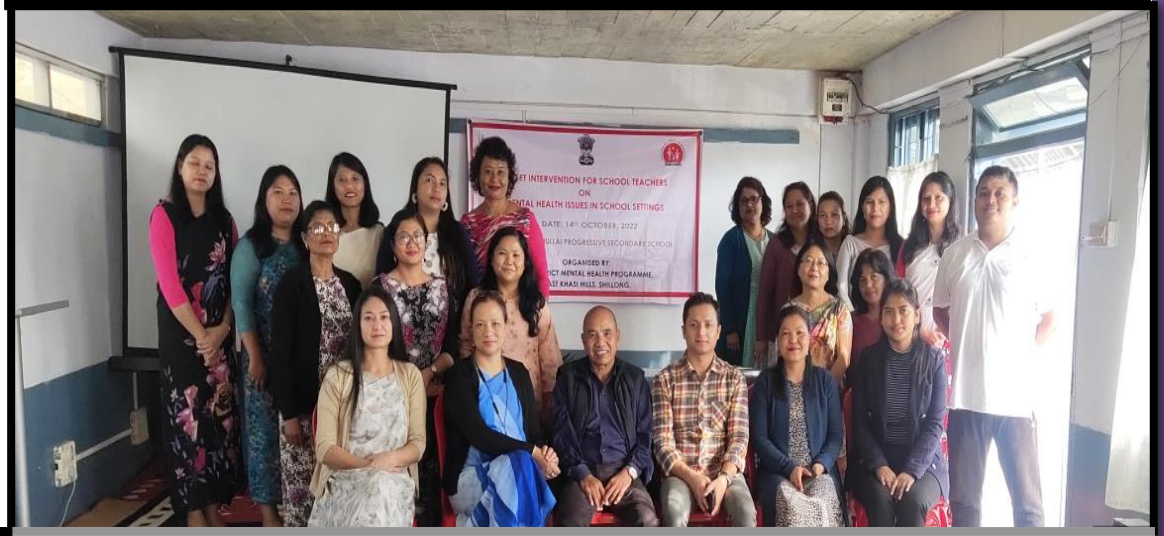
World Mental Health Month 2022



14 OCTOBER 2022

TARGET INTERVENTION PROGRAMME FOR SCHOOL TEACHERS ON "MENTAL HEALTH ISSUES IN SCHOLL SETTINGS"

Organized by the District Mental Health Programme, East Khasi Hills District in collaboration with the Department of Social Work-PG, St. Edmund's College, Shillong

Department of Social Work-PG, St. Edmund's College

Contents

Introduction

Adolescence is a unique and formative period in a person's life. Adolescents are particularly susceptible to mental health problems due to the changes in their physical, emotional, and social environments, which include poverty, abuse, and violence. One out of six people are adolescents. It is essential to protect adolescents from adversity, promote socio-emotional learning, improve psychological well-being, and ensure they have access to mental health care throughout their adolescence and adulthood. Mental health conditions are estimated to affect 1 in 7 (14%) of 10-19 year-olds around the world; however, these conditions remain largely unrecognized and untreated. Adolescents with mental health conditions are particularly susceptible to social exclusion, discrimination, stigma (affecting their readiness to seek treatment), educational difficulties, risk-taking behavior, physical health issues, and violations of their human rights. Globally, one out of seven 10-19-year-olds suffers from a mental disorder, which accounts for 13% of the burden of disease in this age group. The leading causes of illness and disability among adolescents are depression, anxiety, and behavioral disorders. It is estimated that suicide is the fourth leading cause of death among adolescents between the ages of 15 and 19. It has been shown that the consequences of failing to address mental health problems in adolescents can extend into adulthood, impairing both physical and mental health and limiting opportunities to lead a fulfilling life. By promoting mental health and preventing mental illness, individuals are able to enhance their abilities to regulate emotions, provide alternatives to risk-taking behaviors, build resilience, promote supportive social environments and social networks, and promote the ability to handle difficult situations and adversity. It is very important that teachers are aware of their perceptions of mental health disorders, their role in relation to a student's mental health, and the barriers to their helping a student. Teachers can take steps to be culturally sensitive, create awareness, and work with students and their families to ensure the best possible assistance is provided to the students. Furthermore, they can begin by identifying mental health issues among students and educating themselves and others about the symptoms of mental health disorders. It is important that schools provide a safe environment for students, encourage good health, and provide mental health resources in order to assist them in coping with mental health issues.

