regularly experiences those disturbing reflections which impede rational functioning. The other disorders which disrupt normal mental functioning include eating disorders and schizophrenia. People with eating disorders have abnormal eating regimes and are preoccupied with food consumption, which leads to concerns about body weight and shape (Eze & Enungu, 2017). Schizophrenic individuals experience impairment regarding perception, changes in behaviour and have evidence of disorganized thinking (Deb et al., 2022).

The repertoire of disorders which constitutes mental health have a significant bearing on professional practices of teachers. Teachers whose mental health is sound have a propensity to engage meaningfully in authentic teaching and learnings activities. This tendency results from the collective influence of environmental realities inclusive of the cognitive, economic, sociocultural, religious and cultural dynamics. The positive impact of these variables help to create a conducive climate for effective instructional practices. The ultimate goal being the realisation of quality teaching and positive learner results and outcomes. Teachers that are mentally health are generally responsive and reflective in teaching. They are responsive to learners' learning processes and styles. The teaching pedagogy provides scaffolding to the extent that learners become autonomous. Such teachers tend to be free from fear, anxiety, excessive sadness and spiritual emptiness. They experience peace, safety and tranquil, which are also ingredients for confidence, self-esteem and self-efficacy. Quality teachers engage in reflective practices. This means that they think in their teaching, on teaching and about their teaching. This serves to continuously improve service to learners, parents, society and other stakeholders. Mentally health teachers are available, accessible and committed to their work. However, the opposite is also true, where Eze and Enungu (2017), observe that, teachers experiencing adverse mental health exhibit fear, insecurity, low confidence and diminished self-drive. They are essentially demotivated and unenthusiastic to innovate and venture into a new realm of reasoning and practice. This state of affairs is ideally not supportive of quality teaching in emerging private primary schools in Gaborone. Monteiro (2014) argues that mental problems exact a huge burden on individuals, families and the wider community. This burden is acute in developing countries and African contexts, experiencing lack of trained specialists, problems with health system infrastructure, negative social attitudes, unemployment and human rights abuses (Ali & Agyapong, 2017).

Maphisa (2019) states that The Mental Disorder Act of 1969 is the primary legislation pertaining to mental health in Botswana. The Act mandates provisions for the reception, detention, treatment and protection of mentally disordered persons. This Act is mostly about procedure and does not pronounce a human rights and patient-centred approach to legislation. This is because Botswana is not signatory to the United Nations Convention on the Rights of Persons with Disabilities (Maphisa, 2019). The Act covers three types of

patients; Class I patients, targeting those who pose a risk to themselves such as those that are suicidal and homicidal. Class II patients are those that cannot look after themselves, vulnerable to attack and need skilled medical attention. Class III patients are like those in class II but do not need the attention of skilled personnel (Gozi, 2019). The Ministry of Health and Wellness (2003) seeks to ensure access to good quality and essential health care by all citizens of Botswana and to assure an equitable distribution and utilisation of resources and services. It is also the aspiration of the policy to improve the health of the population through integrated community-based and individually responsive mental health care services.

The Ministry of Health and Wellness (2003) argues that mental health challenges may emanate from a number of situations. The rapid urbanisation, socio-economic development and associated overcrowding and loss of extended family system support may create adjustment problems (Ventriglio et al., 2021). Unemployment, poor remuneration, meagre salary and poor employment conditions are also causal to mental health problems. Working in constrained environments such as rural contexts with inadequate sanitation, housing, health services, cultural and ethnic prejudices and inefficient transport system expose individuals to health complications. Baliyan, Baliyan and Mokoena (2018) observe that private schools in Botswana are heavily pressured to meet the needs of their customers in a highly competitive environment. The idea is for such schools to maintain competitive advantage in a volatile business landscape exacerbated by vastly shrinking funding opportunities and associated shortage of resources. Parents also have taken a very keen interest on the kind of education provided to their children and demand for value of their money (Jani, 2017). These have tended to give rise to a multitude of issues that coalesce to create mainly psychosocial problems which effectively impact teaching and learning in schools. The spread of diseases and pandemics such as HIV/AIDS, Covid-19 and Swine flu also exact a heavy toll on mental health of individuals. The Ministry of Health and Wellness (2003) indicates that Botswana experiences many mental health problems of the African region, and it is expected that about 3.7% of the population is affected by mental ill health and psychosocial disorders.

