Setting Up School Mental Health Programs

Introduction

Schools have an unprecedented opportunity to improve the lives of young people. As nations have moved toward a commitment to universal education, schools are findings it necessary to expand their role by providing health services including mental health services to deal with factors interfering with schools.

Schools, with the full support of families and the community, are currently the best place to develop a comprehensive mental health programme for children because almost all children attend school at some time during their lives, trained teachers and infrastructure is in place and when teachers are actively involved in mental health programmes, the interventions can reach gener ations of children.

Outline

The chapter describes the importance of mental health programmes in schools, setting up of such a programme and benefits of mental health in schools. **Nearly one in five children and adolescents will have an emotional / behavioral disorder** at some time during their youth regardless of where they live and how well to do they are (Bazhenova, 1992[1], Costello, 1989[2], Offord, 1987[3]).

Even by conservative estimates, 10% of all children have mental disturbances with serious associated impairments at some time during their childhood. These disturbances include learning problems, physical health problems, and substance abuse (Rae Grant NI, 1991). Furthermore, at least 3% of school-aged children suffer from serious mental illnesses such as severe depression, suicidal thoughts, psychosis, serious attention problems or obsessive-compulsive disorder (Institute of Medicine, National Academy of Sciences, 1989)[4].

There is no integrated policy on child and adolescent mental health either at the centre or in any of the states and this situation continues even today (Prasad, 1993[5]; Murthy 1992[6]). The country's expenditure on mental health remains only 0.83 of the total budget. The share of children is further marginalized (NIPCCD Document for Design of Consultation Meet, April 2004)[7]. In the Tenth Five Year Plan, the Mental Health Programme does not spell out specific strategies for expanding services for children and adolescents per se. Hence mental health has to be a people's movement so that it can percolate to the grass root level.

Types of Mental Health Interventions

1. **Mental Health Promotion** (to build awareness and resilience)

   A comprehensive mental health programme should be part of school health programme. It should include health instruction at all classes, easily accessible health services, a healthy, nurturing and safe environment, and interaction with families and community organizations. Some evidence of Mental Health Promoting Programmes are:

   - The Healthy School (Young, 1989)[8], a report from the **Scottish Health Education Group**, identifies three main elements of a health promoting school – the formal curriculum, the school ethos (physical and social environment) and the relationship between the school, the home, and the surrounding community.

- Mental health and life skills education has been demonstrated to reduce drug use, alcohol consumption, and cigarette smoking in children and adolescents (Connell et al, 1985[9] & Gold et al, 1991[10]).
- Another innovative mental health education curriculum has been developed in **Uganda** as part of overall health education for secondary school students (Uganda Ministries)[11]. The extensive curriculum includes the relationship between physical and mental illness; the effects of stress and culture on mental disorders; the etiology, prevention and treatment of mental disorders throughout the life cycle; substance abuse; sexual disorders; mental retardation; suicide; and mental disorders associated with AIDS.
- **Health Department of Australia** has been imparting Mental Health Education via curriculum which includes engaging students in discussions of values that they hold regarding mental illness and the stigma which may be associated with it. Myths and misconceptions are then corrected. The course also includes information regarding the types of mental health problems encountered by young people. Classes visit agencies where mental health services are provided.
- In **Bangalore, India** mental health education has been used effectively with children as young as five years of age (Kapur, 1993)[12]. Both direct interventions and teacher interventions are utilized.

