




Exploring adolescent learners' perceptions of mental health and behavioural needs in a rural school setting

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Abstract— The rising prevalence of mental health issues, estimated at approximately one-fourth among youth in rural South African schools, is a growing concern. This study investigates how adolescent learners perceive mental health and behavioural problems in a rural school located in the Thabo Mofutsanyana district. It further explores the impact of these challenges on learners' academic performance and overall well-being. Eight participants were purposively selected from a selected high school in the Eastern Free State, South Africa. Using narrative analysis, the study found that adolescent learners demonstrated an awareness of mental health and behavioural issues and identified a link between these challenges and their academic performance. The findings highlight the need for community-based support systems that promote adolescent mental well-being. The study recommends the integration of Western and Indigenous knowledge systems to develop more holistic and culturally relevant mental health interventions for rural youth.

Keywords: Adolescent learners, Behavioural needs, Mental health, Rural school

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I. INTRODUCTION

RAPID changes in physical, social, and psychological development occur during adolescence, making it a crucial time of life transition (World Health Organisation [WHO], 2020). Teenagers are vulnerable to health and wellness hazards that could last into adulthood as they approach a time of greater independence and exploration (Patton et al., 2016). Given the significant illness burden associated with mental disorders among adolescents and young adults, now is especially important to prioritise mental health promotion (Mokdad et al., 2016). According to estimates, 34.6% of mental health disorders start before the age of 14, and 62.5% do so by the time a person is 25 (Solmi et al., 2022). In addition, suicide ranks as the fourth common cause of death worldwide for teenagers and young adults between the ages of 15 and 29 (WHO, 2020). Mental health can significantly impact an individual's trajectory starting in early adolescence. Teens dealing with mental health issues may find it challenging to focus on class (Cavioni et al., 2021; Juma et al., 2020; Schulte-Korne, 2016); develop and maintain interpersonal relationships; and make a positive contribution to the workforce in the future. Many teenagers continue to be at risk of acquiring unhealthy behaviours (such as alcohol, tobacco, and other substance use) and chronic disease into adulthood. Some adolescents go on to develop chronic mental health issues or experience more severe bouts of poor mental health.

Additionally, the stigma associated with poor mental health and limited access to mental health services endures despite increased public awareness and literacy about mental health issues, which exacerbates the difficulties faced by adolescents and young adults (Jumbe et al., 2022; Radez et al., 2021; Woodgate et al., 2020). Adolescents can enhance positive mental health outcomes and prevent or lessen symptoms by participating in universal initiatives for the promotion of mental health and prevention of mental disorders (WHO, 2020). Nevertheless, the data for these interventions is seriously lacking

in certain areas. According to Kuyken et al. (2022), promotional and preventative interventions have been evaluated and implemented in high-income country settings, even though 90% of adolescents worldwide live in low- and middle-income countries (Uppendahl et al., 2020).

Secondary schools in rural South Africa provide a distinctive setting. They lack adequate resources, are overcrowded, and the students' violent behaviours are a constant source of disruption. It is important to remember that, according to Hosokawa and Katsura (2020), a child's environment influences and affects their development and mental health towards better or worse. A child's immediate surroundings include home, school, and neighbourhood. Their psychosocial needs lead to various behavioural issues, varying in intensity. Bullying, lying, and rule-breaking are issues that might develop to meet social requirements. Adolescents are greatly affected by mental illness, and one in five of them has been reported to have struggled with their mental health (Musbahi et al., 2022). Only a small percentage of people obtain mental health care, even though teenagers are likely to experience mental health problems. According to one study, only 20% of young people in need of mental health services get help (Musbahi et al., 2022). Adolescents' help-seeking behaviours are directly impacted by mental health literacy, so they need to be able to identify mental health conditions, believe that asking for assistance is appropriate, and know who to contact for support (Duffy et al., 2021). Understanding the obstacles that prevent teenagers from seeking treatment is crucial, particularly for adolescent populations living in rural areas. Studies show that in school-based communities, teenagers are more likely to obtain mental health care (Duffy et al., 2021). Studies on teenage mental health help-seeking, particularly in rural school populations, are few (Musbahi et al., 2022). Adolescence and early adulthood are risk years for the beginning of mental illness, which can have a detrimental effect on relationships, work, and education (Marshall & Dunstan, 2019). The fact that many young people with mental health illnesses do not seek care is one factor contributing to the devastation caused by these conditions (Marshall & Dunstan, 2019). Low mental health has been

linked to stigmatisation fears, negative perceptions about mental illness, and the effectiveness of mental health treatments. It has also been linked to a lack of help-seeking behaviour (Marshall & Dunstan, 2019).

