Depression Symptoms Among Early Childhood Development Practitioners in South Africa

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ABSTRACT

The increasing prevalence of depression is a growing global concern, including among early childhood development practitioners. However, there is a dearth of studies on the mental health of these practitioners in South Africa. The objective of this study was to screen for the prevalence and severity of depression symptoms among practitioners. The Patient Health Questionnaire-9 (PHQ-9) and a socio-demographic questionnaire were used to collect data from 402 practitioners. Descriptive analysis of the data was performed using Stata 14. The Pearson chi-square test and logistic regression model were applied to explore associations between socio-demographic variables and PHQ-9 scores and to identify factors significantly associated with depression symptoms. Nearly half of the participants (47.26%) tested positive for depression symptoms across various severity categories, including mild (27.11%), moderate (15.92%), moderately severe (3.48%), and severe (0.75%). Key variables such as the location of the center, the number of children living with the practitioner, substance use, the number of practitioners in the center, the number of children per class, and the total number of children in the center were significantly associated with depression symptoms (p ≤ 0.05). The study recommends the development and implementation of tailored interventions to address the mental health needs of practitioners, thereby improving both the academic and non-academic outcomes of learners.

ABSTRAK

Peningkatan prevalensi depresi menjadi perhatian global yang semakin berkembang, termasuk di kalangan praktisi perkembangan anak usia dini. Namun, terdapat kekurangan penelitian tentang kesehatan mental praktisi ini di Afrika Selatan. Tujuan dari penelitian ini adalah untuk menyaring prevalensi dan tingkat keparahan gejala depresi di kalangan praktisi. Kuesioner Patient Health Questionnaire-9 (PHQ-9) dan kuesioner sosio-demografis digunakan untuk mengumpulkan data dari 402 praktisi. Analisis deskriptif data dilakukan menggunakan Stata 14. Uji chi-square Pearson dan model regresi logistik diterapkan untuk mengeksplorasi hubungan antara variabel sosio-demografis dengan skor PHQ-9 serta mengidentifikasi faktor-faktor yang secara signifikan terkait dengan gejala depresi. Hampir setengah dari peserta (47,26%) menunjukkan gejala depresi dengan berbagai kategori tingkat keparahan, termasuk ringan (27,11%), sedang (15,92%), cukup berat (3,48%), dan berat (0,75%). Variabel utama seperti lokasi pusat, jumlah anak yang tinggal bersama praktisi, penggunaan zat, jumlah praktisi di pusat, jumlah anak per kelas, dan total jumlah anak di pusat secara signifikan terkait dengan gejala depresi (p ≤ 0,05). Studi ini merekomendasikan pengembangan dan implementasi intervensi yang disesuaikan untuk menangani kebutuhan kesehatan mental praktisi, sehingga meningkatkan hasil akademik maupun non-akademik peserta didik.

GRAPHICAL ABSTRACT
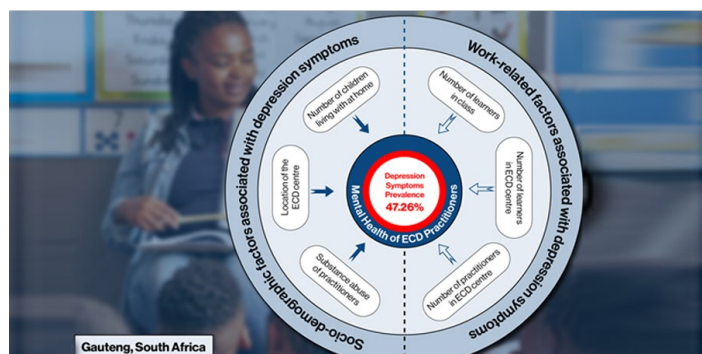
INTRODUCTION

The increasing prevalence of mental disorders is a global concern. An estimated 25% of people experience a mental disorder in their lifetime, with depression being one of the most prevalent (World Health Organization, 2020), and women are disproportionately affected (Handy et al., 2022). In South Africa, 20% of individuals will experience a depressive disorder at least once during their lifetime, and 9.7% experience a lifetime prevalence of depression (South African Medical and Education Foundation, 2019). Depression is a relatively common mood, affective, and/or behavioral disorder (Handy et al., 2022). It is the world's fourth most immobilizing and debilitating disease (Ng et al., 2019).

