

**EARLY IDENTIFICATION AND INTERVENTION
FOR MENTAL HEALTH PROBLEMS
IN SCHOOL GOING
CHILDREN AND ADOLESCENTS**



**MODULAR HANDBOOK FOR TEACHERS
AND ALLIED STAKEHOLDERS**

**GOVERNMENT OF INDIA
MINISTRY OF EDUCATION
DEPARTMENT OF SCHOOL EDUCATION & LITERACY**

धर्मेन्द्र प्रधान
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आज़ादी का
अमृत महोत्सव

मंत्री
शिक्षा; कौशल विकास
और उद्यमशीलता
भारत सरकार



Minister
Education; Skill Development
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Government of India

MESSAGE

Positive Mental Health plays an essential role in the overall development of children and a fundamental part to our overall health and well-being. It is as important as physical health for achieving developmental milestones which helps children with their social, emotional and psychological well-being. Research demonstrates that students receiving mental health support throughout their schooling achieve better learning abilities and will directly help in getting better performances in classrooms. In addition, mentally healthy children function well at home, in school, and in their communities and have greater chances of leading a happy and successful life.

The COVID-19 pandemic has impacted psycho-social well-being of children and adolescents across the country. The pandemic has brought a complex array of challenges which had mental health repercussions for everyone, including children and adolescents. Therefore, in the context of rapidly changing times, an on-going appraisal must be made of the psychosocial needs and dynamic influences on the children and adolescents who are facing newer interpersonal, social and academic demands.

On behalf of Ministry of Education, I would like to congratulate the committee of experts for developing this module on "Early Identification and Intervention for Mental Health Problems in School going Children and Adolescents". This handbook will definitely help teachers, teacher educators, counselors and allied stakeholders in identifying emotional and behavioral issues at the right time and improvise linkages with family and community to take enough care of the mental health needs of children. I am sure that absolute focus and dedication on the mental health and wellbeing of children will definitely promote a happy and healthy school environment.

I hereby convey my best wishes to the entire team for this endeavour.


(Dharmendra Pradhan)

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भारत सरकार
MINISTER OF STATE
FOR EDUCATION
GOVERNMENT OF INDIA



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संदेश

कोविड 19 का बच्चों और युवाओं दोनों के मानसिक स्वास्थ्य पर व्यापक प्रभाव पड़ा है। एक अच्छी गुणवत्ता वाला जीवन जीने के लिए मानसिक स्वास्थ्य एक बहुत ही महत्वपूर्ण कारक है। एक सफल और सुखी जीवन के लिए, यह जानना बहुत जरूरी है कि चुनौतियों को कैसे स्वीकार किया जाए और उनके साथ कैसे आगे बढ़े।

मानसिक स्वास्थ्य को मजबूत करने के इसी उद्देश्य से शिक्षा मंत्रालय ने 'मनोदर्पण' नाम से एक कार्यक्रम शुरू किया है। कार्यक्रम का उद्देश्य बच्चों और युवाओं को अच्छी गुणवत्ता वाला जीवन जीने की कला सिखाना है। यह उन्हें किसी भी चुनौती या कठिनाइयों के बावजूद सही चुनाव करने और आगे बढ़ने के लिए सशक्त बनाएगा। इस कार्यक्रम के तहत विकसित मॉड्यूलर हैंडबुक शिक्षकों, परामर्शदाताओं और संबद्ध हितधारकों को सही समय पर भावनात्मक और व्यवहारिक मुद्दों की पहचान करने में मदद करेगी और बच्चों की मानसिक स्वास्थ्य आवश्यकताओं की पर्याप्त देखभाल करने के लिए परिवार और समुदाय के साथ संबंधों में मदद करेगी। मैं इस कार्यक्रम में भाग लेने वाले सभी मनोचिकित्सकों/मनोवैज्ञानिकों का हृदय से आभार व्यक्त करती हूँ।

आशा है कि अधिक से अधिक परिवार इस कार्यक्रम के तहत प्रदान की जाने वाली सेवाओं का लाभ उठाएंगे और इससे लाभान्वित होंगे।



अन्नपूर्णा देवी
(अन्नपूर्णा देवी)



अनीता करवल, भा.प्र.से
सचिव

Anita Karwal, IAS
Secretary



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MESSAGE

The Ministry of Education has come out with a handbook and training module on "*Early identification and Intervention for Mental Health Problems in School going children and adolescents- Modular Handbook for Teachers and Allied stakeholders*". This has been formulated by a Committee of expert. The outbreak of COVID pandemic has presented a challenging time for everyone around the world. These difficult times brought disrupting situations such as sense of isolation, no social or play time, family income/ unemployment fears, loss of life, behavioral issues in family, fear of the disease, changing in teaching and learning processes, etc., leading to a stressful time for all, especially the growing years of the young minds.

Mental health awareness and early intervention needs are one of the most pressing issues which we are currently facing in the ecosystem as a whole. There is a strong need for large scale support for mental health advocacy that is eventually in a short span built into the school education paradigm.

I am so delighted that such good work has been done by the committee of experts, to address concerns and issues of children from foundational years to the late adolescent age group. Additionally, I recommend that a teacher well-being module may also be brought out as a sequel of the current module. A healthy and helpful teacher is the epitome of student development and positive mental health for all.

I express my wholehearted wishes to the entire committee of experts for their efforts and task accomplishment. We shall now strive to take forward the awareness and responsibility of schools for adequate mental health promotion and safety via this innovative module.


(Anita Karwal)

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- Dr Vijay Shetty, Coordinator, GCCMC - WIPRO, Member Committee of Experts



Children Learn What They Live

*If children live with criticism,
They learn to condemn.*

*If children live with hostility,
They learn to fight.*

*If children live with ridicule,
They learn to be shy.*

*If children live with shame,
They learn to feel guilty.*

*If children live with encouragement,
They learn confidence.*

*If children live with tolerance,
They learn to be patient.*

*If children live with praise,
They learn to appreciate.*

*If children live with acceptance,
They learn to love.*

*If children live with approval,
They learn to like themselves.*

*If children live with honesty,
They learn truthfulness.*

*If children live with security,
They learn to have faith in themselves and others.*

*If children live with friendliness,
They learn the world is a nice place in which to live.*

~Dorothy Law Nolte

Modular Handbook for Teachers and Allied Stockholders

Early Identification /Detection of Mental Health Problems in School Going Children and Adolescents

Background Note

The Ministry of Education had appointed a committee for the development of guidelines for early identification / detection and intervention of mental health problems (stress/illness) in school- going children. This is a comprehensive modular handbook for hands on training of teachers, Counselors and other stakeholders. The inovative modular handbook has evolved with several deliberations taken up by the said committee under the chairmanship of Dr. Jitendra Nagpal, Senior Mental Health and Life Skills Expert.

As there is a perceptive rise increase in challenges related to psychosocial wellbeing of students, it is crucial to foster emotional and behavioral safety climate in schools. Also, there is a strong growing need to equip teachers and allied caregivers with requisite information and skills to facilitate early identification and basic intervention (psychosocial first aid) for the flag signs of mental health conditions in children and adolescents. Progressive schools therefore need to ensure that learning and holistic development takes place in a safe, secure and a happy environment for every child. This comes in tandem with the overarching guidelines of NEP 2020 and Safe Schools (MoE 2021)

The innovative landmark modular handbook has envisaged the following broad aspects

Section A

A Whole School Approach, Prevention, Promotion and Management of Mental Health and Wellbeing, Education for self-reliance. School Structure, Ethos, Roles and Responsibilities

Section B

Early Identification and Management of Common Mental Health Concerns, Flag Signs and Risk Factors, What Teachers can do, Advice for Parents. Common Emotional and Behavioral Emergencies in Schools, Promoting Resilience

Section C

Planning Sensitization & Collaboration with Stakeholders, Emerging Concerns for Children with Special Circumstances: Mental Health Perspectives, Annexures / Supplementary Reading Material-Handouts, photocopiable sheets, SOPs & Flow Charts)

In addition, the role of Peer Educators in schools has been highlighted as an evolving and dynamic support for awareness building of Life skills, Mental Health and Wellbeing paradigm. Involving students as Peer Educators/Mentors is an empowering step in building young leaders for life skills based positive mental health programs for better coping skills and healthy lifestyles. Good practices models for comprehensive school mental health initiatives are to be acknowledged and encouraged. This modular handbook on mental health shall generate support in forthcoming National and Regional dialogues on this aspect of child development wherein mental health paradigm takes on a crucial role for joyful and learning in 21st century schools across India.

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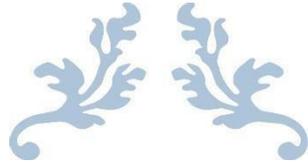
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SECTION - A



CHAPTER 1 – A WHOLE SCHOOL APPROACH

1.1 Introduction:

Mental health and well-being are crucial aspects that contribute to all aspects of human life. It has an intrinsic value for the individual, society, and culture. Positive mental health is an inherent and quintessential resource for individuals, families, communities, and nations. It contributes to every individual's social, human, and economic capital to form society. WHO defines mental health as *"a state of wellbeing in which the individual realizes his or her abilities. This helps them to cope with the stress of life, can work productively and fruitfully, and can contribute to or his or her community."* In this definition, WHO changed its earlier perspective of "illness" to a new perspective of "wellness" It neither speak of mental health as an absence of illness, nor it mention the lack of stress in life. Instead, it accepts that there will be everyday challenges, and an individual can face and fight them regularly, which decides one's mental health. Thus while explaining mental health, it chalks out the life goals for an individual in expressing the need to be productive and fruitful and contribute to the community as a responsible citizen. In this manner, it also counts for the physical, social, and self-esteem needs as also the role of different stakeholders, be it family, schools or community, in shaping the everyday life experiences at home, in schools, in workplaces, and societies, thus contributing towards positive mental health.

This module has been specifically designed for teachers to make them more aware, empowered, and enhance sensitivity towards mental health issues and concerns, and feel empowered in preventing illness and promoting wellness in schools. While in this module, we are addressing teachers; through teachers, we wish to reach out to students, families, and the community at large. so that all could join hands together in shaping healthy habits, behaviors, environment, and a healthy society.

Learning Objectives

This module would empower teachers in the following:

1. Mental health first aid, awareness and sensitivity.
2. Confidence in talking about and responding to mental health problems
3. Demonstrating supporting behaviors like talking/listening to pupils, identifying mental health concerns, issues, and triggers, providing practical support, referring, etc.
4. Nurturing a mental health promoting school environment

Exercise:

1. To begin with, first imagine a school in which teachers, school leaders, and parents all work towards promoting positive mental health and are committed to “a cause beyond oneself”. To support your imagination; let us think of the following in this school:
 - School’s vision, mission, and goals
 - Values and beliefs
 - Norms and rules,
 - Relationships and interactions (teacher-student, student-student, parent-teacher, HM-teacher, etc.)
 - Climate and culture,
 - Socio-emotional environment
2. Could you imagine what all the above parameters would be in a school promoting positive mental health?
3. Now divide yourself into small groups of five and pick up each parameter and discuss your ideas in your small group on each. For example: think about what values and beliefs you would need to have and promote for your school to be a health-promoting school. Similarly, think about other parameters as well.

Reflections

1. Is your school a health-promoting school?
2. Do teachers, students and the community have mental health literacy and awareness?
3. Is your school environment sensitive to mental health triggers and concerns in school?
4. Does your school ensure the safety and security of children?

If the answer to some or all of these questions is 'No', as a team of teachers at school, it is high time that we realize the growing challenge in the arena of mental health and wellbeing and commits to working towards it.

1.2 Mental Health of Children - A Growing Challenge

Evidence suggests that the problem of child and adolescent mental health in India is large and continuously growing. However, there is a lack of specialist support services, a challenging economic climate, escalating social problems in the local community, the impact of technology (social media in particular), the growth of cyber-bullying; and a more pressured school environment as a result of curriculum reform and high-stakes tests. Thus the need for schools to respond to the problem is ever increasing.

- It is essential to know and reflect on how we teachers and leaders with the knowledge, skills, and mindsets required to address mental health concerns?
- How far can we destigmatize mental health issues and distresses at school and create an environment where children feel free to raise their health concerns?

Let us take two online tests to know our levels of understanding regarding mental health and check some of our myths about it.

i. Mental Health: Knowledge and Awareness

<https://www.proprofs.com/quiz-school/quizreport.php?title=test-your-mental-illness-knowledge&sid=281573821>

Does this test tell you anything about your knowledge and understanding?

Where do you think you still need to improve your basic understanding of mental health?

ii. Mental Health: Myths and Facts

<https://www.cdc.gov/mentalhealth/quiz/index.htm>

While the test was U.S.-based, I am sure many questions did test our conceptions and misconceptions about mental health, and further to understand this in the Indian context, let us look at some of the data we have.

Mental illnesses are common and universal. Worldwide, cognitive and behavioral disorders represent 11% of the total disease burden expressed in disability-adjusted life years (DALYs). It has only increased manifold in the post COVID world. Mental health problems also result in various other costs to society. Recent data collected by WHO demonstrates the significant gap between resources available and, the burden caused by mental health problems that countries have faced during the pandemic.

The National Mental Health Survey (2016) reports that 1 in 20 people in India suffers from depression. There is a 7.3% prevalence of mental disorders in the 13-17 age group and the common problems include depressive episodes (2.6%); agoraphobia (2.3%); intellectual disability (1.7%); autism spectrum disorder (1.6%); phobic anxiety disorder (1.3%); drug use disorder (10.40%); 9.4% children aged 2-17 years have been diagnosed with interpersonal relationship, ADHD and psychotic disorder (1.3%). 7.4% of children aged 3-17 years have behavioral issues. Every 40 seconds, there is a suicide case globally, and India has one of the world's highest suicide rates for youth aged 15-29 (WHO 2014, Global Health Estimates). Every year more than 1,00,000 people commit suicide in our country due to career issues, a sense of isolation, abuse, violence, family problems, addiction to alcohol or other drugs, and financial loss. The cases of depression are more common in women than men. It accounts for 25% of deaths in boys and 50-75% of girls aged 10-19 years. The seriousness of this situation is substantiated even by the data released by WHO (2019). "One in six people are aged 10–19 years. Mental health conditions account for 16% of the global burden of disease and injury among people aged 10–19 years". Half of all mental health conditions start at 14 years, but most undetected cases remain untreated. Thus Globally, depression is one of the leading causes of illness and disability among adolescents.

Environmental degradation is yet another factor adversely affecting children and adolescents' health, especially mental health. Across the world, children are among the worst affected by climate change. It has impacted health from infancy and adolescence to adulthood and old age. For example, air pollution, principally driven by fossil fuels and exacerbated by climate change, damages children's hearts, lungs, and other vital organs through adolescence and beyond.

Pandemic is another global health emergency. Job or schooling and every aspect of one's life has undergone a sea of change in lifestyle, relationships, and socialization amidst isolation. People often balanced two square meals a day amidst the lockdown and meeting health demands in times of deteriorating finances, food habits to fitness habits, from offline to online learning. All of it has changed and has largely affected mental health and wellness conditions at all levels. Under normal circumstances, schools have acted as social buffers and provided support to children. Still, with the closing down of schools, there is hardly any support for children who have been presented with myriad challenges and negative symptoms after the pandemic. A large and growing literature has linked exposure to this global emergency with mental health symptoms of depression, anxiety, and posttraumatic

stress. Due to uncertainty and lockdown and the lack of preparedness of parents, teachers, and children towards the digital learning mode, children have reported academic difficulties, physical health problems, and emotional distress⁴ caused due to socio-emotional issues. Many students have dropped out of school, while others have failed to reach age-appropriate educational standards. Thus, mental health concerns have constantly been on the rise, impairing physical and mental health and limiting opportunities to lead fulfilling lives as adults. Given the above, there is an urgent need to pay greater attention to students' mental health issues and concerns for ensuring safety and security in schools. There is mounting evidence that it is possible to intervene at several levels, from local to national, to promote, prevent and manage mental health concerns. At all levels, right from local to national, examples can be found of policies and interventions that assist people living with social and economic disadvantages in having better health. According to WHO, health-promoting policies are needed in the health care sector and the economic, environmental, and social sectors for a positive impact on the determinants of health and improved health equity?

Exercise:

- What are some of the mental health concerns in your school?
- What do you think could be some of the triggers for mental health concerns in your school?
- Does your school have some kind of mental health survey at the school level to identify mental health concerns?
- Does your school have a health-promoting policy to prevent any kind of future health concerns?

If you are not sure of the answers to any of these questions as teachers and leaders, it is high time that we think together as a team to address this very important developmental concern. For which, taking a relook at mental health from a developmental perspective is very important.

1.3 Understanding Mental Health - A Developmental Perspective

Health promotion mainly deals with the determinants of mental health and aims to keep people healthy. In other words, mental health promotion aims to enhance an individual's ability to achieve psychosocial wellbeing and cope with adversity. Regarding mental health promotion, the whole population is the possible target since the development of mental health spreads across the lifespan and is based largely on our understanding of the age-related patterns of disorder and competence. Healthy human development is characterized by age-related

changes in cognitive, emotional, and behavioral abilities, which are sometimes described in developmental milestones or accomplishment of developmental tasks. Therefore, evaluating the achievement of relevant developmental tasks could be a useful cue for parents and teachers in mental health promotion and illness prevention. The following figure depicts the major developmental tasks across the lifespan.

Developmental Tasks Across life Span

Sectors					Major Life Changes and developmental tasks	Life Stages	
Community	Healthcare	Work	Social Relationships	Education	Family	Being born healthy and normal birth weight	Birth
						Acquiring language skills	Infancy and Toddlerhood
						Developing impulse control	
						Entering school Learning to read and write	Childhood
						Developing social skills	
						Entering puberty	
						Dating	Adolescence
						Adolescence	
						Developing identity and independence	
						Leaving home	
						Pursuing higher education	Early Adulthood
						Choosing a vocation	
						Finding a partner	
						Having children	
						Parenting a young child	
Parenting a primary-schoolchild	Adulthood						

					Parenting an adolescent		Older Adulthood
					Achieving vocational success		
					Parenting a child who is leaving home		
					Parenting adult children		
					Providing care for an ill parent		
					Becoming a grandparent		
					Retiring from a job		
					Coping with illness or disability		
					Providing care for an ill spouse		
					Coping with the death of a spouse		
					Coping with the death of peers		
					Dying		

Source: Adapted from Mrazek & Haggerty (1994) p. 224, which was adapted from Kellam SG, Branch JD, Agrawal KC, Ensminger ME 1975, Mental Health and Going to School, University of Chicago Press, Chicago.

Successful negotiation of these life changes and developmental tasks enhances mental health for many people, and as teachers, when we support young children in successfully achieving these developmental goals, we are promoting mental health. Conversely, unsuccessful negotiation of these developmental tasks can indicate a higher risk for mental illness for many people. Our failure as teachers and parents in supporting children in negotiating developmental tasks of branding children who fail to perform developmental tasks triggers mental health concerns. However, it is important to understand that many individuals do not follow this life course. From childhood through adolescence to early adulthood is the population that comes to one or the other institutes of education. At this stage, the role of teachers, school leaders, counselors, and health workers becomes extremely important in preventing any kind of illness and promoting health and wellbeing.

1.4 Education for self-reliance versus education for the whole: What triggers mental health concerns at school?

Before we move on to understand the mental health challenges and what the whole school approach is about, let us understand the core purpose of education or our educational beliefs. As teachers and school leaders, being aware of what educational beliefs each of us holds, as parents, as teachers, as school leaders, and as systemic officers at different levels in the educational hierarchy. Because it is these beliefs that unconsciously govern our thoughts, our perspectives, our goals which in turn define our behaviors and actions and our character, it would also decide what the final result of being educated is. So if education meant being the better version of ourselves as social individuals and as global citizens, we would shape it differently than if it meant just being self-centric and limited to fulfilling our self-reliance needs. Because then the entire emphasis on education would be around mastery over basic skills and preparing students for meeting the skill needs of the market, thus weaving the school curriculum around explanation, demonstration, practice, assessments, feedback, and more practice. However, suppose it is about being a problem solver. In that case, effective teaching might expose students to real-world problems and actively involve them in testing possible solutions and reaching resolutions. But if it is about social development, about being better, whatever unique potential one has, and one wants to become, it would structure the school curriculum around cooperative learning and community-building activities, promote self-assessment and reflections, and challenge students' current values and assumptions and ask them to critique dominant belief systems, social structures, and power relationships.

Thus, the clarity of our educational beliefs decides how we come together for the common causes what norms, values, practices, processes, and procedures we choose at school.

the school culture climate vision, mission and overall goals, the work environment, the instructional strategies, the assessments, the internal dialogues, the relationships every bit get governed by the educational beliefs and what we hold as the core purpose of education. This alignment to the core purpose of education would help every stakeholder be more sensitive towards the mental health concerns that arise or get triggered by the very nature of schools. For example, while we value the uniqueness of every individual and realize that each should reach their true potential, our instructions are largely for the average in the class. Both the slow learners and the pacers get missed out in the process.

Similarly, every parent wants to give their children the world's happiness but at times cannot give the basic freedom of choice for selecting one's interest area. As one example, it may be said that more emerge from how our social structure is defined. The nature of families, the socializing process, the do's and don'ts at school, our understanding of rights and wrongs, perfection and imperfection, our measures of success and failure, of what and how one should appear, and many such; raises mental health concerns at school.

Exercise

- Let us, as teachers and school leaders pen down our educational beliefs and teaching philosophies.
- Reflect how our educational beliefs and teaching philosophies impact our professional behaviors, our choice of pedagogies, and how we address any problem or issue.

1.5 Prevention, Promotion, and Management of Mental Health and Wellbeing- A Whole School Approach

Schools generally are seen as spaces where communities of learners have been expected to develop in a safe and secure environment. School management, principal, teachers, other staff, and students all spend around 1/3 of a day and around 220 days in a year in schools across the states/UTs in India. For residential schools, the time spent by a student in the school community is even more. Therefore, it is the school's responsibility to ensure the safety, security, health, and well-being of all children in the schools and hostels. It cannot always be done by the teacher or the school alone. Rather, it entails the participation of all schools leaders, teachers, staff, and parents) to develop a safe and inclusive learning environment that promotes the pupils' social and emotional well-being of the pupils and provides timely support for those with additional needs. Therefore, it is important for the school that everyone concerned with school education should understand his/her clear

roles and responsibility to school mental health and wellbeing. This initiation will lead them to take appropriate preventive action and take action for development, so that risk of any kind could be avoided. Moreover, there is a growing evidence base that schools need to take a whole-school approach to promote mental health effectively.

A whole-school approach is preventative, universal and includes targeted interventions to ensure that all members of a school community can flourish and sustain a state of being mentally healthy.

Taking a whole-school approach can also achieve positive outcomes such as helping to reduce stigma and discrimination for those seeking help, supporting early intervention, promoting positive mental health for all, and improving the capacity of specialist services by providing support to those who need it at a universal and targeted level.

A whole-school approach involves cohesive, collective, and collaborative engagement by a school community. It takes account of the wider social, environmental, and cultural needs of a community, including the school ethos and culture. A whole-school approach involves all parts of the school working together and being committed to taking measures to create a health-promoting ward school environment. It is also about developing a democratic, fear-free, and positive school culture through redefining school beliefs and values, policies, and norms of behavior and ensuring collective accountability through coordinated efforts to gradually lower the risk of any kind of anxiety, stress, or traumatic experience.

Whole-school approaches to health and wellbeing also require supportive relationships, safe, gender-equitable physical and social environments, and greater opportunities for learning in the school as a social community. Accordingly, the design, management, and operations associated with implementing Health Promoting Schools must also reflect a Whole-School Approach (WSA), in which activities incorporate all aspects of schooling. For example, programs and curricula should be reinforced by school policies, manifested in school infrastructure, and supported by collaboration with groups in the local community. They should also be reflected in classroom lesson plans and co-scholastic activities, enhanced by professional learning and reflection on practice among in-service teachers and ideally in local or national achievement tests for students. Collaboration between teachers, parents, students, and the wider school community is a key process in developing a health-promoting school.

Thus involving school management, MTA/PTAs, SMC/SMDC, principals, teachers, and all school staff, as well as parents, students, and other wider communities are very important and key to WSA.

Principles to promoting a whole school approach to mental health and wellbeing:

1. Leadership and management that supports and champions efforts to promote emotional health and wellbeing.
2. Curriculum, teaching, and learning to promote resilience and support social and emotional learning
3. Enabling student voice to influence decisions
4. Staff development to support their wellbeing and that of students
5. Identifying needs and monitoring the impact of interventions
6. Working with parents and careers
7. Targeted support and appropriate referral
8. An ethos and environment that promotes respect and values diversity

No education system is effective unless it promotes the health and wellbeing of its students, staff, and community. These strong links have never been more visible and compelling than in the context of the COVID-19 pandemic.

The whole school approach to mental health in school demands integration of mental health concerns in the school ethos school curriculum and becomes the nodal point that integrates the students' entire gamut of learning experiences in the school. The integrated approach has the edgeover the "separate subject approach" from several points of view – psychological, motivational, and pedagogical. When knowledge is embedded in appropriate contexts, it becomes more meaningful and enjoyable for the learner. This approach not only makes the concern wholesome and situated in their context but provides choices to relate what students learn and practice in their settings. It provides context and connections to explore, think, reflect, and internalize positive dispositions through curricular experiences and activities at different stages of development.

1.6 School Structure, Ethos, Role, and Responsibilities: Ensuring Mental Health and Well-being at School

School Ethos characterizes the spirit of the school as manifested in its attitudes and aspirations, permeating every layer of the school community. The school ethos is about an all- pervasive school culture based on the very purpose of setting up the school. It determines the image of the school and its relationships among its stakeholders. It is visible to anyone who walks into a school, in its physical environment, and in the manner stakeholders conduct themselves. Such an ethos founded on understanding empathy breeds a sense of belonging and happiness among its members and creates a stimulating teaching-learning environment. Creating a conducive school ethos includes maintaining a conducive physical as well as psychological environment in school. Suggested guidelines for school-level activities with a focus on mental health:

The school structure/layout, such as a library, toilets, staff rooms, computer rooms, is safe and welcoming, and accessible throughout the year.

1. The school structure/layout promotes sustainable living.
2. Counselling to cater to the needs of Special Education Needs students
3. Personnel at the gate and office are friendly and welcoming

School Management Committee

1. School Management Committees must ensure the setting of developmental goals and decision-making with a focus on mental health issues.
2. Physical and psychosocial safety of students and staff, which include aspects related to comfort, conduct/disciplinary issues, physical safety and security, psychological, medical, and health-related, nutrition, coaching needs for sports and other activities, remedial learning, etc
3. Obtaining regular information about the physical and psychosocial environment of the school through observations during school visits, interactions with HM, students, and staff during the visits, details reported by other stakeholders like parents/community, written reports, through SMC meetings.
4. Actively participating in discussions and contributing towards decision-making during SMC meetings.
5. Several school-level activities have tremendous scope to integrate mental health not only through the activity per se but also through the process adopted in planning and executing them.

The school should make a list of activities based on the needs and gaps in promoting mental being, and these activities should get reflected in the timetable and conducted as per the decided frequency every week.

Various techniques/opportunities may be used by the school to communicate and involve parents in the promoting mental wellbeing of students.

- Orientation meetings/workshops, phone calls, newsletters, home visits
- Inviting them as resource persons to share their diverse backgrounds,

The school assembly provides ample opportunity for developing and setting the tone for a positive school ethos. Assemblies can be planned thematically with a focus on specific issues of mental health for a week.

The role of specific stakeholders in nurturing a supportive climate in the school is given below.

School Leaders

1. Act as a bridge of communication and understanding between the SMC and the staff
2. Adopt positive strategies to stop abuse/bullying amongst students by
 - not scolding/physically punishing the student(s) for misbehavior either in private or in front of others
 - identifying the reason behind the behavior and individually talking about the consequences of the actions
 - encouraging self-reflection by the child and guiding to mend ways, informing the parents and counselors if necessary.
3. Adopt various practices for improving staff engagement apart from regular staff meetings Eg: Informal get-togethers for staff, skill development/special training programs, staff picnics, and individual mentoring/counseling by the school head.

Teachers

1. Sensitive towards the need of students
2. Able to identify mental health-related concerns on time
3. Provide guidance service to students as per the demands of the situation
4. Able to provide referral services at the right time

Students

1. Peer support/learning
2. Older students take care of younger students at events
3. Academically advanced students coach those who require help
4. Maintain campus hygiene and school appearance

Parents

1. Attend orientation meetings in school to understand the urgent need for mental health issues.

Teacher development program:

1. Opportunities for attending professional development to all the staff members in schoolsto create a mindset to believe and practice mental wellbeing.
2. Conducting capacity development programs to raise teachers' awareness about the latest developments in school education, such as national/ international goals/policies laws related to mental health and wellbeing.

Thus, to integrate mental wellbeing in school ethos, it needs to grow within the collective consciousness of the school community and must be brought to life through social interactions and the personal beliefs of all stakeholders.

1.7 School Protective Factors:

Caring, empathic teachers and support staff.

- Positive School climate and high morale among staff and pupils.
- Extensive extra-curricular program including sports.
- Opportunity for active participation in school
- Curriculum that recognizes the children learn in different ways
- Concern for promoting self-esteem, independence, and self-efficacy.
- Teachers offering time and space to listen.
- School providing welfare, mentoring, and counseling as part of the formal system.
- Teachers and other adults in school model caring relationships and communication.
- School encouraging young people to have a sense of connectedness.
- School demonstrating a commitment to physical & emotional health and a healthy lifestyle.
- Pupil's achievements are valued and celebrated.
- Clear policies on anti-bullying and drug misuse.
- Teachers showing genuine interest in and concern for pupils' learning.
- Teacher's encouragement of the development of pro-social behavior.
- School encouraging parental involvement.

For teachers, it is important to have an overall understanding of risk and resilience to promote adaptability and encourage positive attitudes towards the holistic development of children and adolescents. We may understand it, like a tree that does not break but bends with the

wind; resilience involves the ability to return to shape; to suffer but not to shatter. It is true indeed; the struggle involved in hardship may lead to growth created out of hardship. This comprehensive outlook will further suggest ways through which schools can translate these concepts into practical action and interventions.

To ensure the physical and psychological safety of our children and adolescents, accessibility to mental health services and consistent support in schools is the first step. Mental health must encompass the emotional, behavioral, and social well-being of a child. The most important is 'adaptability', the ability to cope with daily life challenges. effectively. Thus, giving a secure environment to children & adolescents in schools is important.

CHAPTER 2 - A PEDAGOGICAL MODEL FOR PSYCHOSOCIAL SUPPORT TO STUDENTS: BACKDROP OF NEP 2020

2.1 Background

An integral part of the carefree school life in the last decades is being taken over by stress and anxiety among students. Family pressure, peer pressure, self-induced pressure, inflation, and unemployment had been a few factors earlier, but the pandemic added to it uncertainty and fear of the unknown, making the condition worse. The pandemic itself proved testing to academia. The Schools had to close their doors, teachers and students embraced online without preparation and with plenty of inhibitions. The digital divide played a crucial role in a learning loss. Uncertainty in the time and mode of exam and admission drove the students further into the stresszone.

Even after two years, the battle with Coronavirus is an ongoing one. Post pandemic, the academic, social, and personal adjustments have taken a toll on the school-going youngsters. Those in the secondary stage of schooling continue to be burdened with prevailing uncertainty regarding future decisions of choice of course to study and career opportunities. A few students are always at an advantage that they can manage every obstacle based on their ability or with support from family. But there are some students who look up for help from significant people in their lives, the teachers. If not addressed in the budding stage, it leads to severe disturbances in the later stage of life. The NEP 2020 throws fresh air on the present scenario by establishing that the overall thrust of curriculum and pedagogy reform across all stages will be to move the education system away from the culture of rote learning as is largely present today.

In the present scenario, due to the pressure of academic accomplishment, emotionally vulnerable students suffer from social stigma and feelings of inadequacy leading to frustration. At this juncture, a pedagogical model may be envisioned for providing much-needed psychosocial support to students. Classroom activities can be designed to offer alternative ways of understanding the problems and prepare the students for facing the challenges.

“True knowledge is not attained by thinking. It is what you are; it is what you become.”
Sri Aurobindo

Learning objectives

Transaction of this module would empower the participating teachers to

1. Outline the NEP 2020 perspective on pedagogy
2. Identify multiple modes of engaging the learner in the classroom so that every student get a chance to participate in the process of learning.
3. Create opportunity for every learner in the classroom to care for others and learn from each other
4. Analyze the pedagogical approaches that can reduce stress and anxiety and promote the psychosocial wellbeing of students in addition to learning
5. Formulate pedagogical strategies suitable to the lesson that help students overcome stress and anxiety.

