

**Perception of Students On Provisions Provided to Cycle
Three Students with Mental Illnesses (Anxiety Disorder
and Depression (In Public Schools in The United Arab
Emirates: An Expletory Study**

تصورات الطلاب عن الخدمات المقدمة لطلاب الحلقة الثالثة الذين يعانون من
أمراض مرتبطة بالصحة النفسية (اضطراب القلق والاكتئاب) في المدارس
الحكومية في دولة الإمارات العربية المتحدة: دراسة استقصائية.

by

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ABSTRACT

Anxiety disorders and depression are the most common mental disorders among adolescents. It is well-established that both anxiety disorder and depression negatively impact adolescents' academic performance, social life, and their general well-being. This study aimed to explore services provided for cycle three students (14-18 yo) in public schools in the United Arab Emirates in terms of mental health and what could be further offered to help in improving students' mental well-being. Data was collected using a qualitative method in the form of Semi-structured interviews were conducted with current and former students in public schools to explore their perception of anxiety disorder and depression, to assess what is currently on offer for students who are dealing with anxiety disorder and depression, and to discuss what could public schools further offer to Improve their mental health. The results indicated that there is little to no systematic services offered to students with anxiety disorder and depression. Furthermore, the results also showed a few systematic measures that could be taken by public schools to improve students' wellbeing such as a mental health professional in schools, longer breaks during the school day, allocated times for solitary activities, and more physical education classes.

المخلص

تعتبر اضطرابات القلق والاكتئاب أكثر الاضطرابات النفسية شيوعاً بين المراهقين. من المعروف أن كلا من اضطراب القلق والاكتئاب يؤثران سلباً على الأداء الأكاديمي للمراهقين، والحياة الاجتماعية، ورفاههم العام. هدفت هذه الدراسة إلى استكشاف الخدمات المقدمة لطلاب الحلقة الثالثة (14-18 سنة) في المدارس الحكومية في الإمارات العربية المتحدة من حيث الصحة العقلية وما يمكن تقديمه أيضاً للمساعدة في تحسين الصحة العقلية للطلاب. تم جمع البيانات باستخدام طريقة نوعية في شكل مقابلات شبه منظمة أجريت مع طلاب حاليين وسابقين في المدارس الحكومية لاستكشاف تصورهم للقلق والاكتئاب، لتقييم ما هو معروض حالياً للطلاب الذين يتعاملون مع القلق والاكتئاب، ومناقشة ما يمكن أن تقدمه المدارس العامة لتحسين صحتهم العقلية. أشارت النتائج إلى أنه لا يوجد سوى القليل من الخدمات المنهجية المقدمة للطلاب الذين يعانون من القلق والاكتئاب. علاوة على ذلك، أظهرت النتائج أيضاً بعض الإجراءات المنهجية التي يمكن أن تتخذها المدارس الحكومية لتحسين رفاهية الطلاب مثل؛ أخصائي صحة نفسية في المدارس، فترات راحة أطول أثناء اليوم الدراسي، أوقات مخصصة للأنشطة الفردية، والمزيد من فصول التربية البدنية.

DEDICATION

To my mother and father, for working hard to make sure I have more and better opportunities than the ones they had.

To my mother, again, for always encouraging me to learn more and take advantages of the opportunities she never had.

To my sisters, who patiently listened to all my ideas; before, during, and after writing every paper.

To my friends, for always being there for me.

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CHAPTER 1

INTRODUCTION

1.1 Background:

The World Health Organization (WHO) estimates that 62,000 people between the ages of 10 and 18 committed suicide over the world in the year 2016. In addition, it is believed that there are ten people who make an attempt at suicide for every single person who is successful (WHO, 2021). On the other hand, there are no statistics available in the United Arab Emirates regarding the rates of suicide and attempted suicide among adolescents. evidently, depression and other mental diseases are major factors to the elevated risk among young people aged 15 to 24. (U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, n.d.). A study on the prevalence of mental health problems among the general population of the United States (US) was recently released by the Centers for Disease Control and Prevention (CDC), in the US. According to the Data and Statistics on Children's Mental Health report published by the CDC (n.d.), over 6% of adolescents between the ages of 12 and 17 have been diagnosed with clinical depression, while over 10% have been diagnosed with an anxiety disorder.

Generalized anxiety disorder, often known as GAD, is a long-term condition in which a person experiences feelings of concern for a number of different situations and worries, as opposed to a singular worry. It makes the person constantly anxious about their situation. In addition, anxiety disorder can result in a variety of psychological and physical symptoms, including irritability, difficulty concentrating, light headedness, and heart palpitations (Overview - Generalised anxiety disorder in adults, 2018).

Depression is a common and potentially life-threatening mental condition that has a negative impact on a person's mood as well as their ideas and behaviour. Depression causes a lack of interest in things that were formerly enjoyed, can lead to a range of mental and physical diseases, and can make it difficult to manage both one's career and one's personal life (Torres, 2020).

In general, there is a consensus that there is a negative impact of anxiety disorder and depression on the lives of adolescents. The effects of anxiety disorder and depressive disorders on the academic performance and social lives of students are among the areas that have received the

greatest attention from researchers. It would appear that there is a connection between depression and anxiety disorder, as well as the negative influence that these conditions have on the academic performance of adolescents. (Kusi-Mensah et al., 2019), (Pekrun et al., 2017) and (Shih and Lin, 2016). on the other hand, according to research conducted by de Lijster et al. (2018), there are no statistically significant differences between the academic performance of students who suffer from mental health conditions (such as anxiety disorder and depression) and the academic performance of their peers. Students who suffer from anxiety disorders and/or depression are more likely to have poorer social interactions and lower levels of self-esteem, according to the findings of another study that investigated the connection between mental health illnesses and the social lives of adolescents. In addition, they found that teenagers who suffer from anxiety problems have a worse capacity to interact socially than their counterparts who are well. In addition, they reported having more negative emotions than their peers of the same age, as well as greater difficulties in their interpersonal connections, a higher sense of loneliness, and the majority of them reported feeling academically disadvantaged. All of these factors were worse for them than for their peers who were the same age (de Lijster et al., 2018).

In the course of my research, I decided to carry out a pilot study to determine the significance of adolescents' mental health in connection to their school performance and their social life, taking into consideration gender. The effects of anxiety disorders and depression on the academic performance and social life. teenagers between the ages of 13 and 18 were the focus of a comprehensive review of the literature that included over two hundred articles and publications from all over the world that were published within the last ten years. After doing an intensive investigation, I concluded that study on this subject has received relatively little attention in the UAE and elsewhere in the middle east. Since this is a little researched topic and there is a clear knowledge gap in the field, the purpose of my research is to investigate the current status of services provided for students in public schools in the hopes of making a significant contribution to the field.

In spite of the complication and gravity of the situation, the Arab world continues to demonstrate both a dearth of facilities and professionals in the field of mental health as well as a lack of comprehension regarding issues related to mental health. They also tend to underutilize mental health services and have poor attitudes toward formal mental health care. (Al-Krenawi, 2005). In the United Arab Emirates (UAE), research on mental health has increased over the past two years; nevertheless, the emphasis has been placed on the effects of

the covid-19 pandemic on students, specifically university students as opposed to high school students. Research on mental health in general, and specifically on the mental health of teenagers, is in scarce supply. In my opinion, one of the most important challenges is the impact that religion and culture have on how we understand mental health and adolescence in general; in the Arab world, reliance on a deity and religious leaders as a means of coping with mental health difficulties is another reoccurring theme. There is also evidence to suggest that women in Arab and Muslim countries have a higher risk of developing mental health conditions (Petkari and Ortiz-Tallo, 2016).

1.2 Research focus

While the importance of mental health well-being and the importance of mental therapy is wildly documented, there is little information available on the quantity or variety of mental health services that are made available to students in the UAE.

The purpose of the study is to conduct interviews with a total of 20–30 current and former students who are between the ages of 18 and 21. The research will only look at public schools because private schools follow different guidelines, and it will be difficult to generalize any findings based on the information obtained from those institutions.

