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EXPLORATION OF THE MENTAL HEALTH NEEDS AND SERVICES FOR ADOLESCENTS: A QUALITATIVE STUDY

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ABSTRACT

Background: *Emotions and behavioral difficulties are important for adolescent's general well being. Many adolescents experience high rates of mental health problems. Unfortunately, the need is often greater than the available services. Therefore, there is a need to expand accessibility of mental health services.*

Aim: *The purpose of this study was to explore the adolescents 'living experience related to mental health services need at schools in Jordan.*

Method: *A phenomenological method underpinned was used by the work of Husserl and guided by the framework offered by Giorgi.*

Participants*: A purposive sample of 38 adolescents took part in audio-recorded focus group interview.*

Findings*: There were five research questions. In the initial analysis, after 'bracketing' three essential themes emerge to describe the living experience related to mental health services at school-based: (1) Mental health difficulties, (2) Lack of support and knowledge. (3) Limited access to mental health services.*

Conclusions*: The finding showed that the adolescents in this study experienced many interrelated mental health problems, which need for support and knowledge. Adolescents are more likely to turn to peers than family as a source of information and support to cope with their difficulties. This study has added to the knowledge that adolescents were delayed from obtaining support as needed. Which are increasingly viewed that school as necessary in order to overcome these barriers.*

Every school should promote their students' well being. Not all mental health services can be provided in the school-based. Therefore, there is a need to expand accessibility of mental health services and collaborate with outside professionals to ensure that adolescents receive the appropriate services they need.

KEYWORDS: *Adolescents, Phenomenology, Husserl, Mental Health Needs, Accessibility, Mental Health Service*

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INTRODUCTION

Adolescence is the typical period of beginning for many mental disorders (American Psychiatric Association,

2013). In the recent decades, psychological problems have increased among adolescents (Merikangas et al., 2010). The WHO, (2015) has estimated that by the year 2020 young adolescent' mental disorders will rise by over 50%. Furthermore, around 450 million people will suffer from major mental disorders. The worldwide burden that mental health difficulties impose on adolescents remain high (10% to 20%), these dimensions are difficult to measure, to justify their inclusion as one of the priorities in health research. Approximately 20% of adolescents between the ages of 13 and 18 live with mental health conditions. The mental health concerns are a major part of an adolescents' general well being and are intimately bound up with their physical health and can cause lifelong health problems (Bechtel, 2011). Mental health is necessary for optimal academic success (Stevenson, 2010), likewise, the adolescents who have psychological and behavioral problems may be identified as emotionally disturbed. As defined by the (Substance Abuse and Mental Health Services [SAMHSA], 2016), which causes substantial impairment in one or more functional domains.

The unmet mental health needs of adolescents have been well documented in the literature (Atkins & Frazier, 2011; Burns & Rapee, 2016; Health Resources and, 2017; Jensen et al., 2011; Kieling et al., 2011; Pavletic, 2011; Ramos, Sebastian, Stumbo, McGrath, & Fairbrother, 2017). And the prevalence of mental health disorders in adolescents is reported to be considerably high (Angst et al., 2016; Conway, 2013; Polanczyk, Salum, Sugaya, Caye, & Rohde, 2015). For an example, a meta-analysis of the worldwide used to identify the prevalence of mental disorders during childhood and adolescents, based on 41 studies that conducted in 27 countries shown that the world region prevalence of all mental illness was 13.4%. Anxiety disorder is the highest, which was 6.5%, then depressive disorder was 2.6%, then attention-deficit hyperactivity disorder was 3.4%, and finally, any other disruptive disorder, which was 5.7% (Polanczyk et al., 2015). Still, the adolescents' inadequacy of life skills such as stress coping, emotional distress, conflict resolution anger management, problem solving and communication, which makes it difficult for them to adapt to changes and leads to mental health problems (Compas et al., 2017; Tandon, Dariotis, Tucker, & Sonenstein, 2013; Wainryb, Pasupathi, Bourne, & Oldroyd, 2018; D. J. Williams, Gavine, Ward, & Donnelly, 2015).

