

Managing Children's Depression Behavior to Promote Mental Health Wellbeing in the Classroom

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ABSTRACT Managing children's depression in the classroom is a major issue in rural schools and it is not unique to Limpopo Province. The aim of the study was to investigate how teachers manage children's depression to promote mental health in the classroom. A qualitative research method was used. Purposeful sampling procedure was used to select eight teachers who teach Foundation Phase children. In depth interviews were used as a data collection tool. The study findings revealed that teachers were not fully knowledgeable about children's depression. Their perceived knowledge lacked the level of confidence necessary to recognize the behavioral symptoms of depression as diagnostic criteria. The study concluded that these children should receive sustained environmental support from the parents and teachers. The study recommended that teachers should provide strong support to the children with regard to their depression. Teachers should be encouraged to find out more about the children's home background and neighborhood.

INTRODUCTION

Teachers are in advantageous positions to observe children in different situations during teaching and learning activities. Children spend seven hours per day for five days per week in school than in most other structured settings outside the home and their most extensive contact is with teachers (Naidu 2008; Eva 2016). Therefore, teachers should be able to identify depression symptoms through recognizing characteristics of depression behavior. Schools offer important opportunities to prevent some depression behavior by promoting resilience. Teachers provide children with inner resources that they can draw on as a barrier when stressful things happen to thrive even in the face of sig-

nificant challenges (Department for Education's Primary and Secondary Heads' Reference Groups 2016: 12). They further indicated that a healthy school approach to promoting the mental health and wellbeing of all children in the school with priorities identified so that a clear process of planning, doing and reviewing to achieve the desired outcomes. Table 1 outlined some of the characteristics, which were adopted from Crundwell and Kill (2010) and are listed in Table 1.

Managing children's depression is one of the main issues within the school settings because depression in children can affect their life. Causes of depression in children vary from combination of genetic vulnerability, early development experiences, exposure to stressors, and marital satisfaction in the family, parents and

Table 1: Characteristics of depression behavior

<i>Characteristics of depression in children</i>	<i>What it looks like in school</i>
Physical/somatic complaints	Complaints of feeling sick, school absence, lack of participation, sleepiness
Irritability	Isolation from peers, problems with social skills, defiance
Difficulty concentrating on tasks/activities	Poor work completion
Short-term memory impairments	Forgetting to complete classwork and homework, difficulty concentrating
Difficulties with planning, organizing, and executing tasks	Refusing to complete work, missing deadlines
Facial expressions or body language indicating depression or sadness	Working slowly
Hypersensitivity	Easily hurt feelings, crying, anger
Poor performance and follow-through on tasks	Poor work completion
Forgetfulness	Poor work submission, variable academic performance.

social pressure and many more (Sokolova 2003), because effectively addressing cause of depression is important for the enhancement of a child's wellbeing (Lindo et al. 2016). For schoolteachers depression is a medical disorder that causes a child to feel persistently sad, low or disinterested in daily activities (School Psychiatry Program and MADI Resources Center 2010).

Childhood provides key opportunities to develop the foundations for mental health and prevent mental health problems, and the school is a unique resource to promote mental health wellbeing during teaching and learning in the classroom. Schools can help tackle the problem of the substantial number of children and young people who experience mental health problems (National Education Psychological Service 2015; World Health Organization 2016). Harden et al. (2001) indicated that round twenty-five percent of children and young people in the developed world have an identifiable mental health problem, of which ten percent fulfil criteria for a mental health disorder. Schools can also promote positive mental health and create resilience, providing the child or young person with resources to thrive, and in adverse conditions, to cope by buffering negative stressors. Gross (2008) says that for children who come from less than optimum home backgrounds and neighborhoods the intervention of the school can be the turning point for many children with few other supports.

Weare (2010) state that there are literally thousands of school mental health interventions in operation across the world, some of which have been evaluated. These go under many names including mental health, 'social and emotional learning' (SEL), 'emotional literacy', 'emotional intelligence', 'resilience', 'life skills' and 'character education'. The importance of the school for promoting mental health it provides opportunities for interventions to support and monitoring depressive children. The United States of America Preventive Services Task Force (2014) indicates that major depressive disorder is a debilitating condition that has been increasingly recognized among children. The prevalence of current or recent depression among children is three percent.

