

ISSN (P): 2788-9815
ISSN (E): 2788-791X

JM
L&P
HEALTH

Vol. 5 No. 4 (2025): Oct-Dec



Submitted: 07/06/2025

Accepted: 19/08/2025

Published: 02/09/2025

Empowering Schools to Tackle Mental Health: A Commentary with Six Recommendations for Engaging Health Educators in Saudi Arabia

Nawaf Alnuwaysir

Department of Community Health Sciences, King Saud University, Riyadh,
Saudi Arabia

Article Link: <https://jmlph.net/index.php/jmlph/article/view/232/version/232>

DOI: 10.52609/jmlph.v5i4.232

Citation: Alnuwaysir, N. (2025). Empowering Schools to Tackle Mental Health: A Commentary with Six Recommendations for Engaging Health Educators in Saudi Arabia. *The Journal of Medicine, Law & Public Health*, 5(4), 777–781.

<https://doi.org/10.52609/jmlph.v5i4.232>

Conflict of Interest: The authors declared no conflict of interest.



Licensed under Creative Commons Attribution 4.0
International.

Empowering Schools to Tackle Mental Health: A Commentary with Six Recommendations for Engaging Health Educators in Saudi Arabia

Nawaf Alnuwaysir

Abstract— Child and adolescent mental health challenges are on the rise globally and in Saudi Arabia, with studies showing high rates of depression and anxiety. Schools present a key opportunity to address these issues through early intervention and education. This commentary advocates for the integration of health educators into school-based mental health strategies in Saudi Arabia. It presents six practical recommendations, including psychoeducation workshops, anonymous feedback systems, and resource hubs, while emphasizing the need for structured training, cultural sensitivity, and cross-sector collaboration. Implementation considerations are also discussed to guide sustainable integration aligned with national policy.

Index Terms— Adolescents; Health Education; Mental Health; Mental Health Literacy; Saudi Arabia; Schools; Stigma.

I. INTRODUCTION

There is growing evidence that the burden of mental health issues is increasing both globally and within Saudi Arabia, especially among children and adolescents. Globally, depression and depressive symptoms among children and adolescents have risen steadily over the past three decades [1]. In Saudi Arabia, mental disorders affect over 40% of youth, with anxiety alone impacting 27% of this group [2]. In Riyadh, the capital of Saudi, the prevalence of moderate to severe depression in the adolescent population is reported at 32.4% [3]. Gender-specific studies reveal further concerns. Among adolescent girls in Saudi Arabia, depression and anxiety rates have reached as high as 41.5% and 66.2%, respectively [4]. A more recent study reported 30.0% depression and 27% anxiety among female students in Riyadh [5]. Depression and anxiety among male students were found to be 56.3% and 56%, respectively [6]. Another study concluded that female secondary school students were significantly more prone to anxiety and stress

than their male peers. Students who had been bullied also showed notably higher levels of depression compared with those who had not been bullied [7]. These findings point to a consistent, and possibly rising, trend in adolescent mental health challenges in Saudi Arabia—an ongoing concern that warrants urgent attention and immediate action.

A variety of factors are driving the rise in mental health problems; they include anxiety about the future, pressure regarding academic performance, exposure to bullying or cyberbullying, and, most disturbingly, the stigma associated with seeking mental health support. One of the most critical barriers is self-stigma, which refers to feelings of shame or embarrassment that prevent individuals from seeking help, particularly for mental health concerns. An additional factor is obesity, a growing concern among children and adolescents globally. For instance, a recent study found that weight-related self-stigma was positively associated with higher rates of depression and anxiety among youth [8].

It is essential to raise awareness about the signs of mental health issues and how to seek appropriate support. Equally important is addressing and reducing the stigma surrounding mental health, ensuring that seeking help, especially during vulnerable times, is seen as a strength rather than a weakness. Reaching families, schools, and communities is vital, as they serve as key connections to young people. In this context, health educators play a critical and influential role in promoting mental health and guiding individuals toward care. Health educators are qualified professionals who aim to improve individual and community well-being by promoting healthy behaviours, supporting adaptation to health changes, and preventing disease. Health education initiatives may encompass a wide range of topics, including physical activity programs, HIV prevention, tobacco use prevention, and, crucially, the promotion of mental health [9]. Reaching students in schools and offering mental health education classes can significantly improve mental health literacy. Through these programs, they can learn to recognize early signs of depression and anxiety, manage various mental health challenges, and,

Nawaf Alnuwaysir (Nalnowaiser@ksu.edu.sa) is with the Department of Community Health Sciences, King Saud University, Riyadh, Saudi Arabia.
DOI: 10.52609/jmlph.v5i4.232

most importantly, when and how to seek help. Implementing such initiatives at an early age not only strengthens mental health awareness as students grow older, but also helps to reduce stigma associated with mental illness [10].

