

Catering for Mental Health and Stress Coping Mechanisms amongst Eleven- To -Fourteen-Year-Old Learners in Privately Owned Schools of Imbizo District in Bulawayo

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DOI: <https://dx.doi.org/10.47772/IJRISS.2024.8080243>

Received: 31 May 2024; Accepted: 13 August 2024; Published: 16 September 2024

ABSTRACT

This paper sought to assess the extent to which privately owned schools offer stress coping mechanisms and mental health awareness to learners who are preteenagers. There is often a misconception that children do not experience stress, however, literature review revealed that children do in fact experience stress. Children's stressors may be different from those of adults and children's ways of experiencing and describing what is happening to them may also be different in comparison to adults. Mixed research methods were used in the study issuing questionnaires which had both open and closed ended questionnaires and conducting interviews. The close ended questions allowed for frequencies of responses to be calculated, thus this brought in a quantitative element of research. The interviews/interview guides provided a deeper understanding of how schools offer coping. An interpretive paradigm was used to explain how learners experience stress and what schools are doing to ensure that their learners mental health and stress levels are being catered for. The target population was learners who are pre-teenagers, learning in Imbizo District. The sample method employed was simple random sampling, which meant all schools and their learners within the Imbizo District, had an equal chance of being selected. Ethical considerations of confidentiality, informed consent and anonymity were paramount during this study. The findings of the study revealed that there is a need for stress coping mechanisms and raising mental health awareness amongst learners. Two schools however, have introduced clubs, thus offering learners a stress coping mechanism. The research study recommended that schools direct mental health awareness campaigns to parents and teachers. There is also the recommendation to staff develop teachers and administrators on skills of identifying and accommodating learners who are going through stress or have mental health issues so as to provide the learners with the needed assistance at an early stage.

Key words: mental health, stress coping mechanisms, pre-teenage years

BACKGROUND TO THE STUDY

The period between eleven and fourteen years of age, is a period which causes much stress and anxiety in learners. It is a period in which there are decisions about one's future such as which High School one should be enrolled into as this ultimately affects ones University and Tertiary course choice, which then affects one's career and success as an adult. High schools play a vital role in offering certain curriculum subjects, which allow learners to select curriculum subjects that enable them to pursue certain career choices when they venture into Tertiary Education. For example, if a learner would like to go into Medicine and be a Medical Doctor, they have to ensure they pass their Primary School Mathematics and Science subjects and then apply to a high school that offers curriculum subjects that would enable this learner to be eligible to apply for a position in a Medical University. Thus, the future of a learners largely lies on whether or not they pass the examinations they write while in their last year of primary school, and while they are experiencing many bodily changes as they are in their preteen-age phase of development.

This is also period in which there are major external examinations. These are the first set of external exams for

most learners who are between the ages of eleven and fourteen years of age and so there is much anxiety, stress and uncertainty. In Zimbabwe, these are the years in which learners sit for external examinations that are set by either the Zimbabwe Schools Examination Council (ZIMSEC) or Cambridge examinations. In most privately owned schools, learners write both ZIMSEC and Cambridge examinations and so their stress levels may be doubled in comparison to their peers in Government owned schools who generally only write one set of exams, which is predominantly only the ZIMSEC set examinations. Having to face externally set examinations for the first time may be an event that invokes stress and anxiety in many learners.

For some learners, the ages from eleven to fourteen is the age of their puberty onset and this also comes with high levels of anxiety and stress (Louw & Louw, 2007). According to Louw and Louw in 2007, puberty begins as early as nine years old in some countries especially in the modern world, and this trend seems to be moving all across the globe. This is known as a secular trend (Louw & Louw, 2007). A secular trend is a decreased age of initial onset of puberty and sexual maturation in both boys and girls than what was previously deemed the normal age of onset. The reason for this may be genetic modifications, changes in diet and greater reliance on genetically modified produce, hormonal influences and changes in our environment (Louw & Louw, 2007). What this means is that children in this age range, now find themselves having to deal with the stress and anxiety that comes with the beginning puberty as one undergoes numerous changes in their bodies, appearances and hormonal and temperamental states as well as stress from their academic career which has major examinations approaching. These stresses need to be dealt with and there needs to be coping mechanisms established that enable learners to deal with both the educational pressure they are going through as well as the stress and uncertainty they are dealing with due to the onset of puberty and changes in their hormones and bodies.

The motivation behind the study was that experiences have shown that children do go through stress and often times adults and teachers overlook children's stress as they feel it is irrelevant in comparison to the stress adults go through (Papalia, Gross & Feldman, 2003). The main reason for this is children's low vocabulary and their inability to fully explain exactly what they are feeling and identify reasons why they are feeling the way they are feeling (Papalia, Gross & Feldman, 2003).

Within the Zimbabwean context, drug abuse is rampant and there has been an increase in child suicide. Some researchers say as many as fifty-seven percent (57%) of children between Primary School level and High School level are either regular drug users or experiment with drugs from time to time (Maraire & Chethiyar, 2020). Learners have reported turning to drugs as they are unable to deal with stress from school, family pressures and poverty (Marandure, et. al, 2022). They seem to have nowhere to turn to and drugs seem to be an easy way to help them deal with the issues they are facing. When we look at how drug abuse has increased due to the inability to deal with life pressures, we can see there is a gap in coping mechanisms for children and they often have to numb their feelings to get away from their issues rather than trying to tackle their problems head-on and dealing with them from an informed and equipped place (Marandure, et. al, 2022). By researching how privately owned schools offer stress and coping mechanisms and the extent to which they allow for learners to deal with their mental health assists teacher, school administrators and parents to identify gaps in the allowances for children's mental health and how best strategies and resources can be directed and channelled into catering for children's stress and coping mechanisms. Mental health issues affect all individuals and in third world countries like Zimbabwe, these issues are often overlooked due to lack of resources and feelings that children are not meant to be expressive. However, when we look at the challenges and how daily life affects our pre-teenaged learners, we enable them to explore their schooling career in a manageable way and equip them with stress coping techniques that will spill into their adult life and this may reduce the high statistics of suicide and drug abuse that we are currently facing (Pembere, 2023).

Statement of the Problem

In recent years, it has been identified and explained that children are also capable of feeling stressed and anxious (Condon, 2018). Thus, there needs to be an identification of what exactly creates stress in children's lives, particularly within their last years of primary schooling, and how best to help children cope with stress so as to ensure their mental health is catered for and prioritised. The lack of mental health awareness concerning children means that infrastructure, resources and support services may not be available to children.

Thus there is a need to identify what structures, policies or practices can be employed in privately owned schools that can allow for learners to be able to better cope with stress and challenges they face, as they exit primary school and begin their high school years.

Objectives of the Study

1. To examine the stress and anxiety provoking stimulus in learners who are between the ages of eleven and fourteen, who are enrolled in privately owned schools of Imbizo District.
2. To establish how stress and anxiety present in learners who are between the ages of eleven and fourteen, in privately owned schools of Imbizo District, can be addressed.
3. To identify shortages and limitations in the resources available for the management of mental and health issues in learners at privately owned schools of Imbizo District.
4. To suggest ways in which learners who are enrolled in privately owned schools of Imbizo District between the ages of eleven and fourteen, can be assisted to deal with stress and mental health issues.

Research Questions and Sub-problems

1. What are mental health issues that affect learners at senior primary school level?
2. What stress coping mechanisms are available to learners; who are between the ages of eleven and fourteen, in their schools?
3. How do pre-teenaged learners experience stress?
4. To what extent do privately owned schools channel resources into helping learners cope with stress and mental health issues.

