PERCEPTION AND ATTITUDE OF PRIMARY SCHOOL TEACHERS TOWARDS CHILD MENTAL HEALTH AND SCHOOL BASED MENTAL HEALTH PROGRAMS IN JIMMA TOWM, SOUTH WEST ETHIOPIA, 2013

BY

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May, 2014

Jimma, Ethiopia

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Abstract

Background: *Throughout the world, particularly in low and middle income countries, a significant number of children and adolescents suffer from mental health problem. To date schools are used as mental health service facilities for school children and teachers as mental health service providers. Therefore assessing teachers' perception and attitude of child mental health problems and school based mental health services helps to design appropriate intervention aimed to promote the service in Ethiopia.*

Objective: *This study aimed to assess perceptions and attitude of primary school teachers towards child mental health problem and school based mental health programs in Jimma town, south west Ethiopia, 2013*

Methods: *Primary school based cross-sectional study design was implemented in Jimma town, from 1-30 October 2013. Perceptions and attitude of teachers towards children mental health problems and school mental health related information were assessed using a structured self administered questionnaire. A total of 515, (282 males and 233 females) primary schools teachers participated in the study. Data was analyzed using SPSS version 20. Simple descriptive analysis (mean, percentage, frequency and SD) were computed. Both binary logistic regression analysis and multiple logistic regression analysis were used. Strength of association of the variables was described using odds ratio and 95% confidence level.*

Results*: From 515 participants, only about 40% of teachers recognized the list of psychopathology presented to them as child mental health problem while 54.4% of them rated child mental health problem as severe one. Externalizing behaviors were perceived as the most severe problems. Teaching experience and teaching in public schools were significantly associated with severe type of child mental health problem perception. Regarding school based child mental health programs, about 95% of teachers acknowledged that the programs are important. But they reported limited programs available at their school.*

Conclusion: *Despite high problem severity ratings, teachers' perception of the psychopathology as child mental health problem was low. Similarly, majority of teachers acknowledged the importance and the need of school based child mental health programs. Thus, mental health awareness creation for teachers and establishing school mental health service to intervene child mental health problem is crucial.*

Key words: *Perception, children mental health problems, mental health services*

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List of Acronyms

CAMH: Child and Adolescent Mental Health

ETB: Ethiopian birr

JU: Jimma University

LAMIC: Low and Middle Income Countries

MhGAP: Mental Health Gap Action Program

SDQ: The Strength and Difficulty Questionnaire

SPSS: Statistical Package for Social Science

USA: United States of America

WHO: World Health Organization

Chapter One: Introduction

1.1. Background

The World Health Organization (WHO) (2005) child and adolescent mental health package defined Child and adolescent mental health (CAMH) as "the capacity to achieve and maintain optimal psychological functioning and well being". The mental health package also explained that CAMH is directly related to the level reached and competence achieved in psychological and social functioning (1).

WHO has stated that the absence of mental health early in life which progresses into adulthood can result in mental disorders with long-standing effects, undermine compliance with good health practices, decrease safety and productivity of the society. It is estimated that 20 percent of children and adolescents worldwide suffer from an impairing mental illness and equal proportion of school children are similarly affected by the problem (2, 3). Poor mental health in children poses a significant risk to their academic development and puts them at a greater risk of dropping out from school, substance abuse and suicide (4).

Efforts to increase intervention for children's mental health problem must involve schools so as to ensure early detection and treatment. Teachers are also in a unique position to make a difference when it comes to promoting and addressing student mental health concerns in and out of the classroom (4, 5). When affected students receive the service in their school environment, they were found to have high academic performance, learn positive coping skills and exhibit fewer disruptive behaviors (6). It is due to these reasons that the WHO 1997 advocated the need for health promoting schools in safe and healthy school environment. It calls for the involvement of the wider school community to promote health including mental health (7).

Teachers' perception of students' mental health problem and their attitude to mental health needs are also important ingredients for the promotion and implementation of school mental health service which is considered as environmentally friendly service for children. Most students favor their teachers as source of help over their parents, friends, families, whenever they face mental health problems. The reason was because students found teachers as confidential, understanding, listener of their problem and approachable (8).

1.2. Statement of the problem

Mental disorders amongst children are major global public health problem with an estimated prevalence of 14-20% in various studies. About 20% of children and adolescent suffer from disabling mental illness worldwide and suicide is the 3rd leading cause of death among adolescents (9, 10). It was also estimated that, one in five children and adolescents experiences a significant mental health problems during their school years (11). In Ethiopia a significant number (17-20%) of children suffer from childhood behavioral and emotional disorders (12-15). Particular to Jimma, the prevalence of childhood behavioral and emotional disorders were reported to be 24.2% among primary school children (16).

From the demographic perspective adolescents alone constitute nearly 20% of the world's population while children and adolescents in low and middle income countries (LAMIC) comprised 35–50% of the population. Of these, 85% live in the world's resource constrained LAMIC where affordable and effective child and adolescent mental health (CAMH) interventions for promotion and prevention is limited (9, 17).

Despite the demographic and epidemiological perspectives as well as from the burden of disease, CAMH was not given due attention as to that of adults and the elderly in the history of WHO mental health programs (18).

However, recently child mental health is in the forefront with a focus of prevention rather than cure so as to prevent the progress of child mental health problem to severely disabling conditions and disorders in to adulthood. And schools are considered to be a fundamental setting for early recognition and intervention of child and adolescent mental health problems (19). This is to close the gap between the burden of the problem and the unmet service needs with the involvement of the school community at large. One reason is that, according to the Mental Health Gap Action Program (mhGAP), about four out of five people in low- and middle-income countries who need services for mental, neurological and substance use conditions do not receive the services (20). This again is due to shortage of mental health professionals, particularly in the area of child and adolescent psychiatry so that there is limited access to child mental health services (21).

Of all persons in the school, teachers occupy a significant position in identifying the mental, physical, emotional and spiritual health of children. With regard to this, there have been different studies in different countries which assess teachers' perception of children behavioral or mental health problems severity ratings (22).

Globally, assessment of perceptions of children's mental health problems among United States and Canadian teachers indicated that hyperactivity-inattention and conduct problems were reported as most serious problems. They also indicated that alcohol and other drug use and learning problems were also mentioned as the severest problems among the school children's (23 and 24). Similarly, research done in England showed that aggression/ destructive behavior, self injurious and disruptive behaviors were perceived as the most challenging by teachers that affect the teaching learning process (25-26).

To alleviate these child mental health problems that pose significant challenge to the child in particular as well as to the school in general, school based mental health programs were instituted in different countries. Teachers are the major part takers for the delivery of the services along with school counselors and social workers. The impact assessment of the service showed that it positively benefited the children both in terms of their well being and their academic performances (6). The one opportunity to use is, in most studies, teachers' attitude towards school based mental health programs in general showed the need for such programs in their schools (27, 28).

However, in Africa there is a dearth of data which shows the perception, attitude and understanding of teachers' on child and adolescent mental health problems and school based mental health programs. This is also true in Ethiopia as well. Since the prevalence of children's mental health problem ranges from14-20% worldwide, 17-20% in Ethiopia and 24.2% in Jimma, it is convincible to conduct a research on teachers' perception, attitude and understanding of children mental health problems and their attitude towards school based mental health services that are vital for future plan to take appropriate intervention (9-16).

Chapter Two: Literature Review

2.1. Overview

The Australian National Mental Health Strategy identifies mental disorders as those that affect a person's cognitive, emotional or social abilities and attract a diagnosis of psychiatric illness. Child mental health problems also affect these abilities, but not to the extent that they warrant a formal illness diagnosis (29). These include emotional, behavioral, cognitive, conduct, learning and other related manifestations (30).

Children's behavioral and emotional difficulties were studied since 85 years ago (1928) by Wickman on student teachers to explore their rating of the seriousness child behavioral problem (31). Ever since, many studies were conducted in different countries which assessed teachers' perception of child mental health problems (32-34). In this study the major literatures on teachers' perception of child mental health problems were reviewed.

2.2. Perception of teachers' about children's mental health problems

In developed nations, the potential role of teachers in mental health service provision has been carefully investigated, and the importance of teacher perception of child mental health problems and their attitude towards school based mental health programs have been shown, by studies in the United States (35), United Kingdom (36) and Australia (37).

For example, in an online survey among primary school teachers (n=292) in USA the result showed that a large percentage of teachers were concerned by students' behavioral problem. About 97% reported disruptive behavior, 96% problem with attention and hyperactivity, 91% defiant problem, 87% peer related problem, 78% aggression, 76% anxiety and 75% bullying as mental health problem of children. School phobia and depression were identified by 18% and 54% of teachers respectively as child mental health problems (24). Another study result in USA showed that; disruptive behavior was endorsed by approximately 50% of teachers as the largest mental health problem facing their schools (35).

In a study done in Greek on 216 primary school Teachers', on their perceptions towards children's emotional and behavioral difficulties using proportional stratified sampling, it was found that work avoidance, depressive mood, negativism, physical aggression and lack of concentration were perceived as severe problems. By contrast, they found excessive

shyness and attention seeking as less severe problems. However, only one of the most problematic behaviors, lack of concentration was among the highly frequent behaviors. The other highly frequent behaviors were talking without permission, untidiness and fidgeting. The least frequent behaviors reported by teachers were over-dependence on teacher and school phobia (38).

A survey on teacher's needs about mental health problems of primary school children conducted in Seoul (2004) showed that more than 46.5% of children having mental health problems were perceived by their teachers as they need mental health services. But the teachers referred only 15.1% of children at high risk of severe mental health problems for mental health care. In this study the teachers perceived 6.9% children in class as having severe mental health problems, such as behavioral, emotional and learning problems. The most frequently perceived problems were poor concentration and short attention span (26.3%), poor relationship with other children (17.5%), and losing temper (13.9%) (39).

On the study of teacher's perception of behavioral problems of primary school children it was found out that teachers mentioned noise making, fighting, lateness, lying, stealing and bullying as the most frequently occurring behavioral problems while willful destruction of school property, insulting their teachers, changing of marks assigned by teachers, and sex related offense behaviors as being not frequently occurring problems (40).

In Iraqi a study conducted on teachers' ratings of the degree to which they believed that various mental health and behavioral issues among schoolchildren were problems at their schools. The largest proportions of teachers rated disruptive behaviors as 'big' or 'very big' problems in their primary schools. About 61%, 60% and 51% of teachers reported that physical fights, destroying school property and using obscene words and gestures' as a big/very big problems. About 41 and 30% of teachers also perceived those students with feeling a lot of stress in most of the time and those students with a feeling of angry for most of the time as big/very big problems (41).

In African study done in Nigeria using cross-sectional study design, school children mental health problems reported by the parents and teachers together were aggression (52.7%), bullying (35.2%), unexplained fear (32.6%), unexplained absenteeism (35.0%),

depression (24.6%). Substance abuse and suicide attempts were both the least reported with 9.2 % and 11.9% respectively. However, the number of teachers compared to parents was small (51 teachers and 376 parents) and the percentage of mental health problems mentioned by teachers be overrepresented by parents (42).

Teachers' causal attribution of behavioral and mental health problems was also assessed. In one study teachers' perceived that the causes of behavioral problem among children were broken home, bad peer influence, parental neglect, poverty, heredity and poor school or home environments (35). In another study teacher causal attributions for challenging behavior were: communication needs (e.g. 'if she/he wants something'); stimulation (e.g. 'she/he enjoys the feeling'); social (e.g. 'lack of contact with other children – doesn't know how to behave with them'); biological (e.g. 'predisposition because of syndrome'); environmental (e.g. 'when she/he is in a crowded place' (34). In addition problems with primary support systems, poverty, spiritual factors, medical illnesses and genetic vulnerability were also mentioned as a cause for child mental health problems (43).

On the assessment of Palestinian mothers opinion on the causes of child mental health problems, most mothers reported multiple reasons: (89.1%) attributed them to family problems, (85.5%) to parental mental illness, (83.9%) to socio-economic adversity, (66.1%) to accidents, (63.3%) to genetic disease, (61.3%) to organic brain lesions, and (34.7%) to being "possessed"(44).

In Ethiopia there appears to be lack of literatures on teachers' perception of child mental health problem severity. Moreover, it remains unclear to what extent the primary school teachers in Jima town can perceive and are concerned by mental health problems of school children.

2.3. Teachers beliefs and Attitude to children mental health problems and school based mental health programs needs

School based mental health service has shown to have appositive impact in the school climate and on teacher's attitude to child with mental health problem. Very few children were referred to special education in places where school mental health services are available than those where it was not available (45). Teachers' attitude about the importance of school mental health service is very vital.

