
UNIT 16 MENTAL HEALTH AND STRESS MANAGEMENT

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16.1 INTRODUCTION

Mental health is an integral part of health. The globally accepted principle of health is “no health without mental health”. The World Health Organization supports and advocates for greater investment in mental health. Investment in mental health is significant not only in terms of human development and dignity but also in terms of social and economic development. Stress is a daily occurrence in our life. There are many factors that disrupt our mental health. Stress can also affect our mental well-being. In this Unit, we discuss the concepts of mental health and stress. Children spend a major part of their active time in school under the care of teachers. As teachers you should understand what mental health is and how mental health affects the well-being of your learners. Understanding the causes of mental health problems help you to minimize the impact of such factors and create environment that facilitates mental health of your learners. Stress in the life of your learners may originate from their personal or school context. The consequences of stress can be sometimes detrimental to the well-being of the learners. We have discussed in this Unit the sources and effects of stress and some coping strategies so that you can help your learners deal with stress in their life.

16.2 OBJECTIVES

After going through this Unit you should be able to:

- Define mental health and stress;

- Discuss different theoretical models of mental health;
- Explain the differences in the various models of mental health;
- Identify various factors that create mental health problems for learners;
- Explain the provisions of Mental Healthcare Act 2017;
- Explain the impact of mental illness;
- Describe the characteristics of mentally healthy persons;
- Develop and implement strategies for the promotion of mental health of your learners;
- Identify sources of stress in your learners' life;
- Identify effects of stress in your learners' life; and
- Help learners develop coping skills for managing stress.

16.3 UNDERSTANDING MENTAL HEALTH

The World Health Organization (2005) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

Whereas mental illness refers to “suffering, disability or morbidity due to mental, neurological and substance use disorders, which can arise due to the genetic, biological and psychological make-up of individuals as well as adverse social conditions and environmental factors” (WHO, 2013).

The definitions above make a distinction between mental health and mental illness. Mental health does not mean the absence of mental illness or disorders. At the same time, the prevention and treatment of mental illness or disorder will facilitate the promotion and protection of mental health.

Good mental health is important to individual functioning and well-being as it upholds the following values that are fundamental to the human conditions (WHO, 2013).

- Independent thought and action: The ability to manage one's thoughts, emotions, feelings, behavior and interpersonal relations is fundamental to the state of well-being. The lack of capacity for independent thought and action is one of the most disabling states of human condition.
- Pleasure, happiness and life satisfaction: It would be difficult for individuals to make progress and find fulfillment in life when they are burdened with mental health problems.
- Family relations, friendship and social interaction: The capacity to engage in relationship with family members, friends, colleagues and community is an important human condition to flourish in life. Individuals who lack the capacity to form relationships and engage with others are at risk of developing mental disorders.

The pursuit of good mental health for all individuals is in the larger interest of everyone. Therefore, nurturing and upholding the core human values discussed

above should begin at an early stage in life. Teachers have a crucial role in nurturing and promoting these human values.

16.3.1 Models of Mental Health

Different theoretical models are used to understand and explain mental health. There is no definitive answer so far about the causes of mental illness or disorder. The models of mental health presented here point out that our understanding of mental health keeps evolving.

Biomedical model: According to this model, mental health is determined by an individual's genetic disposition. This model considers mental ill-health as bodily malfunctioning and a disease of the brain. Each mental disorder is associated with a different pathology of the brain and has a different cause and origin. Thus, mental-illness is a disease and must be treated medically. The medical model movement led to the classification of mental disorders that described characteristic features of each disorder.

Normative model: In this model mental health means being above normal. Here normal is considered as the reasonable not the optimum level of functioning while above normal is considered as having mental health. This approach to mental health interpretation is based on the Diagnostic and Statistical Manual (DSM-4) of Mental Disorders published by the American Psychiatric Association. The DSM uses the Global Assessment of Functioning (GAF) scale to measure the normality and 'above normal' of mental health.

Psychological model: The biomedical disease model was criticized as a form of social control by use of medicine. In the psychological model, mental ill-health is "...defined in terms of dysfunctional responses to current circumstances- perhaps misperceiving or misinterpreting current reality through depressive or delusional thinking patterns, or experiencing disturbances in feeling due to echoes of unresolved past experiences intruding into the present"(Glasby& Tew p8, 2015). This model locates mental difficulties in specific emotional, cognitive and behavioral processes and takes a developmental perspective.

