



The Role of Educational Leaders in Addressing School-Based Mental Health Stigma

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Abstract: *The research centered on the role of educational leaders in addressing school-based mental health stigma. The study employs a quantitative research approach and descriptive survey research design to address the study objectives. The study made use of both primary and secondary data. Primary data for the study were gathered via a self-administered questionnaire. Secondary data on the role of educational leaders in addressing school-based mental health stigma was acquired from books and publications. one hundred students from the Kumasi Wesley Girls' High School in the Kumasi Metropolis were chosen using a simple random sampling procedure. The quantitative data was analysed using a statistical tool for the Statistical Package for Service Solution (SPSS). The study acknowledged the occurrence of mental health stigma among high school students and staff. The study discovered that student and staff participation in the leadership effort to prevent mental health stigma in schools is weak, as varied viewpoints on the extent of active participation and engagement emerged. The study also discovered that school leadership practises do not significantly contribute to mental health stigma, but that other factors may influence student perceptions. According to the paper, mental health stigma has a negative influence on schools by creating a culture of secrecy and shame, inhibiting open discourse and early intervention for children facing mental health challenges. The study recommended that the Ministry of Education, Ghana Education Service, and the KWGHS continue their efforts to reduce mental health stigma in schools, emphasising the multifaceted nature of attitudes and the need for targeted techniques to improve programme success. The report advised school boards to pay more attention to mental health stigma in the educational setting. The research essentially encouraged the Ghana Education Service to establish comprehensive strategies for addressing and mitigating mental health stigma in educational settings. The study contributes to knowledge on determining the prevalence and nature of mental health stigma in high school. The study also adds to the body of literature on high school leaders' initiatives, policies, or programmes to reduce mental health stigma.*



Keywords: Mental Health, Stigma, Leadership, Staff, Student.

1. INTRODUCTION

Mental health stigma continues to be an issue in educational settings, affecting students, staff, and educators in general. The reason has been that stigmatization of mental health concerns can lead to silence, aversion to seeking treatment, and, ultimately, a barrier to academic and personal progress (National Academies of Sciences, Engineering, and Medicine, 2021). According to Alkrdem (2020), educational leaders, such as school principals and administrators, play an important role in defining a school's culture. Their attitudes, behaviours, and policies can have a tremendous impact on how mental health is seen and addressed in the school community. Thus, understanding the exact ways by which educational leaders fight against mental health stigma is critical for building supportive settings favourable to the well-being of students and instructors. Mental health stigma is a significant hindrance to the well-being of students and educators in educational settings (Hernández-Torrano et al., 2020). As a result, several mental health and educational institutions have created enormous awareness to address mental health stigma in schools (Javed et al. 2021). Despite growing awareness of mental health issues, stigma persists, contributing to a culture of silence and inhibiting help-seeking behaviours (Rutherford, 2022). Educational leaders continue to be important figures in school administration, ensuring that students, as well as teaching and non-teaching personnel, have a steady mind to promote education. As a result, there is an urgent need to investigate their role in decreasing mental health stigma inside schools to build more inclusive and welcoming workplaces.

African and Ghanaian Context

Mental health stigma in African schools including schools in Ghana, like in many other parts of the world, emerges differently depending on cultural, social, and educational factors (Addy, Agbozo, Runge-Ranzinger, & Gryns, 2021). While experiences differ across African countries and regions, consistent elements in school-based mental health stigma include cultural beliefs attributing mental health concerns to supernatural causes or considering them as indicators of weakness, resulting in marginalization of affected persons (Kaur, 2023). This is a clear manifestation of inadequate mental health knowledge and understanding. In effect, limited mental health knowledge and education contribute to stigma, with a lack of emphasis on mental health education in many African schools reinforcing stereotypes and promoting negative attitudes. In addition, limited knowledge on mental health constitutes fear of prejudice and social isolation which discourages students and staff from disclosing mental health issues, stifling open discussions and the creation of supportive school settings. Inadequate mental health support services, characterized by a paucity of counsellors and specialists, promote stigma by promoting the idea that mental health issues should be kept secret. According to Zhang et al. (2020), linguistic barriers, stigmatizing language, and pejorative words further marginalize people with mental illnesses. Traditional gender norms, which discourage boys and young men from displaying vulnerability, as well as the impact of socioeconomic variables, such as poverty, which impedes help-seeking behaviours, all contribute to Africa's complex landscape of mental health stigma in schools. To address these