Saudi Arabia has actively implemented health education across various settings to increase public awareness of diseases, obesity, and other health risks. In a recent study, 97% of Riyadh residents agreed on the importance of having health educators in schools, highlighting strong community support in this regard [11]. Numerous regional studies in Saudi Arabia over the past decades have examined the prevalence of mental health disorders among children and adolescents; nonetheless, national studies remain limited. Therefore, this commentary serves as a crucial call for the formal integration of health educators into school-based mental health strategies in Saudi Arabia. Such integration can enhance awareness of the early signs of mental health issues, reduce the stigma preventing individuals from seeking help, and ultimately contribute to decreasing the overall burden of mental health disorders in the population.

Six Recommendations for Schools

The following six recommendations are proposed to enhance mental health awareness and support among students. They aim to provide practical, accessible, and non-stigmatizing approaches that can be implemented within educational settings.

Since adolescents spend a significant part of their day at school, this environment offers a valuable opportunity for early mental health intervention. Integrating health educators into schools can play a key role in raising awareness among both students and staff; it is also essential to train teachers, principals, and parents to recognize early signs of mental health concerns and enable timely support. In addition, incorporating mental health topics into existing health curricula can help students engage meaningfully with the subject and improve their mental health literacy [10].

1. Healthy Schools Program

The Healthy Schools Program, launched by the Ministry of Health in alignment with WHO standards, focuses on promoting various aspects of student health. Notably, it emphasizes the importance of supporting students' mental well-being [12]. Integrating health educators into this program is strongly recommended, as they can play a vital role

in addressing mental health needs through proactive engagement and education. They can quickly assess mental health status using the PHQ and GAD screening tools, allowing them to better engage with students and develop appropriate interventions if needed. These tools are widely used in school settings for early identification of depression and anxiety [13,14].

2. Psychoeducation Workshops

Psychoeducation workshops have been widely implemented and have demonstrated positive outcomes [15,16]. They are a vital step in raising awareness, for both parents and teachers, about common signs of mental health issues among students. These workshops serve as an initial point of engagement, encouraging parents to build open, supportive communication with their children about emotions and mental well-being.

3. Anonymous Feedback

While anonymous reporting systems (ARS) and "Say Something" are widely used in U.S. schools to address safety concerns [17,18], they can also be adapted as effective tools for reporting mental health issues. Stigma may prevent students from openly discussing their mental health concerns; an 'Anonymous Feedback' or 'Support' box is essential to address this barrier. Such boxes offer students a safe and private way to express their thoughts or report sensitive issues, such as bullying, which they might be uncomfortable sharing with parents or school staff. This approach enables schools to receive honest input from students and take appropriate action based on their concerns and suggestions.

4. Resource Hub

Digital mental health interventions have been shown to be effective for students [19], supporting the use of online resource hubs. Today, most students have internet access via their personal devices. Thus, by providing them with a variety of reliable and accessible mental health resources such as coping strategies, educational materials, and referral contacts, and by engaging all students through a school website, shared online folders, or online classroom platforms, schools can ensure that important information is readily accessible in a private and non-stigmatizing manner. This approach empowers students to seek support at their own pace and comfort level.

5. *Mental Health First Aid (MHFA)*

Signs of mental health issues can sometimes go unrecognized by teachers, parents, and peers—or even the students themselves. Mental Health First Aid (MHFA) is a structured training program that teaches people to identify, understand, and respond to signs of mental health issues or emotional distress, enabling non-professionals to offer initial support until professional help is available [20]. MHFA training can equip classmates to identify early warning signs in their peers, and to report concerns, anonymously or directly, to the school health educator for appropriate support.