REVIEW OF RELATED LITERATURE

This section looks at literature and articles that are available explaining and highlighting the importance of considering children's mental health, their ability to go through stressful situations and the need and importance of teaching and establishing stress coping tools and mechanisms for children so as to reduce negative coping mechanisms such as drug-abuse, delinquency or suicide. Stress was previously known as an experience and emotion that only adults went through. This can be seen by how Freud's Psychodynamic theory says that stress is merely a conflict between primitive and societal drives between what is wrong and what is right. Here he was looking at drives that are in the subconscious with very little attention being paid to real life situations that affect children. Rather for children Freud focused mainly on their ability to overcome the Oedipus and Elektra complex and uncommon overcoming this conflict, a child was seen to be functioning optimally and ready for the next stage of their Psychodynamic development. Privately owned schools have smaller classes compared to government owned schools and so teachers are better able to meet the emotional needs of their learners as well as notice and identify issues as they arise and so are better able to assist learners cope with stress. These schools also have a variety of clubs and sports which are used to help children cope with stress by blowing off steam and be in a less formal environment than when they are learning in the classroom. There is a discussion on what stress is for children and how children experience stress.

Pre-teenage years, according to the Zimbabwean educational system, these are learners who in the last two years of their primary schooling. They are usually between the ages of eleven and fourteen years of age. Pre-teenage hood is the period before puberty is fully present in a child (Louw & Louw, 2007). Thus, this is the period where the first signs of puberty are present such as hormonal changes that induce the growth of pubic hair or pimples in both girls and boys and the very first menses for girls. It is also the transitional period between primary school and high school. Thus this is the period whereby there are some learners who are in their senior years of primary school and some learners who are at the beginning years of secondary/high school

education. For the purpose of this research, the ages between eleven and fourteen are the age groups being researched.

Theoretical Framework

For any topic to be understood, underlying theories have to be identified and assessed in line with the study.

Freud's Psychoanalysis Theory

This study was based on an assumption that has been prevalent for many years, that is that children are unable and do not go through stress inducing situations and therefore, they do not get stressed as stress is only an adult and teenage phenomenon (Louw & Louw, 2007). For a very long time, theorists believed that children do not go through stress and that stress is only a response that adults and adolescents to some extent go through and experience (Louw & Louw, 2007). However, as the years have progressed an more research has been conducted, it has become apparent that children do indeed get stressed and that they experience a variety of situations that induce stress for example when they are separated from their parents and caregivers and when they begin school or are expected to participate in activities that have an audience (Berk, 2013) However, due to children's inability to understand or express their feelings clearly and accurately, some of these period of stress come across to adults as though the child is being dramatic, a cry-baby or simply seeking attention (Berk, 2013). Under Freud's psychodynamic perspective, he believed that stress was not an emotion that children go through but rather stress becomes apparent when children have underlying frustrations with their egos and the inability to sexually satisfy themselves. Freud's theory suggests that between the birth of a year and their first year of life; oral stage, their main concern is getting pleasure through the mouth as is seen as babies suck their fingers or nestle on their mothers. He felt that if this was underachieved during this stage, the child may grow up to be an over-eater or a smoker (Berk, 2004). Thus, for Freud, smoking and the smoking of illegal substances such as marijuana are not for recreational or stress relieving effects as some authors suggest, (Sabia et. al, 2021), but rather due to the lack of moving past the oral stage in infancy (Berk, 2004). The next stage according to Freud is the anal stage, which is the period when a child is between one and three years of age. For this child, their sexual energy centres around the anal region. It is mainly a time in which children are fascinated by the elimination of waste from their bodies through the use of the anal region (Berk, 2004). According to Freud if this stage is rushed or parents force their children to master this stage, they may develop disorders later on like that are related to extreme orderliness or extreme untidiness. Thus, for learners, we can attribute over exerting themselves or setting very high expectations and having a form of perfectionism towards their school work and grades to be attributed to the pressure that their parents apply on them during the anal state (Sorotzkin, 2014). Within the phallic stage, which is when a child is between the ages of three and six years of age, sexual pleasure for children is in the genital area. Boys develop an Oedipus complex and girls develop the Electra complex, in which they feel attracted to their parent of the opposite sex to that of the child's (Berk, 2004). It is during this stage that the ego, superego and id are formed. The latency stage, between six and eleven years of age and the genital stage in adolescence allow for children to identify and follow the norms of the society. It is during this time that they have to learn how to channel sexual desires in ways that are appropriate and channel all their energy into school work and social activities (Berk, 2004). This could be argued is the reason why during the ages between eleven and fourteen years of age, stressors that learners develop are due to the pressure of school work, as they have to focus on that instead of the sexual energy they have within the psyche (Sorotzkin, 2014).

Freud's theory had very little consideration of other influences within a child's life but focused mainly on the child being able to tame their ego and satisfy all their primitive cravings, thus for Freud, stress was not considered to be important in the development of children (Louw Louw, 2007). Freud's main belief was that children thrive and succeed based on how they deal with conflicts they encounter in the various psychosexual developmental stages, although these conflicts are based in the subconscious mind of children. He was focused on how conflict within children and humans as a whole, is based on our primitive biological forces like using the toilet, sexual fantasies and hunger rather and societal standards of what is right and wrong. Thus, Freud's approach is more focused on the how we as humans resolve unconscious conflicts throughout our lives (Louw & Louw, 2007). According to Freud, by the time a child was in their senior years of primary school or early years of high school, (roughly between eleven and twelve years of age), they were developing their super-ego

and they had tamed their sexual desires towards their parents and they were better able to channel any energy they have into school and learning, thus this period had very little turmoil and stress. It is a period of very low turmoil as children are seen to be better able to interact better with adults and peers (Berk, 2004). this stage is known as the Latency stage (Berk, 2004).

The Behaviourist Perspective of Stress

However, learning and behavioural theorist seem to have a different understanding of stress and the ways in which children go through these. According to Chakraburty in 2007, stress is a normal response for everyone and it can also be identified in children as stress has nothing to do with age, but rather is the pressure and expectations that are placed on children who often feel overwhelmed as they go through experiences that they have never been through before with minimal support but rather expectations and demands from parents and teachers (Chakraburty, 2007). In Chakraburty's article, the researcher feels that stress is a positive thing to some extent as it allows motivation for children to perform but only when it is used in very low amounts. For example, learners may feel stressed that examinations are approaching and that their examinations are very important, because of their stress levels, they may feel motivated to study and to seek help from teachers and peers regarding subjects they are struggling with. However, stress may too become detrimental and overwhelming especially if learners feel as though they have no way of tackling the issue that is stressing them out. For example, if they are socially isolated or have bad relationships with their teachers or have unapproachable and unhelpful teachers that they can seek assistance from, the stress may put the children in a hopeless state and they may lose all and any motivation to study and excel in their academic career (Chakraburty, 2007).

Thus, for stress to be beneficial and motivational to learners, there needs to be an agreement that learners are indeed feeling some form of pressure which can translate to stress and there needs to be options and availability of resources which learners have access to which can avoid learners feeling overwhelmed, thus reducing the negative effects of stress. For the purpose of this research, stress in children will be based on learning theories such Skinner's theory whereby he felt that children repeat behaviour that is positively reinforced and when they are motivated to do something, Humans continuously engage in that behaviour as it repels punishment but brings rewards, thus when children undergo stress during examination years and decision making processes, if they are able to master ways of dealing with stress which gives them a positive reinforcement like a reduction in feelings of anxiety and stress, they are most likely to constantly employ this manner of dealing with stress within different and various difficulties they may face in life. Skinner believes that we learn based on the outcome of actions as either positive or negative reinforcement. When learners are given ways to cope with stress and are praised for doing so, they are most likely to continue employing those stress coping mechanisms. Skinner also suggests that in order for learners to get the most out of their learning experience, they must be allowed and given room to learn at their own pace and in a manner, they know best, this is known as Skinner's Programmed Instruction Educational Model Principles. He believes that if learners are given the opportunity to learn in a manner that best suits them and a pace that best works for them, we will drastically reduce the levels of stress in children as everyone will be able to work in a manner that is suitable for their cognitive ability without making one feel overwhelmed and anxious as a learner tries to meet the given standards of teachers. Thus, for stress in eleven- to fourteen-year-old learners to be reduced, there may need to be a move away from imposing very high grade and expectations on learners but a move towards allowing learners to achieve what they can and this will then motivate them to reach self-set goals which are attainable rather than over exerting themselves which almost always induces stress (Pappas, 2014).

