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RESEARCH ARTICLE

PSYCHOLOGICAL DISORDERS AMONG STUDENTS FROM THE PERSPECTIVE OF THE SCHOOL COUNSELLORS: DIFFERENCES AND RELATIONSHIPS

Ahmed Al Hariri¹, Eman Faisal², Rasha Al Harthi¹, Fozeah Al Harthi¹ and Amal Hamed Al Harthi¹

1. Department of Psychology, Taif University.
2. Department of Curriculum and Instruction, King Saud University.

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Abstract

Background: School students might be at risk of suffering from a range of psychological disorders. Student counsellors would help in understanding the relationships and differences between these disorders.

Objectives: The study aimed to recognise the differences and relationships of psychological disorders among school students from the perspective of the students' counsellors in Taif.

Methods and Material: A mixed-methods approach was used. Eighty-four student counsellors filled in a questionnaire, and 13 were interviewed.

Statistical analysis used: Descriptive statistics, one-way analysis of variance – ANOVA, and Spearman's rank-order correlation were used.

Results: There are significant differences at $p < .05$ in the psychological disorders experienced by students in favour of the students in secondary school ($M=4.63$, $SD=.848$), in crowded schools that have between 1001–1200 students ($M=2.298$, $SD=.335$), and in favour of student counsellors with experience of at least ten years ($M=2.289$, $SD=.179$). There are positive correlations between psychological disorders and the total number of students in a school ($\rho=.466$, $p < .001$), the experience level of student counsellors ($\rho=.423$, $p < .001$), and the students' education stage ($\rho=.208$, $p < .05$). Qualitative data were in line with the findings of the quantitative data.

Conclusions: It is important to have adequate numbers of student counsellors in schools, as this improves the quality of counselling services provided. Exploring psychological disorders as early as possible also helps in treating the students successfully. Finally, it is essential to enhance mental health in schools, and this is part of the Saudi Vision 2030, specifically in the area of social well-being.

Key messages: School students suffer from a number of psychological disorders, and it is clear that student counsellors help in exploring these disorders and the relationships and differences between them so that the counsellors are able to deal with them.

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Corresponding Author:- Ahmed Al Hariri
Address:- Taif University (a.hariri@ut.edu.sa).

Introduction:-

A psychological disorder is “any condition characterised by cognitive and emotional disturbances, abnormal behaviours, impaired functioning, or any combination of these”¹. Such disorders can be caused by environmental, physiological, genetic, chemical, social, and other possible factors¹. School students may suffer from any (or a greater number of) psychological disorder(s) based on their age and/or their educational stage. For instance, some students in primary school may have school refusal, phobia (e.g. fear of the dark and claustrophobia), separation anxiety, attention deficit hyperactivity disorder (ADHD), or depression²⁻⁴. However, depression is one of the most common disorders that students in intermediate and secondary schools may suffer from (13% of the psychological disorders), and that can appear as a behavioural disorder, in addition to obsessive-compulsive disorder and social phobia^{3, 5}. It is, therefore, clear that psychological disorders may differ from one educational stage to another. Nevertheless, these disorders are related⁶.

When considering Saudi learners, in particular, there are over 5.5 million students in more than 37000 schools in Saudi Arabia⁷. The Saudi National Mental Health Survey (SNMHS)⁸ showed that psychological disorders occur in 40% of youths aged between 15 and 24, i.e. the ratio is 2:5. This prevalence is higher than the total number of psychological disorders experienced in Australia and European countries combined. The National Survey also showed the percentage of many disorders such as separation anxiety (11.9%), ADHD (8%), depression (6%), social phobia (5.6%), and obsessive-compulsive disorder (4.1%). There are other studies that have stressed the risk of having a growing number of Saudi children and adolescents with psychological disorders^{9, 10}. Therefore, schools should have a counselling service for their students to help in treating them, or at the very least, minimise the suffering of psychological disorders.