Mental health can be promoted and improved through the adoption of various strategies and services. Monteiro (2014) believes that curriculum and pedagogical considerations may play a significant role in increasing awareness and sensitising individuals with regard to mental health issues. Educational institutions, in all its forms may infuse psychopathological teaching content in their programmes. Psychopathology is the study of abnormal psychology and is part of other university and college courses in the introductory phase to the study of Psychology. The course generally has beneficial effects such as improving feelings of empathy, attitudes, caring and eliciting emotional change. Baliyan et al. (2018) believe that aspects of mental ill-health can be addressed through prioritising work, effective implementation of strategic plans, deliberate inattentiveness to stressful work environment and reducing the workload of teachers. Klassen (2010) argues that giving focused attention to leader discipline, leadership style and peer support can bear positive results regarding mitigating the prevalence of mental health disorders among teaching staff.

Studies on mental health have yielded diverse outcomes and results. It has been established that sources of mental ill-health are not very obvious and differences exist drawing from the characteristics of individuals such as age, gender, professional experience and post of responsibility held (Hester et al., 2020). Baliyan et al, (2018) contend that mental health of teachers has plummeted in modern times as a result of the increased complexity of teaching practices, social and economic pressures, styles of communication and extra loads added on instructional duties. Hester et al., (2020) conducted a study which revealed that private school teachers encounter excessive stress which affects their physical, social and home life, the net effect being that teachers end up living the job or opting for an early retirement.

Mapisa (2018) reveals that Botswana is a landlocked country in southern Africa that is composed mainly of upper-middle income population. It has a population of two million people (Statistics Botswana, 2011). The

country has a ratio of 17.7 mental health practitioners per 100 000, a majority being nurses (WHO, 2014). Psychiatrists and psychologists make up 0.29 and 0.37 per 100 000 people respectively. Statistics Botswana (2017) indicates that there is a single hospital for psychiatric patients containing 300 beds for those warranting admission. This facility is situated about 80 km from the capital city, Gaborone. The country boasts of five psychiatric units that are housed in general hospitals nation-wide, with a bed capacity of 300.

## **THEORETICAL FRAMEWORK OF THE STUDY**

The study is foregrounded by the Mental Health Continuum Model which was developed by Corey Keyes in 2002. This model was analysed based on his research on mental health and well-being (Bailey, 2022). Keyes was interested in exploring the concept of mental health beyond the traditional medical model whose thrust was to simply diagnose and treat mental illness (Keyes & Simoes, 2012). The mental health continuum is composed of a range of wellbeing with mental health and mental illness perched at the two extreme ends. These points at the extreme ends represent two types of models that are discernable in terms of definition. The negative mental health definition model is based on the absence of mental illness symptoms. On the other hand, there is the definition model of positive mental health, which is based on subjective feelings, such as happiness and social identity. This implies that mental health of human beings can change gradually over time. It is therefore quite possible to start the day feeling unsettled, but then move back to feeling healthy at the end of the day. This oscillation of feelings has no particular duration and can assume different degrees of intensity and direction. It is also not surprising for an individual to transition from feeling unsettled to really struggling. At any time, depending on the circumstances, individuals may find themselves at one point of the continuum and shift position as their situations improve or deteriorate. The concept of continuum is used to suggest that individuals can move between and among the different states of wellbeing such as thriving, surviving, struggling and crisis.

