


## Adolescent learners' attitudes towards mental and behavioural health needs at a rural high school

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**Abstract**—This study explores adolescent learners' attitudes about mental and behavioural health concerns at a rural high school in the Thabo Mofutsanyana district, Free State Province, South Africa. Even though mental health awareness has increased globally, South Africa's rural communities continue to receive inadequate care, especially when it comes to adolescent mental and behavioural health. This study adopted a qualitative approach through an interpretive paradigm and phenomenological design. It employed semi-structured interviews to collect data. Eight adolescent learners were selected from a rural school. The narrative findings revealed that academic pressure, abuse, poverty, peer influence, and social stigma are key contributors to mental health struggles. While some students show knowledge and sensitivity, many still react negatively and with false information. The report emphasises how urgently rural schools require professional psychological care, focused mental health teaching, and the de-stigmatisation of mental health conditions. Based on resilience theory, the study promotes strength-based treatments that empower adolescents in rural areas and foster emotional growth.

**Keywords:** Adolescent learners, Adolescent learners' attitudes Behavioural health, Mental health, Rural high school

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### I. INTRODUCTION

ADOLESCENT mental and health needs pose a serious challenge that is being understudied within rural high school settings in the Thabo Mofutsanyana district of Free State province. The context of this study is about getting a better understanding of the attitudes of adolescent learners towards these crucial health aspects.

This study addresses the shortage of a comprehensive understanding of adolescent learners' attitudes towards behavioural and mental health needs. Even though there is growing support and recognition of mental health issues across the world, rural areas are usually deprived of these interventions as they are the outcasts, and that makes them the most vulnerable group. This identified issue emanates from the importance of mental and behavioural health during the crucial stage of adolescence, a developmental period described by significant emotional and psychological development. Adverse outcomes such as substance abuse, academic underachievement, or even worse, self-harm, all emanate because of poor mental health (Theron et al., 2019). Furthermore, previous research has shown that there are gaps in analysing some of the attitudes of adolescent learners towards mental health in rural settings (Saba et al., 2018). The previous research that focused on Urban-centric contexts provides insights into these issues. Still, they do not cover the context of rural areas, necessitating a focused investigation on the subject area (Booyesen et al., 2021). By researching and discussing these attitudes, this study seeks to contribute to the existing body of research and assist in closing the gap in providing insight and understanding of these issues.

### II. PROBLEM STATEMENT

The ability of rural communities to offer sufficient and efficient Mental and Behavioural Health (MBH) services varies significantly. For example, some rural communities have considerable resources to

integrate community services and implement school mental health systems. In contrast, many rural places have significant obstacles in accepting and implementing these services. To promote children's development of MBH, teachers, and community mental health experts have effectively overcome access barriers and introduced school mental health services in a few rural schools and communities (Downey et al., 2021). Researchers have found that treating mental and behavioural health in rural areas requires insufficient human resource capacity. This includes a shortage of mental and behavioural health specialists such as social workers, school psychologists, and counsellors (Shelton & Owens, 2021) and difficulties hiring qualified mental and behavioural health personnel (Goforth et al., 2017). To address these personnel challenges, some rural schools often utilise educational co-operatives through MBH professionals who contract their services through; as a result, these professionals might only go to a specific school for one day a week (Nichols et al., 2017), resulting in limited student access to services. The lack of community mental and behavioural health partners and budget constraints could affect the assistance of young people who experienced mental and behavioural health issues in rural schools (O'Malley et al., 2018). Youth who seek help in rural locations may do so due to the stigma associated with mental and behavioural health services as well as their reluctance to receive them (Showalter et al., 2017). For example, therapists working in rural communities have frequently observed that the culture of self-reliance and independence prevalent in these areas may have a detrimental effect on the behaviour of individuals seeking assistance (Jensen et al., 2020).