In light of the above and in honor of *Mental Health Month 2022*, the Department of Social Work-PG, St. Edmund's College organized a ***Target Intervention Programme on the topic of 'Mental Health Issues in School Settings'*** for Shullai Progressive Secondary School

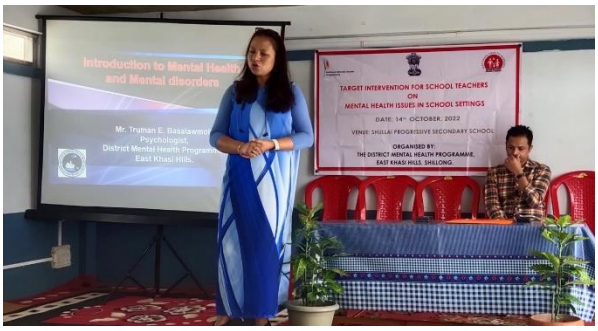
Teachers on 14th October 2022 in collaboration with the District Mental Health Programme (DMHP), East Khasi Hills and Shullai Progressive Secondary School. As the name implies, the purpose of this programme is to raise awareness among teachers regarding the issues of student mental health, to assist them in recognizing mental health problems in their students, and to assist them in receiving the best possible treatment.

Inaugural Function

The inaugural function started with a note of welcome from one of the Teacher of Shullai Progressive Secondary School after which Ms. Ainamlin Dkhar from the Department of Social Work - PG, St. Edmund's College, Shillong gave a brief introduction of the progrmme. Ms. Ainamlin Dkhar spoke about how the collaboration between Shullai Progressive Secondary School, the District Mental Health Programme (DMHP) and St. Edmund's college started. In the process of organizing and working together with Shullai Progressive School there is a realization that students mental health is one issues that need to be addressed, there are so many students who have psychological and mental health problems such as anxiety, depression, stress, relationship problems and behavioural problems. And that is why there is a felt need to connect with the DMHP to create awareness to the teachers on students' mental health and how to identify, refer and addressed if any cases are found.

Ms. Ainamlin Dkhar also spoke about the important of Mental Health for all, she gave the definition of Health and how Mental Health is also an integral part in the definition of health. Adolescents group is an age group where they are more vulnerable to mental health issues due to various reasons and if this issue is not addressed it can seriously impair their ability to be successful in school, relationship and in day-to-day functioning. And that is how for teachers it is very important to understand student's mental health so that we can identify, support and refer whenever required. She thanked the team from DMHP and Shullai

Progressive School for the collaboration and wishes the day programme to be meaningful for all.



Dr. W. Shira, the State Nodal Officer, East Khasi Hills District, DMHP introduced her team from DMHP and shared with the participants their role and services. She also shared how Children/schools Mental Health is a very important issues that need to be addressed, she also urges the teachers that if any cases are found in the school they should not hesitate to refer and contact the DMHP for necessary help and support.

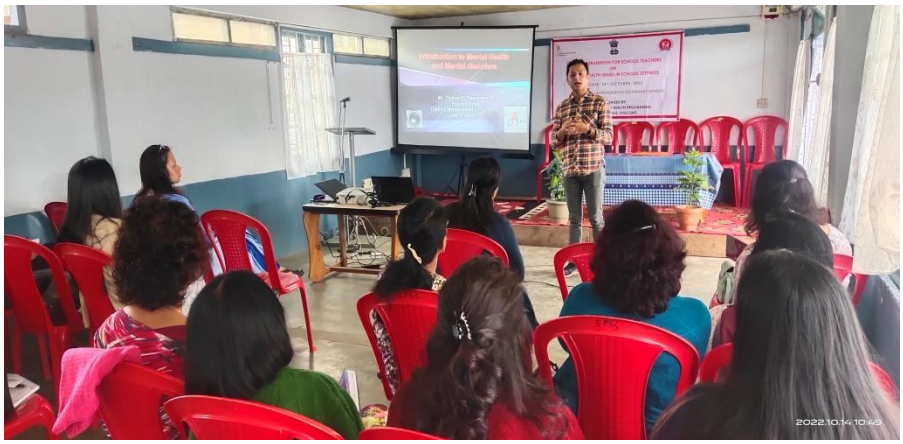
For this programme, Mr. Truman E. Basaiawmoit, Psychologist, District Mental Health Programme, East Khasi Hills was the Resource Person. He divided the programme into the following technical Session:

