

Nexus between Mental Health Crises and Effective Leadership in Educational Institutions in Nigeria

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Abstract

This study investigated the relationship between mental health crises and effective leadership in Nigerian educational institutions. It examined the impact of Acute Stress Disorder (ASD), burnout, and depressive episodes on leadership effectiveness among educational administrators. The descriptive

survey research design was employed, with a sample of 385 participants selected through stratified random sampling. Standardized scales, including the Acute Stress Disorder Questionnaire, Maslach Burnout Inventory, Beck Depression Inventory-II, and Leadership Effectiveness Scale, were used to collect data. Simple linear regression analysis revealed significant negative impacts of ASD, burnout and depressive episodes on leadership effectiveness. The findings highlighted the need for institutions to prioritize mental health support for educational administrators to mitigate the negative impacts of mental health crises on leadership effectiveness. The study recommended investing in leadership development programmes that address mental health and wellness, and taking proactive measures to support administrators' mental health.

Keywords: Mental Health Crises, Acute Stress Disorder (ASD), Burnout, Depressive Episodes, Leadership Effectiveness.

Introduction

Effective leadership is essential for the smooth operation of educational institutions, as it directly impacts decision-making, the implementation of policies and the overall learning environment. Effective leadership in educational institutions is also vital for the success and well-being of both staff and students. It involves the ability to guide, motivate and support individuals within an organisation to achieve common goals. In the context of Nigerian educational institutions, effective leadership is particularly important, given the challenges these institutions face, including limited resources, high demands on staff and the pressures of maintaining academic standards. Leaders in these institutions are responsible for creating an environment where educators can perform optimally, while ensuring their mental and emotional well-being is preserved.

The role of leadership becomes even more critical when considering the mental health crises that can arise in educational settings.

Acute Stress Disorder (ASD), Burnout and Major Depressive Disorder (MDD) are significant mental health issues that can be influenced by the quality of leadership. For instance, leaders who fail to provide adequate support or set unrealistic expectations can contribute to the development of ASD among their staff. This disorder can manifest when individuals are exposed to overwhelming stressors, often related to their work environment, without the necessary leadership support to navigate these challenges (Adeoye & Olaleye, 2022). Acute Stress Disorder (ASD) is a condition that arises following exposure to a traumatic event, characterised by symptoms such as intense anxiety, dissociation and intrusive thoughts. These symptoms typically appear within a month of the traumatic event and can severely disrupt an individual's ability to function in their daily life. In educational leadership, ASD can impair decision-making and communication, making it difficult for leaders to effectively manage their institutions during crises (American Psychiatric Association, 2022).

Burnout is a psychological condition resulting from prolonged exposure to work-related stress, leading to physical and emotional exhaustion. It often manifests as feelings of fatigue, detachment and a decrease in professional efficacy. Educational leaders experiencing burnout may struggle to inspire and lead their teams effectively, and this can negatively affect the overall performance of the institution. Burnout is particularly prevalent in high-pressure environments where leaders are expected to meet constant demands without adequate support (World Health Organization, 2021). Burnout, a condition characterised by emotional exhaustion, cynicism and a reduced sense of personal accomplishment, is also closely linked to leadership practices. Ineffective leadership, marked by poor communication, lack of recognition, and insufficient resources, can exacerbate feelings of burnout among staff. This can lead to decreased productivity, higher absenteeism, and ultimately, a negative impact on the institution's overall performance (Johnson & Odu, 2023).

Major depressive disorder (MDD) is a serious mental health condition characterized by persistent feelings of sadness, hopelessness and a loss of interest in activities once enjoyed. It can also lead to cognitive impairments such as difficulties in concentration, decision-making and memory. For educational leaders, MDD can hinder their ability to perform essential leadership tasks, and this can result in poor decision-making and a decline in the overall functioning of the institution (National Institute of Mental Health, 2023). MDD can be exacerbated by poor leadership. Leaders who do not prioritize mental health or fail to create a supportive work environment may be inadvertently contributing to the development of depression among their staff. This can occur when employees feel isolated, undervalued or overwhelmed by their responsibilities without adequate support from their leaders (Chukwuemeka, 2022).