Adolescents can enhance good mental health outcomes and prevent or lessen symptoms by participating in universal initiatives for the promotion of mental health and prevention of mental illnesses (WHO, 2020). Nonetheless, data on these treatments is seriously lacking in certain rural areas. The daily routines, procedures, and practices that teenagers encounter at school have the potential to either positively or negatively impact their health and well-being, in addition to offering a convenient, safe, and regulated environment in which to interact with them. Teenagers may be able to build relationships with instructors and classmates in schools and apply newly acquired abilities to other aspects of their lives (King & Fazel, 2019). This study highlights the key issues adolescent learners in rural schools need to understand about mental health and behavioural needs.

II. PROBLEM STATEMENT

Although it is possible to argue that one hundred percent of people suffer from mental health problems, what is concerning is the current rising rate of mental health cases, roughly one-fourth, among youth in schools. Four percent of young people have been reported to have severe mental illness, and the number is still rising (Mngoma & Ayonrinde, 2022; UNICEF South Africa, 2023). Reports indicate that there is a global decline in youth mental health, with 37 percent of teenagers reported to have had serious depression between 2005 and 2014 (Lindsay, 2019). The same study that Lindsay (2019) reported on shows that mental illness has been demonstrated to have an impact on poor academic performance, behavioural issues, and mental health issues. Adolescents in rural schools may behave riskily if their mental health and behavioural requirements are not understood. Adolescence is the time when many risk-taking activities for health, such as drug abuse or sexual risk-taking, begin. Risk-taking activities can negatively affect an adolescent's mental and physical health and can be an ineffective coping mechanism for emotional challenges. In 2016, 13.6% of teenagers aged 15 to 19 reported excessive episodic drinking globally, with men being particularly at risk. Other issues are the usage of tobacco and cannabis. A lot of adult smokers started smoking before turning eighteen. Cannabis is a popular drug among youth, with 4.7% of those between the ages of 15 and 16 taking it at least once in 2018. Violence is a risk-taking activity that raises the possibility of mortality, low educational attainment, injury, and engagement in crime. In 2019, one of the top causes of mortality for older teenage males was interpersonal violence.

Problems with mental health impact all aspects of student life. Reduced motivation and a lack of confidence when finishing projects or taking examinations are caused by low self-esteem. Students who suffer from anxiety may find it challenging to focus on class or study. Depression can cause a person to lose attention and concentration, which makes it difficult for a learner to stay motivated or finish schoolwork on time. However, those are only a handful of learners' difficulties balancing academic success and mental wellness. Learners who struggle with mental health issues may face negative consequences in their early lives. These include having a hard time making friends, struggling to focus, study, or finish schoolwork's, getting bad marks, missing school, being suspended, and being expelled. In the end, if they receive no assistance, kids could even think about suicide. Students may demonstrate their abilities and reach their full potential when their specific requirements are acknowledged, comprehended, and cared for. They include student mental health needs, which educators must recognise and help teenage students comprehend the consequences of mental health on their education.

Furthermore, mental health issues can also result from adolescent students in rural schools not comprehending. Adjusting to your life is essential if your mental health is bad, to prevent any harmful consequences later. Negative issues that are frequently brought on by

poor mental health include fatigue, depression, anxiety, substance abuse, and low productivity. All these issues can potentially seriously affect one's mental, emotional, and physical well-being. Problems only become worse if nothing is done to address these concerns. Not much mental health and behavioural problem education is available to adolescents in rural schools in the Thabo Mofutsanyana district, Free State. If they are there, they are not staffed by specialists or qualified to deal with troubled students (Gold et al., 2016). In this instance, the teenagers' need for mental health and behavioural problems understanding is disregarded and receives little attention.