A clear gap in review of literature supports the need to describe specific developmental transition interventions and their outcomes for adolescents with mental health difficulties (Paul, Street, Wheeler, & Singh, 2014).

Many adolescents with untreated emotional and behavioral problems face many challenges such as disturbing class with inappropriate behavior, which may include fighting, physical violence, abusive language as involvement with the criminal justice than their peers (Walker & Brigham, 2017). According to the (Centers for Disease Control and Prevention [CDC], 2015), mental health problems leads to higher rates of suicide, violence, school dropout, disturbance in behavior, and substance disorders, violence and unintentional injuries, family dysfunction, and youngimprisonments. Also, (Merikangas et al., 2010) reported that only (50%) of adolescents who meet criteria for "severe" impairment from a mental health disorder report that they have been received any mental care (Merikangas et al., 2010). Similar results from(Green et al., 2013) revealed that only 36.2% of adolescents with mental health difficulties had received treatment, while half of the adolescents with severe mental disorders had never received any mental health treatment for their symptoms.

Schools are increasingly playing an important by offers compelling the opportunity in addressing mental disorders (Dowdy, Ritchey, & Kamphaus, 2010; Stephan, Mulloy, & Brey, 2011), and reaching adolescents with high mental health burden (Kern et al., 2017). Schools are a specialty mental health service gateway to address mental health needs of the traditional mental health systems (Bruns et al., 2016; Stephan et al., 2011). The mental health services in school are proposed as a significant step in identifying mental health status, which emphasizes on prevention, promotion,

intervention, and rehabilitation (Dowdy, Ritchey, & Kamphaus, 2010). This integration can improve the mental difficulties besides the academic outcomes for adolescents with mild/moderate mental disorders (Stephan et al., 2011). For an example, in Europe, a number of organizations and agencies, such as ADVOCARE and the European Joint Action on Mental Health and Wellbeing have identified mental health in schools as a priority need (Kutcher et al., 2016). Therefore,every school should promote their students' wellbeing, due to the increasing adolescents' complex needs, which is considered as an essential need to provide appropriate intervention since few of affected adolescences receive any treatment (Jayawardene, Erbe, Lohrmann, & Torabi, 2017; Mazurek Melnyk, Kelly, & Lusk, 2014).

A research finding summarizes the areas of school mental health service needs, which include the following; (a) the impact of school mental health and the academic achievement, (b) the needs to address mental health which historically has been neglected, and (c) the interdisciplinary collaboration necessary to enhance outcomes (Suldo, Gormley, DuPaul & Anderson-Butcher, 2014).

Early intervening has been shown to be more effective than trying to resolve these mental health problems when they are older (Kato, Yanagawa, Fujiwara, & Morawska, 2015). And a rapid response would be efficient to scale up mental health need for early detection and intervention (Eaton et al., 2011; Janssen Inc., 2016). Thomson and his colleagues, (2015) provide several evidence-based treatments on early interventions to meet the complex mental needs of adolescents on a path toward psychosis and reduce the risk of transition to full-threshold psychosis (E. Thompson et al., 2015). To raise awareness, this study was conducted to explore adolescents' perception of the mental health services need mainly to hard-to-reach adolescents with the high psychological burden.

METHODS

Study Design

This study used a psychological phenomenological methodology to explore the perceptions of mental difficulties and related to mental health services need at school-based. Ethical approval for the study protocol was obtained from the University of Jordan Institutional Review Board committee. In addition, the approval was obtained from the Ministry of Education to conduct the study at the selected schools prior to data collection. Privacy and confidentiality of the adolescents were safeguarded. The informed consent of the parents or legal guardians was obtained before the data collection. Adolescents with a high burden of mental health needs from a previous survey were interviewed to explore their living experience related to mental health services needs by providing an in-depth understanding of the phenomena under study.

