

The New Educators: The Reasons for Saudi Arabia to Invest More in Student Counseling Programs

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II. STUDENT COUNSELING

A. Student Counselors

Counselors are individuals who do their best to listen to and work with people in order to try to understand and resolve their problems. Counselors generally use different types of talk therapies and counseling methods to help people to manage and cope with the physical, behavioral and psychological issues they may be facing. Talk therapies include interpersonal therapy, cognitive therapy, behavioral therapy, cognitive-behavioral therapy, family therapy, and Gestalt therapy. Counseling methods include person-centered counseling, psychoanalysis, integrative counseling and eclectic counseling [1]. Person-centered counseling is used regularly in schools. In person-centered counseling the counselor focuses on modifying behaviors and attitudes through talking to, understanding, and guiding individuals. Person-centered counselors need to be genuine, be non-judgmental, and show empathy towards those being counseled [2].

School counseling, school-based counseling, or student counseling is the counseling of students in schools or other higher education organizations. Although student counselors typically employ talk therapies as part of their work, in practice they may often take on a broader role. For example, student counselors may also focus on vocational and academic goals or achievements, they may provide career advice, or may assist students in developing personal and social competencies. In the United Kingdom it has been reported that between 70,000 and 90,000 young people access student counseling services annually [3], and 61% to 85% of English secondary schools provided counseling services [4]. In practice, student counselors can help students deal with personal and social issues and problems, academic issues or difficulties, as well as family issues and other personal problems. Issues which they may deal with in practice include bullying, truancy, bad attendance, drugs, self-harm, test or examination results, disruptive behavior, sex, racial discrimination, family break ups and divorce and family death.

B. The Benefits of Student Counseling

Counseling and psychotherapy has been shown to be effective in practice [5]-[8]. Student counseling has been shown to be an effective strategy to assist young people in schools. Student counseling can help young people to manage their anger, to better cope with bullying and eating disorders, and to cope with bereavement issues [1]. The British Association for Counselling & Psychotherapy (BACP) has noted that mental health problems can disrupt learning, can

Abstract—Student counseling programs can provide many benefits to students in schools all around the world. In theory, the government of the Kingdom of Saudi Arabia (Saudi Arabia) has committed itself to school counseling programs in educational institutions throughout the country. Student counselors face a number of burdens and obstacles that impact student counseling programs. It is also widely known that Saudi Arabia has extremely high prevalence rates for overweight and obesity, anxiety and depression, and diabetes in children. It has also been demonstrated that teachers and staff are inadequately prepared when dealing with health issues relating to diabetes in schools in Saudi Arabia. This study will clearly demonstrate how student counselors in Saudi Arabia could become 'New Educators' in Saudi schools in relation to these health issues. This would allow them to leverage their position as student counselor to improve the management of these health issues in Saudi schools, to improve the quality of care provided to school children, and to overcome burdens and obstacles that are currently negatively affecting student counseling in Saudi schools.

Keywords—Anxiety, depression, diabetes, overweight, obesity, policy recommendations, student counseling, The Kingdom of Saudi Arabia.

I. INTRODUCTION

SAUDI Arabia is currently facing a crisis in public health issues affecting the entire country. These health issues include a high prevalence of diabetes, weight and obesity issues, and anxiety and depression in both adults and adolescents. This article will investigate and identify the most prominent health issues affecting Saudi schools, as well as set out the role of student counselors, the benefits of student counseling, student counseling programs around the world, and student counseling programs in Saudi Arabia. The article will show how teachers and staff in Saudi schools are often ill-trained, lack knowledgeable, or awareness of health issues affecting Saudi students. The article will aim to demonstrate how student counselors in Saudi schools could play a key role in combating the high prevalence of weight issues and obesity, and anxiety and depression, and could help in the development of health education and awareness programs in schools for issues such as diabetes. By investing more in student counseling programs, the Saudi government could improve the quality of care provided to country's school children. By investing in the 'New Educators', the Saudi government could bring about increased health education and awareness in schools, which could result in long-term cost savings to the Saudi national health budget.

