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RECONGNITION OF ADOLSCENTS MENTAL HEALTH PROBLEMS BY TEACHERS: AN OVERVIEW

ISHFAQ AHMAD BHAT[1]
Lecturer Education G.D.C Banihal, Jammu

MUSHTAQ AHMAD KHAN[2]
Lecturer Geography G.D.C Billawar, Jammu
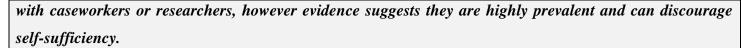
DR. AZIZ UR REHMAN[3]
Lecturer History G.D.C, Charar-i Sharief

DR. RAYEES AHMAD WANI[4]
Lecturer Pol. Science G.D.C, Kupwara

ABSTRACT

Child and adolescents mental health is a growing concern in schools. Students suffering from mental health conditions struggle in the school environment if their needs are not being met. Teachers have to play a significant role in identifying children's with mental health problems. However, teacher's perceptions of children's mental health problems are relatively unexplored. Despite the fact, that people regard themselves to be strong and brave human beings are really weak and easy to hurt. The most vulnerable part of our body is brain. Inspite of that, brain is regarded to be the strongest part of human organism where many secrets are hidden. This is the paradox that is described in the endless custom essays. Dubious human nature deserves to be described in thousands of papers and books. Mental health problems are much harder to identify than are physical disabilities, often requiring welfare recipients to self-disclose. Depression, generalized anxiety disorder, substance abuse, and the existence of past abuse or current domestic violence and its psychological impacts are a few issues that welfare recipients may not readily reveal in interviews

with caseworkers or researchers, however evidence suggests they are highly prevalent and can discourage self-sufficiency.

INDEX-TERMS: Mental Health, Problems. Recognition, Teachers.

INTRODUCTION

Mental Health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO).

Child and adolescent mental health is a growing concern in the present day world. Currently, 20% of children experience severely debilitating mental health issues at some point within their lifetime (Merikangas, et al., 2010). Of children between the ages of 8 to 15, 13% have issues related to mental health, the most common being attention-deficit/ hyperactivity disorder (ADHD), followed by mood disorder and major depressive disorder (Centers for Disease Control and Prevention [CDC], 2013). As a result, schools are becoming major service providers of many basic mental health treatment services, including assessment, behavior management, and specialized programs (Pastor & Reuben, 2009). Mental health problems increase the likelihood of academic underachievement and impact negatively on the quality of a child's life. Specifically, mental health problems in children increase the likelihood of poor behaviour in school, low school achievement, and potentially lead to school exclusion (Rothi & Leavey, 2006).

TEACHER'S ROLE

The teacher's role in their pupil's mental health has been outlined by a number of policy documents from both the health and education sectors. Teachers are professionals who are involved with children on a daily basis, but who do not have specialist training in mental health. As such, teachers have a role in terms of problem recognition and early intervention. This limits inappropriate referrals to specialist secondary and tertiary services, minimizing congestion of these services, and limiting the potential stigmatization for families of referral. School-based counseling interventions can contribute to mental health promotion. Teaching socio-emotional skills, such as emotion management, conflict management, problem solving skills can strengthen students' socio-emotional competence and enhance their psychological resilience. In addition, positive interpersonal relationships in school context, the quality of teacher-student relationships, and teacher-parent relationships are associated with teachers' role in promoting mental health. Constructive interpersonal relationships can contribute in preventing behaviour problems and enhancing student's psychosocial development and adaptation. Schools are expected to both

prevent mental illness by combating factors that contribute to it (for example, by teaching emotional literacy) and to provide interventions to alleviate mental health problems.

Teachers are often consulted by parents who are concerned about their children in terms of behaviour or development (Dwyer et al., 2005; Shanley, Reid, & Evans, 2007). Teachers are also increasingly being relied upon as sources of referral to CAMHS and schools act as a first contact for mental health problems that present within the school environment (Appleton, 2000). Contact with CAMHS can be predicted by the severity of the child's symptomatology, and by teachers and parents perceptions that the child has significant difficulties (Ford et al., 2008). Help for a child depends on teacher's awareness and perception of their problems (Sayal, 2006).

REVIEW OF RELATED LITERATURE

Loades and Mastroyannopoulou (2010) studied Teachers Recognition of Children's Mental Health Problems. The results reveal that Teachers were able to recognise the existence of a problem and rate its severity. They were significantly more concerned about a vignette of a child with symptoms of a behavioural disorder than an emotional disorder. The gender of the child was found to independently predict teachers_ accurately recognising when a child had a problem. Conclusion: Teachers are good at recognising whether a child presents with a problem. However, their problem recognition is affected by both the gender of the child and the type of symptomatology being displayed (emotional versus behavioral).