2.2 NEP 2020 perspective on pedagogy

NEP 2020 states that “Pedagogy must evolve to make education more experiential, holistic, integrated, inquiry-driven, discovery-oriented, learner-centered, discussion-based, flexible, and, of course, enjoyable. The curriculum must include basic arts, crafts, humanities, games, sports and fitness, languages, literature, culture, and values in addition to science and mathematics, to develop all aspects and capabilities of learners; and make education more well- rounded, useful, and fulfilling to the learner. Education must build character, enable learners to be ethical, rational, compassionate, and caring, while at the same time prepare them for gainful, fulfilling employment”.

Thus NEP 2020 suggests periodical changes in pedagogical delivery and style synchronizing with stages of development. It stresses creating a more holistic, unified education system, with greater continuity, with a focus on universal education from age 3 to 18. The policy recommends incorporating elements of vocational education into the school curriculum to expose children to its utility and value at every stage of education. The foundational and preparatory stage would use the physical engagement of the child as a form of pedagogy to enhance learning and development by working with clay, playing in the garden, etc.; the middle stage provides an opportunity for hands-on experience on local specific vocational crafts and introduces vocational courses in grades 9 to 12 with the same weightage as that of any academic courses. These recommendations point towards the use of developmentally appropriate pedagogy is for maintaining the internal harmony of the learner, thus aiming at psychological wellbeing.

The policy envisages that the curriculum and pedagogy should be developed as such to inculcate among students a deep sense of respect towards duties and values. It is the bonding with one's country and conscious awareness of one's roles and responsibilities that ensures that a student develops skills in a changing world that will assure ethical and moral survival. The aim of education, as marked in the policy, is not only to assure cognitive development but also to build character and create holistic and well-rounded individuals equipped with the key 21st-century skills.

Reflections

1. How to develop and inculcate among students a deep sense of respect towards duties and values?
2. How to integrate values and develop the much required 21st century skills in the curriculum transaction process?
3. How to develop resilience and avoid stress triggers in the learning process?
4. Does the teacher education curriculum nurture the teachers into developing positive values and balanced mental health?

Further, NEP 2020 focuses on integrating 21st-century skills in teaching-learning and assessment. The use of technology for learning, promoting conceptual understanding rather than rote learning, focus on the holistic development of the child are highlighted for this purpose. The holistic development of the child is the physical, emotional, social, cognitive, moral, and spiritual growth of the individual. It requires a multidisciplinary approach to accomplish the task. Science, social science, fine arts, and sports must be integrated into the pedagogy. The policy emphasizes developing respect for diversity, love for nature, and love for the community. The Promotion of creativity, critical thinking, logical analysis, life skill development like communication, cooperation, teamwork is also envisaged in the policy. However, to suit every learner in the class, the planning of a lesson should adopt a universal design to engage every student in the class giving prominence to their interest. To do that, a lesson plan can look into integrating the learning of science with art and technology, social science with indignity and sports, mathematics with ancient Indian knowledge, and the latest technological advancement.

If I love myself despite my infinite faults, how can I hate anyone at the glimpse of a few faults. – Swami Vivekananda.

Who is helping you, don't forget them. Who is loving you, don't hate them. Who is believing you, don't cheat them.” – Swami Vivekananda.

Teachers act as a guide, supervisors, mentors by nurturing, developing, exploring the unique talent and skill of the child. When we teach, we not only impart the content but "we teach the child". This implies that a simple content of history may be ingraining the value of patriotism, developing the decision-making power within of choosing a profession, and making an exemplar of not repeating the already committed historical mistakes. The focus is not on the content but on the student who learns. This statement gives a perspective to pedagogy to understand the learner.

Reflections

5. What are the life skills to be promoted in school to envisage creativity, critical thinking, and logical analysis?
6. What role can be played by the school in bringing the special abilities of students into evaluation?
7. What steps can the teacher take to integrate art integrated pedagogy into the curriculum?
8. How can the school ensure local to global development within the student?

The major intention of the policy is to reframe the Curriculum frameworks and transaction mechanisms for ensuring that these skills and values are imbibed through engaging processes of teaching and learning. In all stages, experiential learning is recommended, including hands-on learning, arts-integrated and sports-integrated education, story-telling-based pedagogy, among others, as standard pedagogy within each subject and with explorations of relations among different subjects. To close the gap in the achievement of learning outcomes, classroom transactions will shift towards competency-based learning and education. It is proposed to integrate mental health in Education through Whole School Approach.

NEP 2020 reflects on the alternatives to bring happiness to the students while learning. In its attempt to rediscover indignity, it strives to infuse Indian art, games, and stories into the lessons and weave a lesson plan that can provide the concept through the local socio-cultural content with a global outlook.

Relationships are based on four principles: respect, understanding, acceptance and appreciation.....M.K. Gandhi

This suggests the learner is in the center of the learning process, implying they create knowledge based on their background, ability, and opportunity. This further is a cyclic process of what the students learn from their culture. They recreate and give back to their very culture, thus churning and nurturing the socio-cultural heritage and values. The beauty of NEP 2020 lies in the fact that teachers will be given more autonomy in choosing aspects of pedagogy so that they may teach in the manner they find most effective for the students in their classrooms.

2.3 Guidelines to develop a lesson plan as per the vision of NEP 2020

Any lesson can be developed considering the vision of NEP 2020 for the holistic development of children. Utmost care has to be taken for all the children to be fully involved, engage, and enjoy the lesson. The lesson should help promote children's mental, physical, emotional, social, and moral development. A multidisciplinary approach is an excellent idea to integrate science, social science, fine arts, and technology. It provides ample opportunity to teachers as well as

students for using technology effectively and efficiently in the teaching-learning process thereby enhancing conceptual understanding in learning.

The lesson plan can have two major parts like Role of the teacher and the work for students. The first role of the teacher is to present the topic before the students by using multiple methods to cater to the need of all types of learners. Especially in every lesson plan, it is recommended to use smart board, video lessons, PowerPoint presentations on one hand as well as to bring various locally and easily available materials to class on the other hand. The use of technology helps all the students to understand the lesson at their own pace at the same time helps to complete the lesson within the specified time limit. After completing the presentation and explanation of the topic, the second important role of the teacher is to assign work for students. Here teacher plays the role of a guide, supervisor, or mentor and promotes the development of all the twenty-first-century skills required in a child to be a global citizen. The second major focus of the lesson plan is work for students. While doing so, the utmost care has to be taken to involve and engage every child according to their interest. For example different activities like developing a write-up on the topic including all possible artworks, preparing a PowerPoint presentation, carrying out some activity and experimentation, gathering interesting facts, and answering critical questions on the topic. The most important aspect of designing work for students is every student can choose any kind of work according to their interest again they can change their group in next lesson as per their need. Here the role of the teacher is to constantly guide, support, and help the child to accomplish their work whenever required. By planning such kinds of activities emphasis will be given to integrating science with art social science and technology. At the same time, it also promotes to development of some life skills in students like communication, cooperation caring, sharing, etc. A lesson plan has to emphasize love for nature, respect for diversity, as well as local context, experimentation exploration, etc. It also must focus on logical and critical thinking and developing all possible higher-order thinking skills.

A lesson plan should be introduced that will aim at the development of the cognitive, affective, and psychomotor skills of the child. most importantly teamwork and working in the field can provide immense pleasure and happiness to the child. instead of emphasizing competition and comparison promoting caring, sharing, and teamwork, while learning. Every lesson plan aims at creating a healthy atmosphere, having space for every learner while mastering the twenty-first-century skills for a good global citizenry.

Thus, the transaction modality will act as a guideline to the resource persons to impart lessons that will bring positive alterations in the mental well-being of the students in the class. The modalities can be shaped as per the context, the requirement and the mental health condition of the recipients considering the aspiration and the stress level of both the giver and the receiver. The changes in the modality is left on the judgment of the resource person and their perception of their audience which will vary contextually.

2.4 Transaction Modality

PROCEDURE	DISCUSSION POINTS	RESOURCE MATERIALS
<p>Open house activity (40min.)</p> <p>The Resource Person (RP) will take review the awareness of different factors affecting the psychosocial wellbeing of students in the post-pandemic. (5 min.)</p> <p>The participants share their experiences with one or two such instances (5 min)</p> <p>RP will initiate a discussion with a PowerPoint presentation of different pedagogical approaches that promote the psychosocial wellbeing of the students in addition to engaging them in learning. Participants identify certain innovative pedagogical practices that can be used during curriculum transactions while learning in the classroom. (20 min)</p> <p>Ask the participants to come out with their views on pedagogy as a tool for providing psychosocial support to the students based on the presentation by the RP. (10 min)</p>	<ol style="list-style-type: none"> 1. Share your experience about psycho-social issues faced by students lately. 2. What are the factors affecting the mental health of students? 3. Have you made any efforts to resolve them? 4. Identify the possible pedagogical intervention to address the stress and anxiety of students as a learning process in the classroom based on open discussions. 5. Reflect upon the pedagogical strategy as a tool for psychosocial wellbeing 	<p>PPT on pedagogical approaches for psychosocial wellbeing of students</p> <p>Few examples of student engagement in activities that support psychological wellbeing</p>

<p>Group activity (40 min)</p> <p>The RP will get the participants into 4 groups.</p> <p>The RP will let the groups choose content from different subject areas of their choice and help teachers to plan lessons to engage the learners' activities depending on the strength of the students. Integration of different forms of arts, sports and games, technology, providing experience for the learner, etc., will be used in developing the lesson plan.</p> <p>RP will ask every group to explain the possible ways psychosocial wellbeing the</p>		<p>Exemplar lesson plan to demonstrate-</p> <ul style="list-style-type: none"> - multiple modes of engagement of learners in the classroom - to ensure each learner is participating in the process of learning - To create an opportunity to learn from each other
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pedagogy adopted by them would ensure **(10 min.)**

<p>Brainstorming (20 min.)</p> <p>Participants will critically think and reflect on the point of discussion. RP may add further. To consolidate the points, RP will discuss enumerating multiple ways through pedagogical processes that benefit a student's psychosocial wellbeing while learning in the classroom. The impact of such innovative practices in the classroom for the all-around development and ways of helping students will also be highlighted by eliciting crucial strategies from the participants.</p>	<p>6. How do these pedagogical practices promote wellness among students?</p> <p>7. What factors in the learning process facilitate belongingness to the learning community?</p> <p>8. What should be the role of the teacher in achieving a learning environment where every student feels included and happily learning?</p>	<p>Worksheet on reflection on innate problems and finding appropriate strategies.</p> <p>Chart papers, markers, color pens, crayons, and any other required raw materials</p>
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Assignment (To continue the work)

<p>At the end of the session, RP will consolidate the ideas and give an assignment based on discussion points to the respective groups to develop a relevant poster/slogan/ write-up/script for a skit for creating spreading the ideas generated.</p> <p>Planning activities at the class/school levels to spread awareness among the stakeholders on the importance of psychological wellbeing for future accomplishments</p>		<p>Technology support to work on computers with internet facility</p> <p>Chart papers, markers, color pens, crayons, and any other required raw materials</p>
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<p>Preparation of a directory of professionals for referral service</p>		
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Exercise to participants Identify a person

- who is too quiet throughout the session
- who is very scared while speaking
- who is shy to answer
- who is trying to dominate
- who is asking irrelevant questions
- who is looking outside the window all the time
- who is not listening
- who is not responding
- who is making efforts to seek everyone's attention

Think of possible reasons for the behavior and simple ways to engage them in the session meaningfully.

Transaction through an online platform

- Writing materials and writing boards (including whiteboards on online platforms)
- Presentations – Powerpoints, and videos (youtube and other OERs)
- Interactive website for learning activities and assessment
- Exemplar lesson plans

Transaction strategies

- For discussion point 4, the RPs can make use of the experiences of the participants. They may also use videos, newspaper clippings, blogs, and vlogs as alternatives.
- Using Storytelling as a strategy and games and dance as activity, and paintings and literature as resources.
- Consolidation of the concepts or key points may be presented through PPTs related to discussion points 5 and 6.
- RP can make necessary changes in the mode of the transaction as per the situation.

Resource material for the RP to transact

1. Link to PPT on pedagogical approaches to the wellbeing of students

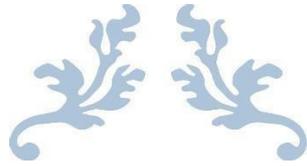
<https://gowriip.in/text-resources/pedagogical-approaches-that-promote-mental-well-being/>

2. Link to an exemplar lesson plan

<https://gowriip.in/text-resources/lesson-plan-on-reproduction-in-plants/>

3. Link to worksheets

https://drive.google.com/file/d/18sd7w4ig_cmEgh1LJqhSwe5_am6s_n8/view
https://docs.google.com/document/d/18sVVznnM7hctED-s6exU9mFH0_sAKN9B/edit



SECTION - B



CHAPTER 3

EARLY IDENTIFICATION OF MENTAL HEALTH CONCERNS

Mental health is not just the absence of mental illness but also encompasses social, emotional, and behavioral health. It involves the ability to cope with life's challenges. Childhood and adolescence are critical stages of life for mental health. This is the time when rapid growth and development take place. Children and adolescents acquire cognitive and socio-emotional skills that shape most aspects of their personality and are important for adapting to adult roles in society. Research demonstrates that students who receive positive mental health support achieve better academically and emotionally. Providing psychosocial support for children's optimal social and emotional development results in positive outcomes for individuals and society, including healthier behavior, improved relationships, and a progressive career.

What do you mean by Mental Health Concerns?

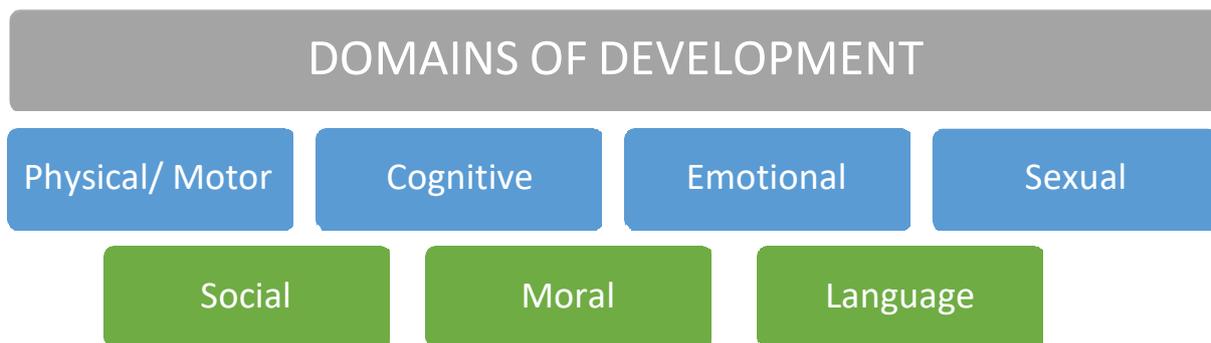
Mental health concerns are referred as a "disturbance in functioning" in relationships, mood, behavior, or development. When a problem is severe or persistent over time, or when these impact the child's personal, social and academic functioning, a child is said to have a mental health *disorder*.

Mental health problems are linked to consequences and outcomes such as academic and behavior concerns (dropping out of school, delinquency, etc). Mental health issues in childhood and adolescence have long-lasting impact on adulthood. Most of the time mental health issues emerge at an early stage of life as half of all mental health conditions emerge by the time individuals are 14 years old and three-quarters by the age of 25. This is the same period when most people are pursuing education. Like youth or adults, children and adolescents also experience mental health problems, but their distress or concerns are mostly neglected and/or misunderstood. Apart from families and parents, teachers need to be informed about early flag signs as they too are the primary caregivers. Schools must support and assist in identifying and preventing mental health conditions in students.

For this reason, providing a secure environment to children in schools is important. Early identification, intervention, and prevention of mental health issues offer hope to avoid later mental health problems and improve personal wellbeing and productivity.

3.1 SOCIO-EMOTIONAL DEVELOPMENT OF CHILDREN AND ADOLESCENTS:

The developmental domains in children and adolescents play a crucial role in promoting holistic wellbeing. The figure below shows the domains of development in children and adolescents.



All children are unique and different. We have to be sensitive about individual differences for the healthy and happy development of children. Teachers need to know what they can do at different ages so as to help students with any difficulties they face. Teachers may be able to identify and intervene in early childhood if they have a better understanding of socio-emotional developments specifically and the developmental tasks of various stages.

The inability to reach age-appropriate milestones can be a manifestation of psychosocial disturbance which needs further exploration. However, failure to follow the expected trajectory of social-emotional development can lead to undetected mental and emotional health problems. This can help them to screen the mental health concerns and take steps for the overall psychosocial well-being of young minds.

To understand certain age-appropriate nuances of development, here are few crucial perspectives of effective socio-emotional development:

By 3 years of age, the child engages more in interactive play, and learns cooperation and sharing skills. He/she can play with one or two peers and engage in turn-taking play and joint goals. Imaginative and fantasy play begin like pretending to be a cat and role-play skills develop. The child, however, cannot yet distinguish between reality and imagination and it is common to be afraid of imaginary things. They master this skill to differentiate between real and imaginary at around 4 years of age.

At 5 and 6 years of age, the child can follow simple rules and directions. He/she likes to spend more time with peer groups and relates to a group of friends. Imaginative play gets more complex, and he/she likes to play, dress up and act out his fantasies.

At 7 and 8 years of age, the child fully understands rules and regulations. He/she shows a deeper understanding of relationships and responsibilities and can take charge of simple chores. The self-esteem in academic competence and social competence is formed. Moral

development furthers, and he/she learns more complex coping skills. Children identify more with other children of similar gender and find a best friend in common.

At 9 and 10 years of age, peers take precedence over their own families. At this age, children will show increasing independent decision-making and a growing need for independence. Promoting supportive adult relationships and increasing opportunities to take part in positive community activities enhances resiliency.

From 11-19 years of age, Greater independence and commitment to peer groups drive the transition to adolescence. Adolescence being a transition from emotional dependence to relative independence. It is characterized by rapid physical growth, significant physical, emotional and psychological changes. This will also include indulging in misbehaviors to explore uncertain emotions and impress their peer group. Social interactions include complex relationships, disagreements, breakups, new friendships as well as long-lasting relations. For a healthy transition to adulthood, positive and supportive adult guidance and opportunities to take part constructively in the community play a pivotal role.

Adolescence is a period of tremendous growth and development which has the potential for navigating new milestones that are critical for the preparation for adult roles. These transitions may lead to various mental health challenges which are associated with increased risk for concerns such as suicide.

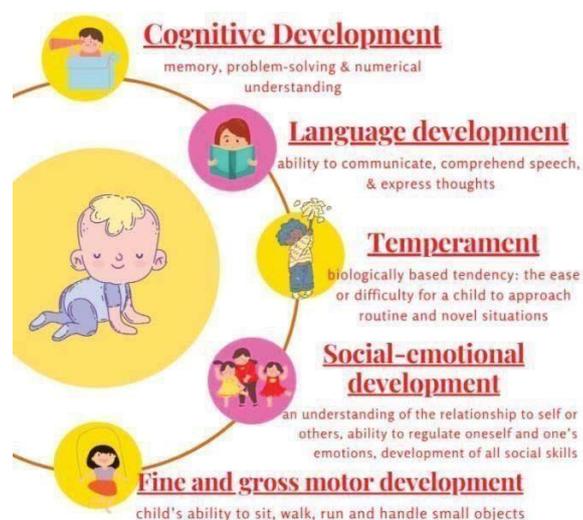
Flag signs for developmental issues in Children and Adolescents

- Difficulty in attention - unable to focus on a task, leaves work incomplete
- Poor self-esteem, intense fear to do tasks independently; clinging to significant caregivers
- Academic difficulties in reading, writing, or arithmetic.
- Poor social skills- Unable to make friends, has social awkwardness, stays aloof and are also not interested in other children.
- Activity levels- either too dull or hyperactive; cannot sit in one place, cannot wait for turn.
- Impulsivity is high

In **later adolescence**, a clear sexual identity –manhood or womanhood – is established. The adolescent in this stage seeks leadership (someone to inspire him), and gradually develops a set of ideals (socially congruent and desirable, in the case of the successful adolescent).

Children may experience disturbance in emotions, behaviors, and relationships which may impair their functioning while growing up. It is worthy to note that emotional and behavioral difficulties can be either due to:

1) **Developmental causes:** Some of the disturbances in emotions and behaviors are developmental. The normal growing-up process is characterized by physical, behavioral, and emotional changes which not only lead to growth but may also cause the child to feel confused, irritated, and upset. In such a situation, the child may require help from adults to deal with these changes. Most of the disturbances subside with age and support from the environment.



2) **Mental health concerns:** Some of the disturbances in emotion and behavior could be due to the mental health conditions such as Attention Deficit Hyperactivity, and/or Learning Difficulties. These conditions have an impact on the child, family, and others in the environment. It is important to distinguish whether disturbances in the child are due to the normal growing-up process or whether the child has a major mental health condition.

Importance of knowledge about normal development

- This knowledge can be used to guide parents regarding ways to create a stimulating environment for their children and promote healthy development

- This will also form a guide to differentiate between age-appropriate normal behavior vs. problem behavior/red flag signs for developmental issues.
- Early stimulation techniques are easy to follow in the classroom and home and can prove to be the most effective interventions if followed properly.
- Parents of children with developmental delay can be guided on home-based stimulation techniques and progress can also be monitored by charting developmental milestones.

*A pattern of normal social and personal development: signs of Possible problems
(Refer to Annexure:1)*

Bio-Psychosocial Model: Risk and Resilience Paradigm

Child and adolescent mental health issues are best understood from the bio-psycho-social model. According to this model, the development of illness is determined by the interplay of biological, psychological, and social risk factors. **Risk factors** for the development of mental health issues in children have been divided into:

- Biological factors:** like Prenatal factors, exposures to illness, prenatal exposure to substances/ toxins like Nicotine, Alcohol, etc, family history of mental, emotional, and behavioral concerns, and/or developmental delays.
- Psychological Factors:** traumatic events experienced in childhood which may include abuse in any form, loss of a parent or a caregiver, neglect by the caregiver, insecure attachment between child and parent, etc.
- Child characteristics and related factors:** gender, age, ethnicity, intelligence, thinking, coping, temperament, and relational patterns/styles.
- Environmental factors:** influence of family environment, parenting style, neighborhood, school, peers, bullying, etc.

Resilience and Risk Factors: We all face difficult situations and thrive to bounce back and achieve adaptability. Individual differences play a crucial role in the approach and adaptability. Apart from intrinsic individual differences, environmental factors also play an important role.

“Resilience is the capacity for healthy development and successful learning despite challenges.” - Benard

- A sense of meaning in life, including goals and direction.
- Self-awareness and a positive sense of self.
- Having normal cognitive development.
- Emotional literacy and a sense of humor,
- Ability to maintain attention and concentration.
- Secure early attachments.
- High self-esteem and sense of worth.
- Empathy, Awareness of the needs of others.
- Problem solving skills and decision making skills
- An internal locus of control and a belief in one’s own ability and self-efficiency.
- Ability to establish and maintain friendships.
- A sense of autonomy and the desire and ability to carry through tasks.
- Flexibility and the capacity to adapt, ability to cope with change

- A strong relationship with at least one competent, loving and caring parent.
- A family where anger, conflict and stress is managed well.
- Child receiving quality time from parents and other family members
- Clear boundaries set and expectations about behaviour expressed clearly.
- Avoidance of personal criticism, discipline focusing on the behaviour rather than the child and/or adolescent.
- An extended family including grandparents
- A family where love, compassion and affection are demonstrated.
- Education valued and supported; Child involved in family decision making.
- Safe and healthy home environment; Having access to a positive familial role model.

FACTORS WITHIN THE FAMILY:



- A good neighborhood where the children and adolescents are not overexposed to drug misuse or violence.
- Positive peer influence, especially those that reject anti-social behaviour.
- The community provision of opportunities for health and social development, recreation and childcare.
- Community recognition of the achievement for children and adolescents locally.

FACTORS WITHIN THE COMMUNITY AND ENVIRONMENT:

Resilience is the ability to withstand adversity and bounce back and grow, despite downturns. It is one of the key life skills and an important aspect of mental health and one of the essential abilities of an individual. In adolescence, at the time of forming identity, building resilience becomes utmost important. It enables students with the skills required to cope with situations and have a growth mindset.

For teachers, it is important to have an overall understanding of risk and resilience to promote adaptability and encourage positive attitudes towards the holistic development of children and adolescents. Like a tree that does not break but bends with the wind; resilience involves the ability to return to shape; to suffer but not to shatter. It is true indeed; the struggle involved in hardship may lead to growth created out of hardship. This comprehensive outlook will further suggest ways through which schools can translate these concepts into practical action and interventions.

Key Messages

Mental health must encompass the emotional, behavioral, and social well-being of a child.

The most important is 'adaptability', the ability to cope with daily life challenges effectively.

To ensure the physical and psychological safety of our children and adolescents, accessibility to mental health services and consistent support in schools is the first step.

Thus, giving a secure environment to children and adolescents in schools is important.

3.2 CHILDHOOD MENTAL HEALTH ISSUES AND CONCERNS: IDENTIFYING FLAG SIGNS

Like adults, children may also experience disturbance in emotions, behavior, relationships, which impairs their functioning. It can be distressing to them as well as to parents, teachers and the community. Early identification would curtail needless suffering and avoid spiralling of problems.

Learning Objectives

- *To understand the emerging mental health concerns during childhood*
- *To identify flag signs & risk factors*
- *To prevent and manage the mental health concerns of children*

Mental Health Concerns Covered in This Section

- *Attachment Issues*
- *Separation Anxiety*
- *School Refusal*
- *Concerns related to Specific Habits*
- *Communication Issues*
- *Anxiety Patterns in Children*
- *Depressive States in Children*
- *Issues of Inattention and Hyperactivity*
- *Conduct and Related Issues*
- *Excessive Internet Use*
- *Autism Spectrum Issues*
- *Intellectual Disability*
- *Specific Learning Disability*

3.2.1 ATTACHMENT ISSUES

CASE STUDY: Aslam is 7 years old, studying in second grade. Mother of Aslam came to school to meet the Counselor as she felt that her son is facing some difficulty which he is not sharing with anyone. Recently, it has been shared by the teacher that he does not express his feeling to his parents. Even when his mother talks to him lovingly, he has a blank face and when she hugs him, he gets angry and irritated.

Attachment issues emerged when a young child has issues establishing a deep emotional connection—known as the attachment bond—with their parent or primary caregiver. Since the quality of the attachment bond profoundly impacts the child’s development, experiencing attachment issues can affect child’s ability to express emotions, develop trust and security, and build meaningful relationships later in life.

FLAG SIGNS

- Aversion to touch or any physical affection
- Difficulty forming emotional bonds to others and limited positive emotions
- Avoidance of eye contact
- Difficulty with physical or emotional closeness or boundaries
- Anxiety, mood swings

- No response in situations calling for a response. Example: smiling back
- Difficulty in being close to strangers
- No emotional reaction when left alone
- Unable to express genuine care or affection
- Expression of anger in the form of tantrums or passive-aggressive behavior
- Lack of involvement in playing games or with toys
- Intense reactions to changes in routine

CAUSES: Most children with attachment concerns may have severe problems in their early relationships. They may have been physically or emotionally abused, traumatized, or neglected. Some children may have experienced inadequate parental care. It can also be a result of multiple traumatic losses, several adverse or stressful circumstances, or changes in their primary caregiver. The physical, emotional, and social problems associated with attachment concerns may persist into childhood. If attachment concerns are not addressed adequately, they may lead to severe mental health concerns.

WHAT TEACHERS CAN DO

- Encourage the child to engage in various peer activities.
- Develop a positive association with the child.
- Understand and strengthen the relationships between children and themselves by encouraging the child in various interactive play school activities. This may help the child in social and emotional development.
- *Teachers may advise parents to-*
 - ✓ Listen Empathically and Validate the child's feelings
 - ✓ Help child verbally label emotions
 - ✓ Be aware of the child's emotional responses
 - ✓ Recognizing emotional times as opportunities for enhancing the relationship with the child
 - ✓ As the child has difficulty in forming bonds with the primary caregiver, activities can be carefully selected and introduced. For example, adopting a plant, toy, or pet.

3.2.2 SEPARATION ANXIETY

CASE STUDY: A four-year girl was experiencing difficulty adjusting to nursery school. She would cry, scream, and throw temper tantrums when her mother left the classroom, and these behaviors continued until the mother returned. The child would occasionally show this separation anxiety on other occasions, outside the classroom.

Separation anxiety refers to a state when a child becomes fearful or nervous when away from home or separated from parents. Children usually display separation anxiety till the age of three, which is considered a part of healthy development. However, if seen beyond the age of three or four, it may affect a child's daily activities and tasks like going to school or peer interaction. It can result in the child having anxiety concerns which may further hamper the child's growth and development. If persistent, it can lead to mental health issues in adult life.

FLAG SIGNS

The child may show

- Overdependence, excessive crying spells, temper tantrums, sadness, uneasiness, etc when separated from parents/caregivers.
- Complaining of headaches, stomach aches, body pain, when separation from a parent/caregiver is anticipated.
- Reluctance to sleep away from home without a parent
- Having irrational worries of losing a parent

CAUSES: This may result due to experiencing stressful life incidents like losing of a loved one, the birth of a new sibling, overindulgence by parents, inadequate parenting styles, trauma, abuse, etc.

WHAT TEACHERS CAN DO

- Teachers can engage the child in activities of his/her interest to make the child comfortable in the classroom and open up to the new surroundings and ensure healthy adaptation in the absence of the caregiver.
- Play activities such as providing children with soft toys and puzzles to facilitate comfort and a fun-based experience may be beneficial and effective.
- Enhancing peer interactions, relaxation exercises, play, and art-based activities
- Parental skills training can be extremely useful to enhance the parental role through psycho-education, thereby, improving emotional and behavioral outcomes for children.
- Parents may be asked to **provide early support** by being more responsive to the needs of children by nurturing with adequate approval and acceptance.

3.2.3 SCHOOL REFUSAL

CASE STUDY: The class teacher of grade 3 was upset about a child named Adish as he had started refusing to come to school. His mother shared that at night he says that he will go to school but in the morning suddenly, he refuses. The child complains having nausea and difficulty in breathing.

School refusal is also known as school avoidance. School refusal is one of the leading issues among children of all ages which can affect their academic, psychological, and emotional development. Many students show temper tantrums or extreme behaviors like running from or hiding in school as a form of school refusal.

FLAG SIGNS

- Temper tantrums, shouting, crying spells
- Complaints of stomach ache, headache, fever, chest pain, shortness of breath, dizziness, etc.
- Requesting to make frequent calls at home, not being able to complete their work, falling ill on days of exams or assessments,
- Frequently visiting school medical room without any reason,
- Refusing to participate with peers in social activities, etc.

CAUSES:

- Possible reasons for school refusals include – Academic Pressure, exam anxiety, body shaming, bullying, physical, sexual, verbal abuse, eve-teasing, cyber bullying, marital discord between parents, loss of a loved one, sibling rivalry, over-involved parents, etc.
- Separation anxiety or uneasiness about leaving a parent figure.
- Difficulty with school work such as incomplete class/homework assignments.

WHAT TEACHERS CAN DO

- Foster an open and non-threatening environment for the child to talk about concerns and fears.
- Gradually separating the child from the parent. The parent can sit with the child in classroom at first, then may go on to sit in another room and slowly may continue to get farther away.
- The child may require a company of a peer to share their problems.
- Social skills training can be useful in making a child learn age-appropriate social skills and competencies.
- Teachers may advise the parents
 - ✓ To encourage children for sharing their feelings and problems if any, they face at school, buses, cabs, etc.
 - ✓ Parents are advised to be understanding, expressing their disapproval over refusal, and providing incentives for attending the school regularly.

3.2.4 CONCERNS RELATED TO SPECIFIC HABITS

CASE STUDY: Mary is 6 years old and about to be promoted to class 1. However, the mother and teacher in the class were worried as Mary often sat in a corner in games period and engaged in thumb-sucking. She often came sobbing to the class in the morning. Her mother would often beat her as she always would bite her nails. Whenever the teacher was loud with anyone in the class, she would pass urine in the class due to which even at this age she wore diapers which made her uncomfortable. All these issues made Mary show temper tantrums whenever she would get distressed with her concerns.