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increase the rates of social exclusion, can lead to alcohol and drugs abuse, and underpins truancy [9]. Consequently, student counseling in schools can help children and young people to deal with these types of issues and to better cope with any behavioral and emotional problems they have [10]. Student counseling has also been shown to improve student learning and studying abilities [11]. It can reduce the psychological distress felt by some young people [3]. It can also help to improve the attendance and attainment of students, as well as positively impacting on their behavior [12]. Student counseling has also been shown to be particularly effective for students that have faced bullying at schools [13].

C. Student Counseling Programs around the World

Countries around the world vary in terms of what types of student counseling programs and services they provide. A recent scoping report on international school-based counseling for young people in 90 countries found that school-based counseling was well established in 62 countries, and starting to develop in an additional seven countries [14, p.1]. It was also reported that there were 30 countries in which student counselors practiced person-centered or relational approaches to student counseling [14, p.1]. However, it was also noted that culturally informed, activity-based (e.g. cognitive-behavioral), and pluralistic approaches to counseling were also being practiced [14, pp.1-2]. The background of the counselors often varied in practice, depending on the country in which the student counseling program was being delivered.

Many countries such as Germany, Hong Kong, Japan, Saudi Arabia, and Sweden had counseling services provided by teachers who had normally had extra training in guidance and counseling [14, p.5]. In other countries such as Australia, Greece, and Switzerland, psychologists provided counseling services in schools [14, p.7]. In countries such as the Nigeria, the UK and some Canadian provinces (e.g. Alberta, Ontario) and American states (e.g. Arizona, California, Washington) school-based counseling was a profession in its own right [14, p.9]. The work of the student counselor was found to include activities relating to guidance curriculum, psycho-education, work with teachers and parents, students with special needs, and monitoring and evaluation [14, pp.11-12].

D. Student Counseling Programs in Saudi Arabia

The Saudi Arabian Ministry of Education set up the General Directorate of Guidance and Counseling in 1981. The Directorate was authorized to set up national counseling programs in schools in Saudi Arabia, and the national student counseling program was developed rapidly [15]. In 2003 there were approximately 4,000 student counselors working in Saudi schools [16]. In Saudi Arabia student counseling is viewed as a reactive relationship between a counselor and a student, in which the student is helped by the counselor in order to allow the student to better understand himself or herself [17]. The counselor helps the student to recognize his potential and capabilities, to help him or her to develop an enlightened approach to problems and enhances his or her responsive behavior [17].

Student counseling programs in Saudi Arabia cover four main areas, these are preventive counseling, educational counseling, vocational counseling, and religious and moral counseling [18]. In practice, the role of the student counselor is broad, and covers a wide range of tasks. These include creating and implementing student counseling plans; helping students educationally, socially and psychologically; identifying students who are talented or skilled; helping facilitate disabled students; maintaining harmony among members of staff and between the school and parents; and helping to improve positivity towards the Islamic faith [19]. Student counselors in Saudi Arabia aim to help students with their personal, social, and academic issues or problems, but also draw upon Islamic religious guidance and beliefs to help the student [19].

III. HEALTH ISSUES IN SAUDI SCHOOLS

A. Overweight and Obesity in Saudi Schools

The World Health Organization (WHO) defines weight issues and obesity as abnormal or excessive accumulation of fat that may impair health [20]. The body mass index (BMI) is a weight-for-height index that is used to classify overweight and obesity. It is measured by dividing an individual's weight in kilograms by their height in meters (kg/m^2) [20]. Beign overweight is defined as an individual BMI being equal to or greater than 25, and obesity is defined as an individual BMI being equal to or greater than 30 [20]. The WHO notes that in 2014 more than 1.9 billion adults (18 years and older) were overweight (600 million of these were obese), and in 2013, 42 million children under the age of five were overweight [20].

The WHO states "Overweight and obesity are linked to more deaths worldwide than underweight. Most of the world's population live in countries where overweight and obesity kills more people than underweight (this includes all high-income and most middle-income countries)" [20]. Overweight and obesity present a significant problem for both adults and children in Saudi Arabia. A study of 14,660 adult Saudi males and females found significant levels of overweight and obesity [21]. For the Western Region of Saudi Arabia, out of a sample of 1,033 males, 27.98% were overweight and 16.65% were obese, and out of a sample of 1,358 females, 24.15% were overweight and 21.8% were obese [21].