multiple issues, culturally sensitive techniques, enhanced awareness, and comprehensive mental health education are required. Failure to address mental health stigma in schools can have major effects for both individual children and the larger school community. Students may be hesitant to reveal or seek help for mental health difficulties owing to stigma, resulting in underreporting and a lack of intervention. This can have a severe impact on academic achievement because untreated mental health concerns can reduce concentration and learning ability dramatically. Stigmatisation can lead to social isolation, worsening mental health issues, and a terrible school experience. Long-term mental health implications may occur from persistent stigma, with a lack of assistance potentially leading to more severe outcomes. Furthermore, a stigmatised culture can harm the well-being of the entire school community, hurting both students and faculty and leading to increased stress and burnout. Failure to address stigma may also result in missed opportunities for early intervention, impeding timely support necessary for beneficial results. The effect extends to the school atmosphere, as a stigmatising culture can contribute to a toxic environment, impeding the formation of a supportive and inclusive educational environment. Furthermore, there are legal and ethical considerations, as failing to address mental health stigma may raise issues with student well-being and rights. To fight these repercussions, a multifaceted approach comprising education, awareness, and the implementation of supportive policies and resources is required. Creating an environment that encourages open discourse, empathy, and understanding is critical for the general well-being of students and the health of the school community.

Statement of the Problem

Despite the growing recognition of the importance of mental health in educational settings, there is a dearth of research focused on the explicit role of educational leaders in addressing mental health stigma within schools (Tully et al., 2019). This gap in the literature raises critical questions about the strategies employed by educational leaders to combat stigma, the challenges they encounter, and the overall impact on the school climate. The issue of mental health stigma within Ghanaian schools constitutes a significant impediment to the overall well-being of students and educators. Despite increasing awareness of mental health concerns, a critical gap persists in understanding the specific role of educational leaders in addressing and mitigating stigma within the educational context. The overarching problem lies in the absence of comprehensive insights into the prevalence and nature of mental health stigma within Ghanaian schools, hindering the development of targeted interventions. Additionally, there is a lack of understanding regarding the activities, policies, or programs that educational leaders employ to counteract mental health stigma, as well as the effectiveness of these initiatives. Furthermore, the impact of school leadership practices on the perpetuation or reduction of mental health stigma remains inadequately explored. Therefore, the research question central to this study is: How do educational leaders in Ghanaian-selected schools address mental health stigma, and what is the nature and impact of their efforts on the school community's well-being?

Research Objective

The study seeks to:



1. Determine the prevalence and nature of mental health stigma in high school.
2. Identify and investigate the initiatives, policies, or programmes put in place by high school leaders to reduce mental health stigma.
3. Analyze how High School leadership practices contribute to or alleviate mental health stigma and investigate the perceived impact of these practices on both student and staff well-being.

2. METHODOLOGY

The study employs a quantitative research method. The study used a quantitative research method because it produces accurate data that can be discussed using statistics and figures. The descriptive survey research design was used in the study. The descriptive survey research method allowed the researcher to learn about and comprehend the subject at hand. The study made use of both primary and secondary data. Primary data for the study were gathered via a self-administered questionnaire. Secondary data on the role of educational leaders in addressing school-based mental health stigma was acquired from books and publications. one hundred students from the Kumasi Wesley Girls' High School in the Kumasi Metropolis were chosen using a simple random sampling procedure. The quantitative data was analysed using a statistical tool for the Statistical Package for Service Solution (SPSS)