In Iraqi studies about teachers' belief about the importance and the availability of specific mental health resources for their schools 69.6% of the primary school teachers rated school mental health service as 'very important' site for referral of students with severe social, emotional, or behavioral problems. Roughly two thirds of teachers rated a wide spectrum of mental health resources as 'very important' for their school, which was generally coupled with very low availability of the resource. Such resources included, for example, 'in-service training for teachers and other staffs about identifying and managing students with social, emotional, or behavioral problems'. Similarly, two thirds of teachers rated that arranging programs for parents at school as a 'very important' mental health resource for their school. (41).

In Nigerian studies about 67.2% students and 59.0% parents in contrast to most teachers (72.5%) agreed on the need for school mental health service in the schools they represented. They also believed that both parents and teachers should have some mental health education training (42).

In Kenya teachers generally have a significant need for pre-service training to prepare for mental health issues they face in schools, in-service training to develop competencies on current mental health issues encountering at schools and practical training so that they can be more conversant with mental health issues they will deal with in classrooms (46).

With regard to ideal place to refer students with challenging mental health problems, most teachers(50%) favored referral to school staffs while 2% and2.4% students and parents believed the best place to refer has to be hospitals(42).

In a cross-sectional study done on Palestinian mothers' perceptions of child mental health problems and services majority of the mothers (92.7%) stated the need for child mental health services. Most mothers (70%) said that they would take their children to a primary health care centre if concerned about any of the mental health problems, (63.2%) would see psychologist or psychiatrist, (52.4%) a social worker, while 10 mothers (4%) would take their child for cauterization (traditional Arab treatment) and the authors concluded that child mental health service should be included at school and community level (44).

2.4. Factors influencing teachers' perception of children mental health problems

A variety of factors have been found to affect teachers' perception and seriousness of child mental health problems. These include sex of the teacher (27, 47). In addition, length of teaching experience was found to be a significant moderator of the perceived seriousness of some of the behaviors (26, 48) in which the less experienced teacher, when compared with the more experienced teacher, judged these behaviors as being more serious.

Other factors were school related factors in relation to high number of students and the poor socio-economic condition of the school. For example, a negative correlation was found between the number of students enrolled in the school and teachers 'reports of student mental health and behavioral problems, with teachers from larger schools reporting fewer problems. Teachers from low- and middle-socioeconomic schools rated mental health and behavioral problems in their students to be a significantly bigger problem than did teachers from high-socioeconomic schools ($r = -.24$, $p = .003$). Teachers from all-girl schools rated mental health and behavioral problems in students to be a significantly bigger problem than did teachers from all boy schools or mixed gender schools($p < .001$). There was no statistically significant difference between all-boy and mixed-gender schools (41).

Although the type of school attended did not significantly influence the type of behavioral problems noted ,more teachers from public primary schools (30.8%) than from private primary schools reported higher behavior problem(49).

Teachers' qualification was also found to affect the perceived seriousness of challenging behavior based on the behavior types in which more qualified teachers found stereotypic

behavior significantly less challenging than less qualified teachers. However no statistically significance difference observed in terms of how challenging they found aggressive behavior, destructive behavior and disruptive behavior between more qualified teachers and less qualified teachers (50).

In general most teachers perceived overt externalizing mental health problems such as disruptive child behaviors (35, 40, 41, and 42) as more problematic in their school while some others also mentioned internalizing problem (39,41) like depressed mood, poor concentration and excessive shyness. At the same time on the cause of child mental health problems most teachers' perception goes to on the social and genetic or heredity causes (39, 40, and 43). Their perception was found to be influenced by teacher's sex, teaching experience, school type, and type of child behavior (26, 47, 41, 48, 49, and 50).

2.5. Significance of the study

Early detection and identification of mental health problems of children has a great significance. Childhood is an important time to prevent mental disorders and to promote healthy development, because many adult mental disorders have related antecedent problems in childhood. Thus, it is logical to try to intervene early in children's lives before problems are established and become more refractory.

Now a day's school based promotion and prevention of child and adolescent mental health has got worldwide attention and school is used as a mental health providing facility where children with mental health problems are identified and helped. In line with this, the Ethiopian mental health strategy has given emphasis to incorporate child mental health service into existing school-based health related activities with the support of Ministry of education. Therefore, it is apparent that teachers to be the most vital resources to identify and support children with mental health problems and they are also key people who play the most role in promoting school based mental health services.

Thus, identifying teachers' perception and attitude of children's mental health problems and school based mental health program needs has paramount importance. By doing so it will strengthen the delivery of mental health service at the primary care unit, schools, using teachers as potential resources.

Therefore, findings of this study could guide to finding a solution to this aspect of mental health issue which eventually has a potential to change the status quo. This study is also expected to serve as baseline study for further investigation in the area of child mental health and school based mental health service.

2.6. Conceptual frame work

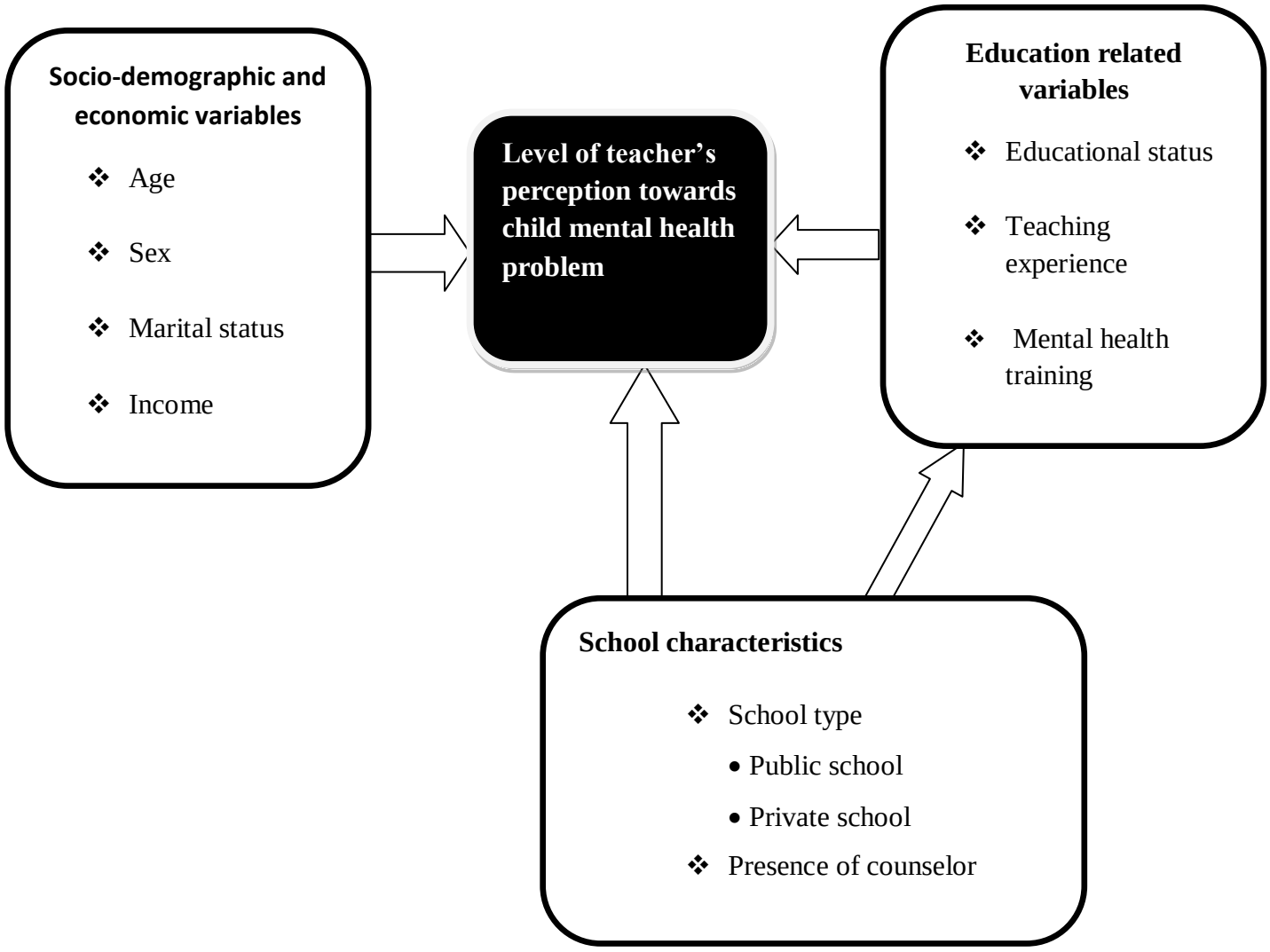

Figure 1: Conceptual frame work on level of teachers' perception of children's mental health problems (designed by the investigator after reviewing literatures)

Chapter Four: Objectives

4.1. General objective:

- To assess the perceptions, attitude and associated factors of teachers towards children mental health problems and school based mental health service among primary school teachers in Jimma town, 2013

4.2. Specific objectives:

- To assess the perception of primary school teachers towards children's mental health problems in Jimma town, 2013
- To describe the attitude of primary school teachers towards school based mental health programs in Jimma town, 2013
- To identify factors influencing perception of primary school teachers towards children's mental health problems among primary school teachers in Jimma, town.

Chapter Four: Materials and Methods

4.1. Study area and period

Jimma town is located 352km south west of the capital Addis Ababa. The total population of Jimma town from 2007 central statistical agency (CSA) census is reported to be 120, 960. The town has many governmental and nongovernmental institutions. Jimma university and Jimma university specialized hospital are among the governmental institutions that give service to the nation in general and to the local people in particular. The university has both psychiatry and psychology departments which train people to support the mental health service. Within the hospital there is also psychiatry clinic which gives inpatient as well as outpatient service for the people of south west Ethiopia including for children. The town has 31 primary schools of which 17 are private and 14 public with a total of 784 primary school teachers and 23451 primary school students from both schools. The study was be conducted in Jimma town from September to October, 2013.

4.2. Study design

A school based Cross-sectional study was implemented.

4.3. Population

4.3.1. Source population

All primary school teachers in Jimma town

4.3.2. Study population

All primary school teachers included in to the sample

4.4. Inclusion and exclusion criteria

4.4.1. Inclusion criteria

All primary school teachers were included in the study

4.4.2. Exclusion criteria

4.5. Sample size determination and sampling procedures

4.5.1. Sample size determination

The sample size was determined using single population proportion formula at 95% of confidence level using the following assumptions

Let, 50% is the expected perception of primary school teachers towards child mental health problems.

The formula for calculating the sample size (n) is:

$$n = \frac{(z\acute{a}/2)^2 P \times (1-p)}{d^2}$$

Where:

n=sample size

Z =critical value 1.96

P= proportion of estimated perceptions of primary school teachers towards child mental health problems = 0.5

d= margin of error=0.05 (5%)

Therefore $\mathbf{n = \frac{(1.96)^2 x 0.5\ (1-0.5)}{(0.05)^2}} = 384.16 = 384$

Therefore **n= (**384) since N<10,000, using single population correction formula, nf = n/(1+n/N) and nf= 384/1+384/781=**258**

Since cluster sampling was used, the sample was multiplied by 2 giving 516. Considering that the questionnaire was self administered and by adding 10% non respondent rate the final number of the study subject became **568**.

4.5.2. Sampling technique and procedure

The study was conducted using a cluster sampling technique. Since the study units are coming from primary schools, groups were formed using private and public primary schools. Sample size for each group (schools) was allocated according to proportional to the number of primary school teachers from both schools using the following formula.

$$n1 = \frac{N1 \times n}{NT}$$

Where: n1= sample from private school

N1= total number of primary school teachers in private school

NT= total number of total number of primary school teachers in both schools

n = sample size

Then simple random sampling technique was used in the respective schools and 6 schools from private and 8 schools from public were selected. Finally questionnaire was administered to all teachers in the selected schools. The sampling procedure is depicted below graphically.

