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**WORKING PAPER SERIES**

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# Community of Practice for Social Systems Strengthening to Improve Child Well-being Outcomes

## School Staff Awareness of Psychosocial Support Available as per the Integrated School Health Policy (ISHP) in South Africa.

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## Abstract

In 2012, the South African government initiated the Integrated School Health Policy (ISHP) to serve as a national guideline on providing school health and support services from key stakeholders such as the Department of Health (DoH), Department of Basic Education (DBE) and Department of Social Development (DSD). However, despite the ISHP regulations, publications report that staff in under-resourced government schools are not sufficiently equipped to address their learners' psychosocial challenges. A dearth of research currently exists on school staff awareness of psychosocial challenges and interventions implemented at their school, reflecting their training or education from their schools to implement the national school safety policies successfully. This descriptive study aimed to assess which psychosocial interventions implemented at the schools by Departments of Social Welfare, Health and Education the school staff are aware of. This descriptive study follows a quantitative descriptive design. A total of 50 school staff members from five under-resourced primary schools in the Johannesburg Metropolitan Municipality completed a feedback questionnaire designed by the investigators. A comparative descriptive analysis between schools using frequencies, percentages, and graphs was used to analyse the results. Results indicate that a school's staff's ability to support their learners varies per school and is based on their school's compliance to training their teachers on the school safety protocols and is not affected much by external training. Schools which follow ISPH regulations on staff training of protocols, better equip their teachers to observe psychosocial challenges their learners face. Awareness of mental health challenges learners face, particularly suicide ideation, seems low and needs further attention in future training.



**Keywords:** *Psychosocial Support; Psychosocial Challenges; Awareness; Training; Schools*


## Introduction

Under-resourced South African schools are still undergoing various psychosocial stressors that affect their children and teachers' well-being (Setlhare, 2016). The most pertinent psychosocial stressors children face relate to family concerns of poverty, absent parents, domestic violence, parents physical health and parents mental health (Stats SA, 2018); negative environmental factors in the schools such as gangsterism (Ramorola & Ogbonnaya, 2019), bullying and stigma (Setlhare, 2016); personal factors such as teenage pregnancies and substance abuse (Department of Basic Education, 2013); and lastly personal mental health factors of Attention Deficit Hyperactivity Disorder (ADHD), learning disorders (Grosser, 2016), depression, anxiety, and suicide ideation (Strydom et al., 2012). As a response to support schools in improving the overall well-being of their children and the community around them, the South African government initiated the Integrated School Health Policy (ISHP) in 2012 (South Africa, 2012). The ISPH serves as a national guideline on the provision of school health and support services (South Africa, 2012), just as has been done in other African countries, with the collaboration of various key stakeholders such as the Department of Health, Department of Education and Department of Social Development with the school and its teachers (Rasesemola et al., 2019). To ensure that school staff and learners are well supported, each school is responsible for ensuring the school staff are up to date on the school safety policies and the ISHP (South Africa, 2012). However, despite the ISHP regulations in place, some publications indicate that teachers in under-resourced government schools are not sufficiently equipped to address their learners' psychosocial challenges (Donald et al., 2014; Setlhare, 2016; Spaull, 2013). This study aims to see the level of information and insights the school educators have in terms of psychosocial challenges their children face and the child-well-being interventions available to them at their schools provided by the Departments of Social Welfare, Health and Education.

## Research Feedback on Psychosocial Challenges Observed in Schools

In a recent population assessment of youth suicidal behaviour in South Africa, statistics confirm that approximately 22% of Black South African youths endorsed suicide ideation or attempted suicide (Thornton et al., 2019). The study reported that, on average, the country faces a range of 4.2–15.6% of adolescents engaging in suicidal ideation, 2.4–12.5% plan an attempt, and 1.9–6.3% follow through on a suicide attempt (Thornton et al., 2019). The road to suicidal ideation is linked to depression and anxiety. Strydom et al. (2012) indicate that a

substantial number (61.2%) of learners suffer from anxiety to varying degrees, much higher than the adult prevalence of anxiety in South Africa. Comparatively, they also report the prevalence of depression among learners to be only 19.7%. Even though the prevalence of depression is not as high as anxiety, it should be regarded as a cause for concern as it is higher than the 10% prevalence of depression among South African adults. In addition to the abovementioned mental health challenges, approximately 9620 (0.4%) children in Gauteng report to also be suffering from learning disabilities which serve as a psychosocial challenge (Department of Basic Education, 2013; Grosser, 2016)

Domestic instability, such as poverty, is one of the greater risk factors attributing to the children's psychosocial challenges (South Africa & Department of Education, 2008). In 2015, three out of five children (62,1%) aged 0–17 were multi-dimensionally poor (Stats SA, 2018). Additionally, children coming from households of adverse living conditions suffer from malnutrition, due to which 18% of South African school students present with stunted growth, 9.3% are underweight, 20% are overweight, and 5.34% fall under the category of obese (Labadarios et al., 2005; Mafugu, 2021; Okeyo et al., 2020). Another domestic instability of absent parents (19,8%) where children lived with neither their biological parents; or children with absent fathers (43,1%) also plays a significant role in adding to the psychosocial challenges the children face, for which they require interventions and support from schools and the government departments (Stats SA, 2018).