III. OBJECTIVE OF THE STUDY

This study explores how adolescent learners understand mental health and behavioural issues at a rural school in the Thabo Mofutsanyana district, Free State province, South Africa. It describes how mental health and behavioural needs affect academic performance, behavioural, and mental health issues of adolescent learners in rural schools.

IV. LITERATURE REVIEW

Understanding of mental health and behavioural needs at rural schools

Distinct cultures have distinct ideas about mental health. In one society, what seems normal could be viewed as abnormal in another. The perception of mental health illness varies with age as well; young and old have distinct perspectives on the subject (Bohnenkamp et al., 2015). It appears that views towards people with mental illnesses differ amongst people of different racial, ethnic, and cultural backgrounds. Beliefs on the causes and characteristics of mental disease, as well as attitudes towards those who have mental illness, are frequently shaped by cultural and religious teachings (Orngu, 2014). Therefore, information on mental illness must be viewed positively, particularly by young people (Bohnenkamp et al., 2015).

Singletarya et al. (2015) indicated that little is known about how young people view their own and other people's mental health or even health in general. However, it has long been hypothesised that their understanding of mental health is different from that of adults and policymakers. Including young people in qualitative research is essential to understanding their perspective on positive mental health. Since young people are the experts on their own experiences, their perspectives may be different from those of adults, especially medical professionals (Hall et al., 2016).

Young people were shown to be able to determine what was 'normal' behaviour and what was not based on their personal experiences or those of those around them. This provided important new light on the factors that influence young people's perceptions of mental health issues. As a result, behaviour that did not fit into the definition of "normal" or, by extension, what was socially acceptable, was classified as "abnormal" and assigned the label of mental disease. 50.6% of students responded in a different study by Yongsi (2015) that they would not avoid or be afraid of people with mental health illnesses. Learners' attitudes towards those with mental illnesses were generally supportive and courteous. Most individuals had negative sentiments, as shown by the social distance results. It was observed that, despite the presence of many positive attitudes, a sizable percentage of people had negative attitudes, suggesting a considerable undercurrent of negative ideas about mental illness (Yongsi, 2015).

Furthermore, it has been shown that young individuals tend to feel more empathy for their peers who have a mental illness, regardless of their age, gender, or similar traits. This, in turn, plays a significant role in conceptualising mental illness since young people may identify more with those who have their features than with those who do not. Therefore, this could help mental health professionals better understand and contextualise young people's experiences. Some implied that persons with mental disorders are weak, excessively sensitive people

who allow themselves to be impacted, even though many young people identified with their classmates who were experiencing mental health issues. Even more, one in four people thought they had less in common with those who had a mental illness (Yongsi, 2015).

According to reports, the media was a significant source of information regarding mental health that was devoid of firsthand experience, making it difficult for young people to make informed decisions. Most young people selected television as their primary source of information when it came to mental health. Nonetheless, the young people's stories of their identification process indicated that their opinions towards those with poor mental health were not always negative.

An individual's beliefs may have a significant impact on how they perceive the world and, ultimately, how they feel, which helps to explain why there are unfavourable views towards those who have mental health issues. It follows that some young people's negative attitudes are typically a result of their preconceived notions and scant understanding of mental health. For example, nearly 50% of the young people involved in Oluwole et al.'s (2017) study thought that most, if not all, intellectually handicapped or low-IQ individuals had poor mental health. Four-fifths of the respondents thought that mentally ill people should utilise prescription medication to control their symptoms, despite some respondents believing that mental health issues could be treated outside of a hospital environment (Oluwole et al., 2017).

Most young people appear to have negative attitudes about persons who have mental illnesses and frequently believe that these people are unable to operate normally or fulfill expectations placed on them by society, such as holding regular jobs. Because of their seemingly violent behaviour, they are viewed by society as threats and public nuisances. Yongsi's (2015) study found that 72.4% of participants were unwilling to collaborate on the same project with a mentally ill person, which lends credence to this. According to Yongsi (2015), some people were even against the notion of mentally ill pupils taking regular classes or even working in the same space as them (Oluwole et al., 2017). Most people reported feeling uncertain when they encountered mentally ill people, and some indicated a fear of engaging with them (Oluwole et al., 2017).

