

Learners Mental health in a Changing World

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ABSTRACT: This paper discusses the rise in cases of mental illness in the world with mortality rates from the illness overtaking other diseases such as HIV/AIDS and accidents in some countries. The paper highlights the common cases like schizophrenia, depression, bipolar and anxiety disorders as the major diseases of the brain that even the sufferer may not be aware of. What is visible is anti-social behavior of certain individuals which lead to serious consequences socially, such as stigma, ostracization, suicide, murder and imprisonment or school drop-out in the case of students. Special focus is on the situation in Kenya, giving examples of manifestation of mental illness among the youth in school. Cases of suicide among students are noted as almost a daily occurrence, while others harm or kill their friends for petty reasons. As a third world country constrained by financial obligations for services in many sectors of the society, it is noteworthy that mental health services have been poorly catered for in terms of facilities and specialized personnel. While this leaves many adult patients in dire need for services and subjects them to perpetual poverty, the situation is worse for children and the youth who are the majority and need immediate and affordable action. The author acknowledges that medical research has improved a lot today and cases previously hard to diagnose in mental cases are now identifiable and treatable. Let the concerned departments equip mental health institutions with the right medical facilities. The paper proposes that priority be given to raising awareness among students that mental illness is a medical condition like any other and one can go for help without stigmatization, inclusion of mental health unit for teacher trainees to enable them to train pupils in mental hygiene just like they do in physical hygiene and development of a mental health curriculum to be used in future to help diversify mental health education.

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I. INTRODUCTION

Mental health is a sensitive subject that requires careful choice of words in most discussions with different audience. But simply put, Mental health is the level of psychological well-being or the state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment (Spencer, MA., Clarke, M.E., & Kutcher, S. (2011). Mental illness, therefore is the reverse, that is, the case of lack of psychological well-being or inability to function satisfactorily emotionally and in behavioral adjustment. It is an illness of the brain that affects the way people think, relate with others or behave.

Normally, any mention of mental illness evokes images of violent dirty people in tattered clothes most likely roaming aimlessly, scavenging rotten food and mumbling to themselves. But the truth is that there are some people in society who suffer from mental health conditions but seemingly at peace with themselves and their environments. Among these are those who are able to afford professional specialized services early enough where they understand and manage their mental health conditions and therefore escape the pitfalls that the rest find themselves in.

There are many people too with mental health conditions but are rarely aware of it, as they go through a lot socially and psychologically, either blaming those around them for the emotional turbulence they go through, or worse still being profiled for their behavior. They could be a brutal parent abusive to spouse, children, family and antisocial in character, or a disruptive child often in trouble with those around him. But mental disorders continue to be perceived as behavior disorders and still misunderstood resulting to isolation, ostracization or criminalization of patients and in the case of students, expulsion and school dropout.

Not many would entertain the idea of being labelled as suffering from a mental issue, and neither is the society ready to absolve them from blame for their behavior on the basis of having a mental disorder. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need (Canadian Mental Health Association, 2012). This may result in consequences relative to the seriousness of the mental condition and hence the quality of life of the individual.

It is possible to diagnose mental illness today unlike in the past. According to Thomas I. (Feb, 2013), brain changes are detectable in today's tools especially by reduction of grey matter in the brain, so early detection is possible. Types of brain disorders are diverse and manifest themselves through different types of behavior. For an example, characteristics of mental disorders are a combination of abnormal behavior, thoughts,

or emotions that may affect one's relationship with those they associate with. Among the mental disorders are schizophrenia, depression, bipolar, anxiety, paranoia and many more but the sufferers are dismissed as lazy, rude, arrogant, psycho paths or criminals. Yet mental illness can be triggered by external circumstances that may produce very uncomfortable emotional or psychiatric symptoms, such as anxiety, panic, discouragement, despair or negative self-talk.