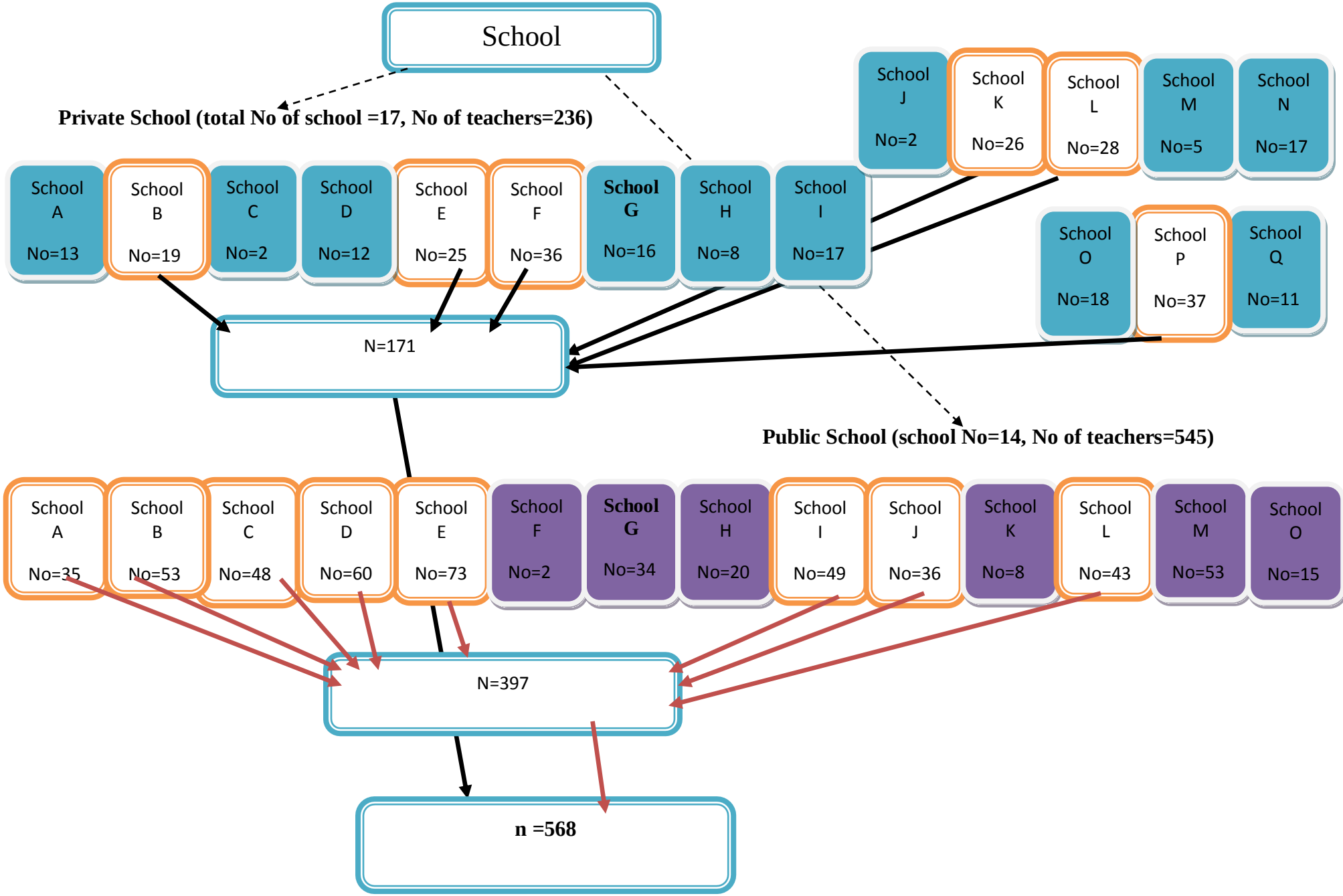

Figure 2: Graphic presentation of the sampling procedure

4.6. Study variables and measurements

4.6.1. Dependent variable

Level of teachers' perception towards children mental health problems

4.6.2. Independent variable

Socio demographic and economic variables

Age

Sex

Religion

Marital status

Income

Education related variables

Educational status

Year of teaching experience

Mental health training

School characteristics

School type

Presence of counselor

Presence of mental health club

Availability of mental health support

4.7. Data collection procedure and instrument

A structured self administered questionnaire was used which has three sub sections: a socio-demographic questionnaire to assess teachers' background, a questionnaire used to assess teachers' perception and a questionnaire used to describe teachers' attitude about school mental health program needs. Items to assess teachers' perception of children's mental health problems were taken from the strength and difficulty questionnaire, SDQ, a screening tool for childhood behavioral and emotional problem with very good psychometric properties in different cultures (51). It is widely used instrument in different countries including Ethiopia and was translated into Amharic language by experts (52). In this study the instrument was used to assess the perception of teachers about the specific items as a mental health problem or not. Teachers also rated the severity of each items on a Likert scale from 1 not problem to 5, very severe problem without refereeing to a particular children. Additional items were added to make the questionnaire comprehensive by reviewing various related literatures. The questionnaire to assess teachers' attitude of mental health service needs was developed through the review of similar literatures (36). It assesses the availability and the importance of mental health service at school on a Likert scale; from 1, Very important to 4, NOT important. The primary English version of the questionnaire was translated in to Amharic language and then back to English so as to keep its consistency. The actual data was collected using the Amharic version of the questionnaire. Data was collected by four trained post graduate mental health students.

4.8. Data quality assurance

Questionnaire was pre-tested on 5% primary school teachers in another school which was not included in the study to check for applicability and understandability of the instruments. The data collectors were trained about the instruments and the process of proper data collection and handling procedures. The data collectors were trained to check for completeness of the questionnaire. Regular supportive supervision was made. There was cross checking of the data for completeness and missing value every day among the data collectors and the supervisor.

4.9. Data processing and analysis

After data was collected it was coded, edited and entered into a computer using EPI-data version 3.1 programs. Then it was exported to statistical package for social sciences (SPSS version 20). Descriptive statistics: means, frequency, percentages and standard deviations were calculated and presented in tables and graphs. The data was dichotomized into severe CMHP and less severe CMHP categories based the mean score. The CMHPs above the overall mean score indicated severe CMHP while those below the overall mean indicated less severe CMHP based on the teachers' ratings. After doing assumption tests in crosstabs (chi square) binary logistic regression analysis was used for both bivariate and multivariate analysis to explore associations and identify independently associated variables with teachers' perception of child mental health problems. This was done by entering each independent variable separately into bivariate analysis. Then, variables that showed statistical significant association including those variables with p-value of less than 0.25 on bivariate analysis entered into multivariate logistic regression once. Then, variables having p-value of less than 0.05 on multiple logistic regression finally considered as significantly associated with teachers' perception of child mental health problems. The strength of association of the variable was determined using odds ratio and 95% confidence level.

4.10. Ethical considerations

The ethical approval was received from the institutional review board of Jimma University College of Public Health and Medical Sciences. Official letter was obtained from the town education office. Written informed consent was obtained from the study participants. Participant's strict confidentiality was insured and their identity was not revealed and there were no dissemination of the information without the respondent's permission. The data given by the participants was used only for research purposes. Participants were given the right to refuse.

4.11. Operational definitions

Child Mental health problem: Disruption in emotional, behavioral, social, cognitive capacities and manifestation of conduct problems producing a diminished state of mental health in the child.

Severe child mental health problems: The higher the mean score (above the overall mean) the severe the children's mental health problems.

Less severe child mental health problems: The lower the mean score (below the overall mean) the mild the children's mental health problems.

Perception: The teachers' rating of the children's mental health problem severity as severe or less severe and their understanding of child mental health problems

Attitude: Teacher's beliefs about primary school based mental health programs as 'important' or 'not important'.

Primary school: Both private and public schools from grade1-grade 8

Children: Those students who are attending school from grade 1 to grade 8

Primary school Teachers: All teachers who are teaching from grade 1 to grade 8.

Mental health services: Programs important for intervention and treatment of children with mental health problems at school level.

4.12. Dissemination plan

The findings of this study will be submitted to the department of psychiatry, to the college of Public Health and Medical Sciences and to student research office of JU and other relevant stake holders such as Jimma town education and health office. Efforts will be made to present it in different workshops and to publish it on national or international journal.

Chapter Five: Results

5.1. Primary school teachers background information and school characteristics

From the total of 568 primary school teachers in the sample, 515 completed the study, yielding 90.7% response rate. The reasons for 9.3% non-response of teachers not to be included in this study were unwillingness to participate and incomplete questionnaire especially for those questions which addressed the dependent variable. And those teachers who did not participate in this study had similar characteristics with those who participated. Amongst 515 teachers 282(54.8%) were males; the mean age of the teachers was 42.39 (±9.809) year with range of 21 and59 years. Among the total teachers 232(45.0%) of the teachers were orthodox Christians, 14(27.2%) were protestant Christians, 127(24.7%) Muslims and the rest 16(3.1%) were catholic and Jehovah. Oromo ethnic group comprised 251(48.7%) of primary school teachers followed by Amhara 113(21.9%) and Yem 65(12.6%). The marital status of teachers showed that 342(66.4%) were married. Concerning income, a quarter of the teachers earned below 2000 ETB monthly incomes while an approximated similar figure also reported above 3300 ETB.

A total of 333 (64.7%) teachers were diploma holders with 58.4% of them having three years of collage training. Most of the teachers have greater than twenty years of teaching experience with 28.9% reporting teaching experience of 20-29 years and 25.8% of them30-39 years. Out of the total study participants 363(70.5%) of the teachers were from public schools and about 362(70.3 %) of them were teachers from second cycle (grades 5-8) primary schools. The mean number of students per class reported was 52 (±10) with a minimum and maximum size of 22 students and 98 students per a class. Only 29(5.6%) of teachers have mental health related training and a small number of teachers 69(13.5%) reported the presence of a counselor in their school (Table 1).

Table 1: Primary school teachers background information and school characteristics, Jimma town, south west Ethiopia, October, 2013(n=515)

Characteristics		Number	%
Sex	Male	282	54.8
	Female	233	45.2
Age	21-30	82	15.9
	31-40	134	26.0
	41-50	157	30.5
	51-59	142	27.6
Religion	Muslim	127	24.7
	Orthodox	232	45.0
	Protestant	140	27.2
	Others*	16	3.1
Ethnicity	Oromo	251	48.7
	Amhara	113	21.9
	Tigre	35	6.8
	Yem	65	12.6
	Dawuro	31	6.0
	Others**	20	3.9
Marital Status	Single	84	16.3
	Married	342	66.4
	divorced	70	13.6
	Others***	19	3.7
	<2000	130	25.2
Income(ETB)	2000-2600	129	25.0
	2601-3300	130	25.2
	>3300	126	24.5
Educational status	Certificate	101	19.6
	Diploma	345	67.0
	Degree and above	69	13.4
Teachers college Training Year	1 year	87	16.9
	2 years	67	13.0
	3 years	301	58.4
	4 years	60	11.7
Teaching Experience (year)	1-9	126	24.5
	10-19	107	20.8
	20-29	149	28.9
	30-39	133	25.8
	First cycle primary (1-4)	153	29.7
Grade Teacher is Teaching	Second cycle primary (5-8)	362	70.3
Number of students per class	<=51	243	47.2
	>=52	272	52.8
School Type	Government	363	70.5

	Private	152	29.5
MH Related Training	Yes	29	5.6
	No	486	94.4
Presence Of Counselor	Yes	69	13.4
	No	446	86.6

NB

Others*- Catholic, Jehovah witness

Others**- Wolayta, Gurage, keffa

Others***-separated, widow

5.2. Perception teachers about children mental health problem

In table 4 below the 36 items presented to teachers were reduced in to 7 categories. Similar items were added together to make a single category (child mental health problem).