However, by allowing learners to set their own goals and expectations, we run the risk of making learners take a very laid back approach to academics as they may not want to push themselves to achieve their potential and the downfall of this is very low grades which will limit career choices when these pre-teenaged learners are applying for university. Stress may have both a positive and negative factor when it comes to motivating learners, however, the challenge is in knowing to what extent must learners be pushed so that they reach their full potential without being overwhelmed. Secondly, there needs to be an understanding and availability of resources so that when learners are pushed beyond what they can emotionally handle and get stressed, there are ways and means within the school that caters for helping children deal with such issues for example a counsellor or a club that allows the child to express themselves freely and "blow off some steam" so as to get a form of emotional and psychological release from all the pressure they are going through within the classroom. For some schools, the sports field is seen as a place on which children may focus on something that is not academic and stressful, however, in recent years, sport

has become highly competitive and may also now add to stress as children are trying to compete with their peers to make the school's first team and National teams. Thus, there may need to be an introduction of alternate ways and places of stress coping and this is what this research aims at identifying.

What are mental health issues?

Mental health is defined as general positive and balanced life but does not necessarily mean the total absence of illness and sickness from one's life (Leighton & Dogra, 2009). Mental health directly relates to a philosophical understanding that everyone has their own definition of what a positive and well-balanced life is, thus mental health issues mean many different things for different individuals based on what they deem as necessary in their lives to make their lives balanced and what they are lacking thus making it their mental health an issue. However, mental health has an underlying important trait and that is, a sense of being fulfilled, purposeful and having lasting and high value social relationships and support systems (Leighton & Dogra, 2009). When we look at mental health in children, it seems to move away from purpose and fulfilment as such constructs have not fully developed in children (Leighton & Dogra, 2009). Mental health in children seems to be linked to their ability to develop emotionally, creativity, psychologically and intellectually. Children have good mental health when they are able to feel safe, are able to be aware of others round them, have meaningful and solid interpersonal relationships in which there is no abuse and they feel content and comforted. When their mental health is of a high quality, they are able to grow, learn, memorise, play and develop a sense of wrong and right through exploration as they feel confident and sheltered by the individual around them through meaningful and strong relationships. Thus, children's mental health and the issues thereof are very closely linked to how the society children find themselves in allows them to be children and explore and learn (Health Advisory Services, 1995).

According to the British Medical Association in 2006, mental health issues can range from disorders such as Attention Deficient Hyperactivity Disorder (ADHD) to anxiety and depression or behavioural disorders (BMA, 2006). For children, mental health issues are not clear cut and straight forward as is the case with adults who are more in tune and able to understand the expectations they have for their lives. The reason for this is due to the fact that children are ever changing and developing and so one has to closely monitor and be aware of a child before they label them as having poor mental health. Their mental health is dependent on a variety of features that are forever changing for example their ability to make friends, or not reaching specific milestones. An example of such is a thirteen-year-old boy feeling stressed because his shoulders are not as broad as his classmates as he has a slightly delayed onset of puberty compared to his peers. Thus, the child may feel stressed and overwhelmed when they compare themselves to their peers, but upon reaching this milestone, they may be fine and forget all about their previous concerns. However, for children, their mental health is healthy when they are able to reach milestone, both developmental and emotional and they are in a good support system (Deng, 2020).

Generally, mentally healthy children have a good outcome both at home and school and socially and they generally grow up to be well grounded adults who know how to cope with adversity as they have established solid coping mechanisms (CDC, 2023). When children have poor mental health or mental health issues, it is evident in how they learn, their inability to retain and recall information and general ill-behaviour that shows that they are struggling to handle, understand, process and control their emotions (Chakraborty, 2007). A mental health disorder comes about when the symptoms are persistent and even with treatment and interventions they still linger and may even get worse (CDC, 2023).

What are stress coping mechanisms?

Stress coping mechanisms are ways, tools and strategies that an individual employs as a way of lessening the effects of stress on their lives and ultimately their mental health (Bailey, 2022). Stress causes us discomfort and physiological symptoms which are also common in children. Some of these symptoms can be feelings of intense fear and anxiety, headaches, stomach aches and irrational thoughts. In children they may have difficulty sleeping or following instructions. Children may become withdrawn and stop enjoying activities they once enjoyed or they may simply totally avoid an activity due to the negative emotions it makes them feel (Bailey, 2022). There are two main types of coping mechanisms, these can either be adaptive or maladaptive

stress coping mechanism (Bailey, 2022). With adaptive stress coping mechanisms, an individual is more likely to change their approach and attitude towards the stressor so as to reduce the negative outlook they have towards the stressor. For example, instead of a learner feeling gloom and doom over examinations that are fast approaching, they may choose to study for more hours in a day or choose to break their workload into more manageable chunks so as to reduce the feelings of being overwhelmed by a large volume of content to cover in preparation for examinations. With adaptive stress coping mechanisms, one still experiences stress although, they alter their mental state and emotional state to make them more able to tackle and approach the challenge, while doing so with a positive stance and approach. With maladaptive stress coping mechanisms, a learner may simply avoid examination preparation by constantly being sick, ignoring the fast-approaching examination date, using alcohol and drugs to take their mind off what is important or by having negative thoughts and attitudes towards their school work to the extent that they are unable to study as they have created a mental block within their own mind by having a negative view towards their school work (Bailey, 2022). Thus for children between the ages of eleven and fourteen, a good strategy to employ would and be adaptive coping mechanism as this would mean they are able to not only tackle their external examinations but they will be able to master and employ these strategies for whatever other examinations they will sit for, for the rest of their lives (Skinner & Zimmer-Gembeck, 2016).

How do Primary School Children, (Who Are Seniors within the primary School) Experience Stress?

Children experience stress in a slightly different manner compared to adults. For example, adults often get hypertensive, however children's symptoms appear to be more of a physical nature and an emotional/behavioural nature (Prakash, 2020). Children may feel on edge and be unable to remain calm even in situations that do not warrant a stressful response. They may also have unrealistic fears, or a recurrence of previous fears for example if they have outgrown the fear of a “bogey-man” this fear may return. They may also become very socially withdrawn and refuse to attend school, go to a friend’s house or even to engage and play with their friends, even though this is an activity they would have previously enjoyed (Prakash, 2020). Some physical symptoms may be a continuously painful stomach with no medical cause and reason, loss of appetite, irritability and uncontrolled mood or aggression towards peers, parents and caregivers (Prakash, 2020). Another very common way in which children express their stress levels, is an increase in defiance and a lack of effort to following rules, even rules that were previously followed and obeyed with little hassles or resistance. Children's experiences of stress are far from understood, this is due to the limited vocabulary that children have (Prakash, 2020). Teenagers and younger children often are unable to pin-point that the emotions they are feeling are due to stress, but they are aware of the physiological symptoms that their bodies are experiencing (Morin, 2021). Because stress is a big emotion, children are often not yet emotionally developed or knowledgeable that the situations and experiences they are facing are stress related and so they may not fully be able to explain and express how stress affects them and exactly how and what they feel when they get overwhelmed and stressed. Studies by Morin (2021) show that in order to counteract this, parents, teachers and caregivers are encouraged to converse with children about what is going on in their lives and to make them aware of stress and how and what it feels like and what kind of situations are most likely to induce these emotions in children (Morin, 2021). When children are more emotional aware and knowledgeable, they will be better to put words to the emotions they are feeling and the turmoil that is going on within them (Morin, 2021). Stress is an emotion that even for adults can be misunderstood or overlooked as sometimes we feel a certain way only to be told by medical doctors that the symptoms, we are experiencing are due to a high stress level. An example of such is lack of sleep, high blood pressure or even a stroke, only upon further examination and exploration by a medical practitioner does it become apparent to an adult that what they are going through is related to stressful stimuli in their environment (Morin, 2021). Thus, for adults to get a better understanding of how children experience stress there needs to be a conscious effort to teach children the language of emotions and help them identify various emotions based on what they feel.

