UNIT 2 PROBLEMS RELATED TO SCHOOL

Structure

2.0 Introduction
2.1 Objectives
2.2 School and Mental Health
2.3 Problems in School
  2.3.1 Learning Problems
  2.3.2 Behavioural Problems
    2.3.2.1 Stress
    2.3.2.2 Aggression and Violence
    2.3.2.3 Bullying
    2.3.2.4 Substance Abuse
2.4 Children with Special Needs in School
2.5 Assessment of Problem Behaviour in School Children
  2.5.1 Functional Behavioural Assessment
    2.5.1.1 Steps in Functional Behavioural Assessment
2.6 Management of Problem Behaviour in School Children
  2.6.1 Counselling and Psychotherapy
  2.6.2 Behaviour Modification
  2.6.3 Family Counseling Therapy
  2.6.4 Play Therapy
  2.6.5 Preventive Measures
  2.6.6 Referral
2.7 Policy Initiatives and Interventions
2.8 Let Us Sum Up
2.9 Answers to Self Assessment Questions
2.10 Unit End Questions
2.11 References and Suggested Readings

2.0 INTRODUCTION

In the developmental life span of human beings, certain phases of life are more critical for development than other phases though all have their equal importance. The physical and mental development are rapid during childhood to adolescence, as the basic structures that were laid down in the fetal months of the person become fully developed during this period. At the same time the psychological wellbeing and mental health of the person are products of the interaction between the environment and the genetic predispositions which help develop the personality of the individual. The environment consists of both physical and social environment, the latter comprising of the family and the society at large. While the family is expected to nurture and protect the individual, the society and the community set up social norms that the person has to follow as he grows up from childhood to adulthood.
The child is subjected to social influences as he or she enters the school. The cognitive and all round personality development take place in the school as the child goes through the processes of learning the three R’s and interacting with his peers. All these aspects contribute to the mental health of the child who is growing up. Teaching and learning are the basic activities in school which involve the development of cognitive capabilities and interactional abilities in the child.

Change by its very nature is stress inducing (Schein, 1992), and education by its nature challenges the individual in the teaching learning processes thereby, contributing to making the individual more stable and mature, capable of higher thinking and balanced development of personality. These changes are indeed a challenge to the mental health of the child and at the onset of adolescence these challenges intensify and add to the stress. In almost all but a few children, these challenges contribute to the skill development at all levels that is, physical, mental and social areas.

At the time of entering the school, these young children who are initiated into education have not yet mastered the social skills necessary to build relationships. Even the concept of self is not yet strong enough to help them differentiate between their and others’ belongings. This stage of growing up leads to conflict, heightened emotions, mental trauma and ill-health if not handled appropriately and with consideration, love and affection. It is therefore important to understand that during school years, the child’s mental health is more vulnerable and in quite a few cases needs special attention.

As is well known, schools are part of the larger social unit. The child spends the most formative years of life in the school during which the foundation for personality are laid. During these formative years as children and then as adolescents, they tend to acquire many habits which are more difficult to change at a later stage or in adult years. Since the young children and adolescents are the future of the society, it becomes very crucial to make sure that they are mentally healthy. It is also well known that children not only develop many habits during the school years, they also tend to develop many problems related to mental health. For instance if they are bullied too much and do not get the needed support, love and affection, they may develop a fearful trait or become too withdrawn. Their self esteem may go down and they may lose their self confidence. It is therefore important to make the school years as healthy as possible so that children develop the right kind of attitude, habits, traits and stability. The school environment should be such that children not only learn the 3 R’s but also develop healthy attitude, higher level cognitive functions and develop into a mature and mentally and physically healthy person. If the environment in the school is negative many mental health problems may arise and children may not be able to develop into a mentally healthy individual. There are of course many causes that may lead to problems related to mental health. In this Unit, you will learn about mental health problems related to school and their assessment and management.

2.1 OBJECTIVES

After studying this Unit, you will be able to:

- explain the importance of mental health for school children;
- describe the various problems in schools that affect the mental health of school children;
- elaborate the process of assessment of mental health problems;
- discuss the management and prevention measures for mental health problems related to school children; and
explain policy initiatives and interventions with regard to promoting mental health among school children.

2.2 SCHOOL AND MENTAL HEALTH

Much of the growing days of children are spent in schools where they get to understand themselves and their environment better and through this they also learn about their physical world. Next to the child’s family the school plays an important role as an agent of socialization. The school has the major responsibility of inculcating in children discipline, healthy competitiveness, striving for excellence, learning all about the rights and wrongs or the do’s and don’ts, developing healthy relationships and adhering to social norms as well as learning how not to deviate from the norms as it may lead them to difficulties. The young child is provided opportunities by the school to learn to explore and experiment both academically and in dealing with others as well as becoming aware of his own strengths and weaknesses. This exploration is not always pleasant and smooth as it may lead the child into areas that have the potential to escalate into problems, as for instance the child may face the problem of being bullied in school. In certain cases the child may manifest problems related to psychological and physical stresses. These may lead them at times to substance abuse, smoking, disobedience, violence and aggression.

A child brings to school with him/her their past experiences at home and elsewhere, in addition to genetic predispositions, self concept, capabilities and abilities along with learning styles, family values and expectations. All of these factors interact with the school system and characteristics of the environment, the teacher and his or her own experiences with the school, home and students with whom they have interacted earlier. The mental health of students is challenged every day in school in terms of their learning, interactions with teachers and peers and their ability to cope with the classroom and school’s demands and expectations. A child who is able to cope with all these develops a better self concept, positive attitude towards school and peers whereas a child who is not able to cope with these and who also has difficulties at home, develops a negative attitude towards school and suffers from feelings of failure and thus poor mental health. Poor mental health in students is reflected in their high drop-out rate, lack of discipline within them, poor self control, impulsivity and rising instances of violence on school campus, etc.

Mental health according to the World Health Organization (WHO) is ‘a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community’. A healthy mental state of students is essential as it empowers the student to flourish and develop in the right direction, thereby fostering developmental competencies in them. The ultimate goal of the schools is to equip children towards greater achievement, and learn healthy way of competing and excelling their own selves in all academic and other areas. These will help the child to make a healthy, positive and successful transition to adulthood, and help him or her to meet the growing demands of the society. Where students acquire the necessary pre-requisites along with the right/appropriate knowledge and skills necessary to lead productive and successful lives, they are also ensured of positive mental health.

At the same time, it must be remembered that success during school life does not depend on academic achievements alone, but vital to it are also developing a healthy personality and emotional competencies, which lead to psychological wellness. Students have certain personality dispositions, for example extroversion and introversion. While
extroversion helps children to interact with others easily, share their joys and sorrows with their peers and family members, introversion makes children draw into themselves and manifest more of shyness and hesitate to interact with peers and others.

Some children also show mood swings, uncontrollable behaviours, impulsivity etc., which may make them lose interest in work and play, and they may even refuse to go to school. Some children are irritable and difficult to control, while certain other children lose confidence in themselves and show considerable indifference to societal norms and family’s demands. In some cases children may lie, steal and play truant from school and home. Such behaviours are indicative of problems within the child and if these continue for a long period of time they will need psychological help to overcome their problems. If the difficult phase doesn’t last too long and the child appears to be coping with everyday life, there’s probably nothing to worry about. However, if the behaviour continues then it requires intervention and assistance.