Even if a minor, possibly problematic group expressed some reservations and pessimism regarding mental health, overall, it seems that young people have a good view of mental health disorders. As in most studies, participants had a respectful attitude towards those suffering from poor mental health (Yongsi, 2015). This study identified the gaps in literature by providing personalised learning opportunities; considering youth's perspectives is necessary to meet health promotion goals. This facilitates the establishment of a more accepting atmosphere for those with poor mental health and a more positive outlook on them.

Mental health and behavioural needs of adolescent learners at a rural school

Many rural schools "continue to face nothing less than an emergency in education and well-being of children," even though rural education is gaining national attention (Showalter et al., 2019). Students with adverse childhood experiences, poverty and food insecurity, drug and alcohol abuse, poor mental health, lack of access to essential services and supports for mental health and overall well-being, and student mobility are among the critical social issues that rural schools face today (Gale et al., 2019; Showalter et al., 2019). The likelihood of physical, sexual, and emotional abuse of children is higher in rural counties than in urban and big metropolitan areas. Drug misuse and addiction are serious problems that today exacerbate the maltreatment that children in rural regions endure. While the rates of illicit drug use in rural and urban regions are comparable, prescription opioid, heroin, and methamphetamine usage are on the rise in many rural towns. Due to a 325 percent increase between 1999 and 2015, the fatality rate from drug overdoses in rural areas has surpassed that of metropolitan areas (Gale et al., 2019). Compared to all other locations, drug overdose deaths are rising more quickly in rural areas (Mack et al., 2017). Due to the drug epidemic,

many grandparents are now parenting for the first time. They are faced with the onerous burden of caring for children who may have gone through a variety of terrible situations.

Rural areas have greater rates of poverty than non-rural areas, and children who live in poverty are more likely to suffer academically and developmentally as well as face physical and mental health issues (Nichols et al., 2017; Showalter et al., 2019). Because of the rural value of self-sufficiency and limited access to mental health services, impoverished residents of rural communities are less likely to have health insurance. They are more likely to experience stigma in their small, close-knit community when seeking help for mental health issues.

A healthy social and emotional development, constructive and efficient coping mechanisms, and a close bond with family, friends, and the community are the hallmarks of optimal mental health in childhood (WHO, 2020). Mental health illnesses can significantly impact a child's social, emotional, and cognitive development (Ghandour et al., 2019). Ghandour et al. (2019) found that anxiety and depression problems were more common in adolescents 12-17 years old, with anxiety problems more common among non-Hispanic White children and a higher prevalence of depression in children from poor households. The study included over 40,000 children aged 3-17 years.

A person's general mental health or psychological well-being can be influenced by their genetic disposition. Still, previous studies also showed that social contexts, surroundings, and interactions with others can have a significant impact (Kapungu et al., 2018). Youth connect with friends, family, and the community when circumstances gain critical developmental and adaptive skills. Many young people grow up in stressful, traumatising circumstances with little social support or connection, which impairs their ability to cope and ultimately leads to poor mental health.

Adverse childhood experiences (ACEs) are common among pupils who are poor and reside in rural areas. Sleet et al. (2012) defined ACEs as potentially traumatic events that happen during childhood. These events can include experiencing abuse or neglect, witnessing violence, substance abuse in the home, mental health issues in the home, toxic stress, and instability in the home because of parental separation.

Mental health literacy

The WHO is committed to enabling people to pursue the highest possible well-being standards as individuals and communities (WHO, 2022). People can only reach this degree of well-being by looking after their bodily and mental needs. Studies show that health literacy is a crucial subject for education, and the World Health Organisation (WHO, 2022) states that health literacy is a powerful indicator of general well-being. Reducing health disparities, improving assistance programmes, and improving current health systems have all been linked to increased health literacy (WHO, 2022). The WHO (2020) shows that maintaining physical and mental health is a good way to predict total well-being, but insufficient studies exist on mental health literacy.