A. BED WETTING (ENURESIS)

It is an involuntary voiding of urine into clothes or any other inappropriate place by a child. Subtypes include nocturnal (night), diurnal (day), and combined. Daytime and secondary bedwetting are more likely to be related to psychosocial stressor and emotional-behavioral problems. Losing bowel and bladder control can impact a child psychologically, socially, and emotionally. It can lead to feelings of guilt, embarrassment, loss of self-confidence and self-esteem, and formation of negative self-image.

FLAG SIGNS

- Mostly begins at age of six or above. It may be seen in children experiencing social anxiety and pressure to perform.
- Any pre-existing physical or mental health issues like infection, diabetes, sleep disorders, bullying etc. can lead to this problem
- History of trauma and sexual abuse increases the vulnerability of this concern.
- Children commonly fear having their bed-wetting discovered by others.
- Social limitations for a child especially regarding sleepovers with friends.
- Parents often become frustrated and may develop a sense of failure, which can be very painful for the child.

CAUSES

Various factors may play a role:

Biological Factors-

- A small bladder. A child's bladder may not be developed enough to hold urine produced during the night.
- Inability to recognize a full bladder. If the nerves that control the bladder are slow to mature, a full bladder may not wake the child.
- A hormonal imbalance.
- Urinary tract infection. This infection can make it difficult for the child to control urination.
- Chronic

constipation. Psychological Factors-

- Child's temperament- Children who are easily anxious, have low confidence and those who react vigorously to situations.
- Maladaptive toilet training practices.
- Constant stress and anxiety can also lead to bedwetting. The sources of stress can be
 - Fear
 - Punishment
 - Social deprivation
 - Taking away a favored item by other child or parents
 - Birth of a sibling

WHAT TEACHERS CAN DO

- Create a comforting atmosphere for the child and reassure the child that they are not alone and that bedwetting is very normal at their age.
- Give praise and encouragement for success in controlling the bladder.
- Avoid punitive punishment like scolding or shaming.
- Relaxation exercises and pelvic floor exercises may be helpful.
- Offer reassurance if the child is anxious about using the toilet.
- Teachers can help the child deal with self-esteem issues

Teachers may advise the parents-

- ✓ Look for signs of stress that may be prevailing.
- ✓ Develop and monitor a schedule of timing around which the child usually can urinate.
- ✓ Set alarm clock at a specific time and to the greatest extent possible ensure that the child urinates in the toilet.
- ✓ Teach the child some non-verbal cues through which he/she can explain that they need to use the washroom.
- ✓ Introduce exercises to increase bladder control while awake (resisting the urge to urinate for longer periods, stopping urination in mid-stream).
- ✓ Consult physician/psychiatrist/psychologist for any underlying physical or mental health issues.

B. TEMPER- TANTRUMS

A temper tantrum is a violent outbreak of anger. The rage is manifested by a complete loss of control like screaming, cursing, breaking things and rolling on the floor. During a temper tantrum, a child works himself into a pitch of excitement during which he throws things, bangs his head, bites and generally 'tears up the house'. Younger children may vomit, pass urine or hold their breath.

Causes

- Attention Seeking, Physical illness/ Sibling jealousy such as constant comparisons, or the attitude of parents-overprotection and over-indulgence.
- Insecurity- fear of unexpected situations
- Imitation- a child may imitate the temper of his parents as well as friends
- Parental inconsistency- if one parent forbids a child to do a particular thing and the other parent permits.

WHAT TEACHERS CAN DO

Remember that tantrums are normal for young children. Tantrums help children to work through their feelings and release stress and anxiety. There are certain behavior strategies we can implement to reduce the risk of a temper tantrum taking place.

- **Know your students:** Get to know the students by talking often about their likes and dislikes and what makes them happy or sad. Finding out what triggers them to become upset is the

key to recognize when a tantrum may be looming. Notice their facial expressions, body language, and notice which times of the day are most difficult for them.

- **Pay attention:** Once we know a child's possible triggers, many tantrums can be prevented by keeping a close eye on how they're doing throughout the day. Many tantrums start because a child is hungry, tired, bored. If we can recognize those signs, we'll be able to offer a child what he or she needs before the tantrum starts.
- Refrain from yelling. If the child gets aggressive, put him/her in a timeout.
- **Talk about emotions;** The most important thing to do is talk with children about tantrums and emotions. Try role-playing so the children have opportunities to think about how to handle their emotions in a positive way when they become upset or frustrated. Underlying insecurity, overprotection, overindulgence, over strictness, and other faulty attitudes of the parents should be remedied.

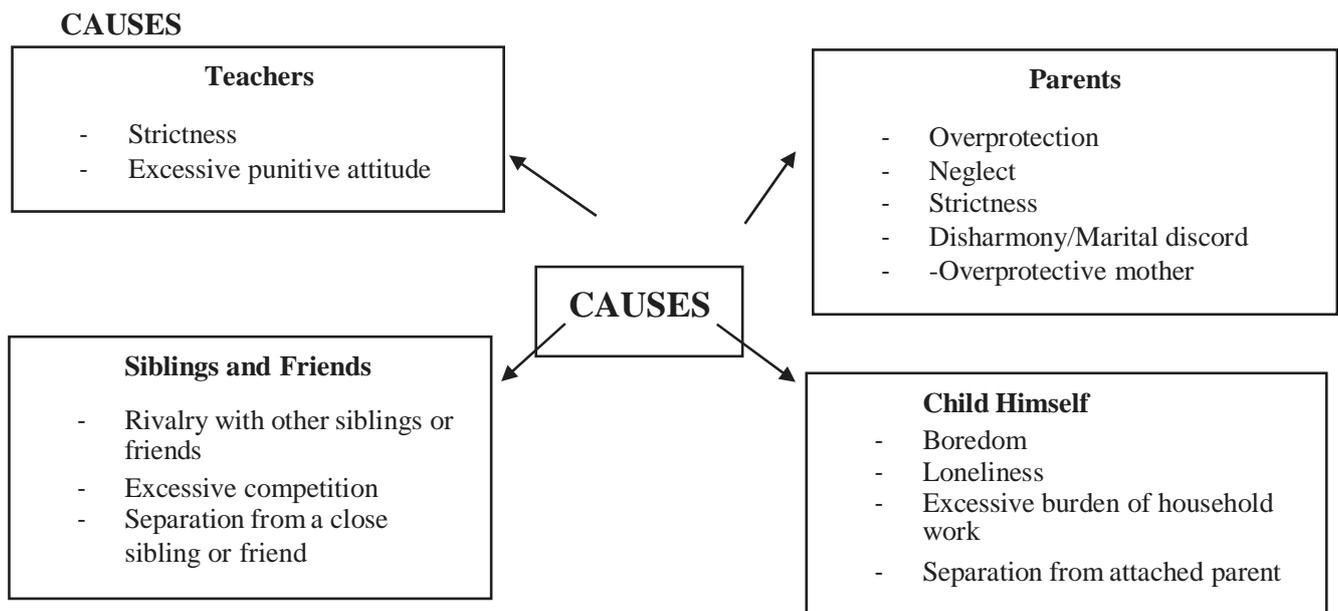
Teachers may advise the same to parents as well.

C. THUMB SUCKING

Thumb sucking is the cause of concern if it persists after the age of three years or if it starts again after a gap of a long period.

FLAG SIGNS:

- Putting a thumb inside the mouth
- Dental problems may occur.
- Difficulty with the correct pronunciation of words may be found.



WHAT TEACHERS CAN DO\

The reason for thumb sucking could be that the child is bored, over-fatigue, or unhappy. Thus, management should be directed towards modifying the situation rather than thumb sucking.

- Identifying the triggers, making the child aware, and identifying and encouraging for alternative behaviors, healthy association with other children is also helpful.
 - The child should have adequate rest and ample play activities to indulge in.
 - Undesirable parental attitudes should also be corrected
 - The promise of a reward is a good way of stopping the habit
 - Having the child, himself apply a bitter-tasting substance to the thumb or wear gloves, as a reminder is usually sufficient to terminate the habit.
- **Teachers may advise the parents-**
 - ✓ Encourage the child to play with toys and make healthy associations with other children.
 - ✓ Suggest a substitute. For example, taking deep breath when he/she feels like thumb sucking
 - ✓ Make the child aware of what he/she is doing in a non-threatening way, e.g. giving a light touch on the arm.
 - ✓ Parents should seek an expert's opinion if a child sucks the thumb continuously or more so without any apparent cause.

3.2.5 COMMUNICATION ISSUES

CASE STUDY: A new child admitted to grade I did not answer a single question the teacher asked in English Class. Teachers got confused when he did not speak even in the second week. He was comfortable in the class but did not speak to anyone. He also had difficulty following the teacher when she asked him to write.

Children may have trouble communicating with others both at school and at home. They may have particular difficulty in the classroom, especially as they get older. This is because higher grades require improved writing skills and advanced communication skills (e.g., persuading, negotiating). Having difficulty in communication may lead to poor self-esteem, poor academic and social success, and a high dropout rate.

FLAG SIGNS

- Difficulties in understanding what is being conveyed
- Difficulties in expressing their thoughts and feelings
- Difficulties in maintaining conversations, organizing information, and understanding the pragmatics of communication.
- Limited vocabulary
- Difficulty in telling stories
- Problem in understanding idioms, riddles, jokes, and sarcasm.

CAUSES:

- Physical impairment like speech issues and loss of hearing, brain injury, etc.
- Deficits in intellectual functioning, delayed speech and motor milestones, childhood abuse and trauma
- Commonly seen in children with autism spectrum disorder, anxiety disorder, etc.
- Low self-confidence.

WHAT TEACHERS CAN DO

- Children should be verbally reinforced immediately and encouraged to participate and respond during a conversation in the classroom.
- For any physical impairment, appropriate consultation should be made, for example, speech therapist, hearing aids, etc.
- Start with non-verbal communication. For example, use small notes or pictures to express views.
- At school and home, the child must be provided with a safe and non-judgmental environment where the child feels free, comfortable, and confident in expressing himself
- Social skills training and behavioral techniques can be used.
- With the help of a counselor, teachers can help the child to deal with low confidence and self-esteem issues.

- *Teachers can advise the parents-*

- ✓ To increase positive parent-child interaction, keeping in mind the emotions of their children and helping them use reinforcements.

3.2.6 ANXIETY PATTERNS IN CHILDREN

CASE STUDY: Sahil, a six-year-old boy was brought by his father to school for enrolling him in first grade. He showed intense anxiety and unwillingness to be separated from his parents. According to them he suffered from numerous fears and nightmares since very young age.

At one time or another everyone has experienced anxiety or fear. Sometimes, children have a sense of apprehension or worry, along with physical symptoms that may include headache, muscle tension, sweating, restlessness, tension, and mild stomach discomfort. Anxiety becomes a serious condition when the symptoms are severe, pervasive, and interfere with normal life like school, relationships, social activities, and work.

Checklist of early identification of anxiety (refer to Annexure 1.2)

FLAG SIGNS			
PHYSICAL	COGNITIVE	BEHAVIOURAL	EMOTIONAL
<ul style="list-style-type: none"> ● Rapid breathing ● Sweating or perspiring ● Trembling or "shaking" ● Weakness ● Rapid heartbeat ● Chest pain or tension ● Muscle tension ● Indigestion or diarrhoea ● Dizziness or feeling "light-headed" 	<ul style="list-style-type: none"> ● Problems concentrating ● Poor memory ● Neglecting responsibilities ● Thoughts of danger ● Frustration ● Frightening images ● Dwelling on fearful possibilities 	<ul style="list-style-type: none"> ● Impatience ● Problems performing tasks ● Sleeping difficulties ● Isolating from others ● Aggressive towards others ● Refusal to participate in school activities 	<ul style="list-style-type: none"> ● Irritability ● Sadness

CAUSES:

Anxiety is learned through different ways- e.g.,

- **Avoidant behavior:** For example, child steps on a dog's tail and is bitten by the dog. The child starts getting fearful of all dogs and avoids them. The child avoids talking about his fear.
- **Inappropriate responses:** Parents begin to ridicule him for feeling afraid instead of rewarding the child's effort and courage.
- **Family factors:** High levels of parental expectations, emphasis on achievement, and excessive permissiveness. Inconsistency in parenting may also result in anxiety for children.

WHAT TEACHERS CAN DO

- Establish rapport with the child. Take opportunities to talk to the child outside the class whenever possible.
- Identify the trigger of anxiety and help the child realize that when s/he eventually stop thinking frightening thoughts, anxiety begins to fade.
- Ask the child to do deep breath relaxation exercises and practice at normal regular intervals.
- Children should be advised to maintain regular physical activity. Physical activity can be an effective way to relieve symptoms and build strength to resist stress.
- Make the child focus on interesting activities or tasks.
- Humour and laughter are good ways to reduce and prevent symptoms of anxiety and panic.
- Students must be allowed to negotiate flexible timelines for assignments.
- Children's regular schedules must be followed as much as possible.

- **Teachers can advise the parents' to-**
 - ✓ Foster understanding and problem-solving.
 - ✓ Use various strategies to counter anxiety. When tension starts, children might read a good book, listen to music, etc.
 - ✓ Teach the child to substitute negative thoughts with positive ones.
 - ✓ Encourage the child to engage in activities that give him or her pleasure.
 - ✓ If the anxiety increases in intensity, consult a mental health professional.

What other problems may be associated with depression?

Children who are depressed often perform poorly in school and they end up having problems with learning due to a lack of concentration. Some studies have suggested that after the symptoms of depression subside, certain deficits in the area of academics and social abilities continue.

3.2.7 DEPRESSIVE STATES IN CHILDREN

CASE STUDY: Vivek is an 8-year-old boy, who, according to his mother, clings to her, refuses to play and is constantly throwing himself down on the floor and crying frequently. He refuses to go to school and no longer eats well as he used to. This behaviour has been quite noticeable over the last two months and has increased dramatically in the last week.

Feeling sad and upset occasionally is a phenomenon that everyone goes through. But there is reason to be concerned when these feelings of sadness continue for a longer period of time, seems unusual, or have no apparent cause.

FLAG SIGNS			
BEHAVIOURAL	COGNITIVE	EMOTIONAL	PHYSICAL
<ul style="list-style-type: none"> ● Loss of interest or pleasure in others or most activities ● Restlessness, fidgeting, or pacing ● Fatigue or loss of energy most of the time ● A significant drop in school performance ● Frequent absences from school 	<ul style="list-style-type: none"> ● Low attention and concentration ● Difficulty in memorizing ● Ineffective decision making and problem-solving skills 	<ul style="list-style-type: none"> ● Feeling worthless ● Frustration, irritability, emotional outbursts ● Excessive guilt or self-blame ● Crying spells, feeling sad, helpless, or hopeless ● Episodes of fear, or anxiety 	<ul style="list-style-type: none"> ● Repeated physical complaints without a known medical cause (headaches, stomach aches, pain in arms or legs) ● Disturb sleep and appetite

CAUSES:

Sometimes the causes are apparent e.g., failure in examination, family disturbances, issues with peers/ sibling or environmental changes. At times, biological and genetic predisposition may also be a cause of depression.

For Early identification for depression in children (refer to Annexure 1.2)

WHAT TEACHERS CAN DO

- Provide in-school counseling to the child. Encourage peer support. Pair the child with a classmate who is sensitive and aware of the condition of the child.
- Identify extra-curricular activities in which the child is interested. If the child does not indicate his or her interests, provide options to the child.
- Students who are depressed may have cognitive deficits. Thus, during examination extended time may be provided. Alternative methods of test knowledge may also be adopted such as oral tests, multiple-choice questions, and so forth.
- Modify submission deadlines of the assignments if the child is having a depressive episode.
- In helping the child who is depressed, social and recreational activities should not be made dependent upon performance e.g., only if you finish homework, you will be allowed to play. Play by itself can help improve a child's mood.
- The child can be rewarded for performing routine activities that encourage a return to a normal level of functioning.
- Be vigilant for high-risk suicidal behavior and if the child expresses suicidal thoughts or wishes, it should be taken seriously and intimated to school authorities and parents.

Teachers can advise parents-

- ✓ Help the child to maintain a regular sleep cycle.
- ✓ A balanced nutritional diet is a critical source of energy for your child's ability to cope and recover.
- ✓ Develop an activity schedule for the child.
- ✓ Be supportive and avoid critical comments and remarks.
- ✓ Meet a qualified mental health professional, if the child has any of the serious and critical symptoms listed above.

3.2.8 ISSUES OF INATTENTION AND HYPERACTIVITY

CASE STUDY: Raghav a six-year old boy was taken by a teacher to the Principal's office following his behavior which included hitting other children, throwing things, always moving about in the class, and having to be told repeatedly to complete his work. The teacher was completely exhausted and felt that he has to run behind him constantly. He was unable to concentrate on teaching the rest of the class. Despite his hyperactive behavior and poor academic performance, he was an intelligent boy.

Children are naturally energetic and love to move around. Some children are constantly moving around, making it difficult for the parents and teachers to control them. They may be easily distracted by sights and sounds which makes it difficult for them to maintain attention and concentration. As a result, the child may make a lot of mistakes, unable to finish the tasks, may get bored and constantly switch between tasks, may be required to give repeated instructions. Children present with three symptoms; *inattention* expressed as lack of attention to detail, *hyperactivity* expressed as excessive movement and *impulsivity* expressed as acting without forethought.

FLAG SIGNS

Inattention	Hyperactivity	Impulsivity
<ul style="list-style-type: none"> • Failing to give close attention to details • Difficulty sustaining attention • Not listening • Easily become distracted • Forgetfulness 	<ul style="list-style-type: none"> • Fidgeting • Inability to sit at one place • Difficulty playing quietly • Always 'on the go' or 'driven by a motor • Excessive talking 	<ul style="list-style-type: none"> • Blurting out answers before the question has been completed • Difficulty awaiting a turn • Interrupting or intruding on others

For assessment, screening tools for the early identification of issues of inattention and hyperactivity see Annexure 1.3

WHAT TEACHERS CAN DO

A comprehensive management plan can be formulated based on the developmental age and information obtained through assessment.

- Minimise expectations from the child.
- Ensure fellow students are sensitized to the condition of the child.
- Make the child sit near the teacher's desk for monitoring.
- Praise them for tasks that they can accomplish. The use of praise will be more effective. Thus, if they have completed the work on time instead of just saying 'good' say 'Well done! You have completed the work on time.'
- Surround students with good role models
- Try not to place these students near air conditioners, high traffic areas, heaters, or doors or windows.
- Children with such concerns do not handle change well, so avoid transitions, physical relocation changes in schedule, and disruptions
- Teach the child to break down the tasks into shorter sub-tasks.

Giving instructions to students with inattention and hyperactivity

- ✓ Before giving any instruction to the child, get the attention of the child (e.g., by mildly tapping the child).

- ✓ Maintain eye contact while giving verbal instruction.
- ✓ Make directions clear and concise.

Teachers can advise the Parents-

- ✓ Have a fixed place to study at home. Preferably a table and a chair facing towards the wall. Try to keep all the distracters like- television, mobiles, computers, music system away from the study place.
- ✓ Be flexible and open while working on the child’s problem. The parents should be willing to examine and change their attitudes, values, and behaviors when necessary.
- ✓ Positive reinforcement that emphasizes fair and firm limit setting coupled with affection , can gradually help the child to become more responsible.
- ✓ Be consistent with daily instructions. Simplify complex directions. Avoid multiple commands. Make sure the student comprehends the instructions before beginning the task.
- ✓ To build and encourage a positive family relationship environment at home.
- ✓ Teaching attention building exercises at home (Eg. Sorting pulses)
- ✓ Consult a mental health professional where additional help is required.

3.2.9 CONDUCT AND RELATED ISSUES

CASE STUDY: Devansh, an 8 years old boy had been counseled by his previous school because of disruptive behavior. Within the first week of the school, he showed quarrelsome behavior and became very difficult for the teacher to handle that behaviors. Other children saw his behavior and would tell the teacher that he has been disturbing them and at times even hitting others.

A certain amount of aggression is present in all children. However, few children are repeatedly aggressive and their behavior violates the rights of others. Two such conditions- Oppositional Defiance and Conduct issues - are quite common concerns among children and adolescents.

These are also called ‘disruptive’ behaviors because such patterns often break the smooth functioning and continuity of the environment including home, school, and peers. Such concerns generally begin during the preschool years.

FLAG SIGNS	
<ul style="list-style-type: none"> ● Stealing ● Running from home/school ● Lying ● Setting fires ● Breaking into someone's house, building, or car 	<ul style="list-style-type: none"> ● Use of a weapon ● Initiating physical fights ● Physical cruelty to people and animals ● Deliberate destruction of another's property

FLAG SIGNS ASSOCIATED WITH OPPOSITIONAL DEFIANCE

- Excessive arguments with adults
- Refusal to comply with adult requests/instructions/rules
- Questioning rules at school and home
- Behaviour intended to annoy or upset others
- Blaming others for their misbehaviors or mistakes
- Becoming easily annoyed with others
- Frequently seen to be angry or upset
- Speaking harshly or unkindly to others
- Behaviour to seek revenge when upset by others

FLAG SIGNS OF CONDUCT ISSUES ARE:

- | | |
|--------------------|--|
| Aggression | <ul style="list-style-type: none">● Intimidating or bullying others● Physically harming people or animals on purpose● Using a weapon● Intentional destruction of property |
| Deceitful behavior | <ul style="list-style-type: none">● Lying● Breaking● Stealing● Forgery |
| Violation of rules | <ul style="list-style-type: none">● Skipping schools● Running away from home● Drug and alcohol use |

For assessment, and screening tools for the early identification of issues of disruptive behaviors, see Annexure 1.4

It is important to note that some of the above-mentioned behaviors are a part of certain developmental stages or occur during special circumstances as well. However, a child with such conditions will exhibit more severe and frequent symptoms than normal and these symptoms result in significant functional impairments.

CAUSES AND RISK FACTORS:

Psychosocial factors play a very important role as a risk factor. A family environment that includes inadequate parenting styles (harsh and punitive parenting, excessive use of physical punishment), inadequate attachment styles due to neglect, trauma, and abuse, excessive drug abuse by parents, uncordial family environment, etc. may be a risk factor. In childhood the impact of these issues is broad, having negative effects on the families as well as peers. This may further increase aggression towards other children and may distract the child from learning. Untreated conduct problems may develop into anti-social behaviors in adulthood.

WHAT TEACHERS CAN DO

- Establish rapport with the child.
- Set an adequate example before the child in how they manage anger, solve frustrating situations, or show respect to authority figures.

- Give the student time to display compliance. Decide on behaviors that can be ignored and target specific behaviors for modification in the behavior management plan.
- Maintain consistency, structure, and clear consequences for the student's behavior. Pick one behavior and clearly specify the rule for it and then execute the punishment, which follows, e.g., "Seek permission and then enter otherwise your copy will get corrected last."
- Establish the non-negotiable rules. The rule should be impersonal e.g., 'Rule is that notebooks are put back after the work is finished' rather than 'you have to put the copies back before you go to play.'
- Praise, reward, showing pleasure, and appreciation for compliance. Praise all the good efforts if the result (behavior) is unsuccessful.
- Children with disruptive behaviors may like to provoke reactions in adults and thus they are successful in creating power struggles. Try not to show any emotion such as getting irritated when dealing with their difficult behaviors. This will pass a message to them that their behavior is not affecting the adult caregiver. Gradually, this may reduce their disruptive behaviors.
- It is important to address the concerns of the child privately. This will help minimize power struggles.

Teachers can advise Parents

- ✓ To create an environment at home which encourages positive family relationships
- ✓ Clear and consistent rules should be set at home.
- ✓ Be aware that working on too many problem areas at one time is prone to failure. The best approach is to select specific misbehavior to work on at a time.
- ✓ Try to select a behavior that occurs frequently and is most disturbing to you or others.
- ✓ Be flexible and open with yourself, while working on the child's problem. Parents should be willing to examine and change their attitudes, values, and behaviors when necessary.
- ✓ Remember that the techniques that seem to be less effective with the child include constant overcorrection, verbal reprimands and the use of physical reprimands.

3.2.10 EXCESSIVE INTERNET USE

CASE STUDY: Tanush, an 8-year-old boy was often found sleeping in the classroom and even during the activity period, he preferred to sit in the class. One day, the teacher asked him the reason for not doing homework, he started crying and from the next day stopped coming to school. The mother when contacted shared that he has been playing games late at night.

The Internet has always been an important part of our lives. However, since the emergence of the Covid-19 pandemic, the introduction to the era of online education, lack of recreational activities, and isolation from peer groups have made the children more inclined towards the internet. Apart from this, there has been a considerable increase in virtual inclination of the

children in the present generation which has become a growing concern for parents, teachers, and mental health experts as they hamper both the psychological and physiologic well-being of the child.

FLAG SIGNS:

- Showing self-harming or frustration as a result of virtual issue (e.g., losing in an online game)
- Disrupted daily routine
- Inability to finish the assigned work
- Projecting temper tantrums when he/she is not being able to use the internet
- Lack of patience
- Lack of attention and concentration
- The decline in academic performance
- Physiological flag signs include headaches, dizziness, eye irritation, vision problems
- Disturb sleep and appetite
- Restlessness and lethargy
- Showing aggressive behavior

CAUSES:

- ***Familial Causes:*** If both the parents are working and they have less time to provide for the child, the child may often get inclined towards the internet, and if the parents are constantly discouraging or demeaning a child, he/she may look for appreciation in the virtual world that comes from winning a game or getting other activities done on the internet, and sidewise, maltreatment and abuse from the family, parental conflicts, parent- child conflicts, all can contribute to the child's inclination towards the virtual world.
- ***External Causes*** include association with peers who indulge themselves in the virtual world, the peer pressure of participating in a particular online game/ video game/ any other activity on the internet.

WHAT TEACHERS CAN DO

- In a school environment, the teacher can assign the students with daily productive activities as homework (such as arts & crafts, painting, etc.), which will require the child's daily effort and thus curb the time of internet usage.
- The teacher can explain the demerits of the internet and the dangers of excessive internet usage or involvement in the virtual world in a child-friendly way (such as reading out stories carrying the same message).
- The school can conduct programs for educating both the students and their parents on internet usage, control, and management.

Teacher can advise the parent-

- ✓ The parents should involve more with the child on an emotional level.
- ✓ As an exception to shouting and scolding, age-appropriate reasoning and discussion may be initiated from the parent's side.
- ✓ Observational learning is significant for a child, i.e., they tend to imitate what they see. So, it is important in the family environment to reduce the use of the internet and mobile phones when not in need.
- ✓ Digital parental control methods can be fixed on the children's phones and other gadgets which will help reduce internet usage.
- ✓ A scheduled time for studies, co-curricular activities, and usage of the internet should be balanced and maintained.
- ✓ Rules can be decided and agreed upon with the child on "internet-free" time. (Example- During meals, before sleeping in bed, etc.)
- ✓ Start introducing their children to hobby classes or mutually get involved in an activity that is likable to both the child and the parents.

3.2.11 AUTISM SPECTRUM ISSUES

A 7 year old girl was admitted in grade 1 of a school. The teacher had to struggle forming rapport with her as she lacked eye contact and speech. When teacher made efforts to talk, she spoke just one word only. The Counselor also tried to talk to her but she was repeating the same word to the counsellor again and again. It was also observed that during the conversation, the child kept looking away and smiling inappropriately.

Autism is a neurodevelopmental condition in which there is significant impairment in social relatedness, communication, and behavioral patterns. The onset of autism is before 3 years of age and impairment persists throughout the lifespan. Autism may occur across a range of functioning and is often associated with intellectual disability.

Autism is generally considered a chronic condition. However, significant progress can be made through specific educational and therapeutic interventions.

A child with autism may have combinations of these symptoms.

Impairment in communication: Impairment in communication may be manifested by one or more of the following:

- Either there is a delay in language development or no speech at all.
- Lack of language development.
- Lack of use of gestures for communication.
- May exhibit repetitive use of language - for example, they may repeat the word which they have just heard.
- Find it difficult to understand jokes and sarcasm.

Impairment in social interaction: Impairment in social interaction may be manifested by one or more of the following:

- Prefer to be alone, appear unaware of other people's existence.
- May not respond to name and may appear to be deaf.
- Poor eye contact and avoids gaze.
- May not smile in response to others
- Prefer solitary play, may not interact with other children.
- When playing with other children exhibit difficulty in interacting and mixing with them.
- Unable to engage in pretend play.
- Difficulty in imitating other's actions.

Restricted, repetitive stereotyped patterns of behaviors, interests, and activities:

- May exhibit repeated movements such as hand or finger flapping etc.
- Strong attachment to particular objects.
- Having restricted interests in an activity.

Difficulty tolerating change and variations in routine. This may be a cause of significant distress to the child.

- Some children may exhibit special skills that are preserved or highly developed skills in specific areas.
- They may also exhibit over-sensitivity to light, sound, and touch.
- They may indicate a preference for certain kinds of food.
- May exhibit erratic sleeping patterns.
- Adaptive functioning may follow below the average range.

Each of the main and the related flag signs of autism varies in severity making this condition quite different from one individual to the next.

WHAT TEACHERS CAN DO

- A curriculum that is tailored to child's strengths and needs should be designed.
- Provide pictures for students such that they can communicate their needs – such as a picture of the washroom, playground. Identify situations in which students can work with other students (s).
- The communication and instructions should be kept simple and direct. Avoid excessive use of verbal language in the commands.
- The learning task should be developmentally age appropriate and broken into small steps.
- Intensive and highly structured special education services are required for children from an early age. This helps them to adjust to a school routine.
- A classroom with a low teacher-student ratio is recommended.
- The management goals for children with autism are to reduce disruptive behaviors and promote learning, especially in areas of language acquisition, communication, and self-help skills.
- Behaviour management strategies (mentioned in the annexure) are used to establish desired behavior and eliminate problem behaviors.

- Planned periods of interaction should be designed during which the child is encouraged to engage in simple play behavior with other children.
- Consult special educator to devise educational plans for the student. Speech and languagetherapy is required to help them develop language skills.

Teachers can advise Parents-

- ✓ The parents have to act as co-therapists; they have a crucial role in intervention.
- ✓ The child requires systematic, persistent, and repetitive training as per the child's ability and current issues.
- ✓ To enrich the child's environment with play-based interactive activities.
- ✓ To minimize screen time exposure as it deprives the child of social interactions and social stimulation, which are essential for normal development.
- ✓ To seek help from mental health professionals like a psychiatrist, clinical psychologist, speech therapist, special educator, and occupational therapist.
- ✓ To consult a psychiatrist if the child is too hyperactive, aggressive or violent. Medicines have proved useful to deal with specific issues such as self-injury, aggression, over-activity, etc.

3.2.12 INTELLECTUAL DISABILITY

CASE STUDY: Vasanthi was in grade II but the teachers were confused as she used to answer in one word only. She was a cheerful and very happy child but needed support for almost everything. She still was struggling to draw slanting lines and standing lines. Other children laughed at her and she laughed too without understanding that they were laughing at her. It was difficult for her to understand even simple instructions. At times, she used to urinate in class and would become aggressive with other students in the class.

Issues with intellectual functioning begin in childhood and are characterized by intellectual difficulties (problem-solving, decision making, judgement, etc.) and difficulties in social areas of living and adaptation in several areas of functioning". The child operates at a level significantly below the intellectual functioning of the general population at a comparable age (I.Q. score falling below 70). Intellectual disability can be categorized into mild, moderate, severe, and profound subgroups based on the degree of intellectual impairment and deficit in adaptive functioning.

FLAG SIGNS:

- Delayed developmental motor milestones(gross and fine) like walking, crawling, etc
- Delayed developmental speech milestones (receptive and expressive speech)
- Struggles in toilet training, grooming, or any kind of independent adaptive skills like feeding
- Difficulty with complex tasks involving problem-solving or logical thinking
- Poor cognitive skills like memory, attention, and concentration
- Inability to connect actions with consequences

Teachers may find out students with mild to moderate levels of intellectual disability in Pre-primary and primary classrooms.

Mild Intellectual Disability (IQ: 50-55 to 69)

Children with Mild Intellectual Disability

- Acquire language, but with some delay.
- Needs guidance to handle money.
- Achieve independence in self-care although, the rate of development is slower than normal.
- Have poor academic skills.
- Can engage in semi-skilled or simple skilled jobs.