Early childhood has been recognized to be a period that is crucial for developmental patterns, and is therefore a key time to enable obesity prevention and healthy eating responses [22]. However, it would generally seem to be the case that there are high levels of overweight and obesity present in Saudi schools. A study of 9,061 school children aged 6-18 years found the prevalence of overweight to be 11.7% and the prevalence of obesity to be 15.8% [23]. Studies have highlighted the increasing prevalence of obesity among children and adolescents across Saudi Arabia [24], [25].

A research study used the 2005 Saudi reference data set to calculate the BMI for children aged 5 to 18 years [26]. For the 19,317 children and adolescents (50.8% boys, 49.2% girls) studied, the prevalence of overweight was 21.3%, the

prevalence of obesity was 9.3%, and the prevalence of severe obesity was 2.0% [26]. It was concluded that measures should be implemented in order to prevent further increases in the large number of overweight school-age children and adolescents, and also to address associated health hazards [26].

A 10 year longitudinal study of 2,906 secondary school children aged 14-19 years in Saudi Arabia found that in general Saudi youths were leading a less active lifestyle, physical activity levels had been significantly reduced, sedentary (e.g. console games, television, video) activities had significantly increased, and calorific intake had significantly increased [27]. It was concluded that in order to tackling overweight and obesity should be a national priority, and policy makers, educators, and parents should collaborate to promote healthy eating and more active lifestyles for Saudi school children [27].

B. Anxiety and Depression in Saudi Schools

There would seem to be widespread anxiety and depression affecting adolescent students in Saudi Arabia. A research study of young people aged 1-20 years attending child psychiatry clinics in Saudi Arabia showed an overall high prevalence of anxiety and depression [28]. The study also highlighted a wide range of conditions, including anxiety disorder, mood disorder, school refusal, toileting problems, and attention deficit hyperactivity disorder [28]. Common presenting symptoms included hyperactivity (43%), poor school performance (33%), delayed milestones, 28%), anxiety (18%), concentration and attention problems (14%), and impulsivity (13%) [28].

A research study was carried out to investigate the pattern of anxiety and depression among 331 secondary school students aged 15-18 years based in Riyadh [29]. It was found that 25.7% of the students suffered from anxiety and 28.4% suffered from depression [29]. Another research study aimed to investigate prevalence, symptomatology, and risk factors for depression among high school students in Taif, Saudi Arabia [30]. The research study used the Beck Depression Inventory (CBDI) (cut-off point: 19) [30]. Out of 490 students (306 males, 184 females) aged 16-20 years, it was found that the prevalence was 110 (22.4%) for moderate (19-29) depression, 36 (7.3%) for severe (30-40) depression, and 18 (3.7%) for very severe (>40) depression [30]. It was concluded that the increased risk of the onset of depression in adolescents highlighted the importance of early recognition and intervention [30].

A study of 1,028 adolescent girls aged 15-19 years in secondary schools in Riyadh city found that about 30% of the participants were depressed [31]. It was concluded that training could be given to teachers to help them identify, and to help students to identify early signs of depression and to provide them with better-coping strategies [31]. A study of 454 boys aged 15-20 years in two secondary schools based in Abha, Saudi Arabia found that the prevalence of social anxiety disorder (SAD) was 11.7%, the prevalence of severe SAD was 36%, and the prevalence of more severe SAD was 11.4% [32].

It was concluded that the prevalence of SAD in secondary schools in Abha was high, and that a national program to improve mental health for students aged 15-20 years was crucial [32].

Another research study investigated the prevalence of anxiety, depression and stress in 1,723 male students in schools based in Abha [33]. It was found that 22.6% suffered from all three disorders, 40.7% suffered from at least two disorders, and 59.4% suffered from at least one disorder [33]. It was concluded that there was a clear need to pay more attention to the mental health of adolescent Saudi students [33]. Another research study investigated the prevalence of anxiety, depression and stress in 545 female students in schools based in Abha [34]. It was found that 50.1% showed symptoms of at least two disorders and 73.4% showed symptoms of at least one disorder [34]. It was concluded that there was a clear need to develop national intervention programs in order to promote mental health [34].

C. Diabetes in Saudi Schools

It has been estimated that approximately 20 million people in the world have diabetes, and that most of these are children and young adults [35]. The International Diabetes Federation (IDF) has reported that around 86,000 children develop type one diabetes mellitus every year [36]. Indeed, Saudi Arabia is listed as having the third greatest incidence (31.4 per 100,000) of diabetes in the world [37]. The prevalence of type 1 diabetes mellitus (T1DM) has been estimated to be around 109.5 per 100,000 children and adolescents in Saudi Arabia [38].