Depression manifests as a somatic disease, adversely affecting all body systems and overall human functioning (Yaribeygi et al., 2017), including the execution of daily activities in all spheres of life. Workplace stress and its associated toxicity are among the contributing factors to depression, affecting the educational sector, including early childhood development (ECD) environments (Kaupa, 2020; Maaga & Mokwena, 2023).

ECD is an essential and fundamental service aimed at promoting universal access to comprehensive, age- and stage-appropriate quality educational programs for children up to seven years of age (Department of Social Development, 2015). ECD practitioners (hereafter referred to as practitioners) fulfill both educational and caregiving roles, determining the effectiveness and efficiency of ECD services (Kaupa, 2020). As a result, practitioners influence the academic and non-academic growth and development of children (Peele et al., 2023) and require high levels of well-being to achieve favorable outcomes.

Although teaching as a profession is associated with high stress levels, working with young and developing children in ECD settings is more physically and mentally demanding. Therefore, ECD is more stressful than teaching older children (Chen et al., 2023; Lamberta et al., 2019; Peele & Wolf, 2021). High stress levels, including teacher work-related stress, are precursors to mental disorders such as depression. Ferreira-Costa and Pedro-Silva (2019) found that teachers working in public early years and primary education experienced minimum (69.5%), mild (22.9%), and moderate (7.6%) levels of depression. Furthermore, 50% of these teachers presented with depression severe enough to impair their educational effectiveness.

The mental health of practitioners profoundly impacts both the current and future academic and non-academic success of learners. However, the overall and mental well-being of practitioners is often overlooked, posing a risk to the intended outcomes of ECD programs (Peele et al., 2023). Despite the high levels of work-related stress in teaching (Muhonene et al., 2022) and the recognition of escalating mental distress among educators as a global health concern (de Oliveira Araújo et al., 2020), the mental health of practitioners remains one of the most neglected and underexplored areas (McCurdy et al., 2020).

Educators experiencing depression exhibit adverse psychological and psychosomatic symptoms (Handy et al., 2022), which compromise their well-being (Khan et al., 2019). This negatively impacts teacher performance, resulting in presenteeism, absenteeism (Maaga & Mokwena, 2023), poor-quality teaching and learning, and strained learner-teacher relationships (Peele & Wolf, 2021; Khan et al., 2019). Consequently, learners may experience smaller academic gains, increased behavioral problems, and poorer social skills. Learners may also mimic depressive cognitions, emotions, or symptoms observed in practitioners (Peele et al., 2023).

Workplace stress among practitioners has become a critical public health concern, as it is often linked to the onset of depression. This condition frequently goes undetected, undiagnosed, and untreated, exacerbating its impact on

individual well-being and professional performance (Arokiasamy et al., 2017). While substantial literature highlights the general prevalence of workplace stress and its psychological repercussions, gaps remain in understanding its specific manifestations among practitioners in various professional and geographical contexts (Handy et al., 2022).

Previous studies have largely focused on broader populations or specific sectors, yet there is limited exploration of practitioners as a distinct group. Research has emphasized barriers to accessing mental health care services, such as stigma and logistical challenges, but the particular obstacles faced by practitioners remain underexplored. Notably, the mental health of practitioners, including its prevalence, severity, and implications for their professional environment, has been insufficiently addressed in the existing body of work (Roberts et al., 2016; Peele et al., 2023).

Early childhood development (ECD) practitioners play a pivotal role in shaping the foundational years of children's lives. However, these practitioners are often exposed to significant workplace stressors, including long working hours, low wages, high demands from parents and institutions, and limited resources. Such stressors can culminate in chronic mental health issues, particularly depression (Arokiasamy et al., 2017). Depression not only affects practitioners' personal well-being but also their professional capacity to provide quality care and education, thereby potentially impacting child development outcomes (Handy et al., 2022). Despite the critical importance of this issue, research on the mental health of ECD practitioners remains sparse, particularly in low- and middle-income countries such as South Africa.

Existing literature highlights several challenges in addressing the mental health needs of ECD practitioners. For example, practitioners often fail to seek or access appropriate mental health care services due to stigma, lack of awareness, or systemic barriers (Roberts et al., 2016). Moreover, studies have predominantly focused on physical health or general workplace conditions, neglecting a thorough investigation into mental health issues such as depression. This lack of attention has resulted in significant knowledge gaps, particularly in understanding the prevalence and severity of depression symptoms among ECD practitioners and the socio-demographic factors associated with these symptoms.