Technical Session	***Topic***
Technical Session 1	Introduction to Mental Health and Mental Disorders
Technical Session 2	Child and Adolescents Mental Health
Technical Session 3	Learning Disability
Technical Session 4	Stress Management

Technical Session 1: Introduction to Mental Health and Mental Disorders

In the first session, the resource person gave an ***introduction to Mental Health and Mental Disorders***, stressing upon the importance of Counselling sessions - Family, Group. He also discussed about the Platforms for Mental Health Promotion, and as educated people, urging to break the chains of prominent social issues of Stigmatization and Discrimination that pertain to Mental Health and well-being of an individual. Quoting the popular notion of 'school being our second home', Mr. Truman made aware the participants that just like 'Family' have a tremendous effect on the well-being of a child, so also teachers have a

significant role in the students' mental health. He further discussed about the definitions of 'Mental Health', the types of Mental Health Problems suffered by students, as presumed by the District Mental Health Program, East Khasi Hills, Shillong which include Stress, Anxiety, Fear, Personality Issues, Adjustment Difficulties, Peer Pressure and Substance Abuse. The session was opened for questions from the participants to which a question was raised by one of the teachers, about 'Depression', since this term is heard from the students and also brought up in the schools more frequent, by the students. According to Mr. Truman, 'Depression' in the school is seemed to be used more as just another 'fashion word' in this modern day and age when in actuality, 'Depression' is a phase that an individual go through where he or she experiences low mood, low interest, low energy, on a regular basis consistently. The interactive session was graced by the presence of Dr. B. Sohkhlet, Consultant Psychiatrist, District Mental Health Programme, East Khasi Hills, Shillong, where he clarified more about the term 'Depression'.



The session proceeded further with Mr. Truman talking about the Signs and Symptoms leading to Mental Health Issues in the context of Schools namely - Thinking, Mood Differences, Declining Social Interaction, Memory Power or the attention span of the child, Lack of interest from studies to sports or any extracurricular activities, Communication and Language. He then talked about the major factors that lead to Mental Health Issues which include Chaotic Home Environment (Family Problems/Arguments), Lack of Nurturing and Parental Attachment, History of Anxiety or other mood disorders. Mr. Truman mentioned about the term 'Dissociative Disorder' which he requested Dr. Sohkhlet to highlight more upon. In the context of a School, the doctor clarified that 'Dissociative Disorder' is a part of Anxiety where the child reacts by acting sick, being dramatic, associating with expressions of palpitations, feeling like fainting, body numbness and stiffness, and such episodes displayed by the students tend to disrupt the class. Dr. Sohkhlet stressed upon the importance of finding

out the root cause of their behaviour as he vividly pointed out that such students may prove to be just a part of the symptoms of the main problem (which the main problem may be a member of the family or any other relatives). Dr. W. T. L. Shira, District Nodal Officer, DMHP, East Khasi Hills, added to Dr. Sohkhlet's explanation and very importantly pointed out that such 'dramatic episodes' by the students in the schools should not be encouraged as it may disrupt the process of finding the solution to the root cause of the problem.

Dr. Shila beautifully alluded to one of Aesop's Fables - "The Boy who Cried Wolf", to make clear her explanation of her argument as well as her example for focussing upon the identification of the root cause of the problem. Mr. Truman then continued with his presentation and brought to light the Importance of Schools in the Promotion of Mental Health of an Individual where he guided the teachers through his illustrations in his PowerPoint presentation on how to recognize the development of the children, whether a child is showing normal development or whether he or she need special attention, as early as the preschool level to the late teen level. Mr. Truman concluded the first session by highlighting the various Intervention and Management Methods.