It has also been noted that the Saudi population is a young population as approximately 60% of the population are 20 years or younger [39]. Al-Khader believes that it is anticipated that the prevalence of diabetes mellitus will increase rapidly in the near future and become one of the highest in the world [39]. The high prevalence of obesity in school children has been identified, and it has been estimated that the prevalence of diabetes may reach the 40-50% level by 2020 [39]. A cross-sectional study of health beliefs related to diabetes mellitus prevention was carried out on 426 non-diabetic secondary school students based in schools in Riyadh, Saudi Arabia [40]. It was found that an alarmingly high number of students were unaware of the severity of type 2 diabetes mellitus (T2DM) and the associated risk factors [40]. It was concluded that increasing the awareness of adolescents in schools about the primary prevention strategies for T2DM should be a public health priority in Saudi Arabia [40].

A cross-sectional study to measure the impact of T1DM on academic performance was carried out on 72 students (36 diabetic, 36 non-diabetic) from eight schools based in Riyadh [41]. It was found that students with T1DM obtained significantly lower overall academic performance compared with their non-diabetic control classmates [41]. Indeed, it has also been noted in the literature that hypoglycemia and hyperglycemia can impact children's performance in assessment situations and in school [42]. A study to investigate the general knowledge of 91 female diabetic

school teachers in Al-Khobar, Eastern province, Saudi Arabia, was carried out [43]. It was found that their understanding of diabetes was inadequate, that their knowledge about the symptoms of hypoglycemia was low, and that overall there was a deficiency of knowledge on general aspects of diabetes mellitus [43].

IV. THE NEW EDUCATORS

A. Teachers, Staff and Health Issues in Saudi Schools

It is clear that Saudi Arabia is currently facing a number of health issue challenges. Professor Hasan Jamal, former Chairman of the Saudi Society of Gynecology and Maternity noted that obesity, diabetes, blood pressure, breast cancer and other diseases were spread widely at staggering and astronomical levels [44]. He believed that increasing rates of health diseases was linked to a lack of education programs and deficiencies in awareness programs [44]. Other research has highlighted the unavailability and lack of effectiveness of health education in schools in Saudi Arabia, as well as inadequate knowledge on child health matters taught in schools [45]. It has been seen that there is a significantly high prevalence of being overweight and obesity, diabetes, and anxiety and depression in Saudi adolescents of school age. In addition to these issues, there are other difficulties that Saudi students may face.

A study was carried out to investigate student, school, parent connectedness, and school risk behaviors in Saudi high schools based in Riyadh [46]. The study sampled 1,668 students and found that nearly 5% of students skipped school or cut classes for at least 1 hour, 37% skipped school for between 1-3 hours, and 20% skipped school for three or more hours [46]. It was also found that 37% of students had been disciplined for taking part in school fights, theft, or damaging school property [46]. The study identified a need to develop strategies to enhance best practices in Saudi schools in order to promote positive student behavior [46]. It was concluded that "Schools and parents should be encouraged to work as a team and to recognize the importance of school connectedness in improving positive student behavior and outcomes" [46].

Another study of 12,575 adolescents sampled from all 13 regions of Saudi Arabia identified many risk behaviors such as bullying, tobacco use, violence, lack of safety measures, and dietary and sedentary behaviors that were highly prevalent [47]. It was reported that 95.6% were vitamin D deficient, 14.3% showed symptoms suggestive of depression, 30% were overweight or obese, and 28% had a chronic health condition [47]. It was concluded that "Preventive measures and local health policies are urgently needed and can impact adolescents and future adults. Establishing adolescent health surveillance is necessary to monitor trends and impacts of such measures" [47].