Self Assessment Questions 1
1) Explain the importance of mental health for the school children.
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2.3 PROBLEMS IN SCHOOL

Schools are centres of learning for children and not only they learn the required academic courses (curricular activities), motor and psychological skills such as problem solving, thinking etc., but also develop many congenial characteristics and personality traits through co-curricular and extra curricular activities. Development of their personal, social and emotional aspect of personality are also influenced by the school. The ways in which the child copes with the activities required by the school and the time demanded of them, determine how well she/he succeeds in the school. Failure to cope with these expectations and demands may result in stress, frustration, anxiety and low self esteem in these children.

Now let us consider some of the problems children face in their school life. These can be categorized into (i) Learning problems and (ii) Behavioural problems.

2.3.1 Learning Problems

Schools emphasize the acquisition of the three R’s: reading, writing and arithmetic. Majority of time and effort of the child are expected to be devoted to these areas. While most children do acquire proficiency in these, a few may experience problems in reading, writing and arithmetic. A variety of factors may cause these problems, which include the age of the child, IQ level, childhood psychiatric problems like Down’s syndrome, personality disorder etc., the academic support at home, instructional environment at school, language and cultural background of the child and so on.

All these and other related factors may contribute to problems of learning difficulties, academic underachievement or poor performance in children. Psychosocial factors such as unhealthy child rearing practices, socio-economic status, environmental factors, cultural values etc., lead children to develop low self esteem, psychopathic traits, violent
and disruptive behaviours. Also as a result of all these negative factors, children may manifest specific learning disabilities diagnosed particularly when children are engaged in academic activity in school.

Learning Disability is a neurological disorder that involves deficiency in one or more of the basic psychological processes required for understanding and using language, spoken or written. Such children despite having average to above average intelligence, perform poorly in academic tasks such as reading, writing and arithmetic. Thus there is discrepancy between the actual and expected performance of the child based on intellectual ability. Learning disability needs to be identified early in the children and appropriate intervention measures be taken to deal with it. Remedial programmes aim at improving the academic skills of the children with learning disability. Individualized programmes give the most benefit. Various learning strategies are suggested, for instance, Deshler et al (1983) suggested a learning strategy acronymed as ‘SMART’.

S – set a goal; M- make a plan; A- attempt a plan; R- review; T- try.

Teachers play a crucial role in identifying slow learners and children having learning difficulties and learning disabilities. Appropriate study skills, time management, preparing a study schedule etc. will help the learning process of the children. In addition, encouragement and adequate resources would also help them overcome their learning difficulties.

You will read further about specific learning disabilities in Unit 2 of Block 3 of this course (MPC 053).

2.3.2 Behavioural Problems

Children also face various behavioural problems in the school. Academic pressure, lack of coping skills, interpersonal difficulties, negative influence of peer group, unhealthy school as well as home environment may all together or singly lead to stress, maladjustment and other behavioural problems in children. Family disturbances, lack of close relationships and love, lack of parental involvement, alcoholic parents, sibling rivalry and so on add to the challenges faced by children at school. The pressure, frustration and anxiety may lead the children to engage in behaviours that are termed as mentally unhealthy. Such children may resort to bullying, abusing, stealing, telling lies, fighting and even taking to drugs and committing petty or major crimes. Let us discuss below some of the behavioural problems in the school children.

2.3.2.1 Stress

It is well known that in most cases, the schools are all about discipline, work, marks and positions. Though the schools start at 7 a.m. in the morning and end at around 2 p.m. (in some schools, it is almost full day from 10.30 a.m. to 4 p.m.), the activities associated with schooling continue much beyond that time into the late evenings. The students go for tuitions and hobby classes along with making files and projects for the classwork which are all supposed to be for fun. In addition, travelling long distances in stuffed buses and other means of crowded transport to reach school and back home can all make schooling very unfriendly to the child. Even play is now for competition and everyone wants their child to be an all-rounder so that his/her chances of success in life are guaranteed. As a result of all these, schools have now become a major source of stress for the children.

According to the Oxford Dictionary of Psychology, stress is a ‘psychological or physical strain or tension generated by physical, emotional, social or circumstantial events or experiences that are difficult to manage or endure’.
Psychologists have also differentiated between good stress and bad stress. Good stress impacts positively on performance and is known as ‘eustress’. On the other hand bad stress which impacts performance negatively is known as ‘distress’. The relationship between stress and performance has been graphically presented in the Yerkes Dodson Law given by psychologists Robert M. Yerkes and John Dillingham Dodson in 1908. The law states that till a point, stress helps in enhancing the performance of a person by arousing his level of performance, but beyond that critical point, it starts to negatively impact the performance.


Similarly, the school climate must be such that it makes the child work at his/her optimum best without creating a situation of distress. However this is a critical balance to achieve given the fact that the system and nature of education has made the process of schooling more stressful than ever before. With syllabus targets to fulfill and the competitions rising, schooling as of today lead to stress in the children unless handled properly. Of course there are counselors being appointed in the school who could take care of some of the stress but not all schools have a counselor.

Another important issue is the close and continuous monitoring and evaluation of the students, the school and the teachers by the educational administrators which all put pressure also on the teachers who in turn pressurize the students to perform at a higher level contributing to unhealthy competition that cause high level of stress on children. In addition to all these aspects, the migrant students add to the diversity of the background of students making teaching and learning stressful for both the teacher and the taught. Further, in India, many families have first generation learners who have little or no support in their learning endeavors; thus making schooling stressful for the child, parents and the teachers who have to put in extra efforts to help these students to continue in the school and not dropping out of the school system.

Thus stress in school can result from adjusting to the school, adjusting to the curriculum, learning the subjects/courses, forming friendship with the peer, performing well in the curricular and co-curricular area, competing with the classmates, living upto the expectations of the parents and teachers and so on. During the adolescent stage, stress also results from accepting oneself with the growing physical and psychological changes, belonging to the peer group, forming relationship with the opposite gender, being confused...
Specific Issues on Mental Health

about one’s identity etc. All these have negative repercussions on the academic success of the adolescents.

Stress is the basis for nearly all mental health problems and is the reason behind increasing cases of depression, self-harm and suicide amongst children. Lack of proper guidance and counseling, lack of awareness about coping strategies, absence of strong family bonds and ineffective communication, and lack of resiliency in children result in the latter taking the drastic step of self-harm or suicide. This is especially evident during the crucial school board examination time. In order to help children avoid such extreme steps, there are a number of helpline and counseling available for children and their parents.

The increasing stress amongst students is a cause of great concern amongst psychologists, educationists as well as the government. Various programs and policies are being worked out to help the child in handling and reducing the stress faced by them. The Indian government recently took a policy decision of undoing the board exams for the class 10th students in order to reduce the burden of students at that age. It is too much stress for the child who is too young to cope and also because these results are too early an assessment of the child’s potential and disposition. The results push a child into choosing a stream of education that might not finally be the area of his/her interest.