Social model: This model refers to the social causation approach to mental health. Here the focus is on the social factors which mean the external life experiences (as opposed to the internal life experiences in the psychological model) as the trigger leading to mental ill-health or disorder. Research evidence suggests that a range of social factors such as poverty, educational backwardness, social discrimination (for example gender, caste) or life altering experiences such as sexual abuse, being bullied/ragged in school/college increase the likelihood of people experiencing mental disorder in some form.

Psychosocial model: This model explains mental health from the perspectives of cognitive and emotional development, family environment, cultural influence, and social and economic support available to the individual. This theory takes the position that;

- Mental ill-health involves dysfunctional emotional, cognitive and behavioral processes and their interaction;
- Dysfunctional behavior may be responses to problematic life circumstances;

- Mental ill-health may reflect beliefs, attitudes and coping mechanisms that are not compatible with the present life experiences;
- Stressful personal relationship, social and economic discrimination may increase the likelihood of mental ill-health (Glasby&Tew, p9, 2015).

Bio-psychosocial model (Pilgrim 2002): This model views mental ill-health as resulting from the psychological and social factors interacting with the biochemical factors of the person. Thus in this model, medical diagnosis not rejected but the personal context is emphasized over the medical categorization. So, we can say this model takes an inclusive approach to mental health in both scientific and humanistic terms.

Stress-vulnerability model: Zubin and Spring (1977) argued that vulnerability together with stress can affect mental health. Here vulnerability means the genetic predisposition as well as life altering experiences such as childhood trauma and stress is the psychosocial factors in the life of the person. Studies have shown that genetic disposition as a lone factor had small while psychosocial stressors had more effect on mental disorder. However, the combination of genetic/biological and psychosocial factors tends to increase the possibility of mental disorder.

Resilience model: More recent understanding on mental health suggests that genetic predisposition and psychosocial stressors acting together always do not lead to mental disorder. This is because people learn to develop coping skills or resilience skills to deal with psychosocial stressors. The supportive psychosocial environment (family and community) around the vulnerable persons help them to develop resilient skills and thus avoiding the possibility of developing mental disorder.

The different models of mental health presented here point out that mental health is a complex issue and one particular model alone cannot explain the complexity involved. The biological, social and psychological factors and their interactions are important in understanding mental ill-health. Research has so far not been able to show one single factor or cause as the reason for mental illness.

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

1) Define mental health.

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2) What are the values fundamental to human conditions according to WHO?

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3) Explain biomedical model of mental health.

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4) State the difference between the psychological and social models of mental health.

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5) State the difference between the biomedical and biopsychosocial models of mental health.

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6) Explain the meaning of vulnerability in the stress-vulnerability model of mental health.

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7) Genetic predisposition and psychosocial stressors acting together always do not lead to mental disorder. Why?

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16.3.2 Mental Healthcare Act, 2017

The Parliament of India enacted the Mental Health Care Act, 2017 to make provisions for mental health care and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental health care and services. India has signed and ratified the Convention on Rights of Persons with Disabilities and its Optional Protocol 2006 by the United Nations. The Mental Healthcare Act 2017 is in alignment and harmony with the existing laws in the Convention.

According to this Act;

“mental illness” means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior capacity to recognize reality or the ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub-normality of intelligence.

The Act states that mental illness shall be determined in accordance with such nationally or internationally accepted medical standards (including the latest edition of the International Classification of Diseases of the World Health Organization) as may be notified by the central Government. The Act reiterates that a person with mental illness should not be classified so except for purposes directly relating to the treatment of the mental illness or in other matters as covered under this Act. The Act makes the following provisions for ensuring protection against different forces in the society.

Mental illness of a person shall not be determined on the basis of;

- a) Political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status of the person;
- b) Non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person’s community.

16.3.3 Impact of Mental Illness

The WHO report (2013) shows that more than 25% of all years of population lived with disability and more than 10% of the total burden of disease is attributable to mental, neurological and substance use disorders. Mental disorder can be handicapping to the individual as well as to the nation in that it affects the economic activities and production. Individuals with mental disorder may be unable to work or remain absent from work for longer period thus reducing economic productivity. If the person cannot work he becomes dependent on other family members or if he is the sole bread winner of the family, then the entire family suffers with serious consequences to the emotional, educational and economic well-being of the children. In such situations, the cycle of misery continues to the future generations without facilities for education and employment. The impact of mental disorder is adversely far reaching not only to the affected persons but also to the family members and the nation. Therefore, we should think in terms of promotion of mental health and the primary prevention of mental illness.