Moderate Intellectual Disability (IQ: 35-40 to 50-55)

Children with Moderate Intellectual Disability

- Are slow in developing comprehension and use of language. They may engage in a simple conversation.
- Needs supervision in activities of daily living.
- May do simple household chores, engage in simple social activities
- Fully mobile and physically active
- Have limited progress in school, but can learn basics of Reading, Writing, and Arithmetic.
- Educational programs can provide opportunities for them to develop their limited potential and to acquire some basic adaptive skills.

Parents, teachers, and special educators should work together in collaboration to provide individualized training as per the child's needs. Many behavioral interventions are aimed at providing alternatives to unwanted behaviors of children with intellectual disabilities.

WHAT TEACHERS CAN DO

- Families may feel overwhelmed by the burden of caring for the child. Offer empathy and reassurance.
- Since a teacher is in a position to observe the child over a long period, teachers can help by establishing links between parents and professionals.
- Teachers can act as support persons, helping carry out therapy plans and for observation and feedback.
- Modify teaching practices to be more hands-on for the child.
- Increase visual aid for the learning.
- Breaking bigger tasks into smaller tasks for their better comprehension.
- Repeating concepts frequently.

Teachers can advise the parents-

- ✓ When disability is first identified, consider specialist consultation for help, planning education, and training.
- ✓ Early training can help a child towards independence and self-care.
- ✓ Focus on mastering adaptive skills such as grooming, eating, etc.
- ✓ Reward the efforts of the child.
- ✓ Medicines can be given to those with severe behavioral problems which may harm them or others.

3.2.13 Specific Learning Disability

CASE STUDY: Sanjeev is a 10-year-old boy who is in class V. His parents were worried about his poor academic performance in reading slowly, making a lot of spelling mistakes, and slow writing, despite his apparently good intelligence. Given below is a sample of his work

When he asked For a Sparo I Took him to the zoo and I Tok a vido camar with mee. I Took Photograph of the Barbs in the zoo. Wen he want to c the birds I plade the tape. He saw verry hapy.

On assessment with the Clinical Psychologist and Special Educator, it became apparent that Sanjeev was suffering from a learning disability.

IQ:104

Some children experience difficulties in learning despite adequate intellectual functioning. This may interfere with the child's ability to listen, think, comprehend, organize, synthesize, speak, write, spell or do mathematical calculations and operations. Learning disability is a neurological condition that affects the information processing system of the brain.

A child is diagnosed as having a learning disability only if a child with a near-average or average intelligence quotient (IQ is 85+) exhibits the characteristic features of a learning disability.

FLAG SIGNS

- There is an inability to learn and to read at the same rate as would be expected for a child of that age and general ability.
- The child has to be lagging behind (at least two years) in their reading skills. For this reason, the diagnosis of dyslexia is not often made before the third grade.
- The child has had the opportunity to learn to read.
- The child's attention and concentration are sufficient for him to be able to learn to read. The child should not be anxious and distracted that he cannot concentrate and learn.

Learning disability manifests itself in the child in all or any one of these forms:

- **DYSLEXIA:** Dyslexia may be defined as organizing or learning difficulties affecting language, line coordination skills, and working memory skills. It is a language-based disability in which a person has trouble understanding words, sentences, or paragraphs.

Early Identification for Dyslexia (refer to Annexure 1.5)

DYSCALCULIA: It is a disability in which a person has a difficult time solving the arithmetic problem and grasping math concepts. The child's performance in arithmetic is significantly below the level expected based on his age and schooling. It has been seen that children with this disability have problems in visuospatial and visual perceptual skills.

Early identification for Dyscalculia (refer to Annexure 1.6)

DYSGRAPHIA: Difficulty in handwriting is referred to as Dysgraphia. A writing disability in which a person finds it hard to form letters or write within a defined space. Children with this problem are unable to execute the motor movements to write or copy written letters or forms. They may be unable to transfer the visual information into the output of fine motor movements. They may be weak in visual-motor function and activities requiring visual and spatial judgment. There is poor grasping power of the hands leading to a weak pincer and tripod grasp.

Writing requires Muscular control, eye-hand coordination, visual discrimination, smooth control of arms, hands, and finger muscles, and adequate perceptions of the letter and word formation.

Early identification for dysgraphia (refer to Annexure 1.7)

WHAT THE TEACHER CAN DO

- Do not label the child.
- Children should stay in mainstream schools and should be encouraged to pursue other activities and hobbies, such as sports, music, or art, especially in areas in which they show a passion.
- Encourage the child with writing difficulties to use computers for his/her assignments and wherever possible in classroom and examination situations.
- Interventions based on a Multi-Sensory Approach are always helpful like-
 - Tracing shapes, letters, words, pictures, etc,
 - Using flashcards to facilitate learning of spellings
 - Making letters with plasticine, modeling clay, or pipe cleaners.
 - Using chalk, paint, thick felt pens to write very large shapes and letters.
 - Make letter shapes with the forefinger in a tray of dry or wet sand.
 - Feeling and naming wooden or plastic letters and shapes with the eyes closed.
 - Putting various objects or wooden letters in bags and asking the child to name the object or letter.
 - Threading a sequence of colored beads onto a string and asking the child to repeat the sequence several times.
- *Physical skills.* Promote motor skills such as throwing, catching, kicking balls, skipping, hopping, and balancing. Many children find these activities difficult and will need a great deal of practice.
- Seat the child close to the teacher. This sets a less formal atmosphere. But do not isolate the child from the normal seating arrangement.
- Avoid putting him under the pressure of time or competition. Such pressures usually make the child concentrate on being first rather than being correct.
- Be aware of the possibility of the child using avoidance techniques. Teachers may 'bypass'

certain areas to achieve the aim of interventions e.g., avoiding illegible handwriting (spelling errors) and give marks based on content of the writing.

- It is preferable to give reasons for errors and ways of overcoming them rather than negative reinforcement.
- Permit various aids to help the child to concentrate better e.g., a bookmark will help him to concentrate on his reading line by line. A typewriter will eradicate poor writing and has in-built motivation. A tape recorder will help him to remember his homework or complex instructions.
- Make sure that the allotted homework instructions are understood by the student. Poor eye-hand coordination over a distance may result in incorrect copying from the blackboard. It is preferable to write out the homework for the child and read the instructions to him, checking that he has understood them.
- Evaluation of the work should not be demoralizing. Fluorescent markers are subtler and highlight the errors unobtrusively.
- Give less homework (shorter essays, underline main points to learn).
- When reading long words, divide syllables with a pencil line.
- Pay individual attention and encourage him to ask for help when he gets stuck.
 - Give more practice than would be normal.
 - Try including positive comments on his work
 - Try to find areas of strengths.
 - Encourage the child to use alternate lines. This aids the teacher to read the often poor and cramped handwriting. It is also beneficial to have corrections placed near the errors for comparison rather than at the end of the exercise.
 - Give photocopied notes to the child. Encourage collaborative learning amongst children.
- Encourage the parent to get an assessment from a Psychiatrist/ Clinical Psychologist. The CBSE Board has permitted a set of provisions for these children at 10th and 12th class levels.
- Consult a special educator to support these children.
- Try and include concessions given for these children by the CBSE.

Teachers can advise parents-

- ✓ Parental involvement is important, as they just cannot escape their partnership role with the school, in the education of their child. They should stay in close touch with the teacher/school to monitor their child's progress.
- ✓ Be respectful of the feelings of the child.
- ✓ Explain to the child how people have different strengths and weaknesses.
- ✓ Emphasize that effort is more important than achievement.
- ✓ Do not rebuke the child when he/she comes with low marks; avoid comparisons with siblings or other students.

- ✓ Reassure the child that despite his/her weakness he/she can still be successful with different abilities. Enlist a few popular people of the same background.

Reflection Box

- Which mental health concerns were you most aware about?
- Which do you need to understand more to identify and manage students with mental health issues in your classrooms ?
- How sensitive is your school to the kinds of problems described here?
- Which ‘signs and symptoms or specific mental health problems could most easily be missed or misinterpreted?

3.3 Common Adolescent Issues & Concerns- Identifying Flag Signs

Through this section, teachers will be able to understand emerging mental health concerns during adolescence, the flag signs, and what can be done to promote the mental health and well-being of students at school.

Learning Objectives

- *To understand the challenges of adolescence*
- *To understand the emerging mental health concerns*
- *To Identify the flag signs & risk factors*
- *To prevent and manage the mental health concerns of adolescents*

Mental Health Concerns Covered in This Section

- *Stress in Adolescents*
- *Issues of Anxiety*
- *Depression*
- *Body image and self-esteem issues*
- *Issues related to psychosomatic concerns*
- *Conduct and delinquency related issues*
- *Issues of Bullying in Adolescence*
- *Problematic Internet Use (PIU)*
- *Concerns related to Eating Patterns*
- *Concerns related to Sleep Patterns*
- *Dealing with Loss and Grief*
- *Issues of Relationships during Adolescence*
- *Issues of Gender Identity*

3.3.1 STRESS IN ADOLESCENTS

CASE STUDY- Salma of grade IV has been a good performer in school. Due to her father's transfer, she shifted to the new school and from then seems to have become quiet. She wants to study but has difficulty in coping with the current academic demands. The child had begun complaining about headache, restlessness and feels tensed most of the times.

Experiencing stress is a normal part of everyday life and to a certain extent necessary for effective change and development. Adolescents too struggle with common stressors, biological changes related to puberty, school life demands, career choices, problems with initiating - maintaining friendships and romantic relationships, etc.

Some adolescents may have to cope with more unusual stressors that could be related to family (e.g., mental or physical illness, death of a loved one, drug or alcohol abuse, parental separation or divorce), social problems (e.g., poverty, violence), as well as their various other kinds of problems like bullying, abuse, teenage pregnancy, serious illness, school failure etc. Therefore, the period of adolescence has often been thought of as a turbulent phase wherein a variety of issues may cause stress. Here are few flag signs a teacher has to be aware of to provide early intervention as and when required.

FLAG SIGNS		
Physical	Psychological/Emotional	Behavioral
Sleep disturbances	Irritability or Restlessness	Alcohol abuse
Changes in appetite	Anxiety or fearfulness	Smoking/use of tobacco or other drugs
Cold and other respiratory infections	Depression/Sadness	Relationship issues
Headache & migraine	Withdrawn tendencies	Eating concerns
Backache, cervical ache	Frustration and Aggression	Easily distracted
Lethargy	Low self-esteem	Procrastination
Muscle tension	Inability to concentrate	Poor attendance
Dizziness, Nausea	Feeling mentally drained out	The short span of concentration
Indigestion, Allergies	Risk of self-harm	Peer pressure

CAUSES

- Academic pressure in school.
- Marked changes in their bodies due to puberty.
- Negative thinking or feelings about themselves.
- Problems with peers at school.
- Unsafe living environment
- Family disharmony, separation or divorce of parents
- Chronic illness in the family
- Shifting from various schools/home
- Having responsibilities that are causing boredom or are overwhelming

WHAT TEACHERS CAN DO

- Explain to parents about puberty-related changes and how it affects the child.
- Teaching parents not to over-control the child.
- Regularly talking with the students to identify the source of stress and help in dealing objectively.
- Helping students to assess ways of coping (adaptive/maladaptive).
- To make students understand how a healthy lifestyle that includes healthy eating, exercise, good sleep habits, and time management, can minimize stress and how unhealthy lifestyles can increase stress levels.
- To make them understand the importance of communicating their experiences, feelings, and problems to others.

- Help students explore strengths and work on their life skills enrichment.
- To enable students to understand how rational thinking and a positive attitude towards change can minimize stress.
- Help them to develop the life skills that they need to maintain for physical, emotional, and mental health wellbeing.
- Orienting students to relaxation/stress management techniques such as deep breathing relaxation exercises, yoga, mindfulness, meditation etc
- Develop problem-solving skills that help in dealing with real or perceived stress.

3.3.2. ISSUES OF ANXIETY

CASE STUDY- Sonia shared with the class teacher that lately she is having trouble falling asleep. She often feels restless and apprehensive. She constantly worries about her performance in school, family, and her mother's health. She sometimes wakes up at night fearfully that lasts for a couple of hours. She feels tense and as a result, she is unable to pay attention in class and have started eating less lately.

Anxiety is an emotional state with psychological, somatic, and behavioral components, characterized by apprehension and anticipation of future worry. The perceived danger may be external or internal (for example, a threat to self-esteem or psychological wellbeing). It is important to note that adolescents are prone to experience anxiety in a variety of contexts and this anxiety response has adaptive and developmental value. It can also interfere with the ability to focus and learn causing school problems that can have a lifelong impact.

A few of the most common anxiety concerns among adolescents include-

Generalized Anxiety manifests as intense anxiety with persistent and excessive non-specific anxiety that is most often experienced as excessive worrying, restlessness, and tension. Adolescents having anxiety issues may fall behind in school, avoid school completely, or avoid social activities among children of their age.

Sudden onset of intense apprehension, fearfulness, or terror, often associated with feelings of impending doom are manifested in a **Panic Attack**. **Specific Phobias** manifest when provoked by exposure to specific fears of an object or situation which often lead to avoidance behaviors.

E.g. Irrational fear of specific animals, storms, water, heights, closed places, etc. Adolescents with social phobia may have fear initiating a conversation, speaking in public and appearing in examinations. Feelings of anxiety in these situations produce physical reactions such as heart palpitations, tremors, sweating, diarrhea, or muscle tension.

There are also other issues such as **Obsessions and Compulsions** which manifest as thoughts that cause significant anxiety or distress (obsessions) and in behavior that serves to neutralize anxiety (compulsion).

Other issues like **Post-Traumatic Stress** is manifested by the re-experiencing of extremely traumatic events followed by flag signs of heightened arousal and avoidance of trauma related stimuli. The issue may occur from witnessing violence; from being a victim of physical, sexual,

or emotional abuse; or from a catastrophic environmental episode such as an earthquake, the experience of the tsunami, etc.

FLAG SIGNS OF ANXIETY *If not treated, anxiety concerns can lead to*

- Rapid heart rate
- Shortness of breath
- Diarrhoea
- Loss of appetite
- Fainting
- Dizziness
- Sweating
- Sleeplessness
- Frequent urination
- *Poor Academic Performance in school*
- *Impaired relationships with peers and adults*
- *Low self-esteem and low self-worth*
- *Maladaptive use of substance to reduce anxiety*

CAUSES

- Unrealistic expectations from family and pressure to perform.
- Peer Pressure and bullying at school or home.
- Family discord
- Traumatic incidents in childhood.
- Hormonal imbalance –It is a time when both boys and girls experience hormonal changes. The imbalance of hormones may lead to increased levels of stress.
- Friendships and breakups during puberty.
- The constant comparison of self with others may result in anxiety.

WHAT TEACHERS CAN DO

- Keep a close check on any medical concerns the students may have.
- Explain to the child the importance of eating, sleeping at a regular time, and indulging in proper exercise.
- The teacher may identify potential stressors and triggers which may be specific to each adolescent.
- Motivate the adolescent to engage in regular physical activity.
- Students who have anxiety and related issues must be allowed to negotiate flexible timelines for demanding tasks.
- Help them realize that when adolescents make an effort to minimize anxiety-provoking thoughts, they will begin to decrease in intensity.
- Ask the student to breathe fully and calmly at normal regular intervals. An occasional slow deep breath can help him/her relax and can prevent symptoms of panic.
- Help consult a psychologist to devise a relaxation schedule and set a time to engage in relaxation exercises during school hours.

3.3.3 DEPRESSION

CASE STUDY- Rahul is feeling low and losing interest in daily activities for past few weeks. He does not get up from his bed or shows delay in continuing with his regular routine. After a significant conflict of Rahul with his friend, he does not socialize with anyone and prefer to stay isolated. He has been feeling emotionally vulnerable and cries a lot these days.

Feeling sad and upset in certain situations is normal. But it is a reason of concern when these feelings of sadness continue for a longer period or have no apparent cause. Signs of depression in adolescents are often viewed as normal mood swings of a particular developmental stage. Yet early identification of depression is critical to healthy socio-emotional development.

FLAG SIGNS			
BEHAVIOURAL	COGNITIVE	EMOTIONAL	PHYSICAL
<ul style="list-style-type: none"> Loss of interest or pleasure in others or most activities Restlessness, fidgeting, or pacing Fatigue or loss of energy most of the time A significant drop in school performance Frequent absences from school 	<ul style="list-style-type: none"> Low attention and concentration Difficulty in memorizing Ineffective decision making and problem-solving skills 	<ul style="list-style-type: none"> Feeling worthless Frustration, irritability, emotional outbursts Excessive guilt or self-blame Crying spells, feeling sad, helpless, or hopeless Episodes of fear, or anxiety 	<ul style="list-style-type: none"> Repeated physical complaints without a known medical cause (headaches, stomach aches, pain in arms or legs) Disturb sleep and appetite

CAUSES

- There has been strong evidence of depression being linked to genetic factors. Research also suggests its linkage with chemical changes in part of the brain that controls mood.
- In some cases, the trigger can be the loss of a loved one or financial problems in the family, etc. One can become depressed after sudden changes in their life, like a change of school or house, family breakdown, neglect, abuse, bullying, and physical illness.
- Children who have extremely low self-esteem and an overall negative outlook are generally at a higher risk of becoming depressed.
- Serious and prolonged medical conditions may lead to depression. Depression may make health worse, as it negatively affects immunity.

WHAT TEACHERS CAN DO

- Observe and monitor the adolescent closely and be alert to signs of depression, especially changes in mood and behavior.
- Understanding how the depression can affect the child's daily life and relationships
- Develop a caring, non-judgmental, empathetic, and supportive school environment and encourage adolescents to express their emotions more effectively.

- Encourage participation and suggest students seek help for early intervention.
- Ensure that depression is not mistaken by laziness.
- Refer the adolescent as appropriate to Mental Health Professionals.

3. 3. 4. Body Image and Self Esteem Issues in Adolescence

CASE STUDY -Aviral is studying in class X. He feels that he is not liked by friends because he is overweight. He had no career goals and wanted to drop out from the school. His class teacher got a call from his mother to have him avail counseling as lately he broke his mobile when his father asked him to study. He is also often compared to his younger brother.

A positive or healthy body image includes being satisfied with one's body as well as being comfortable with one's appearance. In early adolescence, body image concerns have long been associated with overall poor self-concept and low self-esteem.

A healthy body image in adolescence can lay the foundation for long-term physical and mental health. The adverse consequences of poor body image among children and adolescents indicate that these issues should be addressed in educational settings as well. A positive self-image and a strong sense of self-worth are likely to assist adolescents in becoming more content with their bodies. These are also protective factors in terms of improved mental health and social behavior. People with low self-esteem, regardless of age or gender are more likely to be dissatisfied with their body size or shape.

CAUSES

- Genetic and biological factors, family environment, peer attitudes, social media, cultural background, and other factors play an important role in determining the self-esteem of the adolescent.
- Even as the body goes through a lot of changes during puberty, fitting in and looking the same as others become more important.
- Adolescents with unhealthy body image are self-critical, compare their bodies with others and obsess about weight loss.

WHAT TEACHERS CAN DO

- If the adolescent is not talking or opening up to the teacher, understand they may want to talk to another trusted caregiver.
- Suggest spending time on interests and activities that make them feel at ease and become less conscious about the body
- Use praise and avoid subtle references to body size or shape. Teachers can affirm and appreciate that they are proud of the adolescent for things that are not related to appearance. This might include the adolescents' sense of humor, efforts at school, helpfulness, etc.
- Help the adolescent in making healthy eating and physical activity part of everyday life.
- It's important to let other students know that teasing about weight or appearance is not OK. Teasing can have a negative influence on body image and can also lead to bullying.
- The adolescent may be referred to Mental Health Professionals if required.

3. 3. 5. ISSUES RELATED TO PSYCHOSOMATIC CONCERNS

CASE STUDY- A grade X student often complained about stomach ache and his parents were tired of visiting different doctors and getting many types of tests done to diagnose the problem. All doctors informed of no biological evidence of the stomach ache. Parents were so upset that they started beating the child for lying and forcefully sent the student to school. However, the student refused to go. Parents and school authorities were confused.

In the above case, it was found that the student was having psychosomatic concerns which involve the occurrence of long-term physical complaints, without known medical explanation. People with this condition may have excessive thoughts, feelings, or concerns about the symptoms and this makes them dysfunctional in their daily activities. In such conditions, people believe their problems are caused by medical conditions. They tend to visit doctors frequently to get tests and treatments however, not receiving a diagnosis, may lead to frustration and distress.

FLAG SIGNS

- Unexplained Somatic Complaints such as Headache, Nausea, Dizziness, Breathing Difficulties, Palpitations, Pain in various parts of the body.
- Visit healthcare providers frequently, often jumping from one physician to another.
- Feeling low or anxious.
- Overly concerned with the body and its functions.
- Becomes angry or irritable because they believe their medical needs are not being met.

CAUSES

- Increased stress (like academics and examination etc.)
- Inability to express emotions
- Poor Lifestyle and Irregular Routine
- Negative childhood experiences
- History of abuse or trauma
- Prolonged anxiety/ depression
- Use of substances

WHAT TEACHERS CAN DO

- Before you begin to help, remember it may be difficult to convince the adolescent and his/her parents to understand the issue and seek assistance
- Avoid pressurizing the child to talk about stressful events, rather create a warm and conducive environment in the class
- Keep away from preaching by telling them what to do, remain patient, and avoid any type of embarrassment
- Be a good listener. Affirming and acknowledging the positive qualities of the adolescent.
- If required, refer the student to the Counselor or other Mental Health Professionals.

3. 3.6. CONDUCT AND DELINQUENCY RELATED ISSUES

CASE STUDY: The teachers used to punish Raghav who was 16 years old. He was often found to be aggressive towards other peers. His classmates started getting scared of him. He teases others and also becomes argumentative with teachers and hit other classmates. Parents have also reported to the teachers that he has been very stubborn and becomes very aggressive towards his fathers

Conduct issues and delinquency are behavioral problems that involve breaking major rules and societal norms. Conduct issues are characterized by severe and enduring antisocial and aggressive behavior such as destroying property, picking fights, and mistreating animals. It frequently co- occurs with academic underachievement, Attention Deficit Hyperactivity Concerns, and substance use. The teacher must approach the presented issue from a multifaceted perspective, seasoned with utmost care and concern for the adolescent.

FLAG SIGNS

- Aggressive or deceitful behaviors that can violate the rights of others.
- Absenteeism
- Antisocial behavior
- Impulse control issues
- Substance use concerns
- Significant distress and conflicts in relationships, social activities, school, and work.

CAUSES

- Conduct issues appear to have a range of environmental influences such as inconsistent behavioral expectations at home. These might include punishment, abusive relationship between parents, loss, physical or emotional abuse, aggressive and violent behavior of parents or siblings, and the negative influence of the peer group.
- Many adolescents experience behavior-related issues during their development, but this is only taken seriously and classified as a conduct-based issue if the behavior repeatedly violates the rights of others and disrupts daily life.
- Adolescents with conduct and delinquency issues are more likely to develop other mentalhealth issues or become extremely anti-social as adults if intervention is not given at the right time. They may also be more prone to academic concerns, substance abuse, and interpersonal issues.

WHAT TEACHERS CAN DO

- Identify triggers for the child.
- Avoid power struggles between the child and teacher by avoiding arguments.
- The teacher can prove to be a protective factor and the most significant role model to the adolescent as positive attributes can be learned by the adolescent.
- Establish clear classroom rules.

- Statements such as “You should”, “You must” can be avoided.
- Promoting a warm and caring attitude with adolescents in the classroom. Psychosocial interventions tailored to the needs of the child can be fostered.

What teachers can advise parents

- Identify psychosocial issues prevalent in the upbringing of the adolescent.
- Consistently prioritize positive communication (open and flexible) with child and family members.
- Referral to a mental health professionals can be made if the issues are intense and persistent.

3. 3.7 ISSUES OF BULLYING IN ADOLESCENCE

CASE STUDY: Faisal is a 14-year-old boy having difficulty in academics. The teacher used to punish him often for his poor performance in academics. His classmates started making fun of him. Gradually they started pushing him during the break, teasing him, throwing objects like pencil, chalk, paper, etc. at him during the class hour which made him feel more angry. Often, he used to get punishment from the teachers for not completing his homework and getting angry. His younger sister very bright in studies and also used to be appreciated by the parents and relatives. Parents were getting critical towards him day by day and used to humiliate him in front of others for his poor academic performance. He has no friend in the whole class.

There have been increasing reports in the media of instances of bullying in schools. Research indicates that bullying is a major issue and risk factor for mental health concerns among students in schools. Bullying is an aggressive behavior that is intentional and involves an imbalance in power. Moreover, as compared with children who have not been bullied, children who have been bullied exhibit higher levels of impulsivity, insecurity, anxiety, loneliness, unhappiness, and low self-esteem. But usually, the seriousness of the issue is ignored, and very often the bullying incidents are not reported.

Bullying can be of various types:

Physical: Fighting, pushing, inappropriate touching, pinching, spitting, etc.

Verbal: Insulting statements, foul language, body shaming, name-calling, etc.

Emotional: Spreading rumors about someone, defaming, ignoring others on purpose

Cyber: Using technology aggressively to cause harm to others by inappropriate text, or content (e.g., sending unpleasant photographs, emails, audios, or videos to the victim or others). In Cyberbullying, technology is used as a tool to cause verbal and emotional bullying. Bullying has severe detrimental effects on those who are bullied. The effects can be immediate. They can also be long-term and can cause lifelong impact.

The responsibility of preventing any undesirable aspect of bullying rests jointly and also individually on all stakeholders which includes the head of the institution, teachers, non-teaching staff, students, parents, and the local community. But the role of school is the most crucial among all stakeholders.

Causes

- Boredom
- Impulsivity
- Aggressive tendencies and Violent disposition
- Negative attitudes and lack of empathy
- Poor social skills
- Unable to perform at the same level as the other classmates

<p>BULLIES are the people who exert dominance or inflict pain upon others through physical, verbal, and emotional abuse. They appear to derive satisfaction from inflicting injury and suffering on others.</p>	<p>VICTIMS, in general, are anxious, insecure, cautious people who suffer from low self-esteem. They tend to be physically weaker than their bullies.</p>
<p>Why do they bully?</p>	<p>How do they feel?</p>
<p>Seek attention from others Desire popularity/status/power through domination May seek to relieve boredom or have a drive for excitement and drama Have poor impulse control Want revenge or retaliation Maybe acting out of hurt/anger/pain from other aspects of life Peer pressure, think everyone does it and it's "normal"</p>	<p>Feel helpless and lack confidence Fear that they will make the situation worse if they tell someone Desire to not appear vulnerable in front of peers Fear that they have no support and that peers/by-standers are supportive of the bully</p>
<p>Impact of Bullying on those who bully:</p>	<p>Impact of Bullying on those who are bullied:</p>
<p>More likely to drop out of school More likely to have substance abuse issues May perpetuate family violence More likely to have penalty against them <input type="checkbox"/></p>	<p>More likely to have pervasive impact on their personality More likely to be manipulated by others at all levels and stages of life More likely to distrust people at senior or authority positions More likely to not develop nourishing emotional bonds with families or friends</p>

<p>If you are being bullied? What can you do?</p> <ul style="list-style-type: none"> ● Stay away from the bully ● Request the bully not to do it. Simply tell, “Don’t do it, it hurts.” ● Ask for help from a trusted caregiver if it is repeated 	<p>Someone is being bullied. How can you help?</p> <ul style="list-style-type: none"> ● Be friendly ● Be an ardent listener ● Be a calm mediator & a counselor ● Report to a trusted caregiver if you are not able to make a difference.
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WHAT TEACHERS CAN DO

- Teachers should talk about bullying cases in class and empower students by educating them regarding bullying.
- Teachers must create an amiable environment and positive school climate where learning can take place peacefully. They must contribute to building a trusting and respectful relationship with students, school administration, and families.
- They should provide a confidential way for students to report any incident which is of concern to them. They can have a Suggestion Box placed in classes or outside the Counselors room.
- Teachers can publicize rules against bullying. Schools should be alert in observing negative outcomes of bullying including substance abuse and sometimes thoughts of harming self or others.
- Bullying can be reduced with the help of programs that improve the overall school climate. Some programs executed in the classroom and as part of workshops should aim at improving students' social and problem-solving skills, assertiveness training, anger management, etc.
- Training Peer Educators to keep talking to students regarding such issues. They can organize friendship groups that support children who are regularly bullied by peers.
- Teachers should discuss and understand discrimination in classrooms and sensitivity should be built around unacceptable forms of behavior in schools.
- Reinforcing that school follows no tolerance towards bullying. Anyone found involved in any form of bullying will have to bear consequences that are predefined and well communicated to all students.
- Ensure that both the bully and the victim receive counseling sessions separately.
- Teachers can seek the support of parents. They can play a greater role in taking their children into confidence.
- Teachers and parents can provide safe spaces together while identifying sudden changes in the behaviors of the student.
- Life Skills Training and related interventions can be planned by the teacher in collaboration with other trained Professionals

Note:

CBSE vide its **Circular No. 8/2008 on the subject “Counselling in schools”** reiterated the following instructions for the schools to implement an effective program of counseling for students: At secondary and senior secondary stages at least twenty sessions of psychological counseling must be provided to every student in an academic session. Parents and teachers may also be involved in such sessions.

3.3.8 PROBLEMATIC INTERNET USE (PIU)

CASE STUDY- Naveen is a student of class IX. His parents informed class teacher that he does not feel like coming to school these days. However, he will give exams. His mother informed that he has made many online friends and play online games for about 8 hours daily. He is preoccupied with it which has impacted on his academics and other functioning.

Adolescents increasingly use the Internet for communication, education, entertainment, shopping, and other purposes in varying degrees. Given their vulnerable age, they may be prone to Internet addiction. Problematic Internet Use (PIU)/Cyber issues like internet addiction, gaming addiction, addiction to social media sites, chatting addiction, etc. are some of the common issues faced by adolescents today.

The pandemic has brought about more screen time to the curious adolescent. Most friendships are now maintained virtually and social networking sites are used to express any emotion and cope with what one is going through. Adolescents are now using the internet to shop, thereby the use of credit cards and engaging in financial transactions online giving rise to many risky behaviors.

FLAG SIGNS

- Physical manifestations include headache, neck pain, vision problems, disturbed eating and sleeping patterns, not being able to devote enough time for self-care activities, etc.
- Emotional issues include anxiety, guilt, low mood, defensiveness, lack of concentration, loneliness, procrastination, unable to prioritize time and difficulty keeping schedules, agitation, irritability, etc.
- Using the internet to cope with negative mood and reduce stress
- Preoccupation and psychological dependency on internet activities
- Replacing other activities and relationships with recurrent Internet use despite awareness of the consequences
- Cyber issues can further lead to concerns associated with anxiety, depression, addiction, low self-esteem, low confidence, poor body image, and so on.

CAUSES

Though there is a varied set of antecedents, below are some of the most important factors that may prove to be the most contributing:

- Parental neglect and dysfunctional family environment.
- Lack of close bonding with peers or difficulty in social interactions.

WHAT TEACHERS CAN DO

- Help the child explore ones' interests and work towards strengthening them.
- Educate parents about minimizing screen time and optimal monitoring of their child's internet use.
- Promote knowledge related to consent and privacy
- Become aware of related consequences of excessive internet usage to the adolescent.
- Make mutually agreed rules on when not to use the internet, ie. Internet-free time.
- Organizing various workshops for children on psychoeducation of internet use and its illeffects
- Utilize leisure time effectively and develop healthy off-screen habits like physical and constructive recreational activities.
- In extreme cases, the teacher can refer the adolescent for Counseling and Behavior Modification to a specialized mental health professional.

3.3.9 CONCERNS RELATED TO EATING PATTERNS

CASE STUDY: Manisha, a 16-year-old student of class XI was upset with her weight. The mother reported that Manisha keeps looking at herself in the mirror most of the time. She started forcing herself to vomit immediately after having lunch at school. No one knew until a classmate noticed and informed the school teacher.

This section is associated with eating problems and an overwhelming obsession with weight. These eating concerns take a variety of forms, but the most common is anorexia nervosa.

Anorexia nervosa involves a degree of distortion about body image that leads an adolescent to see one as an overweight. The adolescents with anorexia may lose large amounts of weight and even starve to death. They eat less amount of calories than required for their body along with indulging in excessive exercise.

Bulimia nervosa involves binge eating (excessive eating) and a loss of control of eating followed by feelings of guilt and the need to vomit or purging by using medicines such as laxatives or diuretics. The person often feels disgusted and ashamed after usually binging junk food and is relieved of tension and negative emotions after purging. This concern can have serious medical consequences but they are seen as the physical expression of emotional distress.