Therefore, one of the primary goals of this research is to gain a better understanding of the current status of provisions provided for students who have anxiety disorder and depression and to recommend further measures to be taken to further help improve the mental health of the student population based on their perception of what contribute towards their mental problems. It also makes an effort to educate people about the significance of mental wellbeing of adolescents and the availability of mental health services in public educational institutions. In the goal of motivating significant systematic shifts in the way mental healthcare is provided within the educational system.

1.3 research objectives:

The objectives of the research are:

- Investigate the services offered by public schools to students with depression and or anxiety disorder based on students' perspectives.
- Explore the experiences of current and former cycle three students with mental health in their schools.
- Recommend tools and services to be utilised by schools to promote mental health well-being among students.

The subsequent section will provide an overview of the UAE's educational system. In addition, it will take a more in-depth look at anxiety disorders and depression, providing essential information regarding the prevalence of these conditions among adolescents as well as the influence they have on the academic performance and social life of students. This chapter will conclude by providing an overview of the various resources for mental health that are available in the United Arab Emirates, particularly in the public schools.

CHAPTER 2

LITERATURE REVIEW

2.1 School systems in the UAE:

“Education shall be a fundamental factor for the progress of society” and therefore it is a constitutional right for every Emirati citizen according to article 17 of the UAE’s constitution (United Arab Emirates, 1971).

(2019, Gallagher) Explain that the UAE's educational system developed in two stages, the first of which began after the country's unification in the 1970s and lasted until the 1990s. The first stage focused on developing the infrastructure and mechanisms required to handle the highest number of students possible in schools and institutions. The second stage, on the other hand, aimed to improve the current educational system in order to give higher-quality and more diverse educational opportunities.

In 1971, the Ministry of Education was established as the primary entity responsible for overseeing the establishment and operation of public schools. The MOE is responsible for the construction of new public schools, the hiring of administrative and teaching staff, student registration, the formulation of the national curriculum, and national evaluations that guide students' advancement from school to higher education (Gaad, Arif and Scott 2006).

Emirates Schools Establishment (ESE) was established in accordance with Federal Decree Law No. 15 of 2016 issued by President His Highness Sheikh Khalifa bin Zayed Al Nahyan, May Allah protect him, to contribute and participate as an integral part of the efforts to develop the public education sector in the UAE, in line with the country's vision and centennial that was based on the quality of educational output to sustain the development process. ESE became an independent organization in the year 2021.

With its mandate as an independent legal, administrative, and financial organization, Emirates Schools Establishment will focus on improving the efficiency of the UAE's public education system while adhering to the government's overall strategy. In addition, the establishment will design and implement policies, strategies, standards, and regulations in the education system, including vocational, technical, and continuous education, as well as learning, teaching, and

student wellbeing strategies and plans in all schools under its jurisdiction. Furthermore, the Emirates Schools Establishment will propose legislation to improve the UAE's public education sector and submit it to the Ministry of Education, as well as operate, manage, open, and close schools, kindergartens, vocational and technical institutes, as well as maintain and file reports on them to the UAE Council of Ministers.

In addition, the establishment will set standards, tools, and methods for self-assessment of schools, kindergartens, public technical and vocational institutes, and oversee the implementation of development and improvement plans. It will also train and provide technical support to the establishment's educational staff, as well as manage and oversee students' national and international exams, among other specializations (ESE - Website, 2022).

In the UAE's public schools, there are four educational stages: kindergarten, which begins at the age of four, cycle one for students in grades one through four, cycle two for students in grades five through eight, and cycle three for students in grades nine through twelve.

For students, public schools provide four academic streams (ESE - Website, 2022): general, advanced, elite, and professional. The general stream begins in grade one. Students have the right to enrol in whichever stream they want based on their preferences and academic achievement at the right grade. The goal is to educate students for the demands of higher education and the labour market, as well as the demands of sustainable development and the needs of the community.

The advanced stream Students are eligible to enter the stream beginning in grade 9 based on certain terms and conditions, their preference, and academic achievement. In this stream, students' study and receive extensive preparation in mathematics, physics, and chemistry.

The elite stream is intended primarily for intellectually gifted kids in grades 5 through 12. The elite stream emphasizes mathematics and science in a way that improves analytical and logical thinking abilities, as well as problem-solving skills using practical techniques.

The professional stream, on the other hand, offers a set of core applied disciplines that provide students a choice of alternatives for disciplines that match their talents, abilities, and interests. Students finish the core subjects as well as the applied subjects. The study of applied subjects begins in grade 9, followed by in-depth study of these areas in grades 10, 11, and 12.

2.2 Anxiety disorder and depression:

2.2.1 Background

Significant numbers of people worldwide suffer from mental health disorders. Depression is the third most prevalent disease in the world and is expected to be the most prevalent condition by 2030. Undiagnosed and untreated mental disorders can have substantial negative impacts on individuals. Suicide is the third highest cause of death among young people (Mental Health and Development | United Nations Enable, n.d.). Anxiety disorder and depression are, according to the Centers for Disease Control and Prevention of the United States of America (CDC), the most prevalent mental disorders among adolescents (Bitsko et al., 2022).

Generalized anxiety disorder (GAD) is a chronic condition that causes a person to experience stress and worry about a wide range of concerns, as opposed to a specific one (Overview - Generalised anxiety disorder in adults, 2019). Anxiety disorder influences the psychological, physiological, and behavioural state of humans in response to a threat to the individual's safety and life, whether the threat is present or potential (Steimer, 2002). And while this is a crucial safety mechanism, those with GAD struggle to live a healthy, productive life (Overview - Generalised anxiety disorder in adults, 2019). Anxiety can manifest in a variety of symptoms for different people. The most prevalent symptoms include an elevated heart rate, rapid breathing, profuse sweating, difficulty concentrating, and a sensation of approaching doom. These symptoms serve to prepare the body to either fight or flee the possible attack (Steimer, 2002).

Depression is described as a negative mood that can range from discontent and alienation to extreme feelings of melancholy, pessimism, and despondence that interfere with daily life, according to the American Psychological Association (APA Dictionary of Psychology, 2019). Changes in sleeping and eating patterns, decreased energy and motivation, inability to make decisions, and withdrawal from usual social activities are some of the physical, cognitive, and social changes that typically occur with depression (APA Dictionary of Psychology, 2019). Depression can range from mild to severe. There are various forms of depression, and each one may be characterized by a unique set of signs and symptoms. Extreme melancholy, apathy, and a loss of interest in the things that individuals typically care about are the symptoms that occur most frequently (Overview, 2020).

2.2.2 Statistics

It is hard to find accurate statistics when it comes to the commonness of mental health illnesses in the UAE. However there does seem to be some variations between the papers published in the area. A systematic literature review looked at studies conducted between 2007 and 2017 on the UAE population, both citizens and expatriates relating to depression. Researchers marked how widely variant the results were between studies; the samples used varies as well with some studies focusing on students and workers while some focused on diabetes patients only. Prevalence scores ranged from 12.5 per cent to 28.6 per cent (Abdul Razzak, Harbi and Ahli, 2019).

A report published in Al-Karam stated that around 75% of the psychological disorders across the UAE are associated with depression and anxiety (Suchitra Bajpai Chaudhary, 2019). Furthermore, a study investigated the predominance of mental health illnesses among adults in Sharjah using a convenience sampling method (Mahmoud and Saravanan, 2019). Their results found that 56.4% of participants had anxiety while 31.5% had depression. It is important to note the method used in this study was distributing surveys on participants at public places in the city and it is imperative to note that the results may not be accurate. Nevertheless, it is essential to take into consideration the fact that statistics about the prevalence of mental health disorders among adolescents are extremely limited, especially since they cannot access healthcare on their own in addition to their possible lack of knowledge in seeking medical advice.

A cross-sectional study was done (Al-Yateem et al., 2020) to investigate the prevalence of particular anxiety-related disorders among adolescents in the UAE. The participants' mean age was 16 +/- 1.8 years, and 65.8 percent of them were female. The total prevalence of anxiety disorders was 28%, with a substantially greater prevalence among females (33.6%) than males (28%). (17.2 percent). Comparing adolescents younger than 16 years of age to those older than 16 years of age, the study found that the younger adolescents exhibited a higher incidence of generalized anxiety, separation anxiety, and social anxiety.