Psychological Phenomenology

The qualitative method is grounded in Moustakas' (1994) and (Giorgi, 2009) Psychological Phenomenology approach, as described by Moustakas (1994) psychological phenomenology was chosen as the suitable methodology for this study for an understanding of the meaning of these participants' experiences. Moustakas (1994) states that "the empirical phenomenological approach involves a return to experience in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essences of the experience" (p. 13). In phenomenological research, as suggested by Husserl is concerned with the discovery of meanings and essences in knowledge, as mention by (Moustakas, 1994) "The challenge facing the human science researcher is to describe things in themselves, to permit what is before one to enter consciousness and be understood in its meanings and essences in the light

of intuition and self-reflection" (p. 27). Although Giorgi supporters Husserl's phenomenology as a better, and more appropriate approach, Giorgi also just for a modified Husserlian approach, based on the limitations of the natural scientific method for such a diverse population as the human experience in a context (Smith, 2016).

According to Husserl's (1930), participants in the phenomenological study would be able to release the essential nature of known experience and provide descriptive data to realize its true essence that could be applied to a general category of individuals, and develop a common understanding of the phenomenon investigated, Husserl posited that intuiting was a necessary process in phenomenological research. Descriptive phenomenological allows the researcher to crystallize the phenomenon, and suspend their own world knowledge and beliefs to observe and describe the essence of another's lived experience, and supposed that intuiting would permit the researcher to indirectly experience the particular situation (Giorgi, 2009; Speziale & Carpenter, 2007), to allowed participants the freedom to express feelings about mental health services leading to the development of categories of experience (R. Thompson, Dancy, Wiley, Perry, & Najdowski, 2011).

Sample and Settings

A purposive sample of 38 participants was interviewed by using a focus group to explore their living experience related to mental health services needs for the 9^{th}, 10^{th}, and 11^{th} Grade in governmental schools in Amman. The participants were selected based on the previous survey on the assessment tool of the Strengths and Difficulties Questionnaire (SDQ) on a cut-off level of ≥20 was used to categorize as "abnormal" as the risk for mental health difficulties for selection.

Data Collection Procedures

After obtaining the ethical approval, school principals of the selected schools were invited to participate in the study. Data were collected by conducting four focus groups (two groups of girls and the two of the boys) each group contains 8-10 participants. A focus group of participants was asked some standardized open-ended questions. This method of data collection is efficient in generating large amounts of data from large numbers of participants (Speziale & Carpenter, 2007). Furthermore, the data were coded to assure anonymity of the response to all participants.

Interview Data Analyses

The organization of collecting data was essential to the study data analysis. The adolescent's interviews were analyzed using Moustaka's (1994) phenomenological method of data analysis. (Creswell & Poth, 2017) recommends Moustaka's phenomenological method for data analysis because it has systematic steps and guidelines for collecting descriptions of the transcribed data, which includes following eight steps:

- **Bracketing:** (Moustakas, 1994) refers to this process as "Epoche" (p. 84). The researcher setting aside prejudgments as much as possible in an attempt to avoid any biases
- **Sense of the Whole:** The researcher reads through each transcript completely to gain an understanding of the overall sense of the wholeness sense of experiences from several participants who have experienced the phenome (Giorgi, 2009).
- **Horizontalization:** Every statement has equal value, which involves going through the data and highlighting significant statements mention by the participant.

- **Discrimination of Meaning Units:** This step includes gathering the significant statements identified in the previous step into thematic labels (Giorgi,2009).
- **Final Identification of Themes:** The researcher checks the validity of the identified themes with each of the participants' interview records.
- **Individual Textural Descriptions:** The researcher reflects on the meaning themes and derives the essence of the phenomenon for each one Moustakas (1994) stated: "The method of reflection that occurs throughout the phenomenological approach provides a logical, systematic, and coherent resource for carrying out the analysis and synthesis needed to arrive at essential descriptions of experience" (p. 47).
- **Structural Description:** The themes and significant, nonrepetitive, nonoverlapping constituents clustered into themes (codes) statements are used to write a description of the situational context of the participant.
- **Composite Description (Essence):** From the integration of all of the individual textural descriptions into a group textural description, the researcher develops a "composite description of the meaning and the essences of the experience, representing the group as a whole" (Moustakas, 1994, p. 121).