There are several theories of depression that exist and they also explain what is going on in the mind of a depressed child. Some of the theories include the cognitive theory of depression, which is a theory that shows if child greatly think-

ing negatively affected the likelihood of developing a depression and maintaining it during stressful events in children's life (Beck 1967). He further indicated that this negative way of thinking guides a child's perception, interpretation, and memory of personality. This causes most children to become silent and to not open up to their teachers about what is wrong and what is bothering them. Teachers experience big problem to manage children depression in the classroom because at school the teachers act as a loco parenties (Chaplain 2016). They could talk to children to try to limit the depression that the children encountered but when the child goes back home, the family situation revokes their thoughts and feelings. Parents sometimes may express overt changes in behavior, such as anger and frustration, to show their feelings of hopelessness. In this case the child can sense the depression and unhappiness (Madison 2008; Martin and Pear 2015).

Mental health promotion involves creating and enhancing environments that support the development of mental wellbeing and healthy lifestyles. The focus of mental health promotion is an outcome to strengthen children's sense of control, resilience and the ability to cope with life's challenges (Department of Education and Skills, Health Service Executive and Department of Health Ireland 2013).

The role of schools in fostering and promoting a positive sense of managing children depression has long been recognized. Research shows that mental health promotion is most effective when it takes place early in a person's life (Oireachtas Library and Research Service 2012). National and international research has consistently shown that the classroom teacher is the best-placed professional to work sensitively and consistently with children to affect educational outcomes (Payton et al. 2008; Clarke and Barry 2010; World Health Organization 2012).

METHODOLOGY

Research Design

This study investigated how teachers manage children's depression that promoting mental health in the classroom, hereafter the choice of a qualitative phenomenological approach. Researchers were as a result able to gain deep

insight, knowledge and understanding of the respondents experience with handling depression of children and the benefits thereof on some areas of children's life. According to Cresswell (2007), there are clearly identified cases with boundaries that seek to provide an in-depth understanding of the case.

Population and Sampling

The sample consisted of eight purposively selected teachers who were drawn from four primary schools under Sibasa circuit in Limpopo Province. Two teachers from each school who taught Foundation Phase children participated in this study. For the sake of confidentiality false names of the schools were used to identify the respondents and the schools start from Grade R to Grade 4 only.

Ethical Consideration

Permission to carry out the study was granted by the Department of Education. Permission was also sought from the informants through informed consent. Respondents were informed that all procedures would be anonymous and confidential, and that their participation was voluntary. Teachers were made aware of the fact that they were free to terminate their participation in the study without any fear of being victimized.

Data Collection

Data was collected from the teachers who taught in Foundation Phase. In-depth interviews were conducted with the aim to understand the experiences of how teachers manage children's depression with regard to promote mental health because it resembles a normal conversation. The central question was how teachers manage children's behavior to promote mental wellbeing. Interviews were done in Tshivenda and English and they were allowed to choose the language they preferred most for in-depth expression. Field notes were written to capture the non-verbal communication that could not be captured by the voice recorder.

Data Analysis

Thematic analysis was used to analyze transliterated data. These written responses were

analyzed by identifying common themes from the statement responses of the participants. Each of the responses was then coded by one researcher according to the identified themes. Interview responses were content analyzed, coded and categorized into themes.

Trustworthiness

The four criteria namely credibility, conformability, transferability and dependability were applied to establish the trustworthiness of the study. Credibility was ensured by prolonged engagement in the field, the use of a voice recorder and the taking of field notes during interviews, conformability was ensured by sending the transcribed data to an independent and an experienced co-coder, and thereafter a meeting was held to confirm and reach a consensus about the findings. Transferability and dependability were ensured by a thick description of the research method and design, making it possible for other researchers to repeat the study (Babbie and Mouton 2009; Whitaker et al. 2013).

RESULTS

From the interview, three major themes were identified as main reasons for teachers to express their views on how they manage children depression. This study revealed that the way teachers manage depression in children makes a significant contribution to health enhancing mental health of many Foundation Phase aged children. Stopper (2000) says that it is accepted universally that the development of a child's capacity to do well in school is heavily reliant on the support and encouragement of the teachers to avoid depression, which leads to cause mental health disorders. Teachers in schools expected to alleviate the risk of depression behavior and mental health problem in their children by supporting them to become more resilient and preventing problems before they arise (Department for Education's Primary and Secondary Heads' Reference Groups 2016: 12).