In addition to mental health and domestic challenges, most under-resourced schools are also not safe from violence through gangsterism (Ramorola & Ogbonnaya, 2019; South Africa & Department of Education, 2008) and significant problems of sexual abuse (30%) and gender-based violence (Department of Basic Education, 2018). Due to the prevailing violence and gangsterism in schools, recent statistics indicate that 21% of learners smoke tobacco at least once a month, and approximately 35% of learners consume alcohol at least once a month (Department of Basic Education, 2013).

South African children, therefore, face various concerns related to mental health, poverty, domestic instability, violence in their schools and communities, abuse in their homes and schools and substance abuse.

## The Guidelines of the Integrated School Health Policy (ISHP) of 2012:

Due to the various overlapping psychosocial challenges that learners simultaneously face, many South African teachers feel they are not sufficiently equipped to support their learners (National Department of Basic Education, 2019; Setlhare, 2016; South Africa & Department of Education, 2008). As a response to the schools' needs for an integrated set of guidelines to support their learners, South Africa published the Integrated School Health Policy (ISHP) to serve as a national guideline on providing school health and support services (South Africa, 2012). Key stakeholders include the Department of Health, Department of Education and Department of Social Development (Rasesemola et al., 2019; South Africa, 2012). The ISHP was developed based on international evidence confirming that successful psychosocial school programme implementations depend on solid relationships between government, private sector, academic institutions, community, NGOs and other service providers such as the police (South Africa, 2012; Stats SA, 2018). The World Health Organization (WHO), an example of international evidence, established several multidisciplinary and collaborative healthcare approaches for schools within various parts of Europe, which have proven vital in advocacy for school health policies and programmes in many countries (Rasesemola et al., 2019). Implementation of the ISHP requires the successful multisectoral collaboration of the key role players. These role players and the school support structures such as the school governing bodies (SGB), learner organisations, Learning Support Educator (LSE) and School-Based Support Teams (SBST) are expected to contribute to the development of sustainable school health programmes (Rasesemola et al., 2019). Unfortunately, a recent study indicates that a widespread non-compliance of schools with integration and collaboration with different stakeholders for the delivery of the psychosocial support interventions (Rasesemola et al., 2019); however, a dearth of research exists on school staff feedback on the psychosocial challenges and interventions available to them. This study aims to see the level of insights the school educators have regarding psychosocial challenges learners face and the support interventions available at their schools; to assess their compliance with the ISHP regulations.

According to the ISHP (2012), the key government stakeholders involved are the National Departments of Basic Educations (DBE), the Department of Social Development (DSD) and the Department of Health (DoH) (South Africa, 2012). The DBE is generally responsible for providing education tools and psychological support to schools and ensuring stakeholders needed for learner safety are partnered with. The DSD assists with the provision of social workers responsible for catering for children undergoing domestic instability and mental health concerns. The DoH provides free healthcare check-ups and vaccinations for all children to ensure adequate health for learning (South Africa & Department of Education, 2008). Each National Department's partnerships are regulated with the assistance of the provincial departments and the districts within each provincial department. The provincial departments oversee collaborations with external key stakeholders such as the South African Police Service (SAPS) and private sectors. The districts are responsible with ensure all schools have functioning SBSTs and that the principals, School Governing Bodies (SGBs), educators and support staff are familiar with the ISHP protocol and that the schools adhere to this protocol and use the prescribed monitoring tools appropriately.

The ISHP (2012) also provides details of the school-based key stakeholders involved in supporting their learners. The principals are responsible for keeping relations with the district and NGOs who provide the school with assistance via the school feeding scheme, uniforms and other services. The principal is also responsible for ensuring the School Management Team (SMT), SGB and school staff are aware of their responsibilities and are aware of the protocols in place to protect their children, among other duties. The SMT and SGB report to the principal and are responsible for safety plans, policies, discipline, and problematic learners' assistance. The SBST, educators and learners are also considered stakeholders responsible for reporting on psychosocial challenges they observe in their learners to the SGB.

Lastly, the ISHP (2012) requires the national and school bodies to partner with the community, NGOs, the SAPS and the South African Council for Educators (SACE) as key stakeholders in the provision of additional services that are actively responsible for the safety and support of the learners from the adverse psychosocial challenges. Particularly in concerns related to poverty and sexual abuse, the NGOs and SAPS are considered vital in protecting their learners. Table 1 provides a breakdown of stakeholders involved with various psychosocial challenges.