Globally, mental health continues to attract attention due to a universal trend of neglecting this very important aspect of human nature that has repercussions on many other areas of human peace and development. According to Mental Health Alliance (2018), life mortality and morbidity is highest due to mental illness in the United States of America and there is call for more attention to be directed to it now than has been the case. Suicide is so prevalent with 1-15 minutes, twice than murders and traffic and over 90% of suicides are related to mental illness. Neuropsychiatric syndrome is the highest where 30% can be attributed to mental illness. Where 1-5 is suffering from mental health, 1-20 will be disabled.

The prevalence rate of common mental illness in Kenya stands at 10.3% percent with lifetime prevalence rate of suicidal thoughts at 7.9 percent and 1.9% lifetime prevalence rates of suicidal attempts, according to Dr. Kioko (2018). He further states that it is worrying that 25-40 percent of persons attending general medical facilities in Kenya have symptoms of mental illness mostly depression and anxiety. Folks with mental health conditions of various types continue to suffer consequences of stigmatizing as their behavior is viewed as self-inflicted or as a choice.

Ignorance or lack of awareness that mental illness is a medical condition like any other leads to making mental illness a social problem. There is need to change perception in order to remove the stigma which continues to be an impediment to the right to lead a dignified life even if one has a brain disorder. It is the responsibility of any society worth its name to make laws and policies that leads to improvement of life for them, just like with other conditions such as diabetes, cancer, HIV/AIDS etc.

Youth, mental health and education.

Young people are the majority globally. Mental health problems affect a significant number of children and young people, with the most recent data suggesting that one in ten children and young people has some form of clinically diagnosable mental health disorder. This level of prevalence equates to around 850,000 children and young people with a diagnosable mental health disorder in the UK today, (Dept. of Health and NHS England 2015).

Studies show that most mental disorders such as schizophrenia, depression and bipolar mood disorder begin to develop in the late teens and early 20s. It is the time that the youth are in school and a time they are experimenting with various substances such as alcohol, marijuana and khat. The amalgamation of these and other factors makes youths vulnerable to mental illness and suicidal behavior. At least 90% of young people aged 15-24 who commit suicide have a diagnosable mental illness Hamwaka K. (2012).

If the average number of children per family is three children, there are three times more children exposed to unhealthy home environments with relatives suffering from mental disorders. We know that exposure to domestic abuse can have a negative impact on a child's emotional wellbeing. A study by Safe Lives showed 52% of children who witness domestic abuse experienced behavioral problems and issues with social development and relationships, (Dept. Of Health and NHS England 2015).

Mental Health in Kenya is generally a neglected area. The World Health Organization (WHO) estimated that less than 1 percent of all health care spending in Kenya is devoted to mental health and there were only 0.2 psychiatrists and 0.01 psychologists per 100,000 people (WHO, 2001). With one psychologist for every 4.6 million Kenyans, a recent audit paints the picture of continued State neglect even as disorders afflict more citizens every year according to records from Office of the Auditor-General (OAG) 2015

The situation has not changed much since as reported by Kanyoro (2018) where Kenya has only 88 psychiatrists, 427 psychiatrist nurses who are trained to handle mental illness, about 10 medical social workers and a few mental psychologists and counselors who are competent to handle mental issues. Budgetary allocation for mental health is only 0.5% of health budget thus leaving the mental equation completely overstretched

There are too many incidences of fatal domestic violence and suicide cases that point to a rise in mental illness in Kenya of late and hence the need for specific address for youth mental health. When such incidents occur between parents, such as a man hacking his wife to death or vice versa, traumatized children are left behind. Some may have witnessed the violence and will be expected to go to school with other children and live with the memory, not to forget the permanent change in family life. The youth are either genetically predisposed to mental illness if they come from families with a history of the condition, or are constantly exposed environments of unstable relationships and experiences that affects them to a point of causing them to develop some mental health conditions too.

In concurrence to the above, Chitayi (2018) asserts that several family related factors associated with suicide in Kenya include family conflicts, childhood abuse and death of a family member by suicide. Similarly, by Kioko (2018), 60 percent of the Kenyan population are young people aged 10-24, facing mental health risks

associated with human rights violations, wars and violence, substance abuse, sexual, reproductive and gender identity issues, HIV infections, information communication technology related cyber bullying and changes in socio-economic and climatic environment.