2.2.3 Impact of anxiety disorder and depression on academic achievement and social life.

There is evidence that depression and anxiety have a significant impact on the academic performance of adolescents. 303 students in Ghanaian schools were evaluated for the prevalence and association between mental health issues and academic performance (Kusi-Mensah et al., 2019). The data found that 7.25 percent of students had mental illnesses, with anxiety and depression accounting for 1% and 1.3% of the total, respectively. The average score of students with mental disorders, such as anxiety disorder and depression, was ten points lower, and dual diagnosis was predictive of academic underachievement (Kusi-Mensah et al., 2019). China-based researchers (Shen, 2020) explored the reciprocal relationship between depression and educational accomplishments, hypothesizing that higher educational achievement reduces subsequent depression and that a high level of sadness reduces subsequent educational achievement. Their studies demonstrated a correlation between depression and academic failure. Particularly, early depression has been found to reduce educational achievement later in life (Shen, 2020). Contrary to popular perception, the study found that studying for longer times was not related with greater academic achievement, but rather with a significant increase in depression levels. Other studies, such as (Pekrun et al., 2017) and (Shih and Lin, 2016), found that students with anxiety and/or depression had considerably worse academic performance. Using longitudinal models of reciprocal effects, (Pekrun et al., 2017) examined the relationship between emotions and academic performance. For the study of learning and achievement in mathematics, researchers analysed five waves of the project administered annually. Positive emotions, such as pride and enjoyment, were found to positively predict future performance, whereas negative emotions, such as anxiety, rage, and shame, were found to negatively predict future performance. (Shih and Lin, 2016) examined the influence of anxiety levels on comprehensive analysis aptitude in Taiwanese junior high school students using the inverted-U hypothesis, which proposes that students' academic performance improves as their anxiety levels increase, but that there is a threshold point beyond which any increase in anxiety will worsen performance.

In contrast to previous studies, the researchers identified a correlation between higher academic performance and reduced anxiety levels. On the other hand, the relationship between higher anxiety levels and lower academic achievement was insignificant. In addition, a systematic review of social and academic functioning in adolescents with anxiety disorders (de Lijster et

al., 2018) included three studies on school performance, two of which found no difference between students with general anxiety disorder and healthy peers, and one of which found they had a lower score on their mid-year test. Despite this, their data revealed that adolescents with anxiety disorders were more likely to avoid school, had more attendance problems, and attended college less frequently than their healthy peers. Similarly, an Indian study of two hundred adolescents' academic performance in relation to academic anxiety (Arora, 2017) revealed no significant correlation between the two variables.

Numerous studies that looked at the relationship between students' anxiety and/or depression levels and their social interactions and self-esteem found that students with anxiety disorder and/or depression have weaker social interactions and lower self-esteem De Lijster et al. (2018) found that adolescents with anxiety disorders exhibited lower social competence than their healthy peers in a systematic assessment of social and academic functioning in adolescents with anxiety disorders. Moreover, as compared to their same-aged peers, they reported more negative sentiments, more problems in interpersonal relationships, a higher level of loneliness, and the majority of them reported feeling hindered at school. In a lab environment, students were asked to score their social engagements, and students with higher anxiety rated their encounters lower than observers. There was no significant difference, between healthy students' and observer's ratings of their social interactions.

Researchers investigated the relationship between school-related stress and depression (Moksnes et al., 2014). 1239 13- to 18-year-old Norwegian public school students responded to a survey. The data demonstrated a strong and positive connection between school performance anxiety and depressive symptoms. In addition, teacher interaction stress was associated with an increase in depressive symptoms and a decrease in life satisfaction. furthermore, (Brière, Janosz, Fallu, and Morizot, 2015) examined the co-development of many behavioural and academic difficulties in 6910 12- to 16-year-old Canadian children. The use of growth mixture modelling that enables Multiple unobserved sub-populations to be identified using growth mixture modelling, which describes longitudinal change within each unobserved sub-population. Latent development curves were used to analyse the trajectory of behavioural and academic adjustment, such as school preference and academic achievement. When the growth curves were evaluated, it was found that the trajectory of behavioural and academic problems closely resembled those of depressive symptoms. The results of a Turkish study that evaluated the test anxiety and self-esteem of 724 high school students preparing for a university

admission exam found a significant negative correlation between test anxiety and self-esteem (Gittins and Hunt, 2020). Higher levels of schooling have also been linked to hostility from peers, parental pressure and expectations, teacher attitudes, and depression (Shen, 2020). According to their findings, greater educational achievement reduces parental and teacher criticism, increases peer friendliness, and hence reduces depression levels.

2.3 Mental health resources

2.3.1 mental health resources in the UAE:

Based on their estimations, the World Health Organization (WHO) published a health profile of the United Arab Emirates (UAE) in 2015. mental health professionals working in UAE in 2011 were 0.30 per 100,000 population (Sayed, 2015). This is compared to 271.28 per 100,000 population in the United States (WHO, 2015), which is an indication of how underdiagnosed mental health conditions are in the UAE. therefore, it is difficult to compare the data from the UAE to the data from the rest of the world in order to get a clearer picture of the problem's scope.

A variety of factors contribute to the United Arab Emirates' (UAE's) severe lack of mental health professionals. One of the primary concerns is the disjointed nature of the regulatory process. The process of obtaining a license to practice mental health as a professional can be one that is drawn out and challenging. Facilities that provide mental health care face the same challenge, which is that it can be difficult to find a local supply of graduates working in the sector. It is possible to bridge the gap by importing specialists from other countries; however, mental health practitioners first need to understand the patient's culture and history in order to provide the most effective therapeutic approach (Zakzak, Azaad Moonesar and Shibl, 2020). Furthermore, this is not the only problem that is confronting the mental healthcare systems in the UAE; there are multiple regulatory bodies in charge of the healthcare system, and the regulatory scene in general is weighed down by bureaucracies. There is no overarching and unified regulatory process that reports to a single entity. As a direct consequence, the already stagnant expansion of the system is slowed down even further. Despite the fact that the United Arab Emirates (UAE) developed a policy for mental health in 2016, its implementation is not yet complete across all organizations, and there is no separate policy for the mental health of children (Zakzak, Azaad Moonesar, and Shibl, 2020). The social stigma that is associated with

mental diseases presents another significant challenge for UAE mental health policies and the status of mental health in the country. "Mental health literacy" (MHL) is defined as the "knowledge and beliefs about mental disorders that aid in their recognition, management, or prevention,"(Jorm, 2015). The criteria have evolved over time to include the necessity of possessing "mental health first aid" capabilities, such as the capacity to provide support to individuals who are struggling with mental health issues. This requirement was added as a result of an expansion of the criteria. MHL is a critical component in promoting mental health well-being and overcoming key obstacles such as a lack of knowledge, stigmatization of mental diseases, and limited access to mental health care. MHL is a critical component in promoting mental health well-being and overcoming key obstacles. (Kutcher, Wei and Morgan, 2015). A study titled "Mental Health Literacy in the Gulf Council Countries" (Elyamani et al., 2021) looked at the countries that make up the Gulf Council. A comprehensive analysis of the available research was carried out, utilizing a total of 27 papers that included the participation of 16,391 people. Despite the fact that the results demonstrated that only a modest amount of MHL was observed among participants, including health professionals, these results varied because of the differences in the populations that were examined. However, the results did show that there was only a modest amount of MHL observed. According to the findings, there was an elevated level of bias, as well as a high level of stigma and a negative attitude toward mental health diseases. Even professionals were not exempt, Assessments were conducted on a total of 339 school nurses residing in three different Emirates within the United Arab Emirates (UAE). A culturally adapted Mental Health Literacy questionnaire was given to school nurses along with the Kessler Psychological Distress Scale (K10) in order to assess their ability to correctly identify the conditions and elicit beliefs about the helpfulness of treatment interventions and health care providers for these conditions. This was done in order to determine school nurses' ability to correctly identify the conditions and to elicit beliefs about the helpfulness of treatment interventions and health care providers for these conditions. More than half of the people who took part in the study were unable to identify the diseases, and the participants had a difficulty choosing evidence-based therapies.