**Table 1. Summary of South African Policies on Child Well-being and the Support Resources as per the ISPH.**

| Problem | Policy and Procedures | Possible Partnerships and Resources |
|---|---|---|
| **Gangs** | ▪ Criminal Procedures Second Amendment Act (Act 85 of 1997)<br>▪ Firearms Control Act (Act 60 of 2000)<br>▪ Signposts for Safe School<br>▪ Child Justice Act (No 75 of 2008) | ▪ Educator and SGB partnership with SAPS and other stakeholders to deal with gangsterism, or other community-based problems<br>▪ District Support Teams<br>▪ Learners<br>▪ Educators |
| **Drugs and illegal substances** | ▪ National Guidelines for the Management of Prevention of Drug Use and Abuse in all Public Schools and Further Education<br>▪ Drug Dependency Act 1992 (Act 20 of 1992)<br>▪ Liquor Act (No 59 of 2003)<br>▪ Policy Framework for the Management of Drug Abuse by Learners in Schools and in Public Further Education and Training Institutions | ▪ SANCA<br>▪ Local drug rehabilitation clinics<br>▪ District Support Teams<br>▪ Learners<br>▪ Educators |
| **Nutrition** | ▪ National Health Care Act 2003 (Act 61 of 2003) | ▪ School feeding scheme project<br>▪ Local non-governmental organisations, community-based organisations and faith-based organisations<br>▪ District Support Teams<br>▪ Learners<br>▪ Educators |
| **Stress and suicide** | ▪ Signposts for Safe Schools | ▪ Social workers<br>▪ Psychologists<br>▪ Pastoral care<br>▪ District Support Teams<br>▪ Learners<br>▪ Educators |
| **Child Abuse** | ▪ Child Care Act 1983 (Act 74 of 1983)<br>▪ Children's Act (No 38 of 2005)<br>▪ Signposts for Safe Schools | ▪ Childline<br>▪ Social Worker<br>▪ Nurse and Clinics<br>▪ SAPS<br>▪ District Support Teams<br>▪ Learners |
| **Family problems** | ▪ Prevention of Family Violence Act 1993 (Act 133 of 1993)<br>▪ Domestic Violence Act 1998 (Act 116 of 1998)<br>▪ Child Care Act 1983 (Act 74 of 1983)<br>▪ Children's Act (No 38 of 2005) | ▪ Social Worker<br>▪ Psychologist<br>▪ Pastoral Care<br>▪ Learners<br>▪ Educators |
| **Discipline of educators** | ▪ South African Council of Educators Code of Conduct<br>▪ Department of Education Norms and Standards for Educators<br>▪ South African Schools Act (No 84 of 1996)<br>▪ Employment of Educators Act (Act 76 of 1998) | ▪ Refer to District Office |

## Methodology:

A non-experimental descriptive quantitative design was followed for the data collection and analysis of this investigation. A total of 50 school staff members, inclusive of principals, educators in the school-based support team (SBST) and teachers, were purposively recruited from five public primary schools registered under the second quintile in low-income communities in the Johannesburg Metropolitan Municipality, South Africa. All staff members enrolled at the school for more than six months were eligible for the study. Due to the Covid-19 restrictions at the schools, only 50 participants were assessed for the study. However, the study only reports on 4 of the schools as only one educator was assessed from school 5.

The investigators designed a feedback questionnaire to gather information on participants' demographic characteristics and insights on observed psychosocial challenges and child-wellbeing interventions implemented in their schools. The surveys included four open background questions on their position, time spent at the school, subjects taught and any additional psychosocial training received. These were followed by 15 binary close-ended questions for psychosocial challenges observed and four open-ended questions on their insights on the psychosocial interventions implemented and the organisations involved. The last question allowed feedback on any additional interventions the educators can propose that may address ongoing concerns at school, and who they think should be responsible for its implementation. No items were reverse scored. The investigators reviewed the questionnaire for the face validity of the items and questions.

Approval for the study was obtained from the Ethics Committee of the Faculty of Humanities at the University of Johannesburg (UJ). Permission was also obtained from the Department of Education and the principals of the schools involved. Potential participants received information leaflets and consent forms at their schools. Participants were informed that participation was voluntary and anonymous, meaning that all personal information would be kept strictly confidential and could not be linked to any specific individual. Questionnaires were completed during the school day and were collected by the investigators. All information was coded into an excel spreadsheet and saved on a password safe computer.

Data was analysed using SPSS v.25 for descriptive data analysis for the trends observed generally and between schools. The open-ended questions were analysed for their content to create descriptive graphs. Frequencies and percentages were used to summarise results and compare them between schools. The study results analysis was divided into three parts to effectively answer the research question to compare the psychosocial challenges faced and interventions implemented. All data assessment was conducted by comparing schools as each school is responsible for ensuring the school staff are up to date on the school safety policies and the ISHP (South Africa, 2012).

## Results:

50 forms were returned with more than 80% completion of the questionnaire. One school only had one respondent and was consequently removed from the analysis of the data. Only 49 questionnaires were analysed for in-depth insights into school staff members' awareness of psychosocial interventions implemented at schools and the challenges the learners face. Table 2 summarises the respondents' demographic data, indicating that 82% of the respondents were teachers and only 42% of the total respondents received additional training on psychosocial services offered at schools via external workshops.