6. *Multitiered Systems of Support (MTSS)*

MTSS is a flexible and scalable model for integrating mental health services into schools, improving both emotional well-being and academic outcomes [21]. This approach provides support at three levels: for all (Tier 1), targeted (Tier 2), and intensive (Tier 3). Health educators play an important role across all tiers: delivering school-wide mental health education, identifying at-risk students using tools such as PHQ and GAD, and coordinating referrals for students in need. This structured approach not only identifies students' needs and provides early intervention, but also ensures students seek help, reduces stigma, and prevents problems from escalating. By embedding mental health support into school routines, MTSS ensures that all students receive the appropriate level of care, timeously and consistently.

Implementation Considerations

While this commentary advocates for the integration of health educators to address mental health challenges in schools, several practical considerations must be acknowledged within the Saudi context. First, there is currently a limited number of health educators trained specifically in mental health, which may delay immediate implementation and require structured training programs prior to deployment in schools. Second, given the cultural sensitivity surrounding mental health topics, such initiatives may initially encounter hesitation or limited engagement from students and staff, particularly due to persistent stigma. Third, regional disparities in school resources and infrastructure present a logistical challenge, suggesting the need to pilot such interventions in select schools prior to nationwide adoption. Evaluating outcomes from these pilot schools before expanding can ensure

that constructive feedback is incorporated and necessary adjustments made to improve the effectiveness and acceptance of such initiatives.

Systemic Barriers

Systemic barriers may also contribute to delays in implementing these recommendations. First, the absence of mental health content in current school curricula may make adoption challenging without curriculum reform and teacher training. Second, limitations in human resources, particularly the availability of qualified health education professionals, could slow progress due to recruitment processes, training demands, and funding for salaries. Third, successful implementation will require strong intersectoral collaboration, particularly with the Ministry of Education, Ministry of Health, and the Public Health Authority, to ensure the initiative's sustainability and alignment with national strategies.

Sustainability and Evaluation Strategies

To promote long-term sustainability, it is essential that relevant ministries and authorities establish supportive policies and maintain regular oversight, ensuring that mental health initiatives are implemented in alignment with national strategies and with the objectives of Vision 2030. Schools must also receive adequate resources, both in terms of funding and human capital, to carry out these programs effectively. Collaboration with global initiatives, such as those of the CDC and WHO, can provide the benefit of proven training models and theoretical frameworks. Regular evaluations, whether annually or as deemed appropriate, are crucial to track schools' adherence to these initiatives and identify areas for improvement.

II. CONCLUSION

Urgent and coordinated action is required to address the growing mental health burden among adolescents in Saudi Arabia. Schools offer a powerful platform to reach students early, build mental health literacy, and reduce associated stigma. By integrating trained health educators and implementing the six strategies recommended herein, Saudi schools can create supportive environments that promote emotional well-being. However, successful implementation depends on stakeholder collaboration, curriculum reform, adequate resources, and regular evaluation. With strong policy support and a phased, culturally sensitive approach, mental health education can become a sustainable

and impactful part of the school system.