A student’s counsellor is “an individual professionally trained in counselling, psychology, and social work who specialises in, for example, rehabilitation, educational, or substance abuse counselling”¹. A counsellor provides professional evaluations, information, and suggestions related to a student’s case¹. One study investigated the vital role of student counsellors in reducing conduct disorders among students in primary school¹¹. It was found that there are fewer students with conduct disorders in schools that have student counselling compared with schools that do not offer such a service. This stresses the importance of student counsellor’s role in exploring the cases of psychological disorders among students. However, the relationship between the length of a student counsellor’s experience and their ability to explore more cases with psychological disorders has not yet been investigated.

Further investigation is needed to explore whether psychological disorders differ by educational stage or level of school crowding; and whether a counsellor’s level of experience makes him/her more able to explore more cases of psychological disorders. The relationships between psychological disorders and the educational stage, the total number of students in a school, and student counsellor experience are also needed. Therefore, the current research questions are:

1st Q: What are the differences in psychological disorders experienced by pupils based on the educational stage, the total number of students in a school, and student counsellors’ experience?

2nd Q: What are the relationships between psychological disorders and the educational stage, the total number of students in a school, and student counsellors’ experience?

Subjects and Methods:-**Study design:**

This explanatory study adopts a mixed-methods approach because it is one of the best practice in psychological research that allows for in-depth qualitative and broad quantitative data and increases the quality of research in this field¹². It is also the design used to address complicated questions like those posed in the current research¹³. In addition, there is a lack of mixed-methods research in developing countries¹⁴ such as Saudi Arabia, and therefore, this study will contribute to filling this gap in the body of research.

Two sequential stages were included. First, quantitative data were collected from the students’ counsellors. These data were used to answer the research questions, i.e. to explore the differences and relationships in psychological disorders based on the education stage, the total number of students in a school, and student counsellors’ experience. Second, qualitative data were collected from a purposive sample to get the counsellors’ explanations and

interpretations about the results of the quantitative stage. Hence, these data appear in the discussion section with the related literature.

Participants and sample size:

This study targeted student counsellors (males) in primary, intermediate, and secondary schools in Taif, Saudi Arabia. The population includes 420 counsellors, all of whom received an official invitation letter to participate in this study (the approval was obtained from the Administration of Taif Education – the letter number is 25894 and dated 01 March 2019), but only a sample was included in the current study. As there are two stages in this study, there were two sequential samples. First, a simple random sample of student counsellors ($n = 84$) participated in filling in the questionnaire's items: this sample represents 20% of the population. Second, a purposive sample of the counsellors ($n = 13$) participated in answering the interview questions. Twelve interviewees is an adequate number for qualitative data saturation¹⁵, i.e. "[reaching] a point in the data collection where no new categories or themes emerge"¹⁶. However, the current study targeted larger numbers, i.e. 13. The participants were selected based on their free time and availability. Table 1 shows the demographic information of the participants in both samples.

Table 1:- Demographic information about the participants in the two samples.

Participants of the Quantitative Stage (n = 84)			Participants of the Qualitative Stage (n = 13)		
Variable	Group	n	Variable	Group	n
Educational Stage	Primary	27	Educational Stage	Primary	3
	Intermediate	29		Intermediate	6
	Secondary	28		Secondary	4
Total Number of Students in a School	From 1 to 200	14	Total Number of Students in a School	From 1 to 200	1
	From 201 to 400	11		From 201 to 400	2
	From 401 to 600	16		From 401 to 600	4
	From 601 to 800	12		From 601 to 800	2
	From 801 to 1000	13		From 801 to 1000	2
	From 1001 to 1200	18		From 1001 to 1200	2
Counsellor Experience	Less than 2 years	11	Counsellor Experience	Less than 2 years	3
	From 2 to less than 4 years	14		From 2 to less than 4 years	1
	From 4 to less than 6 years	11		From 4 to less than 6 years	3
	From 6 to less than 8 years	12		From 6 to less than 8 years	2
	From 8 to less than 10 years	13		From 8 to less than 10 years	1
	10 years and more	23		10 years and more	3
Total		100	Total		13

Instruments:

Two research tools were used in the current study.