### III. SIGNIFICANCE OF THE STUDY

One in seven adolescents worldwide experiences mental disorders, and among those disorders, we can mention depression, anxiety, and other behavioural disorders. The adolescent stage is the one stage where people at the age of 10-19 undergo a formative and unique stage in their lives, which can result in emotional, physical, and social changes that may cause exposure to poverty, abuse, violence, social ills, and can also

make them vulnerable to mental and behavioural health issues. Behavioural health is often found in young adolescents, rather than older ones. These health issues include attention-deficit/hyperactivity disorder (ADHD) and conduct disorders, which can lead to disturbance in their learning journey, leading these young pupils to criminal behaviours. Young people in rural areas have been reported to be the ones to experience mental disorders more often than those in urban areas (Fontanella et al., 2015), which in the future also turn out to be a contributing factor in adult mental health problems. It is also suggested that families of young people and those young people who are affected always seek assistance in school settings when it comes to mental and behavioural health problems (Huang et al., 2019). Many rural schools have difficulty adopting and implementing school mental health systems and practices. This is caused by insufficient specialised mental and behavioural health personnel such as school counsellors, psychologists, and social workers (Shelton & Owens, 2021).

This study aims to fill the knowledge gap regarding the attitudes of teenage learners towards behavioural and mental health issues. Even while mental health concerns are receiving more attention and help globally, those living in rural areas are typically excluded from these interventions because they are social outcasts, making them the most vulnerable population. This recognised problem stems from the critical necessity of behavioural and mental health during the critical adolescent stage, which is marked by significant emotional and psychological growth. Contrary consequences resulting from poor mental health include substance misuse, low academic performance, and even worse, self-harm. It is also to highlight the necessity of enhancing mental health screening to enable early detection and management, and to accurately assess the pandemic's effects on young people's mental health (Figas et al., 2022). Rural schools may link kids and their families who may be at risk of suicide as soon as possible to the mental health resources they require by providing screening information. Most young people choose not to talk about what they are going through because of fear of being judged or ridiculed either by their families or friends and often certain mental health and behavioural issues can be mistaken for traditional or cultural needs leaving the real issue unaddressed which in turn cause the young person to be destructive or worst end p harming themselves or those around them. This study also aims to determine if adolescents can recognise what often triggers them into such ill health.

#### IV. LITERATURE REVIEW

Numerous academics have investigated the relationship between teenagers' mental health and South Africa. Flisher et al. (2012) highlighted that young people are exposed to violence, substance abuse, and HIV infection, all of which raise mental illness risk in South Africa. Significant numbers of South African adolescents are exposed to violence in the community, in schools, and at home. Mental health is neglected in most low and middle-income countries, and it is even worse in the rural areas of these countries. This lack of mental health in rural areas has been labelled as dehumanising. Rural areas in South Africa cover almost half of the country, yet they are the ones that are not well served when it comes to mental health. In Rural areas, one rarely finds mental health care professionals such as Psychologists, Psychiatrists, or mental health nurses, if the need arises for such professionals. Those living in rural areas are often referred to the nearest town or city, which tends to be costly. One in five adolescents suffers from mental disorders, and these mental health problems pose a major threat to public health, and these problems often continue into adulthood. In South Africa, these mental health problems frequently stem from an increased vulnerability to HIV infections, Substance abuse, and exposure to violence in the community, schools, and homes. South Africa is rated high compared to other low- and middle-class-income countries when it comes to adolescent's mental health (Patel et al., 2008). Most mental health care needs are not met.

**Attitudes of adolescent learners towards mental health and behavioural needs at rural schools**

According to the World Health Organisation (WHO) (2018), mental health is a condition of mental well-being that includes adjusting to life's stresses and feeling like one belongs, in addition to the absence of clinical mental illness. The capacity to manage everyday challenges and maintain a contented and productive lifestyle, which enables one to meaningfully contribute to the community in which one lives, is identified. It is fundamentally seen as the most essential aspect of health, and everyone must live sustainably (WHO, 2018). Numerous studies have concentrated on promoting mental health rather than the concepts and convictions that underlie the attitudes of many young people towards mental illness. Most studies on school-based mental health awareness interventions have concentrated on stigma reduction and attitude modification, with an additional goal of increasing the effectiveness of youths' help-seeking behaviour for mental health issues (Lindsay, 2019).