Depressed Young people living in poverty were found to be more likely than others to be depressed, with young people without enough food to eat at home were six to nine times more likely to report being depressed to the point of giving up nearly all the time. Similarly, those who beg for money were two to three times more likely than their peers to be seriously depressed. Physical and sexual abuse, both highly prevalent in Kenyan society, are related to severe depression as well. As a result, 10.2 percent of young males and 6.9 percent of young females reported being depressed nearly all the time to the point of giving up (Centre for Study of Adolescents,2014).

Depression in young people often co-occurs with other mental disorders, most commonly anxiety, disruptive behavior, or substance abuse disorders, and with physical illnesses, such as diabetes. In addition, depression in children and adolescents is associated with an increased risk of suicidal behavior. This risk may rise, particularly among adolescent boys, if the depression is accompanied by alcohol or other substance abuse. Among adolescents who develop major depressive disorder, as many as 7 percent may commit suicide in their young adult years (National Institute of Mental Health, 2000).

Young people in Kenya have an alarmingly high rate of attempted suicides. In a survey by CSA, (2014), as many as 6.8 percent of males and 10 percent of females reported having attempted suicide at least once. Globally, three times more women than men report attempting suicide, but men are more likely to succeed. In Sub-Saharan Africa men are almost five times more likely to die from suicide than women.

Cases of children killing others or committing suicide are rising by the day starting from very young age to university level. Examples from media reports include; an 8 year old committed suicide by hanging in Kakamega County, Kenya, (Pulse news, 25th, March, 2019), a 13 year old boy committed suicide for being called a 'ndazi thief' in Meru county , Kenya(Standard media, June 25th, 2019), another 7 year old boy commits suicide in Kirinyaga county, Kenya, after his sister denied him a pencil (Citizen Digital, 6th August, 2019), an 11 year old boy commits suicide in Murang'a county Kenya,for differing with his cousin what TV channel to watch (Standard Digital,18th Sept, 2019), while another 12 year old committed suicide a day after celebrating his birthday (NTV,6th, September, 2019).

Girls are not spared either in suicidal endemic eg, a 14 year old committed suicide over humiliation by a teacher for soiling her dress while on her menses, (Daily nation, 11th Sept, 2019;the guardian, 13th, Sept, 2019; buzzfeed news, 13th, Sept,2019;standard media, 11th Sept, 2019;the star, 11th Sept, 2019) and a 13 year old girl commits suicide after being punished in Nakuru County, Kenya (NTV, 23RD Sept,2019), and a 15 year old girl from nyeri county Kenya commits suicide, (KTN News, 8th September, 2019),

At higher education level, documented cases show for instance that nearly 20 University students across the country committed suicide between 2014-2018 a trend that seems to have hit crescendo lately. September alone saw a student in JKUAT commit suicide in his rented room, while in July 2018, an Engineering student in the same University killed himself by inhaling carbon monoxide at his residence in Kasarani.On 2nd, April, 2018, another from Chuka University took his life because of a girlfriend and weeks later, 23 April, 2018,his classmate hanged himself from a mango tree. Then in 2019; a male student Murang'a University ingested poison after quarrelling with his girlfriend and a 21-year-old college student Mt. Kenya university, in Meru,Kenya committed suicide due toheartbreak, (Citizen Digital, 23rd march, 2019),andanother university girl from Kitui County Kenya committed suicide over school project (Hivisasa.com,).

Learners are not just committing suicide but killing one another as well. Mental illness such as manic disorder may lead a sufferer to uncontrollable or violent rage triggered by what an ordinary person would think as a petty reason. For example, two students beat a form one boy to death over a girlfriend (Standard Digital,10thSept, 2019) and a form one female student was murdered and her body dumped in a culvert (the star, 28th August, 2019) for turning down sexual advances from a fellow student, and in March, 16th, 2019,a university student was hacked to death by her boyfriend, while a 19 year old girl stabbed her Universityboyfriend to death (Nairobi news, 16th March, 2016).