2.3.2 Mental health resources in the MOE

Several initiatives at the national level have been initiated with the primary goal of improving people's wellbeing. Among these policies are the United Arab Emirates National Wellbeing

Strategy 2031, the United Arab Emirates Centennial 2071, and the Moral Education Programme (MEP). It is unclear how the welfare of students is prioritized and defined in the UAE, as well as what advice and expectations are placed on schools to promote student welfare. This is because the UAE has such a diverse set of policies to contend with. (Gaad, Arif, and Scott 2006).

The purpose of the National Strategy for Wellbeing 2031 is to advance an integrated concept of wellbeing that is based on a national framework consisting of three primary levels: individuals, society, and the country. It includes promoting good mental health and positive thinking (National Strategy for Wellbeing 2031, 2021). However, it is unclear if it prioritizes students. The Mohammed Bin Rashid School of Government has taken the initiative to establish the Policy Council, which is a round table dialogue program, with the goal of fostering meaningful conversations that will increase the shared knowledge among government agencies. Their sixteenth meeting was dedicated to discussing opportunities to optimize students' mental health and overall wellbeing in the UAE. The purpose of the session was to start a discussion about the best ways to improve students' mental health and wellbeing in educational settings in the UAE. Participants were recruited from both the public and private sectors, and they included professionals in the form of experts, policymakers, practitioners, and school counsellors. In line with previous research, the council cited a lack of clear policy directives, a paucity of service providers, and social stigma as the primary challenges facing mental healthcare.

Teenagers are reportedly becoming more open to the idea of receiving treatment for mental health issues, as reported by school councillors. However, the most significant obstacle in the means of addressing this transition is the absence of mental health supports for children in public schools. While some schools do have a guidance counsellor, the majority of the time they are not trained in child psychology. In addition, there is no correlation between the number of councillors in schools and the number of students, which leads to additional concerns such as councillor burnout.

To summarize, anxiety disorder and depression are the most common mental illnesses among adolescents. Despite the scarce amount of research on the prevalence of GAD and depression, some reports indicate it is fairly common. There is a consensus on the negative impact of GAD and depression on adolescents' academic performance and social life. Moreover, GAD and

depression might be an indicate to predict the quality of life for adolescents as adults. However, there is a lack of resources of mental health in the UAE in general due to a number of reasons including the regulatory procedures, the stigma around mental illnesses, and the lower mental health literacy in the region. Despite the policies and strategies launched to improve students' wellbeing, it was not easy to determine what services are provided for cycle three students in public schools.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This study's objective is to investigate the perspectives of students on the current status of the provisions offered to cycle three students in public schools in UAE. This chapter will describe and explain the research methods, the sampling technique, the participants, the instruments used to collect data, the procedures used to collect data, the procedures used to analyse data, as well as validity, reliability, and ethical considerations.

3.2 Research methods and paradigms

This research titled “The current status of provisions offered to learners in the UAE’s public secondary schools – from students’ perspectives” main objectives are to:

- Investigate the services offered by public schools to students with depression and or anxiety based on students’ perspectives.
- Explore the experiences of current and former cycle three students with mental health in their schools.
- Recommend tools and services to be utilised by schools to promote mental health well-being among students.

the research methodology used is a qualitative approach It is helpful in providing detailed descriptions and shedding light on the various experiences that people have had in order to reach an explanation. It helps us in comprehending the ideas and concepts held by the population that is being studied. (Szajnfarder and Gralla, 2017). This exploration is broad and open-ended, giving participants the opportunity to discuss topics that are most relevant to them. typically, the qualitative researcher does not begin the process with a specific and well-defined list of problems to investigate. (Szajnfarder and Gralla, 2017). On the other hand, qualitative methods are not as objectively reliable as quantitative methods, and the researcher's bias could potentially influence the findings (Szajnfarder and Gralla, 2017). There are many different qualitative research methods, including document analysis, interviews, ethnography, and case studies, as well as diary entries and documents. In this particular research, semi-

structured interviews were used as the method of data collection. semi-structured interviews were designed to assist the researcher in gaining an understanding of some of the most important questions posed by the research and to give participants the opportunity to contribute additional data based on their own subjective experiences. The interpretivist paradigm was chosen as the guiding theoretical framework for this research due to its relevance (COHEN, MORRISON and MANION, 2011). This specific method takes into account the fluid and ever-shifting nature of societies and discusses the numerous ways in which one event can be interpreted by different people in light of their prior experiences and the cultures they come from (COHEN, MORRISON and MANION, 2011). Understanding the subjective realm of human experience is the primary goal of the interpretivist approach, which place an emphasis on realism (Guba & Lincoln, 1989) Understanding the individual and how they make sense of the world around them is of utmost importance. As a result, the core tenet of the interpretivist paradigm is the concept that reality is a product of social construction (Bogdan & Biklen, 1998).

3.3 Site selection:

This study focuses on the public schools of the United Arab Emirates. According to MOE public records (MOE, 2019), there were 11,850 public schools in the UAE during the 2018-2019 academic year. During the same time period, there were 3,6054 private schools in the UAE. This indicates that the number of private schools in the United Arab Emirates was nearly three times that of public schools. However, it is difficult to compare the general experiences of private school students because each school has its own protocols and systems. In public schools, however, all schools adhere to the same set of protocols and systems.

3.4 Data collection:

Data collection is the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes (Gill, Stewart, Treasure and Chadwick, 2008).

The aim of this research is to get a general idea of the provisions provided for students with mental health illnesses, specifically depression and anxiety, and to assess the situation on the ground.

3.4.1 Sampling:

Sampling is the act, process, or technique of selecting a suitable sample, or a representative part of a population for the purpose of determining parameters or characteristics of the entire population. Sampling is essential because it informs any researcher's interpretations from the primary data collected (Cohen, Manion & Morrison 2011). Based on Creswell (2012), sampling strategies and sizing differ depending on the research approaches.

The Sampling method used in this research were voluntary response sampling. Voluntary response sampling is a form of nonprobability sampling technique since participants are not randomly selected by researcher but rather chosen based on their availability and convenience (Creswell, 2007). The sampling techniques were chosen due to the smaller scope of this research. Choosing a smaller sample size allows the researcher to examine each participant on depth. The criteria for accepting voluntary response sample: - all participants must be enrolled in, or graduated from, a public school in the UAE. Participants must be at least 18 years of age whereas former students must have graduated in 2019 or after.

The total sample size of the study consisted of twenty-nine current and former students (7 males, twenty-two females) in UAE's public schools. All current students are at least 18 years old, and all former students graduated after 2019. Participants studies in public schools across the UAE; Abu Dhabi: seven, Dubai: six, Sharjah: six, Ajman: two, Umm Alquwain: 3, Ras Al-Khaimah: 4, and Fujairah: 1. Participants studies different streams; Elite: 4, advance: 9, General: 16.

All participants volunteered to participate in the study after seeing posts on social media that explained the background of the study and the purpose of it. All participants gave written consent via email before the interview and were aware they could withdraw from participation at any stage of the process.

3.4.2 Instrument:

In order to obtain a broad image and comprehend the current status of provisions provided for students in public schools, a qualitative approach was used.

Semi-structured interviews are interviews conducted with participants in which guiding questions are prepared in advance to cover the main goals of the research with the notion

that more questions will arise during the interview process (Drever, 1995). This gives the interviewee the freedom to decide how much to share, how to share it, and what certain areas they are more interested in. Semi-structured interviews are important when it comes to uncharted territory that is suspected of having unknown but momentous issues to examine. There are, however, limitations of such a tool, such as the fact that they take a longer time to prepare for, conduct and analyse. Therefore, the sample size will not be large enough to obtain a precise estimate of the views of the populations being studied. Participants were given the opportunity to choose the medium most convenient to them; seventeen participants chose a zoom interview while twelve participants chose instant messaging apps. During zoom interviews, extensive notes were taken. All interviews lasted between 15 and 20 minutes.