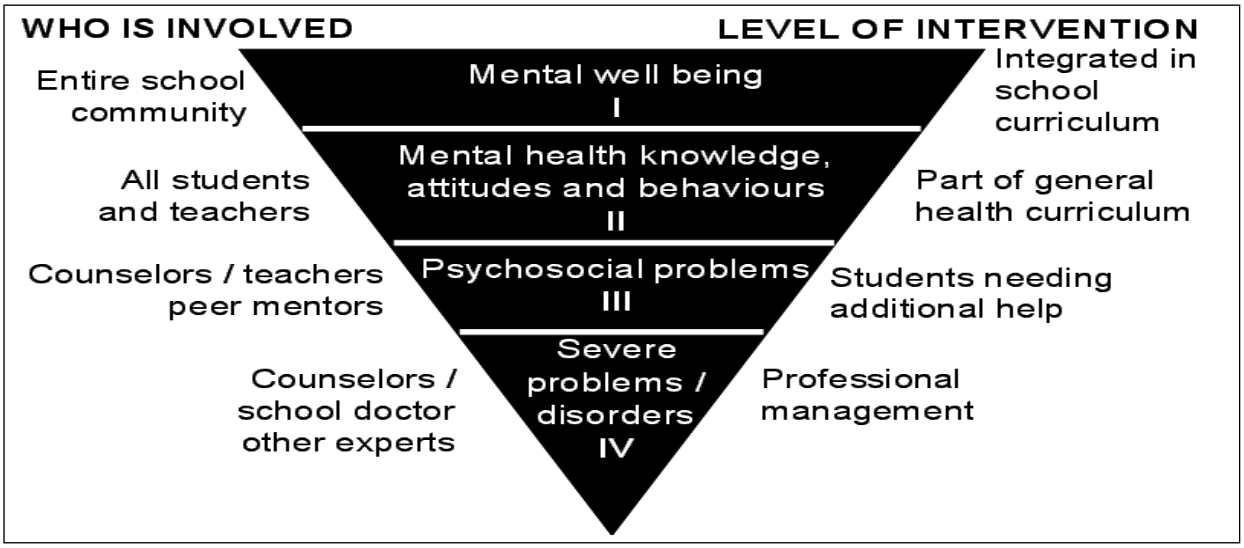
2. **Universal And Selective Prevention** (to reduce risk and vulnerability factors and build protective factors)
   - The **Yale Child Study Center Prevention Model** (Comer, 1980)[13] in the **United States** focuses on improving the school's social environment by encouraging parent participation and by establishing a multidisciplinary mental health team to provide consultation in the management of student behaviour problems.
   - These activities are coordinated by a representative governing body composed of administrators, teachers, support staff, and parents. The governing body identifies and rates problems and opportunities within the school; distributes and promotes resources; establishes mechanisms to solve problems and use by existing opportunities; and monitors and evaluates the outcome, thus providing feedback so that appropriate modifications can be made to the programme. It also is found to improve student academic and behavioural performance over time (Cauce et al., 1987)[14].
   - In **Rawalpindi, Pakistan**, pupils work together to promote their own health as well as that of their families and communities (Mubbasher et al,, 1989[15] & Mubbashar, 1993[16]). The programme is reinforced through the use of slogans, essay and speech contests, mental health committees, parent/teacher associations and managerial training workshops for district education officers. Programme evaluation indicates improved grades, increased attendance and decreased dropouts, and increased general and mental health case referrals.
   - The preventive programme against bullying in **Norway** (Olweus D, 1992)[17] instead of teaching individual children to cope with bullying used a national campaign to reduce bullying throughout the entire school system. The intervention consisted of workshops for teachers and parents, booklets, videos, and problem solving and social skills training for students, all with a firm, non-aggressive message that bullying would not be tolerated.

3. **Prevention And Early Intervention Strategies** (for those with early signs of disorder)

- In **Alexandria, Egypt,** child counsellors were trained to work in schools to detect and treat childhood mental and behavioural disorders (El-Din et al. 1996)[18].
- The **Primary Mental Health Project (PMHP)** in the **United States** attempts to prevent maladjustment by locating at-risk children and involving them in an intensive goal-directed intervention that includes close contact with non-professional child-aides (Cowen et al., 1975[19] & Weissberg et al, 1983[20]).
- '**Expressions**' (Nagpal, Bhave & Prasad, 2005)[21] is a school based project on mental health and life skills education. Started in June 1999 we have so far covered 110 schools. In 240 workshops: 10,000 children and adolescents, 3000 teachers and 300 school counselors have been trained. Programme consists of two parts: children < 12 years and teens: 13 to 18 years. The focus is on sensitization, screening and classroom management of common childhood & adolescent developmental, behavioural and emotional problems. The school doctor, teachers and counselors are trained via lectures, case vignettes and interactive sessions. Institute for Psychological Health (IPH)[22] under project "Jidnyaasaa" in collaboration with Stree Mukti Sanghatana and Mumbai Police has been involved in community mental health in Thane, Mumbai since 1990.

Framework for School Mental Health Programmes

The following diagram illustrates the psychosocial and mental health issues present in all schools and indicates who is likely to be affected by these issues:



Children who are not doing well in school may be suffering from poverty, violence, hopelessness or mental illness in their families and may come to the attention of schools due to disruptive and disturbing psychosocial problems. Children with poor mental health skills and / or environmental stress such as family or emotional problems or the feeling that nobody cares – are unlikely to perform well in school or later in life.

Intervention Model

Levels I through IV can be likened to primary, secondary, and tertiary prevention efforts. Primary prevention and health promotion (**Levels I and II**) target the causes of healthy and unhealthy conditions with interventions

which to promote healthy behaviours and prevent a disorder from developing. Secondary prevention (**Level III**) targets a more selected population of high-risk people to protect against the onset of the disorder. Tertiary prevention (**Level IV**) targets people who already have developed the disorder with the intent of treating the disorder, reducing the impairment from the disorder, and / or preventing relapse (Rutter, 1982)[23].

Fundamental Guidelines For Implementation Of School Mental Health Programmes

School-based mental health programmes can be **Environment-Centred** or **Child-Centred**.

1. **Environment-Centred Approaches**

   In this approach the aim is to improve the educational climate of the school and to provide opportunities for the child to utilize the healthy school programme. The positive mental health atmosphere includes the amount of time spent in school, the structuring of playground activities, the physical structure of the school and the classroom decoration.

   What kind of programmes can the school conduct?