The healthy point or striving state represents people that are generally satisfied and happy in their lives (Bailey, 2022). These people are well-balanced emotionally, stable and goal-oriented. They tend to be engaged in productive activities, have fulfilling relationships and are able to adapt to change and cope with stress. The middle point is known as the problem stage, which can also be divided into the reacting and injured states. The reacting state constitutes people that are irritable, sad and nervous. This group experiences problems with sleep, muscle tension, headaches and decreased social activity. However, despite showing signs of distress, such people are able to cope with distress and perform daily life functions. The injured state stands for people that reflect signs of anger, hopelessness, poor performance, nightmares, and increased aches and pains. Such individuals have high affinity for drug intake. The disorder, crisis or ill state mirror people who are unable to cope with stress and exhibit significant changes in their behaviour, actions and thoughts. These people harbour suicidal thoughts, have behaviour that is out of character, sleeping problems, appetite swings and severe communication challenges.

The mental health continuum model is suitable for this study on exploring the mental health of emerging private primary school teachers in Gaborone, Botswana. It projects the human mind on a linear perspective, thereby helping teachers and administrators to recognize specific behavioural patterns that may need attention and suggests ways of dealing with adversities. The mental health continuum is widely used to identify the underlying causes and symptoms of impairment in daily life functions. It assists to gather information about the different mental health states of a person over time and indicates when it would be ideal to seek professional assistance to restore mental balance. The mental health continuum model is viewed as a self-help tool which is a popular choice for use by visionary managers of leading organisations, with performing schools set as examples. Its ability to diagnose sources of stress in employees, helps them to grow a healthy mind-set to quell distress. The model can profitably be used to focus on building wellbeing through emotional control, deep insight, responsibility and holistic awareness.

## Purpose of the study

This study aimed to explore the mental health of emerging private primary school teachers in Gaborone, Botswana, with a view to propose a framework to mediate the professional practice of such teachers for sustainable development. Based on the purpose of this research and the review of literature, the subsidiary research objectives were developed as follows:

- Expose the causes of the mental health concerns of emerging private primary school teachers for quality teaching in Gaborone, Botswana
- Examine effect of negative mental health on emerging private primary school teachers in Gaborone, Botswana
- Propose strategies to mitigate mental health challenges of emerging private primary school teachers for quality teaching in Gaborone, Botswana.

## METHODOLOGY

Research methodology relates to the systematic way of delivering interventions to a problematic situation (Shrestha & Giri, 2021). Research methodology is not limited to research methods but exceeds this scope to include the logic hinging the selection of methods and procedures. It encompasses the entire process from a consideration of the participants and decisions regarding the collection of data and the manner in which it is gathered, handled and reported. This study is couched within the interpretivism paradigm. This paradigm suited this study as it regard knowledge as being created and recreated along the continuum of human interaction with themselves and their environment. This world view presents reality as subjective and residing in the minds of participants in their natural settings. It is through this lens that a single instance or occurrence may receive diverse meanings and interpretations. Consequently, this philosophical attitude is critical in exploring the mental health of teachers in emerging private primary schools in Gaborone.

Exploratory case study design was used in this study. This was guided by the objective to provide greater insights and understanding pertaining to the phenomenon under study. The research process was flexible, with a small sample used to gather data for qualitative analysis. The research thrust was to capture the views and perceptions of participants as they enacted their lived experiences. The exploratory case study design of the qualitative approach boasts of providing a blue print or framework for conducting research that probes into the contextual practices and interpretations.

Population of study consisted of school principals, teachers and members of the Parents Teachers Association (PTA). Purposive sampling was used to select participants with rich information regarding mental health of teachers in private primary schools. This technique for selecting participants was considered appropriate because the focus was not to generate a representative sample to generalize findings, but to solicit versatile data that clearly illuminates the circumstances in the study setting. Individual face-to-face interviews were conducted with 3 school principals and 5 teachers. Focus group interview was managed with 3 parents who were members of the PTA.