Other studies have shown that teachers in Saudi schools are sometimes not well equipped or trained in understanding or dealing with a range of health issues affecting students in Saudi schools. A cross-sectional study to investigate teacher's knowledge, attitudes and management practices about diabetes

care was carried out on 177 teachers in boys and girls primary and intermediate schools in Riyadh [48]. It was found that a large number of the teachers (56%) held unfavorable attitudes towards diabetes education and management, and many believed that caring for students with diabetes was a family responsibility [48]. Another study investigated the need for a school-based asthma educational program in Saudi schools using a sample of 1,139 teachers and 82 managers from 89 primary schools based in Riyadh [49]. It was found that there was a lack of asthma-related school policies, resources, and first-aid policies [49]. The majority of participants highlighted the urgent need for asthma education in schools, and only 15% of managers and 14% of teachers were confident about their skill and competence caring for a student with asthma or helping in an asthma attack [49].

A study of 315 teachers based in 50 schools (30 elementary 20 intermediate) based in Khamis Mushate aimed to investigate the knowledge and practice of school teachers towards students with epilepsy [50]. It was found that 72.7% of teachers had witnessed epileptic fits, but that 64.7% of teachers who had been exposed to seizures had not been able to provide first aid to students [50]. Overall, there is evidence to suggest that teachers and staff are inadequately prepared when dealing with health issues such as diabetes, overweight and obesity, anxiety and depression in schools in Saudi Arabia.

B. Student Counselors as the New Educators

Previous research has shown that teaching staff in Saudi schools may sometimes be unsupportive of student counseling programs [51]. There is also research that suggested that there existed different perceptions of school head teachers regarding the actual role and ideal role of student counselors in Saudi intermediate girls' schools [52]. This created the potential for conflict within the school regarding the actual role of the student counselor. In certain places Saudi culture often reflects a conservative and closed community, or closed family type of culture, which may not facilitate the openness of students, or student counseling practices [53]. Previous research has also shown that student counselors in some Saudi schools may be under-staffed, and they may face a lack of relevant qualifications, training, and administrative support [54]-[56]. There is also evidence to suggest that student counselors may be de-motivated as they face a lack of professional respect and support from head teachers, teachers, and parents [54]-[56]. They may also face a lack of funding since student counseling programs are often funded from school income such as cafeterias [54]-[56]. These burdens and obstacles may negatively impact student counseling in Saudi schools.

Enter the 'New Educators'. Let us see why Saudi Arabia should invest more in student counseling programs. In 2003 there were approximately 4,000 student counselors in schools across Saudi Arabia. Ten years later it is likely that there will be more than this number existing in schools in Saudi Arabia. Investing more in student counseling programs will likely require a significant financial investment by the Saudi government. So would it be worth investing? The answer is

clearly 'Yes'. It would be too difficult and too expensive to train all teachers in all Saudi schools on health issues affecting Saudi students such as diabetes, overweight and obesity, anxiety and depression. But by investing in training for existing student counselors on these health issues, as well as the latest professional counseling methods and skills, schools and students in Saudi Arabia would see a significant positive benefit.

Student counselors in Saudi Arabia would become the New Educators, a single repository of counseling and health knowledge. They could in turn train other teachers, staff and students. If they were allocated an increased annual budget they could develop and run health awareness campaigns, or hold awareness days at schools for health issues affecting students. The Saudi government is currently spending billions of Saudi Riyals each year on health issues relating to diabetes, being overweight and obesity, and anxiety and depression. It has been demonstrated that there is a high prevalence of these health issues in Saudi adolescents. Saudi adolescents also face a number of other issues that may be negatively affecting their development at school, such as absenteeism, violence, bullying, vitamin D deficiency, and theft. Issues such as diabetes, being overweight and obesity, as well as anxiety and depression in adolescents in schools should clearly become a national priority for Saudi Arabia.

It has been seen that there is a clear need for health education and awareness programs, policies, and resources in Saudi schools. By investing in the New Educators the Saudi government would be directly addressing health education and awareness in schools which could make significant cost savings in the future in terms of national health expenditure. If student counselors are trained in a range of health issues and counseling methods and skills, they will be better able to identify and deal with health problems that Saudi students face. The student counselor's new role as a New Educator could elevate his or her status within the school, and could facilitate increased professional respect and cooperation from other teachers, students and parents.

Students and parents might be more inclined to cooperate and trust student counselors who provide health help and advice *in addition to* talk and guidance therapies. The New Counselors might be able to identify signs of anxiety and depression at an earlier stage and refer individuals to doctors or health centers. The New Counselors might be able to counsel students who are overweight and obese and work with them to lose weight and adopt healthier eating habits. The New Counselors might be able to develop a school diabetes care plan, and educate other teachers on caring for children with diabetes mellitus. These are only a few of the positive things that the New Counselors could do to bring about positive change in Saudi schools.