First –Structured Questionnaire (to collect quantitative data):

To develop a structured questionnaire about the students' psychological disorders, the research team used ICD-10 from the World Health Organization¹⁷, and DSM-IV and DSM-5 from the American Psychiatric Association – APA^{18, 19}, in addition to the related literature²⁰⁻²⁵. The 16-item questionnaire's validity was checked using Spearman's correlation coefficient between each item and the scale in total and then checked against the correlation coefficient after the deletion of the item. Table 2 shows the questionnaire's items and their validity.

Table 2:- Items' correlations in the psychological disorders questionnaire.

Items	Start with: What is the level of your experience of dealing with...	Correlation with the scale*	Correlation with the scale if item deleted*
1	... communication disorders	.659	.598
2	... attention deficit hyperactivity disorder	.785	.694
3	... motor disorders	.657	.529
4	... psychotic disorders	.659	.586
5	... toxic substance abuse	.617	.587
6	... bipolar disorder	.660	.493
7	... depression	.753	.685
8	... anxiety	.692	.585
9	... obsessivecompulsive disorder	.674	.587
10	... trauma and psychological shocks	.699	.489
11	... dissociative disorders	.633	.554
12	... psychosomatic symptoms	.798	.654
13	... nutrition and eating disorders	.691	.511
14	... non-organic enuresis	.764	.534
15	... sleep-wake disorders	.667	.498
16	... behavioral and emotional disorders	.754	.598

**p* value is significant at the 0.05 level

As can be seen in Table 2, the correlations between each item and the scale range between .617 and .798, while the correlations if an item is deleted range between .489 and .694, thus showing that the questionnaire is valid. The reliability was checked using Cronbach's alpha ($\alpha = .813$) and split-half reliability ($r_{SB} = .843$) and so we can confident that the questionnaire is reliable.

Second –Semi-Structured Interviews (to collect qualitative data):

Semi-structured interviews were used to obtain student counsellors' explanations regarding the students' psychological disorders. This type of interview, which was conducted individually, helped in directing the participants to answer specific questions about a particular topic, and it allowed them to express their ideas and thoughts in their own way ²⁶⁻²⁸.

Data analysis:

Quantitative data (collected via the questionnaire) were entered into SPSS – version 24. The responses of the items (i.e. five-point Likert items) were considered continuous variables, and were coded as 1 = strongly disagree, 2 = disagree, 3 = to some extent agree, 4 = agree, and 5 = strongly agree. The Kolmogorov-Smirnov test (K-S test) showed that $p = .07$, which means normality of data distribution. To answer the research questions, one-way analysis of variance – ANOVA was used to investigate the differences (i.e. the first question), whereas Spearman's rank-order correlation (ρ) was used to investigate the correlations (i.e. the second question), noting that when ρ ranged between .10 and .29, it reflects a small correlation; when between .30 and .49 it reflects a medium correlation; and when between .50 and 1 it reflects a significant correlation²⁹.

Qualitative data (collected via the interviews) were entered into ATLAS.it (version 8.4.0) as it is compatible with Arabic scripts. The scripts were sorted into text segments with similar contents to form the themes– this is called a template approach wherein the categories are based on the targeted theoretical perspectives ¹⁶.

Results:-

1st Q: What are the differences in psychological disorders experienced by pupils based on the educational stage, the total number of students in a school, and student counsellors' experience?

To answer this question, ANOVA was used, as shown in Table 3.

Table 3:- ANOVA shows significant differences in psychological disorders (n = 84).