FLAG SIGNS

- Distorted body image with a persistent refusal to eat.
- Skipping lunch at school and missing meals at home.

- Preoccupation with having a thin body
- Frequent use of washroom during and after meals.
- Signs of dehydration
- Frequent denial of being hungry.
- Excessive exercising and sleep disturbances

CAUSES

- Low self-esteem and poor self-image
- Peer pressure and/or poor family relationship
- Obsession with perfectionism
- Exposure to negative media influence of thin body size.
- Psychological and emotional problems such as depression, anxiety etc

WHAT THE TEACHERS CAN DO

- Encourage healthy eating and exercising habits in students and emphasize the need to remain realistic about body size.
- Do not make or allow hurtful nicknames, comments, or jokes based on a person's physical characteristics, weight, or body shape.
- Teachers should foster self-esteem. Appreciate the smallest efforts shown by students.
- Share the dangers of dieting and emotional eating to help them learn better ways to cope with emotions.
- Help by conducting awareness programs in school to promote a healthy body image among students.
- The teacher can take care of the fact that no student is getting body shamed by peer groups or anyone in the school environment.
- If you identify a student has an eating problem, talk to them about the concerns, their causes and possible management.
- Be prompt in informing the parent. The sooner you act, the better will be the recovery.
- Support the student emotionally and practically before the referral to mental health specialists.

3.3.10 ISSUES AND CONCERNS ABOUT SLEEP PATTERNS

CASE STUDY: Aryan is 10 years old. He always had inattention concerns in the classroom. He is usually restless in the school and he often gets pointed out in the first period for looking sleepy. He reported to the counselor that he often scolded by the teachers because he is unable to concentrate on his studies and does not feel fresh in the class due to his erratic sleep routine.

Chronic sleep deprivation is a common condition among adolescents. Sleep-related issues can greatly impact their overall health, behavior, mood, academic performance, quality of life and

in turn, may cause severe mental health concerns. Inadequate sleep hygiene and certain conditions related to insomnia that need medical intervention may be common in this age group. Less than seven to eight hours of sleep can impair concentration, attention span, memory-related issues and also lead to poor control of emotions and related behavior.

FLAG SIGNS

- Difficulty in initiating or maintaining sleep
- Poor quality of sleep (not feeling fresh on awakening)
- Preoccupation with sleeplessness and excessive concern over its consequences
- Disturbed sleep for most of the time during the past few days or weeks
- Distress related to sleep interfering with daily routine activities like academics, play, etc.

WHAT TEACHERS CAN DO

- Sleep-related concerns can be managed by adherence to sleep hygiene such as fixed bedtimes and scheduled wake time
- It is suggested that adolescents maintain a proper time management schedule/diary for effective lifestyle routine
- Minimizing screen time a few hours before bedtime is important for sound sleep
- Teachers can educate and help the adolescent for self-monitoring the sleep-wake cycle that may help in preventing mental health issues in the future.

3.3.11. Loss and Grief

CASE STUDY: Prashant is a grade IX student who comes on a wheelchair to school. He lost his father in the COVID-19 pandemic. It has been eight months but he is unable to sleep for more than four hours a day and does not want to interact much with his mother, sister or peers. He has been crying and denying to continue with school. He also is having difficulty in concentrating studies and performing academically low.

Loss and grief are universal experiences and a normal part of life. It refers to the thoughts, feelings, and behaviors connected to the loss of someone or something the individual values. With time, the pain lessens memories of whom or what has been lost, however, when grief becomes prolonged and severe, it can lead to mental health concerns.

FLAG SIGNS

- Persistent sadness
- Loss of interest/pleasure in usual activities
- Feeling of helplessness and hopelessness
- Having episodes of fear, tension, or anxiety
- Repeated emotional outbursts of shouting or complaining or unexplained irritability
- Emotionally vulnerable (cries easily), frequent bouts of crying.

- Having excessive feelings of guilt and/or inappropriate self-blame
- Sudden drop in academic performance
- Changes in sleep and eating patterns
- Self-harm behavior

CAUSES

- The adolescent may have a history of mental health concerns like depression and anxiety.
- If the loss was sudden and uncontrollable, it can be more shocking to the adolescent.
- When the flag signs prolong and adversely affect the adolescent’s ability to function, they may be experiencing trauma of losing a loved one which might later affect their ability to copewith daily life activities.

WHAT TEACHERS CAN DO

- Avoid pressurizing the adolescent to talk about the loss or trauma. They may be strugglingto talk about it as it might bring back traumatic memories.
- Remain accepting of the varied mood states one may go through.
- Avoid comments such as “Now he/she is in a better place”, “ you will get over it”, etc.
- Be a good listener and non-judgmental. Sometimes, it might be hard to listen to the painbeing expressed but it's important to respect their feelings and emotions.
- The teacher may ask the student to draw, sketch or maintain a journal.
- When necessary, refer the adolescent to the Counselor or a Mental Health Professional forspecialized intervention.

3.3. 12 ISSUES OF RELATIONSHIPS DURING ADOLESCENCE

CASE STUDY; - Noori is 17 year old girl. She has noticed a drastic change in her parent’s attitude towards her. According to Noori, her parents had become overprotective, suspicious, and argued with her almost on a daily basis. Her parents did not like her meeting boys in school and kept a check on her calls and messages. At times, she also answers them back which lead to further conflicts and fights.

During adolescence, one learns how to form mutually benefitting relationships with friends, parents, caregivers, teachers, and romantic partners. Adolescents in identity formation stage oftentry various roles. Peers play a major role in identity formation, however, relationships with caring adults—including parents or caregivers and significant others are the building blocks for relationships. At times, quarrels with family and friends due to conflicting views can lead to stress and anxiety in adolescents.

Adolescence & Parents

Parent-adolescent interaction is said to influence the development of social relationships, emotional regulation, and coping strategies. An adolescent's focus often shifts to social interactions and friendships. This may include same-gender friends and cross-gender group of

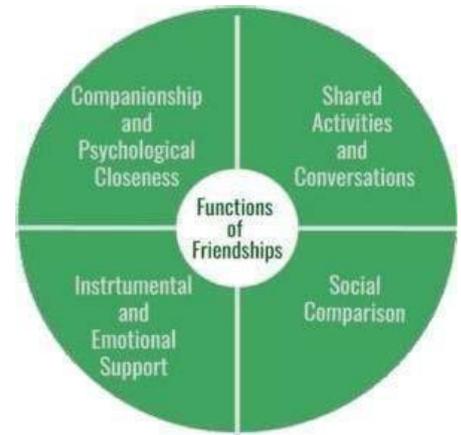
friends. Many of the changes that define adolescence may lead to conflict in parent-adolescent relationships.

In this period, parent-adolescent conflict tends to increase. Several contextual factors including the dynamics of the broader family system and high levels of unresolved conflict and hostility among parents seem to negatively influence adolescents. Domains including socio-emotional development, academic and cognitive functioning, behavioral problems and delinquency, and psychological dysfunction also contribute. Witnessing conflict is thought to be deregulating for adolescents, undermining sense of security in their family.

Peer Relationship

Peer relationships are important sources of affection, intimacy, reliable alliance, feelings of inclusion, and enhancement of self-worth and have been linked to both the current and future well-being of adolescents.

The nature of adolescents' involvement with peer groups changes drastically. Conformity plays an important part and adolescents need support from care givers who can understand and help them withstand peer pressure and find alternatives to deal with peer pressure.



Adolescence and Romantic Relationships

In middle adolescence (ages 14-16 years), peer groups tend to be more gender-mixed. Peer groups are most often replaced by close relationships, such as one-on-one friendships that have grown in importance as the adolescent has matured and dating also begins.

Adolescents will need emotional support to work through their grief due to a relationship being broken, and feelings of sadness and distress should be taken seriously and validated.

WHAT TEACHERS CAN DO

- Educate parents to understand that less interaction with family does not mean that family closeness has assumed less importance for the adolescent.
- Explain to parents that it's important for the adolescent's development to interact with others outside the family environment.
- Encourage Effective Parent-Adolescent Communication. It has to be more open and flexible.
- Educating parents about the changes in adolescence and inclination towards peer groups.
- Teach students social skills and interpersonal skills.
- Guiding students to make the right choices by helping them distinguish between right and wrong.
- Encouraging parents to attend parenting workshops.
- Provide a conducive environment so that students could discuss openly.

- Being empathetic and developing empathy in students through perspective-building exercises.
- Brainstorm solutions to deal with the conflicts with the adolescent. Let them know that you are on their side.

3.3.13. ISSUES OF GENDER IDENTITY

CASE STUDY: A teacher came to the counselor as she needed guidance for one boy in class VIII. This boy shared that he wants to be a girl and actually likes to shop for dresses for girls. Recently, he researched on internet and told teacher that he plans to change his gender by surgery. The teacher was speechless and did not know how to respond.

Adolescence is an important period of identity formation. Identity is influenced by various psychosocial factors like interpersonal relationships, society, different events throughout the life course, and so on. Gender identity refers to an individual’s core sense of being “female”, “male” or another gender. Some adolescents may develop gender dysphoria when they feel distressed because their gender identity differs from the sex they were born in. Transgender-identifying adolescents appear to be at the greatest risk of sexual harassment and experience the greatest distress because of this.

FLAG SIGNS

- Strong desire to be treated and accepted as the other gender (different from their assigned gender)
- Strong conviction of having feelings and reactions typical of the other gender
- Subjective sense of discomfort with or the inappropriateness of one’s anatomical sex.

WHAT TEACHERS CAN DO

- Respect the choices about gender.
- Gender sensitization programs and working with the adolescents’ families to help them understand the experience.
- Sexual Education is an important way to promote positive and responsible sexual orientation and behaviors among children and adolescents.
- Teachers should follow the gender spectrum approach rather than the binary approach in the classroom.
- If the adolescent is having any serious mental health concerns related to their gender identity, should be referred to a mental health professional.

Reflection Box

- Mental Health issues directly or indirectly affect us all. While going through this section, which concerns described here according to you are commonly being noticed in your school?
- Which mental health problems have you gained the most knowledge about?
- Which issues do you think you need to understand better?
- List the ways in which you and the school can work together on the various issues described in this section.

CHAPTER 4

EMOTIONAL AND BEHAVIORAL EMERGENCIES

Emotional and Behavioral Emergencies are situations where there is imminent danger to the wellbeing of self or others. Mental health services embedded within the school systems can create a continuum of integrated care of effective educational attainment for children. To strengthen this for optimum child development, an emergency response system is necessary for mental health and well-being. There is an estimated increase in emergencies related to the psychosocial wellbeing of the students during the past few years, especially during pandemic times. Hence, it is imperative to foster emotional and behavioral safety during these crucial formative years of schooling. The first step is to identify potential emergencies and be prepared for necessary interventions.

4.1 CHILD SEXUAL ABUSE



Case Study

A girl from class 7 informed the teacher in the residential boarding school that she is scared of an uncle who visits her house daily. The teacher probed further and it was revealed that he has been touching her and she feels really uncomfortable.

Let's ponder

- What is urgent and important to be addressed first?
- How do you address this issue?

Child sexual abuse occurs when a child is used for sexual gratification by an adolescent (above age 16) or adult. **Child Sexual Abuse may include**

- An adult exposes his/ her genitals or touches the child's genitals and persuades the child to do the same.
- An adult involving the child in pornography.
- An adult having oral/vaginal intercourse with the child.
- Any verbal or other sexual suggestion made to a child by an adult.
- Adult inserting foreign objects into a child's body for his/ her sexual gratification.

A child may be asked the following questions

Non-Specific - 'What is your best or worst childhood memory?'

Indirect- 'As a child, were you ever touched in a way that felt uncomfortable/ embarrassing, frightening to you?'

Direct- 'As a child, did anyone hurt you or deal with you in an inappropriate way?'

Risk Factor

A. Child Related

- Emotionally vulnerable child
- A child with special needs
- A child with a mental health issue and/or poor physical health
- A child who lacks the supervision of a trusted caregiver
- Gender- Females are more vulnerable

B. Parent Related

- Single parent
- Parents with poor coping and parenting skills
- Low self-esteem
- Domestic violence
- Lack of social support

- History of physical or sexual abuse or any mental health concern

C. Community Related:

- Increased crime rate
- Lack of or few social services and awareness
- High rate of poverty and unemployment

FLAG SIGNS

Child sexual abuse is a combination of sexual, emotional, and physical abuse. The child who is a victim of abuse may show a cluster of physical, behavioral, and emotional changes listed below:

<u>Physical Changes</u>	<u>Behavioral Changes</u>	<u>Emotional Changes</u>
<ul style="list-style-type: none"> ▪ Bite marks, unusual bruises, ▪ Burns, injuries like swellings on the face ▪ Discolouration of skin ▪ Disturbance in sleep and speech ▪ Complaints of pain upon movement or contact ▪ Bedwetting ▪ Continuous loose motions and passing stools on bed ▪ Recurrent abdominal pain ▪ Irritation in the throat and anal and genital areas ▪ Sexually transmitted diseases ▪ Masturbation ▪ Genital, urethral or anal trauma ▪ Pregnancy 	<ul style="list-style-type: none"> ▪ Avoids physical contact with others ▪ Avoids certain adults ▪ Difficulty getting along with others ▪ Purposefully conceals injury or marks by clothing i.e., long sleeves ▪ Poor concentration in school ▪ Fears and Phobias ▪ Flashbacks and repetitive thoughts about trauma ▪ Temper tantrums, aggression ▪ Attempting to physically hurt oneself ▪ Constant rubbing of body parts against objects ▪ Sexual exploration and abuse of others ▪ Substance abuse 	<ul style="list-style-type: none"> • Apprehension, depression, or anxiety • Seems frightened by their parents/teachers/peers or any member of the community • A deep sense of isolation • Shy and hesitant • Passive and withdrawn

WHAT TEACHERS CAN DO

- Teach the child difference between “Safe touch and Unsafe touch”
- Help the child understand his right over his own body especially, the right to say no.

- Teach them not to go near strangers or get friendly with them, even if they offer gifts or chocolates.
- Tell children that “if someone tries to touch your body and do things that make you feel uneasy, say no to that person and tell me right away”.
- Equip your students with emergency telephone numbers/help-line numbers.
- Encourage awareness and preventive programs in the schools for teachers, children, and parents as well.
- Establish an open atmosphere at school that encourages children to trust and disclose anything.
- Ensure no strangers/suspects are in and around school premises.
- Routine inquiry about childhood sexual abuse should be conducted in an open-ended, non-judgmental, and straightforward manner.
- Be empathetic and understand child’s physical and emotional state.
- Let the child narrate and respond appropriately when in crises.
- Avoid assuming and avoid asking leading questions.
- Pay attention to body language and even silence.
- In simple language, initiate the child’s understanding of his/her own body and explain child abuse to the child without misleading him.
- To facilitate the reintegration of the child in terms of regaining mental control.
- Reporting to the school authorities and maintaining confidentiality about the incident for the child’s safety and wellbeing

Note: For more information and understanding the legal perspective, refer to Section C

4.2 AGGRESSION AND VIOLENCE IN ADOLESCENCE

Anger is a completely normal, usually healthy emotion. But when it gets out of control and turns destructive, it can lead to many problems. Anger can be caused by external and/or internal events. One can get angry at a specific person for example parent, friend, or an event like a traffic jam, not being understood, being helpless, etc. Puberty can also be a stressful time for many teens. If they don’t understand or know how to cope with changes during puberty, the teen may act aggressively. If they have a mental health condition, it can also contribute to aggressive behavior.

Aggression refers to a type of behavior intending to cause physical or mental harm. An adolescent being hostile, injurious, or destructive in behavior might be called aggressive. This may be especially caused by frustration. The below is a continuum usually seen in people with violent tendencies.

Frustration → Anger → Aggression → Rage → Violence.

FLAG SIGNS:

- Physical or emotional harm to others
- Verbal/physical abuse

- Violation of social boundaries
- Talking rudely, shouting and getting into frequent fights
- Bullying, teasing, and frequent name-calling or labeling
- Hitting, kicking, biting, and pushing

Risk Factor

- Personal – disability, distress, illness
- Social/Environmental - prejudice, discrimination, etc.
- Poor Communication Skills- Unclear, rigid, diffused, erratic, and inconsistency in communication
- Mood states- Anxiety, agitation, depression, irritability, etc.
- Cognitive factors- impairments or problems with attention, memory, etc.
- Family- discordant family with frequent fights, abuse, and neglect.

Violence

This is a serious and complex issue in which physical and psychological harm is involved. The kind of violence an individual encounters varies also, ranging from mere bullying to seriously harming others. Violence is said to have occurred “where the perpetrator uses his own body or an object (including a weapon) to inflict (relatively serious) injury or discomfort upon another individual. The major long term risk factors for violence are:

- **Psychological Factors:** High impulsiveness and low intelligence
- **Family Factors:** Poor supervision, lack of parental affection, harsh discipline, child physical abuse, violent parent, large family size, broken family, exposure to violence at home.
- **Environmental Factors:** Socio-economic inequality, urbanization, overcrowding, rapid economic development with a high level of unemployment among young people, social norms supporting violent behavior, availability of weapons, and peer delinquency.

Early Flag Signs of Aggression and Violence

Extensive research has identified several flag signs for aggression, violence, and disruption that may assist schools in deciding which students need support, and when to take action. Such signs may or may not indicate a serious problem—they do not necessarily mean that a child is prone to violence toward self or others. Rather, early flag signs provide us with the impetus to check out our concerns and address the child’s needs when required.

Students exposed to threats worry about facing similar issues at school, which in turn may foster an impaired learning environment. Schools need to ensure that teachers and learners can function in a safe and secure environment.

Reducing and preventing violent behaviour in school is necessary to enable adolescents and teachers learn and teach in a safe environment thus allowing students and schools to achieve their full potential.

FLAG SIGNS

- Feelings of being picked on and provoked.
- Low school interest and poor academic performance
- Excessive feelings of rejection and low frustration tolerance
- Expression of violence in writing and drawings
- Uncontrolled anger, impulsive and chronic hitting, intimidating, and/or bullying
- History of concerns related to disciplining
- Drug use and alcohol use

WHAT TEACHERS CAN DO

- Build a caring, compassionate and supportive psycho-social climate to assure effective socio-emotional teaching and learning.
- Identifying the root cause as aggressive behavior rarely happens without a reason. Understanding the root cause can help avoid situations that trigger aggression.
- Teach students for being assertive- if they find a student being aggressive, make sure to notify authorities.
- Being calm but firm to a student with aggression. Speak firmly to stop a student's aggressive behavior.
- Give the student time out to constructively work with the issues presented.
- Make sure to talk to the student in private later to understand and listen to his/her version
- Build and reinforce life skills, social competence, and coping skills and make support available from the counselor.
- Teaching the child anger management strategies such as going away from the triggering situation, deep breathing, or going for a walk.
- Emphasize the promotion of prosocial attitudes and values about the self, others, and work.
- Integrate social and emotional learning with traditional academics or regular curriculum
- Involve family, peers, and media in primary prevention initiatives such as positive parenting sessions to promote healthy family-school partnerships for child's wellbeing.
- Foster and develop a climate that does not tolerate violence, aggression, or bullying.
- Organize opportunities to engage students in discussions about how to maintain respect for each other; help them learn how to discourage behavior that is disrespectful or hostile.
- Encourage students to expand friendships to include people of different genders, socioeconomic classes, races, interests, and physical disabilities.
- Whenever there is any crisis, refer to a mental health professional and encourage students to talk and write about their views

4.3 SUBSTANCE USE AND OTHER ADDICTIVE BEHAVIORS

Substance abuse in adolescence is the excessive use of psychoactive drugs like alcohol, cigarettes or any other substances which can cause physical, emotional, and social harm. It is an important social issue. Its development and consequences directly impact academic achievement, school dropout rate, violence, accidents, and disturbed interpersonal relationships with enormous physiological and psychological complications.

FLAG SIGNS

- Mood swings and/or irritability
- Sudden change in behavior such as
- Violent outbursts
- Chronic cough with recurrent bronchitis
- Poor muscle tone
- Financial problems
- Reduced attention span
- Poor oral/general hygiene
- Nasal irritation and/or discharge
- Painful sensations
- Disturbed sleeping patterns
- Loss of appetite, weight loss
- Episodes of abdominal pain
- Poor academic performance
- Dilated pupil
- Withdrawal from friends, family, and pleasurable activities
- Absenteeism from school
- Stealing behaviors for buying drug
- Changes in urination and bowel movements

RISK FACTORS AND CAUSES:

- Easy availability and accessibility of drugs
- Peer pressure for drug experimentation or association with drug-using peers
- Low self-esteem or mental health concerns such as Learning Disability, Attention Deficit, and Hyperactivity Issues
- History of Conduct Issues and/or Depression
- Family Dysfunction: Lack of family bonding, poor parenting style (either too strict or too indulgent), divorce, separation, and parental conflicts.
- Drug use at an early age and/or media influence
- Being homeless or having no parental/family supervision
- Attempt to demonstrate rebellion against authority
- Being the victim of physical, sexual, or psychological abuse
- Involvement of any family member in drug or alcohol use.

WHAT TEACHERS CAN DO

- Talk to the adolescent first and assure confidentiality.
- Maintain a non-judgmental attitude and engage in active listening.
- Establish mutual trust/ rapport and engage with the family and parents
- Use a psycho-educational life skills training program that teaches drug resistance, self-management, socio-emotional and cognitive skills.
- Implement Peer Leadership Training Programs to reach more vulnerable young minds
- Train children to resist peer pressure (assertive skills) by explaining the nature of peer pressure and teaching students (through role-playing) skills to cope with pressure.
- Develop a critical thinking curriculum, such as Ad Smarts, designed to teach students to examine and analyze the media's influence on consumption.
- Start prevention activities early, before youngsters are faced with the decision to use drugs, usually between 12 and 18 years of age.
- Organize class talks and workshops on the impact of substance use in young people.
- Involve the child in a few hours of physical activities daily.
- Set goals for positive and alternative behavior- Encouraging the child/ parents to help the child to have initiated a positive alternative behavior which he or she is passionate about.
- Low self-worth seems to be one predictor of substance use. Educators and counselors should design treatment modalities to restore or develop a sense of self-worth.
- Train students for impulse control and gratification delay techniques. Assisting young people to control and postpone satisfaction may provide them with the help they need to overcome drug and alcohol-related difficulties.
- Improve relationship skills - Children who are insecure or ambivalent about peer and parental relationships may need help in developing interpersonal trust and socialization skills to initiate and maintain relationships.
- Explain to the parents that being excessively stringent about the use of alcohol and giving harsh punishments can further lead to rebelliousness in the child.

4.4 SELF-HARM AND SUICIDAL BEHAVIOUR

Self-harm refers to the deliberate injury without suicidal intent. It can also be described as non-suicidal self-injury. Common methods of self-harm are biting, scratching, pinching, burning, head banging and hair-pulling. Suicidal behaviors in children and adolescents can be differentiated from other forms of self-injury by the presence of intent to suicide. They can be avoided by effective prevention, early identification, and management. The Teachers and school counselors can play a role in all three areas.

Such behavior most often starts during the early adolescence. It tends to increase in early and mid-adolescence and tends to decrease from late adolescence to young adulthood.

FLAG SIGNS:

- Significant mood swings
- Abrupt changes in temperament
- Expression of deep feelings such as despair, guilt, hopelessness, shame, grief, anger, and emptiness
- Behavioral changes such as irritability or anger
- Social withdrawal, especially from friends and family
- Changes in weight and sleeping patterns
- Low self-esteem
- Low motivation and loss of interest in daily activities
- Tiredness and fatigue
- Misuse of drugs and alcohol
- Preoccupation with the thoughts of death and dying
- Marked and sudden decline in performance and achievement in schools
- Themes of sadness in writing, poetry, and art, and in the selection of reading material or illustrations

**Always look for signs like thoughts posted on social media or mentioned to peers*

RISK FACTORS

Biological	Psychological	Social
Family history of self-harm	Impulsivity, novelty-seeking	Family Conflict- parental or marital discord, domestic violence, abuse
Parental history of depression, and/or substance use	Difficult temperament- poor emotional regulation, low frustration tolerance	Poor Social Support- neglectful or overprotective parenting, loss of a parent, lack of friends

	Low self-esteem, self-criticism, and academic difficulty	Peer Conflict- peer pressure, breakups in relationships
	Early Childhood Trauma	Bullying
	Mental health concerns- such as adjustment issues, depression, anxiety, or substance use behavior.	Financial difficulties in family
	Perfectionist traits	Prejudice and discrimination in the community.

Protective factors: A teacher must know that there are a few factors that may be protective against suicidal behavior even in a vulnerable adolescent. These are focus areas that should be strengthened to reduce the risk of suicide. Some of these include:

- 1) Positive family environment with positive regard, warm and loving environment, healthyparent-adolescent interaction
- 2) Strong social support- including friends, teachers, and community support
- 3) Problem-solving skills and conflict resolution
- 4) Access to mental health care services - providing an opportunity for psychological supportand early management of depression, anxiety, and substance use
- 5) Socio-cultural and religious beliefs which discourage suicide

WHAT TEACHERS CAN DO:

All individuals who attempt self-harm need to be assessed for suicide risk. This behavior cannotbe overlooked. Ensure that this is done by a trained mental health professional.

In the self-harm and suicidal behaviours, management can be done at three levels:

Immediate Management (within the first 36 to 48 hours): Immediate care can be provided

- Ensure safety and vary close monitoring of the individual- provide immediate first-aid forinjury, medical evaluation, and treatment
- Providing emotional support in an empathetic and non-judgmental manner
- In case of risk of imminent suicide, a referral should be made to the psychiatrist at theearliest.

Short-Term Management

- Validation/ motivation of the adolescent’s emotional state
- Psycho-education of both parents and the adolescent by the counselor
- To help the adolescent understand the behavior by connecting it with the emotionalexperience- as a faulty coping to the stressful situation
- Helping the adolescent take a firm view regarding avoiding future self-injury
- Education regarding medical consequences

Long-Term Management

These interventions aim to gradually help the adolescent deal with predisposing risk factors.

- Emotional Regulation Training- to use more adaptive ways to control intense negative emotional states. The adolescent should be trained to recognize the intensity of the negative state and use appropriate response: distraction, delaying a response, or displacing negative emotions
- Teaching solution-focused problem-solving skills
- Improving interpersonal skills to reduce rejection sensitivity
- Building self-esteem and resilience through self-appreciation and social support
- Encourage children to reach out to significant adults to seek help

If the teacher or counselor feels that there is a risk of self-harm, then referral to a mental health professional is warranted.

WHAT TEACHERS CAN DO

- Notice when a student appears to be low or sad.
- Listen to student's words, but also to what is being communicated covertly
- Emotional Literacy may enable young people to learn the vocabulary and skills to express difficult and intense feelings.

Schools may also teach problem-solving skills under Life Skills Training Programme

- Be aware of students at risk due to particular circumstances, such as the family history of suicide, mental health issues affecting children/adolescents, or family
- The school should not wait for a crisis but intervene early, supporting the adolescents who have experienced a difficult event or period in their lives before more acute behaviors begin to show as concerns
- Make time to listen to the child/adolescent and try to understand.
- Try to connect with the adolescent about self-harm/injury.
- Avoid being judgemental. Do not look shocked, upset, disgusted, or anxious despite how you may be feeling.
- Recognize that self-harm is rarely attention-seeking or an attempt to manipulate others.
- Use the school curriculum to explore many of the issues surrounding self-harm in ways that help children/adolescents understand self-harm and what causes it, and suggest ways in which they can cope in more positive and less destructive ways.
- Build a school climate that is open, caring, and supportive.
- Encourage students to tell the teacher/parents, if they know that a student in the class is engaging in self-harm.

Psycho-education for suicidal behaviour:

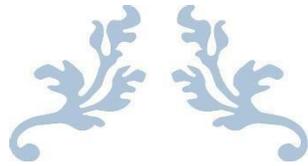
Caregivers should be explained that: 24/7 close eye to eye monitoring and safety precautions are required in the early weeks. Suicidal behaviour is result of underlying psychological distress. Underlying distress is treatable with medications/counseling and adolescent will recover. Refer to nearby mental health services for emergency evaluation and management.

- Be prepared to make a referral to obtain specialist help for the child/adolescent. Where immediate lifesaving action is needed, act promptly and call for an ambulance.
- Ask the youth directly if he or she is thinking about suicide
- Focus on their concern for their well-being and avoid being the accuser
- Reassure them that there is help and they will not feel like this forever
- Provide constant supervision. Do not leave the adolescent alone
- Guide parents to seek help from mental health professionals as soon as possible.
- Treat the student's problems with care and treat all suicide threats as serious, no talk of suicide should be dismissed as attention-seeking or taken lightly.

The above-mentioned specified emotional and behavioral emergencies require a comprehensive and balanced approach to school safety that includes all school personnel, parents, and students. The key to school safety is creating a climate where close supportive relationships are developed between all school personnel and students. Our plans for crisis planning must be continually evolving. The multispectral and whole-school approach is paramount in preventing emotional and behavioral emergencies in students.

A word of caution!

1. Severe distress and exposure to traumatic events can lead to various harmful outcomes, including alcohol and drug abuse, low self-esteem, health issues, poor school performance, self-harm and suicidal behaviours.
2. Children and adolescents who have emotional and behavioural emergencies require immediate support and crisis intervention.
3. Failure to address mental health and psychosocial issues stalls a child's development and bars them from opportunities to participate meaningfully in society.
4. Therefore, access to mental health services in schools and society is paramount and the need of the hour to prevent emotional and behavioural emergencies in children and adolescents.



SECTION - C



CHAPTER - 5

PLANNING SENSITIZATION & COLLABORATION WITH STAKEHOLDERS

- 5.1. A Mental Health Advisory Panel
- 5.2. A school mental health program
- 5.3. Teams to coordinate activities across various domains with stakeholders
- 5.4. Principles for Creating a School Mental Health Annual Plan
- 5.5. Tools for Achieving Parent-teacher-counsellor-student Collaboration:

Growing globalization, urbanization, technological developments, as well as secondary social and family changes, have an impact on the mental health of growing children and contribute to increased morbidity and mortality, as explained in the previous sections. The proverb "It takes a village to raise a child" emphasizes the importance of a whole community of people providing care and interactions with children to help them grow up healthy and resilient. "What is done to children, they will do to society," says Karl A. Menninger, in a different way. Both statements emphasize the importance of schools focusing on mental health programs and effectively connecting children to society. "Basic education links the children, whether of the cities or the villages, to all that is best and lasting in India," Gandhiji said of education, highlighting how school mental programs should be an inseparable part of our education curriculum.

5.1. A Mental Health Advisory Panel should be formed for each school or for a group of schools.

The School Safety Committee (SSC) as per the Ministry of Education guidelines on 1st Oct 2021 **can act as a Mental Health Advisory Panel for the school**

- Chairperson: Head of institution (Principal or the Headmaster) - key nodal person
- Student Safety Officer (SSO) or Child Protection Officer (CPO): SSO/CPO nominated from amongst the teaching/ non-teaching staff of the school- The CPO should not be a contract employee or a part-time employee. The CPO must be a permanent employee, if possible with at least 5 years' service in the School and preferably, with a background in child psychology and counselling or experience of working with children and familiar with child protection concerns and procedures
- Faculty representatives: 2 or more representatives from the teaching or non-teaching staff, of which at least one should be woman. This could also be broken down as follows a. One

management representative. b. One faculty representative each from primary, middle and senior school.

- Parent representatives: 2 parents including where applicable one parent who is also a parent representative of the School Management Committee (SMC) or a Parent Teachers Association (PTA). The parental membership must be rotational with their term not exceeding 01years
- Student representatives: 2 senior students, preferably one girl & one boy
- Alumni representatives (optional): 1-2 representatives from active alumni members who have passion for school development and could devote time

The first part of this section will focus on developing an annual plan at each school level by educating teachers, students, parents, and local leaders, as well as forming teams. Further on the domains and principles that should be prioritized in planning. Lastly, the principles upon which a school mental health program should be built, as well as how to evaluate and improve the program.

5.1.1. Sensitizing stakeholders at the school, school management committee and community levels is the first step in planning

- The school head could meet with: *school teachers, the school management committee, parents, and student representatives* in a group setting for half a day before the start of the academic year.
- The school principal must clearly explain the need for a school mental health program, as well as national and international school mental health guidelines, their importance and benefits, and the topic/theme on which the program should be focused, to four or five teams, that can then coordinate the programs according to the theme specified to that team.
- The half-day meeting should conclude with a plan for an annual school mental health program.