Figure3 shows how frequently the various behavioral manifestations were perceived by teachers as mental health problems among school children. More than 60 % of teachers perceived all the manifestations as not child mental health problems. From those who perceived them as child mental health problems, a relatively larger number of teachers indicated externalizing child mental health problems (hyperactivity problem (41.4%) and conduct problems (37.0%)) more than internalizing (emotional problems (32.4%) and peer-related problems (35.3%)) child mental health problems. Learning problem was the list perceived child mental health problems (18.1%) (Figure3). The details that show which particular items within the child mental health problems categories were perceived by teachers as mental health problem are found in *Annex I.*

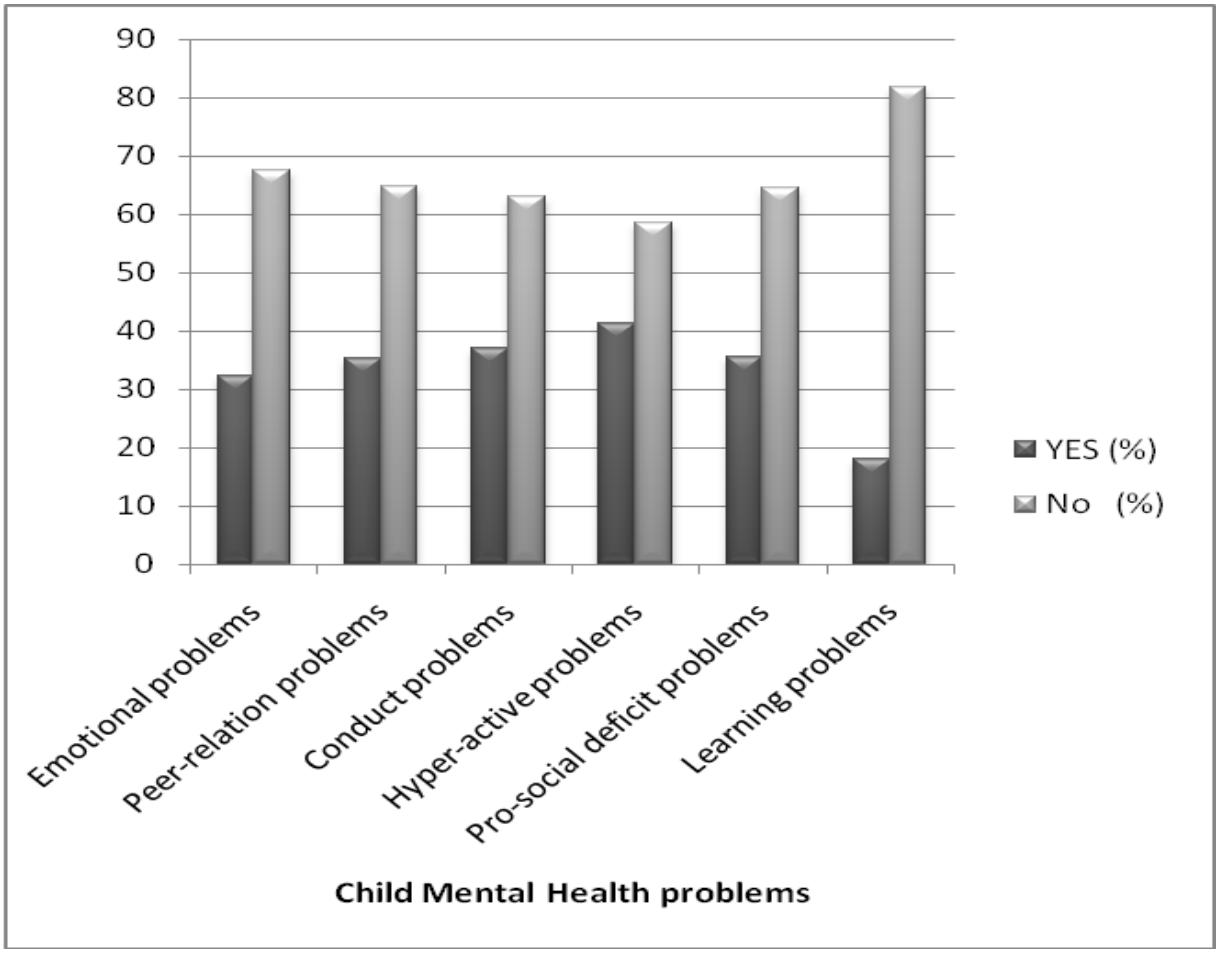

Figure3: Primary school teachers' perception of child mental health problems, Jimma town, south west Ethiopia, October, 2013

Regarding teachers' perception of children's mental health problem severity, more than half of teachers rated externalizing mental health problems (conduct (55.5%) and hyperactivity (51.5%)) as severe. About 40% of teachers perceived internalizing children's mental health problems (emotional (42.3%) and peer-related (41.4%)) as severe problems. Similarly 43.5% of teachers perceived the pro-social deficit problems as severe child mental health problems.

Table 2: Teachers' perception of children's mental health problems, Jimma town, south west Ethiopia, October, 2013(n=515)

Types of Child Mental Health Problems		Teachers' perception of CMHP severity		Mean	SD
		Severe CMHP n(%)	Less Severe CMHP n(%)		
Internalizing CMHPs	Emotional problems	218(42.5)	297(57.5)	13.7	3.44
	Peer-relation problems	213(41.4)	302(58.6)	13.4	3.49
Externalizing CMHPs	Conduct problems	286(55.5)	229(44.5)	13.9	3.32
	Hyperactive problems	265(51.5)	250(48.5)	15.2	3.72
Pro-social deficit problems		224(43.5)	291(56.5)	13.5	3.20
Learning problems		174(33.8)	341(66.2)	8.2	3.22
Other problems		238(46.2)	277(53.8)	14.2	4.84

NB: **CMHP**-Child Mental Health Problems

The detailed description of the perception of teachers towards children mental health problems based on the individual items was summarized in Annex I. The items were arranged using their mean score in descending order. The maximum mean score was 3.21 (±0.993) and the minimum mean score was 1.47 (±0.967). Accordingly, mental health problems such as 'Thinks things out before acting (mean 3.21)', 'Restless/over activity (mean 3.18)', 'Quarreling and bullying other children (mean 3.16)', etc were rated as severe problem by teachers against bottom items with lower mean score like, 'substance use (mean 1.84)', 'suspiciousness (mean 1.83) and 'day time wetting of clothes (mean 1.47).

Furthermore, by taking approximately the middle point of the distribution of means, the mental health problems were divided into less severe (with mean severity ranging from 1.47 to 2.68) and severe types (with mean severity ranging from 2.80 to 3. This is in similar way with previous studies (38).

As a result of the mean rating of the seriousness of the 36 items as perceived by teachers indicated that most of the mental health problems categories that fall under severe types are externalizing behaviors such as 'Thinks things out before acting',' Restlessness/over activity', 'Quarreling and bullying other children', 'lying/cheating' and 'Constantly fidgeting or squirming'. Whereas, emotional problems, Speech and language problems, reading problem, substance use, suspiciousness and Day time wetting of clothes were rated as the least problems among school children as perceived by teachers and fall under mild mental health problem types. However, some of the emotional problems like 'Often complains of headaches/stomach-aches or sickness', 'Often unhappy/depressed or tearful' and would rather be alone than with other children' have higher means above 2.68 (middle mean of the distribution of means) and are sever type of mental health problems.

5.3. Primary school teachers' background information and school characteristics associated with perception of children's mental health problem

In general the majority of teachers rated children mental health problem as severe (54.4%; (n=280).The severe type of children's mental health problems were mentioned by female teachers 57% (135), by teachers with age ranges of 41-50 years 68.8% (n=108)) and 50-59 years 54.2% (n=77) and by teachers who are separated and widowed together 68.4% (n=13) followed by divorced 61.4% (n=43) and married teachers 55.0 % (n=188)).

Large number of teachers with certificate educational level perceived severe types of children's mental health problems 74.4% (n=67) relative to teachers with diploma educational level 54.7% (n=181) while relatively few teachers of degree and above educational level perceived severe types of children's mental health problems 34.8% (n=32). Severe types of mental health problems were perceived by teachers who did not have mental health related training 54.7% (n=265) and by those teachers who said that there is a counselor in their school 66.4% (n=221). Even though, there were no statistically significant relation ($p > 0.05$), teachers from large class size (greater than 51 students / class) perceived severe types of children's mental health problems 62.5% (n=170) than teachers from less than 51 students/class 45.3% (n=110). Similarly, teachers who teach first cycle primary school from grades 1-4 perceived severe types of mental health problems 56.9% (n=87) against teachers who teach second cycle primary schools from grades 5-8 who perceived 53.3%(n=193). Regarding teaching experience, teachers with teaching experience greater than 10 years, 10-19 years teaching experience 59.8% (n=64) and 20-29 teaching experience 69.8% (n=104), have perceived severe types of children's mental health problems.

The binary logistic regression analysis of teachers' background information and school characteristics, Showed that except sex, religion, mental health training and presence of mental health counselor all other variables were found to be associated with perception of child mental health problem severity (Table 3).

Table 3: Binary logistic analysis: Primary school teachers' background information and school characteristics associated with perception of children's mental health problem severity, Jimma town, October, 2013(n=515)

Variables		Level of teachers' perception towards CMHP		COR(95%CI)	P value
		Sever problem perception n(%)	Less severe problem perception n(%)		
Sex	Male	145(51.4%)	137(48.6%)	1	
	Female	135(57.9%)	98(42.1%)	1.30(0.92-1.85)	0.139
Age	21-30	24(29.3%)	58(70.7%)	1	
	31-40	71(53.0%)	63(47.0%)	2.72(1.52-4.88)	0.001*
	41-50	108(68.8%)	49(31.2)	5.33(2.97-9.54)	< 0.001*
	51-59	77(54.2%)	65(45.8)	2.86(1.60-5.12)	< 0.001*
Religion	Muslim	68(53.5%)	59(46.5%)	1.09(0.71-1.69)	0.683
	Orthodox	119(51.3)	113(48.7)	1	
	Protestant	85(60.7%)	55(39.3%)	1.47(0.96-2.25)	0.077
	Others	8(50.0%)	8(50.0%)	0.95(0.34-2.62)	0.920
Ethnicity	Oromo	134(53.4%)	117(46.6%)	1.05(0.67-1.63)	0.836
	Amhara	59(52.2%)	53(47.8%)	1	
	Tigre	19(54.3%)	16(45.7%)	16(45.7%)	0.830
	Yem	44(67.7%)	21(32.3%)	1.92(1.01-3.63)	0.045*
	Dawuro	20(64.5%)	11(35.5%)	1.66(0.73-3.79)	0.225
	Others	4(20.0%)	16(80.0)	0.23(0.07-0.73)	0.012*
Marital Status	Single	36(42.9%)	48(57.1%)	0.61(0.38-0.99)	0.047*
	Married	188(55.0%)	154(45.0%)	1	
	Divorced	43(61.4%)	27(38.6%)	1.31(0.77-2.21)	0.322
	Others	13(68.4%)	6(31.6%)	1.77(0.66-4.78)	0.256
Income(ETB)	<2000	64(49.2%)	66(50.8%)	1.07(0.65-1.74)	0.796
	2000-2600	78(60.5%)	51(39.5%)	1.68(1.02-2.76)	0.040*
	2601-3300	78(60.0%)	52(40.0%)	1.65(1.01-2.71)	0.048*
	>3300	60(47.6%)	66(52.4%)	1	
Educational status	Certificate	67(74.4%)	23(25.6%)	4.40 (2.89-8.48)	< 0.001*
	Diploma	181(54.4%)	152(45.6%)	2.62(1.51-4.53)	0.001*
	Degree and above	32(34.8%)	60(65.2%)	1.	

Teachers college Training Year	1 year	65(74.7%)	22(25.3%)	6.38(3.08-13.2)	< 0.001*
	2 years	31(46.3%)	36(53.7%)	1.86(0.90-3.84)	0.094
	3 years	165(54.8)	136(45.2%)	2.62(1.45-4.72)	0.001*
	4 years	19(31.7%)	41(68.3%)	1.	
Teaching Experience (year)	1-9	45(35.7%)	81(64.3%)	0.55(0.33-0.90)	0.018*
	10-19	64(59.8%)	43(40.2%)	1.47(0.88-2.45))	0.145
	20-29	104(69.8%)	45(30.2%)	2.28(1.40-3.71)	0.001*
	30-39	67(50.4%)	66(49.6%)	1.	
Grade Teacher is Teaching	Grades 1-4	87(56.9%)	66(43.1%)	1.	
	Grades 5-8	193(53.3%)	169(46.7%)	2.02(1.42-2.87)	< 0.001*
Number of students per class (class size)	<=51	110(45.3%)	133(54.7%)	1.	
	>=52	170(62.5%)	102(37.5%)	2.01(1.42-2.87)	< 0.001*
School Type	Government	241(66.4%)	122(33.6%)	5072(3.74-8.75)	< 0.001*
	Private	39(25.7%)	113(74.3%)	1.	
MH Related Training	Yes	15(51.7%)	14(48.3%)	0.89(0.42-1.89)	0.769
	No	265(54.5%)	221(45.5%)	1.	
Presence Of Counselor	Yes	40(58.0%)	29(42.0%)	1.18(0.71-1.98)	0.519
	No	240(53.8%)	206(46.2%)	1	
* p- Value < 0.05 is consider as significant.					

5.4. Independent predictors of teachers' perception of child mental health problem severity

After adjusting for confounding factors on multiple logistic regression analysis, it was found that school type and teachers' teaching experience remain to be associated with children's mental health problem severity. As a result, the odds of teachers' who are teaching in government schools to perceive severe types of children's mental health problems was 15 times more likely (AOR=15.01, 95%CI (6.47-34.81) than teachers from private schools. In addition, teachers with teaching experience of 1-9 years were 5 times more likely to perceive severe type of children's mental health problems (AOR=4.65, 95% CI (1.43-15.14) than teachers with 30-39 years of teaching experience. Similarly teachers with teaching experience of 10-19 years were 3.4 more (AOR=3.41, 95%CI (1.33-8.77) and those teachers 20-29 years of teaching experience were about 3 times more (AOR=2.82, 95%CI (1.42-5.59) to perceive severe type of children's mental health problems (Table 4).