Models of Coping

Several models of coping with stress have been suggested by experts and the major ones are:

1) Problem focused vs emotion focused model
2) Approach vs avoidance model
3) Factor analytic model.

These three models are described below:

1) **Problem focused Vs. Emotion-Focused Model**

This model was put forward by Lazarus in 1974. This model differentiates between ‘direct action’ and ‘intra-psychic coping’. While in intra psychic coping, the person focuses on regulating the emotions accompanying the stressor, in the problem focused coping, the focus is on managing the stressor (Singhal, 2004).

2) **The Approach/Avoidance Model**

This model differentiates between the coping strategies on the basis of the disposition of the person. In the approach model, the individual tries to identify the problem and its components and tries out ways and means to solve the same. However, in the avoidance model, the person will look for ways to run away from the problem. Those who use the avoidance model are more passive and try to run away from stressful situations (Peterson, Harbeck, Chaney, Farmer and Thomas, 1990).

3) **Factor-Analytic Model**

This model, put forward by Dise-Lewis(1988), shows four factors of adolescent coping i.e. acceptance coping, emotion-focused coping, avoidance coping and active coping.

The above are some of the coping models that can be used to help cope with stress. Teachers and parents also can help the children deal with stress by emphasizing development of open communication, strong ties with the family, sibling and the peer,
engaging in physical recreation that will release the negative energy of stress and adopting a positive attitude. Awareness of the availability of professional help and motivating the parents to approach them whenever necessary will also help the children manage stress in an effective way.

**Self Assessment Questions 2**

1) What are the type of problems faced by school children?
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2) As a learning strategy, what does SMART stand for?
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3) Differentiate between emotion focused and problem focused coping.
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2.3.2.2 Aggression and Violence

Psychologically ‘aggression’ refers to ‘behaviour by one person/persons intended to cause harm to another person/persons’. It is demonstrated in actions and through use of harsh words or criticism, or express orally and in action the hostile feelings against others. In extreme form aggression may end up in destructive behaviour towards another person or animals or even objects, such as breaking a TV or a radio or something which is valuable.

Today students are exposed to aggression and violence everywhere, e.g., violence in the media, on the road, within families, and also in public places, which all have a strong impact on their personality and behaviours. They tend to imitate aggressive behaviour of others as witnessed by them in their life and tend to consider aggression as an acceptable part of their life. Children see and observe as well as imitate adults and even their peers who use aggression to get things done as they wish and desire. As aggression becomes a way of life for the children, they tend to be unconcerned about the consequences of their actions and behaviour.

It is well known that children witness violence in society in many forms and in schools particularly they see their teachers and also peers indulging in violence. Even in play schools, children see their peers snatching things from other children, pushing others to get to their target and competing with each other aggressively to get teacher’s attention etc. In some cases it may be merely verbal aggression such as abusing one another or
using harsh and abusive words that they have heard at home, in the family, in school or in the community. All these behaviours if not checked in time and at the first time it occurs, may progress to more harmful behaviours like ragging of newcomers in educational institutions, substance abuse, murder, rape etc.

Frustration Aggression Hypothesis of John Dollard, Neal E. Miller et al. (1939) which was further developed by Miller, Roger Barker et al. (1941) and Leonard Berkowitz (1969) explains aggression as the result of blocking, or frustrating of efforts that a person directs towards the attainment of a goal. Another theoretical position is that of the Social Learning theory as given by Bandura (Bandura and Walters in 1963, 1977). In a classic experiment they showed that children who were watching a ‘Bobo doll’ being beaten up by another child on the screen showed the same type of aggression when they were given a bobo doll to deal with. Thus the experiment demonstrated how children learn a behaviour, aggressive or otherwise through watching and imitating another person’s behaviour. If this logic is applied, one can understand how a child learns aggression as well as other negative behaviours from their environment, from their parents and significant others in their life.

Continued aggression and unchecked violent tendencies may lead to conduct disorders in children. These disorders are marked by persistent antisocial behaviours in children and adolescents that result in significant problems and distinctly lowered performance in academic and non-academic areas. This also adversely affects their social functioning, that is in terms of interacting with peers, siblings and family members including parents. Conduct disorder is usually marked by two major symptoms, viz., aggression and delinquency. Aggression may be directed towards people, e.g. peers and classmates; or animals, e.g. cruelty towards animals; or objects, e.g., destroying property etc. The aggression can also turn towards self in terms of self-harm and suicidal tendencies. On the other hand, delinquency refers to antisocial behaviours which includes lying, stealing, physical and sexual assaults (specially in adolescence), running away from home and school termed as truant behaviour.

It is natural for many children to lie on one or the other occasion, and if this is ignored by the adults or appreciated as a playful behaviour, such a behaviour may turn out to be a persistent problem in lying. This can also progress to stealing and then denying that they ever stole anything. Children may also exhibit disobedience, defiance and temper tantrums which can be considered ‘normal’ at a particular stage of their development, but children do outgrow these behaviours as they grow up and enter the next developmental stage. However, if these behaviours persist and are not age-appropriate or developmental-stage appropriate, these may have to be considered as a symptom of some underlying psychological disorder and the child should be taken for consultation to a psychologist.

Childhood conduct disorder often continue into adolescence and adulthood unless appropriate and timely interventions are taken. Childhood aggression, violence and delinquent behaviours become high risk factors and are considered forerunners of antisocial behaviour and alcohol and substance abuse in adulthood.

Prevention of aggression and violence in schools:

Since there appears to be an increase in violent and aggressive behaviours in children at schools, remedial measures can be taken up by the school itself as well as by the family, community, and the society. In fact these four institutions should together put in efforts to reduce violence whether at school or elsewhere. One of the ways in which this can be done within the school is that the teachers should be especially careful not to encourage such behaviours and where necessary immediate action with suitable punishment should be enforced after informing the child the reason for such punishment.
Parents too at home should make sure that unwanted and negative behaviours such as aggression or violence in children are not tolerated and appropriate punishment is consistently given (whenever such behaviours occur) in terms of depriving the child from going out to play or watching a TV programme etc. Corporal punishment should be avoided by both teachers and parents and this aspect has also been presented as a policy by the government. Positive reinforcement for pro-social behaviour, time out and loss of privilege for aggressive behaviours would help to control instances of aggression. Teachers and parents should be role models for children and make sure that they themselves do not show any aggressive or violent behaviours in their day to day life. Despite all efforts, if the child continues to manifest aggression, anger etc., they have to be taken up for counseling through which they can be helped to control their anger and aggression even in provocative situations. Furthermore, not only efforts should be towards reducing aggressive and violent behaviours in children, but also at a positive level they must be helped to develop skills to maintain peace, tolerance and calmness.

Family interventions may be crucial, where aggression and violent behaviours within the family and negative interactions amongst the family members (such as faulty parental communication and inadequate and inappropriate child rearing) impact children and encourage them to start using similar negative and violent behaviours in their interactions and dealing with others in school or elsewhere. In such cases training of parents in regard to appropriate child rearing and positive interaction and communication amongst family members including between parents, help considerably.

