Unlocking the Mind: Addressing School Mental Health for Holistic Well-being

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This paper aims to describe the concept of mental health and its role in the improvement of students' well-being in schools. Mental health can be defined as the presence of mental well-being in an individual, with the help of which he understands stressful situations, then copes with the environmental circumstances, uses his ability, learns to work well, and contributes positivity to society. Although mental health balance is important for all in every situation of life, its significance in school life cannot be denied. Therefore, there is a need to understand the barriers to mental health in school settings and promote mental health by using adequate moderators. As children and adolescents are facing many mental health problems, there is a need to understand and minimize their problems. In order to achieve this goal, there is a need to promote school-based programs aimed at ensuring well-being, enhancing emotional regulation, increasing coping and problem-solving strategies, and decreasing the magnitude of bullying and other aggressive behavior. It will create a conducive environment for the students' and teachers' good mental health of the students and the teachers as well. Moreover, a complete mental health program in schools can create a secure and supportive learning environment, which can also be effective in dealing with familial problems. Truly, speaking as a student, we spend a significant amount of time in school, so positive psychological interventions are required and can be implemented to create an age-appropriate environment and counsel the students and teachers both for a more positive and supportive school climate for all. Also, mental health improvement programs are highly needed to contribute positivity to the community.

Key Words: Mental health, Well-being, school environment, Mental health promotion in schools

Introduction

A person's ability to manage difficult circumstances is a measure of their psychological well-being, which is known as mental health. This makes it easier for people to comprehend the circumstances, acknowledge their own strengths, and take all the required steps to improve their personal and society's productivity. Our mental health, a fundamental component of health and wellbeing, largely influences our ability to make decisions, form connections, and influence the environment around us. Mental health comprises a broad range of factors beyond the mere absence of

mental diseases, contrary to the commonly held perception of the term.

As a matter of fact, mental health is a multifaceted phenomenon, and disparities in difficulty and discomfort can be used to distinguish between two or more people. Mental illness encompasses not only mental disorders, but also disorders related to time, place, and situational coping. Stress, functional impairment, and the potential for self-harm are further indicators of poor mental health. In addition, those who have inadequate mental health experience a decrease in psychological well-being.

This isn't always the case, though. Everyone should understand the importance of mental health, but it becomes much more critical when it affects youth, who are seen as the country's future and who are particularly likely to attend school. In addition, research

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indicates that it is essential to address the intricacies of mental health by means of education, counseling, and socio-economic interventions in order to improve the well-being of individuals and communities, particularly in educational settings. A more in-depth comprehension of mental health, according to Gross (2023), is a significant factor in shaping our general perspective of mankind. A crisis in the mental health of young people is becoming a problem on a worldwide scale. Schools have the potential to develop the most effective initiatives for maintaining, restoring, and improving the mental health of children and young people.

The majority of mental diseases begin in the early stages of adulthood or during adolescence; however, they are usually diagnosed and treated in later life. By comparing the mental health condition of college students with that of their non-college counterparts, regardless of their employment status, secondary school enrollment, or neither, we can focus on high-risk groups. Kovess-Masfety and colleagues (2016) conducted an interesting survey in France. In 2005, Kovess-Masfety and colleagues conducted a large-scale cross-sectional phone survey in four different areas of France, selecting a total of 22,138 participants at random. In the neither employed nor students or trainees' group, mental health disorders were more common. There were notable variations in the prevalence of anxiety disorders, such as phobias, panic disorder, and posttraumatic stress disorder (PTSD), among men. These diseases affected at least one aspect of their daily lives. This was similarly true for females, with the exception of those who suffered from panic disorder.

This survey suggested that young adults should be assisted in making the transition from the academic or school setting to the working world, and efforts should be made to facilitate this transfer. It is crucial to provide young individuals with psychiatric disorders with information, care, support, and counseling during times of economic downturn, natural calamities, political instability, and similar situations. Additionally, it is important to assist them in identifying a suitable career path in which they can actively participate. Educational institutions like universities and schools can most effectively carry out health promotion efforts that explicitly target mental health and general well-being. It is the responsibility of institutions around the world to address the mental health requirements of children and adolescents (WHO, 2017).

What's the issue? How much of an impact can schools have?

