EARLY IDENTIFICATION AND INTERVENTION FOR MENTAL HEALTH CONCERNS IN SCHOOL GOING CHILDREN AND ADOLESCENTS

MODULAR HANDBOOK FOR TEACHERS AND ALLIED STAKEHOLDERS

MANODARPAN
Empowering Minds, Enriching Lives

An Initiative of the Ministry of Education

धर्मेन्द्र प्रधान
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MESSAGE

Positive Mental Health plays an essential role in the overall development of children and a fundamental part to our overall health and well-being. It is as important as physical health for achieving developmental milestones which helps children with their social, emotional and psychological well-being. Research demonstrates that students receiving mental health support throughout their schooling achieve better learning abilities and will directly help in getting better performances in classrooms. In addition, mentally healthy children function well at home, in school, and in their communities and have greater chances of leading a happy and successful life.

The COVID-19 pandemic has impacted psycho-social well-being of children and adolescents across the country. The pandemic has brought a complex array of challenges which had mental health repercussions for everyone, including children and adolescents. Therefore, in the context of rapidly changing times, an on-going appraisal must be made of the psychosocial needs and dynamic influences on the children and adolescents who are facing newer interpersonal, social and academic demands.

On behalf of Ministry of Education, I would like to congratulate the committee of experts for developing this module on "Early Identification and Intervention for Mental Health Problems in School going Children and Adolescents". This handbook will definitely help teachers, teacher educators, counselors and allied stakeholders in identifying emotional and behavioral issues at the right time and improvise linkages with family and community to take enough care of the mental health needs of children. I am sure that absolute focus and dedication on the mental health and wellbeing of children will definitely promote a happy and healthy school environment.

I hereby convey my best wishes to the entire team for this endeavour.

(Dharmendra Pradhan)

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<u>संदेश</u>

कोविड 19 का बच्चों और युवाओं दोनों के मानसिक स्वास्थ्य पर व्यापक प्रभाव पड़ा है। एक अच्छी गुणवत्ता वाला जीवन जीने के लिए मानसिक स्वास्थ्य एक बहुत ही महत्वपूर्ण कारक है। एक सफल और सुखी जीवन के लिए, यह जानना बहुत जरूरी है कि चुनौतियों को कैसे स्वीकार किया जाए और उनके साथ कैसे आगे बढ़े।

मानसिक स्वास्थ्य को मजबूत करने के इसी उद्देश्य से शिक्षा मंत्रालय ने 'मनोदर्पण' नाम से एक कार्यक्रम शुरू किया है। कार्यक्रम का उद्देश्य बच्चों और युवाओं को अच्छी गुणवत्ता वाला जीवन जीने की कला सिखाना है। यह उन्हें किसी भी चुनौती या कठिनाइयों के बावजूद सही चुनाव करने और आगे बढ़ने के लिए सशक्त बनाएगा। इस कार्यक्रम के तहत विकसित मॉड्यूलर हैंडबुक शिक्षकों, परामर्शदाताओं और संबद्ध हितधारकों को सही समय पर भावनात्मक और व्यवहारिक मुद्दों की पहचान करने में मदद करेगी और बच्चों की मानसिक स्वास्थ्य आवश्यकताओं की पर्याप्त देखभाल करने के लिए परिवार और समुदाय के साथ संबंधों में मदद करेगी। मैं इस कार्यक्रम में भाग लेने वाले सभी मनोचिकित्सकों/मनोवैज्ञानिकों का हृदय से आभार व्यक्त करती हूं।

आशा है कि अधिक से अधिक परिवार इस कार्यक्रम के तहत प्रदान की जाने वाली सेवाओं का लाभ उठाएंगे और इससे लाभान्वित होंगे।

(अन्नपूर्णा देवी)

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Anita Karwal, IAS
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MESSAGE

The Ministry of Education has come out with a handbook and training module on *"Early identification and Intervention for Mental Health Problems in School going children and adolescents- Modular Handbook for Teachers and Allied stakeholders"*. This has been formulated by a Committee of expert. The outbreak of COVID pandemic has presented a challenging time for everyone around the world. These difficult times brought disrupting situations such as sense of isolation, no social or play time, family income/ unemployment fears, loss of life, behavioral issues in family, fear of the disease, changing in teaching and learning processes, etc., leading to a stressful time for all, especially the growing years of the young minds.