2.3.2.3 Bullying

Bullying is being recognized as a rising menace in the school system all over the world. Basically it refers to an unequal power relationship between the victim and the perpetrator, and also, the episodes are repeated over time. (Olweus & Roland, 1983; Olweus, 1993; Rigby, Smith & Pepler, 2004; Roland, 1989a).

Bullying is one form of aggressive and violent behaviour that occurs in schools especially when teachers are not observing the children’s interactions and quite often out of school premises also. Bullying can take the form of verbal abuses, physical assault, derisive comments, teasing and ganging up against a child or some children. As a result of this, some children who are unable to handle their aggressive peers, may refuse to go to school and also may develop many kinds of physical ailments such as stomach aches and cramps thereby avoiding attending school. This kind of behaviour, when occurs too often and prevents the child from attending school, indicates that the child is facing some deep rooted problems in school or at home or elsewhere, one of which could be bullying. Parents seldom relate such behaviour as skipping school by their child, to bullying. Non attendance of school by the child may also lead to poor grades in academics and loss of interest in studies as well as school as a whole.

Bullying needs to be taken seriously by schools, families and the whole community because it blocks the feelings of safety and happiness in children replacing the same with anxiety, fear, low self-esteem etc. Bullying behaviour may include pushing, hitting, damaging property and causing psychological trauma, like threatening, verbal shouting, screaming and use of abusive language directed towards the self-respect and esteem of the child. Cyber bullying is also on the rise these days where children use the social media to bully others. The bully and the victim both are at risk of mental health problems like anxiety, stress, substance abuse and in the long run may even get on the wrong side of the law.

Bullying may arise as a result of the bully experiencing feelings of jealousy towards a
fellow student or to simply project themselves as powerful, tough and popular. Bullying tendencies may also be a result of the bully himself/herself getting bullied somewhere else possibly by their families, teachers or peers in their locality. It is unfortunate that some of these children come from families where the parents, siblings or relatives are bullies themselves. Sometimes when children do not get adequate attention from their families they start bullying weaker/vulnerable others around them to get attention.

Being a guardian and mentor of the student, the teachers have an important role and should be aware of ways to diffuse such situations. Some of the ways to do this are – conducting surveys of the school to identify/determine the number and frequency of incidents and areas where bullying and verbal aggression occur (during recess, hallways, passages and bathrooms). Discuss bullying and verbal aggression (nature, sources, signs, prevention) at class meetings, conduct role plays within the school between two children, one a bully and the other a victim, and make the children realize what bullying does to an individual. Measures to prevent bullying must be taken not only in schools, but also in the community. Discussions about bullying and its serious consequences on the victim should also be discussed at PTA/PTO meetings. Such discussions could also be taken up at both school-wide and grade-level assemblies. Clear rules in regard to bullying should be established and should be accompanied by the type of punishment that it would entail. Normally children do not indulge in bullying unless they are themselves subjected to bullying at home or in society or they have certain negative personality traits that predispose them to bullying.

Not only children who indulge in bullying but also those who are bullied or victims of bullying, do have certain personality traits which make them more susceptible to bullying. It is also known that all children do not get bullied and even if some do get bullied, can handle the bullies very effectively. There are however some children who are basically timid, shy, withdrawn, and some may also lack self confidence and have poor or low self esteem. These children tend to become victims of bullying more often than those who have self confidence and can protect themselves from bullying. In some cases the victim may change into a bully himself in order to prevent being bullied. Or he may join the gang of bullies and thus do what the gang bids and in the process may also lose interest in academics and various other school related activities.

Prevention of bullying in schools

Bullying is not only detrimental to the mental-health of the victim but also is a sign of mental ill-health in the bully. If this behaviour is left unchecked in the school, it might lead to increase in instances of violence both in school and outside of it. It may also be noted that some victims of bullying may react by turning bullies themselves. If such violent and negative behaviours go unchecked and unpunished, these children may become all the more confident that they will not be punished and thus continue their act of bullying. Further bullying is also known to increase the risk of suicide and self-harm in the victims.

Prevention of bullying to an extent has been discussed earlier. It is important to note that schools need to recognize, solve and prevent bullying, and also discourage such behaviour and similar ones among its students. Some of the measures that could be considered in this regard include the following:

i) Organising workshops and group sessions in which role play could be used to make children learn appropriate responses to bullying and teasing. Also these group sessions could be used for motivating all students to be reasonable and responsible in their behaviour. During these sessions, teachers or the counselor may use art, stories, and activities for promoting appropriate social behaviour.
ii) Slightly more attention may be given to children who are physically weak and slender or suffer from physical handicap, and thus are more prone to be bullied and teased.

iii) Teachers should themselves be careful not to use any negative remarks or use derogatory terms and unwanted criticisms when they deal with children who may not come up to their expectations.

iv) Avoiding corporal punishment, abusive language, holding and communicating prejudices during discussions would help a great deal in reducing this problem, as children will learn from teachers not to assault, or be prejudicial towards some children or use abusive language.

v) Set up clear rules and punishment for breaking the rules. The punishment given for breaking rules should be applicable to all children, should be immediate on breaking the rule and should also be consistent in that children will know that punishment would definitely follow if they break rules.

vi) There should also be a mechanism of monitoring and supervision of children who tend to bully within or outside of the school, when travelling in school bus etc.

vii) It may be kept in mind that more than negative and harsh punishment, the school teachers, principal and administrators should use more of positive intervention and help when bullying or taunting occurs.

viii) Encourage reporting of bullying incidents.

ix) The principals, teachers and administrators along with student leaders of different classes must meet regularly to review the bullying incidents and take suitable measures.

x) Create a trusting environment so that both the bully and the victim can confide and talk to authorities about their problems.

xi) Where there is a need the school could refer the bully and/or the victim to psychological counseling in order to help them overcome their aggression, violence and bullying.

Role of parents and family in preventing bullying:

Parents have an important role to play in handling bullying not only at home and neighbourhood but also in schools. The following measures are suggested for the same:

i) If bullying by their child is reported by the school or by the parents of other children, they should take immediate action.

ii) They could help their child to learn how they can get the same thing done without resorting to bullying.

iii) They should help the child understand what happens to the child who is bullied.

iv) On their part at home parents must make sure they do not bully the child to obey them and do what they desire the child to do.

v) They should act as role models for their children by using positive non violent methods to solve a problem or issue.

vi) They must make it clear to their children that bullying at any place will not be tolerated and would warrant punishment.
vii) They should nurture and build self-esteem and self-confidence in their child so that he or she neither bullies nor become victims to bullying.

viii) Rewarding children with praise and appreciation for showing consideration to others would help in a big way.

ix) Making their children aware of the existence of bullies in school and outside and how to handle them with confidence would also help.

x) Parents should create an environment at home which gives importance to developing feelings of togetherness and bonding, where children can learn positive ways of dealing with difficult situations either at school or in the neighbourhood.

xi) The parents should be a friend and philosopher to their own child so that he can trust parents and communicate their problems without any hesitation.

xii) Parents must help the child learn to be assertive in situations where it is required.

   e.g. when facing a bully, the child can ask the bully to STOP that behaviour quite assertively and not show timidity or fear.

xiii) Where necessary, the parent should take the principal or the teacher into confidence and request their help to prevent such bullying.

xiv) If one’s own child is timid, shy and withdrawn despite all the help that they give, it would be better to seek the help of an expert (a psychologist or school counselor) to help the child develop skills to overcome the deficiencies in his personality.