Drug abuse and addiction is regarded as self-inflicted mental health problem. However, studies show that majority of such addicts get into the habit as a result of uncontrollable impulses that drive them to take stimulants. Early identification of such mental disorders would help intervene on pupils with mental disorders so as to refrain or begin treatment beforehand.

It is our responsibility to provide our learners with a safe space with an environment that promotes care, affection, love, other emotional and social support, in order to address behavioral challenges and exposure or pressure to risky behavior that negatively impact on their health and consequently their education. The mental health of the youth has major impact on families, communities and the country's health and socioeconomic development and calls for effective evidence based multi-sectoral interventions as Geisel, J.B. (2008) asserts. This paper views the role and responsibility for arresting the explosion of consequences of untreated mental

issues as requiring the young people, parents, teachers, leaders and community in general to take collective actions ensuring young people remain and stay healthy.

According to Kanyoro. K. (2018), psychiatrists and support professionals like psychologist and counselors trained and skilled in mental health are very few. Kenyan graduate school's inability to attract and retain mental health professionals is evident. Yet it is a universal held principle that psychologists and counselors are management pillars of mental health. Different countries have different programs to tackle mental health issues affecting students.

It is time that educators considered the role of education as threefold; one having to do with knowledge, techniques and adjustment-knowledge such as the factual part of the subject, technique such as ability to read and evaluate, and adjustment such as maintenance of mental health and ability to get along with others. What remains is teaching for mental health and adjustment which is now crucial considering the status of the new generation learner.

Another way of addressing the mental health problem is to teach the learners basic science of mental health. Guy.W. (2015), refers to the current trend in schools as health favoritism where we teach our children physical hygiene, like brushing teeth and avoiding germs but nothing about mind hygiene. A child knows to put a bandage on a cut versus emotional favoritism in physical health against mental health, yet we get psychological injury more often than physical injury in a day, thru rejection, failure, loneliness and can get serious dramatic damages if left untreated. He advocates for more attention to mind and the body, like twins.

While psychologists have linked increased cases of suicide or mental health issues to tough economic times, the other side of the coin puts the society and the education system in a spot in that it does not equip learners with the requisite skills to face life head-on. That may be one of the reasons that makes Just a little disappointment like a break-up can easily make a 21-year-old student take the drastic decision to end her life. In Malawi, Schools are considered to provide an ideal environment and natural opportunities to address issues of mental health and illness. Educators can play an important role by delivering accurate, comprehensive information and by challenging the stereotypes about mental illness held by the general community Kahamwa (2017)

The other area that needs attention is the ability of the teacher to realize the student has a problem. Teachers are well positioned to be at the vanguard of public health strategies designed to prevent and detect mental health disorders among young people. Geisel (2008) continues to note that the best teacher in all ages paid attention to the mental health of their students. Regardless of the subject specialty, they managed to help their students maintain mental health. The student's mental health should always be part of the subjects teaching objective in each class. The teacher should be trained to understand beyond the adjustment problem of the student, and his own mental health should be exemplary.

In Kenya, the starting point can be addressed by introducing a course on mental hygiene and teachers to train for it as a core teaching subject. A program can be formulated that encourages schools to actively promote the message that seeking help is a sensible and supportive act rather than a sign of weakness. Therefore, in addition to providing information and education about mental health and mental illness, forums that promotes discussion about when, how and where to seek help ought to be held regularly among the stake-holders.

The signs of mental illness are there all along and behavior is the last stage of the condition. Medical research has improved a lot and is assisting in treatment of previously very complicated health conditions. These days, for instance, leukemia, heart disease, HIV/AIDS, stroke diseases' mortality rates have gone down compared to years back. Unfortunately, the story is not the same for mental illness in Kenya and this should not be allowed to continue.

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