5.1.2. The following are the themes and domains on which a school mental health program should focus:

- A school mental health program should primarily concentrate on five domains:
 - a) mental health,
 - b) medical health
 - c) safety and welfare,
 - d) legal and law enforcement,
 - e) sports, arts, and cultural sectors.

- As a result, **five teams** could be formed, each consisting of one representative from the following groups:
 - Teachers,
 - Parents,
 - Students, and
 - Members of the SMC.

These five teams will be formed, monitored and progress will be reviewed by the The SchoolSafety Committee which shall act as the **Mental Health Advisory Panel**.

5.2. A School Mental Health Program should include:

- According to the **World Health Organization's** recommendations, a **school mental health program** should include:
 - Promotional,
 - Prevention,
 - Early Detection, and
 - Referral Provisions.

The aspects that are highlighted under promotional activities must occur every month, whereas the rest can occur once per year.

- A school should also have adolescent student-driven health magazine wall activity under the supervision of teachers, that carries out a monthly theme-based activity and publishes theme-based available community literature. This activity has been found to be beneficial in improving the socio-emotional atmosphere in the schools.

5.2.1. Promotional activities:

Mental Health:

Children:

- Yoga/Meditation
- Self-esteem
- Relationships and Life skills
- Physical activities
- Extra-curricular activities

Parents and Caregiver:

- Responsive caregiving and stimulation
- Parent skills training, as appropriate, for managing behavioural disorders in adolescents

Sexual Health and Gender Equality

- Sexual Health, decision making skills,
- Gender equality

5.2.2. Prevention Activities:

Mental Health:

- Prevention of substance abuse: Tobacco, Alcohol & Drugs
- Prevention: Aggression, Violence, and Bullying
- Prevention of suicide and management of self-harm/suicide risks
- Care for children with developmental delays/ Intellectual Disabilities

Safety and protection:

- Child Rights: Child Rights, Policies, Laws related to Children safety and protection
- Rights of Persons with disability
- Gender and Gender-Based Violence and other violence
- Technology; mobile: safe and healthy use. Cyber Crime
- Prevention; Road Safety, Injuries,

Psychical Health and Reproductive health

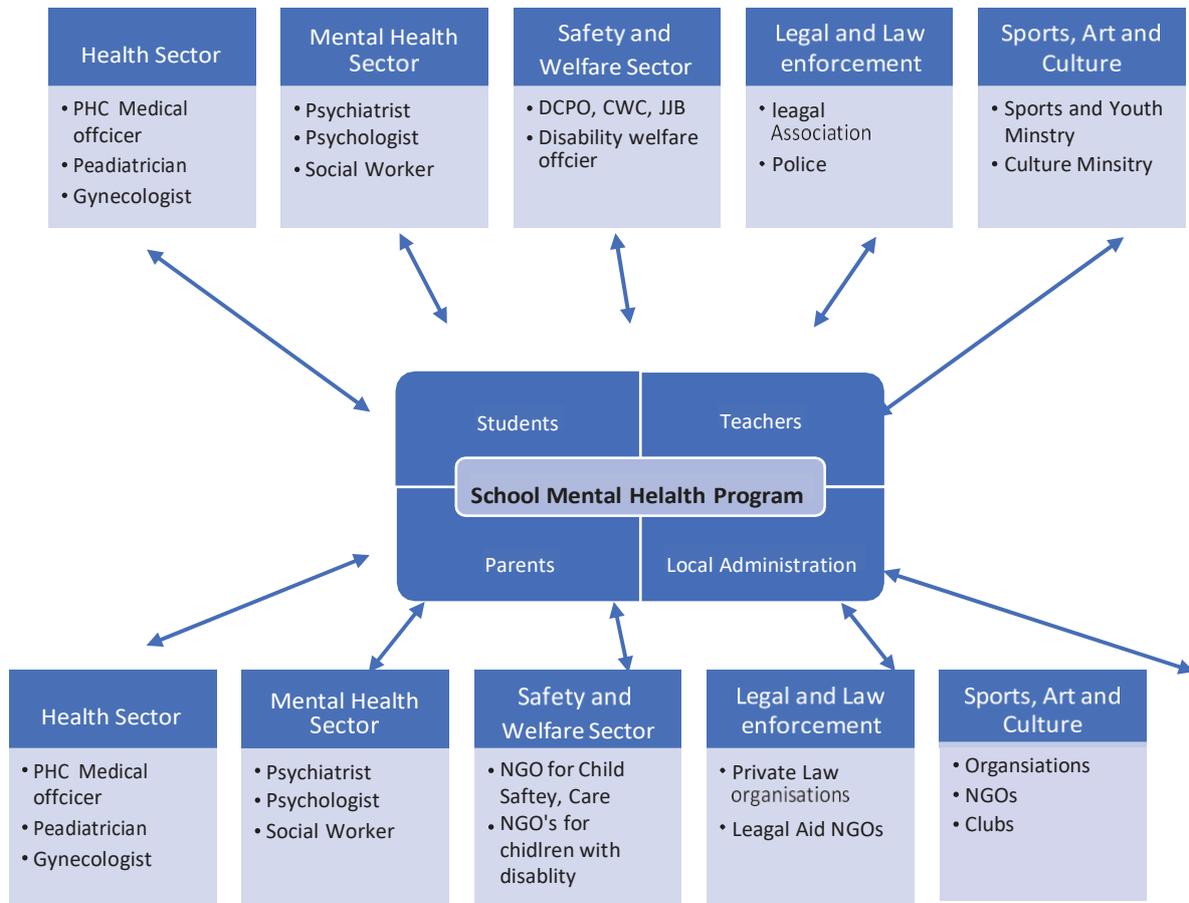
- Health Literacy: Communicable diseases, No communicable diseases, nutrition, and physical activity
- Childbearing, Sexual and reproductive health including STI/ HIV

5.2.3. Detection, First Aid, and Referral:

- Detection and referral of developmental concerns: Learning disorder, Intellectual and developmental disabilities (IDD) and Autism spectrum disorder (ASD) and Motor coordination disorder
- Detection and referral of Behavioral concerns like aggression, compositionality, and conduct concerns
- Detection and referral of emotional concerns; Depression, self-harm, anxiety and persistent somatic concerns.
- Detection and referral of hazardous and harmful substance use
- Psychosocial support and related services for adolescent mental health and well-being

Key Stakeholders for School Mental Health Program

Government Organisations and Resources



Non-Government organisations and Private Sector

5.3. Teams to coordinate activities across various domains with stakeholders

- The five teams in charge of implementing a school mental health program in a particular school must play a critical role in putting together the necessary arrangements to carry out the drafted plan.
- Each team should make contact with the local stakeholders of their domain service providers and ensure that those resource persons are invited to the program ahead of time.
- Service providers and resource persons from the government, non-governmental organizations, and the private sector could be invited based on community needs and availability.

5.3.1. Mental Health Sector:

- The mental health professionals: Under the National Mental Health Program of the Ministry of Health and Family Welfare, psychiatrists, psychologists, and psychiatric social workers form a District Mental Health Program (DMHP) team to provide services to the entire district.
- One can also find them in district hospitals, medical college hospitals, non-profit organizations, and the private sector.
- Building a relationship with the DMHP teams in a given district can help in establishing a regular referral service for children in need.
- Interested Teachers and school counselors can gain more knowledge of life skills and ways to strengthen children's self-esteem to provide regular training in the classroom.
- Finding a qualified yoga instructor for conducting regular yoga classes is also very important.

5.3.2. Medical Sector:

- Pediatricians and gynecologists in government hospitals under ministry of health and familywelfare, non-governmental organisations (NGOs), and the private sector can be approached to carry out physical health promotion and prevention activities related to sexual and reproductive health, communicable and non-communicable disorders such as obesity, hypertension, and diabetes, among others.
- Safety and Welfare Sector: Department of Women and Child Development, Disability Welfare Department
- The Department of Women and Child Development is responsible for protecting children's rights and preventing them from being subjected to abusive experiences.
- District Child protection officers, their team, a child welfare committee, and a juvenile justice board are all present at the district level, child welfare committee and juvenile justice board.
- Many non-governmental organisations (NGOs) work in each district to provide child care and protection.
- Under the social justice and empowerment department, each district has a disability welfare officer.

- It runs schools for children with disabilities, such as those with speech and hearing impairments, as well as those with visual impairments. This department also provides services for children with intellectual disabilities, autism, and learning disorders.

5.3.3. Legal and Law Enforcement Sector:

- Government and non-governmental organisations (NGOS) of Lawyers assist child victims and their families at the taluk and district levels. They are familiar with the common legal issues that affect children in their communities.
- Each police station has a Special Juvenile Police Unit that assists child victims, children in conflict with the law, and families in a child-friendly manner.
- In the community, traffic cops and police officers assist with medical care and investigations of road traffic accidents and unintentional injuries such as falls and burns.
- The disaster management authority, as well as fire and emergency services personnel, can provide critical information and skills to all community stakeholders on the required aspects.

5.3.4. Sports, Arts and Cultural Sector:

- The organizations work at the local level to promote regional and national sports, as well as art activities.
- At the community level, cultural and spiritual organizations work to promote community health practices and values.
- At the community level, the Ministry of Sports and Youth Affairs also conducts activities to promote youth employment and related training.

5.4. Principles for Creating a School Mental Health Annual Plan

1. Community Need-Based:

- The annual plan for the school mental health program should take into account the needs of the local community and prioritize the activities for that year. This will allow the program to be more need-based, and it will encourage stakeholder participation in such activities.

2. Flexibility:

- As and when some concerns are identified, the flexibility and provision to relook and revise the annual program plan should be available, so that activities to address them can be incorporated.

3. Comprehensiveness:

- The program must be comprehensive, with a high priority placed on promotional activities that must be carried out on a monthly basis.

4. Regularity:

- Any program can only be successful if it is implemented consistently over time.
- Mental health and related activities are often overlooked, but they are especially important when a country is attempting to strive for socio-economic development.

5. Age and gender appropriateness, as well as cultural sensitivity:

- A school mental program must be developed and implemented based on the age of the students and the gender perspective, as well one needs to pay close attention to the prevailing cultural values in the local community to promote acceptance and participation.

6. Programs' Processes:

- The programs need to be more activity, experiential-based and as for as less didactic.
- Following the program efforts could be continued discussion on the theme through activities.
- Implementing a month mental health magazine wall activity driven and managed by adolescents has proven to be an effective method to improve School emotional and social atmosphere.

5.4.1. The goals that must be met are as follows:

- The main goal of school mental health programs is to help children practice methods like Yoga and life skills regularly to promote their well-being, it can also equip them to manage stress effectively.
- There should be provisions for experiential and activity-based learning on important aspects/domains of prioritized prevention activities to protect children from developing unhealthy coping mechanisms to manage stressful life situations.
- Furthermore, the school should have a provision for identifying behavior, substance use and self-harm, depression, and developmental concerns, provide first aid and make appropriate referrals.
- The final and most important activity is adolescent student-driven Health magazine wall activity to improve the social and emotional climate in schools.

5.4.2. Evaluating and Improving a School-Based Mental Health Program:

- When the school management committee meets, the school mental program should have a half-hour allotted time for discussion.
- The program can be reviewed at least twice a year using standard tools to evaluate it, such as the WHO School Health implementing program evaluating tool or the tool provided in the Ayushman Bharath school program manual.
- Prior to the start of the next academic year's school mental health program, the previous year's programs must be reviewed in order to improve the program plan.

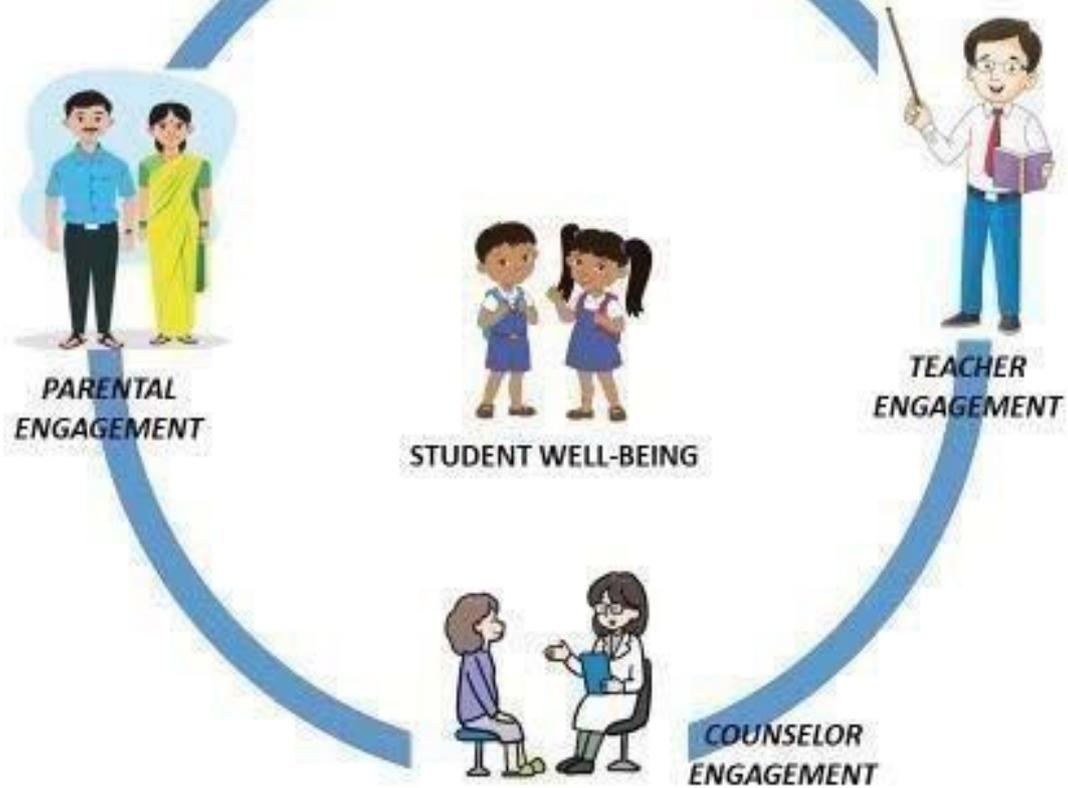
5.4.3. Multi-Stakeholder Collaborations to improve students' well-being & learning:

- Parent-teacher-counselor-student collaboration is crucial for student success not only in the classroom but also in life.
- Finding ways to get parents more involved in the student learning process and their own student's success is a daunting task.
- It is a challenge to keep parents involved and in the know about what is happening at school both academically and socially with their children.
- Parents, though, are the biggest supporters and the biggest influences in their children's lives, so partnering with parents is imperative.

5.4.4. Need to engage Parents

- While one can argue that in today's world where parents are struggling hard to make the ends meet why it is imperative to involve them when they already are paying for school fees. Hence, there is a need to involve significant others such as other family members, friends, relatives or other community members.
- **Parental or family or community engagement has a large and positive impact on children's learning.** This was the single most important finding from a recent and authoritative review of the evidence: Parental involvement in the form of 'at-home good parenting' has a significant positive effect on children's achievement and adjustment even after all other factors shaping attainment have been taken out of the equation.
- The impact caused by different levels of parental or other family members or community members involvement is much bigger than differences associated with variations in the quality of schools.
- It is, therefore, a priority to identify interventions that are effective in supporting parental involvement, particularly those parents who are either not significantly involved in their children's education or who are not involved at all.

Multi- Stakeholder Collaborations to improve students' well-being & learning: A Parent-teacher-counsellor-student Collaboration



Important stake-holders to collaborate

5.5.Tools for Achieving Parent-teacher-counsellor-student Collaboration:

Tools for achieving this Collaboration:



1. Communicate Often:

- As most teachers probably already know, constant communication will help keep parents on track with what is taking place in the classroom each and every day.
- Any unusual behaviour of their ward can also be discussed with parents on daily basis. While striving such communication with parents, most of that conversation needs to stay positive, especially at the beginning of the school year.
- If teachers can send home positive emails or notes about how well a student did in class, the positive relationship begins.
- If the only contact a parent receives is negative, then the parent starts to dread teacher emails and notes and so do the students.
- Positive communication begins to build that good relationship so that if a teacher has to report something negative, it is not as detrimental to the parent-teacher-student relationship.
- Even schedule with counsellors should also be displayed to parents so that they have the access with them to communicate anything regarding their child.

2. Provide Activities:

- Teachers can give parents ideas for activities that would benefit what the students are learning in the classroom. For example, in a science class, the teacher might recommend a trip to the zoo or a nature walk. The teacher can even provide some talking points or things to look for on the walk. For a math class, the teacher might provide a recipe that families can complete and create together to practice measuring or maybe encourage parents to share how to budget or pay bills with their child. For history, parents and students could interview someone from a specific time period.
- Creating activities is a great way to strengthen family bonds while improving student learning.
- For similar activities, counsellors can also be engaged in such activities to observe the relationship patterns between student with their parents and can later suggest ways to improve the same.

3. Using Digital technology and Learning Management System (LMS):

- Surprisingly, a LMS (wherever feasible) can help teachers in training, creating awareness and also collaborate with parents.
- If you are using a LMS at your school, consider the following ways to increase collaboration and communication with parents.
- Similarly, counsellors can be provided access to information, awareness, for interaction and collaborative efforts with teachers and parents to ensure well-being of students.

Knowledge:

- Many times, parents don't know the information being taught in the classroom well

enough to help their child, especially as students enter middle school and high school.

- Using your LMS, teachers can provide background information about what is being learned in class so parents can help their child with homework. Whether they are worksheets, handouts, videos, or presentations, giving parents this type of information helps them feel confident when they try to help their child with an assignment.
- Teachers can even provide examples of exemplary projects for parents to use as a template.
- Using this will also encourage parents to ask teachers questions as they arise about the class content.

Reports:

- Use your LMS to share progress reports with parents.
- You can communicate when students have missing assignments or share ICT material on ensuring well-being of students, one pagers or posters.
- Teachers can share missing work when students are absent.
- Teachers can even share work when students do well to celebrate student accomplishments.
- Sharing this type of information with parents gives them important information but also helps them stay connected to the classroom.

Planners:

- Another great option for your LMS is using it to share a weekly calendar with parents and students.
- You can use your LMS to send emails or just keep an updated calendar with upcoming assignments, tests, and projects or activities like community awareness clubs to educate about how to ensure well-being of their wards.
- Counsellors can hold sessions for awareness workshops virtually for parents so that anyone can attend irrespective of their physical presence and busy time schedules.
- This is a great collaboration tool because parents can then help keep their children accountable for the work as well as make sure they are studying pressure less for tests and quizzes.
- Parents can also make sure projects and larger assignments get turned in on time because they will know when the due date is.
- This will also help parents to keep the tab of the study pressure a child may be going through during that duration and may help them in coping it.

Surveys:

- Giving parents surveys can provide crucial information for teachers.
- Teachers can ask all kinds of questions and get accurate that they might not get from

a student. Do families have internet at home? When would parents like parent-teacher meetings to be? What type of format of meetings need to be? Traditional or student-led?

- All of these questions and more would help teachers, counsellors and parents collaborate with one another.

Community:

- While teachers and parents collaborating and communicating is important, parents need to collaborate with counsellors also on regular basis to ensure the well-being of their ward.
- Using a discussion board meant for parents, they can discuss upcoming school events at the school.
- This would be a great place for parents to share ideas for supporting learning at home. Maybe one parent cannot take a student to complete an activity but another parent can. They can make these types of arrangements using the LMS.
- Collaboration between parents, teachers, counsellors and students is key for creating a successful classroom.
- Most importantly, if teachers can keep parents knowledgeable about what is happening in the classroom with their own child and about their activities and mannerisms, the chances of learning success and the well-being of their ward increases tremendously.
- Collaboration among parents, teachers and counsellors shows students how important the learning process they are doing every day in class actually is.

Volunteers Community engagement for school mental health program

- Schools should make all efforts to call for volunteers and leaders in the community to contribute towards the school mental health program.
- Active engagement Volunteer to help with school mental health program during recess and/or serve as a recess monitor.
- Volunteer to lead a yoga class, spirituality, ethics and life skills in the schools and to reinforce healthy messages and practice.
- Volunteer to provide information about physical and mental health activities that can be done with children at school.
- Volunteers need to be motivated to join the school or district committee (e.g., wellness committee) that sets the policies for health and wellness, and work to include language about recess, physical education, mental health activities before, during, and after school. Be part of community activities supported by the school and offer to help with activities, such as the fitness testing in physical education and the annual field/sports day. Attend school sporting events and practices.

CHAPTER 6

EMERGING CONCERNS FOR CHILDREN WITH SPECIAL CIRCUMSTANCES; MENTAL HEALTH PERSPECTIVES

6.1. Protection of Children from Sexual Offences Act (POCSO), 2012:

6.2. Role of School in the prevention of child sexual abuse

6.3. Children in special circumstances and need of protection (includes disabled)

6.4. SOP for reporting the Child Sexual Abuse

- In India, a child has the right to be protected from neglect, exploitation, and abuse at home and elsewhere.
- Children have the right to be protected from the incidence of abuse, exploitation, violence, neglect, commercial sexual exploitation, trafficking, child labour, and harmful traditional practices to name a few.
- More than half of the abuses inflicted upon children are committed by a close group of people who have a relationship of confidence and authority with the child.
- In Indian families, parents have absolute authority over their children.
- Furthermore, this strict discipline is also found in academic areas, a study found that 65% of school-going children have faced corporal punishment at the hands of academic staff.
- To fully realize children's right to protection, it is important to adopt a different attitude towards children and their needs.
- It is also necessary to invest in educating and training caregivers on children's fundamental right to protection, and prosecuting those who neglect it.
- The Indian constitution accords rights to children as citizens of the country, and in keeping with their special status the State has even enacted special laws.
- The Constitution guarantees all children certain rights, which have been specially included for them such as:
 - a. Right to free and compulsory elementary education for all children in the 6-14 year age group (Article 21 A),
 - b. Right to be protected from any hazardous employment till the age of 14 years (Article 24),

- c. Right to be protected from being abused and forced by economic necessity to enter occupations unsuited to their age or strength [Article 39(e)],
 - d. Right to equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guaranteed protection of childhood and youth against exploitation and against moral and material abandonment,
 - e. Right to equality (Article 14),
 - f. Right against discrimination (Article 15),
 - g. Right to personal liberty and due process of law (Article 21),
 - h. Right to being protected from being trafficked and forced into bonded labour (Article 23) and
 - i. Right of weaker sections of the people to be protected from social injustice and all forms of exploitation (Article 46).
- Every citizen needs to appreciate that child rights are a set of principles and entitlements. Some of the rights are not negotiable and are justifiable in a court of law.
 - Child ‘protection’ without proactive participation by everyone just doesn’t work.
 - The National Commission for Protection of Child Rights (NCPCR) was set up in March 2007 under the Commissions for Protection of Child Rights (CPCR) Act, 2005 under the administrative control of the Ministry of Women & Child Development, Government of India. The Commission's Mandate is to ensure that all Laws, Policies, Programs, and Administrative Mechanisms are in consonance with the Child Rights perspective as enshrined in the Constitution of India and also the UN Convention on the Rights of the Child.
 - Child sexual abuse is one of the most significant risks being faced by children today in this world.
 - Child Sexual Abuse can occur in person and also without contact between the offender and the child such as showing pornographic videos or pictures to the child, using the child in pornographic material, verbal abuse, making lewd gestures to the child, playing sexualized games, stalking the child or chatting with sexual intent with the child over the Internet.
 - Child sexual abuse is a very secret crime, and unless the victim is bold to tell someone about it, it can be hidden for a lifetime.
 - Children are often scared to tell anyone about the abuse.
 - Many cases of abuse are not reported at all.
 - Hence to protect the children new legislation was implemented, the **Protection of Children from Sexual Offences Act (POCSO), 2012** strengthens the legal provisions for the protection of children from sexual abuse and exploitation. It protects all children under the age of 18 years from the offences of sexual assault, sexual harassment and pornography.

Legal Frame Work:

6.1. Protection of Children from Sexual Offences Act (POCSO), 2012:

- The duties cast upon every citizen to protect the children is the highlighting feature of the Protection of Children from Sexual Offences Act (POCSO), 2012, is the mandatory reporting obligation imposed under Section 19.
- It requires every person (including a child) who suspects or has knowledge of a sexual offence being committed against a child to report it to the local police or the Special Juvenile Police Unit. Any person in charge of an institution who fails to report the commission of a sexual offence relating to a subordinate is liable to be punished.
- The POCSO act not only punishes the perpetrator of sexual abuse but also penalises those who have failed to report the offence shall be punished with imprisonment of either description which may extend to six months or with a fine or with both.
- Any person in charge of a company or an institution who fails to report the commission of a sexual offence relating to a subordinate under their control shall be punished with imprisonment for a term which may extend to one year and with a fine under Section 21 of the act.
- Further, Sec 23 mandates that no person shall make any report or present information on any child from any form of media, which may have the effect of lowering child's reputation or infringing upon privacy of the child.
- Any violation of confidentiality shall be liable to be punished with imprisonment of six months but which may extend to one year or with fine or with both.

6.2. Role of School in the prevention of child sexual abuse

Children spend considerable time in school. Teachers play a crucial role in identifying, reporting and supporting the child. In this context, the significant role of teachers is being recognized, with an understanding that their participation is crucial to the success of any school-based child sexual abuse prevention initiative. The school environment should focus on developing teachers' knowledge of the social context of child sexual abuse and skills to identify the indicators of CSA. Making aware of the legal obligation of reporting child sexual abuse sensitively and to following the standard operating procedures for addressing allegations, and specifically, detail how schools must respond to reports of child sexual abuse.

- To educate and train the school teachers in identifying the possible signs, symptoms and behaviours of survivors of abuse.
- Each State can form their Support system, develop a protocol and provide guidance to schools concerning the procedures and processes involved in an alleged case of child abuse.
- Facilitate and the principal/school's decision making concerning the various steps which need to be taken, ensuring that the legal requirements are fulfilled
- All decisions must be taken by the head of the school/principal, taking into cognisance the best interest of the child.

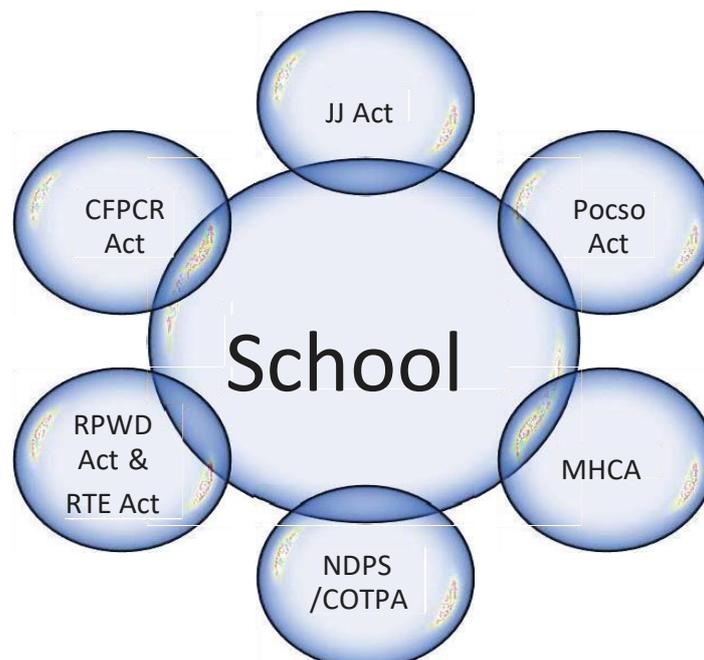
- Ensures that the matter is reported to the legal authorities at the earliest to gather evidence.
- A system needs to be developed to support, intervene and monitor the survivor, alleged perpetrator (if child) and other affected persons.
- Every person involved in assisting the child both inside the school and outside should ensure confidentiality.
- Establishes whether specialist-based counselling support is necessary. A referral mechanism needs to be in place.
- Everyone employed (including the part-time and outsourced personnel such as security, transportation, canteen, cleaning personnel and so forth) at the school must be screened prior to appointment regarding the past child sexual abuse.
- Any schools must impart regular training to sensitise its employees on child safety and protection. It has to adopt a child protection policy based on the principle of zero tolerance to violence against children.
- School administration shall proactively identify the range of support services required such as:
 - medical assistance and counselling services through liaisoning District Mental Health Program Team or NGOs
 - referral to removal to place of safety through liaisoning with Child welfare committee
 - legal representation, compensation and rehabilitation through liaisoning with District or Taluk Legal Services Authority
 - rehabilitation through liaisoning with government and NGOs
 - security of the children through liaisoning with local police

6.3. Children in special circumstances and need of protection

- A child in need of care and protection means, who is found without any home or settled place or abode and without any ostensible means of subsistence such as children without family support, orphans, abandoned, children forced into labour, abused/trafficked, children on streets, children affected by substance abuse, children in armed conflict/civil unrest/natural calamity, children victim of crime, children with disability children and so forth needs to be brought to the attention of child welfare committee formed under the Juvenile Justice Act.
- These committees are formed in each district, and consist of a chairperson and 4 other persons, at least one of whom should be a woman. The Committee has the final authority to dispose of cases for the care, protection, treatment, development and rehabilitation of the children as well as to provide for their basic needs and human rights but does not have the authority to give a child up for adoption.
- Similarly, '**A child in conflict with law**' is a child who is alleged or found to have committed an offence and who has not completed eighteen years of age on the date of commission of such offence needs to be informed to the Juvenile Justice board. These Juvenile Justice Boards are to be established by the State Government in every district exercising the powers and discharging its functions relating to children in conflict with law under this Act.

- Every child is entitled to be legally represented and avail free legal through District or Taluk Legal Aid Services established in respective court complexes.
- A teacher's role in the life of an individual is vital and a good teacher occupies a very significant place in the minds and hearts of young students. After parents, it is the teacher who influences a child most, and contributes to the shaping of his or her personality.
- Children in every society are deprived of their rights. They can be subjected to neglect, abuse, violence and exploitation anywhere. There is some abuse that may happen inside the school premises, while a lot of it is what children suffer at home and in non-school environments.
- The teacher's duty to protect children does not come to an end once they are out of the school premises.
- The Government needs to take the initiative setting up of the Child Rights Clubs across the schools to enable children to exercise their rights. The purpose behind setting up of the clubs is to create awareness among the teachers and children about their rights pertaining to issues such as right to livelihood, protest against atrocities and harassment, development and participation where views of children are considered in all earnestness. The clubs will play a major role in solving their problems by publicly questioning the violation of children's rights.