The above mentioned measures can go a long way in not just curbing bullying behaviour in students but also helping them not to develop other bad habits and thus make them mentally healthy.

2.3.2.4 Substance Abuse

As children reach the age of adolescence they have a strong tendency to explore the world and their environment. This is a time when the growing individual experiences strong peer pressure to join them in what they are doing, school and parental pressure to perform at a higher level of academic achievement and so on. This is also the time when the young individual goes through considerable physical and physiological changes with increased hormonal activity. The youngster is now physically grown up and looks like an adult but is yet not psychologically grown up. He is still a child in his thinking, reactions and responses though he may try to act like an adult only to be chided by adults not to do so. This is the time when the youngster has also to plan for his future occupation and settling down in life. All these add to stress in the adolescent youngster. This is the time when he has many questions to ask, and often questions the norms and standards set by the family and society. He argues with parents and other adults and has an opinion of his own regarding almost all issues in life. He needs to develop a self identity and thus tends to question adult’s activities and decisions. This is a passing phase but yet needs to be handled properly and the youngster has to be guided in the right direction. If this stage is not appropriately handled either by the school or parents, the youngster may fall into the gang of undesirable people and may also be tempted to try smoking, drinking, use of drugs and many such undesirable activities in which the gang members may be indulging. This is the time they try out many things that the adults do, however, they are not yet ready or mature enough to handle the demands of adulthood. Added to these problems in growing up, there are varied demands on him from his peers, the school and family. If no proper help is available they may stray off
into many behaviours which may be considered unacceptable as for instance, drinking, indulging in antisocial activities, substance abuse etc.

In the past couple of decades, there has been reports that school students indulge in drinking alcohol and using drugs etc. Influence of the peer group combined with low frustration tolerance, aggressive tendencies, and easy availability of drugs lead to increasing use and abuse of substances by these youngsters. They appear to be least concerned with its ill consequences. Furthermore, substance abuse has serious implications for one’s physical, emotional, social as well as personal functioning. At the personal level, there is academic deterioration, decreased social contact, lying, stealing, violence, changes in eating and sleeping habits and an overall change in the behaviour pattern. All these cause a huge economic and social burden to the society.

Several explanations have been advanced for substance abuse by the youngsters and of these, lack of harmony in the family, stress of family demands, conflicts with peers, relationship with opposite sex members, and other social relationships have been viewed as some of the important factors.

### Self Assessment Questions 3

1) **How can parents and teachers help in controlling aggressive behaviour?**

2) **What do you mean by bullying?**

3) **What steps can be taken by teachers with regard to bullying?**

In addition to the above problems exhibited by children in the school context, there are few other problems manifested by some of the children in school. These require psychological or psychiatric help and include the following:

*Temper tantrums*: Behaviour characterized by shouting, screaming, crying, throwing and kicking, lying down on the floor for paltry and insignificant events. This can happen at a very young age as young as 3 years old or can manifest in adolescence. These normally should cease as the individual grows up but if these behaviours continue despite all efforts to help the child reason, then it is important to take the individual for psychological consultation.
Specific Issues on Mental Health

Attention problems, impulsive & hyperactive behaviour: In this, the youngster has difficulty in focusing attention on learning tasks, shows impulsivity and overactive behaviour. He disturbs the class, his peers and classmates, snatches away their things and does not abide by the teacher or any rules of the class room.

Acting out behaviour: This is considered as ‘attention seeking’ behaviour, in which the child misbehaves and does things to attract the attention of the teacher and as well as his classmates.

Oppositional defiant behaviour: The child shows defiant attitude towards authority, is argumentative and non compliant. At times some children even show their anger and indulge in aggression.

Phobias: These are irrational and intense fear of things, objects, animals, insects etc. and in some there may also be school phobia, that is, despite all efforts of the parents, the child refuses to go to school.

Depression: The child here is unhappy and sad and does not mix with anyone, remains isolated and withdrawn with a few crying spells for no specific reason. Such a depression may even lead to self harming behaviour and in extreme cases suicidal behaviours.

Anxiety: Varied types of anxiety may be manifested by a child which may include separation anxiety (anxiety about being away from parent especially mother even for a short while.) These children are apprehensive of some harm that may come to their parents when they are away in school or other places.

Stealing and Lying: Many times these behaviours may even be considered normal or playful when the child takes away the bag or pencil or colours from another child. With guidance from teachers and parents the child learns that such behaviours should be avoided and thus do not indulge in these behaviours. However if stealing and lying continue even after the child has passed that stage of development, these are considered abnormal and need psychiatric or psychological consultation.

2.4 CHILDREN WITH SPECIAL NEEDS IN SCHOOL

Children with special needs can be of the following categories, viz., (i) physical disabilities such as visual and hearing impairment or physical handicap; (ii) those who are intellectually lower than the average IQ child; (iii) those with learning disabilities and (iv) exceptional children or gifted children with high IQ level. All these children need special and differential teaching learning processes without which they may not be able to benefit from the schooling. The fourth category ‘exceptional children’ deviate from the normal or average children in physical, emotional, social and cognitive aspects to such an extent that they cannot benefit from regular classroom instruction and practices. They require modification in the regular instructional practices and require special educational challenging programme at their level so as to benefit from the teaching learning process in the regular school. In addition there are children who have emotional problems that need to be handled before they can benefit from the teaching learning process in regular school. Also, some children come from such a background (e.g. first generation learners, disadvantaged students etc.) that they are called the ‘socially disadvantaged’ children. They also need special attention and modified educational programme so as to benefit from regular school teaching processes.
More specifically the following are the different groups of children having special needs:

- Mental retardation
- Visual impairment
- Hearing impairment
- Physical handicap (cannot use their limbs, hands or legs)
- Learning disabled
- Slow learners
- Children with emotional and behavioural problems
- Socially handicapped (disadvantaged)
- Exceptional children or the gifted children

Here, we need to differentiate between the terms impairment, disability and handicap which are sometimes used interchangeably when talking about children with special needs.

*Impairment* refers to the loss or damage of any part of the body or organ, e.g., loss of a leg or arm.

*Disability* refers to the loss of function as a consequence of the impairment, e.g., inability to walk because of the loss of the leg.

*Handicapped* refers to the restriction or limiting of the normal way of functioning. It refers to a problem or a disadvantage that a person with a disability or an impairment encounters when interacting with the environment. A person with a disability is not considered handicapped unless it results in personal, social, educational or vocational problems. In the above example, if the person uses an artificial leg and carries out the normal functions, s/he is not handicapped.

Integration of children with special needs in the mainstream and inclusive education are the approaches advocated for such children. Specially designed curriculum and instruction, and provision of special facilities and services would help these exceptional children develop and achieve to their optimum. Inclusive school setting will minimize behavioural problems in children with special needs, provide a supportive, least restrictive school environment, nurture their educational and social needs, ensure acceptance and respect for their differences.