Learners also need to be made aware that uncomfortable, new, challenging and many other situations can cause stress and this is normal, especially when considering the stressors that are within the child's environment. For example, if a child is choosing to avoid school, there needs to be a creation of an environment and language/communication channels that allows for that child to be open as to why they are avoiding school. Learners have to feel comfortable and open enough to tell their caregiver that they are not wanting to go to school because they are being bullied or because they feel that they are not clever and so will

fail the upcoming class test. When such an environment is created, whereby children are allowed to express themselves and air their views, only then will be able to understand the extent and type of situations children find themselves in that create a level of stress within their beings.

In African communities this is especially important as many children are grown up hearing the statement that “they must be seen and not heard”, what this does is reduces the voice of a child and creates an environment whereby children are scared to share their experiences, fears and challenges as they feel as though there is no room for such, and they are going against the rules of their homes and caregivers. This misconception found in many Africa countries, including Zimbabwe is that children do not have stress (Louw & Louw, 2007). There is a misconception that because children are not breadwinners they have no right to be stressed, as they have to do is play, eat and attend school, everything else financially, emotionally and socially attend to by their caregivers and so they never find themselves in stressful situations, but rather playful and jovial situations and so they have no need to be stress (Louw & Louw, 2007). This creates a dilemma for children as their stress is not related or caused by the same stressor as adults experience like financial or marital stress but that does not mean that children do not go through stress that is in line with their experiences like peer pressure, examinations or making the school team. Thus for Africa, and Zimbabwe, there needs to be a consideration of children and their emotions even if these needs seem silly and smaller in comparison to those of most adults. Often times, children's stress begins as distress but due their inability to control and regulate their emotions, distress can very easily and quickly move to stress (Chakraborty, 2007).

To What Extent Do Privately Owned Schools Channel Resources into Helping Learners Cope with Stress and Mental Health Issues?

Privately owned schools have a wide range and variety of clubs and sports for learners to be a part of. They also have smaller classes that allows teacher-pupil relationships to develop and classes becomes more manageable.

The use of clubs and sport

For many privately owned schools, fees are not within the same price range as government run schools. The financial standing of most parents and children in these schools are usually from a privileged background in comparison to children who attend government schools. Thus, in privately owned schools, the administration is financially able to cater for more needs of their learners as they have budget that is usually higher than the budget of government owned schools. Research relating to primary schools is very limited, however there has been a few studies that have looked at privately owned tertiary institutions as well as the researcher's own knowledge based on being an educator in a privately owned school. In Ghana, there was a study conducted on teenagers and they found that most teenagers opt to use spiritual support, clubs, social networking and isolation or disengagement. This can be also seen in privately owned schools in Zimbabwe as they usually have a number of clubs such as Drama club, Art club, Book club, Swimming club, Choir, Marimba club, Computer club, Home Economics and Scripture club. These clubs are generally created so as to give learners another dimension to their schooling experience whereby they are able to relax and have fun with peers. The element of fun and the ability to unwind goes a long way in coping with stress and so the creation and use of multiple clubs can be seen as a way in which privately owned schools offer coping mechanisms to children who are between the ages of eleven and fourteen. Some clubs are restricted only to senior learners and this allows for these learners to speak and interact with peers who are also experiencing what they are experiencing and this in itself is a stress coping mechanism as learners become support structures for themselves (Addy et. al, 2021).

The use of classes with small numbers

Another way in which privately owned schools help reduce stress within learners, is their teachers approach to their learners. For many government -owned schools, teachers are strict and rigid and generally are allowed to punish learners and have high standards that their learners have to meet. However, when we look at privately owned schools, teachers are accommodating and create an environment in which learners are able to explore and be free within their classroom. This may also be due to the smaller class numbers that privately owned schools have in comparison to government owned schools. In government owned schools, especially in

Zimbabwe, classes are often very large and so teachers have to be strict and rigid so as to keep control of the group as teacher to child ratios are very large. Thus, by having smaller classes, it can be a stress coping mechanism as teachers are able to be alert and in-tune with their learners needs and give them help where necessary as they have classes that are small enough to be able to pay attention to all learners who fall within the pre-teenager bracket within a class, thus smaller classes in privately owned schools is a way in which they channel resources into creating stress coping mechanisms.

RESEARCH DESIGN AND METHOD

For the purpose of this research, a mixed approach was chosen and this method uses both qualitative and quantitative research and in this case employing quantitative research more strongly (Shorten & Smith, 2017). The reason for using a mixed approach is due to the ability to gather both qualitative and quantitative data from the population as a means of getting information from all angles (Christensen, Burke Johnson and Turner, 2015). Collecting both types of data for this research, aimed at arriving at a better understanding of what school administrators feel they are offering to learners so as to help them cope with stress, while there will also be an understanding of the learners' actual experiences.

Collection of both qualitative and quantitative data allowed the researcher to triangulate the data and get a clearer picture of experiences in school, as well as to suggest difference in the learners' actual experiences in comparison to what the school thinks they are providing their learners with. Interviewing stakeholders of the school and questioning of learners allowed for data to be collected from parties that are directly involved in either feeling stress or providing services and coping mechanism that help with stress.

The qualitative approach employed interviews with teachers in charge or administrators of schools. The quantitative approach employed questionnaires that show ratings given by pupils in relation to how well they feel a school is offering adequate coping mechanisms for the school's learners. The quantitative data from learners and the qualitative data from adults within the school was thus triangulated so as to give a picture of how the two different groups view the efforts of equipping learners to cope in their stressful schooling environment.

The population was all learners between the ages of eleven and fourteen who are enrolled in a privately owned school and are in their final year of primary school and so are the seniors of their schools. The population was made up of thirty educational centres that enrolled learners from the age of four years of age, up to fourteen years of age (Ministry of Primary and Secondary Education Data Sheet). Upon looking at the Ministry of Primary and Secondary Education Data Sheet, it became apparent that within those thirty schools, only nine are privately owned schools and seven have the age group that is being researched (Ministry of Primary and Secondary Data Sheet).

Simple random sampling was used and every one of the seven schools had an equal probability of being selected for the research. The schools that came up with numbers one to three were then selected to be used as the sample. The learners of these three schools were asked to participate in the research while administrators or teachers in charge were also asked to give their interpretation of systems and efforts that their schools are making to ensure learners are accessing stress coping mechanisms that are effective within the school, through interviews.

The two main instruments to collect data were interviews within the boundaries of interview guides and questionnaires. The stakeholders within the school, namely the administrators and headmaster/mistresses, gave a clear account of what exactly was on the ground in terms of available resources as well as how best the school as a whole helps their learners deal with stressing situations and circumstances. The reason for interviewing adults was to allow for triangulation of the research data as well as to understand the actual experiences of learners in comparison to what the adults within the school feel learners experience and resources they have at their disposal.

Questionnaires were suitable for learners as it allowed them answer the question being asked as questions are specific rather than allowing learners to answer in their own words as they may end up missing the point of the

question. Open ended questions were also used as this allows the learners to give their own insight, explanation and experiences to stress coping mechanisms within in the school.