3.4.3 Data collection procedures:

Throughout this study, several procedures were carefully applied to reinforce the research findings' accuracy and to ensure adherence to research ethics. At every step, challenges were proactively identified and addressed (Rimando et al. 2015). All ethical research forms were signed and submitted, which were submitted for approval to the Education Faculty's Research Ethics Committee in BUiD (Appendix). Due to the comments received from the committee regarding minor students and how the presence of a parent or a teacher during the interview might negatively impact the validity of the results, changes were made to the original population and only participants above 18 and who are able to consent for themselves were targeted.

3.5 Validity and Reliability:

Validity and reliability are concepts, frequently used to assess the quality of research. They signify how well a method, test or technique measures consistently and accurately. Knapp (2008, p. 938) defined validity as "a measurement term, having to do with the relevance of a measuring instrument for a particular purpose, but it has been broadened to apply to an entire study", while Cohen et al. explains it in simpler words that it refers to how precisely a method estimates or measures what it purports to measure. On the contrary, Knapp (2008, p.713) defined reliability as "a measuring instrument is said to be reliable if it yields consistent results". Moreover, Cohen et al. (2004) added that this term is used synonymously with consistency and replicability with respect to time, groups or respondents. If research needs to be considered reliable then it has to produce same results when conducted on a similar population.

3.5.1 Validity of interview data:

Semi-structured interview is implied in this study to collect data. One of the problems that undermine this method is that of “bias” which is defined as the consistent tendency to exaggerate the exact value of a trait or an attribute quite frequently in the same direction (Lansing, Ginsberg, and Braaten, 1961). Additionally, bias originates from the characteristics of the interviewer and respondent and from the wordings of the questions (Cohen et al., 2004). Precisely, they are incorporated in interviewer’s “viewpoint and expectations;” interviewers’ proclivity in seeing the responses of the interviewee in their perspective; interviewer’s inclination towards attaining the responses according to their own preconception; questions misinterpreted by the respondents; judgmental error made by the interviewer comprehending the answers.

Reliability on the other hand is often undermined by altering the wordings of the questions, contexts, and stressing (Oppenheim, 2009) which would mean every single question would be different for each participant. To combat the bias, the guiding questions were validated by a registered psychologist and the wording of the questions were carefully changed to eliminate guiding participants answers and to allow them to express their point of view freely as they see and interrupt the word. Moreover, based on Silverman (1993), guiding questions were repeated exactly the same to all participants.

3.6 Data analysis:

The qualitative data collected from the interview was analysed through a well-known research method called thematic analysis. Thematic analysis is a method of analysing qualitative data. It is usually applied to a set of texts, such as an interview or transcripts. The researcher closely examines the data to identify common themes – topics, ideas and patterns of meaning that come up repeatedly (Cooper, 2012). There are various approaches to conducting thematic analysis, but the most common form follows a six-step process: familiarization with the data collected and taking initial notes, coding (highlighting sections of the text and label it to describe the content, generating themes based on the labels generated previously, reviewing themes to make sure they accurately represent the data, defining and naming themes, and writing the analysis of the data (Smith, 2015).

3.7 Ethical considerations:

Ethical consideration is a mandatory requirement and needs to be carefully thought over, before and during the research process. Prior to this study, before collecting the data from the survey and interview, participants were informed, and their consents were taken as Soble (1978) stressed that during all the strategies and procedures that will be involved, an informed consent from the participant is an important principle to adhere to. Therefore, the consent forms were presented to all the participants and participants gave their consent either verbally or written based on the interview medium chosen, which encouraged them to participate but were also given the option to withdraw whenever they will. Besides that, confidentiality and anonymity were also primary elements that were guaranteed and ensured.

CHAPTER 4

RESULTS AND FINDINGS

4.1 Introduction:

This chapter presents the results attained from qualitative research instrument (interviews) in an attempt to answer the RQs of this study where the main objective is to find out the perceptions of students about mental health in general, services currently provided to them. And to find out what could be done better in the future. semi-structured interviews of volunteered current and former students were conducted and analysed through thematic analysis.

4.2 Participant' general information:

The sample consisted of twenty-nine participants, twenty-three females and six males. All participants are between the ages of 18 and 22. 13 of the participants are current students while sixteen are former students who graduated in the last three years. Three students' studies in the elite stream, eleven students in the advanced stream, and fifteen in the general stream.

4.3 General knowledge of anxiety and depression:

Participants were well-versed on the definitions of anxiety and depression, could name some of the common symptoms, and could identify some of the issues that affect mental health in general.

Most participants defined anxiety as a general feeling of worry and nervousness. They did not describe it as a disorder, but they understood its seriousness. Participants stated some of the common symptoms of anxiety such as having difficulty breathing, stomach-aches, inability to remain focused, and sweating. Some participants explained how low levels of anxiety is normal when there is a "legitimate reason" but is a risk when there is not a legitimate reason and when the level of anxiety is higher than the trigger. Participants also cited "exams anxiety" and "social anxiety" repeatedly while defining anxiety. When it comes to treating anxiety, most participants stated therapists are helpful but equally is friends, trusted adults, and a better self-esteem. Moreover, most of the participants dismissed the idea of medications for anxiety.

Students were more knowledgeable of depression, they identified it as a disorder, and terms like “sadness,” “loss of interest,” and “isolation” were repeated by most participants. Some participants also stated that depression might not be easy to detect among adolescents. One participant stated that her best friend was depressed for a year, but she did not exhibit any warning signs. “She was always cheerful, her grades were better than the usual, and she seemed more focused and organized in general,” but that friend later on was admitted to a psychiatric hospital for having suicidal fantasies. Participants, however, stated some of the common symptoms of depression such as constant low moods, loss of interest, a sudden change, and suicidal thoughts. Almost all participants said a mental health professional is needed to treat depression, and while other routes like friends and family might help. when it comes to medication, a few of the participants stated they are not vital, a few of the participants thought they are as important as medications for physical illnesses, and the rest believed it depends on the individual, the depression severity, and their treatment plan.

Despite not having been diagnosed by a mental health professional, the majority of participants said they are now living with anxiety and possibly depression. "I can't say it's depression because I'm stronger than this," one participant said. “But I do feel lonely and sad, as if I am carrying all of the world's negative energy in my heart. I also feel like my days are long and I can't seem to get much done, and I tend to overthink everything."

4.4 Reasons for mental health issues in schools:

The most common factors contributing to anxiety and depression based on the participants were the workload, teachers and parents’ high expectations, peer pressure and bullying.

All participants, despite their stream, stated school workload as the main factor to their anxiety. Two elite students estimated that they spend at least two hours daily doing homework after school, without considering the added time and pressure of exams which are almost weekly. “I used to play volleyball when I was in cycle two, but I had to stop at the beginning of grade nine because I had no time to practice which made me resent school. Not to mention the weight I gained because of my lack of exercise which made me a little depressed.” Most advanced students said they spent an hour doing their homework after school, and general students stated the same.

Almost all students said their main anxiety of exams comes from the high expectations of their teachers and parents. One student said the more she studies, the more anxious she gets during

the exam, “which make me doubt my answers and change them to the wrong answer at the last minute.” Moreover, some participants mentioned their anxiety increases after exams if their grade was significantly different than their peers even if it was higher; alternatively, they stated their anxiety decreases if their grade was similar to their peers no matter what the grade is. Another contributing factor was peer-pressure as well as social anxiety. Most participants said they have a fear of not belonging to the rest of the students. “I always thought everyone was watching me, and I acted very differently than my true self because of that. I did not want to stand out, I did not want a reason to be bullied” a graduate student stated. “I now realize how harmful that was for me, but I would have done it all over again if I went back to school. I will pretend I like cars and football just like the rest of the guys, and I will never talk about my secret film-making hobby.” Some of the participants also mentioned how social media influence their relationships with their peers “bullying does not necessarily mean confrontation, it can be passive; if you are left out of the group chat, or you are not followed on your social media by your classmates, which means you are not part of them. It makes you feel isolated.” A student stated.

4.5 Current available Mental health tools and services in schools:

Only three of the thirty participants stated their schools had a mental health professional, two participants said they were not sure, and the rest said they did not have mental health professionals in their schools. Only one of the three participants who said their school has a mental health professional thought they were genuinely helpful when it came to apparent concerns like bullying or substantial symptoms of a mental health problem such as decreases in grades or attendance. The other two, on the other hand, expressed dissatisfaction with the therapists, with one saying, "she made me feel guilty for being unhappy since I didn't have any reason to be, and I should simply be happy with my life."