Variable		Sum of Squares	Degree of Freedom	Mean Square	ANOVA	Sig.*	Eta Squared
Educational Stage	Between Groups	212.932	2	106.466	1.512	.03	.05
	Within Groups	8733.199	81	107.817			
	Total	8946.131	83				
Total Number of Students in a School	Between Groups	371.154	5	74.230	0.598	.02	.04
	Within Groups	9711.081	78	124.501			
	Total	10082.235	83				
Counsellor Experience	Between Groups	285.751	5	57.150	0.485	.03	.02
	Within Groups	8967.043	78	114.962			
	Total	9252.794	83				

*p value is significant at the 0.05 level

As can be seen from Table 3, there are significant differences in psychological disorders at $p < .05$ depending on educational stage, the total number of students in a school, and counsellor experience, although the effect size is small, i.e. Eta squared (η^2) is less than .06. Tukey's HSD test was used to illustrate the differences found, as shown in Table 4.

Table 4:- Tukey's HSD shows multiple comparisons (n = 84).

Variable	Groups	n	Mean	Standard Deviation	1	2	3	4	5	6
Educational Stage	1 Primary	27	3.12	.906	-					
	2 Intermediate	29	3.86	.677	.74	-				
	3 Secondary	28	4.63	.848	1.51*	.77	-			
					1	2	3	4	5	6
Total Number of Students in a School	1 From 1 to 200	14	1.37	.201	-					
	2 From 201 to 400	11	1.38	.183	.01	-				
	3 From 401 to 600	16	1.83	.161	.46	.45	-			
	4 From 601 to 800	12	1.86	.064	.49	.48	.03	-		
	5 From 801 to 1000	13	1.90	.212	.53	.52	.07	.04	-	
	6 From 1001 to 1200	18	2.29	.335	.92*	.91	.46	.43	.39	-
					1	2	3	4	5	6
Counselor Experience	1 Less than 2 years	11	1.26	.057	-					
	2 From 2 to less than 4 years	14	1.39	.228	.13	-				
	3 From 4 to less than 6 years	11	1.42	.192	.16	.03	-			
	4 From 6 to less than 8 years	12	1.92	.190	.66	.53	.5	-		
	5 From 8 to less than 10 years	13	1.81	.097	.55	.42	.39	-.11	-	
	6 10 years and more	23	2.28	.178	1.02*	.89	.86	.36	.47	-

*p value is significant at the 0.05 level

Table 4 shows that there is a significant difference between the number of students in secondary school and the number of students in primary school who experience psychological disorders, with greater prevalence amongst

those in secondary schools ($\Delta = 1.51$). Regarding the total number of students in a school, there was a significant difference between schools that have 1001 to 1200 students and schools that have 1 to 200 students ($\Delta = .92$). Concerning counsellor experience, there was a significant difference between counsellors with ten years or more and their peers with less than two years ($\Delta = 1.02$).

2ndQ: What are the relationships between psychological disorders and the educational stage, the total number of students in a school, and student counsellors' experience?

Spearman's rank-order correlation test shows that there are significant positive medium relationships at $p < .001$ between psychological disorders and both total number of students in a school ($\rho = .466$) and counsellor experience ($\rho = .423$). In other words, if the total number of students in a school increases, there is an increased prevalence of psychological disorders, and if the counsellor's experience increases, more cases of students with psychological disorders will be discovered. Regarding the educational stage, it also has a significant positive small correlation with psychological disorders ($\rho = .208, p < .05$).

Discussion:-

To support the result of the first question, the qualitative data showed that students in secondary schools experience a greater number of psychological disorders. F. A. (more than six years of experience) said, "I faced a number of students with many [psychological] problems like students who abuse toxic substances and smoke. Some students sleep in the class ... other students suffer from the disruptive disorder and impulsive control disorder". Related to this, a survey study found that 48% of students in secondary school have psychological disorders, of which 80% suffer from mild to moderate levels of these disorders; there were more females with disorders than males, and excellent students were less exposed to psychological disorders³⁰. Similarly, another study in Denmark found that students suffer from a greater number of psychological disorders as they get older³¹. The current team believe that students in secondary school are more aware of their psychological symptoms and more able to express them. This may be one of the reasons for there being a greater number of psychological disorders among students in this stage of education.