3. RESULTS AND DISCUSSION

Table 3.1. Prevalence and Nature of Mental Health Stigma

Construct	N	Mode	Mean	Std. D
There is a widespread acknowledgment of mental health stigma among students, and staff.	100	48	2.58	1.114
Seeking help for mental health issues are influenced by the perceived stigma within the KWGHS.	100	35	3.22	1.596
There is no mental health stigma among students, instructors, and administrators.	100	44	3.35	1.941
Nature of Mental Health Stigma				
Mental health stigma is perceived as a barrier to open discussions about mental health.	100	42	3.57	2.13
Mental health stigma is perceived to manifest in subtle and overt ways within the KWGHS.	100	34	3.54	4.33

The study concentrated on the prevalence and nature of mental health stigma in KWGHS, as a result, participants views were elicited and documented in table 3.1 on the prevalence of mental health stigma in the school. A significant number of participants (mode = 48) views points to the fact that mental health stigma exists among the students and staff (Mean = 3.35). The mean is supported by a standard Deviation of 1.941. The standard deviation of 1.941 indicates a moderate amount of variability in responses. This suggests that while there



is a general tendency towards disagreement, there is still a notable range of opinions among the respondents. The finding is consistent with that of Abuhammad and Al-Natour (2021), which suggested that there is a perception of mental health stigma in the school. The variability in responses suggests that some respondents may strongly disagree or hold different views on the prevalence of mental health stigma. Participants (mode = 44) disagreed with the premise that mental health stigma is viewed as a barrier to open discussions about mental health (mean = 3.57). The standard deviation of 2.13 suggests a moderate level of response variability. The moderate standard deviation indicates that there is some variation in how strongly people agree or disagree with the statement. The findings are consistent with Ahmad, Leventhal, Nielsen, and Hinshaw (2020) which found that the nature of mental health stigma in High School are varied.

3.2. Activities, Policies, or Programmes to Reduce Mental Health Stigma

Effectiveness of Implemented Activities, Policies, or Programs				
Construct	N	Mode	Mean	Std. D
Activities, policies, or programs implemented by the Kumasi Wesley Girls’ High School effectively address and reduce mental health stigma.	100	35	2.83	4.76
I feel that the initiatives taken by educational leaders have positively impacted the perception of mental health within the school.	100	30	3.24	4.43
Initiatives designed to reduce mental health stigma are designed to create lasting positive changes in attitudes and behaviors.	100	31	3.21	4.31
Awareness and Engagement.				
I understand that activities, policies, and programs in KWGHS are aimed at mitigating mental health stigma.	100	39	2.78	4.37
Students and staff at KWGHS actively participate and engage in initiatives designed to tackle mental health stigma.	100	42	3.57	3.43

The effectiveness of implemented activities, policies, or programs to mental health stigma was highlighted as a sensitive issue of concern. In this view, participants’ opinions were elicited. Participants felt that the initiatives taken by educational leaders have positively impacted the perception of mental health within the school (Mean = 3.24). The mean value of 3.24 indicates that, on average, respondents' perceptions tend towards a neutral to slightly agreeable stance on the issue. The mean is supported by a relatively high standard deviation of 4.43 reflecting a considerable degree of variability in responses. This suggests a wide range of opinions among respondents, indicating diverse perspectives on the effectiveness of initiatives taken by educational leaders in impacting the perception of mental health within the school. The outcome supports the study of Fokuo et al. (2017). According to table 3.2, KWGHS recognized the importance of staff and students’ engagement to reduce mental



health stigma. This was evident by a mean value of 3.57 indicating that, on average, respondents' perceptions tend towards agreement that students and staff at KWGHS actively participate and engage in initiatives designed to tackle mental health stigma. The mean is backed by a standard deviation of 3.43. The standard deviation of 3.43 reflects a moderate degree of variability in responses. This suggests some diversity in opinions among respondents, indicating varying perspectives on the level of active participation and engagement in initiatives to tackle mental health stigma. The average perception implies agreement that there is active participation and engagement in initiatives to tackle mental health stigma. However, the moderate standard deviation suggests that there is variability in opinions, and not all respondents may perceive the level of engagement in the same way (Villatoro, DuPont-Reyes, Phelan, & Link, 2022).

