

AN OVERVIEW ON THE EFFECTS OF UNSATISFIED PSYCHOSOCIAL NEEDS ON THE MENTAL HEALTH OF SCHOOL CHILDREN

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Abstract

The paper concentrates on the problems faced by school children with reference to the Indian context. The purpose of this paper is to analyze the relationship between the psychosocial background of school children and the problems faced by them. The main objective is to enable an overview on their felt needs that are not being met due to various reasons and the effects of this on their mental health. It is seen that certain psychological and social requirements of school children are not provided as a result of their family backgrounds, the schools where they study and the society they live in. This results in physical, psychological, learning, adjust mental and behavioural problems which lead the student to become

unpropitious towards his or her own self and to those around. Though certain interventions including the School Mental Health Program have been implemented, it is seen that they are not put into proper action in all the schools. The paper involves a few case studies conducted on school students which stand as an evidence to the research problem. It also suggests a few possible solutions to the problem including the process of involving multiple stakeholders who would help in addressing the problem efficiently, with reference to the guidelines provided by mental health professionals from India.

Introduction

The World Health Organization defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. It is seen that mental health is essential in order to maintain the homeostasis of the body. Thus every individual owns the right for a good mental health independent of the age group, gender, economic status, social background or other such external factors. The WHO report says that around 7.5% of Indians suffer from major or minor mental disorders that require expert intervention.(Iyer, 2017). According to the National Mental Health Survey conducted by WHO in 2017, about 7.3% of teenage school goers suffer from mental illness. This paper aims to connect the psychosocial background of school children and its effect on their mental health.

Nature and Goals

The paper focuses on the school children falling under the age group of 6 to 17. However, it is seen that the number of studies conducted on the mental health of adolescent school goers is high when compared to that of the preadolescents. Thus the overview is being provided at two levels: preadolescent school goers who fall under the age group of six to ten and adolescents who fall under the age group of eleven to seventeen. The physical, social and emotional natures of the students are explained as follows. In pre adolescents, it is generally seen that the fine motor skills refine and the children are physically active. Simultaneously the language and communication skills develop and the children become able to tackle situations. They are able to express their emotions and needs and also attempt to achieve new tasks. They expand their social circle by which they also determine

their socio cultural identity. They establish their attitude towards diversity and also try to engage and remain with peer groups. The perspectives, social attitudes and relationships also begin to be designed by them. When it comes to adolescents, most of them enter puberty. However, this differs with age and is also found to occur earlier in girls when compared to boys. Cognitively, they concentrate on the present than the future; problem solving becomes flexible and abstract for some of them. They also have an increased appreciation of their future. The adolescents are prone to mood swings which might include self-doubt, inferiority complexes, unexplainable irritation etc. Many of them tend to become judgmental and conscious of the way they look or present themselves in front of others. They try to be independent on the family's values and ideas and also expect privacy at home. Socially, they develop intense relationships where peer group influence plays a major role. This usually leads the adolescents to use various methods to explore things out of curiosity. (Vikram Patel, 2013). The above details are relatable to most of the school goers who expect things to happen the way they have devised it in their mind. However, the achievement of these elements is hindered by several psychological and social factors and this becomes a disruption to the required mental equilibrium.

Psychosocial Factors

Age, gender, family background, economic background, literacy levels of the family members, social background of the parents or caretakers, the school in which they study, the quality of education, threats, violence and abuse are some of the social factors that decide the mental health of school children. The result of some kind of issue faced with respect to the social aspects is reflected in the academic performance and the behavioural patterns of the children.

In both the adolescent and the pre- adolescent stage, it is seen that the family background matters when it comes to deciding the mental health of children. Family background involves the presence or absence of either one or both the parents, their occupation, their place of work, the quality of life that they lead – the father or the mother are addicted to drugs or alcohol, the presence of extra marital affairs, the absence of a healthy relationship between them and so on. The presence of contradictory factors in a family will obviously result in less affection or care for the child. This results in 'mental health distress' wherein the child's emotional stability is shaken and he or she doesn't have enough coping capacities. The experience of distress includes fear, nervousness, a feeling of loneliness, sadness and anger and also lead to eating and sleeping disorders followed by decline in academic performance and social interaction.

Some of the major mental health problems in pre- adolescent school children which are a result of their disturbed psychosocial aspects are given below:

- With reference to the Indian context, let us consider a family who falls under the BPL (Below Poverty Line) category. In the case of a child from this family, he or she might have to pursue education from a school where there are no quality learning experiences. Gradually if the family's economic status gets improved and the child gets to attend a private institution to continue his/her education where the system is more standardized, the child is likely to face language barriers and loss of confidence since everything around would be seemingly new. This is expressed through shame and guilt and shame is manifested through symptoms of anxiety or depression. This leads to changes in core biological functions (sleeping/eating habits) and

regression (bed wetting/throwing tantrums to outburst the inner feeling) and this automatically leads to *poor academic performance, behavioural problems, refusal to go to school*.

Behavioural problems can also be seen in children from a well to do family having members with high expectations over the academic performance or other activities.