Jorm et al. (2005) realised in the middle of the 1990s that there was a dearth of studies on people's understanding and perceptions of mental health illnesses (Jorm et al., 2005). At the time, it was believed that the only people who were required to be able to recognise and treat mental health illnesses were general practitioners and healthcare professionals (Duffy et al., 2021; Mukuna, 2021). The phrase "mental health literacy" was created, nevertheless, since Jorm et al. (2005) realised how crucial it was for those outside of the field of practice to comprehend mental health literacy. A person's understanding and attitudes towards mental health that support the identification, treatment, and avoidance of mental health conditions are referred to as mental health literacy. According to Crowe et al. (2018), mental health literacy is more than merely possessing knowledge; rather, it is knowledge that motivates one to take action that improves one's own and other people's mental health. It has been demonstrated that having high levels of mental health literacy or understanding of mental health can aid in the early detection and treatment of mental health illnesses. In recent years, mental health literacy has become a key study area due in part to the

awareness of its importance (Dias et al., 2018).

Communities can develop more effective interventions to support and enhance mental health literacy by evaluating the findings from this study, identifying knowledge gaps, and addressing stigmatised attitudes (Dias et al., 2018). The essence of mental health literacy has not changed, despite the concept's expansion since 1997 (Ratnayake & Hyde, 2019). The definition that Jorm came up with is regarded as the gold standard in studies on mental health literacy. Mental health literacy operationalisation has expanded to incorporate stigma-related components, help-seeking behaviours, and knowledge assessments about mental health (Katz et al., 2020). Stigma-related elements, which were previously considered independently, are now a part of mental health literacy. Moreover, mental health literacy was broadened to cover self-help techniques and the effectiveness of help-seeking actions. Over time, these additions were made to improve the general mental health of the public and the well-being of individuals (Katz et al., 2020). Mental health literacy is significant and applicable to individuals and entire communities (Jorm, 2012). In addition to aiding in the identification of mental health issues, mental health literacy teaches carers how to support their family and loved ones and helps individuals learn how to manage their disease (Jorm, 2012). Understanding the foundation upon which mental health literacy is based is essential to comprehending the notion.

V. METHODS

Research approach

The qualitative research approach is crucial because it investigates and figures out the emotional encounters, ways of behaving, and viewpoints of people or groups in a specific setting. Contextualising quantitative data can be a valuable use of qualitative research. Researchers can gain a deeper grasp of intricate social processes and establish plausible explanations for quantitative findings by collecting qualitative and quantitative data. Investigating novel or developing phenomena, including emerging technology or societal trends, might also benefit from it. Researchers can identify possible areas for further investigation and better understand these occurrences with this study.

Research paradigm

This study used an interpretive paradigm to understand social interactions better. Interpretivism emphasises individuals' views, motives, and reasoning through qualitative study methods rather than quantitative statistics. For interpretivists, language, consciousness, shared meanings, and tools are social creations that provide access to reality. The roots of interpretivism are found in idealistic philosophy. The general phrase has also been used to combine systems of thought that deny the idea that meaning exists in the world apart from people's consciousness and interpretation, such as social constructivism, phenomenology, and hermeneutics. Interpretivist approaches to social science hold that, as meaning is perceived through the lenses of individuals, researchers must recognise individual differences and investigate how these variations influence meaning-making. Interpretivism holds that people are conscious beings (Alharahsheh & Pius, 2020).

Research design

This study employed a phenomenological design. A method of inquiry originating in philosophy and psychology, phenomenological research involves the researcher describing participants' lived experiences with a phenomenon (Creswell, 2014). This design was important because of its adaptability, which gave interviewers greater latitude to delve into the substance of other people's experiences. The goal of revealing the human side of a story lies at the core of qualitative research, regardless of the many methodologies employed. This research design offers a theoretical instrument for study in education by enabling researchers to work with flexible activities that explain and clarify complicated phenomena, such as different facets of the human social experience. There is a widespread belief among phenomenologists that humans derive meaning from their experiences

(Hourigan & Edgar, 2020; Gasparyan, 2021).

There are several advantages of using a phenomenological design in qualitative research. One of their strengths is the researcher's ability to use their motivation and areas of interest to drive the study. According to Maxwell (2013), this is advantageous when the researcher is driven because a keen interest in the subject encourages finishing the dissertation.