Schools indicate a rise in the quantity and complexity of mental health and wellness problems affecting kids, teens, and employees. Social media and the stress of tests and exams are among the causes. With the growing emphasis on mental health services in schools, there has been a corresponding rise in the number of diagnosed mental health issues among children and teenagers. The term 'mental health crisis' refers to the phenomenon of increased concerns about mental health. Discussions about the pressures students face in academic settings specifically relate to this phenomenon (Thorley, 2016; DfE, 2019). While schools are crucial in supporting children's mental health, little is known about the strategies they use. Teachers' primary responsibility is to assist the mental health and wellness of all young people by fostering a supportive and learning-oriented learning environment in the classroom. In order to teach and promote mental health, teachers must feel at ease and secure in their abilities. India is a country that spans a large geographical area and has a wide range of socioeconomic conditions. A variety of factors, including the resources available, the socioeconomic background of the students, the educational level of the parents, and so on, can significantly differentiate schools. Moreover, various school boards, such as the central and state boards, oversee the administrative governance of the schools. Furthermore, a number of government agencies, both central and state, each have their own functions and responsibilities in relation to the physical and mental development of children. A very few epidemiological surveys are done to understand the mental health status of students in schools and children and adolescents outside the schooling system.

Nair et. al. (2017) conducted a cross-sectional study in Anand district of Gujarat state, India, where the team surveyed five higher secondary schools where the medium of instruction was Gujarati. A total of 693 students from grades nine to twelve participated, with an equal distribution of male and female students.

Fifteen percent of the participants had high scores on the mental health problem scale. Peer problems were the prevailing mental health issue, impacting over 25% of youngsters. The female students presented a greater incidence of emotional challenges. The male students displayed a higher incidence of conduct disorders, peer problems, and hyperactivity.

The prevalence of mental disorders in children and adolescents was assessed to be 12.1% in a study that was carried out in the city of Lucknow, which is located in the state of Uttar Pradesh, India (Srinath et. al., 2005). Malhotra and Patra (2014) reported that the prevalence rate of child and adolescent psychiatric issues in the Indian community was 6.46 percent, but in schools it was 23.33 percent. Two separate investigations conducted by Malhotra and Patra (2014) revealed that the occurrence of mental health illnesses in rural schools in Haryana was 20.7%, whereas in West Bengal it was 33.33%. In urban children and adolescents in Tamil Nadu, the reported prevalence of mental diseases was 33.7%, and in Chandigarh, it was 6.33% (Malhotra & Patra, 2014). The prevalence of mental disorders among youth aged 13-17 years was found to be 7.3%, according to the National Mental Health Survey (2016). This information was received from the national survey. Compared to children living in rural areas, the prevalence of the disease is almost twice as high among urban youngsters. The prevalence of mental disorders in Indian children and adolescents includes anxiety disorders, depressive disorders, agoraphobia, disabilities that affect intellectual status, diseases that come under the autism spectrum, and psychotic disorders. A study that was conducted in the state of Himachal Pradesh (Ministry of Health and Family Welfare Survey, 2016) showed that the prevalence of depression was estimated to be 6.9%, anxiety was projected to be 15.5%, tobacco consumption was estimated to be 7.6%, and alcohol consumption was estimated to be 7.2%.

This is an additional point of interest that is worth mentioning. Different surveys conducted at different points in time and geographical locations mention a varied amount of data. Estimates indicate that 9.8 million individuals in India, aged 13 to 17, suffer from major mental illness. This figure is inclusive of both males and females. If we consider the full age range of childhood and adolescence, this figure would be even higher. Consequently, the repercussions of psychological disorders are far greater than what the general public is aware of, and those with the least awareness of these disorders' severity are also the least conscious of their effects. It was not possible to obtain an accurate estimation of children's and adolescents mental health on a national scale from the survey.

Compared to other noncommunicable diseases, neuropsychiatric disorders have a greater economic burden. The indirect cost of mental illness includes the time caregivers spend, missed employment opportunities for both patients and caregivers due to the illness, and numerous other factors, suggesting a heavier burden than the actual cost of treatment. Although this situation is more or less common in almost all societies, it becomes even more important in developing countries like India, where the population is considered an asset, but India does not have a comprehensive children and adolescent mental health policy for its vast population of over 435 million children and adolescents, despite the severity and extent of children and adolescent mental health illnesses.

Raising and promoting mental health awareness through educational institutions

The World Health Organization (WHO) suggests four levels of mental health intervention in schools: promoting psychosocial competence, providing mental health education as part of the general health curriculum, focusing on children who require additional psychosocial interventions, and placing special emphasis on students who require professional assistance for mental health challenges.

The Government of India has launched the Rashtriya Kishor SwasthyaKaryakram (RKSK) policy. This policy has focused on the health of adolescents, which has also included mental health. It is one of its six strategic goals to improve the overall health of adolescents. It is for this reason that mental health receives such prominence.

