School Health: An Integrated Model For Good Practices

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Abstract

School Mental Health is an important component for the overall wellbeing of school going children as well as the teachers, and other ancillary staff. Stress and anxiety in children and adolescents by bullying, peer pressure, high expectations in academic or other performance etc are aggravating the stress and related issues. Present study was undertaken to highlight the importance of school mental health in India for the good practices and shed light on the current scenario on how teachers can be sensitized about the psychosocial wellbeing of school going children. It has been pertinently recognized that schools provide a most appropriate setting for both health services and health education for children and young persons. The need of the hour is a comprehensive school health policy integrated within the national, regional levels of the educational system.

Key words: *School mental health, stress, childhood, health education*

Introduction

Mental health is an integral component of health. The World Health Organization (WHO) defines mental health as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In the positive sense thus, mental health is the foundation for the well-being of the individual and the effective functioning of a community. Mental and behavior problems are part of the increasing health problems the world over. The burden of illness resulting from psychiatric and behavioural disorders is enormous. Psychiatric symptoms are common in general population in both sides of the globe. These symptoms viz. worry, tiredness, and sleepless nights affect more than half of the adults at some time, while as many as one person in seven experiences some form of diagnosable neurotic disorder. (Mental health: strengthening our response, 2016)

It is estimated that around 20 percent of the world's adolescents have a psychological or behavioural problem. Up to 50 percent of mental, behavioural and psychological problems have their onset during adolescence period. The stress faced by the children and adolescents in current situation is enormous and the reasons are multifarious. The empowerment of children and adolescents is very essential in today's context in India as there is rapid globalization and urbanization with disintegration of joint families and the traditional social support systems. There

is growing evidence of increased psychological problems in children and adolescents; especially, behaviour problems, substance abuse, and suicides. The prevalence rate of psychiatric disorders in India is 12.5 percent among children aged 0-16 years and 12 percent among 4-16 year old children. Suicide-death rates in India are among the highest in the world.

Most of the risk taking behavior and psychological problems among children and adolescents emerge during adolescence period. This can be overcome through preventive and promotive school mental health programmes. Crime, violence, sexual permissiveness, drug abuse, academic competition, bullying, and school dropout rates are on the rise among the youth. These problems have strong impact on children's participation in the classroom, scholastic achievements, relationship issues, mental health, and psychological well being. Promoting competencies has the potential to prevent high risk behaviours, psychological problems and enhance resilience among children and adolescents. World Health Organization defines Child and Adolescent Mental Health as the 'capacity to achieve and maintain optimal psychological functioning and well being. It is directly related to the level reached and competence achieved in psychological and social functioning'.

All over the world, increasing attention is being given to the initial prevention of mental illness and risk reduction to vulnerability in mental illness. Research in the West has shown

promising results in enhancing the skills of adolescents including positive youth development; prevention of violence; decreased bullying; increased self-esteem; better peer relations; positive student-teacher relations; improved problem solving; enhanced emotional and social awareness. In India, the existing policies such as National Health Policy, Integrated Child Development Scheme and National Mental Health Program stress the need for developing comprehensive child mental health programmes and services at various levels. Many of the mental, behavioural and psychological problems, among children and adolescents can be prevented if the intervention happens at an early stage. School-based interventions possess a great potential in reducing the risk factors and increasing the protective factors to promote the mental health and well-being of children and adolescents. A well-timed comprehensive program in the schools using teachers as a facilitators has the potential for building competencies and results in yielding high long term returns on investment on children and adolescents.

Global Research

The global mental health landscape has transformed over the past 25 years because of the higher visibility of the burden of mental health and substance-use disorders. These disorders comprise 7.4% of the global disability-adjusted life years (DALYs) and 22.7% of the global years lived with disability. The main contributors worldwide are depression and dysthymia (9.6% of all YLDs), anxiety (3.5% of all YLDs), and schizophrenia; substance-use disorders and bipolar disorder form just over 2% of all YLDs. (Florence Baingana, 2015)

Alcohol and substance-use disorders come in second for most of the developing world, more so for southern Africa (drug use) and Eastern Europe (alcohol). The burden of mental health and substance-use disorders is expected to increase worldwide in the coming decades, and the steepest rise can be expected in low and middle income countries (LMICs) as a result of rising life expectancy, population growth and under-resourced health care. Untreated mental health disorders are associated with a high economic burden. Furthermore, pervasive stigma and human rights violations compound the suffering associated with these disorders and exacerbate social vulnerabilities.