16.4 CHARACTERISTICS OF MENTAL HEALTH

When suffering from physical illness we are quick to accept help from service agencies. However, most people are reluctant to seek help when affected by mental health problems. This is due to the stigma attached to mental health problems. We tend to view mental health problems differently from physical health problems. People find it difficult to speak openly about mental health issues as they fear social consequences. Society considers mental health issues as a 'weakness'. In fact, the ability to recognize one's mental health issues and seeking help is indicative of a person's strength rather than weakness. Let us now discuss some of the characteristics of mentally healthy persons.

- They have a positive self-concept.
- They feel good about themselves.
- They nurture a sense of personal worth.
- They can make adjustments.
- They are not overwhelmed by emotions.
- They feel secure about themselves.
- They feel secure and comfortable in a group.
- They exhibit a sense of self-respect.
- They have respect for others even if there are differences.
- They have lasting and satisfying personal relationship.
- They are not overwhelmed by success or failure in life.
- They approach and handle their problems with equanimity.
- They can think independently and solve their problems largely by themselves.
- They make their own decisions.
- They don't blame others when things go wrong in their life.
- They have a sense of responsibility towards themselves and others.
- They can shape their environment and make adjustments when necessary.
- They set realistic goals for life.
- They have a variety of interests in life.
- They can balance their personal, professional and recreational life.
- They are self-evaluative and self-critical in a positive way.
- They know their strengths and weaknesses.
- They nurture universal values and strive to live accordingly.
- They are self-directed.
- They form their world view based on realistic perceptions.
- They can laugh at themselves and with others.

Here, we have attempted to list some of the characteristics of mentally healthy persons. You can add more characteristics of mentally healthy persons to the list given above.

Activity

- 1) *How many of the mental health characteristics listed above do you have? Tick on the list. What action you would take to promote your mental health?*
- 2) *Identify mental health characteristics in your learners. What action you would take to promote mental health of your learners?*

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

- 8) State the provision in the Mental Healthcare Act, 2017 for protecting mentally ill persons against the forces in the society.

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- 9) Explain the impact of mental illness.

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- 10) Mention some of the characteristics of mentally healthy persons.

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16.5 PROMOTION OF MENTAL HEALTH

Why is mental health promotion so important? Because the prevalence of mental problems among global population is very high and the burden of mental illness and disorder is huge and debilitating to the affected individuals, their family and the society. Although there are no definitive answers to the factors leading to mental health problems, studies have shown that infants who experience severe maltreatment exhibit clinical symptoms of post traumatic stress disorder. Studies also indicate that half of adults with mental health problems were diagnosed

before the age of 15. Prevalence of mental health problems among substantial population of children and young necessitates the promotion of mental health among these vulnerable groups. Promotion of mental health and primary prevention of mental illness have to be seen together.

The WHO (2013, p.12) advocates for undertaking the following actions by the Governments and other stakeholders:

- Provide better information, awareness and education about mental health and illness;
- Provide better (and more) health and social care services for currently underserved populations with unmet needs;
- Provide better social and financial protection for persons with mental disorders, particularly those in socially disadvantaged groups;
- Provide better legislative protection and social support for persons, families and communities adversely affected by mental disorders.

To take the cause of mental health further the WHO has developed a comprehensive Mental Health Action Plan 2013-2020 with an emphasis on promotion, prevention, treatment, rehabilitation, care and recovery. With respect to children, the action plan places emphasis on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full participation in society. The action plan recognizes that the determinants of mental health and mental disorder include both individual attributes such as the ability to manage one's thoughts, emotions, behaviors and interactions with others as well as social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports. Depending on the latter set of mental health determinants, certain individuals and groups are at greater risk of experiencing mental health problems. One of the objectives of the action plan is to implement strategies for promotion and prevention in mental health. For realizing this objective, the action plan has put forward a multi-sector approach which includes the education sector. It advocates for the inclusion of mental health in the under graduate and graduate curriculum for developing the human resource. As mentioned earlier 50% of mental disorders in adults begin before the age of 15 years. This presents an opportunity for schools and teachers to promote mental health and prevent mental disorders. Let us discuss the role of teachers in the promotion of mental health.