Participants' Characteristics

In the present phase analyzed data 38 adolescents were included in the present sample. Ages ranged from 14– 17, with a mean of 15.5 years. A majority of the sample was female (20 adolescents) and the male was (16 adolescents) who reported experiencing mental health problems from the previous survey, which indicated that 95 (11.7%) were categorized as "abnormal", and from that sample, 38 participants were interviewed. The adolescents were asked to provide information on socioeconomic markers such as family income, parental education, the adolescents frequently described exposure to conditions such as high rates of violence, poverty, and family instability.

RESULTS

The key findings obtained from an in-depth interview with 38 participants by using four focus groups to explore adolescents living experiences. During the interviews, the unmet mental health needs emerged as a central theme when adolescents discussed their daily living experience. Adolescents in the present analysis were reflective of the original sample in terms of risk and experience. The finding is; (1) Mental health difficulties, (2) Lack of knowledge and support. (3) Limited access to mental health services.

Theme 1: Mental Health Difficulties

As part of the interview, adolescents were asked to indicate, whether they considered themselves to have any emotional or behavioral difficulties. Maintaining good personal relationships in which trust is built appears very essential.

Overall, 49 % indicated that they had problems that affect their life. Overall, 44.7% of adolescents reported the need for seeking help to overcome their difficulties. The majority of adolescents 80.1% reported that they had experienced anxiety/depression, followed by aggression, physical /verbal were 75% report, followed by somatic complaints were 50%, followed by somatic complaints were 26 %, and finally, 3 % reported by self-harm.

These themes focused on their mental health problems. Some evidence of a complex, cyclical, and cumulative relationship emerged wherein adolescents experienced some potentially manageable stressor (i.e. Academic pressure when

exams), which would then aggravate other stressors (i.e. Anxiety, fear, sleep disturbance, sadness, and isolation) and lead to cumulative worsening and multiplication of all of their challenges. But generally, females recognized symptom profiles better than the males. Also, the impact of mental health difficulties in their social life appeared to be considerable, which constantly affected their relationships with their family, colleagues and teachers. Of those that did, around less than third reported that they worried about their mental health problems, 40% reported they had received mental health services, and the services related to issues at school not for their personal difficulties.

Theme 2: Lack of Support and Knowledge

The adolescents identified three sources of support: family, friends, and any particular teachers who were friendly, genuine, and trustworthy. Participants stated that they had most often received mental health information and support from individuals with whom they had a good personal relationship, especially from their friend 56 %, then from family 29%, finally the school teacher was reported 11%, and professional were 4% less common

Although adolescents recognized that their friendship groups brought many risks, but they were also essential sources of emotional support for participants who did not find their families supportive. As one participant said "*My friends became my family,"* (P#18)". And explained the need for strong friendships with a different peer group as an additional for the care, the ability to get along with other people for seeking help.

Some participants mention that they can't manage their difficulties, which prevented them from describing their feelings. Some of the participants were maladaptive related to that lack of the adequate support in response to their difficulties.

"I haven't the ability to manage, I can't manage my anger, I begin to smoke, I feel

More Frustration (P # 17)"

"Even if I don't think my problems are that bad, I'm clearly not coping with them in a

The way that I can be successful in the other things that I'm trying to do (P#32)."

"Sometimes I wouldn't bother to call [for mental health services]. You know that the problems that affect me in my personal life isn't related to the school responsibility, I do not find the school able to solve any of my personal problems. But sometimes if I have a problem that only that happen in school, [e.g. Bulling, or violence] I may have asked for help, I'm just going to have to cope on my own and get support from friends or family, it depends on the situation (P#15)"

"*They [people in my life] tell me that I am big enough to ask for help or support, I am a big man and I need to [address my mental health issues only], and then try to solve it, to get more responsibility to solve problems by myself, although I would try to do so but it wouldn't help (P#24)"*

"All what I need is to pray, to believe in my Faith/spirituality, and read the Koran, I don't need any mental health services to overcome my problems. P#15"

"Most of my family and close friends didn't know about my difficult that had gotten for me, I really, do not share anybody. (P#3)"

"I asked for support only in a big problem. Some time, if it related to emotional issues, I ve even do not tell my

mom, it is related to reimbursement (P# 33)".