As the health, social, economic, and human costs of mental and substance-use disorders become better documented, political need and multilateral commitments to scale up mental health care in LMICs have grown. The World Health Organization has introduced a series of policy initiatives that articulate both high-level aspirations and pragmatic guidance for mental health and substance-use services delivery in LMICs. The most recent, the Global Mental Health Action Plan 2013–2020, challenges the member states, partners and the Secretariat to collectively meet ambitious goals by the year 2020, including increasing mental health care coverage by 20% for severe mental health illness and reducing national suicide rates by 10%.

Key funding initiatives have supported research to accommodate scarce resources and improve availability through task sharing, integration of mental health care into existing primary health-care infrastructure, and enhancement of diagnostic assessment.

Prevalence of mental disorders as per World Health Report (2001) is around 10% and it is predicted that the burden of disorders is likely to increase by 15% by the year 2020. At the international level, mental health is receiving increasing importance as reflected by the WHO's focus on mental health as the theme for the World Health Day (4th October 2001), World Health Assembly (15th May 2001) and the World Health Report 2001. In 2008, the WHO Mental Health Gap Action Programme (MHGAP) was launched which aims at scaling up services for mental, neurological and substance use disorders for countries especially with low and middle income.

Taken together, mental, neurological and substance use disorders accounted for 13% of the total global burden of disease in the year 2004. Depression alone accounts for 4.3% of the global burden of disease and is among the largest single causes of disability worldwide (11% of all years lived with disability globally), particularly for women. The gap between the need for treatment and its provision is large, all over the world. WHO Mental Health Atlas 2011 provides data that demonstrate the scarcity of resources within countries to meet mental health needs.

The Director General, World Health Organization, launched the Mental Health Action Plan 2013-2020 on 7 October 2013. The action plan recognizes the essential role of mental health in achieving health for all people. It aims to achieve equity through universal health coverage and stresses the importance of prevention. The four major objectives of the Action Plan are to:

- Strengthen effective leadership and governance for mental health.

- Provide comprehensive, integrated and responsive mental health and social care services in community-based settings.

- Implement strategies for promotion and prevention in mental health.

- Strengthen information systems, evidence and research for mental health.

Every year on October 10, the World Health Organization joins in celebrating the World Mental Health Day. The day is celebrated at the initiative of the World Federation of Mental Health and the WHO supports this initiative through raising awareness on mental health issues. The theme of the day in 2013 was "Mental Health and Older Adults". On 10 December 2013, the Human Rights Day, the WHO launched the **Mind Bank.** It is a new online platform which brings together key international resources and national policies, strategies, laws and service standards for mental health, substance abuse, general health, disability, human rights, and development. **Mind Bank** will facilitate debate, dialogue, advocacy and research in order to promote national reform in line with international human rights and best practice standards.

Current Scenario in The Society

According to various community based surveys, prevalence of mental disorders in India is 6-7 percent for common mental disorders and 1-2 percent for severe mental disorders. In India the rate of psychiatric disorders in children aged between 4 to 16 years is about 12 percent and nearly one-third of the population is less than 14 years of age. With such a magnitude of mental disorders, it becomes necessary to promote mental health services for the well being of general population, in addition to providing treatment for mental illnesses. Treatment gap for severe mental disorders is approximately 50% and in case of Common Mental Disorders it is over 90%. In India the Government has been implementing several programmes to address mental disorders, as explained below:

National Mental Health Programme

The National Mental Health Programme (NMHP) was started in 1982 with the objectives to ensure the availability and accessibility of minimum mental health care for all, to encourage mental health knowledge and skills, and to promote community participation in mental health service development and to stimulate self-help in the community. (Lakshminarayanan, 2011)

National Mental Health Programme proposed to integrate mental health with primary health care, provision of tertiary care institutions for treatment of mental disorders, eradicating stigmatization of mentally ill patients, and protecting their rights through regulatory institutions like the Central Mental Health Authority and State Mental Health Authority.

Gradually the approach of mental health care services has shifted from hospital based care (institutional) to community based mental healthcare, as majority of mental disorders do not require hospitalization and can be managed at community level.