16.5.1 Teachers and Mental Health Promotion

In its multi-sector approach to promotion and prevention of mental health the WHO action plan has envisaged important role for schools. The WHO places the position of teachers as powerful and assumes that teaching profession has a positive role to play in the promotion of mental health. Children and adolescents spend a lot of their active time in schools. They may experience mental health violations in home and community environment or in school. What can schools and teachers do to promote mental health and prevent mental disorder among children and adolescents?

- Develop and implement life skills programme.

- Provide training to counter bullying.
- Create awareness about mental health and reduce stigma attached to mental illness.
- Encourage children to report about mental health violations and seek help.
- Help parents to establish healthy child – parent relationship.
- Create awareness about and reduce exposure to harmful substance (alcohol, drugs etc) around schools.
- Pay attention to children subjected to domestic violence and take measures to prevent domestic violence against children in partnership with community leaders.
- Provide support services to children who have experienced adverse life events and help them recover from the trauma.
- Address the needs of children with parents who have mental disorders.
- Organize psychosocial support from the community for children who live with parents with mental disorder.

The psychosocial environment of the school and teacher behavior also can cause mental health problems for children. Analyze and evaluate the psychosocial environment prevailing in your school. Does it create an enabling environment for developing individual potential of all learners? Or is it that while some children thrive in the school others sidelined to the margin? Who are these children on the periphery of the school? What are those teacher behaviors that violate the mental health of the learners?

Activity

- 1) *Reflect on the questions raised above and note down your thoughts.*
- 2) *Mention the instances when the school environment or teacher behavior caused harm to the mental wellness of the learners.*
- 3) *Recall a situation when you felt distraught because of the behavior of your teacher during school days. How did you deal with the situation?*

16.5.2 Teacher Behavior

Let us examine some of the teacher behaviors that cause harm to the mental wellness of the learners.

- Labeling or branding the learners. For example, some teachers give labels such as slow learner, dull etc. to their learners.
- Always praising one or two learners and ignoring others.
- Using curricular content that may hurt the sentiments of some learners.
- Using teaching methodology that doesn't accommodate the needs of all learners.
- Neglecting and refusing to provide additional academic input to learners who come from less resourceful background.
- Inability to recognize the psychosocial needs of learners belonging to different strata of the society. For example, the RTE Act 2009 has reserved 25% of seats for learners from economically weaker sections in a school

that otherwise cater to learners from economically forward sections of the society. When teachers ignore the psychosocial needs (for example sense of belonging) of learners belonging to EWS and do not create an inclusive environment it affects the mental wellness of these learners.

- Discounting or denigrating the identity of the learners. For example, adverse remarks about the caste, color, family background, disability etc. of the learner.
- Ignoring the unacceptable behaviors by peers towards certain learners. For example, some teachers ignore even if a learner is bullied regularly by the other.
- Not reaching out to learners who have been through traumatic situation in life.
- Passing derogatory remarks about learners or their family members who have come in conflict with law.
- Humiliating or discounting learners whose family members are affected by mental health problems.
- Humiliating and punishing certain learners in front of others while letting others go scot free for the same behavior.
- Ostracizing certain learners because of their illness, disability or for the deeds of their family members.
- Blaming it on and not reaching out to learners who are isolated by others.

What we have listed above are some of the commonly observed teacher behaviors that can cause harm to the mental health of learners. You can add to this list certain teacher behaviors you have observed around you that are harmful to the mental well-being of the learners. Sexual abuse of children and adolescent girls by teachers or school staff pose serious threat to their mental health. Some children may be at risk of sexual abuse or physical abuse at home or in the surrounding community.

What can teachers do to promote mental health and prevent mental illness and disorder among their learners?

- Teachers should identify children at risk of life altering experiences such as physical/sexual/substance abuse and train them to counter such situations.
- Teachers should help those children who have been subjected to such violations to develop coping skills.
- Teachers should desist from those behaviors as mentioned earlier which are harmful to the mental well-being of their learners.
- Teachers need to demonstrate to their learners that they care for their well-being and want to help them achieve it.

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

11) What can schools and teachers do to promote mental health of learners.

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12) Mention some of the teacher behaviors that are harmful to the well-being of learners.