### 2.5 ASSESSMENT OF PROBLEM BEHAVIOUR IN SCHOOL CHILDREN

Assessment is a crucial step in understanding and managing the problem behaviours in school children. It serves the following functions:

- Defining the problem
- Selecting the appropriate treatment
- Specifying the treatment objectives
- Setting the goals

A problem behaviour can show an ‘excess’ or ‘deficit’, i.e., when the behaviour occurs with very high frequency or duration, it is called as excessive behaviour; and when it
occurs at a very low rate, it is called deficit behaviour. Thus a problem behaviour is a disruptive or maladaptive behaviour that hampers the normal functioning of the child and has a negative impact on those around him.

A problem behaviour has 3 features:

- Extreme behaviour in either direction
- Chronicity
- Socially and culturally unacceptable

Assessment of the problem helps in clearly identifying the problem and operationally defining it. An operational definition describes the behaviour in terms of what is observed and seen. Objectivity, clarity and completeness are important for operational definition. Functional analysis is a crucial part of assessment procedure.

### 2.5.1 Functional Behavioural Assessment

Functional behavioural assessment is conducted to identify the underlying causes of behaviour. It helps in finding out specific contributors to the problem behaviour observed in the child. The first step in the process is to define the problem behaviour, i.e., to describe it in concrete terms. It includes describing the behaviour in such a way that it is easy to communicate about it, simple to measure and record. This concreteness in description of the problem behaviour helps in deciding the appropriate intervention. You can see how behaviour is concretely defined in the following Table.

<table>
<thead>
<tr>
<th>Problem Behaviour</th>
<th>Concrete Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramesh is hyperactive.</td>
<td>Ramesh does not sit in his assigned place in the class. He moves around the class frequently.</td>
</tr>
<tr>
<td>Deepti is aggressive.</td>
<td>Deepti hits other students in the class when they do not share pencil, eraser etc. when she asks for it. Deepti beats other students in the playground when they go ahead of her while racing or playing other things.</td>
</tr>
</tbody>
</table>

The child’s behaviour is observed carefully and systematically in a variety of situations such as in the classroom, on the playground, during assembly, at lunch break, at home, etc. and the specific characteristics of the behaviour are recorded in detail.

The next step after defining the problem behaviour is to determine the functions of the problem behaviour. For this, functional behavioural assessment is conducted.

### 2.5.1.1 Steps in Functional Behavioural Assessment

**Direct Assessment:** This follows the A-B-C approach. It refers to Antecedents (what happened before the behaviour), Behaviour (description of the behaviour as it happened), and Consequences (what happened after the behaviour).
<table>
<thead>
<tr>
<th>Antecedents (A)</th>
<th>Behaviour (B)</th>
<th>Consequences (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother did not allow Sita to watch TV</td>
<td>Temper tantrum</td>
<td>Mother conceded and allowed her to see TV</td>
</tr>
<tr>
<td>Doing homework</td>
<td>Failed to understand, could not do homework</td>
<td>Feeling of inadequacy, feeling of being no good</td>
</tr>
</tbody>
</table>

B is modified by controlling A and altering C. This is done by identifying not only the conditions that precede and trigger the behaviour, but also the reinforcing consequences that sustain it. The antecedents and consequences of the target behaviour may be overt, objectively observable conditions or covert mental events reported by the person, whose behaviour is to be modified.

The frequency, duration and severity of the behaviour are also recorded. A ‘symptoms diary’ can be maintained regarding this by the teachers and the parents.

**Indirect Assessment:** Structured interview method is used to collect information about the behaviour from parents, teacher, peer and any other significant person in the child’s life. The child may also be interviewed to know his/her perception and perspective. The information focuses on:

- When does the behaviour occur
- Who is present when the behaviour occurs
- Where it does not occur
- What precedes the behaviour, i.e., the nature of the interaction or activities that happened before the behaviour
- What happened after the behaviour
- What can be the acceptable behaviour to replace this problem behaviour

**Data Analysis:** All the information are then compiled and analyzed. This helps us to determine what function the behaviour is serving for the child; whether it helps the child to get attention, or get reward, or avoid responsibility, or avoid doing homework etc.

**Tentative Hypothesis:** Based on the above, tentative hypothesis or solutions are framed and tested out. Once the relevance or the functions of the problem behaviour is known, the hypothesis predicts the conditions under which the behaviour is most and least likely to occur (the antecedents) as well as the consequences that maintain the behaviour. Environmental manipulation is done to test the hypothesis. If the hypothesis is found correct, it’ll lead to the planning of behaviour intervention plan. If the hypothesis is not proved, then a new hypothesis needs to be formulated after analyzing the data again.

**Behaviour Intervention Plan:** Intervention plan is devised to decrease or modify the maladaptive problem behaviour. It focuses on teaching more appropriate behaviour that serves the same function as the disruptive problem behaviour by manipulating the antecedents and/or the consequences of the behaviour.

In the assessment of the problem behaviour, one should always remember to collect information from multiple sources and methods, and focus on specific contextual factors. Socio-cultural and environmental factors play an important role in contributing to the origin and maintenance of the behaviour. Careful analysis of all the factors will lead to an effective behaviour intervention plan. We should take note of the principle of multiple causality and multiple effect when analyzing the problem behaviour. A single problem
Specific Issues on Mental Health

may have a number of causes, e.g., refusal to go to school may be due to punitive class
teacher, inability to understand classroom teaching, bullying or abuse etc. Similarly, a
single factor may lead to a variety of problems, e.g., domestic violence may lead to
withdrawal, bed-wetting, aggressiveness, headache, and nail-biting etc.

Self Assessment Questions 4

1) What is ‘handicapped’?

2) Describe the three features of a problem behaviour.

3) What is the ABC approach?

2.6 MANAGEMENT OF PROBLEM BEHAVIOUR IN SCHOOL CHILDREN

Consistency is the key to management of problem behaviours in children. Coupled with
this, there should be acceptance, respect and positive interactions with the child.
Management of the problem behaviour is multi-faceted. All the stakeholders including
parents, teachers, the peer group, and the child himself need to be involved in the
management of problem behaviour. While discussing the behavioural problems under
section 2.3.2 above, we have also described the handling and managing of these problems.
In addition to these, here we’ll learn about the general techniques for the management
and prevention of the problem behaviours.

2.6.1 Counselling and Psychotherapy

Counselling aims at establishing a warm and genuine relationship with the child. It facilitates
the child opening up and expressing his fears, anxieties and concerns in the secure
atmosphere of counselling. Counsellor analyzes the problem, understands it from different
dimensions, and suggests intervention plans to manage and overcome the problem
behaviour. There are different approaches to counselling such as,

Psychoanalytical counselling: focuses on the early childhood experiences of the client.
It aims at catharsis through the technique of free association. It uses play, drawing,
painting, drama and dance as medium that facilitate free expression of child’s feelings and emotions.

*Client centered counselling/person centered counselling:* is a non directive approach to counselling. The therapist is non-critical, non-judgemental and non-evaluative. It emphasizes the innate potential of the individual to solve his problems. The therapist is required to extend unconditional positive regard and genuineness in the counselling relationship.