The researchers sought for permission to conduct the study from the targeted participants. Their consent to partake in the study was secured through, initially contacting them by telephones and then presenting them with consent forms to sign. They were briefed about the purpose of the study and convinced that their contributions would be used only for this study. We also established a mutually agreed verbal consensus that the outcomes of the study were to be availed to them prior to the publication of the report. This was to serve as a measure to validate the results through member-checking, as a strategy to verify the authenticity of the results. The interview guides were built using semi-structured interview items. These provided participants the latitude to fully offer detailed or extended information on the causes of mental health, the effect of

negative mental health and strategies to mitigate mental health challenges of emerging private primary schools. The instruments for data collection were piloted with participants who were not part of this study to test their suitability. Each face-to-face individual interview was carried out in 15 minutes time, and the group interview was allocated 30 minutes to run. Both sessions were conducted outside school regulation time to avoid disturbing the school sessions. The proceedings of data collection interviews were recorded using a smart phone with some non-verbal cues noted in our diaries.

Data was analysed thematically based on the Lewis and Harper (2003) framework. This involved the activities of data transcription, reading and re-reading data to ascertain its meaning. The patterns emanating from the data were derived and were used to develop themes. Information related to the developed themes was collated. The themes were cleaned and labelled appropriately based on the contained information. An effort was made to rid the themes of overlapping information and “*all embracing titles*”. The reporting of findings was done using simple and easy-to-understand language. Verbatim excerpts or direct statements from participants were used to support the outcomes of the study. Participants were referred to by the codes that were given to them based on the order which was established from the sequence of the interview process. The 3 school principals were coded from SP1 to SP3; teachers coded from P1 to P5 and parents that were members of the PTA constituted a focus group coded as PTA. Focus group members were coded from PTA1 to PTA3. This coding reflected the sequential position of participants during the interviews.

## RESULTS

The results of this study were organised and presented based on the research objectives focusing on the causes of mental health concerns of emerging private primary schools, the effect of negative mental health and strategies that can be adopted to mitigate mental health challenges of teachers in such schools located in Gaborone, Botswana.

### Causes of mental health problems

The study established that there are many causes of mental health challenges among emerging private primary school teachers. Role ambiguity emerged as one factor which work to impair the mental health standard of teachers. Some private schools deliberately avoid furnishing new teacher recruits with definite conditions of service. Teachers are given contracts that are too brief and lacking in ability to spell out all the duties to be done during tenure. This creates room for teacher abuse wherein many and varied duties continue to be assigned to teachers without check. The resultant effect result in stress for teachers. Teacher 2 said “*we are jerks of all trades. We are made to do any duty at school, even those that should be done by ancillary staff*”. Similarly, teacher 4 added that “*when preparing for regular functions organized at the school, we are made to carry chairs and to serve delegates outside working hours for no incentive*”. A PTA1 member confirmed that teachers do a lot of duties at the school attended by her child, she said “*Teachers multi-task, at times they work as receptionists and receiving as well as accompanying learners to their parents at dismissal*”. These unstable roles create confusion on the part of teachers. They even hamper teachers in delivering quality teaching and learning owing to divided attention at the work place.

The level of conflict at emerging private primary schools is attuned to mental health problems. Organisations are naturally envisaged as conflict ridden and conflicts form part and parcel of business practice. However, excessive and persistent conflict tends to be unhealthy for workers and an undeniable cause of negative mental health. In this regard, principal 2 said that “*school conflicts need to be handled properly such that they do not disrupt efforts towards the achievement of set goals*”. She added that “*any noticeable sign of disagreement, either among teachers or between teachers and the school administrators has to be addressed early so that it does not escalate to negative conflict*”. This conflict may be motivated by different issues such as competition regarding use of time, resources, and equipment, space

and management systems. Teacher 2 noted that *“a day hardly passes by without either the principal or school director holding some kangaroo courts with some members of staff...”*. This was corroborated by teacher 5 who revealed that *“...the [school] director phones us at night asking about issues which may have happened during business hours”*. This finding also speaks to the existence of untrusting culture in school organisations. It is common for individuals in various positions of authority to suspect that other work place members are jealous or have negative interests in their positions. The implications for this suspicious attitude is the unceasing holding of caucus meetings and gossips which eventually destroy collegiality and social fabric of school work life. Teacher 3 confessed that *“the school principal has confided to me that there is a teacher that is eyeing her position and that the culprit member always opposes and influences some teachers to shoot down every decision that she makes”*.