Concerning counsellors' experience, Z. J. (more than ten years of experience) said, "Once, I sent a student who is a drug abuser and another student who has obsessive-compulsive disorder to the mental health hospital ... I also deal with students suffering from stress and psychological trauma; others have stubbornness disorder". The current team believe that the number of years of experience is one of the best criteria to measure the quality of counselling work. Professional counsellors frequently meet students with different types of problems, one of which are psychological disorders. Related to this, a study found that when hiring student counsellors, some schools target those with greater experience because they are more professional³².

Concerning the total number of students in a school, several counsellors (such as F. A., B. A., and Z. J.) who worked in crowded and overcrowded schools discussed the fact that as long as there are high numbers of students in a school, more psychological disorders will appear. A study found that teachers who have to teach large classes end up with a greater number of psychological problems compared with their peers who teach small classes³³. From this, one can conclude that students themselves may suffer from psychological disorders if they are in large classes.

Qualitative data were in line with the result of the second question regarding the positive medium correlation between psychological disorders and both the total number of students in a school and counsellor experience. N. J. (with more than ten years of experience) stated, "I dealt with secondary school students who suffer from communication disorders and toxic substance abuse ... and I am using a heuristic program on them,". Whereas A. S. (more than ten years of experience) said, "The primary school where I work has 795 students ... I face a lot of students with attention deficit and hyperactivity disorder ... I keep my links with their parents, and sometimes I transfer some cases to the psychiatrist". The current research team believe that the number of students in a school and the level of counsellors' experience directly affects how many students experience psychological disorders. In line with this, a study found that crowded classes have a negative effect on the students' and their teachers' psychological health³⁴. In another study, it was found that greater levels of counsellor experience help in discovering the psychological disorders that the students may suffer from³².

Regarding the limited association between psychological disorders and the educational stage, there were a number of student counsellors in secondary schools who stressed this relationship. For example, B. S. discussed that he dealt

with many students with communication disorders and other cases with depression and anxiety. Another counsellor stated, "Psychological stress and trauma are existing clearly among the students, as well as cases where students suffer from physical symptoms" (M. S.). However, there were other counsellors working in different educational stages who discussed their students' psychological problems, such as M. G. (works in an intermediate school) who said, "Communication disorders are a very common issue among the students, and I direct the teachers to accept such cases and treat them nicely". One study found that psychological disorders appear more when the learners are getting older and transfer from one stage to another stage, e.g. students who are 13 and 14 are more exposed to psychological disorders than their peers who are ten and 12³⁵.

Recommendation:-

The current study recommends that the number of student counsellors should be appropriate for the number of students, and this will therefore increase the quality of the counselling service in schools. It is important to investigate the cases of psychological disorders as early as possible to limit their influence. It is also important to benefit from the counsellors who have ten or more years of experience and who can transfer their knowledge and skills to the younger counsellors. Counsellors' work should be developed to include designing and applying for counselling programs and measuring the sufficiency of them. Greater cooperation between mental health hospitals and psychological clinics is needed, as well as having counsellors in schools to facilitate the process of transferring difficult and complicated cases. These recommendations enhance mental health in schools and the quality of a counsellor's work, which is part of the Saudi National 2030 Vision, particularly in the area of social well-being.

Conclusions:-

This explanatory study investigated psychological disorders among school students in Taif from the perspectives of their student counsellors. A mixed-method approach was adopted, and quantitative data (using questionnaires) and qualitative data (using interviews) were collected. Results showed significant differences in psychological disorders in favour of students in secondary schools and crowded schools (between 1001 and 1200 students) and in favour of counsellors with ten or more years of experience. Results also showed that there are significant positive correlations between psychological disorders and educational stage, the total number of students in a school, and counsellors' experience. Qualitative data were used with the related literature in supporting the findings from the quantitative data. To reduce psychological disorders among students, schools should not be crowded, and the number of student counsellors should suit the number of students in a school. It is also important to benefit from counsellors with greater experience as they are able to explore cases with psychological disorders easily and professionally.

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