Distinct cultures have distinct ideas about mental illness. In one society, what is deemed normal could be viewed as abnormal in another. The same is true with age; there is always a difference in the perception of mental disease between youth and adulthood (Bohnenkamp et al., 2015). Views towards mentally sick people differ amongst people, races, cultures, ethnic groups, and creeds. According to Singletary et al. (2015), few things are known about how young people view their own and other people's mental health, let alone general health. Including young people in qualitative research is essential to understanding their perspective on positive mental health. Since young people are the authorities on their own experiences, their perspectives may differ greatly from those of adults, including medical professionals (Hall et al., 2016). Based on their experiences and those around them, young individuals could form opinions on what behaviour was "normal" and what was not. They tend to feel more empathy for peers who are mentally unwell, irrespective of their age or gender, or those with comparable characteristics.

individual's beliefs may have a significant impact on how they interpret the world and, ultimately, how they feel, which helps to explain why there are negative views towards those with mental illnesses. It can therefore be assumed that the negative attitudes conveyed by some young people often originate from their beliefs and restricted understanding of mental illness. Most of the research on young people's perceptions of mental diseases indicates that perspectives are gradually shifting. Results from previous research appear to have changed, indicating that young people now have a slightly more accepting attitude than people in general (Yongsi, 2015).

#### **Factors triggering mental and behavioural health concerns among adolescent learners in rural high schools**

Rapid physical, emotional, and social changes that take place during this stage, along with increased psychosocial stressors like abuse, exposure to violence, chronic poverty, and a higher prevalence of certain conditions like HIV/AIDS, all contribute to the significant rate of adolescent mental health morbidity in South Africa. Adolescent mental health has also been under increased pressure because of the COVID-19 outbreak. Adolescents with poor mental health suffer from worse academic achievement and impaired physical functioning, all of which significantly lower their overall quality of life. Most adolescents suggested that environmental factors, which include stress, are a major cause of mental illness (Obadeji et al., 2017). Stress on a physical, emotional, or psychological level is one of the additional factors that are thought to contribute to mental health conditions. Obadeji et al. (2017) said that most young people's opinions about the causes of mental illness generally fall on the side of stress-related variables and medical causes, according to research done in an urban setting in South Africa.

Most believe that supernatural powers are the primary cause of mental diseases. In all ethnic and religious groups on the African continent, there is a widespread customary belief that supernatural entities can affect an individual's mental state (Tibebe & Tesfay, 2015). Learners' understanding of mental illness is commonly derived from their experiences of living in communities, whereby they either have

had first-hand experience or have seen a mentally ill person in society, and these psychotic mental illnesses are said to be caused by evil spirits or to be a kind of retribution from supernatural spirits or beings. Others believe that things like jealousy, hate, and desire for revenge drive them to witchcraft, which is seen to be one of the main promoters of supernatural factors that cause mental illness (Chinekeh et al., 2018). These elements may be separated into three categories: environmental, lifestyle, and biology. A poor lifestyle was mentioned as an additional contributing factor to mental disease. It is also suggested that tensions in the homestead, traumatic life events, tough economic situations, and different negative traits or thoughts may trigger mental health problems. It also emphasised that there is a possibility that a person's offspring may inherit specific genetic abnormalities.

## V. THEORETICAL FRAMEWORK

### Resilience theory

#### *Background to the theory*

Several practical definitions of resilience exist, and the idea is not always clear-cut (van Breda, 2018). The theory is the study of the elements contributing to this phenomenon. Resilience theory is occasionally casually characterised as a "bandwagon" or "fad" that every individual is hopping on. The resilience theory's concept is subject to varying interpretations by different authors. Definitions are crucial to ensuring that our writing and speech are in tune. At least in part, resilience has become a meaningless word that may be used to describe anything. Some refer to resilience as innately personal, while others use a more comprehensive definition. While some define resilience as a person's abilities or skills, others define it as constructive functioning in the face of hardship. There have been harsh critiques of resilience theory's viability due to the term's many interpretations. Resilience is a complicated concept. As a construct, it might signify various things to different individuals, organisations, societies, and civilisations. Southwick et al. (2014) also concurred that people may exhibit greater resilience at one time in their lives and less resilience at another, and they might exhibit greater resilience in some areas of their lives than others.