Perspective of School Authority and Parents

To achieve an integrated model for good practices, the school may aim to:

- Overcome barriers to learning and enhance achievement as a holistic concept.

- Nurture healthy development of children and young people in the realms of school, home, community and peer group so that they can learn, grow, and make a positive contribution now as well as in the future.

- Evaluating and assessing the range of activities they are involved in, identifying immediate areas of need, and setting goals for promoting well being.

- Enhance the communicative links between schools and their communities in promoting positive learning and health outcomes for young people.

It has been pertinently recognized that schools provide a most appropriate setting for both health services and health education for children and young persons. The need of the hour is a comprehensive school health policy integrated within the national, regional levels of the educational system. Around the globe, `school health' has been an important national programme for several decades, comprising largely of school health services and school health education. Attempts to view student's health more holistically through a more comprehensive approach need to be strengthened. The National Curriculum Framework, 2005, formulated by the NCERT has categorically stated that health is a critical input for the overall development of the child and it influences significantly the enrollment, retention, and completion of school.

Childhood and adolescence provide immense opportunities to develop the foundations for mental health and prevent mental health problems; and the school is an important and unique resource to help achieve this. Schools can help tackle the problem of the increasing number of children and young people who experience mental health problems. Around 25 percent of children and young people in the developed world have an identifiable mental health problem (Harden et al., 2001), of which 10 percent fulfill criteria for a mental health disorder. Schools can also promote positive mental health and create resilience, providing the child or young person with resources to thrive and, in adverse conditions, to cope by buffering negative stressors. For children who come from less than optimum home backgrounds and neighborhoods, the intervention of the school can be the turning point (Gross, 2008).

The importance of school for identification and prevention of mental health issues, and the opportunities it provides for interventions has been evident for some time, and the last two decades have seen considerable growth in mental health research. There are literally thousands of school mental health interventions in operation across the world, some of which have been evaluated. These go under many names: mental health, 'social and emotional learning' (SEL), 'emotional literacy', 'emotional intelligence', 'resilience', 'life skills' and 'character education'.

Sensitizing the Teachers to Identify The Issue

School based intervention programmes are recognized as effective means of promoting mental health of students and prevent the development of behaviours which are unhealthy. There are comprehensive school mental health programmes designed to reduce risks and enhance psychosocial competencies and resilience of adolescents in schools, found to be feasible and acceptable by teachers. It is universal as it applies to all students. The findings from the study suggest that trained teachers can effectively deliver mental health promotion intervention in schools. The health professionals who are working in the area of child and adolescent mental health have a significant role in promoting mental health of children such as:

- Development of a comprehensive model/ program on "Promotion of Mental Health and Psychological Well-Being of Adolescents in Schools".

- Using teachers as FACILITATORS to implement the programme in the schools.

- Using structured program and activities with participatory experiential approach.

- Promoting Mental Health and Well-Being of adolescents through enhancing psychosocial skills and resiliency as outcomes. (Vranda, 2015)

References

Ethical and Legal Issues in Counseling. (n.d.). Retrieved from Ethical & Legal Issues: http://www.sulross.edu/sites/default/files/sites/default/files/users/docs/education/counseling-ethics_6.pdf

Courtland C. Lee, P. (2008). Elements of Culturally Competent Counseling. Professional Counseling Digest Florence Baingana, M. a. (2015). Global research challenges and opportunities for mental health and substance-use disorders. International Weekly Journal of Science.

Hohenshil, T. H. (2007). Introduction To Global Counselling. Counselling Around The World .

Lakshminarayanan, S. (2011). Role of government in public health: Current scenario in India and future scope. *Journal of Family and Community Medicine* .

Melton, B. (2007). *Understanding the School Counselor/Parent Connection*. ASCA SchoolCounselor Mental health: strengthening our response. (2016). WHO Media centre

Rowling, J. K. (2006). *Harry Potter.* California: US.

Rowling, J. K. (2010). *Harry Potter*. California: Akanksha.

Vranda. (2015). Promotion of Mental Health and Well-Being of Adolescents in Schools. *J Psychiatry* .

WHO, Mental health action plan 2013 – 2020. Retrieved from www.who.int/mental_health/publications/action_plan/en/