Data presentation and analysis

When the research was conducted, there were some themes that were discovered once the data was analysed. These themes were thus used in the presentation of data as follows:

Theme 1 - Definition of stress

When boy and girl learners were defining what stress was, they all seemed to mention feelings of sadness and being overwhelmed. Ninety percent of girls related stress to feelings associated with low achievement and failure to meet parental or teacher's standards. Their stress was more based on the fear and consequences of their actions rather than the action itself. So instead of being stressed that exams were approaching, the girls were more fearful when they failed as they would get punished by parents or made to do corrections by their teacher, an activity which they claim is time consuming and tedious. The other ten percent of girls defined stress based on exclusion from peers and not being liked by peers. They explained that when one has no friends or is not liked by peers, they then felt stressed, as they had no one to help them or be a shoulder to lean on. When they were alone, they felt stressed, especially with the many bodily and educational changes that occur during this time. The boys on the other hand defined stress as being anxious or overwhelmed. The common definition between boys and girls was that stress is defined as being anxious and uneasy. Eighty-eight percent of the boys felt that stress was due to not performing well in tasks in the classroom and at sporting activities. The remaining twenty-two percent said sometimes they felt stressed when they were excluded or not chosen to perform in festivals or sporting fixtures. In such instances, they were not sure why they were stressed but because they were not a part of what their age mates and peers were doing, they thought that is what invokes feelings of stress within them.

The administrators and headmistress had slightly different definitions of what stress was in comparison to what the learners felt stress was. From S3, H3 was adamant that children do not experience stress and they must merely do what they are told to do. She felt that if learners followed instructions and did as they were told, they would not have stress as they would never be in trouble. She felt as though when children claim they are stressed, they are seeking attention and running away from what is expected of them and what they are meant to do. Thus, her definition for stress was not clear as she felt children, no matter the age cannot say they are stressed, but rather their stress is a direct result of inability to follow instructions, listen to teachers and were spoilt by their parents and caregivers. The other two administrators acknowledged that children do feel stress and that their stress stems from family problems, learning impairments and the pressure and challenges associated with a curriculum that has many subjects and continuous assessment. They both said that they believe that the workload children are having in the modern world is limiting children's ability to play and have fun and this is directly influencing the amount of stress and stress levels children are facing.

Theme 2 - Stressors in learners

Between the girls and boys that answered the questionnaires sent out, majority of both genders felt that examinations were a major cause of stress for them. Seventy-three percent of boys shared this sentiment while eighty percent of girls shared this sentiment too. Girls were more concerned about their social image and this was the next biggest stressor for girls. According to the girls' responses from their questionnaires, they were concerned with expectations both academic and sporting exceptions as they were mentioned by five percent of the girls respectively. Girls home environment and issues related to their parents was only mentioned by two percent of the girls as something that causes stress in their lives.

The boys' questionnaires showed that majority of boys were stressed by examinations and the pressure that is coupled with that period of schooling. Their next biggest stressor was sporting expectations when they had to please their sports team, teacher in charge of that sport and their parents who usually watch them as they play matches. Boys were not stressed by their home environment as none of the participants from the boy group noted their home environment as something that adds to their stress levels. Academic expectations were

stressors for three percent of the boys whilst four percent of boys were stressed by social factors such as whether or not they were liked by their peers and how tall, strong and fit they were in relation to their peers. The Figure I below represents the relationship and similarity of responses regarding what stresses both boys and girls that were part of this research study.

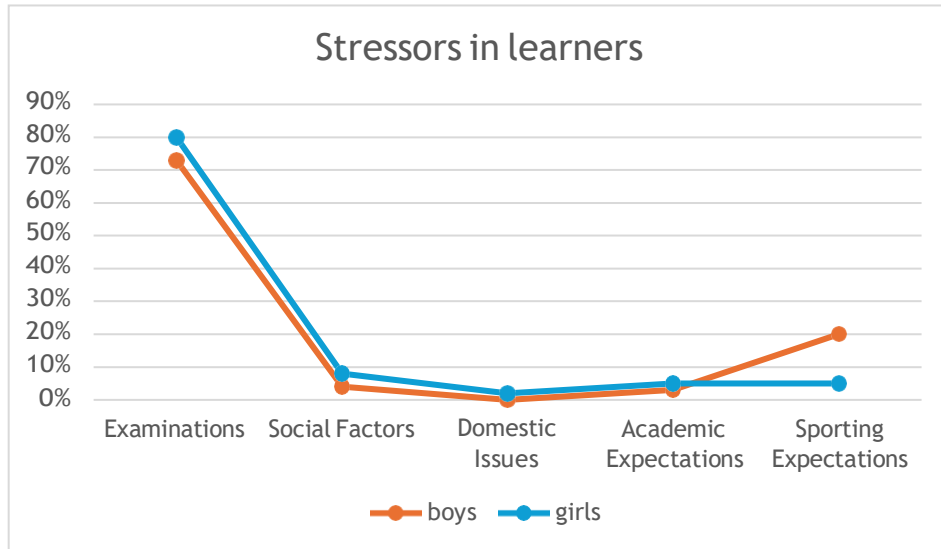


Figure I: Stressors in Learners

Theme 3 - Stress coping mechanisms

The answers to this question amongst the boys was largely unanimous. Ninety percent of the boys questioned stated that their way of coping with stress was by playing sport, while two percent stated that they were unsure of how they dealt with stress and felt they did not have any way of dealing with their stress levels. The final eight percent stated that their way of dealing with stress was by listening to music or watching their favourite shows on television. Figure II below shows a visual representation of these figures.

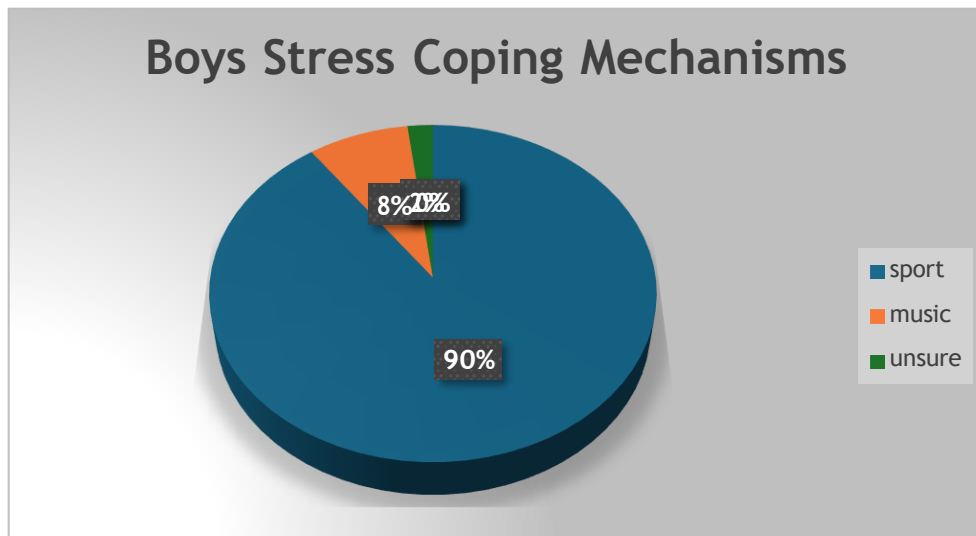


Figure II: Boys Stress Coping Mechanisms

Of the girls who completed the questionnaire, forty percent of the girls found that listening to music and watching television was their stress coping mechanism. Forty-five percent of the girls stated that playing sport was how they coped with stress. Ten percent of the girls preferred talking to their peers whilst five percent found sleeping a satisfactory way of dealing with stress. Thus, for the girls, they also found music and sport to be their stress coping mechanisms, although the percentages varied between boys and girls. The common stress coping mechanism between girls and boys was playing sport and listening to music or watching television. Figure III below shows a visual representation of these figures.