V.CONCLUSION

Saudi Arabia should invest more in student counseling programs. By investing more in student counseling programs Saudi Arabia could bring about positive change in the country's schools. The New Educators could help to

encourage schools and parents to work as a team to increase school connectedness, to improve positive student behavior and outcomes, and to improve student health education and awareness. The New Educators could be a key cost-effective tool in the national fight against highly prevalent health issues such as diabetes, overweight and obesity, and anxiety and depression in Saudi adolescents.

REFERENCES

- [1] British Association for Counselling & Psychotherapy, "Theoretical Approaches", <http://www.bacp.co.uk>.
- [2] D. Mearns, B. Thorne, J. Mcleod, *Person-Centred Counselling in Action*. London: SAGE Publications, Ltd, 2013, p. 14.
- [3] K. McArthur, M. Cooper, L. Berdondini, "School-based humanistic counseling for psychological distress in young people: pilot randomized controlled trial" *Psychotherapy Research*, pp.355-365, 2013.
- [4] M. Cooper, "Counselling in UK secondary schools: A comprehensive review of audit and evaluation studies", vol. 9, pp. 137-150, 2009.
- [5] A.E. Bergin, S.L. Garfield, *Handbook of Psychotherapy and Behavior Change*, New York: Wiley, 1994.
- [6] M.J. Lambert, A.E. Bergin, "The effectiveness of psychotherapy" in *Handbook of psychotherapy and behavior change*, 4th ed. A.E. Bergin, Ed. S.L. Garfield, Ed. New York: Wiley, 1994, pp. 143-89.
- [7] L.E. Beutler, P.P.P. Machado, S. AllstetterNeufeldt, "Therapist Values" in *Handbook of psychotherapy and behavior change*, 4th ed. A.E. Bergin, Ed. S.L. Garfield, Ed. New York: Wiley, 1994, pp. 229-69.
- [8] M. Smith, G. Glass, T. Miller, *The Benefits of Psychotherapy*, Baltimore, MD: John Hopkins University Press, 1980.
- [9] British Association for Counselling & Psychotherapy, "School-based counseling – what it is and why we need it", May 2013.
- [10] W. Dryden, D. Mearns, B. Thorne, "Counselling in the United Kingdom: Past, present and future", *British Journal of Guidance & Counselling*, vol. 28, pp. 467-483, 2000.
- [11] P. Rupani, N. Haughey, M. Cooper, "The impact of school-based counseling on young people's capacity to study and learn", vol.40, *British Journal of Guidance and Counselling*, pp. 499-514, 2012.
- [12] J. Pybis A. Hill, M. Cooper, K. Cromarty, "A comparative analysis of the attitudes of key stakeholder groups to the Welsh government's school-based counseling strategy", vol. 40, *British Journal of Guidance and Counselling*, pp. 485-498, 2012.
- [13] A. McElearney, A. Adamson, G. Shevlin, B. Bunting, "Impact evaluation of a school-based counseling intervention in Northern Ireland: Is it effective for pupils who have been bullied?", vol. 90, *Child Care in Practice*, pp. 4-22, 2013.
- [14] B. Harris, "International school-based counselling (Scoping Report)", London: British Association for Counselling & Psychotherapy, p. 1, 2013.
- [15] M.A. Saleh, "Cultural perspectives implications for counseling in the Arab world", *School Psychology International*, vol. 7, pp. 71-75, 1983.
- [16] S. I. Al-Rebdi, "The role of the school counsellor as perceived by counsellors, principals and teachers in Saudi Arabia", *Unpublished Doctoral Thesis*, University of Manchester, Manchester, 2004.
- [17] The Ministry of Education, "Education Policy in the Kingdom of Saudi Arabia", Riyadh: Abakan, 1995.
- [18] General Administration of Counselling, "Guidance of Student Counsellor in Saudi Arabia", Riyadh: Abakan, 1991.
- [19] M.A. Saleh, "Counseling and guidance in the Kingdom of Saudi Arabia", vol. 10, *International Journal for the Advancement of Counseling*, pp. 277-286, 1987.
- [20] WHO, "Obesity and overweight fact sheet n° 311", January 2015.
- [21] M.A.F. El-Hazmi, A.S. Warsy, "Prevalence of obesity in the Saudi population", vol. 17, *Annals of Saudi medicine*, pp. 302-306, 1997.
- [22] L.M. Brotman, S. Dawson-McClure, K.-Y. Huang, R. Theise, D. Kamboukos, J. Wang, G. Ogedegbe, "Early childhood family intervention and long-term obesity prevention among high-risk minority youth", vol. 129, *Pediatrics*, pp. e621-e628, 2012.
- [23] A.R. Al-Nuaim, E.A., Bamgboye, A. Al-Herbish, "The pattern of growth and obesity in Saudi Arabian male school children. International journal of obesity and related metabolic disorders", vol. 20, *Journal of the International Association for the Study of Obesity*, p. 1000, 1996.