The study also revealed that children with depressive disorders lack interest in activities. Sokolova (2003) says that depressive children mostly feel previously enjoyed, criticize themselves, pessimistic and hopeless about the future, and easily develop mental illness. They tend to have lack of energy, have problems at school,

and have trouble sleeping in the class. Depressed children showed less pleasure in play and some explored themes of death (Kalb and Raymond 2003; Coventry et al. 2015).

Teachers act as medicine of healing depressive children by always being next to them to avoid withdrawal, become silent, sadness and encourage openness about what is wrong and what is bothering them. The study also revealed that treatment for depression in order to promote mental health usually speeds the process of reducing symptoms, reduce recurrence and diminishes the time the child may be at risk for failure at school. Teachers lack knowledge to recognize characteristics that children depression display every day in the classroom.

Naidu (2008) shows that teachers were using some inappropriate management strategies to assist children with depressive symptoms. The study also revealed that many teachers felt that just talking to children was sufficient to eliminate the symptoms. Some teachers expressed very little confidence in their ability to see the links between externalizing and internalizing symptoms and depression.

Some teachers showed that children who had weak learning skills for different subjects tended to be more affected by their poor performance and lead to cause depression behavior in the classroom environment (Nierenberg 2015). Although the findings revealed that children in the study with more symptoms of depression had a negative influence to the other children in the classroom, the researcher suggested that teachers might feel more confident in their abilities to manage children's depression behavior immediately in order to promote good mental health and wellbeing in the classroom.

DISCUSSION

The study found that it is significant for teachers to recognize characteristics of children with depression and how to recognize them in schools during learning activities.

Three main themes emerged from data analyzed.

Theme 1: Teachers' view on how they manage children with depression at school.

The study revealed that some respondent teachers were positive and some were negative

because they manage it in a deferent way. Some teachers they do not care about to support and encourage children even though they recognize depression characteristics or behavior. Jeon et al. (2014), Mclean and Connor (2015) indicated that teachers are important contributors to children's depression development because teachers are responsible for the implementation of many important classroom activities. They further state that depression behavior is characterized by ongoing negative mood, low self-esteem and loss of pleasure in enjoyable activities. This was supported by the following quotation:

"Well, we as teachers, really have an important role in helping children with depression. Firstly, by recognizing depression, and secondly, we can help by managing the symptoms of depression because children spend so much of time in schools than at home. Depression behavior such as complaints of feeling sick, school absence, lack of participation, sleepiness in the classroom, work slowly, isolation from peers, problems with social skills, easily hurt feelings, crying and anger we encounter them day by day from different children. Some of this behavior we managed them easily by developing strong bonds, and act as their security" [Teachers from school B and C].

Individual depressive symptoms, such as stress and poor emotional regulation, have been found amongst children. An optimal classroom climate has been described to have low levels of conflict and disruptive behavior, smooth transitions from one type of activity to another, appropriate expressions of emotion, respectful communication and problem solving, strong interest and focus on tasks, and supportiveness and responsiveness to individual differences and children's needs (Pianta et al. 2002; American Psychiatric Association 2013).

Other participants said, *"Though it is important to manage children's depression behavior at schools, it is difficult to manage it because some parents do not agree that their children experiencing problem of depression behavior, some they even follow at home if they know where teacher stays to utter any words to us, and sometime said do not witch my child. Sometimes you might find that sleepiness at school caused by lack of food at home as you know that every school supplied food for children as part of reducing poverty alleviation. We as teachers, we know children who are coming*

from poor background families that if there was leftovers food we could give them so that they could eat at home. But still, some parents deny and say who told you that there is no food in my family. These reasons make us not to take any steps in order to manage children depression” [Teacher from school A and D].

Connor et al. (2014) and O’Loughlin (2015) show that parents are terrified, may be based on their own experiences. There is a moment often parents feel disenfranchised.

Theme 2: Are teachers knowledgeable enough to recognize the behavioral symptoms of depression in children?