Technical Session 2: Child and Adolescents Mental Health

The second session was on '*Child and Adolescents Mental Health'* where the resource person focusses on Attention Deficit Hyperactive Disorder (ADHD) and Intellectual Disability.

Attention Deficit Hyperactive Disorder

The resource person started by explaining that ADHD is a relatively common disorder which occurs in about 3% of school age children and males are 6-8 times more often affected. The resource person highlights on the etiology of ADHD where he says that genetic, environmental, psychosocial, biochemical theory – the deficit of dopamine and Norepinephrine and Perinatal are some of the causes of ADHD. He explained in detail the signs and symptoms of ADHD and the symptoms are grouped into three types:

Inattentive: A child with ADHD will have the following symptoms:

- Is easily distracted
- Doesn't follow directions or finish tasks
- Doesn't seem to be listening

- Doesn't pay attention and makes careless mistakes
- Forgets about daily activities
- Has problems organizing daily tasks
- Doesn't like to do things that require sitting still
- Often loses things
- Tends to daydream

Hyperactive-impulsive: A child with ADHD will have the following symptoms:

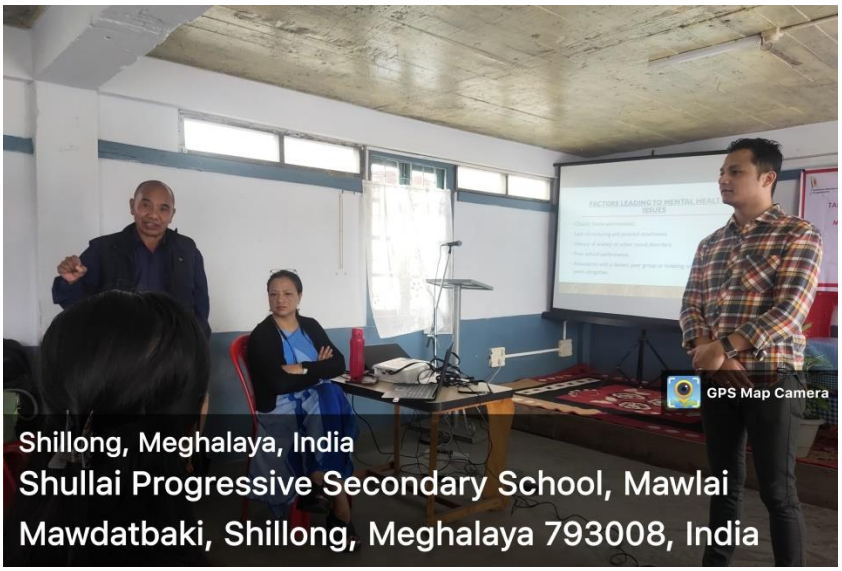
- Often squirms, fidgets, or bounces when sitting
- Doesn't stay seated
- Has trouble playing quietly
- Is always moving, such as running or climbing on things. (In teens and adults, this is more often described as restlessness.)
- Talks excessively
- Is always "on the go," as if "driven by a motor"
- Has trouble waiting for their turn
- Blurts out answers
- Interrupts others

Combined: This involves signs of both other types.

In terms of **management** of ADHD, the resource person emphasized that as for school teachers the first things to do is to inform the parents when identify cases of ADHD and also counsel and psycho-educate the parents on the same. Secondly is to refer the child to the nearest Health Centre to consult medical professional. The resource person said that in some cases medication is also required for the treatment and management of ADHD. Mr. Trueman, the resource person also gave a guidance for teachers in management of ADHD where he pointed out the following points to be noted:

- Create trust with the child, communicate clearly
- Give one instruction at a time
- Observe and listens, maintain eye contact and be specific and brief
- Use easy assignment and games
- Frequent checks on the child to ensure the child follow instruction correctly

- Teachers should set behavioural goals, recognise suitable behaviour and offer reward.