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16.6 UNDERSTANDING STRESS

Stress is a daily occurrence in our life. When we talk about stress it is usually about the stress experience of the adults. We seldom discuss the stress experienced in the life of our children. Occasionally we hear about a student committing suicide, a student stabbing a teacher to death in the classroom in front of the classmates or a student killing another student. What were they experiencing in their life before they committed such drastic actions? As teachers we should not dismiss such occurrences as sporadic and carry on with our life as usual. We should search for the malaise behind such actions of students. Were there stressful experiences and events in their life that pushed them to the brink? Adults as well as children experience stress in their daily life. Let us try to understand what stress is and how stress affects the life of children.

Stress is defined as the internal processes that occur as people try to adjust to events and situations. Stress is not a specific event but an ever-changing process in which the nature and intensity of our responses depend not only on what stressors occur but also on how we think about them and how much confidence we have in our coping skills and stress coping resources at a given time (Bernstein 2012, p.519).

The definition above states that stress is not one-time event but an ever-changing process and is experienced differently by different individuals. Let us first examine the sources of stress in our life or in the life of our children.

16.6.1 Sources of Stress

All of us experience stress in our life. In the definition we have seen that stress is the process of adjusting to the events and situations in our life. So, we can say that stress originates from events and situations in our life and how we interact with them. Generally, these events and situations are associated with or originate from a) work and organization, b) social sector and c) the self. The events and situations that create stress in our life are called stressors. In the case of students work and organization refer to study related work and school environment. We have listed below some events and situations related to learning and school

environment that create stress for students. The next source of stress refers to the social, economic and cultural contexts of the students. This may include religion, caste, language, lack of material resources, home and neighborhood environment, social and political affiliations etc. The third refers to the personal characteristics which include self-esteem, value system, abilities, internal thought processes etc.

Activity

Think of the recent stressors in your life. Did B Ed entrance examination create stress for you? How does balancing your work, family life and preparing for B Ed programme affect your life? Identify stressors in the life of your students.

In general, substantive changes in life (these are expected changes in life nevertheless eventful for example 12th board examination and end of school and beginning of University life), catastrophic events (these are sudden and unexpected events such as death of a parent or accident), daily struggles managing between home and work place, daily commuting between home and work place, serious/chronic illness, strained relationship with family members/ friends or such other events and situations in life are stressors. Let us examine some of the sources of stress in the life of school students. You can make a list of events and situations that create stress to students at school and home. We have listed below a few events and situations that create stress to students.

- Examinations in general and specially board examination.
- Managing between coaching classes for entrance exam and school schedules.
- Parental pressure to join a stream of higher education which is not the choice of the student.
- Peer competition and performance anxiety.
- Difficulty understanding a subject.
- Difficulty understanding a teacher.
- Unfriendly teachers.
- Change of school.
- Strained relationship with the peer group.
- Peer pressure to engage in unlawful activities.
- Not having friends in school.
- Difficulty commuting between home and school.
- Less material and academic resource at home.
- Strained relationship between parents.
- Separation of parents.
- Death of a parent or loved one.
- Family member seriously/chronically ill.
- Engaging in household chores and less study time at home.
- Unfriendly neighborhood where anti-social elements roam around.

- Catastrophic events such as sexual abuse, accidents, physical assault, earth quake, disastrous cyclone, terrorist attacks etc.

Many of the stressors in our life are both physical and psychological in nature. Students who prepare for class 12 board examination or common entrance examination have to endure long hours of sitting through classes, tuitions, reading at home or commuting between school, coaching center and home, thus causing a lot of physical fatigue. Simultaneously they are under severe mental strain to perform well in the examination as the examination result would hugely influence their future course of action. Board and entrance examination preparations are thus physically and psychologically taxing and stressful on students. Psychological stressors are those events that force people to change or adjust their life. If the event or situation is perceived as unpleasant or threatening it has an adverse effect on the person. For example, catastrophic events such as sudden death of a parent, sexual assault, accident and natural calamities are adverse psychological stressors as the experiences are unpleasant and life threatening. Some of the psychological stressors are the results of chronic problems in our life. Living in areas under threat of militancy, living in crime affected neighborhood, being subjected to social discrimination, prolonged serious illness, living with seriously ill family members, living in extreme poverty are some of the examples of chronic psychological stressors in our life. There are some psychological stressors that students encounter routinely and daily, for example meeting the demands of different subject teachers, sitting through a boring class or not understanding a teacher etc.

Check Your Progress

- Notes:** a) Write your answers in the space given below.
b) Compare your answers with those given at the end of the block.

13) Define stress.

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14) What are the sources of stress?