III. REFERENCES

1. Lu B, Lin L, Su X. Global burden of depression or depressive symptoms in children and adolescents: A systematic review and meta-analysis. *Journal of Affective Disorders*. 2024 Jun 1;354:553–62.
2. Altwajri Y, Kazdin AE, Al-Subaie A, Al-Habeeb A, Hyder S, Bilal L, et al. Lifetime prevalence and treatment of mental disorders in Saudi youth and adolescents. *Scientific Reports* [Internet]. 2023 Apr 15;13(1):6186. Available from: <https://www.nature.com/articles/s41598-023-33005-5>
3. AlYousefi NA, AlRukban MO, AlMana AM, AlTukhaim TH, AlMeflh BA, AlMutairi YO, et al. Exploring the predictors of depression among Saudi adolescents: Time for urgent firm actions. *Saudi Medical Journal* [Internet]. 2021 Jun 1;42(6):673–81. Available from: <https://pubmed.ncbi.nlm.nih.gov/34078731/>
4. Al-Gelban KS, Al-Amri HS, Mostafa OA. Prevalence of depression, anxiety and stress as measured by the Depression, Anxiety, and Stress Scale (DASS-42) among secondary school girls in Abha, Saudi Arabia. *Sultan Qaboos University Medical Journal* [Internet]. 2009 Jun 30;9(2):140. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3074779/>
5. al-Atiq, Yusra & al-Shalan, Mashail & al-Mudayfir, Umar Ibrahim. (2017). Prevalence of psychiatric disorders among Saudi adolescent girls in a Riyadh City high school. *The Arab Journal of Psychiatry* Vol. 28, no. 2, pp.160-168. <https://search.emarefa.net/detail/BIM-813398>
6. Alenazi SF, Hammad SM, Mohamed AE. Prevalence of depression, anxiety and stress among male secondary school students in Arar City, Saudi Arabia, during the school year 2018. *Electronic Physician*. 2019 Feb 25;11(2):7522–8.
7. Barnawi MM, Sonbaa AM, Barnawi MM, Alqahtani AH, Fairaq BA. Prevalence and Determinants of Depression, Anxiety, and Stress Among Secondary School Students. *Cureus*. 2023 Aug 26;15(8):e44182. doi: 10.7759/cureus.44182. PMID: 37641721; PMCID: PMC10460469.
8. Ali AA, Aqeel AA, Shami MO, Khodari BH, Alqassim AY, Alessa AM, et al. Relationship between depression, anxiety, stress, and weight self-stigma among youths in Saudi Arabia: A nationwide study. *Cureus* [Internet]. 2024 Feb 13 [cited 2025 Feb 4]; Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10939164/>
9. World Health Organization. Health education: theoretical concepts, effective strategies and core competencies A foundation document to guide capacity development of health educators [Internet]. World Health Organization. 2012. Available from: https://applications.emro.who.int/dsaf/EMRPUB_2012_EN_1362.pdf
10. Centers for Disease Control (CDC). Mental health education [Internet]. Adolescent and school health. CDC. 2024. Available from: <https://www.cdc.gov/healthy-youth/mental-health/mental-health-education.html>
11. Alzaidi H, Alnuwaysir N, Almoajel A, Hadaddi S, Almutairi K, Alessa N, et al. Measuring the knowledge and perception of Riyadh residents regarding the presence of health educators in schools. *Global Journal of Health Science*. 2025 Mar 31;17(2):46–6.
12. Ministry of Health. Healthy Schools - Home [Internet]. www.moh.gov.sa. accessed July 7, 2025.
13. Kroenke K, Spitzer RL, Williams JBW. The Patient Health Questionnaire-2: Validity of a two-item depression screener. *Medical Care*. 2003;41(11):1284–1292. <https://doi.org/10.1097/01.MLR.0000093487.78664.3C>
14. Kroenke K, Spitzer RL, Williams JBW, Monahan PO, Löwe B. Anxiety disorders in primary care: Prevalence, impairment, comorbidity, and detection. *Annals of Internal Medicine*. 2007;146(5):317–325. <https://doi.org/10.7326/0003-4819-146-5-200703060-00004>

15. Natali L, Cardi V, Lunghi M, Ferrara R, Marconi L, Bottesi G. The acceptability of a psychoeducation and skill-based training for carers and teachers to cope with risky behaviours in adolescence. *Children (Basel)*. 2023 Dec 28;11(1):38–8.
16. El Fatah WOA, El-Maksoud MMA, Elkhalek HAA. A psychoeducational intervention for teachers about bullying behavior prevention among secondary school students. *Middle East Current Psychiatry*. 2022 Jun 16;29(1).
17. Messman E, Heinze J, Hsieh HF, Hockley N, Pomerantz N, Grodzinski A, et al. Anonymous reporting systems for school-based violence prevention: A systematic review. *Health Education & Behavior*. 2022 Jan 26;51(1):109019812110737.
18. Sandy Hook Promise Training Center [Internet]. Say Something - ARS Program Page. www.sandyhookpromiselearning.org. accessed July 5, 2025. Available from: <https://www.sandyhookpromiselearning.org/say-something-ars>
19. Madrid-Cagigal A, Kealy C, Potts C, Mulvenna MD, Byrne M, Barry MM, et al. Digital mental health interventions for university students with mental health difficulties: A systematic review and meta-analysis. *Early Intervention in Psychiatry* [Internet]. 2025 Mar;19(3). Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11876723/>
20. Kitchener BA, Jorm AF. Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behavior. *BMC Psychiatry* [Internet]. 2002 Oct 1;2(1). Available from: <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-2-10>
21. Centers for Disease Control (CDC). Promoting mental health and well-being in schools [Internet]. Mental health action guide. 2024. Available from: <https://www.cdc.gov/mental-health-action-guide/about/index.html>