Intellectual Disability

The second topic under the session on 'Child and Adolescents Mental Health' is on Intellectual Disability. Mr. Trueman, the resource person started the session by asking the participants their IQ level. Some participants responded that their IQ level is above 70, he then explained on the definition of Intellectual Disability where he explained that Intellectual Disability is defined as significantly *sub-average* general *intellectual functioning*, associated with significant deficit or impairment in *adaptive functioning*, which manifests during the developmental period (before 18 years of age). General intellectual functioning is usually assessed on a standardised intelligence test with significantly sub average intelligence as two standard deviations below the mean (usually an IQ of below 70). While adaptive behaviour is the person's ability to meet responsibilities of social, personal, occupational and interpersonal areas of life, appropriate to age, socio cultural and educational background. Adaptive behaviour is measured by clinical interview and standardised assessment scales.

The resource person then explained in detailed the classification of Intellectual Disability on the level of IQ:

- **Mild (IQ 50 – 70):** This is the commonest type of mental retardation, accounting for 85-90% of all cases. The diagnosis is made usually later than in other types of mental retardation. In the preschool period (before 5 years of age), these children often develop like other normal children, with very little deficit. Later, they often progress up to the 6th class (grade) in school and can achieve vocational and social self-sufficiency with a little support. Only under stressful conditions or in the presence of

an associated disease, supervised care may be needed. This group has been referred to as *'educable'* in a previous educational classification of mental retardation.

- **Moderate (IQ 35 –** 49): About 10% of all persons with mental retardation have an IQ between 35 and 49. In the educational classification, this group was earlier called as *'trainable',* although many of these persons can also be educated. In the early years, despite a poor social awareness, these children can learn to speak. Often, they drop out of school after the 2nd class (grade). They can be trained to support themselves by performing semi-skilled or unskilled work under supervision. A mild stress may destabilise them from their adaptation; thus, they work best in supervised occupational settings.
- **Severe (1Q 20 –** 34): Severe mental retardation is often recognised early in life with poor motor development (significantly delayed developmental milestones) and absent or markedly delayed speech and other communication skills. Later in life, elementary training in personal health care can be given and they can be taught to talk. At best, they can perform simple tasks under close supervision. In the earlier educational classification, they were called as *'dependent'*.
- **Profound (IQ below 20):** The associated physical disorders, which often contribute to mental retardation, are common in this subtype. The achievement of developmental mile stones is markedly delayed. They often need nursing care or *'life support'* under a carefully planned and structured environment (such as group homes or residential placements).

The resource person also highlights on the risk factors of Intellectual Disability which includes factors before birth, during delivery, after delivery and other factors such as comorbid disorder and chromosome deformity. He also stressed on the importance of management on Intellectual Disability where he highlights the importance of Behavioural therapy, habits promotions and specific interventions such as supported education for a child training, Family education and STT (Social Skills Training). At the end of the session there was a discussion with the participants and the resource persons on how to get a disability certificate in case there is a requirement. The resource person explained the process to acquire a Disability Certificate and to approach the State resource Centre which is located in Civil Hospital, Shillong, he also states that IQ assessment is very important and in case there is any requirement for IQ assessment they can always approach the DMHP, Shillong.

Technical Session 3: Learning Disability

The third session was on Learning Disability (LD), the resource person started the session by explaining that Learning Disability is a branch of Psychiatry, it focuses on the behavioural, thoughts and emotions of a child, usually there is delayed in development and in general and specific learning problems in children with LD and this disorder is usually diagnose in childhood. He stressed on the three forms of Learning Disability which includes

- **Difficulties in learning to read (dyslexia):** Most common learning disability. The child presents with a serious delay in learning to read which is evident from the early years. The problems may include omissions, distortions or substitutions of words, long hesitations, reversal of words or simply slow reading. Writing and spelling are also impaired. It is important to differentiate the disorder from scholastic backwardness, therefore a proper assessment is mandatory.
- **Learning difficulties in Arithmetic (Dyscalculia):** It is also called as developmental arithmetic disorder or developmental mathematic disorder or *dyscalculia*. The child presents with arithmetic abilities well below the level expected for the mental age (below par). The problems may include failure to understand simple mathematical concepts, failure to recognize mathematical signs or numerical symbols, difficulty in carrying out mathematical manipulations and difficulty in learning mathematical tables.
- **Learning disabilities in writing (dysgraphia):** Impaired written language ability may include impairments in handwriting, spelling, organization of ideas, and composition. "Dysgraphia" term for all disorders of written expression.