**Table 2. Demographic data summary of the respondents**

| Demographic Variable | Frequency | Percentage (N=50) |
|---|---|---|
| **School** | | |
| School 1 | 12 | 24.0 |
| School 2 | 6 | 12.0 |
| School 3 | 28 | 56.0 |
| School 4 | 3 | 6.0 |
| School 5 | 1 | 2.0 |
| **Position** | | |
| Principal | 1 | 2.0 |
| Deputy Principal | 1 | 2.0 |
| SBST Coordinator | 4 | 8.0 |
| Teacher | 41 | 82.0 |
| Missing | 3 | 6.0 |

| No. of years at school | | |
|---|---|---|
| >1 Year | 2 | 4.0 |
| 01 – 05 Years | 21 | 42.0 |
| 06 – 10 Years | 7 | 14.0 |
| 10 – 15 Years | 7 | 14.0 |
| 16 – 20 Years | 1 | 2.0 |
| 21 – 25 Years | 3 | 6.0 |
| 25 – 30 Years | 2 | 4.0 |
| Missing | 7 | 14.0 |
| **Training Received In Providing Psychosocal Support?** | | |
| Yes | 21 | 42.0 |
| No | 17 | 34.0 |
| Missing | 12 | 24.0 |

School 1 had 10 of the 12 respondents (83.3%) who had received additional psychosocial training in terms of additional training received by personnel. Followed by School 3, nine of the 28 respondents (32.1%) received additional training. However, School 2 and School 4 only had one trained respondent from each school (16.7% and 33.3%, respectively).

The first set of analysis describe which psychosocial challenges are prevalent in the schools as a whole. Followed by a graphic comparison of the psychosocial challenges faced by each school respectively. A comparative descriptive analysis of the psychosocial challenges observed by the school staff is entered graphically in Figures 1 and 2 below. Figure 1 illustrates the overall trend of psychosocial challenges observed from all the respondents, and Figure 2 illustrates a comparative graph of the psychosocial challenges experienced by each school, respectively.

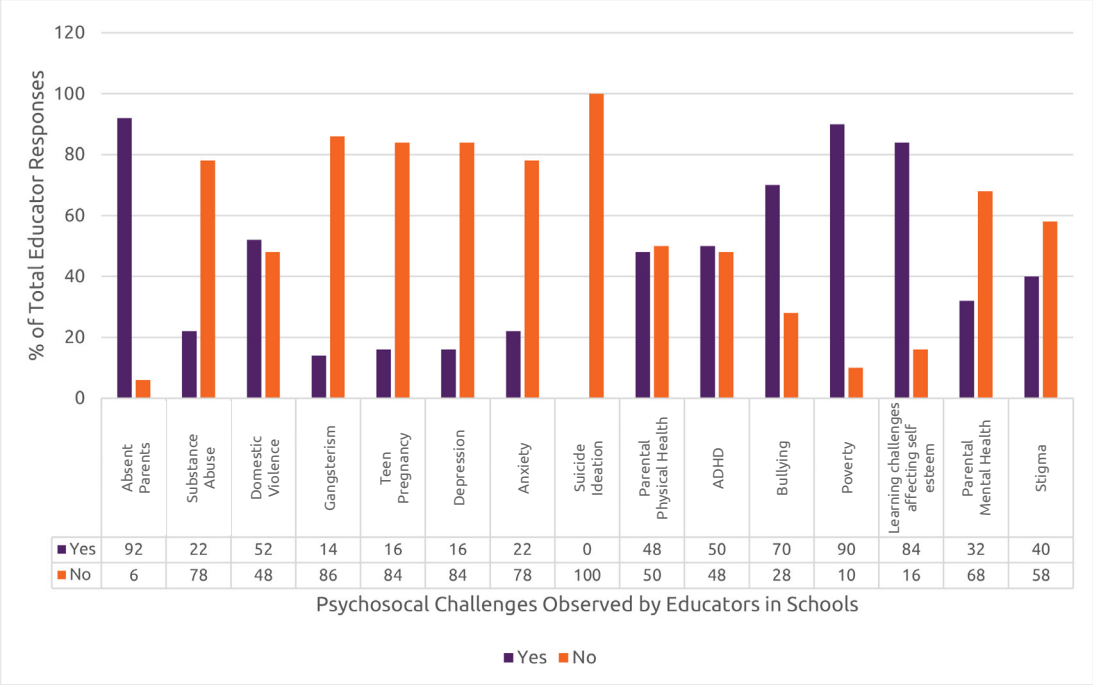


**Figure 1. Overall Trend of Psychosocial Challenges Observed by All Respondents**

Figure 1 indicates that overall, the biggest concerns observed relate to absent parents, poverty, learning challenges affecting self-esteem and bullying. Suicide ideation is not observed as a psychosocial challenge in all schools.