Table 4: Multiple logistic regression analysis of factors associated with perception towards children mental health problems severity (CMHPS) among primary school teachers in Jimma town, south west Ethiopia, October, 2013 (n=515)

Characteristics		COR (95%CI)	AOR(95%CI)	P-value
Sex	Male	1.		
	Female	1.30(0.92-1.85)	0.83(0.52-1.33)	0.440
Age	21-30 years	1.	1.	
	31-40 years	2.72(1.52-4.88)	1.26(0.55-2.85)	0.584
	41-50 years	5.33(2.97-9.54)	1.74(0.63-4.83)	0.289
	51-59 years	2.86(1.60-5.12)	1.53(0.48-4.81)	0.464
RELIGION	Muslim	1.09(0.71-1.69)	1.01(0.58-1.76)	0.971
	Orthodox	1.	1.	
	Protestant	1.47(0.96-2.25)	0.82(4.73-1.42)	0.483
	Others	0.95(0.34-2.62)	1.61(0.51-5.06)	0.419
Ethnicity	Oromo	1.05(0.67-1.63)	1.02(0.59-1.75)	0.952
	Amhara	1.	1	
	Tigre	1.09(0.51-2.33)	0.59(0.25-1.42)	0.240
	Yem	1.92(1.01-3.63)	1.45(0.66-3.18)	0.359
	Dawuro	1.66(0.73-3.79)	1.21(0.43-3.43)	0.715
	Other	0.23(0.07-0.73)	0.19(0.05-0.68)	0.110
Marital Status	Single	0.61(0.38-0.99)	1.06(0.58-1.96)	0.839
	Married	1.	1.	
	Divorced	1.31(0.77-2.21)	1.10(0.60-2.04)	0.751
	Other	1.77(0.66-4.78)	1.10(0.33-3.72)	0.877
Educational status	Certificate	4.40 (2.89-8.48)	0.45(0.13-1.54)	0.205

	Diploma	2.62(1.51-4.53)	0.62(0.26-1.53)	
	Degree and above	1.	1	
Training year	1 year	6.38(3.08-13.2)	3.41(0.97-12.0)	0.057
	2 year	1.86(0.90-3.84)	0.71(0.26-1.95)	0.509
	3 year	2.62(1.45-4.72)	1.73(0.73-4.10)	0.211
	4 year	1.	1.	
School type	Government	5.72(3.74-8.75)	15.0(6.47-34.8)	< **0.001***
	Private	1	1	
Teaching experience	1-9year	0.55(0.33-0.90)	4.65(1.43-15.1)	**0.011***
	10-19 year	1.47(0.88-2.45)	3.41(1.33-8.77)	**0.011***
	20-29 year	2.28(1.40-3.71)	2.82(1.42-5.60)	**0.003***
	30-39 year	1.	1.	
Class size	<=51	1.	1	
	>=52	2.02(1.42-2.87)	0.68(0.41-1.11)	0.125
Income(ETB)	<=2000	1.07(0.65-1.74)	1.56(0.81-2.99)	0.183
	2001-2600	1.68(1.02-2.76).	1.60(0.87-2.92)	0.128
	2601-3300	1.65(1.01-2.71)	1.70(0.96-3.00)	0.070
	>3300	1.	1.	

5.5. Teachers' Attitude towards school based mental health service needs

Teachers' beliefs about the importance of school based mental health service and the availability of the services in the schools showed that, more than 95% of teachers indicated the mental health services as 'important' for their school. The result was generally coupled with very low availability of the services within the schools (Table 5).

Table 5: Primary school teachers' rating of the importance and availability of school based mental health service resources in Jimma town October, 2013.

Mental health services for school (n=515 teachers)	Important n (%)	Not Important n (%)	Available n (%)
❖ School wide bullying prevention program	506(98.3)	9(1.7)	245(47.)
❖ School wide screening for students mental health problem	498(96.7)	17(3.3)	81(15.7)
❖ Clinical referral of students with mental health problem	493(95.7)	22(4.3)	77(15.0)
❖ Teacher support staff training about identifying student with mental health problems	489(95.0)	26(5.0)	75(14.6)
❖ Teacher and support staff in-service training about effective behavior management	490(95.1)	25(4.9)	33(6.4)
❖ Parent training about identifying children with mental health problem	487(94.6)	32(6.3)	25(4.9)
❖ Parent training about effective partnering with school personnel	482(93.6)	33(6.4)	27(5.2)
❖ Student counseling services	499(96.9)	15(2.9)	313(60.)

5.6. Teacher's perception of the causes of child mental health problems

Regarding to the cause of child mental health problems, the majority of teachers attributed to social problems (61.7%) followed by problem with primary support group (54%) and poor school and home environment (52%). Substance use (48.3%) and poverty (41.9%) were also mentioned by the other teachers as factors that cause child mental health problems. On the other hand, genetics or heredity factors (31.5%), medical illness related factors (30.9%) and due to sin as a cause of child mental health problem (15.3%) were indicated as the least cause for child mental health problems (Figure 4).

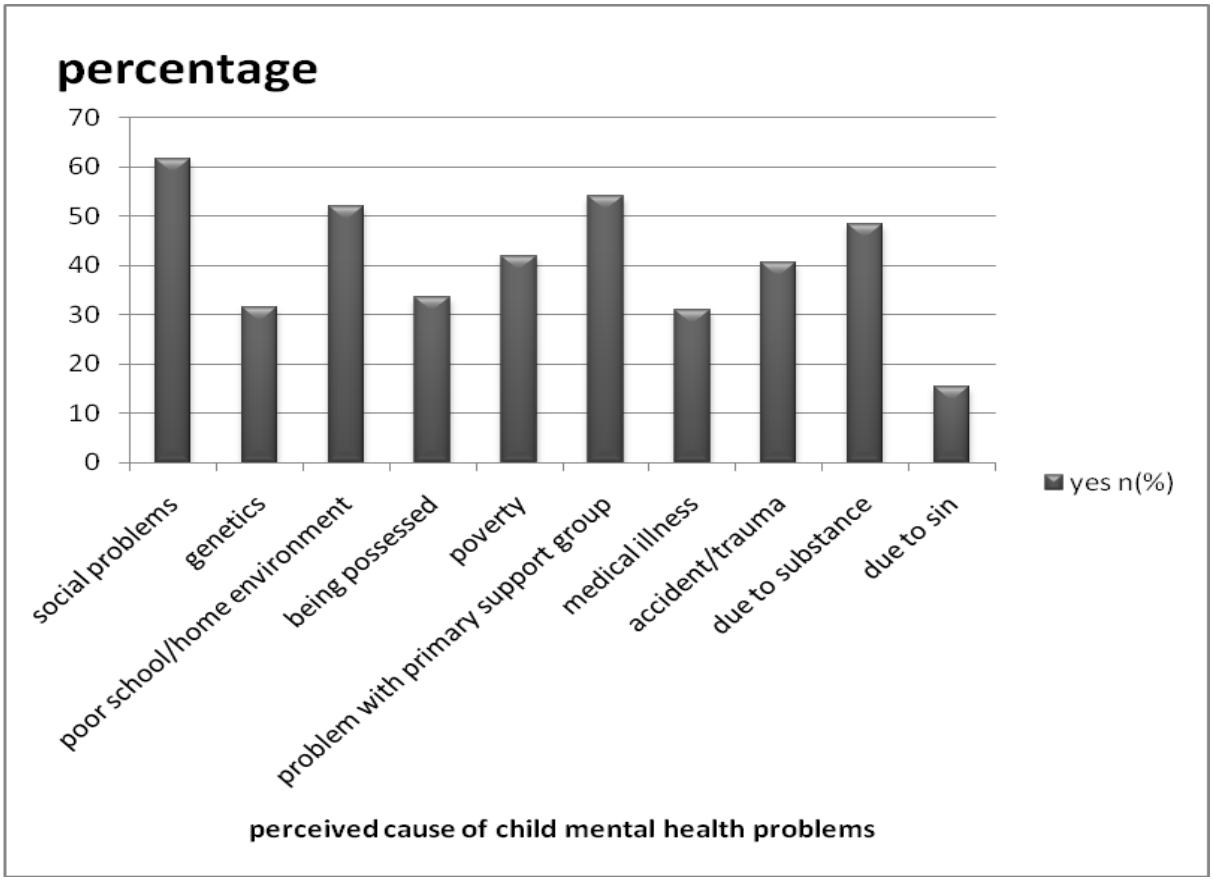

Figure 4: Primary school teachers' beliefs about the cause of child mental health problems Jimma town, October, 2013

About the preference of places to refer a child or children with mental health, the majority of them (71.1%) would like to refer to general hospitals. Around half of the teachers preferred to refer to psychiatrists (51.3%) and psychologists (48.9%). A very small number of teachers reported that they would like to refer the child to other staff teacher (11.7%), religious places such as Church (22.7%) and Mosque (9.1%) as well as to traditional treatment healers (9.5%) (Figure5).

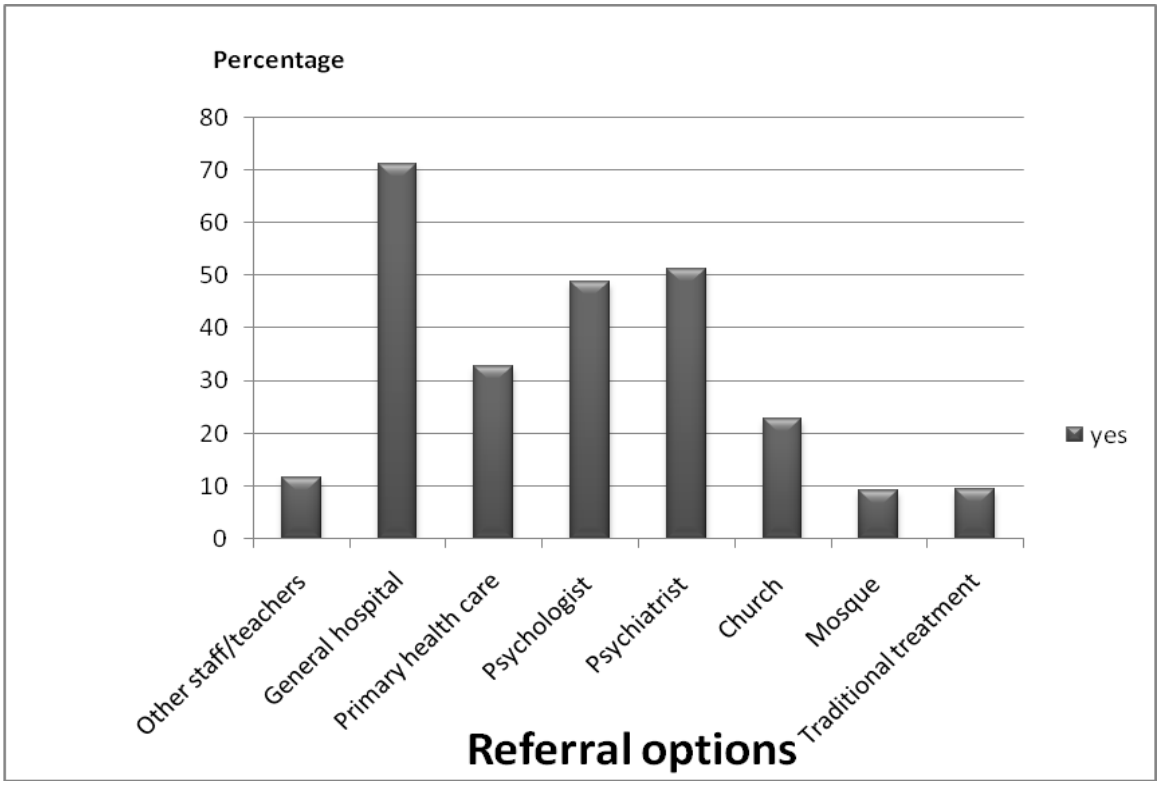

Figure 5: Primary school teachers' preference place to refer children with mental health problems, Jimma town, October, 2013

Chapter Six: Discussion

This study was aimed at investigating primary teachers' perception of mental health problems from among school age children and their beliefs and attitudes towards school based mental health services. Over all, primary school teachers' perception of the sign and symptom of the children's behavior manifestations as mental health problems was minimum. In average around 2/3rd of teachers endorsed the behavior categories as "not child mental health problems'. However, their corresponding rating the severity of these behavior categories were high. This implied that despite high behavior problem recognition among school children, the teachers' attribution that these behavior problems were due to mental health problem were low. primary school teachers' ratings indicated that explicitly externalizing hyperactive behaviors like thinks things out before acting, restless/overactive/ cannot stay still for long, constantly fidgeting or squirming and poor attention span /not see work through to the end were more severe, whereas most mental health problems of more internalizing nature were among the mild types problems. This is in support of previous study findings from United States and Korea, where, disruptive behaviors, problem with attention, peer-related problem, aggression and bullying were the most severe child mental health problems whereas, depression was the least mental health problems (24, 35, 39).