State governments will implement this project, which the Indian government conceived in 2014, through the National Health Mission. The goal of RKSK is to increase public awareness of substance misuse and mental health issues, but it doesn't have a comprehensive strategy to help individuals in need of clinical and psychological treatment. While this project seeks to enhance the general health of adolescents, it appears insufficient to tackle the epidemic of mental health among India's child and adolescent population.

Promoting mental health in schools

To promote and maintain mental health and wellbeing in schools, it is pertinent to involve and highlight the integral links between the three important pillars, i.e., academic learning, curriculum design, and pedagogy. Through the incorporation of mental health and well-being into the official curriculum and pedagogy, educational institutions have the ability to broaden their emphasis and highlight these components as vital learning objectives.

One of the approaches is to incorporate teaching methods that foster a sense of belonging and connection. The teachers should be sensitized to utilize a teaching method that is collaborative, emphasizes constructivism, and includes culturally responsive and inclusive practices. It should also set an example for social and emotional skills, which are essential elements that contribute to both academic success and overall well-being and social and emotional competence among pupils. It is the duty of all school instructors to engage in these commonly accepted behaviors.

To mitigate resistance and opposition from teachers and facilitate the prioritization of mental health and well-being in schools, it would be advantageous to offer them training in these approaches. Additionally, policymakers and school management should emphasize the implementation of these approaches.

Furthermore, policymakers, school management, and student parents collectively prioritize the mental health and well-being of students and are reevaluating the current evaluation system. Reforms in the evaluation system are also required. There should be no labeling, ranking, or comparisons involved in the evaluation process; it should be holistic, formative, and comprehensive.

In India, the declaration of the 10th and 12th board results coincides with a sudden surge in both reported and unreported cases of student suicide. Instead of evaluating an institution's success and efficacy based on 100% results and toppers, the school's agenda should consistently prioritize the happiness, mental health, and social engagement of its students. This reorientation in educational priorities necessitates the establishment of students' overall growth and well-being-centric educational evaluation systems.

Bullying victims, perpetrators, and bystanders are more likely to experience mental health issues. Therefore, every school must implement bullying prevention interventions. These intervention programs should be customized with the help and suggestions of consultants and professionals in accordance with the particular requirements of communities, institutions, minority populations, and even geographic regions. Not only a customized intervention schedule is required, but also continuous supervision of the assessment of the

bullying epidemic in the particular school or community is equally important. The supervision should concentrate on the effective execution of the intervention program and the functioning of the extensive network that links the institution with community stakeholders, including politicians, professionals, and other individuals. In addition to this, it is essential to concentrate interventions on teaching staff and parents and to increase the extent to which they are involved in various initiatives. It is imperative to actively listen to the voices of youngsters.

To promote and safeguard mental health in educational settings, it is critical to establish a conducive learning environment that prioritizes mental well-being. We can achieve this by ensuring timely access to early intervention, mental healthcare, and support services. Additionally, we should make efforts to enhance teacher satisfaction, improve staff mental health, and bolster psychosocial support. Moreover, in order to establish a learning environment that is both secure and encouraging, it is of the utmost importance to encourage productive collaboration between educational institutions, families, and communities.

In addition, the majority of educational institutions have now started to operate alumni groups centered around the concept of "school networking." These networks provide a platform for rejected students to share their school experiences with younger students and collaborate on solving everyday challenges. Where may one get knowledge regarding methodologies and strategies for navigating the academic milieu? In addition, school connection events also foster robust relationships with teachers, school personnel, and peers, which directly influence the sense of acceptance, worth, and belonging that children experience within their communities. Research suggests that positive interactions in the school setting, such as establishing trustworthy connections with teachers, feeling a sense of belonging to the school, and experiencing a sense of community, have a direct impact on mental well-being and overall life satisfaction (Norwich et al., 2022).

Enhancing the psychological well-being of students by focusing on teacher health

Teachers form the backbone of educational institutions. They contribute significantly to the general growth of the students as well as the development of the educational system. However, they face a variety of classroom and student management issues, including learning environment management, pedagogy for

various types of students within a specific learning environment, personal identities, and informal student interactions (Fenwick, 1998), which may result in persistent burnout, which is linked to decisions to leave the profession (Blix et al., 1994). Teachers face difficulties with poor mental health and well-being as a result of their hectic or undersupervised professional lives. The physical and mental health of teachers has a big impact on the quality of the lessons they give their pupils (Glazzard& Rose, 2020). This can have an effect on a student's general health, motivation, wellbeing, and willingness to participate in class. There is a link between teachers' mental health and their ability to constantly do their jobs as teachers and have the desired effect on their students (Rahm & Heise, 2019; Greenier et al., 2021).