While two of the participants reported that their schools do not have mental health specialists, they rely on a trusted teacher to talk about their mental health at school. The others, on the other hand, claimed their main source of support is their friends who are also dealing with similar challenges.

When asked if they would seek help from a mental health professional if one was available at their school, only four participants stated they would, one of them noted that because she is in

the elite stream, her workload is as high as the expectations placed on her, and that speaking with a professional about how to manage it without feeling burnt out would be beneficial. The remainder were wary, if not outright distrustful. Two students stated that they would consider it if they first got positive feedback about them from their peers. Five students expressed concern that they would not be able to trust that their conversations would remain private, and that they would be concerned about other teachers or their parents finding out. One male student stated that he does not feel free to express his emotions, and that if he did seek help, his peers would find out and bully him as a result; another male student stated the same but added that the counsellor could find his concerns trivial, thus making him weak.

Moreover, most participants said their school never talked about mental health in an official or personal way. However, one student said that while the school never talked to them about it, a teacher always talks about the importance of mental health, and "I felt very thankful because I realized my feelings are valid and I'm not being a drama queen". Only one participant stated their school discussed mental health a few times a year and encouraged students to seek help or talk to the councillor or a teacher if they needed it.

4.6 Recommended mental health tools and services in schools:

Participants identified several solutions that would help reduce their anxiety such as having a full-time mental health expert in schools and openly educating students about mental health to de-stigmatize it as one of the most important services. Students also suggested lowering the workload and having shorter school days so they can do things they enjoy and spend time with family and friends. Some students suggested longer breaks during the school day and allocating time during the school day for independent activities like reading or drawing to help recharge their brains and increasing physical activity classes to burn off stress and to socialize with their peers as ways to improve their mental health.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter analyses and discusses the qualitative findings from interviews and is divided by major themes presented in the previous chapter.

5.2 Discussion for: General knowledge of anxiety and depression

Participants had a good understanding of what anxiety and depression are, as well as the common symptoms of both. Students also displayed an understanding of the societal stigma surrounding mental health and how it affects their ability to talk about it or seek treatment if necessary. Participants did not seem to be aware of the best sources of intervention, which is similar to a study (Attygalle, Perera and Jayamanne, 2017) in Sri Lanka where researchers used a questionnaire to assess mental health literacy among adolescents; the results revealed that while adolescents had a good understanding of mental illnesses, they had a poor understanding of how to respond to them. Researchers also found that this population's ability to recognize mental health issues, as well as effective interventions and outcomes, was equivalent to those of adolescent populations in other countries. On the other hand, Mental health literacy was found to be abysmally low among the adolescents assessed in a Nigerian study (Aluh, Anyachebelu, Anosike and Anizoba, 2018). Mental illness is often perceived to be a spiritual attack and consequently, traditional healers and religious leaders are usually the first point of consultation which might be a factor when assessing MHL in other Muslim countries. However, other studies also show a lack of MHL among other groups as well, such as small towns in the United States where Olsson and Kennedy (2010) found that overall levels of mental disorder recognition were low (27.5 percent identified anxiety and 42.4 percent identified depression as "a mental health condition or illness"). despite the fact that mental health is a required health topic in their area's schools, only around a third of student's recall in-class conversations about mental health (Olsson and Kennedy, 2010). According to Wei et al., (2013) there is insufficient evidence to suggest that school mental health literacy programs promote knowledge, attitude change, or help-seeking behaviour (Wei et al., 2013). Even though around twenty of the studies

included in their systematic literature review were evaluated to have moderate to high-risk bias, it is worth assessing the real impact MHL school programs have on students.

There is evidence to suggest that people who recognized a mental disease were three to four times more likely than those who did not to say they would take some sort of action to help, such as notifying an adult about it (Olsson and Kennedy, 2010). Which is extremely helpful since teenagers are less likely to be diagnosed and treated compared to adults. there appears to be an inverse relationship between age at diagnosis and treatment initiation. For example, a study conducted by Olfson et al. revealed that people in the United States and Canada who develop mood disorders as adults are nearly fourteen times more likely to receive treatment within the first year of onset than those who develop mood disorders as children (Olfson, Kessler, Berglund and Lin, 1998).

5.3 Discussion for: What causes anxiety and depression in schools?

The majority of students cited exams, school workload, longer school days, short break times, and peer pressure as the primary causes of anxiety and depression at school.

For male students, the school day begins at 7:00 a.m., whereas for female students, it begins at 8:00 a.m. The school day is divided into eight periods of 45 minutes each. Between periods, there is a five-minute break which, although is intended to allow teachers the time to go from lesson to lesson, also allows students to take bathroom breaks etc. There are two longer breaks totalling no more than 40 minutes. Early start times were linked to severe sleep deprivation and daytime tiredness, according to the findings from a study that investigated at the impact of a school transition requiring an earlier start on adolescent sleep patterns, sleepiness, and circadian phase (Carskadon et al., 1998). Chronic sleep deprivation has been linked to decreased focus and concentration (Bartel, Richardson and Gradisar, 2018). Ironically, decreased focus in classes due to longer school days and sleep deprivation was cited by students as one of the factors contributing to increasing their anxiety levels in school.

students almost all agreed exams were the main contributing factors to their increased anxiety, which in turns might lead to worse academic performance. As teenagers advance from middle school to high school, they may see the academic requirements as more competitively

challenging and place a greater focus on academic accomplishment. Failure in academic achievement may be seen as stressful because it poses a danger to the adolescents' learning and performance objectives (Moksnes et al., 2014). There is a consensus on the impact of anxiety on academic performance as discussed earlier in the literature review (Kusi-Mensah et al., 2019; Pekrun et al., 2017; Shih and Lin, 2016). One student explained that her fear of exams makes her more anxious, which makes her study harder for longer, but she still gets lower grades. There is some conflicting research on this front. One paper claimed that while lower anxiety level is helpful in making students prepare better before the exams and sharpen their mental abilities during it which leads to an increase's academic performance, there is no evidence that a higher anxiety level will lead to a worse academic performance ((Shih and Lin, 2016). However, Shen (2020) claims studying for longer times was not related with greater academic achievement but rather with a worse academic performance and a significant increase in depression levels (Shen, 2020). There is a scientific theory that might explain why higher anxiety levels will lead to worse academic performance regardless of how prepared students think they are for the exam. Psychologists state that short-term memory is the ability to store and recall a small quantity of information for a brief period of time (Cowan, 2019). Testing anxious thoughts consume short-term memory resources that cannot be used for test-related activities, such as information retrieval and problem-solving (von der Embse, Barterian and Segool, 2012). Moreover, increased test anxiety might lead to a decreased in self-esteem and self-worth (Gittins and Hunt, 2020). Which was evident in the results where a student stated how doing worse than her peers in exams make her feel stupid and hate herself.

(Teacher and peers' interactions) social interaction at schools with peers was also a major theme in school related anxiety based on the participants' answers. Mainly, bullying. Students expressed how bullying can be passive and hard to notice by authority figures at school but make students feel isolated and lonely, nonetheless. An example given by participants was cyberbullying in several forms such as taking and posting pictures and videos of victims without them knowing, hurtful comments on their posts, spreading rumors, and excluding from group chats. Male participants were significantly less than female participants in this study to compare the amount of bullying, however, the results indicated that male students use more confrontational and aggressive forms of cyberbullying while female participants described a more passive form of bullying which is intended to exclude the person from the group. bullying, in all of its forms, is common among adolescents. An estimate suggests one out of every five

students between the ages of 12 and 18 has experiences bullying at some point which puts them at a higher risk of mental illnesses such as depression (Sumner et al., 2021).