The present study addresses these gaps by focusing on practitioners in Gauteng, South Africa. While previous research has documented the mental health challenges faced by teachers in primary and secondary education settings, little is known about ECD practitioners, a group uniquely positioned yet often overlooked in mental health discourse. The aim of this study was to screen for the prevalence and severity of depression symptoms among practitioners in Gauteng. Using validated instruments such as the Patient Health Questionnaire-9 (PHQ-9), this study not only screens for the prevalence and severity of depression symptoms but also examines the socio-demographic variables that may contribute to these symptoms. By identifying key factors associated with depression, this research contributes to the development of tailored interventions aimed at improving the mental health of ECD practitioners. Such interventions are essential to enhance both practitioner well-being and the overall quality of early childhood education, thereby addressing a critical yet underexplored area of public health and educational research.

**METHODS**

A descriptive cross-sectional quantitative study was conducted in two Metropolitan Municipalities, Johannesburg and Tshwane, Gauteng, South Africa, from May 2023 to March 2024. The population consisted of practitioners aged 18 years and older who were employed in non-governmental ECD centres. The inclusion criteria for centres required a minimum of three staff members and a learner en-

Table 1

Sociodemographic characteristics of practitioners

Variables	Frequency	Percentage
Gender		
Female	398	99
Male	4	1
Age (year)		
<36	150	37.31
36-50	175	43.53
>50	77	19.15
Race		
Black	378	94.03
Coloured	3	0.75
White	21	5.22
Marital Status		
Single	271	67.41
Married	101	25.12
Divorced	18	4.48
Widowed	12	2.99
Religion		
Christian	349	86.82
African tradition	34	8.46
Other	5	1.24
None	14	3.48
Substance use		
None	267	66.58
Alcohol	107	26.68
Tobacco	21	5.24
Snuff	4	1
Cannabis	2	0.5
Living status		
Living alone	22	5.47
Living with others	380	94.53
Household size		
None	20	4.98
1-2	103	25.63
3-4	141	35.07
>5	138	34.33
Number of adults in the household		
None	43	10.70
1-2	203	50.50
3-4	102	25.37
>5	54	13.43
Number of children in the household		
None	114	28.36
1-2	116	28.86
3-4	147	36.57
>5	25	6.22
Number of income earners		
None	85	21.14
1 – 2 people	252	62.69
3 – 4 people	50	12.44
5 and more people	15	3.73
Living near the center		
Yes	255	67.64
No	122	32.36
Chronic condition		
Yes	146	38.73
No	231	61.27

Figure 1
Prevalence and severity of depression symptoms
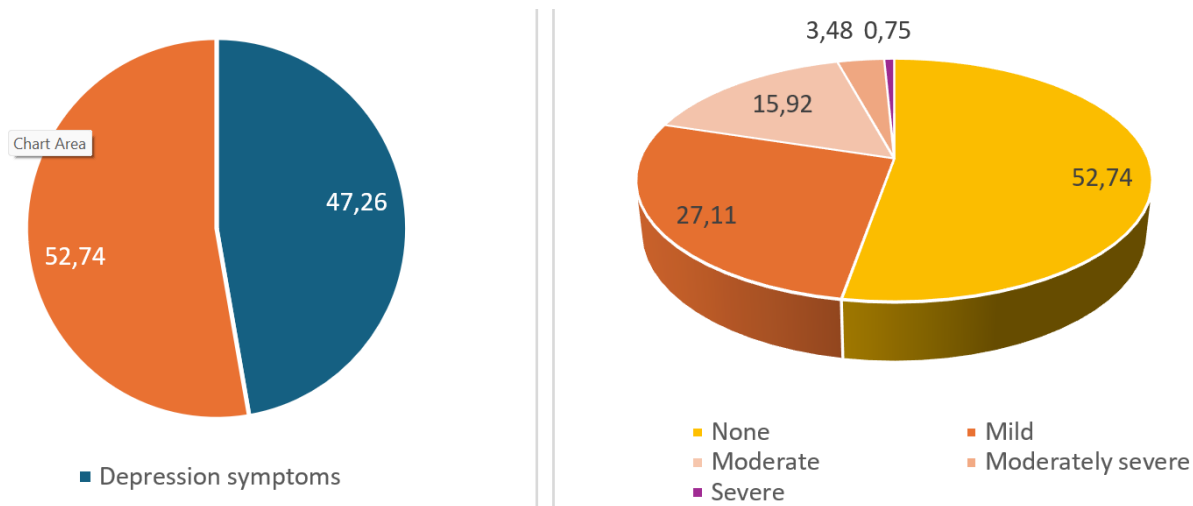
rollment of more than 15 children. The inclusion criteria for practitioners included at least one year of full-time work experience and willingness to provide consent for the study. Using the Raosoft Sample Size Calculator, a sample size of 400 participants was determined for an unknown population size. Stratified random sampling was conducted at the municipal level, while simple random sampling was applied at the centre and practitioner levels.