The excessive top-down form of communication has consequences for the mental health of teachers. Schools where an autocratic system of management is practiced have increased prospects of attracting resistance and non-compliance from teachers. The teachers are commonly overstretched and burdened by continued directives from top management. The pronouncements from leadership cumulatively create stress and strain on teachers in such a way as to trigger anxiety and emotional instability. Teacher 3 said *‘our meetings and daily briefings are characterized by dos and don’ts as well as threats of reprisal from the director and the principal’*. Similarly, teacher 5 added that *“the principal always reads the riot order to us in every discussions”*. The parent concurred that *“in parents’ meetings the principal tells members in attendance that they should not hesitate to report teachers that are not performing their work properly so that disciplinary measures can be instituted on them”*. This kind of treatment of teachers has the effect of exposing them to anger, depression and a sense of powerlessness. Teachers need to be protected and assured that their professional authority and integrity are safeguarded, especially from the public. Teacher 1 expressed that *“it’s painful not to be treated as a professional, worse still if that attitude comes from the school director who has never trained as a teacher”*.

High demand for excellence in school performance has contributed to mental health problems in emerging private primary schools. This is necessitated by the continuously spiraling competition in the education system and among service providers, the schools. Each school strives to maintain competitive advantage over its competitors. This creates a situation where by school directors and principals resort to stringent measures to ensure effective teaching and learning in schools. The focus of administrators, therefore is distributed across the entire elements of the curriculum such as planning, formulation of objectives, teaching pedagogy, resource provision and utilization as well as assessment of teaching. The total weight of all the administrative effort in this endeavour weighs heavily on teachers whose mental health is impaired. The principal 2 admitted that *“...indeed, we put a lot of pressure on teachers to deliver on quality teaching, otherwise we cannot survive the stern competition for customers if we fail to produce good results as a school”*. PTA2 also supported the views of principal 2 by adding that *“as parents we expect our teachers to work hard to assist our children to pass. This will allow them to enrol in good schools to further their education going forward”*. Further, teacher 1 explained that *“a lot is demanded of us in the reaching process, schemes of work and learner activities are assessed every week, we do on-sport, in-class and clinical remediation and constantly interact with parents”*. Principal 1 confirmed that *“we regularly invite a team of supervisors from the Department of Education to come and supervise teaching to ensure that standard practices and compliance with regulations are done”*.

Job insecurity emerged as one of the determinants of mental health conditions of teachers in private primary schools. Organisation members require long run stay at work. They yearn for long term appointments or contacts which afford them stability. With long term appointments, workers are able to pursue personal and private goals without pressure to search for the next job. However, private schools seem not to offer the job tenure and security that are consistent with public institutions. Principal 2 reported that *“we give teachers one or two year contracts which is in compliance with government policy on recruitment”*. Principal 1 added

that *“the recruitment of expatriate teachers is usually restricted to one year, in line with the HRDC (Human Resources Development Council) which stipulates that such appointments should be done in cases where qualified local people cannot be found”*. This was confirmed by Teacher 3, who shared that *“when I collected my work permit at immigration, there was a note to the employer highlighting that measures should be made to recruit or train locals for future appointment into public positions”*. Job security at private schools is also not guaranteed. Teachers 3 *“at my school the principal was fired for flimsy reasons, in fact we have had three principals in the last 6 months”* In addition, promises of being dismissed from service are abound in private institutions. PTA2 indicated that *“in parents’ meetings, the school director always encourage parents to demand value for their money and promises that the school will make sure that teachers that are not delivering are fired”*. This evidence surely contributes to affect the mental wellbeing of teachers in private schools.