In contrast to most other theories, resilience theories do not adhere to a predetermined set of principles or assumptions. Instead, it is a framework that changes throughout time in response to new research and analysis. Resilience theory has undergone constant refinement and redefinition via different phases of study. There are several resilience theory models; however, most resilience theorists agree on a few fundamental characteristics that have arisen.

Over the last few decades, social workers, psychologists, sociologists, teachers, and many others have tackled resilience theory research. To put it briefly, resilience theory focuses on individuals' and systems' qualities that allow them to overcome hardship. Although it was initially developed in ecology in the 1960s, resilience has been applied in several other scientific domains. Resilience theory has impacted political and human geography and environmental studies with new investigations and paradigms thanks to the emergence of the social-ecological perspective. Resilience studies have their roots in the work of psychologists who studied the outcomes of children at high risk for psychopathology about fifty years ago. Two notable researchers who contributed to this model are Norman Garmezy, who started the Project Competence Longitudinal Study, and Masten Tellegen of the University of Minnesota. Of all the people who helped develop resilience theory, Norman Garmezy is perhaps the most well-known. Through protective variables like inspiration, cognitive capacity, societal change, and an individual voice, we might avoid mental illness, according to his ground-breaking study on resilience.

#### *Objectives and assumptions of the theory*

The idea of resilience is as basic as overcoming hardship. However, resilience is a complicated psychological concept, as is evaluating and comprehending it. Numerous resilience models have been created, and continuing research in neuroscience has advanced our knowledge.

Despite the intricacy of the study, we can easily understand one thing: to foster resilience, we must try to connect with others and practise excellent caregiving. According to resilience theory, an individual's resilience is not a result of any unchanging intrinsic trait. There is more to resilience than just character attributes. The ability of a dynamic process to effectively adjust to disruptions that endanger a child's growth and function is known as resilience. Individual factors like temperament, receptiveness to others, and cognitive abilities are essential components of the theory. Family-related factors include comfort and attention to all family members, including grandparents and children, and cohesion. Supportive factors include teachers who provide a strong maternal substitute. Resilience theory aims to comprehend the structures and procedures that underpin resilience, discover protective variables that strengthen resilience, and devise tactics to foster resilience in individuals and groups confronting adversity. Resilience theory aims to enhance our knowledge of how people and communities may successfully adjust and flourish in a catastrophe.

#### *Relevance to the study*

Zimmerman and Brenner (2010) state that Resiliency Theory offers a theoretical framework for thinking about strengths-based methods when it comes to understanding the growth of children and adolescents and guiding the design of interventions. Provides the theoretical framework for researching and comprehending why some children grow up to be healthy adults despite being exposed to dangers. It directs emphasis towards a favourable context. This includes social and personal factors that obstruct or hinder the processes of growth and development, ranging from mental illness and poor health outcomes to risk for problem behaviours. These favourable societal, cultural, and personal elements are promotive factors. The resilience theory provides a useful framework for considering how favourable circumstances might promote the growth of adolescent's healthy development. The application of resilience theory provides a theoretical structure that helps academics and practitioners examine and improve resources and facilities. This framework encourages a strength-based approach in public health education by offering a common vocabulary and methodology that can be used to address a variety of problems or topics. Research employing a resilience paradigm may be repeated in various settings and demographics, advancing our knowledge of how young people overcome obstacles and develop into risk-averse adults.

## VI. OBJECTIVE OF THE STUDY

This study explores the attitudes of adolescent learners towards mental and behavioural health needs in a rural high school setting.

## VII. METHODS

### Research approach

Qualitative research takes an interpretive, naturalistic approach, aiming to understand phenomena in real-life settings based on the meanings individuals assign to them. It explores human experiences, cultural symbols, and social processes through methods commonly used in sociology, psychology, education, and anthropology (Kalof et al., 2008; Aspers & Corte, 2019). Its strengths lie in capturing participants' emotions, behaviours, and lived experiences, offering flexible designs and allowing theories to emerge from data (Maxwell, 2012; Leedy & Ormrod, 2014). However, challenges include limited generalisability, time-intensive analysis, small sample sizes, and concerns over objectivity and replicability (Silverman, 2010; Sallee & Flood, 2012; De Vaus, 2014). Despite its limitations, qualitative research remains vital for exploring complex social realities and understanding how people make sense of their world.