Table 3.3. Leadership Contribution and Impact on Mental Health Stigma.

Contribution of Leadership Practices to Mental Health Stigma				
Construct	N	Mode	Mean	Std. D
School leadership practices contribute to the perpetuation of mental health stigma.	100	38	3.7	4.36
Leadership practices within the educational setting are perceived as supportive and conducive to reducing mental health stigma.	100	32	3.09	3.61
Impact of Leadership Practices to Mental Health Stigma on Student Well-being				
Mental health stigma negatively affects the well-being of students in this educational setting.	100	42	2.68	4.76
Leadership practices at KWGHS on mental health stigma positively impact the well-being of students.	100	39	2.65	4.68

Another delicate issue addressed in the study was the extent to which school leadership practices contribute to or alleviate mental health stigma, as well as the perceived influence of these practices on the well-being of both students and staff. School leadership practices, according to the participants (median = 38), do not add to mental health stigma (mean = 3.7). A standard deviation of 4.36 backs up the mean. This implies that respondents had a diverse set of views on the role of school leadership practices in maintaining mental health stigma. The significant variability in responses may imply that respondents do not have a consistent perception, and that many variables may be impacting their judgements. The findings are consistent with those of the Hajebi et al. (2022) study, which discovered that leadership practices do not contribute to mental health stigma; nonetheless, there may be other factors that influence mental health stigma among students. The study admitted that leadership practices have an impact on Mental Health Stigma and Student Well-being. This was supported by the views of a significant number of participants (mode =42) and a mean of 2.68. The mean is supported by a standard deviation of 4.76. The mean score of approximately 2.68 suggests that, on average, respondents agreed that mental health stigma



negatively affects the well-being of students in this educational setting. The standard deviation of approximately 4.76 indicates a considerable amount of variability in responses. The outcome has a positive relationship with that of Keeley (2021) findings that Mental health stigma negatively affects schools by fostering a culture of silence and shame that hinders open dialogue, support, and early intervention for students facing mental health challenges. The results imply that there is a need for attention to mental health stigma in the educational setting, as there is a general agreement among respondents regarding its negative impact on student well-being. The high variability in responses suggests that there may be different perspectives or experiences among respondents that should be further explored. The findings also relate to that of Krug, Drasch, and Jungbauer-Gans (2019) study. According to the study, mental health stigma has a substantial impact on school dropouts and subsequent unemployment.

4. CONCLUSION AND RECOMMENDATIONS

The research focused on the pivotal role of educational leaders in addressing mental health stigma in high schools, with three main objectives: determining the prevalence and nature of mental health stigma, identifying, and investigating leaders' initiatives to reduce stigma, and analyzing the impact of leadership practices on student and staff well-being. Acknowledging the existence of mental health stigma among high school constituents, the study highlighted its multifaceted nature, underscoring the need for targeted treatments and awareness programs to address diverse perspectives. While educational leaders' activities were found to positively impact students' perceptions of mental health, opinions on the effectiveness of leadership programs varied. The study also noted a lack of student and staff participation in leadership efforts to combat mental health stigma, emphasizing the ongoing need for multifaceted approaches. Additionally, the research concluded that school leadership practices may not significantly contribute to mental health stigma, suggesting that other factors influence student attitudes. The study emphasized the detrimental impact of mental health stigma on schools, hindering open discourse and early intervention for students facing mental health challenges. These findings highlight the importance of paying more attention to mental health stigma in the educational setting, with respondents generally agreeing that it has a detrimental influence on student well-being. In essence, the study emphasizes the varied nature of the interaction between school leadership practices, mental health stigma, and student well-being, urging the development of comprehensive ways to address and mitigate these complex dynamics in educational settings.

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