### **Effect of negative mental health on work life**

The mental health of teachers has an influence on their motivation and moral. Human mind that is free from obstructive tendencies of poor mental health is prone to self-efficacy thinking and practice. The mind that is devoid of stress is prone to creativity, innovation and alertness. This is opposed to the effects of negative mental health which sees individuals with dampened spirits and, therefore unprepared to unleash their utmost potentials. Teacher 3 indicated that *“negative mental health kills motivation and performance because both the mind and body get entangled with issues that disturb professional practice”*. PTA 2 noted that *“teachers that have signs of poor physical and emotional wellbeing usually have strained relations with parents and students, this affects the academic performance of students”*. The strained relations at the work place stifles goal achievement desires in the organisation. This means that affected individual members cannot work collaboratively in teams to advance the mission and vision of the organisation.

The study established that emotionally unstable teachers are regularly absent from work. They are always out of work either sick or visiting health facilities. Working in primary school settings has is different from secondary or higher education institutions because each teacher is assigned to a particular class which has to be taken care of all the time. The absence of a teacher automatically implies that there will be a class at school with no teacher to take care of. The resultant situation will be disorder and commotion in class, which may end up affecting the whole school. On this regard, Principal 2 said *“teachers that are mentally unhealthy affect the running of the school because they can ask for permission any time to be attended to in hospitals”*. Teacher 4 added that *“if a teacher is sick there is no way she can come to work and be expected to work diligently”*. However, PTA 3 said *“at my school teacher cannot afford not to come to work even when they are unwell because the school will hold back money from them, it’s no work no pay my brother”*. Teachers in private schools, like those in public institutions or workers in general need to be able to address matters of mental health without worrying about money being docked from their salaries for their absence. The frustration brought by the stress to manage personal health issues and professional practice can lead to some teachers living the job or opting for an early retirement. Teacher 5 said *“my meagre pay makes it impossible for me to seek proper medical services so that I come to work well prepared mentally, at times I painfully ponder the idea of early retirement”*.

Mental health affects teacher sense of professionalism and classroom performance. Teachers as professionals have an acquired sense of service which they gain through training. This commits them to be always at work, except on rare circumstances that prevent them from attendance. Teachers tend to develop attachment with students they teach and desire to witness their progressive academic improvement. Teacher 5 revealed that *“my absence from work, even when I am feeling sick makes me to develop a sense of guilt because of knowing that students will not be attended to that day”*. Teacher 2 added that *“it is generally unprofessional not to perform a service that you assigned to do”*. However, PTA 1 felt that *“there are some teachers that seem to be so accustomed to absenteeism, and you are never sure if their absenteeism is genuine or faked ”*. The emerging idea however is that mental health problems affect teacher



professionalism although this may not be always overt in the minds of other people.

### Strategies to mitigate mental health challenges

There are strategies available to mitigate the impacts of poor mental health among private primary school teachers in Botswana. It is imperative that teacher training and development programmes should focus on curricular and pedagogical considerations that help to increase awareness and sensitivity of individuals regarding mental health issues. Teachers need to be provided with requisite knowledge and skills to understand mental health and be able to deal with adverse consequences at their points of occurrence. In this regard teacher 4, explained that *“teacher training curriculum needs to emphasise the teaching of content that focus on factors that influence emotional states of teachers and methods which can be used to manage the situation”*. The principal concurred that *“teachers have to be taught about strategies to cope with working in stressful environments”*. Teachers are known to work in complex and demanding school environments caused by many factors such as large class sizes, multicultural groups, varying needs of learners, learner indiscipline, lack of resources and associated management responsibilities. This calls for teachers to master the nuts and bolts of the profession so that they are able to withstand expected and unanticipated eventualities in the delivery of their professional mandate. Teacher 2 noted that *“the desired training for teachers should allow us to be resilient and think strategically such that we are not overwhelmed by situations in areas of practice. However, this kind of training has not been offered to us”*.