Mental health awareness and early intervention needs are one of the most pressing issues which we are currently facing in the ecosystem as a whole. There is a strong need for large scale support for mental health advocacy that is eventually in a short span built into the school education paradigm.

I am so delighted that such good work has been done by the committee of experts, to address concerns and issues of children from foundational years to the late adolescent age group. Additionally, I recommend that a teacher well-being module may also be brought out as a sequel of the current module. A healthy and helpful teacher is the epitome of student development and positive mental health for all.

I express my wholehearted wishes to the entire committee of experts for their efforts and task accomplishment. We shall now strive to take forward the awareness and responsibility of schools for adequate mental health promotion and safety via this innovative module.

(Anita Karwal)

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ACKNOWLEDGEMENTS

Children Learn What They Live

If children live with criticism,
They learn to condemn.

If children live with hostility,
They learn to fight.

If children live with ridicule,
They learn to be shy.

If children live with shame,
They learn to feel guilty.

If children live with encouragement,
They learn confidence.

If children live with tolerance,
They learn to be patient.

If children live with praise,
They learn to appreciate.

If children live with acceptance,
They learn to love.

If children live with approval,
They learn to like themselves.

If children live with honesty,
They learn truthfulness.

If children live with security,
They learn to have faith in themselves and others.

If children live with friendliness,
They learn the world is a nice place in which to live.

~Dorothy Law Nolte

**Modular Handbook for Early Identification and Intervention
for Mental Health Concerns in School Going Children and Adolescents**

Background Note

The Ministry of Education had appointed a committee for the development of guidelines for early identification / detection and intervention of mental health problems (stress/illness) in school-going children. This is a comprehensive modular handbook for hands-on training of teachers, counselors, and other stakeholders. The innovative modular handbook has evolved with several deliberations taken up by the said committee under the chairmanship of Dr. Jitendra Nagpal, Senior Mental Health and Life Skills Expert.

As there is a perceptible increase in challenges related to psychosocial wellbeing of students, it is crucial to foster emotional and behavioural safety climate in schools. Also, there is a strong growing need to equip teachers and allied caregivers with requisite information and skills to facilitate early identification and basic intervention (psychosocial first aid) for the flag signs of mental health conditions in children and adolescents. Progressive schools therefore need to ensure that learning and holistic development takes place in a safe, secure, and happy environment for every child. This comes in tandem with the overarching guidelines of National Education Policy (NEP) 2020 and Safe Schools (MoE 2021).

NEP, 2020, has one of its fundamental principles to recognise, identify, and foster the unique capabilities of each student, by sensitizing teachers as well as parents to promote each student's holistic development in both academic and non-academic spheres (Page 5). It also emphasises the need for building a positive school environment, where Principals and teachers develop a caring and inclusive culture for effective learning of students. (Section 5.13, page 21). It asserts the importance of teachers prioritising socio-emotional learning, recognising it as a pivotal element in fostering the holistic development of every student. Keeping this in focus, it is imperative that teachers are empowered to identify specific mental health concerns in students and know what to do in order to facilitate, support the well-being of each student.

Following the release of Early Identification and Intervention for Mental Health Problems in School Going Children and Adolescents- Modular Handbook for Teachers and Allied Stakholders by the Hon'ble Minister of Education, Government of India, on September 6, 2022, the document underwent field pilot testing. Subsequently, feedback was actively sought from stakeholders, with a primary focus on inputs from teachers. The feedback highlighted a necessity to condense the document, efforts were dedicated to enhancing the comprehensibility and user-friendliness of the content. With this in focus, a review was conducted by the Manodarpan Cell and the revised document '*Early Identification and Intervention for Mental Health Concerns in School Going Children and Adolescents - Modular Handbook for Teachers and Allied Stakeholders*' was subsequently uploaded on the Manodarpan webpage in January, 2024.