Legal Awareness to the teachers and school administration

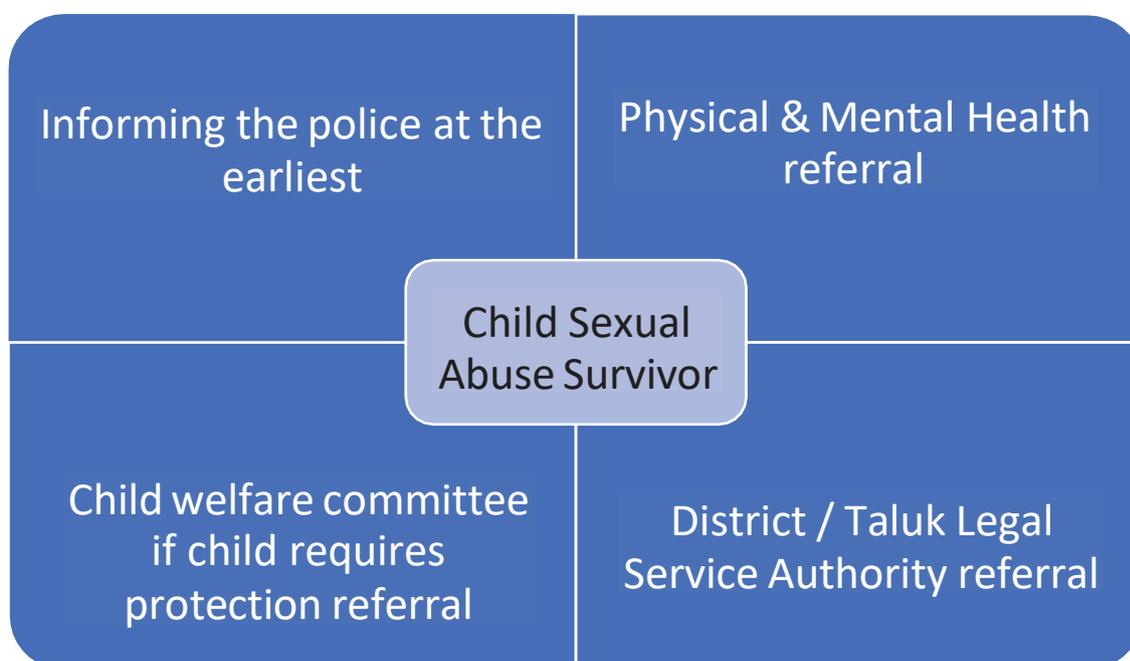


- ❖ *JJ Act – Juvenile Justice Act, 2015*
- ❖ *POCSO Act – Protection of children from Sexual offence Act, 2012*
- ❖ *MHCA – Mental Healthcare Act, 2017*
- ❖ *NDPS /COTPA – Narcotics Drugs and Psychotropic Substances Act, 1985 & the Cigarettes and Other Tobacco Products Act, 2003*
- ❖ *RTE Act – The Right of Children to Free and Compulsory Education Act 2009*
- ❖ *CFPCR Act - The commission for protection of Child Rights Act 2005*
- ❖ *RPWD Act – Rights of persons with disability Act 2016*

It is essential to prepare the teachers in following:

- a. to make aware of Rights of the Children,
- b. Knowledge about Child Rights will enable the teachers in the promotion of Child Rights
- c. Awareness of the government policy, laws, programs, schemes and mechanisms in place for children based on Child Rights
- d. Roles and responsibilities to be taken by the Department of Education and School authorities in the care and protection of Children's Rights
- e. Teachers can be the champions playing important role in advocacy and making aware on Legal provisions for the protection of Child Rights in the society

6.5. SOP for reporting the Child Sexual Abuse



SOP for school administration or teacher or any staff or any person comes to know about the child sexual abuse

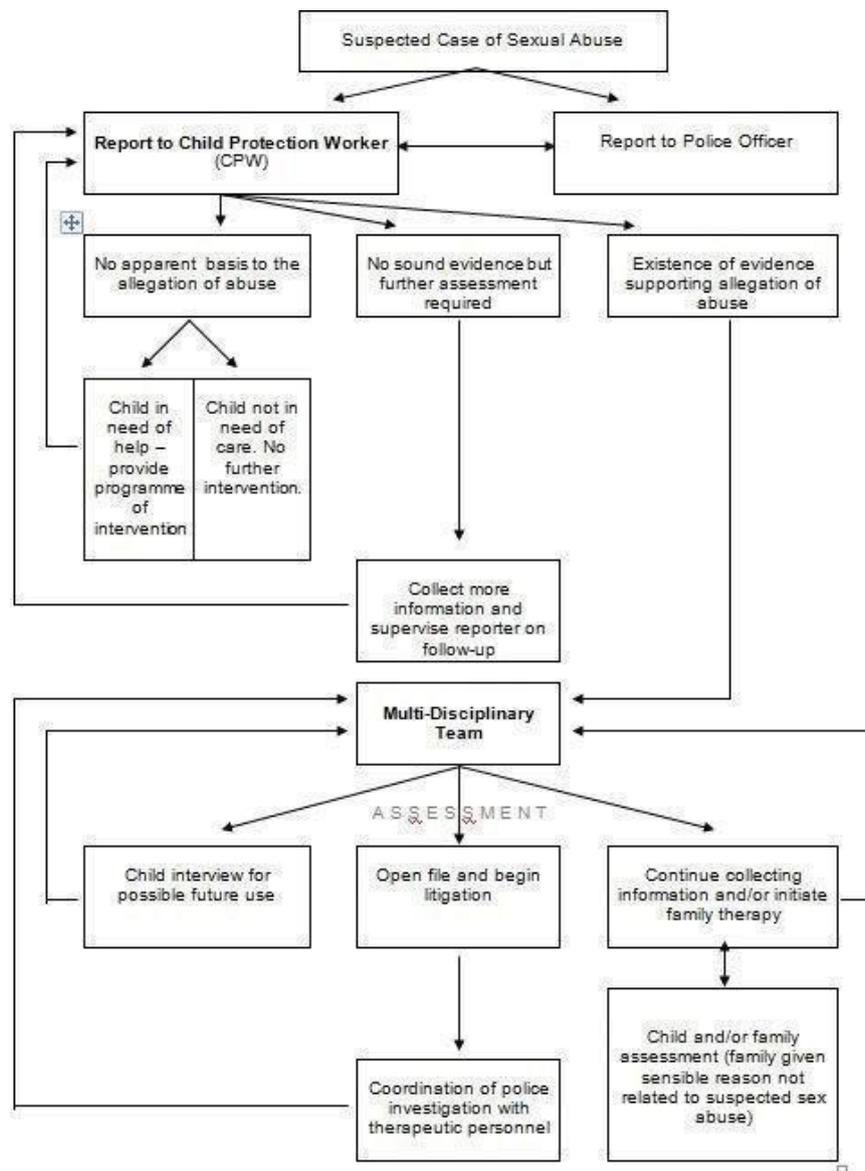


Figure 1. Flow chart of procedures to be followed after reporting of suspected sexual abuse. (From: Oz & Balshan, 2007)

Figure 1: Flow chart of procedures to be followed after reporting of suspected sexual abuse (From : Oz & Balshan, 2007)

ANNEXURES

ANNEXURE NO	TITLE
1	CHECKLISTS FOR THE SCREENING OF MENTAL HEALTH CONCERNS AMONG CHILDREN AND ADOLESCENTS
1.1	Checklist for The Early Identification of Anxiety
1.2	Checklist for The Early Identification for Depression In Children
1.3	Checklist for Early Identification of Inattention and Hyperactivity
1.4	Checklist for The Early Identification for Disruptive Behaviors
1.5	Checklist for The Early Identification for Dyslexia
1.6	Checklist for The Early Identification for Dyscalculia
1.7	Checklist for The Early Identification for Dysgraphia
2	THE OPERATING MODEL FOR THE IDENTIFICATION OF MENTAL HEALTH ISSUES
3	SAMPLE ACTIVITIES FOR MENTAL HEALTH PROMOTION Activity 1; Reflecting on Adolescence and The Growing Up Process Activity 2: Understanding and Expressing Anger Activity 3: Understanding and Dealing with Loss & Sadness Activity 4 Learning to Say “No” Activity 5: Improving Family Bonding and Communication Activity 6: Understanding Gender Roles
4.	FLOWCHARTS AND POSTERS A. Mental Health Support for Schools: A Summary Model B. Whole School Approach for Safety and Psychosocial Wellbeing C. Caring With Psychosocial Support for Children and Adolescents D. Psychosocial Tips For Parents To Help Children With Special Needs

Annexure 1.1

CHECKLIST FOR THE EARLY IDENTIFICATION OF ANXIETY

S. No		Not at All (1)	Just a Little (2)	Pretty Much (3)	Very Much (4)
1	Does the child appear nervous and tense?				
2	Does the child bite nails or suck their thumb?				
3	Does the child show nervous movement or twitching?				
4	Does the child have constipation or diarrhea?				
5	Does the child have nightmares and sleep disturbance?				
6	Does the child feel fearful easily?				
7	Does the child have poor attention and concentration?				
8	Does the child feel irritable?				
9	Does the child complain of fearful thoughts or images?				
10	Does the child get very panicky?				

Evaluation

A total of 3 or more items that have been marked as "pretty much" or "very much" by either the parent or the teacher are significant. In such a case, refer to a psychologist for further assessment.

Annexure 1.2

**CHECKLIST FOR THE EARLY IDENTIFICATION FOR DEPRESSION
IN CHILDREN**

S. No		Not at All (1)	Just a Little (2)	Pretty Much (3)	Very Much (4)
1	Does the child appear sad?				
2	Does the child weep?				
3	Does the child use negative terms to describe himself?				
4	Does the child have morbid ideas of death, injury, etc.?				
5	Does the child think about Self harm?				
6	Does the child get easily irritable?				
7	Has the child shown recent disinterest in school work?				
8	Does the child show lack of enthusiasm?				
9	Has the child recently withdrawn from friends?				
10	Is the child having sleep difficulties?				
11	Is the child having difficulties with appetite?				
12	Has the child been complaining of frequent aches and pains?				

Evaluation

A total of 3 or more items that have been marked as "pretty much" or "very much" by either the parent or the teacher are significant.

**Annexure-1.3 CHECKLIST FOR EARLY IDENTIFICATION OF INATTENTION
AND HYPERACTIVITY**



Child's Name _____ Age _____ Sex: M F Class _____

Circle the number that best describes this student's school behaviour over the past 6 months (or since the beginning of the school year).

1.	Fails to give close attention to details or makes careless mistakes in schoolwork.	0	1	2	3
2.	Fidgets with hands or feet or squirms in seat.	0	1	2	3
3.	Has difficulty sustaining attention in tasks or play activities.	0	1	2	3
4.	Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
5.	Does not seem to listen when spoken to directly.	0	1	2	3
6.	Runs about or climbs excessively in situations in which it is inappropriate.	0	1	2	3
7.	Does not follow through on instructions and fails to finish work.	0	1	2	3
8.	Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
9.	Has difficulty organizing tasks and activities.	0	1	2	3
10.	Is "on the go" or acts as if "driven by a motor."	0	1	2	3
11.	Avoids tasks (e.g., schoolwork, homework) that require sustained mental effort.	0	1	2	3
12.	Talks excessively	0	1	2	3
13.	Loses things necessary for tasks or activities.	0	1	2	3
14.	Blurts out answers before questions have been completed.	0	1	2	3
15.	Is easily distracted.	0	1	2	3
16.	Has difficulty waiting for his turn.	0	1	2	3
17.	Is forgetful in daily activities.	0	1	2	3
18.	Interrupts or intrudes on others.	0	1	2	3

Evaluation

A total of 3 or more items which have been marked as "often" or "very often" by either the parent or the teacher are significant. In such a situation, refer to a psychologist for further assessment.

Questions to detect ADHD- INATTENTION

- Does the child often have incomplete classwork/homework?
- Does the child frequently lose interest in activities that he/she began with enthusiasm (e.g., hobby classes)?
- Does the child avoid tasks requiring sustained mental effort?
- Does the child listen completely to what parents or teachers tell him/her directly?
- Does the child follow through with instructions and finish a task successfully?
- Does the child often lose his/her belongings in class ex., pencil, notebooks, etc?
- Is the child bad at the organization of daily routine/tasks?
- Is the child forgetful?
- Is the child easily distracted?

Questions to detect ADHD – HYPERACTIVITY – IMPULSIVITY

- Is the child more talkative than other children his/her age?
- Is the child always running, jumping, or climbing around? How difficult is it to make the child sit at a place for an activity?
- Does the child leave the seat and roam around in the middle of class in the presence of the teacher?
- Does the child have difficulty playing quietly?
- Is the child impatient? Does he/she have difficulty waiting for his/her turn in play or long queues?
- Does the child interrupt others in their activities?

**CHECKLIST FOR THE EARLY IDENTIFICATION FOR DISRUPTIVE
BEHAVIOURs**

		Not at All (0)	Just a Littl e (1)	Pretty Muc h (2)	Ver y Muc h (3)
1	Has run away from home overnight at least twice while living with parents (or once without returning fora lengthy period)				
2	Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)				
3	Has been physically cruel to people				
4	Have stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking; Forgery)				
5	Often missing from school, without parental knowledge, beginning before age 13 years				
6	Has deliberately destroyed others' property (other thanby fire setting)				
7	Often initiates physical fights with others who do notlive in his or her household (e.g., peers at school or in the neighborhood)				
8	Has forced someone into sexual activity				
9	Often bullies threaten or intimidate others				
10	Has been physically cruel to animals				
11	Often stays out at night despite parental prohibitions, beginning before age 13 years				
12	Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)				
13	Has deliberately engaged in fire setting with thethe intention of causing serious damage				
14	Has broken into someone else's house, building, or car				
15	Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)				

Evaluation

A total of 3 or more items that have been marked as "pretty much" or "very much" by either the parent or the teacher are significant. In such a case, refer to a psychologist for further assessment

CHECKLIST FOR THE EARLY IDENTIFICATION FOR DYSLEXIA

S. No		Rarely	Often	Very Often	Have not Observed
A.	Reading difficulty				
1	Poor reading progress on both looks and say and phonic methods.				
2	Hesitant and labored reading.				
3	Missing out a line or reading the same line twice.				
4	Confusion with similar-looking words like on/no; was/saw; for/of; off/from.				
5	Making anagrams of words like 'tired' for 'tried', 'breaded' for 'bearded'				
6	Reading ability at least two years below age and grade expectancy.				
7	Problems in rhyming words.				
8	Reading lacks fluency, intonations, accuracy, and speed.				
B.	Spelling & Writing Difficulty				
1	Disregard for punctuation.				
2	Messy words with many crossing out and words tried several times.				
3	Persistent confusion with letters that look alike, particularly b/d; p/q; n/u; m/n.				
4	Wrong choice of letters due to poor auditory differentiation particularly between the vowels - a, e, I, o, u; and also, between t/d; p/b' m/n; like "fan, fun, fen, pat, pit". Will be confusing words and many others.				
5	Indiscriminate use of upper-case letters usually because the child feels more secure with the capital form - e.g., Rabbit.				
6	Confusion between similar sounding words like, 'accept' for 'except', 'our' for 'are'.				

7	Poor performance on spelling tests.				
8	Confusion between homophones - there/their.				
9	Phonetic spelling of non-phonetic words, for e.g., 'because'- 'becose' 'people' - 'peeple'.				
10	Syntax errors are prominent.				
11	Inability to put thoughts into writing.				
12	Classwork and homework are often incomplete.				

C.	Difficulty with Comprehension				
1	Inability to recall details of the information.				
2	Tendency to go off on a tangent.				
3	Difficulty with reading comprehension/ main idea concept.				
4	Can study only in short spells.				
5	Tend to overload when too much auditory information is presented.				

Evaluation:

If you have marked 'Often' & or 'Very Often' to many of the items, then you should meet the parents and discuss your concerns about the child's behavior with them. Suggest to them that they should get the child's assessment done through a psychologist. Classroom management strategies could help the child to show improvement.

DYSCALCULIA

The child's performance in arithmetic is significantly below the level expected based on his age, intelligence, and schooling. It has been seen that children with this disorder have problems in visuospatial and visual perceptual skills.

CHECKLIST FOR THE EARLY IDENTIFICATION OF DYSCALCULIA

S. No.		Rarely	Often	Very Often	Have not Observed
1	Has difficulty reading multi-digit numbers				
2	Has difficulty differentiating between numbers				
3	Has confusion before and after concepts				
4	Has difficulty in time or counting				
5	Puts decimal in the wrong place and has confusion about positive and negative numbers				
6	Has difficulty in using a number line				
	Difficulty doing oral word problems				
7	Has difficulty writing numbers or assignment from dictation				
8	Is unable to make comparison and quantity				
9	Has difficulty understanding symbols $<> = *$ in maths				
10	Has difficulty understanding the abstract level of mathematical concepts and operations				

Evaluation:

If you have marked 'Often' & or 'Very Often' to many of the items, then you should meet the parents and discuss your concerns about the child's behavior with them. Suggest to them that they should get the child's assessment done through a psychologist. Classroom management strategies could help the child to show improvement.

CHECKLIST FOR THE EARLY IDENTIFICATION FOR DYSGRAPHIA

S. No.		Rarely	Often	Very Often	Have not Observed
1	Does the child write too large or too small?				
2	Does the child write the letter too small or too far apart?				
3	Is child very untidy in the written word?				
4	Does the child omit or add parts of letters?				
5	Does the child make frequent grammatical, punctuation, and spelling errors?				
6	Does the child write numbers inconsistently or does he/she reverse them (31 as 13, 6 as 9), while writing?				
7	Does the child reverse forms or shapes of letters while writing (b as d)?				

Evaluation:

If you have marked 'often' & 'very often' to many of the items, then you should meet the parents and discuss your concerns about the child's behavior with them. Suggest to them that they should get the child's assessment done through a psychologist. Classroom management strategies could help the child to show improvement.

The Operating Model for Identification of Mental Health Issues

Identification of the Child by Teacher



Informal Observation and Screening



Interaction with Counselor and Parents



Comprehensive Psycho-social, Emotional & Educational Assessment



Development of Individualized Educational and Management Plan based on:



Transaction and implementation of the processes and techniques of the Plan by the Teacher and Counselor



An adequate follow-up to ensure mental health & wellbeing of the child with consistent and uniform progress



Periodic feedback and interactions with Teachers, Counselors, and Parents to staying motivated



Refer to Mental Health Professional if needed
(When the goal is not met)



Activity-1: Reflecting on Adolescence and the Growing Up Process



OBJECTIVES OF THE ACTIVITY
minutes

Time: 40-45

STUDENTS WILL:

- Understand changes during adolescence.
- Appreciate the feelings associated with growing up.

MATERIALS

- Chart paper, pens, markers, magazines, glue stick, board, chalk.
- Prepare slides to be displayed in the activity.

PROCESS

1. Peer Educators divide the students into seven groups and ask them to discuss on the following topics-
“Physical changes during adolescence”, “social changes during adolescence”, “emotional changes during adolescence”, “areas of concern of adolescents”, “adolescent’s view of health”, “how do changes during adolescence influence health”, “how can adolescents deal with these physical, social and emotional changes”.
2. Peer Educators ask them to use any method to present their discussion e.g. as a collage, drawing, points written on chart paper, etc.
3. Peer Educators invite each group to present their work and they write the important points under each heading on the blackboard.
4. The peer educators ensure that some of the important points are substantiated using the slides given below.

- “Adolescence” is a period between childhood and adulthood.
- Puberty is the name given to changes that happen to girls and boys as they grow up.
- Boys and girls between 10–19 years are called “Adolescents”.
- Persons in the age group 10 – 24 are called “young people”.

Emotional and Social Changes

- Preoccupation with body image
- Fantasy and idealism
- Mood changes
- Attention seeking behavior
- Attraction towards the opposite sex
- Need to establish own identity
- Inquisitiveness
- Increased energy levels
- Changes in dress code
- Concrete thinking, but confused at times
- Future-oriented
- Increased Self-exploration and evaluation
- Conflicts with family over control
- Need for attachment to a peer group.
- Peer group defines behavioral code
- Forms new relationships
- Need for Independence

Physical Changes (in Boys)

- Growth spurt occurs
- Muscles develop
- Skin becomes oily
- Shoulders broaden
- Voice deepens
- Facial hair appears
- Enlargement of reproductive organs
- Sperm production begins
- Underarm and chest hair appears

Physical Changes (in Girls)

- Growth spurt occurs
- Breasts develop
- Skin becomes oily
- Hips widen
- Waistline narrows
- Underarm hair appears
- Pubic hair appears
- External genitals enlarge
- Ovulation occurs (may or may not)
- Menstruation begins

5. The peer educators summarize the session using the Key messages given below.

KEY MESSAGES

H Adolescence is a natural process that everyone goes through.

H Biological changes may vary in time, but they do have a pattern.

H Ask – Do not be afraid to ask questions, to parents, teachers, or someone you trust.

H One must take care of one's body – it means looking after physical needs(fitness, nutrition,) and socio-emotional (thoughts, feelings) need

Activity-2: Understanding Anger

OBJECTIVES OF THE ACTIVITY STUDENTS WILL:

Time: 30-40 minutes



- Explore reactions to anger in self and others
- Discuss their reactions to feeling angry
- Identify healthy and unhealthy reactions to anger
- Exchange ideas on healthy ways to deal with anger

MATERIALS

- Copy of “When you are Angry you are most like.....” for the teacher/peer trainer
- Pens or pencils, marker board or chalk.

PROCESS

1. Write “A” and “B” with chalk on the floor on the two opposite sides of the room.
2. The peer educator reads from “*When you are Angry you are most like.....*” and asks students to make their choice.
3. Based on their choice they have to stand in either area “A” or area “B”.
4. After each choice is read and students make their choices, the peer educator asks them to explain why they made that choice.
5. Then get the group back together and go on to the next set of choices. The peer educator facilitates group discussion among the students using the discussion prompts given below.
6. The peer educator using the answers to the discussion prompts gets opinions on whether the response is healthy or unhealthy. Ignoring, bottling up, or doing nothing is not too healthy nor is reacting in a way that is harmful to self or others.
7. The peer educators summarize the session using the Key messages given below.

KEY MESSAGES

- Anger is a natural emotion however how we behave in anger is under our control.
- There are healthy and unhealthy ways of expressing anger.
- Some simple steps you can try to control your anger are:
 - breath deeply, from your diaphragm; breathing from your chest won't relax you. Picture your breath coming up from your "gut".
 - Slowly repeat a calm word or phrase such as "relax," "take it easy." Repeat it to yourself while breathing deeply.
 - Use imagery; visualize a relaxing experience, from either your memory or your imagination.
 - Nonstrenuous, slow yoga-like activities can relax your muscles and make you feel much calmer.

Activity-3: Understanding and Dealing with Loss & Sadness

OBJECTIVES OF THE ACTIVITY

Time: 45-60



STUDENTS WILL:

- Identify personal losses and share them with the group
- Understand the reactions to lose.
- Gain an understanding of the healthy ways of dealing with sadness and loss.

MATERIALS

- Copy of the 'Loss Cycle Model' for the peer educators.
- Photocopies of Handout 'Dealing with Loss & Sadness', one for each student.
- Pens or pencils, marker, board, chalk.



NOTE

In this activity, the peer educators must be accompanied by the teacher facilitator and they must be empathetic in their discussion as this is a sensitive topic.

PROCESS

1. Peer educators divide the class into a small group of 10-15 students. They ask the group members to share some episodes when they felt really sad.
2. Then ask each group to give their responses and write them on the blackboard. Common responses include the following:

Someone died

We changed the house.

A friend moves away.

A brother or sister leaves home.

A pet dies.

I failed in a subject.

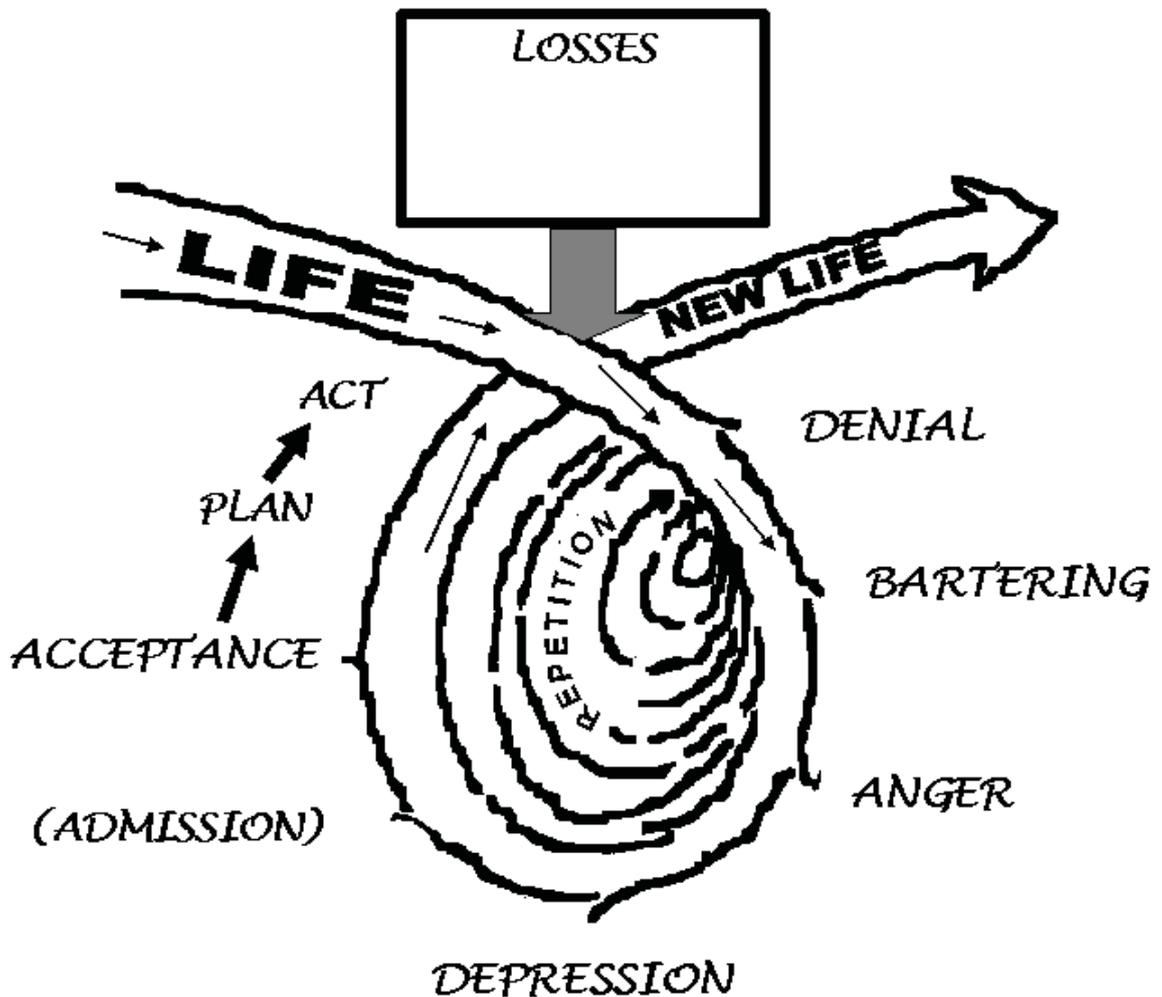
3. The peer educators tell that Sadness is a natural response to loss. It's the emotional suffering one feels when something or someone one loves is taken away. You may associate sadness with the death of a loved one – and this type of loss does often cause the most intense feeling of sadness. But some other losses may not cause such intense feelings of sadness though they do make us feel low.
4. Peer educators brainstorm with the whole group by asking “How do people express sadness?” They note the responses on one side of the blackboard.
5. They then draw/display the “The Loss Cycle” and explain the stages of coping with sadness.
6. Now, the peer educators ask the group, “What are some of the common false beliefs associated with sadness?” Present each myth given below and then the correct fact.
7. The peer educators summarize the session using the Key messages and distribute the “Coping with Loss & Sadness” handout.

KEY MESSAGES

- H Sadness is a personal and highly individual experience.
- H How one experiences it depends on many factors, including personality and coping style, life experience, faith, and the nature of the loss.
- H The responses to sadness are also varied and the grieving process takes time. There is no right or wrong way to grieve — but there are healthy ways to cope with the pain. You can get through it!

The Loss Cycle

The Normal Cycle for All Losses



If you are experiencing any of these emotions following a loss, it may help to know that your reaction is natural and that you'll heal in time. However, not everyone goes through all of these stages – and that's okay. Some people resolve their sadness without going through *any* of these stages. And if you do go through these stages, you probably won't experience them in neat, sequential order, so don't worry about what you "should" be feeling or which stage you're supposed to be in.

(Make photocopies and distribute one per student)

1. Get support

The single most important factor in healing from loss is having the support of other people. Even if you aren't comfortable talking about your feelings under normal circumstances, it's important to express them when you're sad.



2. Turn to friends and family members – Now are the time to lean on the people who care about you, even if you take pride in being strong and self-sufficient.

3. Draw comfort from your faith if you follow a religious tradition, embrace its comfort. Spiritual activities that are meaningful to you – such as praying, meditating, or going to church – can offer solace.

4. Face your feelings. You can try to suppress your sadness, but you can't avoid it forever. To heal, you have to acknowledge your feelings. Trying to avoid feelings of sadness and loss only prolongs the sadness.

5. Express your feelings tangibly or creatively. Write about your loss in a journal. If you've lost a loved one, write a letter saying the things you never got to say; make a scrapbook or photo album celebrating the person's life, or get involved in a cause or organization that was important to him or her.

6. Look after your physical health. The mind and body are connected. When you feel good physically, you'll also feel better emotionally. Combat stress and fatigue by getting enough sleep, eating right, and exercising.

7. Don't let anyone tell you how to feel, and don't tell yourself how to feel either. Allow yourself to feel whatever you feel without embarrassment or judgment. It's okay to be angry, to yell at the heavens, to cry, or not to cry. It's also okay to laugh, to find moments of joy, and to let go when you're ready.

Activity – 4 Learning to Say “No”



OBJECTIVES OF THE ACTIVITY

Time: 40

minutes

STUDENTS WILL:

Understand peer pressure and how to be assertive under pressure.

MATERIALS

Refusal techniques handout (one for each student)

PROCESS

1. Ask the students what they understand by the term 'peer pressure.
2. Ask them to give examples of real-life situations when they have experienced this kind of pressure.
3. Randomly ask people to get up and give them situations to practice assertive response.

Problem 1	A cousin offers you a cigarette.
Problem 2	You see some older school children smoking at a school picnic.
Problem 3	You are studying for exams and someone offers you some pills to help you stay awake.
Problem 4	Your best friend offers you a shot of alcohol to try when you are out at a celebration/party.
Problem 5	You have a very bad headache and someone offers you an unmarked pill from a strange-looking bottle or packet.
Problem 6	You see some of the seniors in your school transferring beer into empty coke cans in the toilet on the occasion of a Farewell party in your school.

4. Highlight whenever you see the participants showing characteristics of assertive communication.

Characteristics of Assertive Communication

- Strong and steady voice
- Direct and to the point
- “I” statements
- Confident
- Honest
- aware of people’s feelings
- Eye-to-eye contact
- Open to the resolution of a problem

5. Conclude the session by highlighting the following key messages.

KEY MESSAGES

- H Peer pressure is a part of life.
- H Peer pressure can be negative or positive. Acting under the influence of negative peer pressure can often have detrimental consequences for one’s life.
- H Peer pressure may compel us into certain actions which are contrary to our values. Therefore, it is important to choose friends or peers who share our values and beliefs.
- H Positive peer pressure can be used for bringing about desirable change.
- H Display the 10 commandments of substance abuse prevention



Refusal Techniques

(Handout one per student)



1. **"No thanks" technique** *"Would you like a smoke?"*
"No thanks."
2. **Give a reason or excuse** *"Do you want a drink?" "No thanks, I have basketball practice."*
3. **Broken record** *"Just try this Pan Masala"*
"No way."
"Come on, just little bit!"
"No way."
"Come on"
"No way."
"Don't worry. You won't get caught, you coward"
"I said, No Way!"
4. **Walk away** *"Are you coming outside for a smoke?"* Say "no" and walk away while saying it.
5. **Avoid the situation** If you know or see places where people often cause trouble, stay away from those places or go another way.
6. **Cold shoulder** *"Hey, are you coming to the party on Saturday night? There will be lots of beer!"* Just ignore the person.
7. **Change the subject** Start talking about something else
"Do you want some beer?"
"Hey! I'm not into this music at all.
I'm going to go request something else."
8. **Strength in numbers** Hang around with people you trust, especially in problem situations.
9. **Humour** Make a joke of the situation.
"Want a beer?"
"No thanks, too far to the bathroom"
10. **State a health problem** *"Do you want to smoke?" "No thanks, I'm allergic to smoke."*
11. **Reverse the pressure** *"I saw beer in your fridge. You should get it."*
"You get it if you want it so badly."

Activity – 5 Improving Family Bonding and Communication

(Handout one per student)

Learn to Listen: Learning to listen is essential in understanding your loved one. Take a moment to stop what you're doing and listen not just hear. Turn off the TV or radio, put off the book you're reading, listen to what your family member has to say, and try to understand the feelings they are conveying.

Think First: Family communication goes beyond the mere exchange of words. It is important to think first before saying something. You should carefully ponder the words you have to say. If you are angry, upset, or need to convey emotions that may stimulate conflict or stir up negative emotions, be sure to use "I" phrases. Express your feelings by stating how you feel instead of using language that points the finger at someone else. This will help disarm the situation. Once you have expressed your feelings, give the person listening to you the chance to respond. Request that this person use "I" statements too; it will promote and maintain peaceful co-existence in your home.

Take Interest: Oftentimes, in communicating with our loved ones, we tend to take an interest only in what we have to say. This should be avoided; we should always take a genuine interest in what the other has to say. Parents who take an interest in what their child or their spouse has to say cultivate healthier family relationships. Giving your undivided attention to your loved one even for a short period is much better than spending longer times together while distracted and not fully present.

Mind Your Tone: It is equally important to look after your tone. Pay attention not only to what you say, but how you say and express yourself to your family.

Be Trustworthy and Maintain Confidence: Trust will always be an essential ingredient in every relationship. Trust your family and inspire trust from your family. Keep your promises; always be true to them. Maintain confidence, this encourages trust and commitment between you and your family.