There were some differences when comparing both genders, females had broader friendship networks and were more expected to report that they having more than one closer relationship. However, in the majority of cases where respondents said they would talk to friends, in case adolescents sometimes reported being careful because the information might be used against them if the relationship deteriorated. One participant mentions that:

"you never know who you can trust …people can be quite spiteful (P# 17).

Despite frustrations with mental health services, but the adolescents frequently reported benefits from collaborative practices, which indicate a need to be considered. Not all services can be provided in school based, in addition the lack of specialized professional in mental health. Therefore, there is a need to expand accessibility of mental health services and collaborate with outside professionals to ensure that adolescents receive the appropriate services they need. The collaboration from both governmental agency and nongovernmental agency for increase knowledge about mental health.

Some participants mention that they attend some lectures from the addition center, and from a voluntary agency such as "Enjaz". The lecture related mental health issue such as smoking, addiction, substance abuse, coping strategies).

The participants have many benefits related to mental health issues, but unfortunately, not all participants attend the lecture due to the limited infrastructure at the school. Since very limited number of the students' attendant those lectures. Therefore, the results suggest that it is highly desirable to use collaboration model, which can provide many positive benefits for adolescents highly mental burden.

Theme 3: Limited Access of Mental Health Services

Unmet mental health need is a significant crisis for adolescents. By asking the participants 'Did you received any professional mental health care services in the last two years for any mental problems that you struggle?' (yes or no), there are 79 % mention that they do not receive any mental health services at school.

Some of these respondents shared stories about their experience, one adolescents described *"I wasn't sure about going [to ask for help from school], but when my problems got worse, I went to one trusted teacher that helped me to get overcome my difficulties" (P#20).*

The adolescents explained how the previous experience of these individuals had shaped their personal opinions about mental health services. Since many benefits of having an opportunity to talk about mental health problems. But the majority of adolescents described negative feeling about their dissatisfaction with mental health services that offer at school.For an example, one participant hesitated to contact the school service. The ambivalent feelings were also expressed by other adolescents.

Many adolescents found that the mental health services to be "not good enough". And in particular, the participants were not satisfied with the level of support from their school. The majority of adolescents agreed that schools should involve in addressing their challenges, and the lack of professional specialties in mental health and how they felt about the mental health services needed to be improved.

While each participant experienced looking for mental health help, they also had examples where they did not seek or even receive support from. Instead, they choose to cope with their difficulties independently by using many

strategies and they believed that seeking help was not a possible option by using many strategies like used some traditional, spiritual, complementary, and alternative medicine.

"Many participants mention that the Aromatherapy, such as listen to the Koran and praying, which are considered as the major relaxation techniques for many mental disorders" and even they [teacher, friends] do not ask you if there is any problem "

While, two female participants mentions that "I sometimes used some web sites for asking help as alternative ways for seeking help, especially when the topic is so sensitive and can't be mentioned in front of anybody, to find similar experience to overcome my difficulties".

The participants highlighted the fear of stigma, privacy and anonymity in seeking mental health counseling as a major barrier towards using mental health services at school.

In response to question related to the participants perception related to use of mental health services at school the question is "Imagine you had an emotional or behavioral problem that you could not solve on your own. Do you believe that mental health services at your school could resolve this issue". The majority of the participants reported previous negative experiences with the mental health service at their school.

'I know t many students would be scared to seek help, maybe due to embarrassment or shame to be identified."

"I think lack of mental services may be due to lack of specialties in mental health services"

"I don't like seeing help at school, because I don't want anyone to know I am seeing a counsel."