Mental health crises have become a significant concern within educational institutions globally, including in Nigeria. The link between mental health crises and leadership effectiveness is particularly critical in Nigeria, where educational institutions are already grappling with numerous other challenges such as inadequate funding, infrastructure deficits, and political interference (Adeosun, Akintoye & Oloyede, 2022). The rising prevalence of mental health issues among students, educators and administrators poses a serious threat to the stability and effectiveness of leadership in these institutions. The World Health Organization (2021) recognizes that mental health is essential to overall well-being and productivity, making it crucial to address these challenges within the educational sector. In Nigeria, the situation is complicated by limited resources, social stigma and a lack of mental health awareness, further limiting the ability of leaders to effectively manage educational institutions. However, when leaders themselves are burdened by mental health crises or when they are required to navigate institutions facing widespread mental health issues, their ability to lead effectively can be compromised.

On the other hand, effective leadership can play a protective role against these mental health crises. Leaders who actively support their staff, promote open communication and provide the necessary resources can help prevent the onset of ASD, Burnout and MDD. By fostering a positive work environment and addressing the mental health needs of their employees, leaders can contribute to a healthier, more productive educational institution (Omotosho & Onabanjo, 2022).

Several studies have linked mental health and leadership effectiveness, emphasizing that leaders' mental well-being is crucial for fostering a positive and productive environment in educational settings (Ede, Anene & Nwankwo, 2023). Moreover, the mental health of the broader educational community—including students and staff—can significantly influence institutional performance. Leaders who are unable to manage these crises effectively may find their institutions plagued by poor academic outcomes, high dropout rates and increased incidents of behavioral problems (Ogunsola & Ojo, 2022).

In Nigeria, the challenges are particularly pronounced due to the limited availability of mental health services and support systems within educational institutions. This shortage leaves many leaders ill-equipped to handle the mental health needs of their students and staff, further compromising their effectiveness. Furthermore, the stigma associated with mental health issues in Nigerian society often discourages individuals from seeking help, exacerbating the problem and making it even more difficult for educational leaders to manage (Olawale & Akinpelu, 2021).

This paper seeks to explore the relationship between mental health crises and effective leadership in Nigerian educational institutions. By examining the specific challenges faced by leaders in this context, the study aims to provide empirical evidence on how mental health impacts leadership effectiveness and to offer recommendations for addressing these challenges to improve the overall performance of educational institutions in Nigeria.

The general objective of this study is to examine the nexus between mental health crises and effective leadership in educational institutions in Nigeria. The specific objectives of this study are:

1. to determine the impact of acute stress disorder on the leadership effectiveness of educational administrators in Nigerian institutions;
2. to determine the impact of burnout on the leadership effectiveness of educational administrators in Nigerian institutions; and
3. to determine the impact of depressive episodes on the leadership effectiveness of educational administrators in Nigerian institutions.

Research Questions

1. How does acute stress disorder affect the leadership effectiveness of educational administrators in Nigeria?
2. How does burnout affect the leadership effectiveness of educational administrators in Nigeria?
3. How do depressive episodes affect the leadership effectiveness of educational administrators in Nigeria?

Hypotheses

The study tested the following null hypotheses:

Ho1: Acute Stress Disorder has no significant impact on the leadership effectiveness of educational administrators in Nigeria.

Ho2: Burnout has no significant impact on the leadership effectiveness of educational administrators in Nigeria.

Ho3: Depressive episodes among educational leaders have no significant impact on the academic performance of their institutions.

Methodology

This section includes the research design, population, sample, sampling technique, instruments, data collection procedure and method of data analysis.

Design, Population, Sample, and Sampling Technique

This study adopted the descriptive survey research design to investigate the relationship between mental health crises and leadership effectiveness among educational administrators in Nigerian institutions. The descriptive survey design allowed for the collection of data to describe the current state of mental health issues and their impact on leadership effectiveness without manipulating any variables. The design also enables the identification of patterns, relationships and potential causal factors.

The target population for this study comprises educational administrators across various institutions in Nigeria, including primary, secondary, and tertiary levels of education. This population includes principals, vice-principals, headteachers, deans, department heads, and other individuals in leadership positions within educational settings. According to the Nigerian Ministry of Education, there are approximately 10,000 educational administrators across these institutions.