Data collection instrument

This study employed semi-structured interviews. These semi-structured interviews were relevant to this study as they allow a researcher to explore deeply for a finding despite its topical pathways being given ahead of time (Magaldi & Berler, 2020). They explored the life narrative of an individual or a collective. They were beneficial due to their flexibility and can be adjusted based on the participants' responses and reactions. They are disadvantaged if the interviewee chooses a topic or withholds important information, and the responses from semi-structured interviews are highly subjective because each is distinct and may include various questions.

Participants

Eight participants, four boys and four girls, who were adolescent learners, were purposively and conveniently selected at a rural school in Harankopane village, Qwaqwa, in the Thabo Mofutsanyana district, Free State Province, South Africa. Their grade levels, home language, and residential areas were considered in this study. This study was conducted at a selected rural high school in the Thabo Mofutsanyana district, South Africa. This school is based in Harankopane village, Motebang Road in Thabo Mofutsanyana district. It is a well-performing school, and the learners are disciplined. The uniform colour of the school is navy blue and gold.

Data analysis

Data were analysed through narrative analysis. According to Esin et al. (2014), the narrative method focuses on the meaning that a person assigns to an event through storytelling. It also reveals the relationship between words in one or more texts and the relationship between text and social reality (Herman & Vervaeck, 2019). One crucial aspect of storytelling is that the story must involve an experience or event that has changed the character or the situation (Herman & Vervaeck, 2019). A few study themes and queries indicate that a narrative technique is appropriate. Storytelling is the primary requirement of narrative research. A narrative study can use oral history to gather data from a group of people who have similar experiences, or it can be done with just one participant, as in a biographical or autoethnographic study. The story technique is most frequently applied during identity-construction (Creswell & Poth, 2018). Narratives, for instance, can be used to investigate how medical trainees perceive ideas like leadership and followership in the context of health services (Gordon et al., 2015). Various typologies describe the focus of narrative study. Three potential foci, for instance: (a) the relationship between the temporal sequence of sequences and the text's presentation of them; (b) the linguistic and narrative devices employed to arrange various story forms; and (c) the story's social and cultural function as well as the storyteller's intention. The three focuses that Bamberg (2012) identified are: beyond the text (why the story is here and now), texts as cognitive structures (plot themes and coherence), and texts as linguistic structures (word sentences and topical cohesiveness). The fundamental idea of a narrative study remains the same, regardless of how researchers define it: the emphasis is on the relationship between people's lived histories and the personal tales they tell (Green & Thorogood, 2018).

Ethical considerations

To approach circuit managers and obtain access to the school designated for the study, gatekeeper approval must also be requested from the Free State Provincial Department of Basic Education. Consent forms were supplied to those interested in participating when the participants were approached, and the study was explained to them. Afterward, the adolescent learners provide their parents or guardians with the consent forms to sign, permitting them to participate in the

study. Participants were only students who returned the signed Consent Forms. Therefore, the university has permitted the study, and participants/caregivers have signed consent forms. This student ensures the participants that their involvement in the study is optional and that they are free to end it at any moment. This information was included in the permission letters and forms the participants, and their parents received. Participants were informed that their names would not be used and would remain anonymous. It is a unique number for each participant so that it can identify them. This study ensures that the answers from the participants are confidential and private and only utilised for the study. Data is retained on a drive that is kept in a secure location and a password-protected file. When identifying information is no longer required, it is removed from the file, and any identifying attributes of the participants are altered.

VI. RESULTS

Biographical results

Table 1: Biographical results

Participants	Age	Gender	Grad level	Living with	Home language	Religion
Participant 1	17	Female	10	Mother	Sesotho	Christian
Participant 2	16	Female	10	Guardian	Sesotho	Christian
Participant 3	15	Female	9	Guardian	Sesotho	Christian
Participant 4	15	Female	8	Both parents	Sesotho	Christian
Participant 5	18	Male	10	Both parents	Sesotho	Christian
Participant 6	16	Male	10	Siblings	Sesotho	Christian
Participant 7	16	Male	9	Both parents	Sesotho	Rastafarian
Participant 8	15	Male	8	Guardian	Sesotho	Christian

Table 1 shows eight adolescent learners, four boys and four girls, who participated in this research. It used semi-structured interviews. Participants were between the ages of 15 and 18 years. They were in grades 8 to 10. The new high school has only three grades and will add a fourth one next year. All these learners use Sesotho as their home language. Most of these learners endorsed Christianity as their religious affiliation.