- Death in the family, parents remarrying or a murder or abuse caused to either of the parents either by intra family relations or the community which the child gets to witness every day or understand the problem from acquired information leads to emotional distress and social anxiety disorder. All of these make the child to become *socially isolated*. Thus the interaction with teachers and peers also gets reduced and this might lead to other kinds of mental illnesses such as PTSD (Post Traumatic Stress Disorder).
- Physical or sexual abuse happened to the child either at home or in school results in withdrawal. This will result in PTSD and the child might fall into any of the three clusters: *re-experiencing the trauma, symptoms of hyper arousal (checking for threats) and active avoidance*. This leads to *withdrawal from usual activities, makes the child socially isolated, anxious*. It also affects *academics, participation, and relationship building*. In case the abuse was experienced at school, the child might also refuse to go to school.
- Lack of parental attention leads to attention seeking behavior which leads to Personality disorders. Due to lack of identity that is felt by the child, it might lead to separation anxiety disorder, the symptoms of which get manifested even at school.
- The adolescent age group tends to face more serious mental health problems when compared to pre- adolescents. However, the coping strategies are easily accessible to them.
- Some of the commonly found issues in adolescents include Personality disorders, depression and trauma related disorders like PTSD.
- Many mental health problems among adolescent school goers in India can be connected to the social conditions including gender inequality. Even today, it is seen that girl children in many parts of the country are restricted from pursuing higher secondary education, rather they are forced to get married or take care of the household soon after they pass or fail in their high school. According to the statistics provided in the year 2016 by the Indian Ministry of Human Resource Development- Department of School education and literacy, the ratio of enrollment of male students in Class 1 to 10 to the enrollment of male students in higher secondary is 9: 1 and the ratio of the enrollment of girl students from Class 1 to 10 to the enrollment of girl students in higher secondary is 10: 1.(Swapna Bhattacharya, 2016). It is seen that the dropout rate of children after high school is much higher and the condition is worse in the case of girls. Contemporary social norms and stereotypes include the following: Girl children have to get married, both boys and girls have to take care of the family, the boys are preferably sent to pursue jobs whereas most girls are engaged in household chores.
- This condition might affect the mental health of children if they are forced to leave school during their high school or higher secondary. This leads to *distress and depression* which are expressed via factors like *low self -esteem, self-harm, feelings of guilt and suicidal thoughts* thereby making the child withdraw from social interactions, academic excellence, participation in class and so on.

- Depression is also found in adolescent school children which is caused as a result of relationship issues, separation of parents, death in the family, difficulties faced in academics, lack of friends in school, trust issues and so on.
- A mental health problem which is unique to adolescent school children is substance abuse disorder. Social aspects play a vital role in causing this disorder. Reasons for substance abuse include the following: *History of substance abuse in the family*-An adolescent child who witnesses his father or a sibling who is addicted to drugs or alcohol feels the need to do the same. *Peer pressure*-Peers have a large role in play in the life of adolescents since they are more dependent on friends than the family at this age. An adolescent who is influenced by peer groups tends to accumulate the characteristics of the peers thereby getting addicted to drugs or alcohol, if placed in such a peer group. *Depression*- When the children are under depression and lack proper guidance and counseling, they tend to consume drugs and alcohol which might lead to substance abuse disorder. Substance abuse results in acute intoxication characterized by *sleepiness, poor concentration and poor motor co-ordination*. When substance abuse disorder prevails over a longer period, it leads to dependency syndrome.
- Apart from the above, school going children may be affected with mental illnesses like schizophrenia, bipolar disorder, ADHD, autism spectrum disorder and so on which may be caused by psycho social, genetic or biological factors.

Case Studies

- Case A, female, 14 years old from a poor family expresses feelings of shame, guilt, low self-esteem and lack of confidence. The family background involves an alcoholic father, a mother who has left the family due to disputes with the husband and an elder male sibling of 24 years old who is working as a mechanic. The girl is in her 10th grade and is being forced to drop out of school. The mother used to manage the household chores and the cattle and the girl is being asked to do the same after the mother left the house. Symptoms showed distress and depression along with anxiety disorder expressed by questions regarding the future and career. The client also mentioned the inability to concentrate on studies.
- Case B, male child, 8 years old is separated from his father due to the father's migration for work. The child who was very attached to the father had started being calm at school, has reduced his appetite and has been crying often. The academic performance started to become poor and the child also exhibited withdrawal from other family members and friends thereby exhibiting symptoms of separation anxiety disorder.

Interventions

Mental Health services are being provided at the surface level in many places in India. The question as to whether quality interventions have been introduced in all schools independent of the medium or standard of instruction remains unanswered.

Interventions to address the mental health issues of school children have to be introduced as early as possible. These interventions have to start with the employment of professional school counsellors. Regular counselling sessions for students can be conducted on the basis of self-referrals or referrals from teachers. It is also important that multiple stakeholders are involved in the process.(Srikala Bharath, 2007-2008)

This involves the students, teachers, school management, parents, school counsellors, help from NGOs or health care centres when the need is felt.

Conclusion

In India, the felt need of mental health services is largely prevalent among school students. The problems may be seemingly subtle but it is necessary that they are intervened at the right time. Interventions including parental psycho education accompanied with continuous follow ups of the students should be strictly introduced. When a behavioural or learning issue is identified in a student, the general tendency is to judge him or her based on the exhibited behavior. It is important that teachers and parents observe the day to day activities of students on a serious note so that early identification and early interventions happen at the right time.

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