The innovative landmark modular handbook has envisaged the following broad aspects

Section A

A whole school approach to the prevention, promotion and management of mental health and wellbeing, education for all-round development, collaboration among the teachers, parents, students and the wider school community, understanding teachers' role in the early identification of mental health concerns, becoming aware about the need for early identification, understanding the skills, qualities and knowledge required for early identification.

Section B

Understanding developmental domains, early identification and management of common mental health concerns, indicators and causes, ways in which teachers can support, collaborating with parents, emotional and behavioral emergencies in schools.

Section C

Plan for follow-up for early identification, planning, sensitization and collaboration with community, volunteers, government organizations and resources, annexures/supplementary reading material.

In addition, the role of Peer Educators in schools has been highlighted as an evolving and dynamic support for awareness building of Life skills, Mental Health and Wellbeing paradigm. Involving students as Peer Educators/Mentors is an empowering step in building young leaders for life skills based positive mental health programs for better coping skills and healthy lifestyles. Good practices models for comprehensive school mental health initiatives are to be acknowledged and encouraged. This modular handbook on mental health shall generate support in the forth coming National and Regional dialogues on this aspect of child development wherein mental health paradigm takes on a crucial role for joyful learning in 21st century schools across India.

CONTENTS

CHAPTER I

INTRODUCTION

OBJECTIVES

This module will help to:

1. Build an understanding about the role of teachers in the early identification of mental health concerns for facilitating mental health and well-being in students.
2. Develop the ability to recognize when a student is going through a mental health-related concern.
3. Build sensitivity and skill amongst stakeholders about the need and requirement for early identification.
4. Train teachers for providing psychological first aid and early identification of mental health issues amongst students.
5. Create a referral database and refer students to experts based on their unique needs.
6. Nurture a mental health-promoting school environment.

Health denotes intricate linkages of physical and mental well-being that is reflected in the affective, behavioural, cognitive and social functioning of the individual. While physical health is well understood and processes and agencies for it are also functioning effectively, mental health is largely ignored. The understanding and process of dealing with mental health issues are not just tabooed but also scarce. This scarcity leads to delays in identification of these issues and therefore snowballing into bigger unmanageable problems. Mental health is a product of a complex interplay of individual, social and structural aspects that exert stresses and play on individual vulnerabilities. A challenging economic climate, escalating social problems in the local community, the impact of technology (social media in particular), the growth of cyber-bullying and a more pressured school environment as a result of curriculum reform and high-stakes tests, all have an impact the mental health.

The World Health Organisation (WHO, 2022) defines mental health as "a state of well-being in which the individual realizes his or her abilities. This helps them to cope with the stress of life, work productively and fruitfully, and contribute to their community." Mental health thus is the core, the nucleus around which the development of an integrated and well-adjusted individual takes shape. The importance of well-being and mental health can also be viewed in terms of its crucial role in personal, community and socio-economic development. Another important contributor to good mental health is the efficiency of the society and institutions in identifying the problem in the early stages. The early identification not just helps the individual and caregivers in handling, but is also crucial in preventing escalation of the problem to points of no return. It is important to have an overall understanding of risk and resilience to promote adaptability and encourage positive attitudes towards the holistic development of children and adolescents. Thus, the need for schools to respond to the problem is ever increasing. To support students' mental well-being requires helping them to deal with their personal, socio-emotional, academic and career related concerns. This cannot be achieved without each stakeholder understanding and executing their role in the mental health and well-being of students. Therefore, it is essential for stakeholders to know and reflect on how they can lead with the knowledge, skills, and mindsets required for addressing mental health concerns. Also there needs to be sensitivity on the issue, so as to destigmatize mental health issues at school and create an environment where children feel free and safe to raise such concerns.