Narrative results

Adolescent learners' perspectives on mental health and behavioural problems

The results showed that adolescent learners have various perspectives on mental health and behavioural problems. Although this was the case, most of them shared fair and reasonable knowledge of mental health and behavioural problems. Most learners believed that mental health is how a student feels emotionally, which may result in behavioural problems, for example, when learners fail to behave well. Below are the excerpts to support the findings:

"Mental health is when you are stressed or anxious about certain things (s) in your life. Some learners may be able to handle them, some may not. When they do not, they may not behave well." (Participant 7)

"I believe that mental health is the way one deals with his/her emotions or stress. If a learner feels stressed or emotional, it may cause behavioural problems like speaking badly with teachers or not attending classes properly" (Participant 1).

"Talking from experience, mental health is when one does not feel well emotionally, feeling depressed or angry. This causes behavioural problems, and one may end up being involved in a fight..." (Participant 4).

"According to me, speaking from experience, mental health is when you cannot control your emotions. You end up having behavioural problems because you quickly react to everything" (Participant 6).

"Good mental health is when you can balance your personal, social, and academic life. When you feel unbalanced, you start having behavioural problems" (Participant 2).

"Other learners have stress because of family or relationship issues, and this impacts their behaviour at school. They have no idea how to deal with this stress,

so they misbehave or distance themselves from others" (Participant 8).

"From my perspective, behavioural problems result from not being able to control your emotions as a learner. Instead of solving your problems, you become and or fight with others" (Participant 5).

"Mental health is the way we feel inside; it may be happy, sad, angry, or depressed. And behavioural problems are the way we behave in a bad way when we are not feeling good" (Participant 3).

Based on the earlier excerpts, mental health is believed to be an emotion or feeling. When one is feeling well or happy, it is supposed to be positive mental health, and when one is feeling depressed, sad, anxious, stressed, or not feeling good, it is poor mental health. Learners believe that they need to be able to balance and control their mental health. They say if mental health is not in a good state, it may cause behavioural problems, whereby they can be in trouble with the principal, teachers, or mates. They may be suspended/expelled from school, which may cause them more stress because they miss some schoolwork and fail. They also mentioned that they need to be able to control or seek help regarding their mental health and behavioural problems.

Mental health and behavioural needs affect the adolescent learners' academic performance

The results revealed that adolescent learners are aware that they have poor mental health, which leads to behavioural problems within the school premises, which also lead to poor academic performance. Learners notice their behaviour, yet they do nothing about it because they feel they are not given enough support and resources. According to their responses, they get demotivated, lose confidence, and do not cope well at school, leading to poor performance. The following statements from the participants support this:

"According to me, speaking from experience, learners who have stress or are emotionally not okay do not pay attention in class. They are not active, and this affects their schoolwork." (Participant 4)

"In my opinion, learners who have mental health problems are most likely to be in trouble in school and end up being expelled or suspended. Meaning they miss a lot of information that others learn" (Participant 8).

"I have seen some of my mates becoming demotivated because of poor mental health. When they have stress, they do not want to participate or do their schoolwork, and they end up losing marks" (Participant 1).

"In my experience, when a learner has stress or depression, she/he does not focus on class. S/he skip classes and miss important information that may appear on tests and exams" (Participant 3).

"I have noticed that some learners have behavioural problems because their mental health is a lot affected by detention. Then they are falling behind in schoolwork." (Participant 5).

"Some of my mates become so anxious to study when they are stressed; then they fail. It is tough to pay attention when you are stressed or depressed" (Participant 2).

"In my experience, I have realised that mental health can also affect confidence. When a learner is having depression or stress, s/he does not believe in her/himself. It becomes challenging to believe you succeed, making them score lower marks" (Participant 7).