5.4 Discussion for: Current available, and recommended Mental health tools and services in schools:

the number of mental health professionals in school was exceedingly small, only three participants stated they had one at their schools. which is not surprising considering how low the number of mental health professionals in the UAE is. Currently, there is no independent mental health strategy, although the general health policy includes a mental health plan (WHO, 2011). In 2010, the mental health strategy was amended with an emphasis on expanding access to mental health care in government facilities nationwide. There is a shift toward the integration of mental health services into primary care and the allocation of additional funding to smaller community mental health centres. According to data on government mental health facilities, there are three outpatient facilities and one mental hospital (WHO, 2011). There are 0.3 psychiatrists, 0.51 psychologists, 0.25 social workers, 0.04 occupational therapists, and 0.04 other health professionals per 100,000 people. The number of counsellors cannot be determined (Al-Darmaki and Ibrahim Yaaqeib, 2015). As mentioned in the literature review, the United Arab Emirates National Wellbeing Strategy 2031 emphasizes the importance of mental health. And despite not knowing what that exactly entails for schools, it shows there is a concrete steps to be taken to address the issue.

Participants recommended several measures that they believe will help reduce their anxiety levels in relation to schools, including longer breaks during the school day, less workload, allocated times for solitary activities, and more physical education classes. According to Müller et al., (2022) regular physical activity of 10 minutes improved attention processing speed and performance in the subjects of the study. In addition, when compared to the control group, mindfulness breaks improved reading comprehension in the same group, it is important for restoring cognitive and psychological conditions for learning which backs up students claim. However, Booth et al., (2020) argues that while Teachers, school administrators, and lawmakers should consider taking a 15-minute self-paced activity break from the classroom. In contrast, more rigorous physical activity should not be viewed as detrimental to the cognitive and

physical health of children. Barr-Anderson et al., (2011) believes that interventions that incorporate physical activity into organizational routines during everyday living have shown modest but persistent benefits, particularly for physical activity, and they are promising research possibilities (Barr-Anderson et al., 2011).

Few studies have examined test-anxiety interventions with elementary and secondary school students, according to a comprehensive literature assessment of test-anxiety interventions conducted over the past decade (von der Embse, Barterian and Segool, 2012). However, it is crucial to re-evaluate examinations and their potential to promote student learning and life success. Moreover, school psychologists play a crucial role in ensuring that students' test performance represents their true academic potential by preventing and treating test anxiety. By managing test anxiety in elementary and secondary schools on a systemic level, school psychologists ensure that the data reported by the school about students' academic achievement is accurate and not affected by examination anxiety. Accurate data on student knowledge can help schools, districts, and state education authorities make informed judgments regarding resource allocation (von der Embse, Barterian and Segool, 2012).

Data from 245 schools that received government funding to implement a comprehensive school health (CSH) approach were analysed to determine the impact of a CSH approach on the reduction of anxiety and depression in school-aged children. The results indicate that, all else being equal, schools in the actively funded stage have a lower percentage of students with anxiety and depression than schools in the pre-funded stage (Dassanayake, Springett and Shewring, 2017). This proves the real-life value of allocating more resources towards mental health in schools. Not only to help students reach their academic potential, but to help shape their lives for a better future.

Students' emotions are reciprocally influenced by their academic performance. Failure experiences can lead to the development of negative emotions, whilst high performance attainment and good achievement feedback can contribute to the development of pleasant emotions. Providing students with opportunities to experience achievement may therefore help to encourage happy emotions and prevent negative ones (Pekrun, Cusack, Murayama, Elliot, & Thomas, 2014).

Finally, it is of the utmost importance to pay more attention to the evaluation and treatment of mental health disorders in teenagers, which cause social and academic difficulties that extend

beyond the school years. There is a need for school administrators, teachers, and parents to have a good impact on students' mental health and emotions in order to increase their self-esteem and sense of pride in their accomplishments, which could lead to a reduction in anxiety. Schools are crucial sites for intervention programs, as they are where adolescents and young adults spend the majority of their time. Teachers and school administrators who work with adolescents and youths should also be targeted by these programs. They spend a great deal of time with adolescents and should therefore be able to spot the initial symptoms and provide support. Increasing mental health literacy about depression can boost assistance-seeking behaviours, facilitate the provision of first aid, and shorten the time between the onset of symptoms and seeking professional care.

6.0 Conclusion:

This chapter will conclude the study by summarising the key research findings in relation to the research aims and questions and discussing the value and contribution thereof. It will also review the limitations of the study and propose opportunities for future research.

The research attempted to explore the current provisions provided to cycle three students who have anxiety disorder and depression. The main aims of this study are:

- Investigate the services offered by public schools to students with depression and or anxiety based on students' perspectives.
- Explore the experiences of current and former cycle three students with mental health in their schools.
- Recommend tools and services to be utilised by schools to promote mental health well-being among students.

The results indicate that most participants have a good general knowledge of the importance of mental health and how it can impact their overall quality of life. They showed a good understanding of depression and anxiety disorder. They also stated several common factors that contribute to the severity of mental illness. However, most students dismissed the idea of medication as an intervention option. Participants stated several school-related contributing factors to anxiety and depression, the most common ones being school workload, exams, peer

pressure, and high expectations from teachers and parents. In terms of mental health services provided for students in schools, most students stated they do not have a mental health professional at their schools, nor do they have a trusted figure they can seek help freely. Furthermore, most schools did not talk about mental health; the few that did talk about were personal conversations with teachers and were not sufficient according to participants. Most participants stressed the need for a mental health professional at their schools despite having fears about confidentiality of their conversations and the amount of actual help they can have. Moreover, male students expressed their fears of being perceived as weak if they seek help, and a fear of their peers knowing about their visits to the mental health professional, if one was available, and being bullied for being weak. Participants also expressed the need for a change to the current school day to include more breaks, more physical education classes, and more allocated times for students to do solitary activities. Moreover, participants wanted less homework.

The overall findings of this research highlight the perception of mental health, contributing school-related factors, and current mental health services in schools. moreover, it proves the absence of mental health services in public schools and sheds a light on what can be, systematically, change to help improving students' general mental well-being, detect mental health illnesses and disorder earlier, and implement appropriate intervention methods.

7.0 Limitations:

This study also has some limitations relevant to the sample size, participants, and research design. Firstly, the sample size was chosen due to time restraints. Ideally, at least one hundred participants would be interviewed to increase the validity and reliability of the results. Secondly, participants volunteered to partake in the study and that might indicate they are more aware of the issue and are dealing with it personally. Thirdly, participants were current and former students only and did not include school administrators and decision makers which would have added valuable information. Lastly, most interviews were conducted in Arabic. And while intensive notes were taken and it was later translated carefully, there is a margin of error.

8.0 Recommendations:

- To better understand the implications of these results, future studies could increase the sample size to increase the generalizability of the research. Moreover, future studies might include teachers and school personnel to gain a better idea of the current tools and services provided to students.
- To increase the knowledge of mental health in the UAE, future research could focus on investigating the prevalence of mental health disorders among adolescents.
- Based on these conclusions, decision makers in the ministry of education and emirates school establishment should consider increasing the number of schools that receives mental health professionals. Moreover, mental health education should be considered as a mandatory subject in schools.

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APPENDICES

Appendix 1

Guiding questions for semi-structured interviews

الأسئلة الخاصة بالطلاب.

Questions for students

تستطيعون اختيار عدم الإجابة على أي سؤال تريدونه، كما بإمكانكم الانسحاب من المشاركة كلية إذا أردتم. قد يتم إرسال أسئلة إضافية لاحقاً حسب ردودكم إذا تطلب الأمر.

Just a reminder: you can choose to not answer any question you do not feel comfortable answering. You can also decide to withdraw from the study at any point.

A follow up questions might be sent later depending on your answers.