In India too, the mental health of children is a growing challenge as evidence suggests that the problems related to well-being in India are continuously rising. The entire society including schools need to make way for systemic change like affordable, effective and feasible strategies to promote, protect and restore mental health and well-being. As stated in the NEP, 2020 at pg.3"…. education must develop not only cognitive capacities - both the 'foundational capacities 'of literacy and numeracy and 'higher-order' cognitive capacities, such as critical thinking and problem solving – but also social, ethical, and emotional capacities and dispositions" therefore emphasizing that the purpose of any education system is not only to foster academic learning but also all-round development of children In the present times, majorly attention has been given to enhance the cognitive aspect and the students' feelings and emotions, beliefs, attitudes, values and the lived experiences within the school get neglected. It is important to highlight that the

cognitive domain and the affective domain supplement and complement each other. To adequately address the cognitive and affective domain the entire school system needs to gear up for involvement at all levels. The entire school including the infrastructure and daily processes like greeting each other at the beginning of the day need to be positive and oriented towards strengthening the affective well-being of each person. All functioning, with every stakeholder must operate within the framework, with sensitivity towards mental health and well-being.

To address mental health concerns of students in schools, a comprehensive approach needs to be taken. A Whole-School Approach (WSA) involves cohesive, collective, and collaborative engagement by school community. WSA involves all parts of the school working together and being committed to taking measures to create a health- promoting school environment. It is also about developing a democratic, fear-free, and positive school culture through redefining school beliefs and values, policies, and norms of behavior and ensuring collective accountability through coordinated efforts to gradually lower the risk of any kind of anxiety, stress, or traumatic experience. WSA to health and well-being also requires supportive relationships, safe and gender-equitable physical and social environments, and greater opportunities for learning in the school as a social community.

Collaboration between teachers, parents, students, and the wider school community is a key process in developing a health- promoting school environment. The school leader/ management, administrative and support staff must all be oriented to the approach to model appropriate habits and approaches to building mental health and well-being. The leader or administrator is the first in the line and therefore, the process and practice of mental health conductive approach and environment must begin from them. They should be role models of mental health and well-being promoting practices that can be imitated by all staff and thereby lead to an ethos of health and well-being.

The most important and impactful of these stakeholders are the teachers who by virtue of their proximity and frequency of interaction are in the best position to observe the changes and risk behaviors in students. Therefore, it is appropriate for them to work as first level counsellors and provide psychological first-aid. Guidance-minded role of teachers has been the core of teacher-student relationship. Gurus have traditionally been in a guiding role for their students and played a pivotal role in nurturing their shishyas' personality, character, values besides facilitating their journey of exploring the world of knowledge (gyan). They facilitate students in becoming aware of their

strengths, weaknesses and interests, and help them make appropriate use of this self-awareness by providing reliable sources of information.

This knowledge helps students to develop capability to understand, explore various ways to deal with their concerns and to be able to take decision to deal with the issue/situation. This module has been specifically designed for teachers to make them more aware and sensitized towards mental health issues and concerns, and feel empowered in preventing illness and promoting wellness in schools. While we are addressing teachers in this module, we wish to reach out to students, families, and the community at large through them, so that all could join hands together in shaping healthy habits, behaviors, environment, and a healthy society.

Other stakeholders also play an equally important role in building mental health of students. In fact, when teachers observe students and notice risk factors they should loop in all stakeholders as per the individual need of the student, in consultation with the school counsellor and principal for continuation of the support and care beyond the school boundaries for the benefit of the students. Similarly, every parent wants to give their children all the happiness but at times cannot give the basic freedom of choice for selecting one's interest area. As one example, it may be said that more emerge from how our social structure is defined. The nature of families, the socializing process, the do's and don'ts at school, our understanding of rights and wrongs, perfection and imperfection, our measures of success and failure, of what and how one should appear, and many such factors raise mental health concerns at school. The efforts towards mentally healthy students should not only be the responsibility of the school stakeholders but also the community. Consistent nurturing and protective support from all quarters, be it the peer group or the shopkeeper of the locality, is equally important and indispensable for every child.