- [24] B. Abalkhail, "Overweight and obesity among Saudi Arabian children and adolescents between 1994 and 2000", vol. 8, *Eastern Mediterranean Health Journal*, pp. 470-479, 2002.
- [25] H. M. Al-Hazzaa, "Prevalence and trends in obesity among school boys in Central Saudi Arabia between 1988 and 2005", vol. 28, *Saudi medical journal*, p. 1569, 2007.
- [26] M. I. El Mouzan, P. J. Foster, A. S. Al Herbish, A. A. Al Salloum, A. A. Al Omer, M. M. Qurachi, T. Kecojovic, "Prevalence of overweight and obesity in Saudi children and adolescents", vol. 30, *Annals of Saudi Medicine*, pp. 500-2, 2010.
- [27] H. M. Al-Hazzaa, N. A. Abahussain, H. I. Al-Sobayel, D. M. Qahwaji, A. O. Musaiger, "Lifestyle factors associated with overweight and obesity among Saudi adolescents", vol. 12, *BMC Public Health*, 12(1), pp. 354, 2012.
- [28] H. G. Koenig, F. Al Zaben, M. G. Sehlo, D. A. Khalifa, M. S. Al Ahwal, N. A. Qureshi, Al-Habeeb, A. D., "Mental health care in Saudi Arabia: Past, present and future", vol. 4, *Open Journal of Psychiatry*, pp. 113-130, 2014.
- [29] F. E. Ahmed, M. Alrowaily, "Pattern of anxiety and depression among Secondary school students in Riyadh, KSA", vol. 3, *The International Journal of Indian Psychology*, pp. 62-68, 2015.
- [30] A. R. Asal, M. M. Abdel-Fattah, "Prevalence, symptomatology, and risk factors for depression among high school students in Saudi Arabia", vol. 12, *Neurosciences (Riyadh)*, pp. 8-16, 2007.
- [31] H. Raheel, "Depression and associated factors among adolescent females in Riyadh, Kingdom of Saudi Arabia, a cross-sectional study", vol. 6, *International Journal of Preventive Medicine*, 2015.
- [32] J. Y. Ghazwani, S. N. Khalil, R. A. Ahmed, "Social anxiety disorder in Saudi adolescent boys: Prevalence, subtypes, and parenting style as a risk factor", vol. 23, *Journal of Family and Community Medicine*, pp. 25-31, 2016.
- [33] K.S. Al-Gelban, "Depression, anxiety and stress among Saudi adolescent school boys", vol. 127, *Journal of the Royal Society for the Promotion of Health*, pp. 33-37, 2007.
- [34] K.S. Al-Gelban, H.S. Al-Amri, O.A. Mostafa, "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", vol. 9, *Sultan Qaboos University Medical Journal*, pp. 140-147, 2009.
- [35] R. Holt, "Diagnosis, epidemiology and pathogenesis of diabetes mellitus: and update for psychiatrists", vol. 184, *British Journal of Psychiatry*, pp. s55-s63, 2004.
- [36] International Diabetes Federation, "Diabetes Atlas", 7th edition, p. 16, 2015.
- [37] Diabetes UK, "List of countries by incidence of type 1 diabetes ages 0 to 14", 2016, <https://www.diabetes.org.uk>.
- [38] A. Alherbishi, M. El-Mouzan, A. Al-Salloum, M. Al-Qurachi, M. A. Al-Omar, "Prevalence of type 1 diabetes mellitus in Saudi Arabian children and adolescents" vol. 29, *Saudi Medical Journal*, pp. 1285-1288, 2008.
- [39] A. A. Al-Khader, "Impact of diabetes in renal diseases in Saudi Arabia", vol. 16, *Nephrology Dialysis Transplantation*, pp.739-742, 2001.
- [40] R. L. Al-Mutairi, A.A. Bawazir, A. E. Ahmed, H. Jradi, "Health beliefs related to diabetes mellitus prevention among adolescents in Saudi Arabia", vol. 15, *Sultan Qaboos University Medical Journal*, pp. e398-e404, 2015.