*Cognitive behavioural therapy:* the focus is on cognitions and thoughts of the child that is causing the problem behaviour. The child is helped to identify the irrational and dysfunctional thought patterns and change them to rational positive thoughts and self talk. A daily record of dysfunctional thoughts can be maintained by the child/adolescent in which the situation, thoughts, feelings and behaviour can be recorded.

### 2.6.2 Behaviour Modification

Behaviour modification is based on the principles of learning. Any behaviour that is learned can be unlearned. It uses the principles of reinforcement to modify inappropriate and disruptive behaviour and to promote more adaptive and appropriate behaviour. It views that problem behaviours are consequences of poor contingencies of reinforcement and punishment. If the problem behaviours are maintained by reinforcement from the environment (e.g. attention, encouragement, praise etc.) or if the deficit problem behaviours are due to lack of adequate reinforcement or due to punishment (e.g., excessive criticism, scolding, beating, ignoring, neglect etc.), the environment is modified and appropriate reinforcements are selected and administered which in turn reduces the problem behaviours leading to their extinction in course of time.

There are many techniques of behaviour modification which includes the following:

i) Positive and negative reinforcements

ii) Aversion therapy

iii) Token economy methods

iv) Cognitive behaviour therapy

Reinforcement consists of rewards and punishments given to the child whenever he indulges in negative behaviour. Such reinforcements change the negative into positive behaviours which are reinforced by rewards. Rewards can range from giving the child a compliment, granting of a special privilege, etc whenever the child shows the desirable behaviour. Negative reinforcement may take the form of removal of a favourite object or taking away a privilege such as watching a favourite TV programme. Or the child may be placed in isolation or time out until the child changes his negative behaviour to positive or desirable behaviour.

Aversion therapy on the other hand uses conditioning the person to change his behaviour in order to avoid unpleasant consequences. E.g. in deaddiction from alcohol / drugs procedure, the individual is given a liquid or injection which induces vomiting just before he is given the alcohol to drink. Immediately the person starts vomiting (due to the effect of the medicine/injection) which is extremely unpleasant to the person, and thus in order to avoid this extremely unpleasant vomiting, he avoids taking alcohol and thus extinction of alcohol intake behaviour takes place.

Toke economy method makes use of the principle of earning tokens by showing good behaviour which the child later on can exchange for rewards.
Cognitive behaviour modification involves teaching the individual to recognize his unrealistic or negative thoughts which distort his reality. The individual learns to examine irrational beliefs that lead to negative behaviours. The methods used in this include role play, being asked to defend thoughts that distort reality etc.

The steps in behaviour modification include,

- Defining the undesirable behaviour in a clear and precise manner
- Analyzing the significance of the problem, i.e., the function it serves
- Designing an appropriate behaviour intervention plan
- Reinforcing the desirable behaviour consistently and clearly to shape behaviour

Behaviour modification is a here and now approach. It focuses on the present and determines the factors responsible for the problem and addresses it accordingly.

2.6.3 Family Counseling Therapy

Earlier therapies focused on individual symptomatic behaviours. However, with the increasing recognition of the role and influence of the family on the child’s behaviour, family counseling and family therapy were developed. Family counseling does not consider the child’s problem in isolation but in the family and social context in which the child functions. The problem behaviour in the child is considered as a reflection of the dysfunction in the family system. The communication, interaction and interrelationship patterns within the family are examined to explain the origin and maintenance of the symptom in the child. Parental education and training also form a crucial part, in that the parents are educated about the child rearing practices that they engage in and how these impact the child’s development and behaviour. Family members especially the care givers are trained with regard to effective communication practices and management of their child’s behaviour.

2.6.4 Play Therapy

Children feel most comfortable while playing. Play is their natural medium of expression. Further, children can express themselves better through the medium of play than through verbalization. When play is used in a systematic and therapeutic way to deal with the behavioural, social and emotional difficulties of children, it is called play therapy. Play helps them to open up and express their feelings, emotions, fears, anxieties and stress and find ways and means to deal with them. As the child engages in play, using various toys, the therapist tries to find out themes and patterns and derive meaning in the play. Just as the adults ‘talk out’ their difficulties during counselling, the child ‘plays out’ his feelings and problems during play therapy sessions.

Sigmund Freud was the first to use play in therapy aimed at discovering the unconscious fears and concerns of his client. Various play therapies have been advocated such as Psychoanalytic play therapy, Jungian play therapy, Adlerian play therapy, Relationship play therapy, Release play therapy, Axline’s play therapy. Virginia Axline’s play therapy based on Rogers therapy is widely used. Play therapy is used successfully for various problems such as school problems, fear, excessive anger, excessive shyness, worrying, psychosomatic problems etc.

2.6.5 Preventive Measures

Prevention is always better than cure. The problem behaviour of the child will have its origin either in the home, family setting, school setting or it may be due to his own
personality characteristics and predispositions. Hence if we present a proper environment to the child at home and school, it’ll help him/her grow and develop optimally; the occurrence of problem behaviours in them will reduce significantly or can be eliminated completely.

Prevention is the best form of intervention that is cost effective and, time and energy saving. Routine screening and early identification help in diagnosing the potential problems and prevent them from arising through psychological counseling etc. The following measures if taken will help children to have a stable and conducive atmosphere to develop a stable and balanced personality and approach both at home and school.

- Accept the child as she/he is
- Recognize his/her good qualities and strengths
- Praise the child for doing a good job
- Rules and consequences must be clear to the child and they should be followed consistently by both adults and children.
- It is ideal to involve the child while framing rules and regulations
- Be firm and consistent in disciplining the child.
- Promote confidence and self esteem in the child
- Provide clearly established routines and structures
- Encourage, motivate and reward the child for good study and good behaviour
- Provide opportunities to the child to excel and succeed
- Provide guidance to the child when he is confused or find difficulty in handling a situation
- Teach the children life skills that are needed at different stages of development.

The focus of prevention should be to nip the problem in the bud, prevent the problem from growing and stopping the negative behaviour from the beginning itself. Establishing clear rules and guidelines, rearranging the classroom seating plans, interpersonal skills training, anger management training, interest and involvement in the child’s life, helping child to inculcate proper values through adults and peers acting as role models, and provide opportunities for the child to develop appropriate attitudes and pro-social behaviour, will all together definitely help prevent the negative behaviour in the school children.

2.6.6 Referral

In some cases, the problem behaviour may be of such severity that it becomes difficult to manage the same by parents, family members or teachers. In such cases it is always advisable to refer the child to a professional counselor or mental health professionals such as clinical psychologists, trained counselors, psychiatrists or psychiatric social worker.

2.7 POLICY INITIATIVES AND INTERVENTIONS

India lists education in the concurrent list of the constitution making the State and the Center equally responsible for the education of the child. The central government has been from time to time coming up with policy intervention in education. These initiatives
though not binding on the States have been adopted by most of them. The national policy of education is meant to help and guide the States in their efforts to make education meaningful, and application oriented in a uniform manner all over India, at the same time giving weight to the language, region and cultural norms existing in the States concerned.