Intervention and Management:

The resource person also highlights on the importance of intervention and management of Learning Disability where the first thing is the *psychological assessment* then the importance of *occupational therapy* to improve the motor skills of the child with writing disability, *speech therapy* which can help children who have language disability and *home-based support* for the parents.

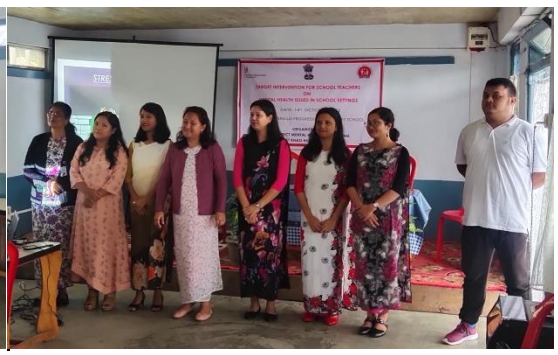
Technical Session 4: Stress Management

As a starting point, the resource person posed two important questions to the participants:

1. Do you think stress is essential?
2. Is stress negative or positive?

The participants begin reflecting upon these questions and conclude that stress is essential, and that it can have both positive and negative effects if it interferes with the normal functioning of the individual in daily life. Afterwards, he emphasized that stress is the body's reaction to a particular event and discussed the two types of stress, namely Eustress, which is a positive form of stress, and Distress, which is a negative form of stress. Also, he noted that stress affects four aspects of a person's life; emotions, behavioral patterns, cognitive abilities, and physical health.

In order to determine the degree of stress possessed by the participants, a small self-assessment was administered. As a tool for completing this activity, the participants were given the Perceived Stress Scale. Originally developed in 1983, this scale was designed to measure individual stress levels, and has remained a popular tool for helping people understand how different situations affect their feelings and their perceptions of stress.



Perceived Stress Scale

In this scale, the participants are asked about their feelings and thoughts over the last month. As part of each question, they're asked to indicate how often you felt or thought a

particular way. Despite some similarities between the questions, they each have their own characteristics and should be treated individually. Answering fairly quickly is the best approach. Therefore, do not try to count how many times you felt a particular way; instead, indicate an alternative that seems reasonable.

The following steps can be followed in order to determine your PSS score:

- Start by reversing your answers to questions 4, 5, 7, and 8. For these 4 questions, change the scores as follows: 0 = 4, 1 = 3, 2 = 2, 3 = 1, 4 = 0.
- To obtain your total, add up the scores for each item. In total, I received a score of _____.
- According to the PSS, an individual can score anywhere between 0 and 40, with higher scores indicating a greater perception of stress.
    - Stress scores from 0-13 are considered to be low.
    - Stress scores from 14-26 are considered to be moderate stress.
    - Stress scores from 27-40 are considered to be high stress.

As a result of this assessment, eight of the participants scored low stress, eleven scored moderate stress, and none recorded high stress levels. As the resource persons explain, those who scored a moderate level of stress are taking initiatives and are in better health as they are balancing eustress and distress, both of which are essential for self-improvement.

Lastly, the resource person provided participants with strategies for coping with stress, including relaxation, a balanced diet, avoiding self-medication, exercises, social support, time management, releasing unrealistic expectations, learning to accept situations that cannot be changed, and managing their time effectively.

Conclusion

The organizers designed this program to ***promote Sustainable Development Goal 3 ("Good Health and Well Being")*** by enhancing the capacity of school teachers on issues that are seldom discussed, such as mental health. This is very important considering that teachers are the second parents of the most vulnerable members of society, namely our children, who will be our next generations and contribute to an active and healthy society for generations to come.