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15) What are stressors?
16) Describe physical and psychological stressors in our life.

16.6.2 Effects of Stress

Prior to class 10 and 12 board examinations we hear about a few incidents of suicides by students of these classes. We also hear about some students who are preparing for joint entrance examination seeking admission to engineering or medical colleges committing suicide or going through mental break down. In the activity given above, did you identify examination as one of the stressors in the life of some of your students?

The effects of stress may be manifested as physical, psychological or behavioral responses. When confronted with stressors people react differently. Some of the students enduring examination stress may respond physically for example with migraine, nausea or diarrhea. This is psychosomatic consequences of stress. Our physical responses to life threatening situations include rapid breathing, increased heartbeat, sweating and trembling. If the stressors persist for a long period, it leads to a series of physical and psychological responses.

Our psychological responses to stress may appear as emotional changes, for example when you feel the earth tremor which is a warning sign of impending earth quake you experience fear along with the physical response mentioned earlier. Sometimes the emotional changes to stress situation may be anger, frustration or anxiety. Usually emotional stress responses reduce after the stressors disappear. Preparing for board and entrance examinations is an expected event but with a long term build up to it. Hence examination related stressors persist for longer duration and many students respond psychologically with increased anxiety, changes in eating and sleeping habits, poor concentration etc. Those who do not recover emotional balance may start feeling tense, anxious, sad or irritable. The extreme effects of stress may lead to mental disorder or depression.

Another form of psychological response to stress is cognitive changes. Cognitive stress reactions affect many students when they prepare and appear for examination. Even after thorough preparation when they sit down to write the exam they cannot remember appropriate answers to the questions asked. They

report feeling unable to think clearly and recall the answers. Most students are too anxious about the consequences of the examination. Anxious students are likely to think, “Will I remember the answers?” or “Will I get marks that get me admission in my preferred branch of study?” or “Will I fall behind my friends and score low?” or “Can I perform up to the expectations of my parents?” Such thinking impairs cognitive functioning and hinders performance in examinations. Performance anxiety creates over arousal that may interfere with attention and leads to losing the focus. Cognitive stress response is apparent when some students forget to write their name or enrollment number or entering them incorrectly.

Response to stress is manifested in our behavioral changes also. When you ask some students to read loudly in the class they start stuttering. Shaky voice, strained facial expressions and jumpiness are also behavioral responses to stress. Other behavioral responses to stress are lack of sleep, over sleeping, eating less or over eating. Under stress some people easily pick fight with others over insignificant issues. For some students schooling or preparing for examination can create long lasting stress. In the face of such severe stress they may drop out of school or examination or even commit suicide. Trying to avoid and escape from stressors people may turn to smoking, alcohol or other unhealthy substances which may give them temporary relief from stress. But such tactics deprive them from developing healthy coping skills. Aggression towards others is another common behavioral response to stressors.

16.6.3 Coping Strategies

Remaining in constant state of stress has serious consequences. We have discussed various stressors in the life of students. As teachers you must help students deal with different types of stressors in their life. People mediate with stress in different ways and adopt different styles to reduce or cope with stress. All students who prepare and appear for board examination do not end up developing mental problems or committing suicide. It depends on how you perceive an impending event as threat or challenge. Some students may think of examination as a threat and experience anxiety or lack of concentration. They start catastrophizing the consequences of the event (exam) and engage in thoughts such as, “what if I fail’ or “will I fall behind friends”. Such catastrophic thinking magnifies the stress. Students who use cognitive coping strategies take examination as a challenge. They identify negative thoughts and remove them. They set realistic goals, make plan and act accordingly. They replace negative thoughts with constructive thoughts under stress, “I will work according to the plan and do my best”. Cognitive strategies help people perceive stressors as less threatening.

Another coping style to deal with stress employed by people is seeking social support. This is emotional coping strategy. In this strategy people talk to others (family, friend or counsellor) about their stressors and seek their views and suggestions to reduce the stress.

Many students experience stresses when preparing for exam as they are always hard pressed for time. Some are unable to find enough time for reading different course subjects while some others are unable to answer all questions in the exam. For dealing with such stressors, behavioral coping strategies can be used which involve changing behavior. Developing a time management plan, locating instances where time is wasted and scheduling time for different activities help in reducing the stress.