"I think learners who have poor mental health cannot manage their time properly. Therefore, they waste time on useless things and take time on 1 question in the examination room. They end up not finishing writing, then they fail." (Participant 6).

Regarding academic performance, learners expressed how mental health and behavioural problems affect them. They also mention how they become demotivated, how they lose confidence, how they end up repeating classes, which causes them more stress and depression. Your peers go to the next grade, leaving you behind.

VII. DISCUSSION

With regards to the perspectives on mental health and behavioural problems, this study found that learners understand mental health as involving depression, stress, emotions, and being able to control difficulties in emotions and feelings. Learners mentioned that when

peers cannot handle or control their feelings, this leads to behavioural problems in a way that learners end up being aggressive and dropping out of school. According to Gueldner et al. (2020), it is necessary to implement mental health programmes in urban schools to enhance student conduct, academic performance, and attendance.

Some of this knowledge emanates from experiences that these learners have about themselves, peers, close friends, or family. They appear to know behavioural and mental health issues prohibit a person from leading a completely functional life. It is well known that behavioural problems and mental health issues can hinder social and personal functioning. The results of a recent study on Iranian adolescents, in which participants defined good mental health as the capacity to manage daily social and personal stresses while maintaining normal functioning, lend support to these findings (Chinekeshe et al., 2018).

In explaining the causes of mental health and behavioural problems, participants explained that mental health may be caused by learners who have problems at home/school, who may be depressed from relationships and schoolwork. Participants agreed that poor mental health led to behavioural problems, which also led to poor academic performance. They further explained that behavioural problems may cause learners not to attend classes and get in trouble with educators. They can also be suspended and expelled from school, affecting their marks. However, Whitfield (2020) states that stress among the teenagers fell into the following categories: bereavement, ego threat, familial stress, personal setback, health, and other difficulties.

These findings showed that participants understood how mental health and behavioural needs affect their academic performance. All the participants admit that mental health and behavioural needs have an impact on their academic performance. They further elaborated that when a learner has stress, s/he cannot concentrate in class; in this case, a learner could not engage in learning. Participants mentioned that learners with behavioural problems are most likely not to attend classes because they cannot focus on class or be promised disciplinary action, which also affects academics. They also explained that since they do not have quality education in rural areas due to a scarcity of learning resources, it is challenging to catch up if you miss a class or are absent. Similarly, Jackson (2017) discussed the anxiety related to exams and the fear of failing or succeeding in a learning environment.

Lastly, participants mentioned the issue of motivation. They say when a learner is demotivated, s/he loses confidence, and his/her marks drop. Not mentally well learners tend to lack motivation and lose interest in participating in school activities. This may result in poor academic performance. They lose confidence too when they do not perform well, which causes more stress, and they do not want to associate or socialise with others. According to Wahl et al. (2012), the literature on mental health indicates that the public had a positive perception of informal support. According to Kamimura et al. (2018), communities valued informal support from friends and family more than professional assistance.

VIII. CONCLUSION

This study demonstrated how much knowledge learners from rural schools have concerning behavioural issues and mental health. The results may indicate that behavioural needs and mental health are still poorly known conditions in rural areas. In general, it was observed that the participants were feeling good and that they hoped to get care for their mental health issues, which were causing problems with their behaviour. As no study is problem-free, this section focuses on the researcher's limitations and challenges while conducting the study. Considering the findings, it is advised that prioritising mental health education in educational institutions is essential, particularly in rural schools. Mental health education ought to be included in curricula in the same manner that health education has. This is crucial for raising youth awareness of mental health issues and education. During the investigation, the researcher discovered that most of the adolescent

learners knew little about mental health. It was evident during data collection that some learners knew about mental health and behavioural needs through their observation of the peers within their communities and schools. This study indicated that participants seemed to describe mental health only in terms of relatively severe conditions like depression or stress. Government, NGOs, and civil societies should launch mental health campaigns for rural communities. This study suggests that many people living in rural areas may not have access to information. Cooperation between Western and indigenous knowledge systems should be considered to support mental health in communities. This study believed that young learners seemed more receptive to the idea of the two knowledge systems working together in the future.

IX. CONFLICTS OF INTEREST

There are no conflicts of interest in this study.

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