Data was collected by the researcher and trained research assistants. On the day of data collection, practitioners were assembled in a room where the study objectives and data collection procedures were explained. Written consent was then obtained from those willing to participate. Data collection involved administering a socio-demographic questionnaire and the Patient Health Questionnaire (PHQ-9) tool. The PHQ-9 is a globally validated instrument used to screen, diagnose, and monitor the severity of depression based on the nine diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (Molebatsi et al., 2020; Handy et al., 2022).

The collected data was cleaned, coded, and entered into Microsoft Excel, and subsequently imported into the STATA 18 software program for statistical analysis. Socio-demographic data was analysed descriptively.

The PHQ-9 tool employed a four-point Likert scale to score each item from 0 (not at all) to 3 (nearly every day). The maximum score was 27, and a score of 5 and above indicated positive depression symptoms with varying severity levels: mild (5–9), moderate (10–14), moderately severe (15–19), and severe (20–24). Scores of 10 and above were indicative of clinically significant depression symptoms.

Bivariate analysis, using chi-square tests and t-tests, was conducted to determine the relationship between socio-demographic variables and depression symptoms. Logistic regression and multivariate analysis were used to explore the relationship between socio-demographic factors and the prevalence of depression symptoms. A p-value of <0.05 was considered statistically significant. The Research and Ethics Committee of Sefako Makgatho University granted the Ethics Clearance Certificate (SMUREC/H/165/2022:PG), and the Gauteng Department of Basic Education provided permission for the study.

RESULTS

A total of 402 practitioners from 52 centres participated in the study, with an average participation rate of 7.73 practitioners per centre. The majority of the centres were registered with the government (379, 94.51%). Most

Table 2
Professional characteristics of practitioners

Variables	Frequency	Percentage
Role of practitioner		
Practitioner only	232	58.15
Practitioner and cook & clean	125	31.33
Practitioner and administrator	17	4.26
Practitioner and Principal	25	6.2
Employment Conditions		
Permanently employed	342	85.5
Temporarily employed	58	14.5
Highest qualification achieved		
Less than Grade 12	102	25.63
Grade 12 (Level 4) confirm	137	34.42
In-service training	26	6.53
Level 4 ECD Training	43	10.8
Level 5 ECD Training	19	4.77
Level 6 ECD Training	49	12.31
Level 7 ECD Training	1	0.25
Non ECD Training	21	5.28
ECD Training obtained		
ECD Training	138	34.67
Non ECD Training	260	65.33
Part-time studies		
Studying part-time	133	33.93
Not studying part-time	259	66.07
Hours worked		
<8	174	43.28
8-9	99	24.63
>9	129	32.09
Number of learners in class		
1-12	66	16.42
13-16	49	12.19
17-25	136	33.83
>25	151	37.56
Learners' age range (Year)		
0-1.5	47	12.24
>1.5-2	75	19.531
3-4	160	41.667
4-5	93	24.219
0-6 (Combined class)	8	2.083
N/A	1	0.26
Years of experience in the ECD sector		
<4	134	33.42
4-10	153	38.15
11-20	92	22.94
>20	22	5.49
Years at this ECD center		
<4	189	47.13
4-10	126	31.42
11-20	72	17.96
>20	14	3.49

Table 3
Factors significantly associated with depression through bivariant analysis