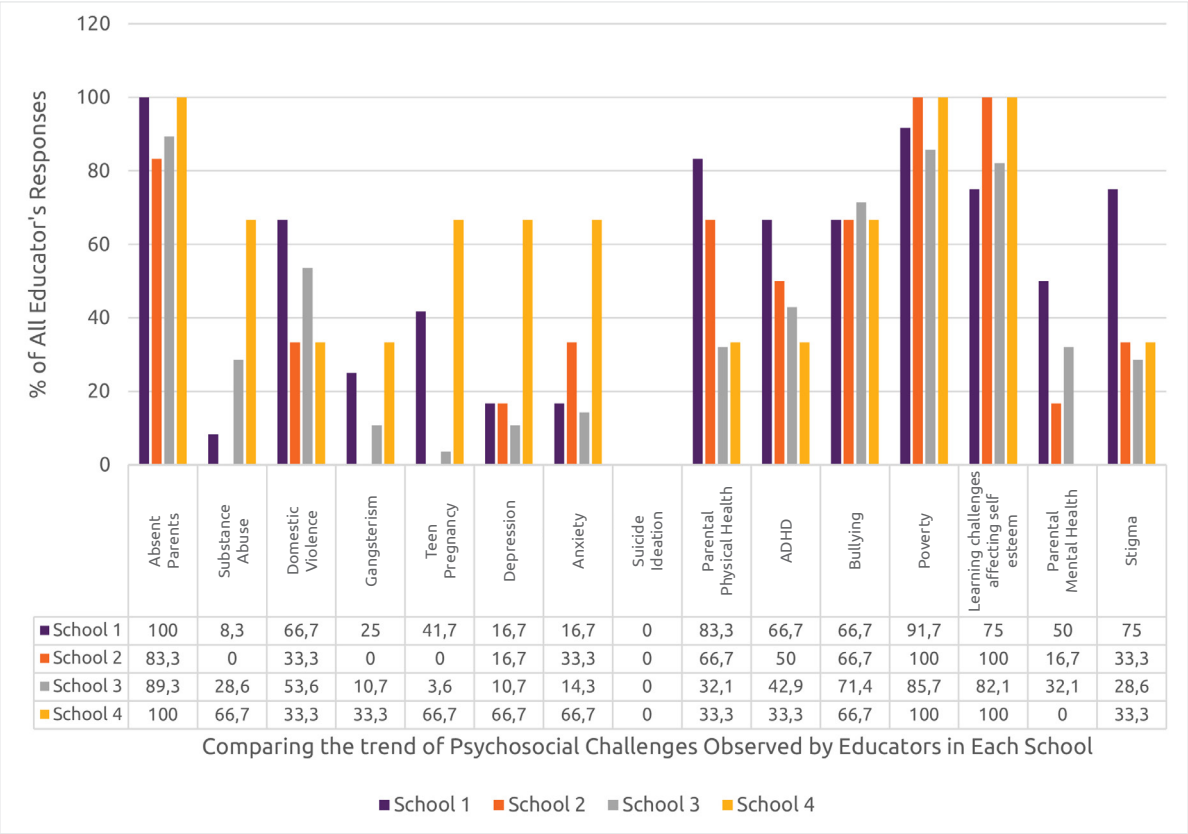


**Figure 2. Comparing the Psychosocial Challenges Observed (%) between Schools 1-4.**

Additional feedback from an open-ended question reports that additional psychosocial problems observed are conduct disorder (4%), eating disorders (8%), Impact of Covid-19 on family structures (8%), Impact of HIV on family structures (4%), general lack of self-esteem (2%) and unresolved anger due to absent parents (8%).

The second approach to the descriptive analysis was to statistically compare schools on their feedback of the psychosocial interventions implemented and the departments and organisations involved in implementing learner support. These findings provide insights into if the schools follow procedures to educate their staff members on ISHP processes.

## Interventions and/or programs which provide psychosocial support to learners.

School 1 reported that they only received psychosocial support from social workers and the SBST (16.7%), of which 91.7% of the educators from school 1 reported that social workers provided psychosocial support to learners at the scools, and 16.7% of the educators acknowledged the role of the SBST in supporting students. The questionnaires asked educators to mention all providers of psychosocial support to learners from external bodes, and from within the school. As teachers can also be providers of psychosocial support, the document implied that teachers too can be considered. However, majority of the teachers responses only acknowledged the support provided by social workers, despite the fact that 83.3% of them are trained in providing psychosocial support to learners within the school system.

Comparatively, School two's staff reported a significant amount of assistance from the Department of Social Development, who worked in collaboration with NGOs to add to the school's nutrition programme (66.7%), which is also part of the school health programme . As indicated in Table 1, the ISHP indicates that the problem of nutrition can be supported and provided for by NGOS, the School Feeding Scheme project, or District support teams, indicating that the Department of Social Decelopment is assisting with the ISHP programme as a whole. School 2's staff also acknowledge counselling services provided by other mental health practitioners in the area (50%), the SBST for providing support to troubled learners (33.3%) and the health clinics in the area who send nurses for vaccinations and check-ups (16.7%). As such, School 2 indicated more knowledge on the various stakeholders involved in providing psychosocial support to students despite only 16.7% of their staff members undergoing extra training on psychosocial support provided to the schools.