### Research paradigm

The interpretivist paradigm holds that while people may live in the same society, they interpret and experience reality differently. Rooted in social constructivism, it emphasises individual meaning-making

shaped by social contexts. This qualitative approach avoids universal laws, focusing instead on how and why individuals assign meaning to their experiences (Berryman, 2019). For this study, interpretivism is suitable as it seeks to understand adolescents' attitudes toward mental and behavioural health, how these attitudes form, and how they can be addressed. Interpretivism offers rich, context-specific insights through flexible methods like interviews and observations, but it has limitations. Findings are subjective, difficult to generalise, and often time-consuming to collect and analyse.

### Research design

#### Phenomenological design

Phenomenology, a qualitative research approach rooted in philosophy, explores individuals' lived experiences to understand how they perceive specific phenomena. Its strength lies in providing deep, rich insights into human experiences, offering unique perspectives and detailed data. However, it also faces challenges such as subjectivity, potential researcher bias, difficulty bracketing assumptions, and the complexity of presenting highly qualitative findings clearly and practically.

### Data collection instrument

#### Semi-structured interviews

A semi-structured interview is an exploratory method commonly used in social sciences, guided by a flexible interview framework that allows deeper exploration of topics (Magaldi & Berler, 2020). This approach enables researchers to adapt questions, follow up on responses, and observe non-verbal cues, making it suitable for data feasibility. It allows participants to share their experiences openly in a conversational and relaxed setting, which is particularly helpful when working with adolescents. This method helps ease participants' anxiety and ensures richer, more contextual data. Semi-structured interviews were chosen for this study to offer multiple perspectives, build rapport with learners, and create a supportive yet structured environment for data collection.

### Participants

The sample size was eight participants (four boys and four girls), who were adolescent learners at a rural school in the Thabo Mofutsanyane district, Free State Province, South Africa. Their grade levels, home language, and residential areas were considered in this study.

### Research site

This study was conducted at a rural high school selected in Vrede, part of the Phumelela Local Municipality of the Thabo Mofutsanyane district in the Free State province, South Africa. The school mainly serves students from rural areas and exhibits many infrastructure and socioeconomic issues common in rural learning environments. This includes the stigma associated with mental and behavioural health disorders, the scarcity of trained psychologists, and the restricted availability of mental health support services. This setting was purposefully selected to investigate learners' attitudes towards mental and behavioural health due to its rural location and the observed lack of structured mental health interventions for adolescents. It is an appropriate and meaningful site for exploring learners' attitudes towards mental and behavioural health. The participants included Grade 10 learners, both male and female, representing a range of home languages and cultural backgrounds common to the area.

This school has approximately five hundred learners and a staff of about twenty teachers. It is one of the under-sourced schools and has limited access to technology and learning materials, presenting both learning challenges and opportunities relevant to the focus of this study.

### Data analysis

#### Narrative analysis

After data collection, this study employed narrative analysis as the primary method of interpreting the results. Narrative analysis has remained a prominent approach in qualitative research within the social sciences, particularly for exploring how individuals construct meaning from their lived experiences (Riessman, 2023; Chase, 2021). This method

centers on the understanding that stories are fundamental to human cognition and development, offering rich insights into how individuals situate themselves within their social contexts and identities.

Narratives serve as vehicles for meaning-making, enabling participants to articulate who they are, where they belong, and how they interpret events in their lives (Polkinghorne, 2021). By analysing personal accounts, researchers can examine not only the content of stories but also the structure, context, and socio-cultural positioning of the storyteller. As an inductive and interpretive method, narrative analysis situates stories within broader cultural and social frameworks, revealing how meaning is negotiated and communicated (Clandinin & Caine, 2022). This approach has proven particularly valuable in qualitative studies involving interviews, as it allows participants to recount personal experiences in their own words and from their unique perspectives. The emotive and reflective dimensions of storytelling often emerge through this process, offering depth and nuance to the data (MacLeod, 2023). However, it is essential to acknowledge that retrospective narratives are inherently subject to reconstruction. Memory is selective and dynamic; participants may reinterpret events based on current perspectives, emotional states, or social expectations. As such, researchers do not assess the objective truth of the narratives but rather interpret them to the research questions and analytic frameworks employed (Andrews, 2020).