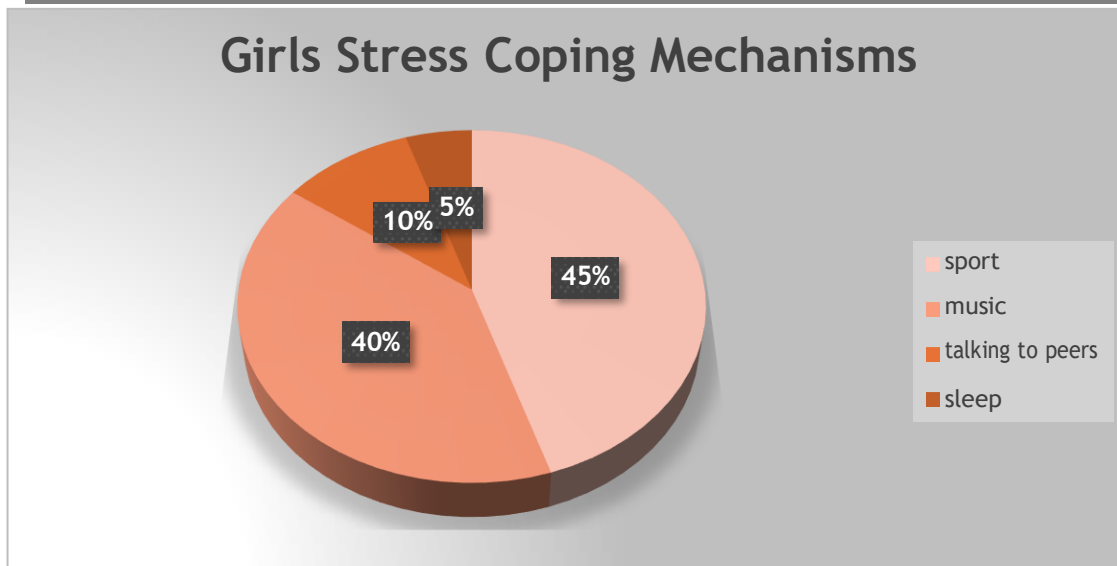


Figure III: Girls Stress Coping Mechanisms

All three schools, according to their administrators and headmistresses did not have a clear and exact allocation of resources that catered for learner’s mental health and stress coping mechanisms. This was also the consensus with both the girls and boys who participated in this research. Seventy-three percent of boys felt as though the sport that was being offered at their school was the way in which their schools offer them coping mechanisms. The boys contradicted their statements as they felt that sporting fixtures were a cause of their stress although they also felt that sport helped them deal with stress. Thus, for boys practice sessions are what they found to be more stress relieving as there was not as much pressure put on them in comparison to when there are fixtures, external matches or tournaments. However, eighty-nine percent of the girls were unsure of what their schools offer to them to help them cope with stress.

The administrators of the two schools were also not entirely sure how their school offered coping mechanisms. However, they did mention that clubs on offer such as Scripture Union, Chess, Book Club and Guidance and Counselling Club were placed so that the learners can attend and take their minds of competitive activities like sport and so these are the places and resources put in place that assist learners cope with stress.

Theme 4 - Unapproachable nature of teachers

With the boys and girls combined, there was a consensus that teachers were unapproachable because they were old fashioned and did not understand modern day problems or they tended to lecture and reprimand learners rather than listening to their problems. The boys in S1 and S2 felt that there were too few male teachers and so they found it difficult to converse and discuss their problems with the female teachers who were present and up majority if the staff of the school. Learners in S3 felt that the teachers in the school were too strict and did not understand issues and pressures that their learners were facing. Fifty-five percent of learners from S3 felt that their teachers are not willing to listen to their learners while forty-five percent of learners from S3 felt that they were not accommodated and their teachers seemed to very authoritarian and cold towards their learners. In S1, the learners explained that as much as they had friendly and open teachers, they struggled to share their stress and problems with their teachers as their teachers were extremely busy and so were the learners due to many extra curriculum activities. They felt that although they had issues, they had to keep on working hard and fulfilling their duties if they were to remain in their teachers and parents’ good books.

The head from S3 stated that her teachers were available for learners to talk them. However, she also stated that she had almost never heard of any teacher coming into the headmistress’s office to express and explain a stress or mental health related concern that had arisen from a student. Thus, she was uncertain if learners actually opened up to their teachers or if the teachers were just not sharing with the headmistress the issues they were facing. She did however mention that academic passes were of uttermost importance and much of teachers’ resources and energy was diverted to making learners pass rather than dealing with trivial issues like learners who claim to be stressed.

Theme 5 - Mental health awareness

When learners were asked about what mental health meant, they were not very certain. This was true for both boys and girls. Fifty percent of boys and fifty-three percent of girls felt that mental health had to do with being mad and crazy. All definitions generated from both boys and girls of what mental health means did not explicitly state what mental health is. Rather their definitions were based on what mental health is not. For example, a participant from S3 stated that mental health is when you are not mad. Another participant from S2 stated that mental health is when your mind does not have illness. Thus, learner's definitions were based on negatives and opposites rather than positives and exactly what mental health is. For the teachers from S1, S2 and S3, they were able to state what mental health is as applied to adults but failed to state the meaning when applying it to children and learners under the age of eighteen (the legal age of adulthood in Zimbabwe). Administrators from S1 and S2 were not sure if mental illness can be identified in children except for cases that are very clear such as learners who have autism or memory issues. But even then, they were not sure if this is part of mental illness or learning impairments. The headmistress from S3 was knowledgeable about mental health as she had recently attended a workshop, however she was uncertain of the meaning and repercussions of children's mental health.

DISCUSSION OF FINDINGS

Upon completing the research, these are the findings and literature to support and contradict the findings of this study.

Mental health awareness and stress in children

Although the world, including third world countries are beginning to understand the importance of mental health and how it affects all facets of one's life, there is still a very slow and almost non-existent understanding and emphasis on mental health awareness in children who are below the legal age of adulthood in many third world countries (Hove, 2004). According to Hove in 2004, there is knowledge that mental health issues are present and that the lack of mental health affects many areas of one's life. There is an understanding and awareness that the lack of mental health can lead to other issues such as depression, substance abuse or suicide ideation (Hove, 2004).

However, although this knowledge is present and the world at large has been aiming at educating adults about the importance of taking care of their mental health, there is a tendency to forget about children and what mental health means for them as their stressors and ways of manifesting stress differ from that of adults (Hove, 2004). The research findings support this narrative, as the adults who were interviewed were knowledgeable on what mental health means for them as adults but were not very clear or knowledgeable on what it meant or how it could be achieved in children. The same can be said for the learners that were part of this research, they were unsure of exactly what mental health meant them and they largely used opposites to define mental health. For their definition of mental health, the learners stated what mental health was not for example mental health was seen as not being mad or crazy. Thus, the definition of mental health for children is still yet to be fully understood and formulated, especially in Africa, where resources are scarce and where there is still a large extent of corporal punishment and a belief that children are unable to feel stressed or overwhelmed.

For children, according to Corcoran and Wolk in 2023, being mentally healthy refers to a child's ability to reach developmental and social milestones in a timely and effective manner. Mental health in children is also linked to their ability to emotionally regulate themselves, learn sufficient social skills and be able to express themselves adequately and clearly when they face problems (Green et. al, 2005). Mentally healthy children are generally well behaved, fit, calm and have a positive impact on their peers, their influence is positive and so is their quality of life across multiple settings such as social, academic and community settings (Green et. al, 2005).

Teachers' ability to be approachable

In order for anyone to be able to share their experiences as a way of getting counselled, they need to be comfortable with the person they are going to be sharing their information with (Louw & Louw, 2007). The research conducted showed that many learners felt that their teachers were of very little help when it came to

assisting them with their stressors due to the fact that teachers were unapproachable to the extent of some the teachers being authoritarian. This meant that these teachers felt that the only way for learners to behave was the way in which their teachers told them to behave (Linsin, 2021). Learners also felt that some teachers were old fashioned and would not understand modern day problems but would rather attribute the problems and stress that learners are experiencing to failure to follow instructions. Teachers largely were seen as individuals who gave advice based on their own life choices and experiences rather than on what is applicable in the current generation. For example, a learner may feel extremely overwhelmed and isolated because they do not have many followers on social media. To a teacher, the advice to this learner may be that they must ignore social media and focus on their school work. However, for the learners, who were part of the pre-teenagers age group, social image is very important and validated some learners as they feel comforted knowing that they have many people who are interested in the content they have to share on their social media or because their social media generates an income for them; such as 'influencers.' If a teacher is unaware of how significant social media is for this particular learner, their advice of focusing on school is of no value and importance to the learner, as the learner will definitely feel as though their teacher does not understand the significance of social media in the learner's life. Thus, this inability to approach and reason with teachers made learners feel as though their teachers are of very little to no help to learners when they need someone to talk to.