Responses from School 3 provided the most in-depth feedback of all of the schools. In terms of key stakeholders, 36% of the staff acknowledge the involvement of each key stakeholders, such as the Department of Social Development (DSD) in the provision of social workers, the Department of Health (DoH) in providing support from clinics and nurses, and the SAPS. Approximately 39% of the educators emphasised the availability of the Support Needs Assessment (SNA) form, which is part of a programme provided by the Department of Basic Education (DBE) to assess and provide psychological support to the learners in need. School support is reported in terms of the availability of the School-Based Support Team

(SBST) (32%), the School Governing Body (SGB) (11%) and the LSE educators (18%). Lastly, School 3 acknowledges the community key role players such as NGO's who assist with the feeding schemes and uniforms (4%), as well as the key involvement of parents in supporting their children (8%). Similarly, School 4 is 100% aware of the role of key stakeholders such as the NGOs, DoH, DSD, SAPS and DBE.

School 4 reports that the District Based Support Teams (DBST), the SAPS and Psychologists or Counsellors are involved in providing at least 33.3% of the psychosocial support for learners. Comparing to all schools, School 4's reported the highest learner support received from DBST's and Psychologists.

## How are the interventions implemented?

Regarding how interventions are implemented, findings on this question seemed slightly shifted for three of the four schools from their responses on which interventions or programmes provide psychosocial support. School 1's responses indicate a complete focus (100%) only on how the DoH organised for nurses and health practitioners to come to school to check the learners' health and provide them with injections. School 2 provided more diverse responses than School 1; they acknowledged the assistance of NGOs with the school feeding programme (67%), the assistance of the SBST with academic, behavioural problems (33%) and the role of the government departments mentioned above with the allocation of social workers (17%), nurses (33%) and mental health practitioners (33%). Similar to School 1 and 2, School 4 also indicates some shift in insights, narrowing only the DSD (33%) and the counselling services they provide, the SAPS (33%) and the DoH for its health talks (33%). Comparatively, School 3 provides responses on how interventions are implemented, consistent with the programmes involved in implementing the interventions. Approximately 18% of the respondents acknowledge the nutrition and feeding schemes provided by the NGOs that try to assist learners who are needy or coming from disadvantaged families with food parcels and school uniforms. The LSE educators support learners with special needs (11%) and work with different departmental professionals to promote inclusive education through training (11%). In terms of school support, the SBST support learners dealing with troubles at home or elsewhere (14%) and inform parents of the troubles their children face and the steps needed to support their children, whereas the SGB assist with absent parents (7%). Consistent with their educated insights, School 3 staff also indicate that the SAPS assist with domestic violence and substance abuse cases (4%); social workers from the DSD assists troubled children facing concerns of parental mental health (4) and address learners on the issue of substance abuse, teenage pregnancy and any other social support they need (11%). Lastly, the DoH provide support through clinics that aid in vaccinations and health checks for the children (14%).

## Organisations and Structures Involved in Intervention Implementation

The following section indicates the results using two separate graphs. The first graph is a direct depiction of the organisations the schools indicated are involved in implementing the interventions and psychosocial programmes. Figure 3 illustrates an evident lack of acknowledgement of SBSTs, SGBs and LSE educators by all school other than School 3. Additionally, no schools seem to acknowledge the DBE as an organisation responsible for psychosocial support in schools. Additionally, School 1 and 2 do not acknowledge psychological and counselling organisations involvement in their roles of psychosocial support.