CHAPTER 2

CLASSROOM INTERACTIONS AND MENTAL HEALTH AND WELL - BEING OF STUDENTS

2.1 Overview

Interactions of students in school and particularly in classroom with teacher and peers are an integral part of every students' school going life. These interactions contribute meaningfully in their all-round development particularly their socio-emotional development. During their interactions in the classroom, teachers play a significant role not only in nurturing students' cognitive development but also their socio-emotional development. In other words, teachers play a pivotal role in facilitating students' mental health and well-being. In their role as a facilitator, teachers also are able to identify students who need attention/support/care by the sheer virtue of being in close proximity of the students and interacting with them every day for substantial amount of time. In their dual role, both as a facilitator and early identifier, the qualities and skills that primarily need to be nurtured among teachers are of being sensitive to students' unique needs, desires, abilities etc., being able to hold positive regard towards every student irrespective of their personal, economic and socio-cultural diversity, being able to

observe, listen and communicate effectively. In the present times of post COVID scenario, the academic, social, and personal adjustments have taken a toll on the school-going youngsters. Due to the pressure of achieving academic accomplishments, emotionally vulnerable students are suffering from social stigma and feelings of inadequacy, leading to frustration.

At this juncture, teachers' role in providing the much- needed psychosocial support to students is further heightened. Classroom activities during subject-teaching interactions can be designed to offer the support to students, as well help teachers to identify students who are 'at-risk' at the earliest and thus contribute in providing appropriate and timely intervention by the school system. Hence, the present chapter also provides opportunity for teachers to integrate mental health and well-being with their subject-teaching and interaction by providing few exemplar activities which teachers can use for early identification during classroom transaction at childhood and adolescent stage.

> "True knowledge is not attained by thinking. It is what you are; it is what you become"
> – Sri Aurobindo

2.2 Role of Teachers in Early Identification of Mental Health and Well-being Concerns of Students

Teachers play a crucial role in every student's life. The NEP (2020) has highlighted this role and mentioned that in the Indian tradition a teacher (or Guru) was the most respected member of the society as they not only passed on knowledge but also skills and ethics to the students. By doing so, teachers fulfilled their role as the ones who shape students' future and therefore, also contribute in shaping future of

the nation (para 5.1, page 20). Furthermore, the NEP , 2020 visualizes an important and active role of teachers in creating a positive learning environment in schools, such that it promotes a caring and inclusive culture both in the classrooms as well in the overall school environment (para 5.13, page 21). The policy also emphasizes that teachers focus on socio-emotional learning of students while transacting with them during classroom teaching as it is a critical aspect in students' holistic development (para 5.14, page 21-22). The vision of NEP 2020 points towards the significant role of teachers in promoting mental health and well-being in students along with other stakeholders in the school. At the same time, it also highlights their role in prevention of serious mental health concerns in students, which can play a detrimental role in their learning. It is known and also accepted that teachers in school along with parents at home are the closest stakeholders for students. In a student's school life, it is the teachers who spend a considerable amount of time every day, interacting with them through various teaching-learning activities as well as interactions beyond teaching-learning. During such interactions teachers are often able to observe any changes in behavior patterns, emotional expressions etc. of students which may have an effect on their learning. Some such changes are age-appropriate, while some may be a manifestation of student's mental health and well-being issues. Changes in behavior, actions, emotional expressions etc., which are due to age-appropriate developmental demands, get resolved with the help of a caring and supportive environment. In this direction, NEP 2020 has provided the provision for 'School complexes …. share counsellors, trained social workers, technical and maintenance staff, etc. to …. support teachers and help create an effective learning environment'

(para 5.10, page 21). However, when changes in behavior pattern and emotional expressions are due to mental health and well-being issues, it requires early identification, so that preventive action can be taken at the earliest. Once students are identified with 'at-risk' behavior in classroom, timely and effective support can be provided to them by their teachers and other stakeholders following the 'Whole School Approach'.