When research was conducted in Australia relating to the helping behaviour of teachers towards learners with mental health issues, it was noted that learners are more reluctant to share information and talk to their teachers when they feel as though they will be judged, not offered adequate help, that is practical and beneficial to the learners (Dey, Marti & Jorm, 2022). Learners perception of their teachers plays a vital role in determining whether or not a learner will be willing to firstly approach a teacher for help and secondly open up about issues that are affecting that learner (Dey, Marti & Jorm, 2022). This was a theme noted in the research conducted as learners had no confidence in being able to share their issues with their teachers. This shows that in both Zimbabwe and Australia, learners are reluctant to share information with people who do not show an understanding or accommodating nature towards learners and their issues. Rather, learners tend to turn to other forms of stress coping mechanisms such as talking to their peers or listening to music rather than seeking help from adults who are most likely better able to guide a learner into figuring out how to eliminate the stress or solve their problem (Dey, Marti & Jorm, 2022).

Allocation of resources and creation of ways that allow for mental health in children

Within the African setting especially in Zimbabwe, there is a gap in the resources and availability of places and centres that are able to give children an opportunity to develop and better their mental health state (Aderinto & Opanike, 2022). Within the schools researched, the allocation of resources for mental health was almost non-existent. In S3, the headmistress was adamant that academic success was in more need of resources than mental health. To this headmistress, mental health took a back seat in comparison to mental health and so there had been very little allocation of resources and time to ensure that learners mental health was being taken care of. The other schools provided clubs which they felt were a form of catering for learners' mental health as learners did not have to be competitive but rather could have fun and unwind in these places. The administrator of S1 showed the researcher some posters that had been made to and posted around the school that encouraged learners to be mindful of their mental health by choosing peace, happiness and kindness. An example of these signs are shown in Figure IV and Figure V below.



Figure IV: Example of Sign



Figure V: Example of Sign

Research conducted in Africa, by the World Health Organisation (WHO) in 2021, found that in Africa as a whole, children are more susceptible and exposed to ill mental health due to social inequality, lack of infrastructure and limited resources especially in schools, where the focus and channelling of resources was mainly to ensure academic excellence with very little consideration for mental health of learners. The researched conducted by the World Health Organisation stated that African children have been exposed to many traumas in comparison to children from more developed parts of the world, such as Europe. These traumas were due to exposure and living in extreme poverty, living in child headed or broken households; due to parents leaving home to find employment and financial gains. The World Health Organisation also noted that lack of resources from parents influenced the quality of life and this all contributed negatively to the learners' mental wellness although, due to limited resources the focus from parents was more on children being able to learn, have a meal to eat and shelter. The ability to provide a mentally friendly and conducive environment was not a top priority for many African parents and schools. This trait can also be seen in Zimbabwe and in the research conducted at three privately owned schools in Imbizo District, as two schools did try to make some effort in promoting mental wellness. This was done by the school in the form of signs that encourage and promote their learners to have a positive outlook to life, but that alone in itself may not be enough to ensure learners are mentally healthy. For example, if there are stressors that are overwhelming for learners such as parents going through a divorce, a sign about choosing peace may not calm or help the learner cope with the stress they are experiencing due to the uncertainty and tension associated with parental divorces and custody battles.

Summary of Major research findings

These major research findings have been drawn from the data presented in this study.

1. Examinations were a major cause of stress in pre-teenagers.
2. Music and television watching are the preferred ways of dealing with stress for both boys and girls.
3. Boys to a larger extent preferred to engage in sporting activities as a way of dealing with stress although competitive sports were noted, by boys, to bring a contradicting effect of being a cause of stress.
4. Boys do not talk to their peers about issues while girls do.
5. Adults have some knowledge of mental health and stress as it relates to adults however when they have to explain mental health and stress in relation to children they struggle.
6. Children have an idea about mental health but it is not a very clear and distinct knowledge.
7. Authoritarian teachers make it difficult for learners to open up about their issues and problems.

8. Gender of teachers influences the level of approachability of the learners. For example, boys feel more comfortable talking to male teachers than to female teachers.

CONCLUSIONS

Mental health issues according to the research participants were identified and names as what mental health is not. Thus, there was a very little knowledge on what mental health actually was. There was knowledge on what exactly causes stress in learners but there was little knowledge from the administrators on what learners do to cope with stress although learners gave a clear narrative of the activities, they engage in to cope with stress and pressure.

1. Stress coping mechanisms were identified as listening to music, sleep, watching television and talking to peers and to some guarded extent, sporting activities. The adults interviewed were not entirely sure how learners individually dealt with stress and how they coped with it. Two schools, however, did mention that the introduction of clubs was assumed to reduce academic pressure and provided learners with a place to unwind as there was no academic pressure associated with clubs offered at the schools. One school posted positive signs around the school so as to constantly remind learners to be at peace and happy. The hope was that these positive signs would encourage mental wellness.
2. The learners shared that they did in fact experience stress, and this was due to academic and sporting pressure. It was also due to issues in their home environment but the main cause of their stress was examination and the pressure to pass. The administrators seemed to confirm that learners did indeed feel stressed during examination period as teachers noticed a change in learners' behaviour during this time.

RECOMMENDATIONS

Due to there being a lack of understanding that children do in fact go through stress and that there is little resources and consideration for their mental health, it is recommended that more teachers and schools be trained on the importance of ensuring and practicing mental wellness exercises as early as possible with learners so as to ensure that their mental illness does not continue to grow with them and become a major problem in adulthood. For example, if a learner has anxiety during childhood but the parents continuously emphasize that the child is being immature, when the child grows up, these children may then turn to substances as a way of dealing with their anxiety or they may develop panic and anxiety attacks as they have no way of coping with their anxiety. Thus, when parents, teachers and learners are equipped with coping mechanisms as soon as possible, these can be perfected and by the time adulthood is reached, the individual in question has a large reserve of healthy and productive ways in which they deal with issues.

From the findings and conclusions discussed above, flow the following recommendations:

1. Fun days in which different professionals in the mental health field come to the school and give talks to the children on the importance of mental health.
2. Introducing wellness and wellness days within schools, under trained coaches. These wellness days can be made compulsory for both learners and teachers within the school.
3. Training of teachers so that they are able to guide and counsel learners.
4. Educating teachers on the games, pranks and social media sensations/trends that are currently a hit with learners so teachers are abreast with what is happening in the learner's world.
5. Avoiding being too strict and having expectations that are too high as this often creates a situation in which children feel as though they are under immense pressure.
6. Ensuring adequate sleeping time for pre-teenage learners by not overloading the learners with too many tasks to be done at home and through educating parents on the need to facilitate adequate sleeping time

for their children.

7. Creating zones within the school whereby learners can unwind. Such zones can be placed in the shade outside whereby learners can have a place that is calm and tranquil while they eat their lunch and have no visual education stimulus during that time. Or in the library where learners can sit on beanbags or games that allow for learners to have some down time during certain times of the day such as breaktime or lunch time.