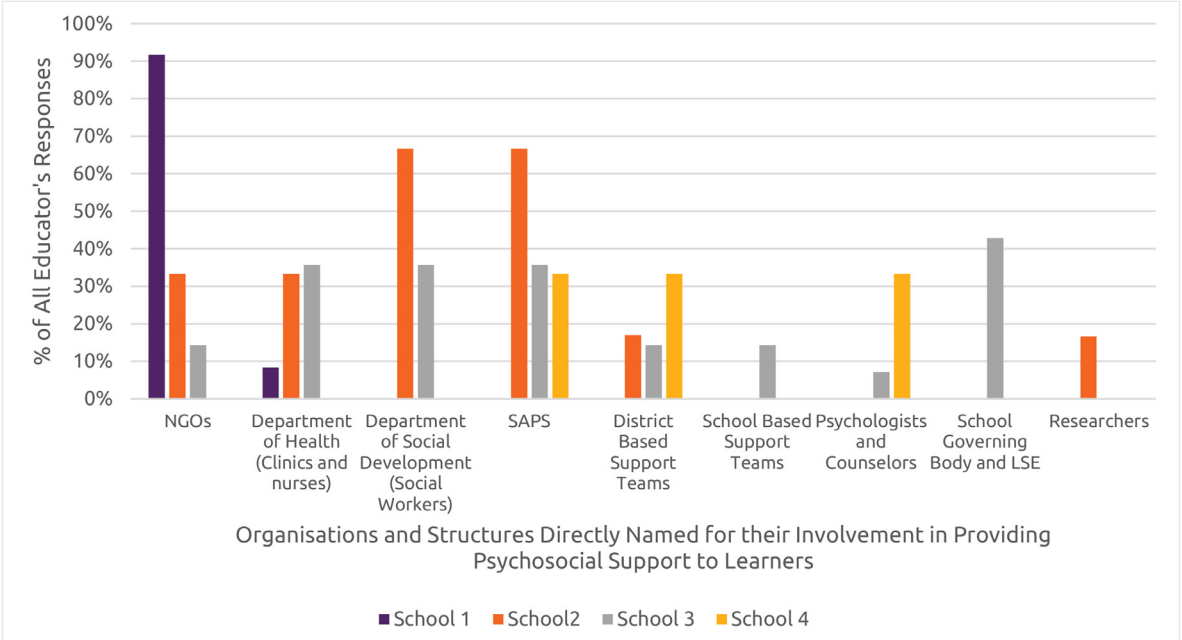


**Figure 3. Organisations and Structures Directly Named for their Involvement**

Comparatively, Figure 4 illustrates the involvement of all key stakeholders, as calculated using content analysis from the overall responses received for all the questions. Figure 4 indicates that despite its 83% of staff undergoing extra psychosocial training in School 1, their insights are limited to the involvement of NGOs, the DoH and the DSD. Schools 1 and 4 so not seem to acknowledge the importance and support of SBSTs in their schools. Overall, the support provided in schools by the DBE, school support systems and psychological support is acknowledged the least by all schools.

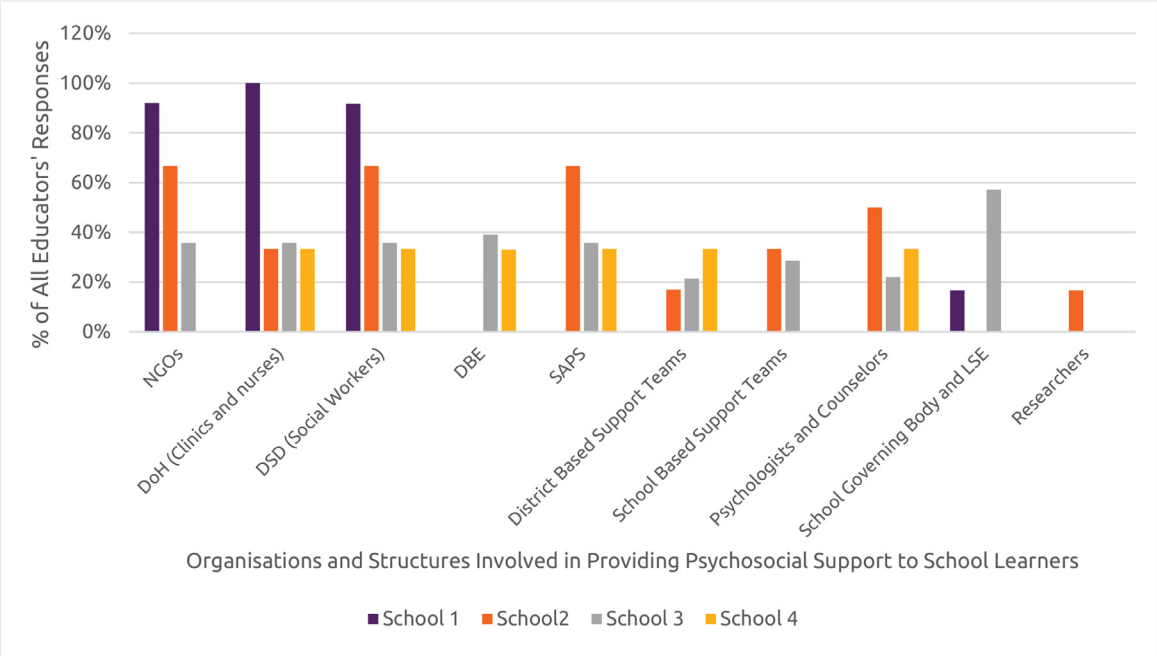


**Figure 4. Organisations and Structures Involvement Collated from Insights of the Collected Data.**

## Discussion

This discussion reflects on the insights from the cross-examination of the observations in psychosocial challenges and interventions reported by the four schools to identify additional gaps where staff members need to be educated on the ISHP regulations and the involvement of various stakeholders. The most prominent observation is that School 1 and School 2 have an adequate level of external training on psychosocial support interventions; however, their responses on psychosocial interventions do not reflect a holistic training on all the key stakeholders and programmes available at the schools. Reflections on the questions asked indicate that the question's wording may not be responsible for the limited information provided by these two schools in the responses. School 3 and School 4 understood the questions well and provided feedback indicating a well-educated staff on the psychosocial interventions implemented by the key stakeholders involved. Schools 3 and 4 cover 62% of the total sample, and approximately 32% of the staff in this sample partook in extra training compared to 82% of School 1. The responses seem to indicate that the school staff is only as well equipped as the knowledge and training it receives from its school on the ISHP regulations of key stakeholders and their roles and responsibilities. According to the ISHP, schools' district support and principals are responsible for ensuring that all schools have functional SGB and SMT's and that all staff are educated on the ISHP protocol. Findings indicate that not all schools are following policy protocol in educating all staff on the psychosocial support available.