The study found that teachers were just using their own experience to recognize depression in children at school because no training was provided by the government (Department of Education) or from the health workers to guide them. This was supported by the following quotation:

All teachers from four primary schools have common ideas. They showed that they do not have knowledge in recognizing symptoms of depression children. They used their own skills, which help them prevent and reduce depression to inoculate children against it. Prevention of depression includes early detection of the symptoms and immediate treatment. A statement that they have indicated was, *“If the Department of Health sends the health workers at schools to offer training of this type, we would easily recognize depressed children, because some symptoms we recognized very late.”*

They suggested that healthcare professionals should develop posters with strategies that would guide teachers in helping children with depression and should be distributed to all schools like the poster for rights of children. The Mental Health Foundation (2016) outlined symptoms of depression such as sadness that does not go away, loss of self-confidence and self-esteem, difficulty concentrating, sleeping problems and sometimes avoiding others. If teachers are able to diagnose these symptoms from the children, it will be easy for them to identify and manage children’s depression behavior in the classroom.

Theme 3: Teachers’ view on how children with depressive moods are monitored

It is important that after recognizing the depression children behavior, it should be seriously

monitored to avoid mental health disorder. All teachers shared common ideas that they engaged children in different activities at school such as performing drama, singing rhymes, reading, writing, play different games and be a group leader in the classroom. This helps them monitor the children depression behavior easily.

Some ideas that they raised were that, if depression affected the child seriously, they would advise the parent to send the child to psychologists or health professional workers.

The following key statements are a teacher’s guide to monitor children’s depression behavior for promoting mental health in schools during teaching and learning in the classroom setting. The guides adopted from World Health Organization (2012), and the National Education Psychological Service (2015 (NEPS)) are as follows:

1. Developing and maintaining a safe, caring culture and climate within the school where a sense of belonging and connectedness is fostered.
2. Building positive relationships between teachers and children to promote participation, social interaction and pro-social behavior.
3. Adopting a whole-school approach to health promotion, where health is promoted by all and not just by a few members of staff.
4. Actively involving children, their parents/guardians and the wider community in developing and implementing school policies to support mental health and health promotion to avoid high rate of depression.
5. Supporting and implementing a well-planned, consistent and integrated social, personal and health education curriculum to enable children to enhance their coping, resilience, communication, conflict resolution, and problem-solving skills.
6. Actively involving, supporting and encouraging children’s participation in extra-curricular activities.
7. Developing whole-school systems and structures to support the early identification of children experiencing social, emotional, behavioral or learning difficulties.
8. Fostering a whole-school ethos that accepts and values diversity within the pupil and staff population.
9. Providing easy access to information for children and staff on support available

to them within the school and wider community.

It is important for the teachers to implement these guidelines in order to alleviate children's depression behavior in schools, as it will be promoting mental health and wellbeing during teaching and learning in the classroom setting.

CONCLUSION

Children's depression although manifested in different ways can be experienced by children of all ages and it is common amongst Foundation Phase, Intermediate Phase and Senior Phase students. Few available data proposed that strategies used by the teacher may accurately identify depressed children and action can improve depression outcomes. It is important to recognize that managing depression for promote mental health in the classroom is not the responsibility of schools only. Parents and the wider school community have complementary roles for each supporting the other and fostering a sense of community and belonging in an integrated way is essential for supporting the needs of children and staff in schools.

RECOMMENDATIONS

The study recommended that school management and staff should implement good practice to support the depression children for promotion of mental health and wellbeing of all children. The development and evaluation of service for children with depression should be monitored. Teachers should avoid ignoring depressed children, instead they should draw them out in class discussions and do whatever it takes to stimulate their minds, so that they do not in turn learn to ignore teachers. Responsible teachers show that they care, but without getting too personal. Teachers must not give up on helping depressed children. The study recommended that teachers should create a supportive environment so that they can manage it easily. Teachers should involve the expertise of mental health professionals such as psychologists and social workers to assist in initiating and implementing programs and providing interventions that can improve performance of the children in the classroom. Teachers should develop appropriate accommodations within the classroom in the school and this will also reduce alienation for

children with depression. The study also recommended that schools should utilize professionals to monitor these children during classroom activities and even when with their families.

LIMITATIONS

This qualitative study only used four primary schools in Limpopo Province. The study was conducted in only one district. Therefore, caution must be exercised when interpreting the data and make generalizations.

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