" I'm Ashamed to report my feelings to share my living experiences "

Despite saying that their family and close friends were supportive, some participants noted that they were cautious about telling others about their mental health problems. While other afraid of the stigma related to or being perceived by peers, which led to mixed emotional, guilty, embarrassed and mistrust which consider significant barriers to mental health services at school. Adolescents were sensitive to the stigma involved in mental illness, which made some feel unwilling to engage with mental health services.

In some cases, participants phrased their decision "not to tell others" about their emotional and behavioral difficulties in terms of" it not being people's business".

All participants were aware that many people have negative attitudes toward with mental illnesses. The stigma related to having a mental health problem or being perceived by other peers as not being able to cope with academic and social pressures in turn led to the mixed emotions of guilt, embarrassment and mistrust, which prevented students from accessing the on mental health services. All participants stated that there are still gaps in meeting mental health needs of students. However, recent awareness of the advantages of school mental health services is being recognized and a shift has been made toward more comprehensive services and programs.

Evaluation Criteria

The descriptive qualitative method must pass the examination of critical peer evaluation. These characteristics guide the criteria for determining the trustworthiness of the qualitative inquiry and validating the findings by comparing the researcher's descriptive results with participants experiences and return to the participant (Speziale & Carpenter, 2007).

To ensure the trustworthiness, all focus group sessions were conducted in governmental school, each student was given a number to increase confidentiality also the researcher developed an audit trail, which included raw data, data analysis products, data reconstruction and synthesis products, and field notes. Member checking was performed by the participants to ensure that the identified themes represent their own experiences. Through "thick description" the researcher described the living experience present during the participant interviews (Creswell & Miller, 2000).

DISCUSSIONS

The primary purpose of this study is that we need to listen to the adolescent's experiences related to mental health services particularly for adolescents with the high burden of mental health difficulties. Many researchers reported that the demands for adolescent's mental health needs exceed the available services (Hill, Ohmstede, & Mims, 2012; Knopf, Park, & Mulye, 2008; Merikangas et al., 2011) Thus, it is important to improve mental health status to adolescents with the high psychological burden (Bruns et al., 2016; Stephan et al., 2011).

Up to the present time, many schools have not adopted mental health services at their school. Therefore, there is a need to identify adolescents at risk of mental health difficulties and refer them to appropriate care and support (Coutinho, Conroy, Forness, & Kavale, 2000; Merikangas et al., 2010; Verhaak, van Dijk, Walstock, & Zwaanswijk, 2015)

Most of the findings were strongly supported by the results of the present study Jordanian adolescents described that despite the higher number of adolescents with multiple mental health difficulties, there were only limited available services. Similarly, as the results from the qualitative study by (DeFosset, Gase, Ijadi-Maghsoodi, & Kuo, 2017) which suggest that participants experienced numerous, overlapping symptoms; and only a portion had their mental needs addressed. Moreover, considering recent events, Jordan is experiencing a rise in Syrian refugees in governmental schools, which influencing how school can expand the mental health services needs in schools with the lack of professional school.

Moreover, considering recent events, Jordan is experiencing a rise in Syrian refugees in governmental schools, which influence how the school can expand the mental health services needs in schools with the lack of the professional in the mental health (El-Khatib, Scales, Vearey, & Forsberg, 2013). This outcome indicates that the participants in the current study have relatively mental health needs related to those in other Arab countries. For example, in Palestine by given the extremes of war, there is an immediate need to develop the ability among mental health professionals and capacity within the mental health service (Marie, Hannigan, & Jones, 2016).

Although adolescents identified three sources of support (friends, family and some particular teachers or professional). The findings of this study have found that adolescents are more likely to turn to peers than other sources of information and support, which is consistent with (Bokhorst, Sumter, & Westenberg, 2010; Swords, Hennessy, & Heary, 2011).

The data from the focus group interviews support the findings in the literature (Emond, 2014; Farineau, Stevenson Wojciak, & McWey, 2013; Müller & Minger, 2013; Sanders, Munford, Liebenberg, & Ungar, 2017), which revealed that positive influence of peer relationships. A friend offered emotional resources that could be missing from their families, especially for vulnerable groups of adolescents. Peers worsened exposed to many risks, but an absence of friends compromised psychosocial well-being. But what these adolescents know about possible sources of help is so extremely important as it may determine whether or not assistance is sought from qualified mental health professionals (Swords et al., 2011).