Factors	Frequency (%)	Depressed (%)	Not depressed (%)	Chi-square	P-value
Name of Municipality					
City of Johannesburg	185 (46.02%)	77 (19.15%)	108 (26.87%)	4.377	0.036*
City of Tshwane	217 (53.98%)	113 (28.11%)	104 (25.87%)		
Name of subdistrict					
Gauteng North	72 (17.96 %)	34 (8.48%)	38 (9.48%)	172.061	0.004[*]
Johannesburg East	54 (13.47 %)	21(5.24%)	33 (8.23%)		
Johannesburg North	16 (3.99 %)	13 (3.24%)	3 (0.75%)		
Johannesburg South	115 (28.68%)	43 (10.72%)	72 (17.96%)		
Tshwane South	42 (10.47%)	20 (4.99%)	22 (5.49%)		
Tshwane Wes	102 (25.44%)	58 (14.46%)	44 (10.97%)		
Number of children in the household					
0-1	230 (57.22%)	102 (25.37%)	128 (31.84%)	69.292	0.031[*]
2-4	147 (36.57%)	70 (17.41%)	77 (19.15%)		
>4	25 (6.22%)	18 (4.48%)	7 (1.74%)		
Use of substances					
None	267 (67%)	114 (28.64%)	153 (38.44%)	10.33	0.035[*]
Alcohol	108 (27.01%)	62 (15.58%)	46 (11.56%)		
Tobacco	17 (4.27%)	9 (2.26%)	8 (2.03%)		
Snuff	2 (0.5%)	2 (0.5%)	0 (0%)		
Tobacco	17 (4.27%)	9 (2.26%)	8 (2.03%)		
Practitioners' age group					
<36	150 (37.31%)	68 (16.92%)	82 (20.40%)	5.498	0.064
36-50	175 (43.53%)	93 (53.14%)	82 (20.40%)		
>50	77 (19.15%)	29 (7.21%)	48 (11.94%)		
Number of Learners in class					
1-12	66(16.42%)	29 (15.26%)	37 (9.20%)	7.650	0.05[*]
13-16	49 (12.19%)	23 (5.72%)	26 (6.47%)		
17-25	136 (33.83%)	54 (13.43%)	82 (20.40%)		
>25	151 (37.46%)	84 (20.90%)	67 (16.67%)		
Number of learners in ECD					
<30	19 (4.73%)	9 (2.24%)	10 (2.49%)	12.048	0.035[*]
31-50	28 (6.97%)	12 (2.98%)	16 (3.98%)		
51-100	128 (31.84%)	48 (11.94%)	80 (19.90%)		
101-150	142 (35.32%)	69 (17.16%)	73 (18.16%)		
150-200	31 (7.71%)	18 (7.71%)	13 (2.99%)		
>200	54 (13.43%)	34 (8.46%)	20 (4.498%)		
Number of practitioners in the ECD centre					
<6	131 (32.59%)	52 (12.94%)	79 (19.65%)	6.168	0.046[*]
6-10	162 (40.30%)	78 (19.40%)	84 (20.90%)		
>10	109 (27.11%)	60 (14.93%)	49 (12.19%)		

Note: * = Significant at p-value of ≤ 0.05

centres (285, 71.7%) operated in formal ECD structures, while 18.45% (74) operated from private homes, 6.73% (27) from community centres, and 3.74% (15) from church buildings. The average staff establishment per centre was 9.03 practitioners, with the majority of centres employing 6 to 10 practitioners (293, 72.89%) and some employing 11 to 20 practitioners (94, 23.38%). The average learner enrollment per centre was 119.36, with some centres enrolling 101 to 150 learners (142, 35.32%) and 51 to 100 learners (128, 31.84%).

Table 1 presents the sociodemographic characteristics of the practitioners. The partici-

Table 4

Factors associated with depression through multi-variant analysis

Factors	Coef	Std Error	P value	95 Conf	Interval
Municipality	0.3086892	0.269352	0.237	0.209231	0.846609
Name of subdistrict	0.508279	0.061183	0.406	-0.17074	0.069088
Use of substances	0.2069869	0.102637	0.044*	0.005822	0.408152
Number of children living with	-0.394872	0.172777	0.022*	-0.73351	-0.56235
Number of learners in ECD	-0.008945	0.140615	0.949	-0.28455	0.266656
Number of learners in class	-0.118851	0.112032	0.289	-0.33843	0.100728
Number of practitioners in ECD	-0.153982	0.194207	0.428	-5346203	0.226655

Note: * = Significant at p-value of ≤ 0.05

pants were predominantly female (398, 99%), black (378, 94.03%), and Christian (349, 86.82%). The mean age of participants was 40.99 years, with most participants falling into the age groups 36–50 years (175, 43.53%) and 35 years or under (150, 37.31%). The majority of participants were single (271, 67.41%), while 25.12% (101) were married. Additionally, 26.68% (107) of the participants reported using alcohol.

