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Emphasing the Need for School Based Mental Health Programme with Few Case Studies

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Abstract
School plays an important part in the lives of children and adolescents and can potentially play a key role in helping to address the mental health needs of their students. In present scenario the school based mental health programme has been recognized and initiated in many schools though mainly by the management or non-governmental organizations not through the government. Objectives: a) to identify commonest factors associated with scholastic problems, b) to develop Case studies, c) to utilize the intervention provide by the psychiatric Social worker and referral service in managing the academic and mental health problems in the school context. Methods: A psychiatric Social worker delivered the intervention using mainly the principles of case work and applied behavioural analysis with 23 case studies. Results: Faulty learning Strategies , peer related adjustment problems, uncongenial family environment , core psychiatric disorders, borderline intelligence or pervasive developmental problems and poor teaching strategies or class room environment were the major contributors of academic problems. Conclusion: Most of the problems leading not only the scholastic and behavioural problems, but also to strengthen their coping skills through interventions. Case vignettes will help teachers and parents to know more about their wards and also to deal with the children's problems effectively.
Keywords: School mental health, interventions and referral service

1. Introduction

School is an important part in every one's life especially in childhood to adolescence. The children spends almost of their wholesome daytime in their school, hence the school going should not be a burden or stressful to them. Considering that emphasis should be given more to the school based mental health programme. School based mental health is essentially focuses on the issues related to scholastic performance and overall well being of the school going children(Merry & Moor 2015).

In west, such programmes are an integral part of educational system (Rappaport, 2001,) western models demanding excellent infrastructure facilities and greater intersectoral co-operation would be difficult and unaffordable in developing countries like India (Sinha et al, 2003). In this respect, indigenous model should be planned and implement as per the needs or even if the western models are adopted, it is important to understand which elements of the programmes are not culturally limited and can remain unchanged, and which portions must be changed to make them culturally relevant (Jandhyala et al, 1991)

There are unequivocal evidences that school going children suffer from various emotional and psychiatric problems (Strauss, 1990; Berg, 1996; Hirisave & Shanti; 2002) which will affect the academic performance and self esteem (Mukerjee et al, 1995). However, all academic problems need not be due to psychiatric disorder alone but still they need intervention (Berg et al, 1993; Bools et al, 1990).

In India, the school mental health programmes were initiated primarily by non-governmental organization, with technical support from post graduation training institutes (Kapur, 1997). Sensitive to the needs of the school going children central institute of psychiatry (CIP), Ranchi has been successfully carrying out the school based mental health programmes for about eight years. The model was found to be successful as it has least effect on student's school attendance rate due to monthly consultation at the school itself, an effective implementation of the selected intervention because of teachers and parents participation (Kishore & Sinha, 2002; Sinha et al, 2003). Such models were not effectively implemented in the schools of Trichy for the betterment of the school going children. Here the schools were not focussing more on the mental health of an individual rather than pressuring the students to attain the academic quantity. Based on this background, the objectives were framed by the researcher based on the case work carried out by the researcher,

(a) To identify commonest problems associated with scholastic problems.
(b) To develop case studies
(c) To utilize the intervention provide by the psychiatric Social worker and referral service in managing the psychiatric problems in the school context.

2. Method

According to (Durlak & Wells, 1997; Greenberg, Domitrovich & Bumbarger, 2001; Lipsey, Wilson & Derzon, 2003) shows there is substantial evidence indicating that when properly developed can produce positive effects on children's behavioural and emotional functioning. As psychosocial factors play a significant role in influencing academic learning (Wang, Haertel and Walberg, 1997). The students (client) were referred to the

psychiatric social worker for the management. The researcher adopted case method to understand the student's specific problem based on that the interventions were planned and the student required referral for further intervention he/she may referred to the respective services. The psychiatric social work established the rapport with the students and interviewing, the parent separately to understand their problem. In some cases, even the peer group would be interviewed to know about his / her behaviour and socializing function. After the assessment, the children were broadly divided in to those needing

a) Psychiatric intervention – medical management.
b) School support – from peers and teachers.
c) Family support – From the parents and siblings
d) Combination of support

In all these interventional approaches, the student was given psycho education about the nature of the problem, course, prognosis and management plan.