Although the adolescents hadn't the ability to cope with multiple complex mental issues, they used many strategies such as some traditional and spiritual beliefs. Evidence from crosswise the world, especially from low- and middle-income countries to deal with the prevention of mental illness (Eaton et al., 2011). For an example the seeking of mental health services for many Arab Muslim countries such as the United Arab Emirates is related to the religious viewpoints of social stigma, cultural and traditional belief, lack of awareness of mental health and lack of confidence in mentalhealthcare providers (Chowdhury, 2016).

In comparison with non-Arab countries, for example, in India, there is a considerable impact of Islamic religion and spirituality within the psychiatric clinical practice in treatment different mental disorders, including focusing on the modification of psychotherapeutic techniques such as music therapy, meditation therapy, and aromatherapy (Sabry & Vohra, 2013). A similar finding from India and China country which revealed that the primary resource for delivering mental health care, is commonly implanted by reflecting community beliefs, experiences, religion and spirituality needs (Gureje et al., 2015; Thirthalli et al., 2016).

Multiple factors prevented our participants from seeking help for their difficulties. Our findings showed that significant main barrier is consistent with (Plaistow et al., 2014) which revealed that it was due to accessibility barriers to mental health services, such as fear of stigma and lack of information (Bowers, Manion, Papadopoulos, & Gauvreau, 2013; Burnett-Zeigler & Lyons, 2012).

The agreement of all participants on the role of stigma as a major issue in support with the findings of previous studies, and these same factors have also been described as negative factors worldwide. Similar finding in many research findings indicate that stigma acts as an essential barrier to help-seeking (Bulanda, Bruhn, Byro-Johnson & Zentmyer, 2014; Hart, Mason, Kelly, Cvetkovski, & Jorm, 2016; Salerno, 2016).

Therefore, a recent awareness of the advantages of mental health services in school is being recognized to decrease stigmatizing attitudes among adolescents (Bulanda et al., 2014). Also (Milin et al., 2016) showed that increases in knowledge about mental health and disorders could ensure effective early interventions to demonstrate the usefulness of a mental health education resource on mental health literacy for adolescent's students. Moreover, (Wei, McGrath, Hayden, & Kutcher, 2015) argued that mental health literacy is an important strategy that produces awareness, supports early identification of risk factors related to mental disease, exerts a positive influence on the stigma, and encourages help-seeking behavior.

In this qualitative study, the results of this study could provide direction for policy-makers related to integrating mental health services in the school setting: First to adopt through access to health professionals. Since many evidence from the literature proposed that school nurse based on ethical and evidence-based practice is the best to bridge healthcare and education, advocate for students at the school (Bains & Diallo, 2016; Bartlett, 2015; Bohnenkamp, Stephan & Bobo, 2015; Harper, Liddon, Dunville, & Habel, 2016; Pryjmachuk, Graham, Haddad, & Tylee, 2012; Weber, 2010). The school nurse is skilled in leading interprofessional health and educational team to promote health improvement, targeted towards students with specific mental needs (Tall, 2011).

Second, to provide effective collaborative programs with community-based mental health service providers can offer welcome support (Duchnowski & Kutash, 2011). Although few studies specifically addressed the interdisciplinary collaboration team. For example, in Lebanon, a project created an active collaborative environment with many

organizations working in the community in training young trainees to offer awareness among adolescents, that collaboration produced by all professionals involved in a collaborative project can result in successful outcomes (Arevian, 2010).

Despite the higher number of adolescents with mental health difficulties and the adverse effect of these conditions on their daily functioning, access to mental health services is a significant problem in the Jordan. And if we are going to provide mental health services at school there is a need to be accessible, and a confidential way (N. J. Williams, Scott, Aarons, 2017) With the rich experiences and success in helping mental health wellbeing among adolescents to overcome literacy in mental health (Kutcher et al., 2016).

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