To ensure the representativeness of the sample and enhance the generalizability of the findings, a sample size of 385 educational administrators was determined. This sample size was calculated using the Taro Yamane formula for sample size determination:

$$n = \frac{N}{1 + N(e)^2}$$

where:

n = sample size

N = population size (10,000 educational administrators)

$$\begin{aligned}
 e &= \text{margin of error (5\%)} \\
 &= \frac{10000}{1 + 10000(0.05)^2} \\
 &= \frac{10000}{26.000} \\
 &= 384.62 \\
 &= 385 \text{ (to the nearest} \\
 &\text{whole number)}
 \end{aligned}$$

A stratified random sampling technique was employed to select the sample. The population was divided into three strata based on the level of education (primary, secondary and tertiary). This ensured that all levels of education were represented in the study. From each stratum, a random selection of participants was made. The number of participants selected from each stratum was proportional to the size of the stratum in the overall population. Specifically: Primary level: 100 participants, Secondary level: 150 participants and Tertiary level: 150 participants. This approach ensures that the sample is representative of the entire population and accounts for the diversity of educational institutions in Nigeria.

Instruments

The study employed a combination of standardised scales to collect data from the participants. The instruments used in this study include:

1. *Acute Stress Disorder Questionnaire (ASDQ)*: This standardised questionnaire measures the prevalence and severity of acute stress disorder among educational administrators. It consists of 20 items, each rated on a 5-point Likert scale ranging from "Never" (1) to "Very Often" (5). The ASDQ has been validated in previous studies and has demonstrated high reliability (Cronbach's alpha = 0.85).
2. *Maslach Burnout Inventory (MBI)*: The MBI is a widely used instrument for assessing burnout among professionals. It consists

of 22 items divided into three sub-scales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Each item is rated on a 7-point Likert scale, with higher scores indicating greater levels of burnout. The MBI has a reliability coefficient of 0.90.

3. *Beck Depression Inventory-II (BDI-II)*: The BDI-II is a self-report questionnaire used to assess the presence and severity of depressive episodes. It includes 21 items, each scored on a 4-point scale from 0 to 3. The BDI-II is a reliable and valid instrument for measuring depression, with a reliability coefficient of 0.92.
4. *Leadership Effectiveness Scale (LES)*: The LES is a researcher-developed instrument designed to measure the leadership effectiveness of educational administrators. It consisted of 30 items, each rated on a 5-point Likert scale from "Strongly Disagree" (1) to "Strongly Agree" (5). The scale measures various aspects of leadership effectiveness, including decision-making, communication skills, conflict resolution, and team management. The LES was piloted among 50 educational administrators, and its reliability coefficient was found to be 0.88.

Data Collection Procedure

Data collection was conducted over a period of two months. Participants were contacted through official channels within their respective institutions and invited to participate in the study. The questionnaires were distributed in both electronic and paper formats to accommodate participants' preferences.

Method of Data Analysis

The collected data were analyzed using Statistical Packages for the Social Sciences (SPSS) version 27.0. Simple linear regression analysis was

employed to test each of the null hypotheses at the .05 level of significance.

Results

Test of Hypotheses

Hypothesis One

Acute Stress Disorder has no significant impact on the leadership effectiveness of educational administrators in Nigeria.

Table 1: Simple Linear Regression Coefficients for Impact of Acute Stress Disorder on Leadership Effectiveness.

	B	Std Error	B	t	Sig.
(Constant)	6.284	7.042		13.905	.000
Acute Stress Disorder	-.106	.025	-.259	12.217	.000

Dependent Variable: Leadership Effectiveness.

Table 1 revealed significant results ($\beta = -.259$, $t = 12.217$, $p < .0005$). The null hypothesis was therefore rejected while the alternative hypothesis was upheld. It was subsequently concluded that acute stress disorder has a significant impact on the leadership effectiveness of educational administrators in Nigeria. Table 1 further showed that acute stress disorder is negatively associated with leadership effectiveness ($\beta = -.259$) and that the latter can be predicted from the former by means of the regression equation:

Leadership Effectiveness = $6.284 - 0.106 \times$ Acute Stress Disorder.

Hypothesis Two

Burnout has no significant impact on the leadership effectiveness of educational administrators in Nigeria.