But teachers in the current study, perceived higher proportion of externalizing child mental health problems than internalizing mental health problems relative to the Greek primary school teachers who rated work avoidance and depressed mood as the most severe child mental health problems of all other type mental health problems (38). The first reason could be the socio-cultural difference between the study participants in which a child who has depressed mood and who is not disturbing in the class might be seen as a well behaved child in our culture. The second probable reason could be, in Greek's study relatively large numbers of teachers (20%) have special needs training, but in the current study only 5.6% of teachers have mental health related training. The third reason could be the large number of students per class (average class size=51) in this study could make teachers overwhelmed mostly by disruptive behaviors relative to the Greeks (average class size=20).

The majority of teachers also indicated that conduct and pro-social deficit problems like quarreling and bullying other children, often lies or cheats, often not offers to help others

(parents, teachers, other children), not kind to younger children, uses obscene words and often loses temper to be the highest problem among students of their school. This is in agreement with study findings from Greek, Iraqi and Nigeria where fighting or aggression, bullying other children, lying/cheating and using obscene words were mentioned as the most frequent and severe mental health problems of school children (40, 41 and 42).

From externalizing behaviors stealing from home/school or elsewhere and truancy from school were mentioned as the least mental health problems in this study, whereas in other studies they were rated as the most challenging child mental health problems (40,32).The probable reason for the difference could be the socio-cultural differences through which children are being grown up and the grown up parent-school teacher bond in following the children's day to day progress at school in our country.

The other aim of this study was to find out factors affecting teachers' perception of child mental health problems. Teachers' teaching experience was found to predict the perception of children's mental health problems. Teachers with teaching experience of 1-9 years were 5 times more likely to perceive severe type of children's mental health problems than teachers with 30-39 years of teaching experience. Similarly teachers with teaching experience of 10-19 years and 20-29 years were 3.4 and 3 times more to perceive severe type of children's mental health problems. Meaning that, teachers with more teaching experience perceive child mental health problems less severe than teachers with less teaching experience. This is in accordance with a study finding from Malta, southern Europe on "Secondary school teachers' perception of pupils' undesirable behaviors" in which the least experienced teachers perceived most of pupils' behaviors significantly more serious than the more experienced colleagues (26). The other factor was the school type in which the level of perception of severe type of children's mental health problems of teachers who are teaching in government school was 15 times more than teachers who are teaching in private schools. To the investigators knowledge it is a unique result from this study and can be taken as a new finding. The reason that government school teachers rated child mental health problems higher than private school teachers' ratings could be the higher prevalence of child mental health problems in public/government schools than private schools as indicated by a study from Nigeria (49). The other variables used in this

study had no statistically significant association with teachers' level of child mental health problem severity perception.

The third purpose of this study was to describe the beliefs and attitudes of the primary school teachers in relation to school based mental health programs. The majority of teachers indicated school based mental health services/programs as "important". But they also reported a very low availability of these programs in the school they are teaching. Teachers' report showed a high need of programs for school based intervention of child mental health problems indicating the significance and acceptability of such services for future development. This is similar with the teachers' views of research findings from Iraqi where there was low reported availability of a wide range of school-based mental health resources. This was coupled with teacher reported substantial mental health and behavioral problems in primary school children and they identified high unmet need for school-based mental health programs and training (28, 41). Another study among Nigerian school teachers showed similar view of teachers on school based mental health service. They generally believed that teachers have to be the active participants in the provision of school-based mental health service with a great need of mental health and related programs within the school environment and associated teachers training in this area (42).

Regarding their beliefs on the cause of children mental health problems, the majority of teachers reported substance use and social related factors to be the cause of the child mental health problems. These include, social problem (problem with friends, schoolmates, teachers etc.), problem with primary support group such as parents or care givers, poor school or home environment. Similar beliefs were observed in other studies (39, 40, and 43) and this could help teachers as capable dealing with and intervening such problems than if their beliefs of the cause of the child mental health problems were due to hereditary predisposition, due to sin, due to medical condition or trauma in which case there might be frustration to take action by their own. In the current study a considerable number of teachers also believed that children's mental health problems are caused by sin and possession. This is an area of concern that necessitates urgent intervention, because if teachers continued to have these beliefs they may stigmatize and discriminate children with mental health problems and affect their referral options as well.

Concerning their referral options, large proportion of teachers would like to refer a child with mental health problems to general Hospitals. Around half of the teachers also would like to refer the child to the psychiatrists or to psychologists. This is encouraging and will facilitate early intervention if the child is referred to the right place where he/she can be helped. But, fewer teachers would like to refer the child to other school staffs. This could be due to the absence of teacher staffs, a counselor and social worker with special qualification or mental health related training in their school. Relatively lower proportion, but significant number of teachers would like to refer the child to religious places (Church and Mosque) and traditional healers. This indicates that there still has mental health and mental health service information gap among teachers which needs immediate intervention through provision of such information to this group of people.

Strength and Limitation of the Study

Strength of the Study

- ✓ This study was the first to assess perception of primary school teachers in relation to school children's mental health problem severity and their attitudes about school based mental health services which can help in integrating mental health service to school settings in Ethiopia.
- ✓ Relatively higher sample size was used than previous studies.

Limitation of the Study

- ✓ There may be other children mental health problems than the ones used in the current study that remain to be studied for the degree of severity they pose to a child and the teachers.
- ✓ It only assessed children's mental health problem severity as perceived by teachers whether the problem is manifested by a single child, few children or many children and did not consider the magnitude of the problem.
- ✓ The entire sample was taken from Jimma town; therefore, findings of this study may not be generalized to other areas especially in rural settings.

Chapter Seven: Conclusion and Recommendation

7.1. Conclusion

- The result of teachers' perception of child mental health problem indicated that most of the teachers had low recognition of the child psychopathology as mental health problems while they rated the children mental health problems as severe. Externalizing child mental health problems were rated more than internalizing problems.

- Teachers' teaching experience and school type were the significant factors that influence teachers' ratings of child mental health problem severity. Teachers with less teaching experience and those who teach in government school rated more severe child mental health problems.

- Regarding their attitude towards school based mental health service, the vast majority of them had positive attitude and rated the mental health related programs as "important'. But almost all teachers indicated that the services are not available in their schools.

- This indicated that there is high need of mental health programs for school children and mental health training programs for teachers. Therefore, integrating such programs in the school setting will have paramount importance.

7.2. Recommendation

- **To the town health office**

  - To create child hood mental health problem awareness creation to the teachers and school community.

  - As most teachers rated the school children's mental health problem as 'severe problem', it could be better for the town health office to have regular screening of students for mental health problems and take appropriate solutions for students with mental health problems.

  - To collaborate with the town education office and initiate mental health programs at the school setting that can promote school based mental health service through continued supervision and teachers training in the area of mental health.

- **To the town education office**

  - To arrange short term in-service programs for teachers in the area of child mental health problems and to establish school wide child mental health services as an integral part of the teaching learning process.

- **To Ministry of education**

  - To integrate mental health topics in the curriculum of teachers educational training

- **To Jimma University/JUTH**

  - It would be better to develop school out-reach programs with regular supervision of child mental health problems through psychiatry, psychology and other departments.

  - It would also be better to provide mental health and related trainings for primary school teachers.

- **To researchers**

  - Conducting further research focusing on children mental health problems in relation with school based mental health services and the roles that teachers can play in helping students with such problem at the school environment is very crucial.

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Annex I: Percentages mean and standard deviation scores of teachers' answers Concerning the types of child mental health problems that present 1 (no problem), 2 (mild problem), 3 (moderate problem), 4 (severe problem) and 5 (very severe problem) for them and their opinion whether it is a mental health problem (Yes) or not (No) among primary school teachers in Jimma town, October 2013

Type of child mental health problem	Severity of children's mental health Problems (%)					Mean	SD	MHP (yes) n (%)
	1	2	3	4	5			
Thinks things out before acting	5.6	18.4	30.9	39.4*	5.6	3.21	0.993	155(30.1)
Restless, overactive, cannot stay still for long	3.5	20	39.2*	29.1	8.2	3.18	0.962	315(61.2)
Quarreling and bullying other children	6.4	23.5	27.6	32.6*	9.9	3.16	1.094	210(40.8)
Often Lies or cheats	5.8	22.3	32.4*	32.4*	7.0	3.12	1.025	145(28.2)
Constantly fidgeting or squirming	9.3	23.2	27.2	31.8*	8.3	3.07	1.121	232(45.0)
Often not offers to help others (parents, teachers, children)	7.8	24.1	37.9*	25.6	4.7	2.95	0.997	122(23.7)
Poor attention span, not see work through to the end	8.7	27.2	36.1*	23.7	4.3	2.88	1.009	189(36.7)
Often complains of headaches, stomach-aches or sickness	6.2	27.4	43.7*	18.3	4.5	2.87	0.932	138(26.8)
Easily distracted, concentration wanders	9.1	26.0	38.1*	23.5	3.3	2.86	0.99	176(34.2)
Not kind to younger children	9.7	27	35.9*	23.7	3.7	2.85	1.011	147(28.5)
Often unhappy, depressed or tearful	8.7	28	36.5*	23.7	3.1	2.84	0.984	195(37.9)
Uses obscene words	15.0	27.6*	24.7	25.6	7	2.82	1.178	107(20.8)
Often loses temper	9.1	29.3	36.5*	21.4	3.7	2.81	0.995	283(55.0)
Picked on or bullied by other youth	10.7	26.4	38.6*	20	4.1	2.80	1.009	132(25.6)
Would rather be alone than with other children	8.3	30.9	36.7*	20.6	3.5	2.80	0.975	291(56.50)
Generally not well behaved, usually doesn't do what	7.8	31.3	36.9*	21.4	2.7	2.80	0.955	193(37.5)

adults request								
Many fears, easily scared	8.5	37.3*	35.9	14.2	4.1	**2.68**	0.959	195(37.9)
Nervous in new situations, easily loses confidence	11.3	33.0	37.1*	15	3.5	2.66	0.983	152(29.5)
Generally not liked by other children	10.7	35.5*	35.0	15.3	3.3	2.65	0.972	138(26.8)
Not helpful if someone is hurt, upset or feeling ill	11.1	32.8	38.4*	15.3	2.3	2.65	0.949	131(25.4)
Many worries or often seems worried	13.0	30.5	39.0*	14.2	3.3	2.65	0.985	156(30.3)
Has no at least one good friend	9.7	40.4*	30.9	14.8	4.3	2.63	0.992	149(28.9)
Refuse to shares readily with other youth, for example books, game	9.3	34	43.7*	11.7	1.4	2.62	0.859	198(38.4)
Gets along better with adults than with other youth	14.2	33.2	36.3*	13.8	2.5	2.57	0.978	149(28.9)
Is untidy in personal hygiene	17.1	33.2	34.8*	11.3	3.7	2.51	1.018	113(21.9)
Not considerate of other people's feelings	21	25.8	38.8*	12.8	1.6	2.48	1.01	314(61.0)
Truancy from school	24.5	33.8*	29.1	10.7	1.9	2.32	1.021	116(22.5)
Spelling problem	23.7	48.3*	21	5.4	1.6	2.13	0.888	114(22.1)
Mathematics problem	26.2	47.4*	18.1	6.4	1.9	2.10	0.93	111(21.6)
Writing problem	29.7	48*	14.6	5.6	2.1	2.03	0.928	120(23.3)
Steals from home, school or elsewhere	38.3*	32.6	21.4	6.6	1.2	2.00	0.983	122(23.7)
Speech and language problem	31.5	48.7*	13.2	4.1	2.5	1.97	0.915	115(22.3)
reading problem	30.5	50.7*	12.2	5.2	1.2	1.95	0.861	120(23.3)
Use substance (cigarette, khat , etc)	51.7*	24.7	14.4	6.4	2.9	1.84	1.075	147(28.5)
Is suspicious	49.5*	27.4	16.3	4.3	2.5	1.83	1.014	150(29.1)
Day time wetting of clothes	74.4*	13.6	5.6	3.3	3.1	1.47	0.967	155(30.1)

- **N=515**
- ***Degree of mode, MHP= Mental Health Problems, SD=Standard deviation**

Annex II: A list of child mental health problem categories.