Fazel, et. al (2014) studied Mental health interventions in schools in high-income countries. The study concludes with that Mental health services embedded within school systems can create a continuum of integrative care that improves both mental health and educational attainment for children. To strengthen this continuum, and for optimum child development, a reconfiguration of education and mental health systems to aid implementation of evidence-based practice might be needed. Integrative strategies that combine classroom-level and student-level interventions have much potential. A robust research agenda is needed that focuses on system-level implementation and maintenance of interventions over time. Both ethical and scientific justifications exist for integration of mental health and education: integration democratizes access to services and, if coupled with use of evidence-based practices, can promote the healthy development of children.

Korne (2016) studied Mental Health Problems in a School Setting in Children and Adolescents. The results reveal That prevalence of hyperkinetic disorder is 1–6%. Its main manifestations are motor hyperactivity, an attention deficit, and impulsive behavior. Learning disorders such as dyscalculia and dyslexia affect 4–6% of children each, while 4–5% of children and adolescents suffer from depression, which is twice as prevalent in girls as in boys. Mental health problems increase the risk of repeating a grade, truancy, and dropping out of school.

The risk of developing an internalizing or externalizing mental health problem can be lessened by changes in the school environment and by the implementation of evidence based school programs.

Marsh (2016) conducted a study on Identifying Students with Mental Health Issues: A Guide for Classroom Teachers. The study reveals currently, there is no comprehensive report outlining the extent of service providers for the children and youth who reside within their care (Pastor & Reuben, 2009). Because educators are the first line of support for most students, it is imperative for them to become familiar with the internalizing and externalizing behaviors that may signal that a student services available for students with mental health issues in schools (Committee on School Health, 2004). This is unfortunate in that school districts are quickly becoming basic mental health is struggling with a mental health issue.

Glazzard (2018) studied The Role of Schools in Supporting Children and Young People's Mental Health. The article has outlined the policy context in the UK in relation to children and young people's mental health. It has addressed the risk and protective factors which can cause or mitigate against mental ill health and it has outlined the elements of a whole-school approach to mental health. Schools should be places where students can live mentally healthy lives. Schools cannot control what happens to students outside of the school environment, but they can create mentally healthy environments which enable students to thrive and be resilient to the challenges they face.

Imran, et. al (2018) studied World Health Organization "School Mental Health Manual"-based training for school teachers in Urban Lahore, Pakistan: study protocol for a randomized controlled trial**.** Findings including the effectiveness and implications from this study provide information supporting the large-scale RCT for training teachers to increase their mental health literacy and thus potentially improving future school mental health services. In addition, the trial will provide important information about any implementation issues and the extent to which it is likely to be sustainable in different settings in the country. Positive trends result from this trial will hopefully support the urgent work needed in school mental health in Pakistan.

Carrion, et. al (2019) conducted a study on Children and Adolescents Mental Health. A Systematic Review of Interaction-Based Interventions in Schools and Communities. The results of the study reveals that Interventions in schools and communities implement strategies that foster supportive interactions among diverse actors including teachers, parents, community members, and other professionals. The effects of the mental health interventions reported on children and adolescents' problems include a decrease in disruptive behaviors and affective symptoms such as depression and anxiety, together with an increase in social skills, as well as an improvement in personal well-being.

CONCLUSION

To conclude we can say that Teacher awareness concerning behaviors associated with mental health disorders is essential as they are in the unique position of observing student behavior on a daily basis. The first step is awareness, and the second step is bringing the concerns to the attention of the appropriate school staff who can provide assistance. Under the title "Mental Health Program or Promotion," prevention and intervention measures Should be taken in schools worldwide, at different levels, with the entire school, at class level, or with risk groups, in order to strengthen children and adolescents' mental health in general and in the school setting in particular. school counselors can take a central role in this, in cooperation with services provided by the healthcare system (public health services, general practitioners, outpatient, part inpatient, and inpatient child and adolescent psychiatric and psychosomatic services, as well as psychotherapeutic and medical services for children and adolescents) and by youth welfare services, by implementing the following measures:

● Screenings

● Preventive measures

● Changes in class and school climate

● Advanced training for teachers.

Physicians, in collaboration with school social workers and psychologists, should help teachers recognize and contend with mental health problems among the children and adolescents whom they teach, to enable the timely detection of stress factors at school and the initiation of the necessary measures and aids. In particular, the school-entrance examination and screening for risk factors at school can make a positive contribution. Evidence-based preventive programs should be implemented in schools, and beneficial changes of the school environment should be a further goal.

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