Physical coping strategy is another style of dealing with stressors. For example, prescription drugs may be used for coping with stressors arising from catastrophic events (sudden death of a family member). However, use of drugs or alcohol can make people psychologically dependent on it and turn out to be an ineffective strategy. Progressive muscle relaxation training (refer Unit 8), yoga, exercise and meditation are some other physical coping strategies for dealing with stress.

Teachers can extend social support to students who experience stress. Your behavior as a teacher should develop confidence in students that they can approach you and seek help. Teachers should be able to identify students who are going through stressful situations and reach out to them. You can train students to develop cognitive restructuring abilities and reduce the threat perception associated with the event. Developing healthy study habits and time management skills in students will help them cope with stress resulting from academic work. At school teachers can provide opportunities for physical coping strategies for dealing with stress to their students.

16.7 LET US SUM UP

Mental health is indispensable to our well-being. To provide you an understanding of mental health we have presented definition as well as different theoretical models of mental health. The theoretical models of mental health give you the evolving picture of our understanding of mental health. We have discussed Mental Healthcare Act, 2017 which is in alignment with the United Nations Convention, 2006. Mental illness not only impacts the affected persons but also the family members and the society and manifest emotionally, socially and economically. We have described the characteristics of mentally healthy persons so that you can help learners develop these characteristics. We have discussed the importance of promotion of mental health because the prevalence of mental health problems among global population is very high. More than half the population of people with mental problems was diagnosed before the age of 14 years. This indicates the importance of teachers' role in promotion of mental health. Next, we have discussed the concept of stress. Stress is inevitable part of our life. School going children are also affected by stress. We have described the various sources of stress in the life of students and the consequences of stress. Coping strategies to manage stress are discussed so that teachers can help students to deal with their stress.

16.8 UNIT-END EXERCISES

- 1) Identify mental health needs of your learners. Design a life skill programme for promoting the mental health of your learners.
- 2) Identify children at risk of developing mental health problems because of their social environment. Plan strategies for minimizing the impact of the social environment on their mental health.
- 3) Discuss with learners of different age group and find out the different stressors in their life.
- 4) Locate the various sources of stress in the life of your learners. How will you help them develop cognitive and behavioral strategies to cope with stress?

- 5) Is your behavior as a teacher one of the sources of stress in the life of your learners? Explain your strategies for eliminating your stress producing behavior and turn it into constructive mental health promoting behavior for the learners.

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16.10 ANSWERS TO CHECK YOUR PROGRESS

Unit 13

- 1) Refer to sub-section 13.3.4.

- 2) Refer to sub-section 13.4.3.
- 3) Refer to section 13.4.5.

UNIT 14

- 1) — The disability itself
— Attitudes of the society
— Physical system of the country
- 2) — Physical and health needs
— Emotional and social needs.
- 3) They tend to generalize from a disability to the whole individual.
- 4) a) True
b) 'True
c) False
d) True
e) False
- 5) Withdrawal, maladjustment and non participation.
- 6) Continued frustration and rejection in the home and society.
- 7) Self-concept denotes an individual's evaluation of his worth and limitations.
- 8) Delay in achieving independence.
- 9) a) False
b) True

Unit 15

- 1) i) within, external influences
ii) withdrawal, hostile aggression
iii) physiological self-actualization
- 2) i) True, ii) false, iii) True, iv) False and v) True
- 3) Any recurrent or inappropriate behaviour of a child in a particular situation affecting his own well-being and that of others becomes a behaviour problem.
- 4) i) Poor co-ordination, short attention span, overly sensitive, submissive, fearful, unaccepted by group, no sense of fair play.
ii) An aggressive child is one who beats, bullies, hits, screams, etc. causing pain and injury to oneself and others, while a withdrawn child is quiet, aloof, does not disturb others and often goes unnoticed and so an aggressive child is more easily identified.
- 5) i) b, ii) e, iii) a, iv) d, v) c.
- 6) i) 'True, ii) True, iii) False, iv) True, v) False, vi) False