Children mental health categories	Symptoms of child mental health problems
Emotional problems	Often complains of headaches, stomach-aches or sickness
	Often unhappy, depressed or tearful
	Many fears, easily scared
	Nervous in new situations, easily loses confidence
	Many worries or often seems worried
Peer-relationship problems	Picked on or bullied by other youth
	Would rather be alone than with other children
	Generally not liked by other children
	Has no at least one good friend
	Gets along better with adults than with other youth
Hyperactivity problems	Thinks things out before acting
	Restless, overactive, cannot stay still for long time
	Constantly fidgeting or squirming
	Poor attention span, not see work through to the end
	Easily distracted, concentration wanders
Conduct problems	Quarreling and bullying other children
	Often Lies or cheats
	Often loses temper
	Generally not well behaved, usually doesn't do what adults request
	Steals from home, school or elsewhere
Pro-social deficit problems	Not considerate of other people's feelings
	Not kind to younger children
	Not helpful if someone is hurt, upset or feeling ill
	Refuse to shares readily with other youth, for example books, game
	Often not offers to help others (parents, teachers, children)
Learning problems	Spelling problem
	Mathematics problem
	Writing problem
	Reading problem
Other problems	Uses obscene words
	Truancy from school
	Untidy in personal hygiene
	Speech and language problem
	Use substance
	Suspicious
	Day time wetting of clothes

Annex III: Questionnaire English Version

Jimma University

College of Public Health and Medical Sciences

Department of Psychiatry

Questionnaire prepared to assess perception of primary school teachers towards child mental health problems and service needs in Jimma town in the year 2013.

Informed consent

Dear participant,

I am Mr. Habtamu Kerebih; I am currently studying a postgraduate program for holding master of integrated clinical and community mental health. As part of my study, I am conducting my research thesis on perception of child mental health problems and service needs among primary school teachers in Jimma town. The finding of the research is vital for future planning and prominent awareness creation strategies regarding the problem. So your responses are vital for achieving the goal of the research and for reduction of the problem.

We are asking you for your kind cooperation. Here is a questionnaire for you to complete. There is no need to put your name on the questionnaire; no individual responses will be reported and as explained above the aim of the study is purely educative and contributes for solving the burden. It is your full right to refuse any or all of the questions. Please read each question carefully and answer it to the best of your ability. There are no correct or incorrect responses; Please do not discuss the question with anyone while answering the questionnaire, just put what you fill and what you will chose as a solution. We are merely interested in your personal experiences**.**

Thank you very much

So are you willing to participate **Yes** ☐ **No** ☐

Part I: Questionnaire to assess Scio-demographic characteristics and other personal information

Instruction: the following questions are concerning your background informations. Please fill the questions by circling those questions having choices and by writing on the space provided for those questions that have no choices.

1. Respondent's age_____
2. Sex: 1. male 2. female
3. Religion: 1. Muslim 2. Orthodox 3. Protestant 4. Catholic 5. Other
4. Ethnicity: 1. Oromo 2. Amhara 3. Tigre 4. Yem 5. Daworo 6. Other
5. Marital status: 1. Single 2. Married 3. Divorced 4. Separated 5. Other
6. Educational status: 1. Certificate 2. Diploma 3. Degree 4. Other
7. Estimated monthly house hold income in Birr:_____
8. Teacher training year at college or university in years:_____
9. Teaching experience in months/ years _____
10. Grade(s) teacher is currently teaching: _____
11. The total number of students per class the teacher is currently teaching_____
12. The type of school the teacher is teaching: 1. Government/public 2. Private
13. Do you ever have mental health related training? 1. Yes 2. No
14. Does the school you are currently teaching have a counselor 1. Yes 2. No

Part II: Questionnaire to assess teachers' perception of seriousness and perceived cause of mental health problems among students in their school.

2.1. Questionnaires to assess teachers' perception of seriousness of child mental health problems.

Instructions: First please indicate whether the individual child behavioral manifestations are 'child mental health problems or not'. Then show the degree of severity from not a problem-to-very severe problem based on the problem posed by the behavior to the child/children related to their personal life, social relation and functionality among school children.

No	Items	Is it a mental health problem?		How big is the problem? Regardless of your response as mental health problem or not.				
		Yes	No	Not a problem	Mild problem	Moderate problem	Sever problem	Very severe problem
15.	NOT Considerate of other people's feelings							
16.	Restless, overactive, cannot stay still for long							
17.	Often complains of headaches, stomach-aches or sickness							
18.	Refuse to Shares readily with other youth, for example books, games, food							
19.	Often loses temper							
20.	Would rather be alone than with other youth							
21.	Generally NOT well behaved, usually							

	doesn't do what adults request							
22.	Many worries or often seems worried							
23.	NOT Helpful if someone is hurt, upset or feeling ill							
24.	Constantly fidgeting or squirming							
25.	Has NO at least one good friend							
26.	Often unhappy, depressed or tearful							
27.	Generally NOT liked by other children							
28.	Easily distracted, concentration wanders							
29.	Nervous in new situations, easily loses confidence							
30.	NOT Kind to younger children							
31.	Often lies or cheats							
32.	Picked on or bullied by other youth							
33.	Often NOT offers to help others (parents, teachers, children)							
34.	Thinks things out before acting							
35.	Steals from home, school or elsewhere							
36.	Gets along better with adults than with other youth							
37.	Many fears, easily scared							
38.	POOR attention span, sees work through to the end							
39.	Use substance (cigarette, khat , etc)							
40.	Breaks things/damages others property							
41.	Day time wetting of clothes							
42.	Truancy from school							

43.	Is suspicious							
44.	Is untidy in personal hygiene							
45.	Uses obscene words							
46.	Spelling problem							
47.	Reading problem							
48.	Writing problem							
49.	Mathematics problem							
50.	Speech and language problem							
51.	Mention if other							

7.1. Questionnaires to assess perceived causes of child mental health problems

52.	Which of the following do you think is/are the cause for child mental health problems (more than one choice is possible)? 1. Social 2. Heredity 3. Poor school/home environment 4. Being possessed 5. Problem with primary support group 6. Medical illnesses 7. Poverty 8. Spiritual factors 9. Accident/trauma

Part III: Questionnaire to assess teachers' attitude about the importance and availability of school mental health service resources in schools

No	Mental health resources	Is this service available in your school?		How much do you think is the service important?			
		Yes	No	Very important	Some what important	Some what unimportant	Not important
53.	School wide bullying prevention program						
54.	School wide screening for students ,mental health problem						
55.	Clinical referral of students with mental health problem						
56.	Teacher and support staff training about identifying student with mental problem						
57.	Teacher and support staff in-service training about effective behavior management						
58.	Parent training about identifying children with mental health problems						
59.	Parent training about effective partnering with school personnel						
60.	Student counseling services						
61.	Mention if other						

Part IV: Questionnaire to assess ideal place to refer child with challenging mental health problems

62. To which of mental health service providers you would like to refer children with challenging mental health problems (more than one answer is possible).
    1. School staff/other teacher
    2. General hospitals
    3. Primary health care unit
    4. Psychologist
    5. Psychiatrist
    6. Church
    7. To traditional treatment

Annex IV: Questionnaire in Amharic Version

ጅማ የኒቨርሲቲ

የህብረተሰብ ጤና እና ሕክምና ሳይንስ ኮሌጅ

የአእምሮ ህክምና ት/ት ክፍል

የመጀመሪያ ደረጃ አስተማሪዎች በተማሪዎቻቸው ላይ የሚታዩ የባህሪ ችግሮችን እንዲት እንደሚያዩአቸዎ እና ስለ መፍትሐቻቸዉ ስለአላቸዉ አመለካከት የተዘጋጀ መጠይቅ፡፡

የጥናቱ ቦታ ጅማ ከተማ፡ 2006

የስምምነት ውል

የተከበራችሁ የጥናቱ ተሳታፊዎች

እኔ አቶ ሀብታሙ ቀረብህ በ አሁኑ ሠአት በጅማ ዩኒንቨርሲቲ የድህረ ምረቃ ተማሪ ስሆን ይህም ጥናት ለትምህርቴ ለመመረቂያ ይረዳኝ ዘንድ ይሆናል:: ከላይ በርዕሱ ለመጥቀስ እንደተሞከረው ይህ ጥናት ትኩረት ያደረገው በ ጅማ ከተማ የሚገኙ የመጀመሪያ ደረጃ አስተማሪዎች በተማሪዎቻቸው ላይ የሚታዩ የባህሪ ችግሮችን እንዲት እንደሚያዩአቸዎ እና ስለ መፍትሐቻቸዉ ስለአላቸዉ አመለካከት ይሆናል፡፡ ለዚህም ጥናት የእርስዎ ቀና ተሳትፎ በእጅጉ ጠቀሜታ አለው:: እርስዎ በዚህ መጠይቅ ላይ የሚሰጡት መረጃ ለምርምር እና ለጥናት ከመሆንም አልፎ በችግሩ ዙሪያ ለሚሰሩ መንግስታዊ እና መንግሰታዊ ላልሆኑ ድርጅቶች አንደ አንድ ግብዓት ከማገልገሉ ውጭ በእርሰዎ ላይ ምንም አይነት ተፅዕኖ አይኖረውም :: ሚስጥርን ከመጠበቅም አንፃር በቃለ መጠይቁ ላይ ስም አይፃፍም:: ስለሆነም እርሰዋም በዚህ ጥናት ውስጥ ለተጠየቁት መጠይቆች መልስ እንዲሰጡን በትህትና እጠይቃለሁ:: በመጠይቁ ላይ ላሉ ጥያቄዎች ያለመመለስ ሙሉ መብት ሲኖሮዎት መጠየቁንም በፍለጉበት ሰዓት ማቆምም ይችላሉ፡ ፡ ነገር ግን የእርስዎ ቀና ትብብር ከላይ ያስቀመጥነውን ግብ እንድንመታ ስለሚረዳን እባክዎ ጥያቂዎችን በመመለስ ይተባበሩን፡፡ አመሰግናለሁ።

በመጨረሻም በጥናቱ ላይ ለመሳተፍ ተሳሞምተዋል?

አዎ ☐ አልተሰማማሁም ☐

ከተሰማው ወደ ሚቀጥለው ገፅ ይለፍ

በጅማ ከተማ የመጀመሪያ ደረጃ አስተማሪዎች በተማሪዎቻቸው ላይ የሚታዩ የባህሪ ችግሮችን እንዲት እንደሚያዩአቸዎ እና ስለ መፍትሐቻቸዉ ስለአላቸዉ አመለካከት የተዘጋጀ መጠይቅ፡፡

መጠይቁ የተሞላበት ቀን ___/____/_____ የመጠይቁ መለያ ቁጥር :_____

ክፍል1፡ የማህበራዊ እና ስነ ህዝብ እንዲሁም ለሎች ግላዊ መረጃዎችን ለማጥናት የተዘጋጅ ቃለ መጠይቅ

መመሪያ፡ እባክዎን የሚከተሉትን ጥያቄዎች ምርጫ ያላቸዉን በማክበብ፤ ምርጫ የሌላቸዉን በጥያቄዉ መሰረት በክፍት ቦታዉ ላይ ይሙሉ፡፡

1. ዕድሜ _____
2. ፆታ: 1. ወንድ 2. ሴት
3. ሓይማኖት: 1. ሙስሊም 2. ኦርቶዶክስ 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ
4. ብሔረሰብ: 1. ኦሮሞ 2. አማራ 3. ትግሬ 4. የም 5. ዳዉሮ 6. ሌላ
5. የጋብቻ ሁኔታ: 1. ያላገባ/ች 2. ያገባ/ች 3. የፈታ/ች 4. የተለያየ/ች 5. ሌላ
6. የትምህርት ሁኑታ: 1. ሰርተፍኬት 2. ዲፕሎማ 3. ዲግሪ 4. ሌላ ካለ ይግለጡ----------
7. አጠቃላይ የቤተሰብ ወርሃዊ ገቢ በብር:_____
8. አስተማሪዉ/ዋ በኮሌጅ ወይም በዩኒቨርስቲ ሲማር/ስተማር የቆየበት/የቆየችበት ዓመት፡----------
9. መምህሩ በማስተማር ስራ ላይ የቆዩበት ዓመት _____
10. ባሁኑ ጊዜ የሚያስተምሩት የስንተኛ ክፍል ተማሪዎችን ነዉ _____
11. በሚያስተምሩበት ክፍል ዉስጥ ባጠቃላይ ስንት ተማሪዎች አሉ____
12. የሚያስተምሩበት ት/ቤት አይነት: 1. የመንግስት 2. የግል
13. እስከ አሁን ድረስ የአዕምሮ ጤናን በተመለከተ ወይም ከአዕምሮ ጤና ጋር ተያያዥነት ያላቸዉ ስለልጠናዎች ወስደዉ ያዉቃሉ ? 1. አዎ 2. አልወሰድኩም