- [41] S. A. Meo, M. A. Alkahlan, M. A. Al-Mubarak, M. S. Al-Obayli, B. A. Melaibary, A. N. Bin Dous, A. I. Alhassoun, A.I., "Impact of type 1 diabetes mellitus on academic performance", vol. 41, *Journal of International Medical Research*, pp. 855-888, 2013.
- [42] M. Desrocher, J. Rovet, "Neurocognitive correlates of type 1 diabetes mellitus in childhood", vol. 10, *Child Neuropsychology*, pp. 36-52, 2004.
- [43] N. A. Abahussain, A. G. El-Zubier, "Diabetes knowledge among self reported diabetic female teachers: Al-Khobar, Saudi Arabia", vol. 12, *Journal of Family Community Medicine*, pp 43-48, 2005.
- [44] Saudi Gazette, "Kingdom 'struggling to tackle several health challenges'", 23 April 2014.
- [45] I. H. Al-Ayed, "Mothers' knowledge of child health matters: Are we doing enough?", vol. 17, *Journal of Family Community Medicine*, pp. 22-8, 2010.
- [46] A. S. AlMakadmaa, S. Ramisetty-Miklerb, "Student, school, parent connectedness, and school risk behaviors of adolescents in Saudi Arabia", vol. 2, *International Journal of Pediatrics and Adolescent Medicine*, pp. 128-135, 2015.
- [47] F. S. AlBuhairan, H. Tamim, M. Al Dubayee, S. AlDhukair, S. Al Shehri, W. Tamimi, C. El Bcheraoui, M. E. Magzoub, N. de Vries, I. Al Alwan, "Time for an Adolescent Health Surveillance System in Saudi Arabia: Findings From "Jeeluna" ", vol. 57, *Journal of Adolescent Health*, pp.263-269, 2015.
- [48] E. Gawwad, "Teacher's knowledge, attitudes and Management Practices about Diabetes Care in Riyadh's schools", vol. 83, *Journal of Egypt Public Health Association*, pp. 205-222, 2008.
- [49] N. A. Al Aoolaa, M. Saba, L. Nissen, H. A. Alowairdy, B. Saini, "Asthma Education for Primary School Teachers in Saudi Arabia – A Needs Analysis", vol. 2, *Health Behavior and Policy Review*, pp. 470-484, 2015.
- [50] J. M. Alqahtani, "Knowledge and practice of schoolteachers towards students with epilepsy in Khamis Mushate, Southern Saudi Arabia", vol.22, *Journal of Family Community Medicine*, pp.163-168, 2015.
- [51] M. H. M. Abu-Rasain, D. I. Williams, "Peer counselling in Saudi Arabia", vol. 22, *Journal of Adolescence*, pp. 493-502, 1999.
- [52] N. G. Al-Ghamdi, B. Riddick, "Principals' perceptions of the school counselor role in Saudi Arabia", vol. 33, *Journal for the Advancement of Counselling*, pp. 347-360, 2011.
- [53] D. Champion, *The paradoxical kingdom: Saudi Arabia and the momentum of reform*. New York: Columbia University Press.
- [54] T. Alotaibi, "Challenging existing views of the role of school counsellors in the Kingdom of Saudi Arabia", 8th Annual Keele Counselling Psychology Conference, Keele, United Kingdom, March 2014.
- [55] T. Alotaibi, "Differentiating cultural, social, and psychological attitudes towards school counselling in Saudi Arabia", InPACT (International Psychological Applications Conference and Trends), Porto, Portugal, April 2014.
- [56] T. Alotaibi, "School counselling in the Kingdom of Saudi Arabia". BACP Children & Young People, pp.4-9, September 2014.

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