Therefore, the program addressed a variety of issues relating to mental health in schools, and the teachers were provided with the skills necessary for early identification and early intervention as well as information regarding referral services that may be of assistance to their students. This program was made successful by the partnership ***(SDG 17)*** between the government program, such as the District Mental Health Program, the higher education institution, such as St. Edmund's College and the school, Shullai Progressive Secondary School. The partnership between these agencies towards this issue would have prevented the conduct of this programme, which would have been a loss for the students taught by these teachers.

Annexure

Annexure 1: Perceived Stress Scale Questions

For each question choose from the following alternatives:
0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

_____ l. In the last month, how often have you been upset because of something that happened unexpectedly?

_____ 2. In the last month, how often have you felt that you were unable to control the important things in your life?

_____ 3. In the last month, how often have you felt nervous and stressed?

_____ 4. In the last month, how often have you felt confident about your ability to handle your personal problems?

_____ 5. In the last month, how often have you felt that things were going your way?

_____ 6. In the last month, how often have you found that you could not cope with all the things that you had to do?

_____ 7. In the last month, how often have you been able to control irritations in your life?

_____ 8. In the last month, how often have you felt that you were on top of things?

_____ 9. In the last month, how often have you been angered because of things that happened that were outside of your control?

_____ 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

GOVERNMEMT OF MEGHALAYA
OFFICE OF THE DISTRICT MENTAL HEALTH PROGRAMME
EAST KHASI HILLS
TARGET INTERVENTION FOR SCHOOL TEACHERS ON MENTAL HEALTH ISSUES IN SCHOOL SETTINGS

Venue: SHULLAI PROGRESSIVE SECOND ARY SCHOOL ATTENDANCE SHEET Dated: 14/10/2022

SL No	Name of the participants	Gender	Designation	Address	Contact Number	Signature
1.	K. Diengdoh	Female	Asst Teacher	Mawlai	9383305209	
2.	I. Khongwir	Female	Asst Teacher	Mawroh	98639 43911	
3.	M.M. Paul	Female	Asst Teacher	Mawlai Mawroh		
4.	P. Nongbet	Female	ASST Teacher	Mawlai, Mawroh	8837204014.	
5	M. Nongbet	Female	Asst teacher	Golflink	9774482988	
6.	B. Marbaniang	Female	Asst. Teacher	Golflink	8974455299	
7	M. Warjri	Female	Asst Teacher	Mawlai	7640968612	
8.	V. Rumbong	Female	Asst Teacher	Mawlai	8794795478	
9.	F. Lyngdoh Mawlong	Female	Asst Teacher	Mawlai	7005473735	
10.	M. ~~Mara~~ Marbaniang	Female	Asst Teacher	Mawlai	9774139958	F. Mawlong
11.	W. Rymbai	Female	Asst Teacher	Mawlai	9774450306	
12.	L. Warjri	"	"	"	9366083338	
13.	A. Lyngdoh	"	"	Langkyrding	9862510184	
14.	B. Nongrum	"	"	Mawroh	8794188134	
15.	D. Shullai	"	Headmistress	Mawroh	8014364493.	
					8575048608	

Annexure 2: Participant List

GOVERNMEMT OF MEGHALAYA
OFFICE OF THE DISTRICT MENTAL HEALTH PROGRAMME
EAST KHASI HILLS

TARGET INTERVENTION FOR SCHOOL TEACHERS ON MENTAL HEALTH ISSUES IN SCHOOL SETTINGS

Venue: Shullai Progressive Secondary School

ATTENDANCE SHEET

Dated: 14 Oct 2022

SL No	Name of the participants	Gender	Designation	Address	Contact Number	Signature
16.	Nathan D. Zangtieh	Male	Student, St. Edmund's Social Work College	Lumdiengjri	9366576445	N. Zangtieh
17	George K. Suna	M	Faculty, St. Edmund's College	Mawlai-Mawdabaki	9862615986	
18.	Hazel Wahlang	F	Field Work coordinator St. Edmund's College	Lumdiengjri	6001785001	H Wahlang
19	Mrs. Belvolyne Lawphniah	F	Asst. Headmistress	Mawlai Mawroh.	9862719969.	
20	Ms. Edinamlin Dkhar	F	Asst. Professor St. Edmund's College	Jinghieng Nongthymmai	6001717270	