The school environment, within which teachers thrive and shrink is dependent on the leadership practices of those in administration. In this case, the principal of the school exerts the most significant influence. It is therefore important that the principal adopts enabling behaviours which cultivate peace, team work and collegiality. These tenets are vital for teacher motivation and performance. The principal 3 corroborated this ideal by saying that *“those in charge of school administration need to adopt proven ethical leadership which fosters organisational performance while cognisant of the human nature of work life”*. Teacher 1 said that *“the principal should set a deliberate school culture which affords teachers an opportunity to work flexibly in pursuance of school vision and mission”*. This means that teachers have to be provided the latitude to exercise a certain degree of autonomy and discretion in their teaching and learning activities. The authoritarian approach should be applied very sparingly as it centralises power and decision making. This limits ownership of practices and induces teacher resistance. In this regard, the principal 1 asserted that *“we have to solicit teacher active participation in most decision-making processes. This is a golden key to vitalise teacher belonging, and subsequent job satisfaction”*.

School administrations should facilitate the formation of teacher or peer support services. This may come in the form of social clubs. These are handy in forming a social network to offer care, support and a helping hand in times of need. Teacher 3 expressed that *“provision of social support at school assists teachers to form friendships and talk to friends, share thoughts and fight stress”*. PTA2 added that *“teachers and parents should forge partnerships and alliances such that teachers feel being part and parcel of the community in which they work”*. This may further be visualised in school activities such as parents’ day, consultation days, collection of reports, parents’ meetings and school visits days. Teachers and parents can organise sporting days where they socialise, and this becomes a ploy to release organisational stress to boost mental health. Teacher 3 said *“involvement in physical activities and exercise is a fruitful strategy to keep the body and mind healthy”*. Keeping a healthy mind in a healthy body relieves occupational stress and boosts self-efficacy expectations of teachers.

Participants revealed that role conflict in an organisation is catalytic to the development of mental health problems. The tendency of teachers in private schools to be assigned to multiple roles and tasks contributes to physical and health complaints. The schools usually have a small staff compliment which, however has to perform all duties there are to advance business performance. This multi-tasking exposes teachers to

anxiety, stress, anger and frustration. Teacher 1 said “*we are made to perform duties that go beyond teaching and learning, after normal working hours we are summoned to attend unplanned meeting, and even made to clean school premises*”. Teacher 3 added that “*we know no official time for dismissal, it is normally after 7 pm and we are made to walk at night to our places of residence in the locations*”. Teacher 3 noted that “*teachers are assigned any duty, even to do menial tasks like sweeping floors and emptying bins, which is a task which should be done by the ancillary staff*”. Participants were in general agreement that such demands emanated from the Directors of schools, who use principals as their proxy to deliver some instructions that cross the grain of professional practice.

## CONCLUSION

The conclusion of this study was based of the literature review and findings of the study. The study concluded that lack of a comprehensive policy to mediate the provision of mental health services and practices in schools contributes to reduced mental health seeking behaviour and access by teachers. Some emerging private schools are run by directors or principals without requisite training in the teaching profession. The duties of teachers are not clearly defined, thereby exposing them to uncontrolled assignments which create stressful work overload and unregulated hours of work. Some emerging private primary schools use under qualified individuals to supervise teaching and learning activities. Teachers experiencing mental health challenges may find it difficult to seek medical attention as absence from work has negative financial implications.

## RECOMMENDATIONS

The recommendations of the study are rooted in the literature review, theoretical framework, research findings and conclusions of the study. It is on this basis that the study recommends a specific cut-throat policies to address mental health issues of teachers in private school. These need to adequately articulate a vision, mission and direction for desired context-based mental health solutions. The study suggests that there should be a rigorous training of school administrators, teachers and parents of learners on mental health. This should lead to the provision of a strong support from caregivers and advocacy groups to ensure mental health challenges are mitigated at points of occurrence. There should be a symbiotic relationship between the local community of the school and the schools they serve to help teachers cope with distressful psychosocial, economic and political experiences that breed mental health complications. Emerging private primary schools should engage qualified professionals to supervise teaching and learning in schools. These schools are also encouraged to facilitate the registration of teachers to medical health professional bodies to access needed knowledge and medical attention.

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We declare no conflict of interest in the conduct of this study,

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