ክፍል 2፡ መምህራኖች በተማሪዎቻቸዉ ላይ ስለ ሚያዩአቸዉ ችግሮች የተዘጋጀ መ ጠይቅ

መመሪያ፡ እባክዎን ለእያነዳንዱበተማሪዎች ላይ ለሚታዩ ችግሮች/ምልክቶች የአዕምሮ ጤና ናቸዉ ብለዉ ያስባሉ ከሚለዉ ስር አዎ ወይም አይደለም ይበሉ፡፡ ከሂያም ለእያንዳንዱ መጠይቅ ከችግር አይደለም እስከ በጣም ትልቅ ችግር ነዉ ከሚለዉ ሳጥን ትይዩ አንዱን ምልክት ያድርጉ፡፡ ይህም በልጆች ላይ በሚያመጣዉ የግል ህይወት ችግር፤ማህበራዊ ችግር እንዲሁም የእለት ከ እለት የስራ እንቅስቃሴያቸዉ ላይ በሚያመጣዉ ችግር ተመርኩዘዉ ይሁን፡፡ እባክዎን የሚሰጡን መልስ ተማሪዎች በማነኛዉም ጊዜ የሚያሳዩትን ባህሪ ተሞርክዘዉ ይሁን፡፡

ተ.ቁ	በተማሪዎች ላይ የሚታዩ ችግሮች/ምልክቶች	እነዚህ ችግሮች/ምልክቶች የአዕምሮ ጤና ናቸዉ ብለዉ ያስባሉ		በርስዎ ት/ቤት ባሉ ተማሪዎች ላይ ይህ ምን ያህል ችግር ነዉ የአዕምሮ ጤና ችግር ቢሆኑም ባይሆኑም				
		አዎ	አይደሉም	ችግር አይደለም	ጥቂት ችግር ነዉ	መካከለኛ ችግር ነዉ	ትልቅ ችግር ነዉ	በጣም ትልቅ ችግር ነዉ
14.	ስለሌሎች ስሜት አለመጠንቀቅ							
15.	መንቀሳቀሻ፣ እረፍት የለሽ መሆን፣ አንድ ቦታ አርፎ መቆየት አለመቻል							
16.	ብዙ ጊዜ ራሴን፣ ሆዴን አመመኝ ወይም አቅለሽለሸኝ ማለት							

17.	ለሌሎች ልጅች ያለዉን ነገር በቀላሉ ያለማጋራት (የሚበላ፣ መጫወቻ፣ እርሳስ ወዘተ)							
18.	ብዙ ጊዜ በጣም ተናዳጅና ግልፍተኛ መሆን (ይነፈራፈራሉ፣ይማታሉ፣ይጮሃሉ፣ይወራወራሉ)							
19.	ከሌሎች ጋር አለመቀላቀል፣ ገለል ማለት፣ ለብቻ የመጫወት አዝማሚያ መኖር							
20.	በጥቅሉ ታዛዥ አለመሆን፣ ብዙ ጊዜ አዋቂዎች የጠየቁትን ያለማድረግ							
21.	ስለብዙ ነገር መስጋት፣ ብዙ ጊዜ በትንሽ በትልቁ ማሰብ							
22.	ሰዉ ተጎድቶ፣ ከፍቶት ወይም አሞት ካየ/ካየች ያለመረዳት/ያለማዘን							
23.	ያለማቋዋረጥ ከተቀመጠበት መቁነጥነጥ፣ መንቆራጠጥ፣ መጥመዝመዝ							
24.	ቢያንስ አንድ ጥሩ ጉዋደኛ ያለመኖር							
25. 26.	ብዙ ጊዜ ከሌሎች ልጆች ጋር መደባደብ ወይም ጉልበተኛነቱን ማሳየት							
27.	ብዙ ጊዜ ደስተኛ ያለመሆን፣ መከፋት ወይም እንባ መምጣት							
28.	በጥቅሉ በሌሎች ልጆች ተወዳጅ ያለመሆን							
29.	በቀላሉ የሃሳብ መበታተን፣ ትኩረት አንድ ቦታ ላይ ማቆየት ያለመቻል							
30.	አዲስ ሁኔታዎች ሲገጥሙ መረበሽ፣ወላጆቹ ላይ ጥብቅ ማልት፣ ወይም አልለቅም ማለት፣ በቀላሉ በራሱ መተማመን ማጣት							
31.	ከእርሱ ለሚያንሱ ልጆች ደግ ያለመሆን							
32.	ብዙ ጊዜ መዋሸት ወይም ማጭበርበር							
33.	ሌሎችልጆች ይተናኮሉታል፣ ያበሽቁታል ወይም ጉለበተኛነታቸዉን ያሳዩታል							
34.	ብዙ ጊዜ ሌሎችን ለመርዳት ፈቃደኛ ያለመሆን (ወላጆችን፣ መምህራኖችን፣ ሌሎች ልጆችን)							
35.	ነገሮችን ከማድረጉ በፊት አስቀድሞ ያለማስተዋል							
36.	ከቤት፣ ከትምህርት ቤት ወይም ከሌላ ቦታ መስረቅ							
37.	ከሌሎች ልጆች ይልቅ ከአዋቂዎች ጋር በቀላሉ ይግባባል							
38.	ብዙ ነገሮችን መፍራት፣ በቀላሉ ድንግጥ ማለት							

39.	የጀመራቸዉን ነገሮች እስከመጨረሻዉ ድረስ ማከናወን አለመቻል፣ ጥሩ የትኩረት ያለመኖር							
40.	የተለያዩ አነቃቂ ነገሮች መጠቀም (ጫት፤ ሲጋራ፤ ወ.ዘ.ተ)							
41.	በቀን ጊዜ ቦንትን በልብስ ላይ የመልቀቅ ችግር							
42.	ከት/ቤት በተደጋጋሚ የመቅረት ችግር							
43.	በሆነ ባልሆነዉ የመጠራጠር ችግር							
44.	የግል ንጥህናን ያለ መጠበቅ ችግር							
45.	የብልግና ቃላትን እየተጠቀሙ መሳደብ							
46.	ፊደላትን ወይም ቃላትን አስተካክሎ የመጣፍ ችግር							
47.	የማንበብ ችግር							
48.	ፅሁፍ የመ·ፃፍ ችግር							
49.	የሂሳብችግር(የመደመር፤መቀነስ፤ማባዛት፤ማካፈል ወ.ዘ.ተ)							
50.	የንግግር እና የቋንቋ ችግር (የአፍ መፍቻን ቋንቋን ጨምሮ)							
51.	ሌላ ካለ ይግለጡ							

7.2.በተማሪዎች ላይ ለሚታዩ የባህሪ/የአዕምሮ ችግሮች ስለሚያስከትሉ መንስኤዎች የተዘጋጀ መጠይቅ

52.	**ከዚህ በታች ከተዘረዘሩት መጠይቆች ዉስጥ የትኛዉ /የትኞቹ በተማሪዎች ላይ ለሚታዩ የባህሪ/የአዕምሮ ጤና ችግሮች መንስኤዎች እንደሆነ/ኑ በማከበብ ያሳዩ፤፤ ካንድ በላይ መልስ ይቻላል** 1. ማህበራዊ ችግር፤ ከቤተሰብ፤ ከጓደኛ እና ከ ሌሎች ሰዎች ጋር ያለ ግንኙነት ችግር 2. በዘር ይተላለፋል 3. የማይመች የቤት ወይም የት/ቤት አካባቢ 4. በቁጣ/በሰይጣን ልከፍት 5. ድህነት 6. በጣም ከሚቀርቡት ወይም ከፍተኛ እንክብካቤ ከሚያደርግላቸዉ ሰዉ ጋር አለመግባባት ሲፈጠር፤ 7. በሌሎች ህመሞች ምክንያት ወይም ሌሎች ህመሞችን ተከትሎ 8. በአደጋ ወይም በጉዳት ምክንያት

<u>ክፍል 3፡ መምህራኖች ት/ቤትን መሰረት አድርገዉ ስለሚሰጡ የአዕምሮ ጤና ግልጋሎቶች እና ጥቅሞቻቸዉ ያላቸዉን አመለካከት በተመለከተ የተዘጋጀ መጠይቅ</u>

መመሪያ፡ ለሚከተሉት መጠይቆች የአዕምሮ ጤና ፕሮግራሞች እርስዎ በሚያስተምሩበት ት/ቤት የሚገኙ ከሆነ፤ አዎ ይገኛሉ፤ የማይገኙ ከሆነ አይገኙም በሚለዉ አወረድ የ(×) ምልክት ያስቀምጡ::እነዚህ ፕሮግራሞች ምን ያህል ጠቃሚናቸዉ ብለዉ ያስባሉ በሚለዉ ጥያቄ አወረድም ከበጣም ጠቃሚ ናቸዉ እስከ ምንም አይጠቅሙተዘርዝረዋል፡የእርስዎን አመለካከት መሰረት በማድረግ የ (×)ምልክት ያድርጉ::

ተ.ቁ	የአዕምሮ ጤና ፕሮግራሞች	እነዚህ ፕሮግራሞች እርስዎ በሚያስተምሩበት ት/ቤት ዉስጥ ይገኛሉ		እነዚህ ፕሮግራሞች ምን ያህል ጠቃሚ ናቸዉ ብለዉ ያስባሉ			
		አዎ ይገኛሉ	አይገኙም	በጣም ጠቃሚ ናቸዉ	በጥቂቱ ጠቃሚ ናቸዉ	ይህን ያክል አይጠቅሙም	ምንም አይጠቅሙም
53.	ት/ቤት አቀፍ የሆነ የተማሪዎች የባህሪ ግድፈትን ለመከላከል የተመሰረተ ፕሮግራም						
54.	ት/ቤት አቀፍ የሆነ የባህሪ ወይም የአዕምሮ ችግር ያለባቸዉን ተማሪዎች ለይቶ የሚረዳ ፕሮገራም						
55.	የባህሪ ወይም የአዕምሮ ችግር ያለባቸዉን ተማሪዎች ለይቶ ወደ ባለሙያ መላክ						
56.	ለመምህራንና ለሌሎች የት/ቤቱ ሰራተኞች እንዴት የባህሪ ወይም የአዕምሮ ችግር ያለባቸዉን ተማሪዎች መለየት እንዳለባቸዉ የሚያሰለጥን						
57.	ለመምህራንና ለሌሎች የት/ቤቱ ሰራተኞች እንዴት የባህሪ ወይም የአዕምሮ ችግር ያለባቸዉን ተማሪዎች ዉጤታማ በሆነ መልኩ መርዳት እንደሚችሉ የሚያሰለጥን						
58.	ለተማሪ ወላጆች እንዴት የባህሪ ወይም የአዕምሮ ችግር ያለባቸዉን ልጆች ለይቶ ማወቅ እንዳለባቸዉ የሚያሰለጥን						
59.	ለተማሪ ወላጆች እንዴት የባህሪ ወይም የአዕምሮ ችግር ያለባቸዉን ልጆች ዉጤታማ በሆነ መልኩ መርዳት እንደሚችሉ የሚያሰለጥን						
60.	ለተማሪዎች የምክር አገልግሎት የሚሰጥ						
6ı.	ሌላ ካለ ይግለጡ						

<u>ክፍል 4፡ የአዕምሮ ጤና ችግር ያለባቸዉ ልጆች እርዳታ ሊያገኙ የሚችሉባቸዉን አማራጮች የተመለከተ መጠይቅ</u>

62. የአዕምሮ ጤና ችግር ያለባቸዉ ልጆች ሲያጋጥምዎት ለችግሮቻቸዉ መፍትሄ እንዲያገኙ እርስዎ ወዴት ቢልኩአቸዉ ይመርጣሉ
    1. ወደ ሌላ የት/ቤቱ ስታፍ ወይም መምህር
    2. ጠቅላላ የህክምና አገልግሎት ወደ ሚሰጡ ሆሰፒታሎች
    3. ወደ ጤና ጣቢያ
    4. ወደ የስነ-ልቦና ባለሙያ
    5. ወደ የስነ-አዕምሮ ባለሙያ
    6. ወደ ቤተክርስቲያን/ መስጊድ
    7. ወደ የባህላዊ ህክምና ቦታዎች

DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

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Signature: _____

Name of the institution: Jimma University

Date of submission: March, 2014

This thesis has been submitted for examination with my approval as University advisor

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