Keyes (2013) posits that psychological well-being is positively associated with self-awareness, emotional need fulfillment, goal attainment, autonomy, and volitional behavior. This refers to the development of one's own abilities, significant connections with others, purposeful involvement in various aspects of life, and the realization of one's full potential (Keyes, 2002).

Making it a mission to educate teachers about mental health and well-being

As stated before, teachers have a vital role in implementing mental health interventions. In addition to providing both general and targeted therapies, they also engage in collaboration with other professionals as members of an interdisciplinary and multiprofessional team in order to provide assistance for children with mental health challenges.

Therefore, it is crucial for the success of mental health improvement programs in schools that teachers receive extensive training in this area, both during their initial hiring and throughout their careers. Teacher education institutions and educational authorities should clearly define the essential skills and knowledge that educators require to effectively support mental health and well-being in schools. Teachers should receive training to effectively deliver mental health interventions in the classroom and across the school.

Additionally, they should be skilled in relational, child-centered, collaborative, and constructivist teaching methods. It is also important for teachers to improve their own social and emotional competence and resilience. Teachers can learn together and improve their work in the field of mental health promotion

through mentorship programs, professional connections, educational forums, and other places for working together.

These collaborative learning platforms enable this. Collaborative planning is essential for designing professional development programs that meet the individual needs and requirements of instructors.

Positive psychology in the classroom: A holistic approach to managing the mental health and wellbeing of adolescents

In order to effectively address and provide support for the mental health difficulties experienced by students and teachers, it is imperative that we adopt a comprehensive and all-encompassing strategy. This is because we acknowledge that issues associated with inadequate mental health and well-being are unavoidable. Positive psychology in education involves the practical implementation of positive psychology principles within the field of education. Hence, the notion of "positive education" as opposed to positive psychology can be employed to establish an educational framework centered around the idea of "learning through enjoyment." Positive education may be defined as an educational approach that prioritizes creating a conducive and pleasant environment for both students and teachers in schools. The Happiness Class, organized by the Delhi Education Department and based on the educational model of the Azim Premji Foundation, exemplifies positive education. In this approach, teaching focuses on comprehension rather than rote memorization of concepts. Moreover, positive education entails educating by fostering the growth of conventional aptitudes and the attainment of overall wellness. Studies indicate that the implementation of "positive guidance" techniques assists youngsters in effectively coping with anxiety, enhancing their selfassurance, and achieving improved academic performance. An Australian educational institution, Geelong High School, has successfully created a comprehensive curriculum that is devoted to the teaching of happiness since the year 2008 (Allen et al., 2022). This program combines traditional classroom instruction with positive psychology. The characteristics that make up a positive school climate are ones that are long-lasting.

It enhances students' social and personal growth and ensures a high-quality education. It fosters a creative mindset in productive endeavors and influences the overall life satisfaction of individuals involved in education. It has been noticed by educators and psychologists, particularly developmental, positive, and school psychologists, that the psychological climate of a school can have an effect on the mental development of children, as well as their academic accomplishments and their overall well-being. To deal with communication and personal problems in a healthy way, it is important for psychological help to put a lot of emphasis on building on good experiences. When looking at things from a practical problem-solving point of view, interventions that focus on spreading hope and optimism may help students feel better about their mental health and less stressed (de Oliveira et al., 2022). An empirical study has also shown that positive psychological therapies are useful for helping people with socialization disorders get better in real life (Martin, 2017).

Conclusion

There has been a significant increase in the amount of research and therapies pertaining to mental health over the course of the past twenty years. Schools around the world are currently implementing thousands of mental health interventions.

As per the recommendations of NEP 2020 in India, curricular, cross-curricular, and extracurricular activities all contribute to the development of individual mental health and well-being competencies, as well as social interactions. The curriculum promotes social and emotional competencies, including emotional control, problem-solving, empathy, healthy relationships, and constructive conflict resolution. An optimal classroom setting that fosters intrinsic motivation, cooperative learning, security, a feeling of belonging, nurturing connections, inclusivity, active engagement, and personalized educational assistance has the potential to enhance mental well-being (Cefai et al., 2021). Extracurricular activities such as physical activity and sports, creativity and arts, and nature-based activities are all examples of activities that enhance health (Brown & Shay, 2021; Oberle et al., 2020). The school's initiatives to foster mental health and wellbeing should encompass the active involvement of both the community and the students' parents.