- الجنس:
- Sex:
- الإمارة التي تدرس فيها:
- Emirate:
- العمر:
- Age:
- الصف:
- Grade:
- المسار التعليمي:
- Stream:
- سنة التخرج:

- Year of graduation:
 - ماذا تعرف عن مرض الاكتئاب واضطراب القلق المزمن؟
- What do you know about anxiety and depression?
 - هل تعاني الآن، أو عانيت مسبقاً من اضطراب القلق أو الاكتئاب؟
 - بعض أعراض القلق قد تكون: الشعور بالتوتر، الشعور باقتراب خطر، خفقان القلب، التعرق، صعوبة التركيز، مشاكل في النوم.
 - بعض أعراض الاكتئاب قد تكون: الشعور بالحزن، فقدان الاهتمام بأشياء كانت تسعدك، قلة التركيز، مشاكل مع النوم.
- Do you currently, or ever, had anxiety and or depression?
 - Common symptoms of anxiety are feeling nervous, having a sense of impending danger, having an increased heart rate, sweating, trouble concentrating on things, trouble with sleep.
 - Common depression symptoms are low mood, loss of interest in things that used to be enjoyed, poor concentration, trouble with sleep.
- إذا كنت تشعر بالقلق أو الاكتئاب. ما هي الأسباب التي تزيد من توترك في المدرسة؟ (من ناحية أكاديمية أو من ناحية العلاقات مع الزملاء والمدرسين)
 - If you do experience any anxiety, what causes it in school? (Academically or regarding your relationships with your peers and teachers)
 - كيف يكون شعورك العام أثناء فترة الاختبارات؟
- Do exams cause more stress and anxiety for you? What do you usually feel like during exams?
 - هل يوجد لديكم أخصائي نفسي في المدرسة؟
 - إذا كانت الإجابة نعم؛ هل وجودهم مساعد؟ (اشرح)
 - إذا كانت الإجابة لا؛ هل يوجد شخص في المدرسة تستطيع التحدث معه ويستطيع مساعدتك؟
- Do you have a mental health professional at your school?
 - if yes, are they helpful? Explain.
 - If not, is there someone at school who you can talk to and seek help from?
- هل قامت المدرسة بالحديث (سواء من خلال حملات توعوية أو محاضرات أو أحاديث ودية) عن الصحة النفسية؟
 - Did your school ever talk about mental health or address it in any way?
 - إذا كانت الإجابة نعم اذكر المحتوى الذي أوصلوه.

- If yes, what was their main message?
 - إذا تواجد لديكم أخصائي نفسي في المدرسة، هل ستعتقد أنك ستلجأ له؟ لماذا؟
- If you did have a mental health professional, would you ask them for help? Why/why not?
 - ما هي الخدمات التي تعتقد أن توفيرها في المدارس سيساعد على تخفيف الضغط والتوتر وتحسين الصحة النفسية للطلاب؟
- In your opinion, what other services might help students' mental health and reduce their anxiety and/or depression?
 - هل يوجد لديك إضافات؟
- Do you have anything to add?

Appendix 2

Sample of interview notes

Interview 1: Participant 1

- General information:
 - Female, Dubai, eighteen yo, grade 12 general, graduating in 2022.
- What do you know about anxiety and depression?
 - *As far as I know, anxiety is a feeling of distress caused by fear, depression: feelings of hopelessness and sadness. they have a significant impact on a person's daily life.*
- Do you currently, or ever, had anxiety and or depression?
 - *I have never been professionally diagnosed, so I cannot really answer that question, but I can say that I have had anxiety symptoms as a result of stressing about school.*
- What causes your anxiety in school?
 - **keeping up with everything from homework to exams on a daily basis while under pressure and being picked at random by the teacher.**
- what do you mean by being picked at random by the teacher?
 - When she asks me to answer if I did not raise my arm. If I know the answer, I will raise my arm. It is embarrassing and make me look stupid.

- What causes you the most anxiety in school?
 - Exams. Sometimes I will choose the right answer but then change it I do not know why. But I hate exams.
- Do you have a mental health professional at your school?
 - No, never. *the best they could do was say they would contact child services in the Ministry of education to inform them of my situation, but nothing came of it.*
- *Do you mind sharing with me, why would they get child services involved?*
 - *I missed a few days of school because I had mental issues and they wanted to know why but I did not feel comfortable sharing with them. So, they threatened to call child services, but they did not. I was fine with it if they did though.*
- Did your school ever talk about mental health or address it in any way?
 - *Unfortunately, not, we only learned about it in health science class, and they did not even go into detail, so the majority of our class had to rely on the internet to learn. I learned a lot from TikTok.*
- If you did have a mental health professional, would you ask them for help?
 - Maybe? I do not know. I do not want them to get my parents involved. Maybe if I trusted them?
- What other services might help students' mental health and reduce their anxiety and/or depression?
 - Face to face counselling. More classes on the topic. And youth clubs in which we can talk.
- Do you have anything else to add?
 - No. but I hope people become more aware of how hard anxiety can be sometimes.

Interview 2: Participant 6

- General information:
 - Female, Sharjah, eighteen yo, grade 12 general, graduating in 2022.
- What do you know about anxiety and depression?
 - *I know the fact that both are mental illnesses that may affect an individual's way of thinking and behaving towards themselves or others. These illnesses*

can range from basic to severe, but either way both ranges should be treated and cared.

- Do you currently, or ever, had anxiety and or depression?
 - *I did not go to therapists, but I felt depressed few times. I get anxious multiple times in a week and tend to have panic attacks from time to time.*
- What causes your anxiety in school?
 - Social pressure from other students, High expectations from teachers, Ignorant school administrators and so on.
- Can you add to that “so on?”
 - It is just the day is too long. Every Tuesday I have three maths lessons, one physics lesson, one biology lesson, on top of the other classes. And I get panicky when I think about it because it is too much... school for one day.
- What causes you the most anxiety in school?
 - Homework.
- Can you expand?
 - I already said the school day is long, but then I must go home and do all my homework. And when I tell teachers it is a lot, they tell me that my job is to be a student and that I have no responsibilities after school. And I do not. but I want to relax. Also, exams are hard. I push myself but I do not get good grades sometimes and then I feel stupid, and I hate myself and compare my results to other students.
- Do you have a mental health professional at your school?
 - No.
- Do you have someone at school to whom you can talk?
 - There is a social worker who “listens to students’ problems” but this social worker is not someone I feel comfortable to talk to.
- Did your school ever talk about mental health or address it in any way?
 - *Yes.*
- *What did they talk about exactly?*
 - *Just general information about mental health and happiness and that stuff.*
- If you did have a mental health professional, would you ask them for help?
 - Yes. I think I will try and see if they can help me and then maybe I can treat my anxiety.

- What other services might help students' mental health and reduce their anxiety and/or depression?
 - A social worker who is actually experienced and know what she is doing. Maybe they can make the break an hour instead of 20 minutes so we can finish some of the homework in school. And never give us three maths lessons in one day.
- Do you have anything else to add?
 - No.

Interview 3: Participant 11

- General information:
 - male, Sharjah, nineteen yo, graduated in 2020.
- What do you know about anxiety and depression?
 - ***Bad feelings after big problems or if the person has stuff going on and does not know how to deal with it.***
- Do you currently, or ever, had anxiety and or depression?
 - ***No.***
- What causes your anxiety in school?
 - Final exams. And some teachers are not good which means I have to spend more time and effort to actually know what they are talking about.
- Why final exams specifically and not all exams?
 - Well, final exams like I said. Exams during the semester are ok because I have time to study. But final exams are all during less than two weeks and there is hardly any time to study for them before. There's not enough time to study. And they account for more of my grade.
- Do you have a mental health professional at your school?
 - No.
- Do you have someone at school to whom you can talk?
 - Like a teacher? No. I mean maybe for some students but not for me.
- Can you tell me why?

- No reason. They are my teachers and we don't have that kind of relationship.
- Did your school ever talk about mental health or address it in any way?
 - *I do not remember but I do not think they did.*
- If you did have a mental health professional, would you ask them for help?
 - Maybe sometimes if something big happens. But not for exam stress. That just silly. Everyone has exams.
- What other services might help students' mental health and reduce their anxiety and/or depression?
 - More breaks between exams like two days so we can prepare, and teachers need to be more fun and easier going to not make us hate school.
- Do you have anything else to add?
 - No.

Appendix 3:

INTERVIEW CONSENT

Title of Research Study: Perception of students on provisions provided to cycle three students with mental illnesses (anxiety disorder and depression (in public schools in the United Arab Emirates: an expletory study.

Name of the Researcher: Jawaher Alkaabi

___ I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences.

___ I understand that my responses will be kept strictly confidential.

___ I agree for the data collected from me will be used for master's Thesis Research.

___ I agree to take part in the above research study.

Name of Participant

Signature of Participant