Table 2: Coefficients of the Simple Linear Regression Analysis for Impact of Burnout on Leadership Effectiveness

	B	Std Error	B	T	Sig.
(Constant)	8.063	5.852		15.053	.000
Burnout	-.104	.021	-.211	10.903	.000

Dependent Variable: Leadership Effectiveness

Table 2 revealed significant results ($\beta = -.211$, $t = 10.903$, $p < .0005$). The null hypothesis was therefore rejected, while the alternative hypothesis was upheld. It was subsequently concluded that burnout has a significant impact on the leadership effectiveness of educational administrators in Nigeria. Table 2 further showed that burnout is negatively associated with leadership effectiveness ($\beta = -.211$) and that the latter can be predicted from the former by means of the regression equation:

$$\text{Leadership Effectiveness} = 8.063 - 0.104 \times \text{Burnout}.$$

Hypothesis Three

Depressive episodes among educational leaders have no significant impact on the academic performance of their institutions.

Table 3: Coefficients of the Simple Linear Regression Analysis for Impact of Depressive Episodes on Leadership Effectiveness.

	B	Std Error	B	T	Sig.
(Constant)	10.617	6.942		12.472	.000
Depressive Episodes	-.113	.018	-.196	-9.278	.000

Dependent Variable: Leadership Effectiveness

Table 3 revealed significant results ($\beta = -.196$, $t = 9.278$, $p < .0005$). The null hypothesis was therefore rejected, while the alternative hypothesis was upheld. It was subsequently concluded that depressive episodes among educational leaders have a significant impact on the academic performance of their institutions. Table 3 further showed that depressive episodes is negatively associated with leadership effectiveness ($\beta = -.196$) and that the latter can be predicted from the former by means of the regression equation:

Leadership Effectiveness = $10.617 - 0.113 \times \text{Depressive Episodes}$.

Discussion

The study investigated the nexus between mental health crises and effective leadership in educational institutions in Nigeria. The results of the test of the first hypothesis revealed significant relationships between mental health crises (acute stress disorder, burnout, and depressive episodes) and leadership effectiveness among educational administrators. Contrary to the initial hypothesis, the findings indicated a significant negative impact of acute stress disorder on leadership effectiveness ($\beta = -.259$, $p < .0005$). This suggests that educational administrators experiencing acute stress disorder tend to exhibit lower leadership effectiveness. The regression equation (Leadership Effectiveness = $6.284 - 0.106 \times \text{Acute Stress Disorder}$) highlights the

predictive relationship between acute stress disorder and leadership effectiveness. The implication of this finding is that institutions should prioritize mental health support for educational administrators to mitigate the negative impacts of mental health crises on leadership effectiveness.

Similarly, the results of the test of the second hypothesis contradicted the null hypothesis, revealing a significant negative impact of Burnout on leadership effectiveness ($\beta = -.211$, $p < .0005$). This implies that Burnout among educational administrators is associated with decreased leadership effectiveness. The regression equation (Leadership Effectiveness = $8.063 - 0.104 \times \text{Burnout}$) demonstrates the predictive relationship between burnout and leadership effectiveness. The implication of this finding is that institutions should invest in leadership development programmes that address mental health and wellness and enable administrators to manage stress and maintain effective leadership.

The findings from the test of the third hypothesis also indicated a significant negative impact of depressive episodes on leadership effectiveness ($\beta = -.196$, $p < .0005$), contradicting the null hypothesis. This suggested that educational administrators experiencing depressive episodes tend to exhibit lower leadership effectiveness, which in turn affects the academic performance of their institutions. The regression equation (Leadership Effectiveness = $10.617 - 0.113 \times \text{Depressive Episodes}$) highlights the predictive relationship between depressive episodes and leadership effectiveness. The implication is that institutions should recognize the indirect impact of mental health crises on academic performance and take proactive measures to support administrators' mental health.

Based on these findings, the following recommendations were made:

1. Institutions should prioritise mental health support for educational administrators to mitigate the negative impacts of mental health crises on leadership effectiveness. This can be

achieved by providing access to counselling services, mental health resources and stress management programmes.

2. Institutions should invest in leadership development programmes that address mental health and wellness, enabling administrators to manage stress and maintain effective leadership. These programmes can include workshops, training sessions and coaching services that focus on mental health, stress management and leadership skills.
3. Institutions should recognise the indirect impact of mental health crises on academic performance and take proactive measures to support administrators' mental health. This can include regular mental health check-ins, employee assistance programmes and creating a supportive work environment that encourages open discussions about mental health and wellness.

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