Table 2 summarizes the professional characteristics of practitioners. The majority (232, 58.15%) were employed solely as practitioners, while others assisted with housekeeping tasks (125, 31.33%) and administrative activities (17, 4.26%). Most practitioners had a Grade 12 qualification (137, 34.42%) or less than Grade 12 (102, 25.63%). A significant proportion of participants (260, 65.33%) had no formal training in ECD. The average number of learners taught in a class was 22.48, with the maximum reaching 68 learners per class.

Just under half of the participants (190, 47.26%) tested positive for depression symptoms. These symptoms were categorized into mild (109, 27.11%), moderate (64, 15.92%), moderately severe (14, 3.48%), and severe (3, 0.75%) (Figure 1).

The most commonly reported symptoms included feeling down (247, 61.75%), fatigue (227, 56.61%), feelings of failure (189, 47.13%), disinterest in daily tasks (168, 41.9%), and appetite problems (162, 40.4%). Nearly half of the participants (169, 42.25%) reported diffi-

culty in executing daily tasks to varying degrees: somewhat difficult (118, 29.5%), very difficult (37, 9.25%), and extremely difficult (14, 3.5%). While all participants experienced some level of difficulty in daily activities, those with depression symptoms reported significantly greater difficulty (p = 0.000).

Tables 3 and Table 4 present the significant factors associated with depression symptoms. The chi-square test identified several socio-demographic factors as significantly associated with depression, including the location (municipality and sub-district), the number of children living at home, and substance use (p ≤ 0.05). Work-related factors significantly associated with depression included the number of learners in the centre, the number of learners in class, and the number of practitioners in the centre (p ≤ 0.05). A multivariate logistic regression model was developed using results from the bivariate analysis. This model retained the number of children living at home and substance use as significant socio-demographic factors associated with depression (p ≤ 0.05).

DISCUSSION

The mental health of practitioners is critical to the quality of ECD (Funcz et al., 2020). The prevalence of 47.26% for depression symptoms, primarily mild (27.11%), moderate (15.92%), and severe (3.48%), aligns with findings from several studies. The prevalence of depression symptoms is similar to the 44.7% identified by Bete et al. (2022) and falls within

the range of 0.6% to 85.7%, with a median of 30.7%, reported in a scoping study on depression among teachers (Agyapong et al., 2022). Conversely, the prevalence in this study is higher than the 32.5% reported by Santamaria et al. (2021) and the 30.7% median prevalence identified by Agyapong et al. (2022). It is, however, significantly lower than the 73.8% prevalence among teachers in Saudi Arabia during the COVID-19 pandemic (Alshammari et al., 2023), likely because this study was conducted post-pandemic.

The severity of depression was also comparable to findings reported in various studies, including a 52.38% prevalence in India, with mild (28.6%) and moderate (18.1%) symptoms (Rodrigues et al., 2020). However, the findings in this study are higher than the 10% prevalence of clinically significant depressive symptoms reported by Roberts et al. (2019). Sánchez-Pujalte et al. (2023) reported higher levels of mild depression (39.7%) but similar levels of moderate and severe depression (16.2%).

Similar depression symptoms were observed in other studies on teachers, such as fatigue (Rodrigues et al., 2020) and loss of interest in work (Alshammari et al., 2023). Fatigue was identified as the strongest manifestation of stress among teachers under 50 years old (Ormiston et al., 2022). Feeling low (61.75%), feelings of failure (47.13%), and appetite problems (40.4%) were less frequently reported in other studies, possibly due to overestimation, underestimation, or the use of different instruments.

Several studies have identified factors significantly related to depression, including sociodemographic, professional, work-related, and social factors (Agyapong et al., 2022). This study identified the location of the centre, the number of children living at home, and substance use as significant sociodemographic factors associated with depression. Common sociodemographic factors such as sex, age, marital status (Agyapong et al., 2022), and gender (Rodrigues et al., 2020; Sánchez-Pujalte et al., 2023) were not identified in this study. Consistent with this study, the location, especially in high-density areas, was significantly associated with stress (Chan et al., 2021). Similar to Bete et al. (2020), alcohol consumption was identified as a significant factor associated with depression symptoms.