While physical health of children in schools is being given considerable importance and the schools in India do follow the UN charter in regard to the same, mental health of children in schools is rather given low priority. While school going children are given many prophylactic medicines to prevent many illnesses, there is no effort to do the same at mental health level. Presently some efforts are made by the government to appoint psychological counsellors to identify and help children with psychological and psychiatric disorders. NGOs and others join to train teachers regarding identification of children needing special education and how to treat them in classroom so that they gain self confidence and self esteem and finally get also integrated in the mainstream of schooling. But all these efforts are far and few and thus the impact of these measures have not been felt by the schools or parents or the community and society.

Education is not limited to bringing every child to school through Right to Education Act. This perhaps is the beginning of a long association which if carried out effectively has the potential to place India on the world map with young skilled professionals as its greatest resource. This would make India one of the youngest nations with great potential for growth and determining the course of the world. However, such a move also has the potential of going drastically wrong with the creation of ‘educated illiterates’ who have the certificates of being literate but do not have the skill to prove and reap the benefits of this education. The schools admitting a diverse population of students with lateral entry, migrant students, first generation learners, differently abled and very different background, require effort on the part of the school administration and specially the teacher to engage and involve these students in education. These students have a high vulnerability to develop many negative behaviours as the school and the teachers as well as the administration do not handle the diversity differentially and effectively. Therefore special care needs to be taken that the policy initiative does not backfire. This view is reflected in the many clauses included in the RTE Act (2009) which includes the following:

a) Prohibits physical punishment and mental harassment;
b) Prohibits screening procedures for admission of children;
c) Rejects capitation fee;
d) Prohibits private tuition by teachers and
e) Prohibits establishing schools without recognition
f) Provides for development of curriculum in consonance with the values enshrined in the Constitution.

All the above are expected to ensure the all-round development of the child, building on the child’s strengths, his knowledge, potentials, and talent and render the child free of fear, trauma and anxiety through a system of child friendly and child centred learning (http://mhrd.gov.in/rte).

The ‘Rashtriya Madhyamick Shiksha Abhiyan’ (RMSA) also launched in 2009 provides for constituting an Academic committee which will be responsible for all academic activities including planning, management, monitoring, supervision, reporting and
collection of data for Secondary Education Management Information System (SEMIS). The academic committee will be responsible for ensuring quality and equity in education in schools, would try to reduce the barriers of different socio economic strata from which children come, reduce gender differentiation, recognize differential disabilities in children and accordingly make the teaching suited to all groups of children etc. Also they recommend high level of attendance in classes by both teachers and students, training of teachers on a continuing basis, arranging for guidance and counseling to students, recognition to student achievements, instituting in each school co-curricular and extra curricular activities which all will finally contribute to an over all academic and personality development of students and teachers. (Source: [http://schooleducation.uk.gov.in/files/pdf/RMSA.pdf](http://schooleducation.uk.gov.in/files/pdf/RMSA.pdf)).

The above mentioned initiatives are still in the formative stage and require greater efforts to implement the schemes realistically and translate it into reality.

**Self Assessment Questions 5**

1) Describe the features of client centred counseling?

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2) Outline the steps in behaviour modification.

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3) Why is prevention of school related problems important?

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**2.8 LET US SUM UP**

The mental health problems in schools are on the rise and the initiatives are too few and far between. The problems associated with schools should not be viewed as trivial and self-correcting because children may develop many undesirable attitudes and behaviours while in school, and if these are left unchecked may eventually become implanted as children’s personality attributes. A mentally unhealthy child means the loss of a potential resource. The experiences of a child in the school should be such that they equip the child with the right attitudes, values and skills that make him/her a mentally healthy person who will effectively contribute to the society.

The state governments, psychologists, counselors alongwith educators and social workers have a great role to play in addressing mental health problems in schools and bringing
in preventive measures to promote the mental health of school children. School is the ideal place for innovative preventive programmes that would offset the negative elements in the school as well as in the teaching-learning processes, and thereby help children grow up into mentally healthy individuals.

2.9 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) Mental health of students is important for fostering developmental competencies, successful transition to adulthood, to lead productive and fruitful life, academic achievements, emotional competencies and psychological competencies needed for learning.

Self Assessment Questions 2

1) The types of problems faced by the school children can be categorized as Learning problems and Behavioural problems.

2) SMART stands for S – set a goal; M- make a plan; A- attempt a plan; R- review; T- try.

3) In emotion focused coping, the person focuses on regulating the emotions accompanying the stressor while in the problem focused coping, the focus is on managing the stressor.

Self Assessment Questions 3

1) The parents and teachers should be especially careful not to encourage or reward aggression in any form. Use of positive reinforcement for pro-social behaviour, and time out and loss of privilege for aggressive behaviour helps to control instances of aggression. They should also be role models to the no use of aggressive or violent behaviour.

2) Bullying refers to an unequal power relationship between the victim and the victimiser, and that the episodes are repeated over time.

3) Teacher can take the following steps: to help the bully feel like they belong and are cared for by (i) creating a trusting environment so that both the bully and the victim can confide and talk to authorities about their problems (ii) reinforcing with praise by specifically describing students positive behaviour (iii) encourage and counsel students specially the bullies to reflect and introspect to assess their behaviours and (iv) develop empathy in both the bully and the victim for stopping bullying behaviour and restricting reaction and mental health problems in the victims.

Self Assessment Questions 4

1) Handicapped refers to the restriction or limiting of the normal way of functioning. It refers to a problem or a disadvantage that a person with a disability or an impairment encounters when interacting with the environment. A person with a disability is not considered handicapped unless it results in personal, social, educational or vocational problems.

2) The three feature of a problem behaviour are as follows:
   - Extreme behaviour in either direction
● Chronicity
● Socially and culturally unacceptable

3) The ABC approach refers to Antecedents (what happened before the behaviour), Behaviour (description of the behaviour as it happened), and Consequences (what happened after the behaviour). It is part of functional behavioural assessment.

Self Assessment Questions 5

1) Client centered counseling is a non directive approach to counseling. The therapist is non-critical, non-judgemental and non-evaluative. It emphasizes the innate potential of the individual to solve his problems. The therapist is required to extend unconditional positive regard and genuineness in the counselling relationship.

2) The steps in behaviour modification include,
   ● Defining the undesirable behaviour in a clear and precise manner
   ● Analyzing the significance of the problem, i.e., the function it serves
   ● Designing an appropriate behaviour intervention plan
   ● Reinforcing the desirable behaviour consistently and clearly to shape behaviour

3) Prevention of the school related problems is important as this will help to nip the problem in the bud, prevent the problem from growing and stopping the negative behaviour from the beginning itself.

2.10 UNIT END QUESTIONS

1) Describe the behavioural problems faced by children in school.

2) Take a case from Newspaper or magazine who has shown mental health problems. Analyze the institutional/school factors that might have caused it.

3) Explain the steps in functional behavioural assessment.

4) Describe the preventive measures for mental health problems in schools.

5) Discuss the role of parents and teachers in managing bullying in school.

2.11 REFERENCES AND SUGGESTED READINGS


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