References

- Allen, K.-A., Furlong, M., Vella-Brodrick, D., Suldo, Sh. (Eds.) (2022). Handbook of positive psychology in schools: Supporting process and practice. Routledge.
- Blix, A. G., Cruise, R. J., Mitchell, B. M., and Blix, G. G. (1994). Occupational stress among university teachers. Educ. Res. 36, 157–169. Doi: 10.1080/0013188940360205.
- Brown, C., & Shay, M. (2021). From resilience to wellbeing: Identity building as an alternative framework for schools' role in promoting children's mental health. *Review of Education*, 9(2), 599-634.
- Cefai, C., Simões, C., & Caravita, S. (2021). A systemic, wholeschool approach to mental health and well-being in schools in the EU.
- de Oliveira, C., Almeida, C., & Giacomoni, C. (2022). School-based positive psychology interventions that promote well-being in children: A systematic review. *Child Indicators Research*, 15(1), 1-19. http://dx.doi.org/10.1007/s12187-022-09935-3
- DfE. (2019). Timpson report on school exclusion. DfE.
- Fenwick, D. T. (1998). Managing space, energy, and self: junior high teachers' experiences of classroom management. Teach. Teach. Educ. 14, 619–631. Doi: 10.1016/S0742-051X(98)00012-2.
- Glazzard, J., & Rose, A. (2020). The impact of teacher well-being and mental health on pupil progress in primary schools. *Journal Public Mental Health*, 19, 349–357. Doi: 10.1108/JPMH-02-2019-0023.

- Greenier, V., Derakhshan, A., and Fathi, J. (2021). Emotion regulation and psychological well-being in teacher work engagement: a case of British and Iranian English language teachers. System 97:102446. Doi: 10.1016/j.system.2020.102446.
- Gross, B. (2023). Student mental health and well-being: A review of evidence and emerging solutions. Mary Lou Futton Teachers College, Arizona State University.
- Keyes, C. L. (2002). The mental health continuum: from languishing to flourishing in life. J. Health Soc. Behav. 43, 207–222. Doi: 10.2307/3090197
- Keyes, C. L. (2013). Mental well-being: International contributions to the study of positive mental health (Vol. 8). Dordrecht: Springer.
- Kovess-Masfety, V., Leray, E., Denis, L., Husky, M., Pitrou, I., & Bodeau-Livinec, F. (2016). Mental health of college students and their non-college-attending peers: results from a large French cross-sectional survey. *BMC psychology*, *4*, 1-9.
- Malhotra, S., & Patra, B. N. (2014). Prevalence of child and adolescent psychiatric disorders in India: a systematic review and meta-analysis. *Child and adolescent psychiatry and mental health*, 8, 1-9.
- Martin, R. (2017). Positive psychology in schools: A change with deep roots. Psychologist Papers, 38(1), 66-71.
- Ministry of Health and Family Welfare, Government of India. National Mental Health Survey of India; 2016. Available

- from: http://www.indianmhs. nimhans.ac.in/Docs/Summary.pdf
- Ministry of Health and Family Welfare, Government of India. Rashtriya Kishor SwasthyaKaryakram RKSK Guidelines; 2015. Available from: http://www.nhm.gov.in/nhm/nrhm/guidelines/nrhm-guidelines/arsh.html.
- Nair, S., Ganjiwale, J., Kharod, N., Varma, J., & Nimbalkar, S. M. (2017). Epidemiological survey of mental health in adolescent school children of Gujarat, India. *BMJ* pediatrics open, 1(1).
- Norwich, B., Moore, D., Stentiford, L., & Hall, D. (2022). A critical consideration of 'mental health and wellbeing'in education: Thinking about school aims in terms of wellbeing. *British Educational Research Journal*, 48(4), 803-820.

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- Oberle, E., Gist, A., Cooray, M. S., & Pinto, J. B. (2020). Do students notice stress in teachers? Associations between classroom teacher burnout and students' perceptions of teacher social—emotional competence. *Psychology in the Schools*, *57*(11), 1741-1756.
- Rahm, T., & Heise, E. (2019). Teaching happiness to teachers-development and evaluation of a training in subjective well-being. *Frontiers in Psychology*, 10:2703. Doi: 10.3389/fpsyg.2019.02703.
- Srinath, S., Girimaji, S.C., Gururaj, G., Seshadri, S., Subbakrishna, D.K., Bhola, P., et al. (2005). Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. *Indian Journal of Medical Research*, 122, 67-79.
- Thorley, C. (2016). Education, education, mental health. IPPR WHO. (2017). Global school health initiatives: Achieving health and educational outcomes: report of meeting Bangkok, Thailand 2015. https://www.who.int/publications-detail/global-school-health-initiatives-achievinghealth-and-education-outcomes