In this study, substance use (33.42%), primarily alcohol (26.68%), was reported predominantly by younger participants. This finding aligns with the global alcohol use prevalence of 32.5% and the national prevalence of 33.1% (Tindimwebwa et al., 2021). Likewise, Mutai et al. (2024) associated drug use with younger age. This finding supports the bidirectionality and complexity of the relationship between substance abuse and mental illness due to their co-existence (Tindimwebwa et al., 2021). The most significant sociodemographic factors associated with depression symptoms, as identified by logistic regression, were the number of children living at home and the location of the centre ($p \leq 0.05$), which may be linked to economic factors. The location of the centre was also the area of residence for the majority of practitioners (67.64%, n=255).

The work-related factors significantly associated with depression were the number of practitioners in the centre, the number of learners in the centre, and the number of learners in class, which are mostly related to workload. Unlike in other studies, common work-related factors such as teaching experience (Sánchez-Pujalte et al., 2023) and educational level (Agyapong et al., 2022) were not identified.

Most participating centres were medium-sized, with an average learner enrollment of 119.36 per centre, significantly higher than the 39 learners per centre reported in Department of Basic Education (2021). One determinant of workload is class size, which corresponds to the number of children in class and overcrowded classrooms (Agyapong et al., 2022). Increased workload is related to overcrowded classrooms often exceeding pre-

scribed norms and standards. Workload correlates with higher levels of stress and burnout, which are precursors to depression (Avanzi et al., 2018; Agyapong et al., 2022). Workload also correlates with the number of practitioners in the centre, the number of learners in the centre, and the number of learners in class, all of which were significantly associated with depression. A significant proportion of practitioners with depression symptoms (42.25%) experienced varying levels of difficulty in executing daily activities: somewhat difficult (29.5%), very difficult (9.25%), and extremely difficult (3.5%). Those experiencing depression symptoms found it significantly more difficult to execute daily tasks (p = 0.000), supporting findings that depression levels are significantly associated with functionality (Alshammari et al., 2023).

The prevalence of depression symptoms among practitioners is high, affecting their overall well-being and functionality at work. To reduce the diagnosis and treatment gap, the implementation of comprehensive, contextualized, and integrated community-based mental and social care policies, services, and interventions is highly recommended (World Health Organization, 2020). This emerging body of literature underscores the importance of mental health among practitioners, a key gap in addressing practitioner effectiveness. Mental health significantly impacts their general well-being and their professional mandate to improve the academic and non-academic success of the children under their care. A large sample size with sufficient statistical power to generalize findings to similar subgroups is a strength of this study. However, a national sample involving practitioners from both private and public centres is recommended to produce robust estimates of practitioners' mental health status. To improve the study's comprehensiveness, additional variables such as the history of depression (diagnosed or undiagnosed) should also be explored.

CONCLUSIONS

The high prevalence of depression symptoms among practitioners, coupled with different levels of difficulty in executing daily tasks, is a major concern. Practitioners play a critical role in the academic and non-academic success of the current and future generations. Considering this high prevalence, it is essential to empower both practitioners and centres to address the sociodemographic, professional, and work-related factors associated with depression at institutional and personal levels. Such interventions will promote mental health and alleviate depression symptoms. Closing the gap in diagnosis and treatment requires the adoption of holistic, context-specific, and integrated policies, services, and interventions focused on community-based mental and social care. Furthermore, conducting a similar study focusing on managers and principals in the ECD sector would provide valuable insights to improve the mental health of all personnel working in this field. Overall, the study findings underscore the need for a contextualized, school-based intervention to enhance practitioners' mental health, thereby contributing to the academic and non-academic success of learners. This study highlights the significance of practitioners' mental health and adds to the growing body of literature on this critical topic, particularly in contexts where their mental health often receives inadequate attention.

AUTHORS' CONTRIBUTIONS

Mercedes Z. Kunene led the study design, concept formulation, manuscript drafting, participant recruitment, data collection, field-

work, data analysis, and manuscript revision.. Kebogile Mokwena contributed to concept formulation, data analysis, manuscript review, revision, and final approval. Mathildah Mokgatle supported data analysis, manuscript review, revision, and final approval.

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COMPETING INTERESTS

The authors confirm that all of the text, figures, and tables in the submitted manuscript work are original work created by the authors and that there are no competing professional, financial, or personal interests from other parties.

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