### Ethical considerations

Ethics in research involves doing what is right for participants by prioritising their rights, well-being, and dignity throughout the research process (Resnik, 2023). When working with human subjects, especially adolescents, ethical principles such as respect, beneficence, and justice must guide every step (WHO, 2022). This study reflects on conducting interviews with secondary school learners about their mental and behavioural health, considering three key ethical issues: confidentiality, informed consent, and participant comfort.

Confidentiality and anonymity are essential in qualitative research to protect participants' privacy. Participants are more likely to respond honestly when they feel secure (Tourangeau et al., 2018). Researchers must ensure that data collection, storage, and reporting do not reveal personal identities, as breaches can violate ethical and legal standards (Christen et al., 2020). Informed consent ensures participants voluntarily engage in the study with full knowledge of its purpose, procedures, and potential risks or benefits (Flinn et al., 2025). Researchers must explain why individuals are selected, clarify that participation is voluntary, and detail how their data were used and protected. Finally, a safe, private interview environment is vital, especially with adolescents. Participants should be informed about interview logistics, including location, duration, recording methods, and confidentiality measures. This builds trust and ensures ethical integrity throughout the research.

## VIII. RESULTS

### Biographic results

Table 1: Biographic results

Participants	Age	Gender	Guardian	Grade level	Home language	Religion
Participant 1	-	Male	Single parent	10	IsiZulu	Christian
Participant 2	15	Female	Single parent	10	IsiZulu	Christian
Participant 3	16	Female	Single parent	10	Sesotho	Christian
Participant 4	15	Male	Grand parents	10	Sesotho	Christian
Participant 5	15	Male	Single parent	10	IsiZulu	Christian
Participant 6	16	Female	Both parents	10	IsiZulu	Christian
Participant 7	16	Male	Single	10	IsiZulu	Christian
Participant 8	16	Female	Grand Parents	10	IsiZulu	Christian

### Narrative results

### Factors triggering mental health issues among adolescent learners

Participants had much to say about what triggers their mental health issues as learners and as adolescents; some of them had similar triggers, while others had different. Still, either way, they had many triggers to mention. The extracts of two participants state this.

*"Adolescence is a critical period in one's growth, exploration, and vulnerability. As they navigate the challenges of puberty, social relationships, and academic expectations, they may encounter various triggers that can compromise their mental well-being"* (Participant 1).

*"Adolescent learners face numerous challenges that can trigger mental health issues, impacting their well-being and academic pressure..."* (Participant 2).

In the many triggers mentioned by the participants, there are triggers inflicted by self and others, caused by surroundings, or by their emotions or physique. There are those participants who only mention triggers that are caused by their environment, such as poverty, discrimination, and societal stigma, while others mentioned physical triggers.

*"...Corporal punishment is also a factor. The widespread use of illegal and harmful substances such as crystal and other illegal substances has contributed greatly to some of our peers struggling with mental issues"* (Participant 4)

There is no way of looking at these triggers from one angle. However, one trigger is enough to make one depressed or anxious or fall into any mental health issue. Other participants agree that for some people, it can take quite a few of the mentioned triggers for one to burst or be noticeable in their struggles with mental health. They also state that people who surround us can contribute to our mental health issues.

*"Pressure from our peers can impact us negatively, including the abuse from guardians, parents, teachers, or friends. Abuse from our parents impacts us a lot, and it is not easy to talk about it; other people face abuse from their peers, or sometimes teachers are also as bad, and that abuse could weigh a lot on us, causing one to fall into depression"* (Participant 5).

### Attitudes of adolescents towards mental and behavioural health

Learners who are dealing with different mental issues behave differently in their situations, participants believe every person behaves according to their personality when it comes to their mental issues, while others may not shy away from expressing how they feel others may freely express their emotions but often most of them may not be straight forward with what they are truly going through, this is caused by the misconceptions around mental health, especially with young people.