3. Result

The analysis of 23 case studies revealed that they could be mostly accountable to faulty learning strategies, peer related adjustment problems, uncongenial family environmental includes single parenting, core psychiatric disorders, low IQ and pervasive developmental disorders and poor teaching strategies or classroom environment. It should be a matter of respite to note that majority of these factor could be modified and to provide him/ her better and healthy way to adopt their life. The few case studies were given below to understand the various strategies used by the researcher.

Client-1

Master WX was a 13 yr old male studying in class 9th was referred with scholastic backwardness. He complained of memory problems. From the school they called the parents about his performance in the quarterly exams; he got failed in three major subjects. Detailed interview and an intellectual assessment ruled out no psychiatric disorder, intellectual deficits and family problems. The memory problems were restricted to academics only, though not specific to any subject. Therefore, assessment was focused on his study habits, which revealed that problems were due to lack of structured study routine, faulty learning habits, attention span and motivation. With the help of the child himself, a structured routine was prepared in such a way that he would begin and end the study hours with subject of his interest, and the study hours would be followed by the activities of child's interest. The academic task was given to fit in to the attention span of the child. The behavioural contract was made that he would be entitled for activity rewards (e.g. play / T.V, and interest of his choice) as early as he would complete a given academic task. After learning the new concept he was advised to write down the main points of the concept in a diary. He was also asked to revise the topics once a week by looking at the short notes maintained in the diary. It helps the parents to monitor the progress than simply emphasizing on the time spent by the child on the given task. Gradually, the time spending on each task was increased. Report from the parents revealed a considerable progress in his class tests as well as participation in the academic activities.

Client -2

Master BJ was 7yr old boy from class 2nd was referred with the complaints of restlessness and in attention in class. During the class hours he wanders here and there and not participates in the Class room activity with his classmates. The psychological assessment and the parental interview ruled out developmental delay, sensory-motor deficits and hyper kinetic disorder. He would need constant reminders every 3-5 minutes. Separate strategies were prepared for school and home setting. The teachers were advised to keep the child in the first two rows as much as possible, and to call him by name before giving any task. Since it was not possible for the teacher to monitor him all the time, peer tutoring was employed wherever possible. At home, structured schedule was made, which also incorporated play activities to improve attention. They were mainly- sorting out large objects to finer things (e.g. clothes, vegetables for larger things and separating various pulses for finer things) at the end, using newspaper cuttings to find out as many target letters as possible. Gradually, academic activities were introduced once the target level was achieved. At the end of the intervention it was observed that he was able to concentrate on academic task and wandering in the class was not noticed. Now his class room participation was also improved.

Client-3

Miss AP , a 12 year old girl studying in class 6th was referred for lack of participation in the class room activities, and parental complaints frequent fights with her younger brother , lack of attention and concentration and irritability. History and mental status examination revealed that she was suffering from the mild depression. There were some significant psychosocial factors responsible for this. They were-lack of empathy from the mother, lack of recreational activity, pressure for academics, and sibling rivalry (here she complaint that

everyone in the family gives important to her brother). There were constant pressure from the parents to excel in studies and frequent comparisons with her younger brother and his potential, which causes negative self-evaluation on her. Thus, for the fear of failure she would rarely participate in the group situations. As a part of the intervention she and her parents were counselled about the need for medication short duration. Simultaneously, parents were counselled separately to understand the individual difference , and to identify the strength in her and encourage her to pursue activities accordingly. They were counselled about the impact of constant criticism, and the differential reinforcement. To improve her social skills, she was made to join in the music and art classes. Similarly, he was given home-tasks, which she has to do with her brother (cleaning house, buying snacks for home, gardening etc.). Over the period, there was gradual improvement in level of depression, sibling relationship, peer adjustment, improvement in academics.

4. Summary

The above case studies illustrate the importance of school based mental health service to be provided by every school to address the mental health issues of the children. It is also observed that the goals attained by the students with effective support from the teachers, parents and friends. Especially, such participation will help monitoring the impact of intervention in more than one environment.

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