It may be interesting for to research and find out how parents deal with their own stress and how they cope with mental health issues because if they do not have these coping mechanisms for themselves, they may not be in a position to share any mechanism with their children (Hove, 2004)

REFERENCES

1. Berk, L.E. (2013). *Child Development* (9th edition). Unites States of America: Illinois State University.
2. Berk, L.E. (2004). *Development through the lifespan* (3rd edition). Boston: Allyn & Bacon.
3. Christensen, L.B., Burke Johnson, R. and Turner, L.A. (2015). *Research Methods, Design, and Analysis*. England: Pearson Education Limited.
4. Condon, E.M. (2018). Chronic Stress in Children and Adolescents: A Review of Biomarkers for Use in Paediatric Research. *Journal on Biological Research for Nursing*. Vol 20, Issue 5.
5. Corcoran, J., and Wolk, C.B. (2023). *Child and Adolescent Mental Health in Social Work*. England: Oxford University Press.
6. Easwaramoorthy, M. and Zarinpoush, F. (2006). *Interviewing for research*. Toronto: Canada Volunteerism Initiative.
7. Green, H., McGinnity, A., Meltzer, H., Ford, T., and Goodman, R. (2005). *Mental health of children and young people in Great Britain*. United Kingdom: Office for National Statistics.
8. Health Advisory Services. (1995). *Child and Adolescent Mental Health*. London: HAS.
9. Leighton, S. (2008) 'What do I think? Where do I go?' Exploring adolescents' understanding of mental health issues and their attitudes towards seeking help for mental health problems. Unpublished doctoral thesis.
10. Louw, D. and Louw, A. (2007). *Child and Adolescent Development*. South Africa: Department of Psychology, University of Free State.
11. Papalia, D.E., Feldman, R.D., and Gross, D.L. (2003). *Childhood Development: A Topical Approach*. New York: McGraw-Hill.
12. Skinner, E. A., and Zimmer-Gembeck, M. J. (2016). *The development of coping: Stress, neurophysiology, social relationships, and resilience during childhood and adolescence*. AG: Springer International Publishing.
13. Wagner, C., Kawulich, B., and Garner, M. (2012). *Doing Social Research: A global context*. Berkshire: McGraw-Hill Higher Education.
14. Aderinto, N., and Opanike, J. (2022). Accessing Mental Health Services in Africa: Current state, efforts, challenges and recommendation. (Online) Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9387063/>
15. Addy, N.D., Agbozo, F., Runge-Ranzinger, S., and Grys, P. (2021). Mental health difficulties, coping mechanisms and support systems among school-going adolescents in Ghana: A mixed methods study. (Online) Available: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0250424>
16. Bailey, A. (2022). *Coping Mechanisms: Everything You Need to Know*. (Online) Available: <https://www.verywellhealth.com/coping-mechanisms-5272135>
17. British Medical Association. (2006). *Child and Adolescent Mental Health: A Guide for Health Care Professionals*. Defining mental health and mental illness 15 Professionals. (Online). Available [https://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFChildAdolescentMentalHealth/\\$FILE/ChildAdolescentMentalHealth.pdf](https://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFChildAdolescentMentalHealth/$FILE/ChildAdolescentMentalHealth.pdf)
18. Center for Disease Control and Prevention. (2023). *What is Children's Mental Health?* (Online) Available: <https://www.cdc.gov/childrensmentalhealth/basics.html>
19. Chakraborty, A. (2007). *Your child and anxiety: School stress starts early*. (Online) Available:

- <https://www.webmd.com/anxiety-panic/features/school-stress-anxiety-children>
20. Deng, P. (2020). 10 Characteristics of Mentally Healthy People. (Online) Available: <https://medium.com/change-your-mind/10-characteristics-of-people-who-are-mentally-healthy-3c4549790b1b>
 21. Dey, M., Marti, L., and Jorm, A.F. (2022). Teachers' Experiences with and Helping Behaviour Towards Students with Mental Health Problems. (Online) Available: https://www.researchgate.net/publication/363877011_Teachers'_Experiences_with_and_Helping_Behaviour_Towards_Students_with_Mental_Health_Problems
 22. Flender, R.M., and Brent, R. (2005). Understanding Student Difference. (Online) Available: http://www.researchgate.net/publication/264224326_Understanding_Student_Differences
 23. Harteselle, S. (2022). Coping Mechanisms: Everything You Need to Know. (Online) Available: <https://www.verywellhealth.com/coping-mechanisms-5272135>
 24. Hove, C.W. (2004). Expanding Awareness of Mental Health in Childhood and Adolescents. (Online) Available: [https://www.icafe.org/resource/pdfs/Expanding % 20 Awareness % 20 of % 20 Mental % 20 Health % 20 in % 20 Childhood % 20 and % 20 Adolescence.pdf](https://www.icafe.org/resource/pdfs/Expanding%20Awareness%20of%20Mental%20Health%20in%20Childhood%20and%20Adolescence.pdf)
 25. Leighton, S., and Dogra, N. (2009). Defining Mental Health and Mental Illness. (Online) Available: https://www.researchgate.net/publication/255657987_Defining_mental_health_and_mental_illness
 26. Linsin, M. (2021). Why Being an Authoritarian Teacher Is a Mistake? (Online) Available: <https://smartclassroommanagement.com/2021/10/29/authoritarian-teacher/>
 27. Marandure, B.N., Mhizha, S., Wilson, A. and Nhunzvi, C. (2022). Understanding the nature of substance use in Zimbabwe: State of the art and ways forward: A scoping review protocol. (Online) Available:
 28. <https://www.medrxiv.org/content/10.1101/2022.07.18.22277771v1.full.pdf&ved=2ahUKEwjivMqxnJiCAxUKTKQEHQj9BL4QFnoECBUQAQ&usq=AOvVaw0dCMJCwUqBHNXNiQkVxbEx>
 29. Maraire, T. and Chethiyar, S.D.M. (2020). Drugs and Substance Abuse Problem by the Zimbabwean Youth: A Psychological Perspective. (Online) Available: https://www.researchgate.net/publication/351025662_DRUG_AND_SUBSTANCE_ABUSE_PROBLEM_BY_THE_ZIMBABWEAN_YOUTH_A_PSYCHOLOGICAL_PERSPECTIVE
 30. Morin, A. (2021). How to Help a Highly Emotional Child Cope with Big Feelings? (Online) Available: <https://www.verywellfamily.com/how-to-help-an-overly-emotional-child-4157594>
 31. Pappas, C. (2014). Instructional Design Models and Theories: Programmed Instruction Educational Model. (Online). Available [<https://elearningindustry.com/programmed-instruction-educational-model>]
 32. Pembere, K. (2023). Drug and Alcohol Abuse Criminal Offences Spike in Zimbabwe. (Online) Available: [<https://healthtimes.co.zw/2023/04/05/drug-and-alcohol-abuse-criminal-offenses-spike-in-zimbabwe/>]
 33. Prakash, R. (2020). Stress in children. (Online) Available: [<https://parenting.firstcry.com/articles/stress-in-children/>]
 34. Sabia, J.J., Dave, D.M., Alotaibi, F., Rees, D.I. (2021). Is Recreational Marijuana a Gateway to Harder Drug Use and Crime? (Online) Available: https://www.nber.org/system/files/working_papers/w29038/w29038.pdf&ved=2ahUKEwj68qesrJiCAxUtQaQEhft_AOvVaw0Koh7rsuyt41oAez2JYUd
 35. Shorten, A., and Smith, J. (2017). Mixed methods research: expanding the evidence base. (Online) Available: <https://ebn.bmj.com/content/20/3/74>
 36. Sorotzkin, B. (2014). The Quest for Perfection: avoiding guilt or avoiding shame? (Online) Available: https://drsorotzkin.com/wp-content/uploads/2014/09/eng-perfectionism-shame-guilt.pdf&ved=2ahUKEwj178_Nz5qCAxVsVkeAHZ6CD9QQFnoECBUQAQ&usq=AOvVaw1d0ruQt7Wjnh2L5KjPDUrB
 37. World Health Organisation. (2020). Mental Health Definition by WHO. (Online) Available <https://www.publichealth.com.ng/mental-health-definition-by-who/>
 38. World Health Organisation (2021). Access to mental health and psychosocial support services remains unequal for children and adolescents in Africa, alert UNICEF & WHO. (Online) Available: <https://www.afro.who.int/news/access-mental-health-and-psychosocial-support-services-remains-unequal-children-and#:~:text=Access%20to%20mental%20health%20and%20psychosocial%20support%20services,children%20in%20sub-Saharan%20Africa%20experiences%20significant%20psychological%20hardship>