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REIMAGINING MENTAL HEALTH AND WELL-BEING IN SAUDI SCHOOLS:

A PROACTIVE, DATA-DRIVEN APPROACH

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A SYSTEMS-BASED APPROACH TO BETTER MENTAL HEALTH ASSESSMENT

UNDERSTANDING WELL-BEING TOGETHER

Mental health is often viewed through separate lenses. At schools, student well-being is measured through one process, while employee mental health and well-being are addressed through another. Each provides valuable information, but when these populations are examined independently, school leadership is left with a partial view of the environments they manage. Continuing to assess mental health in this framework is choosing to ignore the reality that students and school faculty influence and impact each other.

The need to better understand these environments is particularly relevant in Saudi Arabia. Data from the Saudi National Mental Health Survey indicate that 40.1% of Saudi youth ages 15–30 have experienced a mental disorder during their lifetime, including 26.8% experiencing an anxiety disorder and 11.3% experiencing ADHD. Despite this level of need, only 14.5% of affected youth had received treatment (Altwaijri et al., 2023). These findings suggest that identifying mental-health needs is only part of the challenge; institutions must also understand the environments in which those needs develop and how effectively support is reaching the people who need it.

A systems-based approach starts from a different premise. One where students and faculty are part of the same educational environment, and understanding the health of that environment requires visibility into both. By bringing student and workforce mental-health assessment together, school systems can begin moving beyond single, isolated snapshots and toward a holistic understanding of where challenges exist, where support is needed, and how resources can be strategically deployed to best improve a situation.

THE TRADITIONAL APPROACH: A SILOED ASSESSMENT OF MENTAL HEALTH

Traditional approaches to mental-health assessment often operate through separate channels.

Student assessments may identify concerns related to well-being, psychological distress, school-related pressures, or the need for additional support. Workforce assessments may examine employee stress, burnout, well-being, workload, or perceptions of organizational support. And frankly, these assessments often provide useful and sufficient information in most industries. However, education presents unique contexts not found in many others. Education is one of the few environments where two distinct populations interact repeatedly throughout each day. Furthermore, these interactions and their impact on mental health do not simply stop when school ends. Whether positive or negative, the reality is that faculty and students carry their experiences and emotions with them.

Complicating things further, both students and faculty are heavily invested in their lives at school. Students want to do well, and teachers want students to do well. The interconnectedness of these distinct populations is stronger in education than in most other industries.

Research among Saudi adolescents demonstrates how strongly mental health can be associated with the surrounding social environment. In the national Jeeluna® study of more than 12,000 Saudi adolescents, approximately 14% reported significant sadness or hopelessness and 6.7% reported significant worry. Adolescents reporting a poor relationship with their father had approximately 3.4 times greater odds of significant sadness or hopelessness and 4.3 times greater odds of significant worry (Abou Abbas & AlBuhairan, 2017). While these findings do not establish causation, they illustrate a larger point: mental health does not occur independently of the environments and relationships surrounding an individual.

A student mental-health report may identify elevated concerns within a school. A separate workforce assessment may identify strain among teachers or staff in that same environment. When the two sources of information are viewed independently, leadership may see two separate problems rather than ask whether they reflect a broader condition within the school system.

The traditional model can therefore look like this:

Students → Assessment → Student Action
Workforce → Assessment → Workforce Action

This approach tells administrators what is happening within each population, but provides less visibility into what may be happening across the system as a whole

A SYSTEMS-BASED APPROACH: ONE EDUCATIONAL ENVIRONMENT

Students, teachers, administrators, counselors, and support staff share the same schools, leadership structures, resources, pressures, and organizational environments. A systems-based approach recognizes that these populations should not always be understood in isolation.

Instead, student and workforce assessment can contribute to a single view of organizational health:

Student Mental Health + Workforce Mental Health → Integrated Insight → Action

This does not mean treating student and employee mental health as the same issue. Each population has different experiences, needs, and appropriate measures. The value comes from preserving those differences while giving leadership the ability to examine both within the same system. In this system, the same level of separate analysis remains possible; however, leadership now has the flexibility to explore whether problems are linked and, when necessary, strategically deploy interventions to target the broader system, improving the likelihood of meaningful change.

This becomes especially important when barriers to care are considered. A systematic review of mental-health help-seeking in Saudi Arabia identified recurring barriers involving stigma, limited awareness of available services, confidentiality concerns, and access to appropriate care (Alhumaidan et al., 2024). In studies included in the review, 76.3% identified stigma as a barrier, while another found that 87.3% did not know about services provided by mental-health facilities. Among students in one included study, 31.9% reported concerns about confidentiality and 20.3% feared mental-health information could appear in their academic records (Alhumaidan et al., 2024).

These findings make the educational environment particularly important. It is not enough to know how many students or employees are struggling. Leadership also needs to understand where concerns are concentrated, what characteristics of the environment may be associated with them, whether people feel comfortable seeking support, and whether existing resources are actually reaching those who need them.

This integrated view allows school leaders to ask questions that separate assessments cannot answer as well:

- Are student and workforce concerns concentrated in the same schools?
- Are certain environments showing stronger well-being across both populations?
- Does a challenge appear limited to one population, or does it signal a broader system-level issue?
- Where should mental-health resources and interventions be prioritized?
- Are barriers such as stigma, awareness, or access affecting both populations?
- Do conditions improve after action is taken?

The goal is not simply to collect more mental-health data. It is to connect the data already being collected so leadership can better understand the educational environment, identify patterns that would otherwise remain hidden, and strategically deploy resources where they have the greatest opportunity to make an impact.

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