Always Find and Make Quality Time for Your Family: Family time is the perfect venue to have fun together and can involve any number of activities from playing scrabble, Uno, board games, or a game of cards. It can also be used to watch family movies together. Such light-hearted moments help the family to enjoy each other's company and can pave the way to easy communication and sharing of jokes, to exchanging funny events of the day. Quality family time is indeed a key to good communication and in maintaining love and peaceful coexistence in the family.

Discuss Issues and Problems which must be Discussed: Being open to discussing issues and problems is another key to improving family communication. Issues must be discussed in a manner that is beneficial to the family. It is not advisable to use the discussion to blame each other; rather a healthy exchange of views and problem solving will help the family bond.

Activity – 6 Understanding Gender Roles

OBJECTIVES OF THE ACTIVITY

Time: 40 minutes



STUDENTS WILL:

- Understand the meaning of the term ‘gender’
- Develop an understanding of gender roles to facilitate the relationship of gender and gender roles.

MATERIALS - List of statements

Definition of the Terms

Gender:

Gender refers to the socially constructed roles, behavior, activities, and attributes that a particular society considers appropriate for men and women.

Gender Roles:

A gender role is a set of social and behavioral norms that are generally considered appropriate for either a man or a woman in a social or interpersonal relationship.

PROCESS

1. Mark one corner/wall of the room as “Gender” and another corner/wall as “Biology”.
2. Read out each statement one by one and ask the students to move towards the “Gender” corner/wall and “Biology” corner/wall depending upon what they feel about the statements.
3. Tell the students that there are no right and wrong answers and emphasize that the purpose of this activity is to gain further understanding.
4. After all the statements have been read, initiate a discussion on the following issues:
5. Why do they believe that a particular statement has a gender or biological basis?
6. What is the impact of their understanding of the particular statements?
7. Encourage students to speak their minds and express their point of view howsoever different it may be.

Conclude by giving the following key messages.

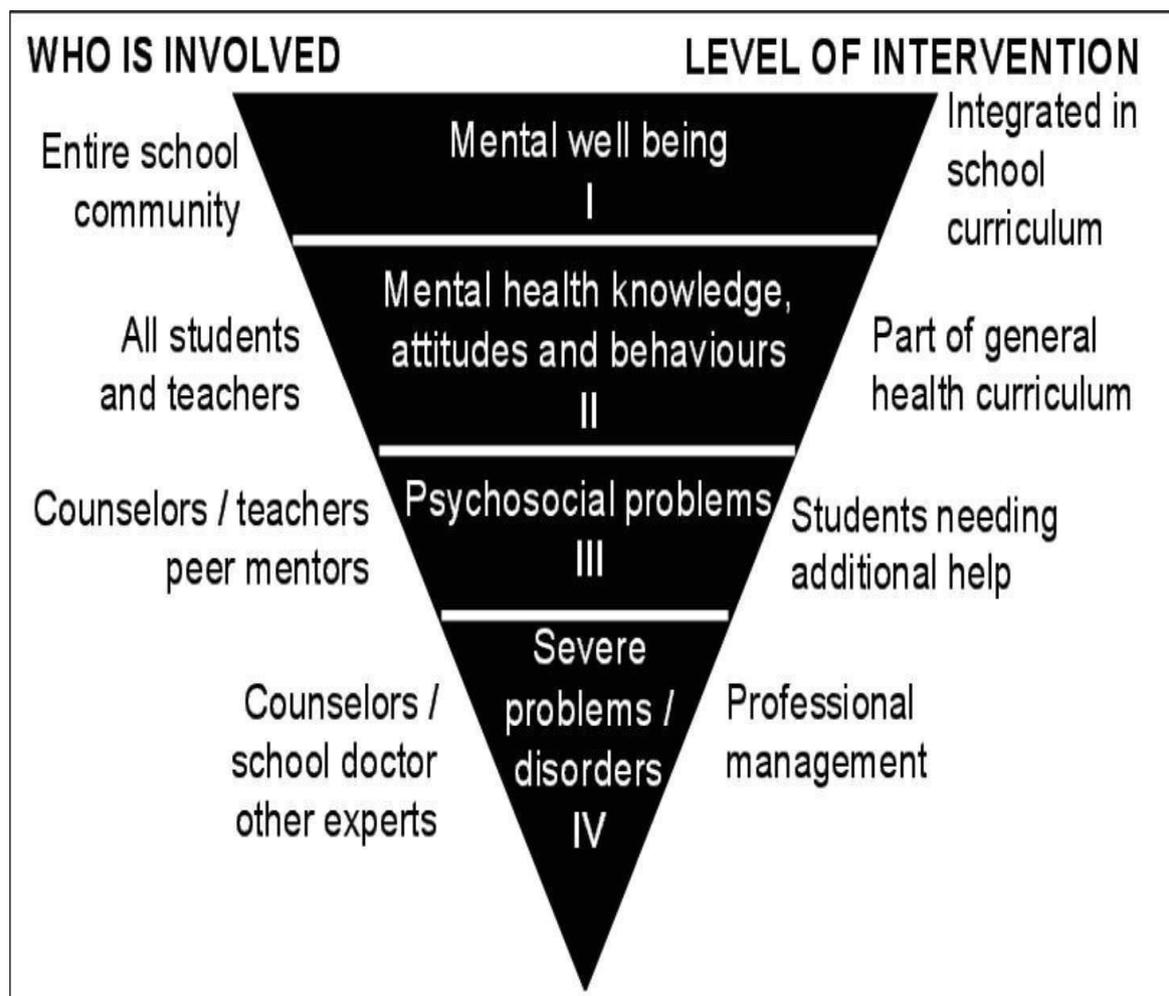


KEY MESSAGES

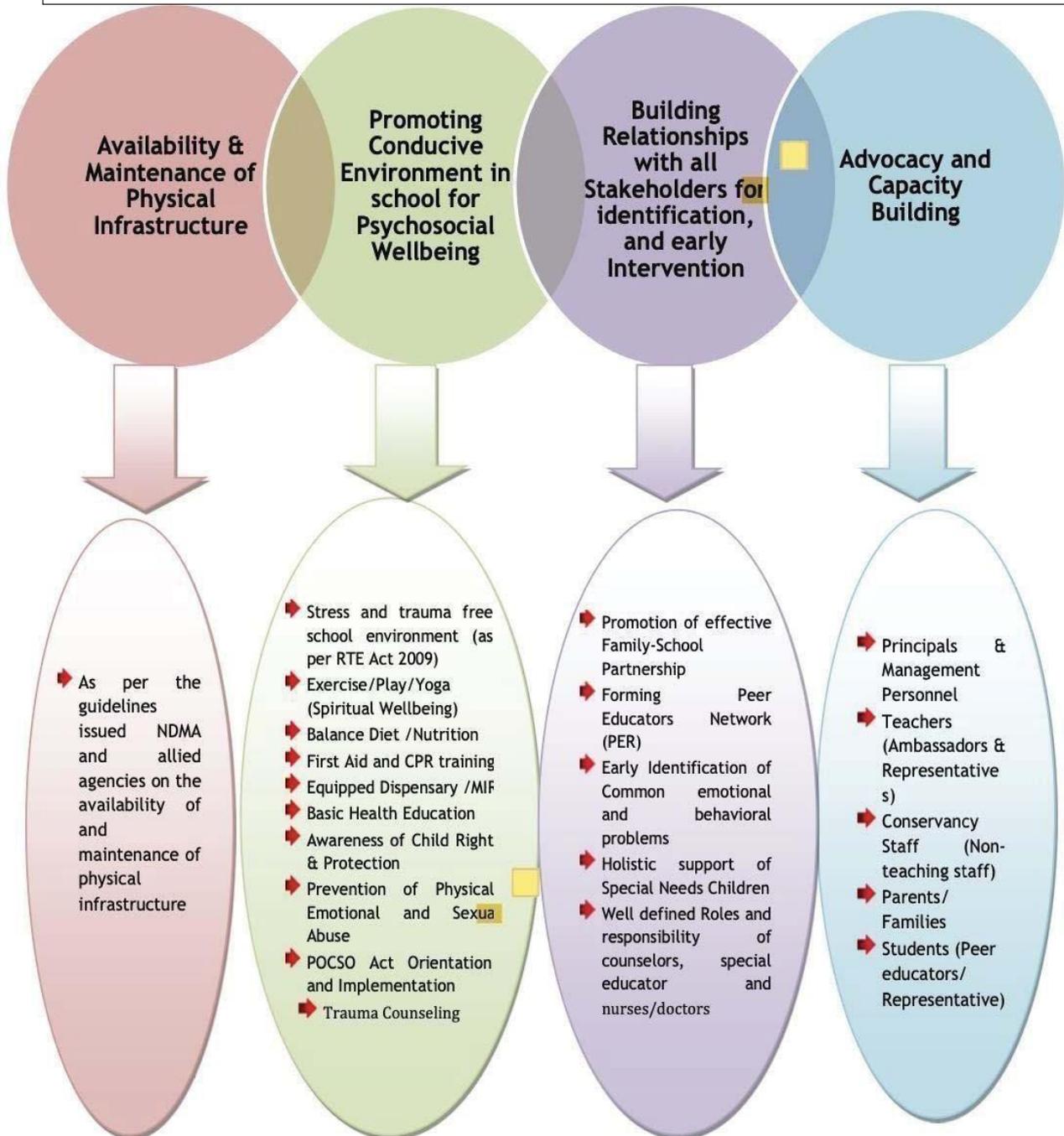
- H We are in the process of developing our understanding of these important terms.
- H Positive development in children requires greater clarity and clarification in their understanding of socially and culturally manifested gender roles.
- H The understanding of gender and gender role is very often influenced by their family, classroom environment, and peer group.
- H Gender denotes how men and women behave or are expected to behave so gender roles vary from one society to another.
- H Girls and boys are valued differently in different cultures so are assigned different gender roles and responsibilities.

SOPs AND FLOW CHARTS

A. MENTAL HEALTH SUPPORT FOR SCHOOLS: A SUMMARY MODEL

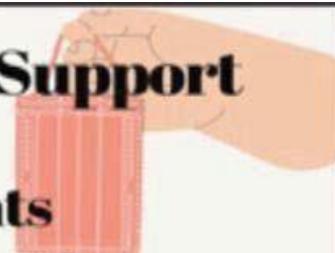


(B.) A WHOLE SCHOOL APPROACH FOR SAFETY AND PSYCHOSOCIAL WELLBEING



* Poster, AV, charts and handout need to be developed and maintained along with videos and short films for promotion and intervention.

Caring with Psychosocial Support of Children & Adolescents



- Focus on the Positive - Amplify the qualities where children learn with interest and self awareness.
- Help them stay connected with friends, relatives and engage in pro social activities. validate their feelings

- Listen to your body — Eat safe, get plenty of sleep and exercise every day. This may include indoor exercise lessons/games, stretching and meditation.
- Educate your children about sanitation and hygiene



- Establish a routine- Engage in daily activities . Care with empowering.
- Break up your day— Find ways to break up your day and, if possible, adjust the setting for various things.
- Take a break from stressful situations.

- Be non-judgmental towards children and proactive communication with compassion
- Help your child to be an involved learner & enjoy growing with creativity





Tips for Parents to Help Children with Special Needs

- **As Partners** , create a new schedule for your child – take care of their physical & psychological wellbeing ;include social stories that describe through words & pictures
- **Start the day with physical exercise/yoga, brain gym exercises and prefer a nutritious diet**– keep them away from food with artificial flavours and preservatives as it may trigger hyperactivity.



- **Create a happy family time**- Discuss happy memories that bring joy and happiness
- **Teach them to take care of their personal hygiene**– instruct your child about personal hygiene.
- **Involve them in household chores** – teach them self-help skills like folding clothes, watering plants, making sandwiches etc.

- **Be in regular contact with your Child's teacher, School's Special Educator and Counselor for continuous support** - to seek assistance and guidance for school projects, home work and home bound programme.
- **Manage their screen time**- set or enforce daily / weekly screen time limits.



- **Practice self-care** –As a caregiver for your child you should take care of your safety and well-being.

Supplementary Reading Material for Healthy And Happy Schools

- ✓ **Classroom Behavior Management**
- ✓ **General Guidelines For Happy and Healthy School**
- ✓ **The Adolescent Peer Educator's Leadership Program FOR Lifeskills Enrichment - Emerging Good Practices Model**

General Guidelines for Classroom Behavior Management

The process by which teachers and schools create and maintain appropriate behavior of students in classroom settings is referred to as Classroom Management. The purpose of implementing classroom management strategies is to enhance prosocial behavior and appropriate engagement of students in academic activities.



A chaotic classroom environment is a major issue for teachers and it contributes to high stress to teachers and burnout rates. Therefore, it is important to use effective classroom management strategies at the universal level in a multi-tier model, as they serve as both prevention and intervention methods that promote healthy outcomes for students.

Importance of Effective Classroom Management:

- Establishes and sustains an orderly environment in the classroom which increases the overall outcome of students as well as the class as a whole.
- Increases meaningful academic learning and in turn facilitates social and emotional development.
- Decreases inappropriate behaviors and increases time spent in academic engagement.

Classroom management systems are effective because they increase student success by creating an orderly learning environment that enhances students' academic skills and competencies, as well as their social and emotional development.

Classroom management systems are most effective when they adhere to **three basic principles**:

1. Emphasize student expectations for behavior and learning.

2. Promote active learning and student involvement.
3. Identify important student behaviors for success. More specifically:
 - What behaviors are required to reach the goals of learning activities?
 - What implications does a particular learning activity have for student roles?
 - How will the teacher prepare students to take on these roles?

The above principles are important for developing the most effective classroom management systems, if applied and answered early by the teachers, it can result in healthy outcomes for overall child development.

Behavior Modification in Classroom Setting:

Behavior is defined as an activity that we perform in everyday life which is observable and measurable. Children exhibit both desirable as well as undesirable behavior. Behavior is called undesirable because it may cause harm and inconvenience not only to others but also to the child.

Behavior is called undesirable or problem behavior only if:

- Behavior is injurious to self-e.g., bites own hands, etc,
- Behavior is injurious to others e.g., hits others, etc.,
- Behavior is interfering in the learning process e.g.; the child is constantly on the move when teaching is going on
- Behavior is not age-appropriate e.g., a fifteen-year-old sucks his or her thumb
- Behavior is socially unacceptable e.g., stealing, lying, etc.
- If these problem behaviors occur more frequently or for long periods or are very severe then these do require management.

The causes of classroom misbehavior

Classroom misbehavior happens due to some reason or the other. It is important to understand the reasons or ‘why’ of that behavior so that early intervention can happen timely and efficiently.

Attention-Seeking Behaviors:	A common cause of misbehavior is the need for attention.
Power Struggles:	This type of misbehavior is often symptomatic of a power struggle through which the child is actively trying to engage the teacher in a fight for domination, the more a teacher fights against the student’s behavior; the more he/she is rewarding it.

Revenge seeking behavior:	He/she seeks revenge when they are frustrated in their desire for attention or power. Revenge-seeking students are angry and rebellious, and their motive is to hurt the teacher or other pupils.
Avoiding Inadequacy	Children will misbehave when they would rather appear bad. For example: a) If a class assignment is too difficult, the child may choose intentionally misbehave and be sent from the room to avoid having to participate and look inferior. b) A matter of perfectionism, where the child will misbehave if they know they will not be the best at a task.

Support Strategies for the management of Classroom Behaviors:

Support strategies are effective and appropriate responses that are shown to modify the maladaptive behavior to more adaptive ones.

- The most appropriate response to attention-seeking behavior is to provide special attention only when the student is behaving properly. Appropriate behavior should be reinforced repeatedly until it becomes the preferred method of gaining attention. Instead, misbehavior should be ignored unless dangerous.
- An appropriate response to power-seeking behavior is to acknowledge the need with the student, perhaps even complimenting his/her natural leadership, and to give the child power whenever it is appropriate, making him/her leader of a group or giving him/her a visible and important responsibility.
- By working with power-seeking students, teachers can make allies out of dominating students.
- Rebellious students expect an angry or hurt response to their behavior, but teachers who can acknowledge the anger the child feels, apologies if the child is appropriately managed for anger over a specific incident.
- Responses to feelings of inferiority in children are best handled within the context of a classroom climate where effort and incremental growth is valued as much or more than the final product
- Ensure a consistent approach to the child's behavioral difficulties by all members of staff by developing positive behavior-management strategies.
- Encourage the provision of a positive classroom environment.
- Provide activities that encourage the building of self-esteem.
- Give the children opportunities to express their feelings through the use of puppets or role-play in pairs or small groups.

Key points for managing the behavior, remember:

- Work on one behavior at a time, especially for younger children.
- Usually those behaviors which are followed by positive consequences are learned and behaviors followed by unpleasant consequences are unlearned.
- Through the consequences, we can help the children to learn or unlearn certain behaviors.

Rewards play a very important role in effective behavior modification. The selection and choice of rewards help the teacher as well as the student to develop mutual goals for appropriate behaviors.

Rewards may include the following:

- Food items and Articles liked by the child
- Social reward: verbal and non-verbal signs of appreciation
- Activities which the child is fond of such as playing out with friends, playing on the computer, watching T.V
- Tokens/Stars/Stickers: A child may earn the tokens/stars/stickers on accomplishing the behavior. These can later be exchanged to earn a reward from the above-mentioned list.

While selecting rewards, remember:

- The rewards need to be selected appropriately. Food rewards and tangible rewards should not be selected every time.
- A reward preference list can be prepared along with the child, parents, peer groups, and teachers who know the child well.
- Easily available rewards should be chosen.

How to give rewards

- Reward clearly. This will show that this specific thing or article is the benefit of appropriate action.
- Reward immediately: This implies that desirable behavior must be praised immediately. With time decay the effectiveness of rewards decreases. Additionally, it also implies that if you are using star charts or tokens to manage behavior, they may be given to the child immediately. This helps the child to remember and internalize the desirable behavior.
- Reward appropriately and proportionally: Reward only desirable behavior.
- Change the reward if needed.

Star Charts/Token Economy Program:

These techniques can be used with both individuals as well as groups. Choose a behavior that requires to be modified. Follow the steps listed below to develop star charts:

- Make a list of desirable behaviors or activities that the child needs to learn. For instance,
- Getting up on time,
- Getting dressed by themselves,

- Finishing dinner,
- Finishing homework,
- Honesty, cooperation, and so forth.
- Choose behavior from the list which you want your child to learn. It is important to work on one behavior at a time initially. This enables the child and the parent/teacher to get used to the behavior management program.
 - Decide whether you would be giving your child tokens, stars, or stickers on a chart for accomplishing the behavior every time. For a child with ADHD, you may prefer to give the stars on a chart, since the child may have an increased tendency to lose his tokens due to his inattention and impulsivity.
 - Prepare a list of rewards that you would give the child for demonstrating desirable behavior. The list should include not only food items but activities that the child likes to indulge in.
 - Assign values in the number of tokens, stars, or stickers for specific target behavior. For instance, if you have chosen the behavior as completing homework, then every time the child completes the homework, he or she gets 4 stars or tokens. Decide on a reward for say 20 tokens/stars. The reward should be decided along with the child. To get the child used to the star chart system you may give rewards for the lower number of stars in the initial stages as well. The value of the reward may correspond with the number of stars.
- Introduce the system to the child in a friendly manner.
- Reward only the specified target behavior. Rewards may be provided at the end of the week
- Remember to praise the child for every positive accomplishment.
- Be consistent with the system
- Initially, you can implement the star chart with a single chore that you want the child to accomplish. Gradually you can add more chores or activities.
- Gradually, once the child is used to the star chart system, you may fix up with the child that if the behavior is not shown then he or she will earn crosses for that. You can cancel the crosses with the stars earned. Remember to focus on the stars because we are focusing on reinforcing the positive behaviors of the child.

Example of a star chart: (for multiple chores)

Activity /Chores	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total No.of Stars
Waking up								
Having breakfast								

These strategies can be used with children who have attention deficits and are hyperactive, learning disabilities, disruptive behaviors, anxiety, and with other children in the classroom as well.

HAPPY AND HEALTHY SCHOOLS

ETHOS & ORGANIZATION

- Create a school environment in which pupils feel psychologically safe and secure.
- Foster the sense of belonging.
- Provide consistency and continuity. Young people can react negatively to change, and this can result in stress and anxiety.
- Challenge the stigma of mental illness and teaches tolerance and understanding by displaying posters, including stigma in the curriculum, and addressing in assembly.
- Give pupils the voice, for example: through a school council.
- Ensure that the school has a clear, fair, and consistent behavior policy. Young people thrive best when they know where boundaries are, and when they feel safe from physical or psychological harm.
- Make school interesting and stimulating. Work hard to prevent boredom and disengagement.

AWARENESS

- Increase staff awareness and understanding of mental health issues through training and experience.
- Include mental health as a part of the Professional Development program
- Recognise that you are working with young and developing minds
- Look at your lifestyle and way of being. Be a positive role model.
- Understand the importance of good mental health in the adults who work in school. Ensure that staff isis equally supported and valued.

RELATIONSHIPS

- Accentuate the positive. Encourage and support but do not attempt to coerce pupils into feeling good. They may need to feel sad for a while.
- Build on young people's strengths and qualities.
- Build the kind of relationships with young people that make for self-esteem and increase resilience.
- Be sensitive to anger and frustration. Accept that anger is OK as long as the angry young persons do not hurt themselves, other people, or property.

CURRICULUM

- Promote emotional literacy
- Ensure that the school offers mental health resources of all kinds which are readily available to parents and particularly young people.
- Develop an extensive program of extracurricular activity and encourage the positive use of leisure time.

GENERAL GUIDELINES FOR HAPPY AND HEALTHY SCHOOLS

Purpose

- Enhance student engagement with school and **develop socioemotional skills**
- Promote student competence and emotional wellbeing
- Provide persistent support for academic and behavioral concerns

Studies have demonstrated the closeness and quality of relationships between teachers and students have led to better attendance, homework completion, and interest in school for students with learning disabilities and emotional and behavioral issues. As research consistently shows, attention to happiness, well-being, social and emotional development is crucial for success in school, the following **guidelines have to be incorporated by the school to foster happiness and well-being among the students.**

- ⇒ Helping students to cope with challenges and making them realize their strengths and build resilience
- ⇒ Sensitizing entire school staff for taking ownership.
- ⇒ Have a system in place to refer students suspected of abuse/neglect.
- ⇒ Risk factors of a child (environmental stressors e.g., peer relations, bullying or harassment in the school, etc.) to be identified.
- ⇒ Teachers' training and workshops to equip them to deal with and identify the adolescent issues and provide them adequate emotional and psychological support to improve their coping skills and build resilience

Online training of teachers on the identification of signs and symptoms of stress, socio- emotional issues, or problematic behaviors and

specific/targeted interventions/counseling to provide immediate relief and help to the student

- Specialized training of teachers on how to detect if the child displays any sign of sudden absence or unusual behavior. In case of suicidal ideation or self-harm, refer the child to a counselor/psychologist or any available General/mental health practitioner.
- Parent's orientation /workshops on How to deal with children and their issues.
- Booklets to be circulated to all students after conducting a workshop on how to deal with exam stress, mnemonics to learn and retain syllabus, relaxation techniques that can be utilized to keep stress at bay, etc.
- ⇒ Flyers and flowcharts to be displayed for students to deal with stressful situations. Motivational quotes to be displayed on Display Boards throughout the Campus (Role Models/Leaders), same could be created by students in life skills sessions.
- ⇒ An Independent Complaint Committee (teachers and parents as members) headed by preferably Female must be set up to hear cases of Mental/Emotional/Physical harassment

"Platform For Students"

Peer Support Group should be encouraged for building self-esteem and confidence among students to empower them.

- ⇒ Converting Assemblies into a Meaningful Platform for Positive Engagement of Students like class assemblies, class presentations, theme assemblies, etc.
- ⇒ Students should be provided adequate age-appropriate life skills training in building positive self-esteem, interpersonal communication skills, coping with stress and emotions, dealing with anger, and resisting peer pressure.
- ⇒ **Peer Facilitators** under the supervision of teachers to play a vital role in becoming the Life Skills and Wellbeing Ambassadors of the School
- ⇒ **Suggestion Box** in the Campus wherein students can drop their complaints or observation about child abuse, drug use, etc. This needs to be further kept confidential by the school given the safety of the child or teacher who has taken this initiative. The letter was dropped in the box to be read and addressed by a Counsellor or Teacher in confidence.
- ⇒ Counseling sessions for adolescents are required on adolescence education focusing on drug abuse, AIDS, and various issues related to social and emotional development
- ⇒ Greater support to students by professionals, career counseling should be provided to help students gain more clarity and help them make a better career choice
- ⇒ Schools should have regular drills on emergency preparedness and disaster management and talk about after-effects.
- ⇒ Life Skills activities by teachers/peer leaders/peer mentors/master trainers etc.
- ⇒ Relaxation exercises such as mindful breathing, yoga, among others to be further intensified in the morning assembly
- ⇒ A student council and support groups (anti-bullying committee) to be formed representing students' opinions and feedback assuring that they are being considered.
- ⇒ Training related to areas like leadership qualities, life skills, interpersonal relationships, mentorship, etc., to be incorporated.

Key Messages - Guidelines that can enhance Teacher's ability to connect with children:

- a) Be curious about children's experiences
- b) Listen and be Patient with students
- c) Recognize and honor children's experiences. We do not need to always agree with or be pleased with what children say, but it is useful to recognize and honor their experiences
- d) Do not tell children that they should not feel a certain way when they are beginning to express feelings —be it verbally, artistically, or otherwise.
- e) Display an appreciative attitude. When a child misbehaves, this typically occurs because the child does not think he or she has any other option. Appreciation can powerfully foster our ability to connect with the child. Recognizing that children try to do their best, enhances their ability to be open to adults' suggestions and comments
- f) Allow children to express even their most angry feelings or most destructive fantasies. Help them think about these images and ideas by projecting the possible future negative consequences for these actions.

THE ADOLESCENT PEER EDUCATORS LIFE SKILLS LEADERSHIP PROGRAMS PROMOTING GOOD PRACTICES MODELS

Life skills help adolescents in making informed decisions, solving problems, thinking critically and creatively, communicating effectively, building healthy relationships, empathizing with others, and coping with managing their lives. In addition, such knowledge and skills can lead to behaviors that prevent mental health concerns and injury, foster healthy relationships, and enable young people to play leadership roles.

The Need for Life Skills Enrichment

Psychological factors such as the inability to tackle emotional pain, conflicts, frustrations, and anxieties about the future are often the driving force for high-risk behaviors. Therefore, life skills training is a productive tool for empowering the youth to act responsibly, take initiative, and control. It is based on the assumption to resort to anti-social or high-risk behaviors and grow up to be Aware, Responsible, and Empowered individuals. Life skills are "the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life". (World Health Organization).

Components of Life Skills

WHO categorizes a core set of life skills into the following three components:

- a) **Thinking Skills** - include self-awareness, social awareness, goal setting, problem-solving, and decision-making. To be able to think critically, information should be provided to make informed decisions and choices. The skills to think critically can also be developed if the teenagers are allowed to look at different perspectives of an issue, the pros, and cons of making one decision over the other, and realize the negative consequences of making hasty, unplanned decisions.
- b) **Social Skills** - include appreciating/validating others, working with others and understanding their roles, building positive relationships with friends and family, listening and communicating effectively, taking responsibility, and coping with stress. Social skills enable adolescents to be accepted in society and accept social norms, which provide the foundation for adult social behavior.
- c) **Negotiation Skills** – It means not only negotiating with others but with oneself as well. For effectively negotiating with others, one needs to know what one wants in life, is firm on one's values and beliefs, and can therefore say "no" to harmful behavior and risky temptations. Described in this way, skills that can be referred to as life skills are innumerable, and the nature and definition of life skills are likely to differ across cultures and settings. However, analysis of the life skills field suggests that there is a core set of skills that are at the heart of skills-based initiatives to promote the health and wellbeing of children and adolescents. They are listed below:

Decision-Making helps us to deal constructively with decisions about our lives. This can have consequences for health. It can teach how to actively make decisions about their actions with a

healthy assessment of different options, and what effects these different decisions are likely to have.

Problem Solving enables us to deal constructively with problems in our lives. Significant Problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

Creative Thinking contributes to decision-making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-action. It helps one look beyond our direct experience. Even if no problem is identified or no decision is to be made, creative thinking can help us respond adaptively and with the flexibility to circumstances in our daily lives.

The Adolescent Peer Education Leadership Program in Life skills:

Peer education is a popular concept that implies an approach, a communication channel, a methodology, a philosophy, and a strategy. It can be defined as a system of delivering knowledge, which improves social learning and provides psychosocial support (Abdi & Simbar, 2013).

Peer Education Programs help in spreading awareness among individuals on certain topics such as - health, abuse, sex, and life skills. The peer education program provides an opportunity for students to promote positive lifestyle choices among fellow students as well as sharpen, practice, and develop professional skills (EIU Health Education Resource Centre).

Peer Education Programs can be conducted using strategies like presentations, role-play, or games. The English term 'peer' refers to "one that is of equal standing with another; one belonging to the same societal group, especially based on age, grade or status". The term 'education' refers to the "development", "training", or "persuasion" of a given person or thing, or the "knowledge" resulting from the educational process. Thus, the use of same age or same background educators to convey educational messages to a target group is peer education.

Who are Peer Educators?

The term "**peer educator**" refers to true peers or near-peers. A true peer is a person who is considered a member of a particular group, both by themselves and by other group members. A near-peer is similar, he/she is a leader, Peer Mentor. A person who is a leader or respected within the peer group is more likely to be influential.

Methodology for the School-Based Approach for Life Skills Leadership Program by Adolescent Peer Educators

Peer education is a method of education that allows people who have something in common - age, social group affiliation, gender, profession, or role, to teach each other. It is a process of growth whereby trained and motivated people are taking the initiative of various activities along with their peers, benefitting them by helping them to acquire basic knowledge and adopt positive values and skills.

Peer education is initiated by educated and trained people: A peer educator is an adolescent who plays the role of an educator/workshop leader. This person is trained to conduct/organize further training programs and workshops.

A cascade approach is suggested here with modifications wherever needed in a given school setting.

STEP 1: Orientation workshops with Teachers and other adolescent students to be conducted for advocacy and climate building.

STEP 2: More number of “Peer Educators” may be identified who have the leadership, motivation, psychological orientation, peer acceptance for straightening the program.

STEP 3: Training of the identified “Peer Educators” to get them oriented towards the following themes taken up for Peer Master Educators of the school

- A. Introduction - The journey from core life skills to 21st-century skills
- B. Building resilience for coping and capacity building
- C. Growing up healthy, emphasizing the importance of nutrition and hygiene
- D. Family bonding and caring communication-emerging paradigms
- E. Healthy expression of emotions, dealing with anger, loss, and sadness
- F. Developing healthy interpersonal relationships-mobilizing peer support
- G. Empowering self for the digital world and prevention of allied high-risk behaviors
- H. Making effective career choices - integrating the approach

STEP 4: The Peer Educators with the support and supervision of the Teachers in-charge / Counselor impart the training for the rest of their students (9th & 11th in the initial phase)

STEP 5: Feedback Session with supervisor Teacher / Counselor includes:

- 1. Summary presentation of each workshop conducted at the respective school
- 2. Discussion of common challenges encountered
- 3. Diverse and creative events to be planned for effective dissemination of the program in the
- 4. next quarter
- 5. A newsletter for collating good practices in this regard may be planned by the student

How to become a Peer Educator

- 1) A Peer Educators always function/work under the supervision of the school counselor/ life skills teacher/ Facilitator/ Mentor/ Guide.
- 2) Once a group of students is screened for being peer educators, they will undergo a training program.
- 3) Facilitator/ Teacher will take sessions on roles/ expectations/ guidelines that a peer educator group shall follow.
- 4) Peer Educators conduct sessions for the rest of the peers with the help of manuals and reference materials provided.
- 5) Peer Educators maintain feedback of the sessions, individual interactions, and share their experiences of growth and development of various life skills and wellbeing leadership.
- 6) The Peer trainees transform as peer educators after imbibing the learnings.
- 7) The Peer educators are effective facilitators for building awareness, responsibility and empowerment for adolescent wellbeing.

- 8) Booster sessions on life skills enrichment are planned and listed in the calender of the school.
- 9) More number of peer educators sustain the enrichment climate of life skills education centers and programs in the schools.
- 10) The peer educators leadership programs are always supervised by the mentor teachers/ counselors.



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Links – articles for reading and reflection

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1.7 Additional readings

https://www.who.int/mental_health/media/en/545.pdf (Pages 7 to 10)

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