Regarding the observed psychosocial challenges, the descriptive comparisons between schools indicate that all the schools follow a similar trend on challenges observed. Psychosocial challenges such as absent parents (92%), poverty (90%), learning challenges (84%) and bullying (N=70) were the most observed and reported by the respondents. However, substance abuse (22%), gangsterism (14%), teen pregnancies (16%), depression (16%) and anxiety (22%) were marked as the lowest challenges faced in the schools. Psychosocial challenges related to family show close to a 50% challenge in schools, such as domestic violence (52%), parental physical health (48%) and parental mental health (32%). However, staff from all schools did not report suicide ideations among learners. These observations run contrary to the South African statistics of approximately 12.5% of all learners in South African public primary schools consider suicide at least once (Stats SA, 2018). Additionally, School 2, with 33% of the staff that partook in external psychosocial training, observed no challenges of substance abuse, gangsterism and teenage pregnancy. These observations also run contrary to South African statistics where more than 30% of school learners face sexual abuse (Department of Basic Education, 2018) and the schools face significant concerns of gangsterism and violence (Ramorola & Ogbonnaya, 2019; South Africa & Department of Education, 2008). One justificiation for this possible lack of insights on matters of mental health, sexual abuse and violence could be the high learner to teacher ratio, which in 2020 was reported to be an average of 1:36 in secondary schools (Botha, 2020). With such high learner to teacher ratio, teacher and learner relations are

negatively affected and significantly reduce learners' trust in teachers and learners' achievement (Koc & Celik, 2015). As such, we may have to conclude that the high learner to teacher ratio in our public secondary schools reduce the chances of students approaching educators for assistance and that schools may need to consider introducing team building exercises where learners and teachers interact in a manner that can slowly build trust and create a bond where learners reach out with their problems and concerns.

In terms of psychosocial interventions – in addition to the lack of school staff education on the ISHP regulations of key stakeholders and their roles and responsibilities – we observe a trend of overlooking the roles of stakeholders responsible for psychological support and support structures in schools. Findings indicate that although some staff recognise the importance of caring for learner mental health, greater emphasis is given to physical health concerns relating to the learners' feeding schemes and medical health. As such, responses indicate that workshops need to be introduced which acknowledge the organisations involved in providing counselling support, as well as the importance of caring for learner mental health and associated red flags.

Reflecting on the findings, the first recommendation would be to ensure all educators and learners are reminded and updated of their rights and responsibilities according to the ISHP in assembly every few months. Introducing students to the ISHP process and information steadily may assist in educating the students and can lead to learner buy-in in reporting to the correct authorities when concerns arise. Additionally, the information sessions for both students and learners should focus on the main areas of concern for students (i.e., mental health problems, absent parents, poverty, learning challenges and bullying) and what support structures are in place, so that both learners and educators know how to use the ISHP protocol to its full effect.

Limitations of this study are the limited sample, due to which the results cannot be considered generalisable. Additionally, due to the open-ended nature of specific questions, the reliability could not be assessed. Although responses indicate adequate face validity of the questions, a rigorous validity check of the questionnaire may be beneficial for future explorations.

## Conclusion

This study aimed to see the level of information and insights the school educators had regarding psychosocial challenges their learners faced and the child-well-being interventions available to them at their schools provided by the DSD, DoH and DBE. Despite attending some external training on psychosocial interventions, the results indicate that school staff lacked basic knowledge and insights on the psychosocial interventions and key stakeholders involved, as per the ISHP. Schools that conform to the requirements of educating their staff on the ISHP regulations and maintaining transparent school support structures of the SGB and SBST equip their staff with the tools they need to support their learners adequately. However, a general concern that remains is the lack of focus or observations on the psychological risk factors of gangsterism, substance abuse and teenage pregnancies of the students who may be at risk of suicide ideations. Recommendations for future research include the requirement for schools to educate all staff on a bi-annual basis on the ISHP regulations and ensure all staff are aware of the interventions and organisations involved. Additionally, school staff need to be educated on learner mental health risk factors, signs of depression and anxiety, and signs of students at risk of suicide ideation. Teachers can only be equipped to handle psychosocial concerns at school through continuous knowledge and training.

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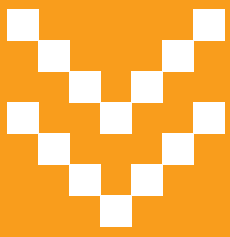

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