   (a) Programmes/workshops can be organized to enhance the ability of administrators, teachers and support staff to deal with the specific areas of emotional or behavioural disturbance that they encounter.
   (b) Programme for improving teachers capacity to understand how to make use of other agencies providing mental health services for children.
   (c) National campaigns to reduce the incidence of certain mental health damaging behaviours e.g., bullying, raging, corporal punishment etc.
   (d) Improvement in the school's social environment can be brought about by encouraging parent participation through parent programme in support of school activities.
   (e) A multidisciplinary mental health team can be established in the school to provide consultation in the management of student behaviour problems.
   (f) The mental health team can include representatives from the governing body, teachers, support staff, and parents. The governing body can identify and rate problems and opportunities within the school.
   (g) The school mental health team can monitor and evaluate the outcome and provide feedback so that appropriate modifications can be made to the programme.
   (h) Schools can be the centre for community enhancement projects including programmes to improve health and mental health. They can serve as training centres for parenting skills where parents learn more about child development and parent effectiveness skills and receive support to enhance feelings of self worth and competence.

Such a programme provides a coordinated, collaborative effort to improve communication, understanding, and respect between staff, students and parents. This provides a sense of direction and ownership of the programme.

2. CHILD-CENTRED APPROACH

Child-centre approach includes individual mental health consultations and specific problem-focused interventions as well as more general classroom programmes to improve coping skills, social support, and self-esteem.

What kind of programmes can the school conduct?

(i) Particular child and family having difficulty can be referred to the school counselor or mental health professionals

(j) The counselor is involved in giving recommendations to the parents, the teachers and in some cases referral for treatment outside the classroom.

(k) Maladjustment can be prevented by locating at-risk children and involving them in an intensive goal-directed intervention that should include close contact with non-professional child-aides such as special educator, resource room teachers and peer mentors.

(l) The use of parents as teacher's aides can be a helpful learning experience for the parents, the teacher and the child. Working in the classroom provides parents with a new perspective of their child as they observe other children and talk with other parents and the teacher.

(m) Early intervention programmes with high risk behaviours such as aggressiveness, smoking, precocious sexuality, excessive shyness, poor worsening of interpersonal relationship, poor school attendance, declining academic performances, irritable and fluctuating moods, and changes in peer groups can prevent serious consequences.

(n) Schools can also use screening tools for identification of psychosocial problems and mental disorder. This can help the schools in determining if children have (or are at risk of having) significant mental health problems. Although, there is a danger of "labelling" and stigma nevertheless, the instruments can be very useful in planning management strategies.

(o) **School based health centres** located within the school have an important role in supporting better health care for children and adolescents. The mental health services in these school-based health clinics can provide screening, counseling for common child and adolescent concerns, information about substance abuse, sexuality, HIV / AIDS, reproductive health, depression, stress, anxiety, etc. Because these clinics are located within the daily environment of the children most youth, they offer particular benefit to young people who might not otherwise receive assistance, by decreasing the economic and psychological barriers. Clinics can facilitate and support positive relationships among students, their families, the schools, and other community services.

Steps in Setting up School Mental Health Programme

STEP I: Establishment of A Team

Planning for a comprehensive school mental health programme begins with the collaboration of school personnel, family members, community members, mental health professionals and students who work together to create an environment that is productive, positive and supportive.

STEP 2: Assessment of School & Community Environment

Basic information regarding regional demographics, health risks, and resources should be available for the team to consider. When possible, an assessment focusing on community strengths and available resources, as well as needs should be done to provide the planning team with the information they require to develop objectives.

STEP 3: Development of A Plan

Once the needs and potentials for school mental health programmes are assessed and most suitable elements of the model framework are chosen after discussions with parents, educators, students, community members, and mental health professionals, the next task is to develop a specific plan of action including clearly stated objectives, assignment of responsibilities, a time-line and a coordinating mechanisms with outside agency.

STEP 4: Monitoring and Evaluation

Obtaining baseline data on the mental health of the children, the quality of school health services, the environment of the school and the health knowledge, skills and practices of students, are all essential for evaluating the effectiveness of a planned intervention.

One approach to measuring outcomes which may be particularly applicable to school-based mental health programmes, utilizes goal attainment changes as the unit of measurement. Initially the team of school professionals, students, parents and community members meet with a professional skilled in outcome research, to define how successful outcomes will be defined in a way that can be measured reliably. The evaluation process is then planned, implemented and the outcome data analyzed and disseminated. The initial planning team meets again and discusses whether or not the goals were met and make appropriate modifications.

MENTAL HEALTH INTERVENTION IS ACCEPTED AND MOST EFFECTIVE IF

- It is part of the general educational system.
- Implemented through routine health care in the school.
- Supported and developed by families and parent groups.
- Brought in through the support of school counselors and/teachers who recognize that poor social functioning interferes with learning.
- Brought in through school management or Board which recognizes that schools are a good setting to improve the functioning of the children.