

Chapter 9

Recommendations From Teachers on Schools' Roles in Identifying Problems and Building Awareness Among Students

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ABSTRACT

Students develop skills, gain knowledge, and achieve greater wellbeing by creating a positive school environment. Through the years, schools have realized the importance of mental health services for adolescents. Research on the role of schools in mental health awareness building and preventing mental health problems is meager, and focuses on students in the western context. This chapter focuses on the recommendations given by teachers on what role schools can play in identifying, preventing, and building awareness among adolescents. These recommendations are based on the themes obtained through semi-structured interviews with 24 teachers teaching 10th, 11th, and 12th graders in private high schools and colleges in Bangalore. Consequently, it aims to provide an overview of incorporating techniques and strategies to enhance mental health among school students in the Indian Scenario.

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INTRODUCTION

Globally, 10% to 20% of children and adolescents have mental health problems (Kieling et al., 2011) that persist into adulthood (Veldman et al., 2014). Social and emotional difficulties in childhood lead to psychiatric disorders, depression, anxiety, and drug use as adults (Stansfeld et al., 2008). School-based mental health interventions can ease the stress of seeking help, the lack of knowledge about resources, and the stigma surrounding mental health (Chiumento et al., 2011). These strategies may address broad or specific issues or promote early detection, preliminary interventions, or adequate mental health services (Habib, 2012). Intervention for emotional, behavioural, and mental disorders targeting all students (universal) and less privileged students (selective) has dramatically improved (Stormont et al., 2010).

Schools must utilize naturalistic resources to enhance learning and promote health; incorporate integrated models; improve outcomes for all students, including those with severe emotional and behavioural needs; strengthen parents' involvement and involve teachers as change agents (Atkins et al., 2010; Atkins et al., 2008). Mental health requires a preliminary approach; thus, families and program facilitators must monitor and improve their mental health (Weare & Markham, 2005). Schools can modify accommodations, encourage parental involvement, and research mental health services to improve support services for at-risk students (Seidmen & Tseng, 2010).

A whole-school approach requires the cooperation of different levels of school personnel, wider communities, and other agencies (Weare & Murray, 2004). A comprehensive and integrated whole-school approach is necessary for effective mental health promotion and positive well-being among young people. Kutcher, Wei, and Morgan (2015) conclude that combining mental health resources with regular teachers improves knowledge and attitudes about mental health.

BACKGROUND

Teens face many mental health problems, but psychologists and counselors are not the first to recognize their vulnerabilities. Teachers deal with bullying, violence, and sexual harassment in the classroom and refer students to mental health services (Weist et al., 2007). Teachers mostly have little formal training, but they spend much time with their students (both personally and professionally), which provides insight into their behaviors and functioning (Kauffman & Landrum, 2013).

Several studies indicate that teachers lack confidence in dealing with mental health issues (Rothi et al., 2008), and teachers lack the necessary skills and training to differentiate between typical and atypical psychological disorders (Loades & Mastroyannopoulou, 2010). However, trained teachers can better assist students with psychological illness and refer them to psychologists or counselors.

Adolescent mental health is a priority in India's National Adolescent Health Program ("Rashtriya Kishor Swasthya Karyakram"; RKSK) (Ministry of Health & Family Welfare, 2015), but school mental health provision is limited. High-income countries tailor interventions to institutions' needs and resources, involving gatekeepers and local healthcare agencies (Murray & Jordan, 2016; Doll et al., 2017; Kern et al., 2017). Intervention developers and providers must understand local backgrounds, expectations of relevant stakeholder groups, and anticipated barriers to implementation.

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