*"Learners have various attitudes; they have different responses, and some take it positively and overcome their mental behavioural issues. Some of them do not know how to respond in a good way; they usually need to resort to violence"* (Participant 4).

*"Learners at my school are nonchalant towards issues like mental health and behavioural problems. They are not well educated or well informed about these issues as they do not seem to be that focused on their schoolwork"* (Participant 8).

Although the Life orientation curriculum does cover mental health, we cannot shy away from the fact that these learners come from different backgrounds and have different misconceptions about mental and behavioural health. Certain behaviours are often overlooked by being addressed as misbehaviour. In contrast, there are roots to certain mental health issues or behavioural health issues themselves that need to be looked at with a psychological outlook. Participants mentioned how other learners and the school society often have an unpleasant attitude towards these issues.

*"...Their response is unkind, and their behaviours can be shameful. They show emotions of fear and hate..."* (participant 5).

*"Learners are filled with a lot of pride and judgement towards others that they believe their word is absolute..."* (Participant 4).

It is not everyone, though; some do acknowledge the existence of mental and behavioural health issues, and they tend to be very kind and warm,

*"...some respond positively towards these factors, and they show emotions and speak words of encouragement, motivation, and feeling for those in that*

*situation"* (Participant 5).

They may learn about these issues in school, but the use of social media has assisted in keeping them informed of different mental and behavioural issues. In turn, this also helps them know how best to deal with the situation when faced with it, and that helps remove old tales and misconceptions. But there are still those who choose to keep knowing what they know with all the information available at their disposal, and some students use their mental ill health to become better versions of themselves by using their stress or anxiety as a tool to help them perform well.

*"Some learners exhibit a mix of positive and challenging attitudes towards mental and behavioural health needs, while many students are increasingly open and aware of mental health; others still struggle with stigma, shame, and fear of judgement. Although there is a growing increase in self-care and mindfulness, some students normalise stress and anxiety or prioritise academic performance over mental well-being"* (Participant 3).

## IX. DISCUSSION

The findings of this study highlight the complex interplay of personal, social, and environmental factors that trigger mental health challenges among adolescent learners. Consistent with recent research, adolescents reported stressors such as academic pressure, poverty, peer and family abuse, substance abuse, and stigma as key contributors to mental health distress (WHO, 2023; Hards et al., 2022). The participants' reflections also reveal how adverse childhood experiences, including corporal punishment and emotional neglect, remain deeply embedded in some school and home environments, exacerbating vulnerability to anxiety and depression (Cullen et al., 2024). Moreover, the learners' varying attitudes towards mental health, ranging from denial and stigma to empathy and awareness, reflect a broader societal ambivalence about adolescent mental well-being. Despite curricular efforts such as Life Orientation and the growing influence of social media in promoting mental health literacy, misinformation and negative stereotypes persist, hindering effective help-seeking behaviours (Burns & Rapee, 2021; Pavarini et al., 2020). This reinforces the need for inclusive, context-sensitive mental health education that not only informs but also destigmatises mental health challenges in school settings.

## X. CONCLUSION

This study concludes that there is still much work to be done in rural schools to effectively educate learners about mental and behavioural health. The neglect of learners' mental well-being has significantly impacted their academic performance. Many of the triggers for mental and behavioural health challenges originate within the school environment, particularly through bullying and peer pressure. Both their home and school contexts shape learners' attitudes, and the conflicting values or messages from these environments often create confusion, making it difficult to distinguish right from wrong.

Participants in this study recommended that schools invite professionals who specialise in mental and behavioural health to engage with learners. While such visits would be valuable, they are not a sustainable solution. Therefore, it is recommended that the Department of Education prioritise appointing mental health care practitioners in schools. This would ensure that learners receive mental well-being education and immediate access when needed.

The participants expressed strong opinions and shared extensively about mental and behavioural health and adolescents' attitudes toward these issues. They acknowledged that they still have much to learn, particularly following the discussions during the study. Although mental health education is included in the curriculum, participants felt the content is too limited. They believe that interaction with a knowledgeable professional would help clarify misconceptions and provide a deeper understanding of these critical topics.



## XI. CONFLICTS OF INTEREST

There are no conflicts of interest in this study.

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