- 7) i) A teacher who is sarcastic, who humiliates pupils and who is downright unfair to them. A teacher who uses poor teaching methodology and has no control over the pupils in a class.
- ii) Yes, by understanding the problem beneath, a teacher could help a child cope with this own personal troubles and thus effectively deal with the observed (expressed) behaviour problem.
- iii) Knowledge of the kinds of behaviour help the teacher identify these children and assist (help) them if needed. While the knowledge of the causes of behaviour problems helps them understand the children better and handle them in an effective way-enhancing their growth.
- 8) i) Behaviour problems are of many different types, having different reasons and there are a number of differences among children who have behaviour problems. Therefore, there can be no one best way of dealing with these problems.
- ii) Punishment is believed to do more harm in the long run, than good. And it arouses anger and resentment in the child or feelings of guilt and anxiety or unworthiness and may become submissive.
- 9) i) True, ii) True, iii) False, iv) False, v) True vi) False
- 10) i) Positive approaches teachers/parents can use are:
- a) Showing genuine love and understanding of the child and a desire to help him. Be the kind of person he can respect.
- b) Bringing the child's misconduct to his attention in a friendly, constructive manner.
- c) Helping him understand why that behaviour is unacceptable.
- d) Offering specific suggestions for the improvement of his behaviour.
- e) Rewarding whatever progress he might make.
- ii) Parents can help children by offering them a healthy home environment. Interacting more effectively with their children and using various behaviour principles(eg. reinforcement, extinction and punishment) to increase meaningful social behaviours. Being consistent in their parenting approach and behaviours.
- iii) Assessment helps the counsellor define the problem. And decide whether the adult's complaints are valid reflections of the child's behaviour or whether they represent more of the adult's problems.

This would enable a counsellor to decide the kind of help, if any, needed, what should be the goal of intervention and how best that goal can be reached.

Unit 16

- 1) The World Health Organization (2005) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

- 2) Independent thought and action: The ability to manage one's thoughts, emotions, feelings, behavior and interpersonal relations is fundamental to the state of well-being. The lack of capacity for independent thought and action is one of the most disabling states of human condition.

Pleasure, happiness and life satisfaction: It would be difficult for individuals to make progress and find fulfillment in life when they are burdened with mental health problems.

Family relations, friendship and social interaction: The capacity to engage in relationship with family members, friends, colleagues and community is an important human condition to flourish in life. Individuals who lack the capacity to form relationships and engage with others are at risk of developing mental disorders.

- 3) This model considers mental ill-health as bodily malfunctioning and a disease of the brain. Each mental disorder is associated with a different pathology of the brain and has a different cause and origin. Thus, mental-illness is a disease and must be treated medically.
- 4) Psychological model locates mental difficulties in specific emotional, cognitive and behavioral processes and takes a developmental perspective. Social model refers to the social causation approach to mental health. Here the focus is on the social factors which mean the external life experiences (as opposed to the internal life experiences in the psychological model) as the trigger leading to mental ill-health or disorder.
- 5) Bio-medical model considers mental ill-health as bodily malfunctioning and a disease of the brain. In biopsychosocial model, medical diagnosis is not rejected but the personal context is emphasized over the medical categorization.
- 6) Here vulnerability means the genetic predisposition as well as life altering experiences such as childhood trauma.
- 7) This is because people learn to develop coping skills or resilience skills to deal with psychosocial stressors.
- 8) Mental illness of a person shall not be determined on the basis of;
 - a) Political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status of the person;
 - b) Non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person's community.
- 9) Refer 16.3.3
- 10) Refer 16.4
- 11) Refer 16.5.1
- 12) Refer 16.5.2
- 13) Stress is defined as the internal processes that occur as people try to adjust to events and situations.

- 14) Refer 16.6.1
- 15) The events and situations that create stress in our life are called stressors.
- 16) Many of the stressors in our life are both physical and psychological in nature. Students who prepare for class 12 board examination or common entrance examination have to endure long hours of sitting through classes, tuitions, reading at home or commuting between school, coaching center and home, thus causing a lot of physical fatigue. Simultaneously they are under severe mental strain to perform well in the examination as the examination result would hugely influence their future course of action. Board and entrance examination preparations are thus physically and psychologically taxing and stressful on students. Psychological stressors are those events that force people to change or adjust their life. If the event or situation is perceived as unpleasant or threatening it has an adverse effect on the person. For example, catastrophic events such as sudden death of a parent, sexual assault, accident and natural calamities are adverse psychological stressors as the experiences are unpleasant and life threatening. Some of the psychological stressors are the results of chronic problems in our life. Living in areas under threat of militancy, living in crime affected neighborhood, being subjected to social discrimination, prolonged serious illness, living with seriously ill family members, living in extreme poverty are some of the examples of chronic psychological stressors in our life. There are some psychological stressors that students encounter routinely and daily, for example meeting the demands of different subject teachers, sitting through a boring class or not understanding a teacher etc.