2.2.1 Activity (Group Work with a Given Situation and Self-Reflective Activity)

Classroom situation –

A student in grade 7 always sits alone in the class and does not like to share the adjacent desk and chair with any of her classmates. Even when any of her classmates keep their bag or bottle on the empty chair beside her or on the desk next to her, she talks harshly with them and throws away the object (be it a bag, bottle, copy, book or even a pen). Many a times you have tried to convince her not to do so, not to be rude with her classmates and cooperate with others, but whenever you have tried to talk with her on this matter, she gets annoyed, argues in loud voice and refuses to comply with any request. She, however, pays attention in class, responds to queries and is otherwise performing satisfactorily in activities both inside the classroom and outside in school, though her classmate express hesitation and are often reluctant in interacting with her when they are participating in team activities.

The above situation may have been faced by many as teachers. In this situation lets debate on:

1. Is the student's behavior a matter of concern to a teacher?

If yes, then why? If no then why not?

2. Is her behavior age appropriate?

3. Does she need care and support?

4. If she is provided with care and support, will it help her?

5. Who else may benefit from the support provided to her?

6. As a teacher how can the student be helped?

7. What if she continues to show same behavior despite a teacher's care and support?

Summing up

After deliberating on the above questions, participating teachers will be able to –

- Recognize the need to observe behavior of students during classroom transactions

- Understand the need to be aware of age-appropriate behavior in students

- Become aware about the benefits/consequences of early identification

- Comprehend the needful skills, qualities and knowledge required for effective early identification

- Gain clarity on the role of other stakeholders from whom a teacher can seek support

2.3 Mental Health and Well-being: Integrating with Subject-Teaching and Interaction (Exemplar Activities for Subject Teachers to Engage in Early Identification During Classroom Transaction - Childhood and Adolescence)

In the above section participating teachers got to know about the importance of their role as a teacher (no matter which subject is being transacted in the

classroom). In order to play this critical role, it is important that teachers know about 'indicators' of different mental health concerns in children and adolescents and make use of such knowledge while interacting with students in their respective subject teaching. Indicators of different mental health concerns are dealt with in detail in the next section. Every teacher will need to be aware of the indicators during their classroom interactions, so that any student displaying any of the indicators can be provided timely and adequate support.

Some of the skills and qualities that can help a teacher to be effective in early identification of a student who may be going through a mental health related issue are the ability to be sensitive to needs of students, hold positive regard for all students irrespective of their diverse abilities, interests, and other socio-cultural-economic conditions, have the ability to observe accurately, listen attentively and communicate effectively.

The NEP (2020) has talked about a variety of pedagogical approaches in teaching learning, which will enhance essential learning and critical thinking ability in students. Some such approaches are art-integrated learning, sports-integrated learning, etc. Through these and other pedagogical practices teachers can not only facilitate effective learning in students but also engage in Identifying such students who may be going through mental health related issue.

CHAPTER 3

MENTAL HEALTH CONCERNS: IDENTIFICATION AND SUPPORT

Development is a continuous process that begins at birth and continues invariably till death. While physical changes are more prominent, development also occurs in the cognitive, and socio-emotional domains in an integrated manner, with each domain interacting with the others. Individuals proceed through different stages of development, with every stage marking the achievement of a particular goal or development of a particular ability. This process of development starts at infancy which is a stage of rapid growth as the infant adjusts to the new environment after birth. The development continues rapidly through childhood and adolescence, with the latter being a period of biological and psychological transition. Along with the physical changes indicating the start of puberty, an adolescent also goes through changes in social sphere. Adulthood is marked by the exploring of possibilities for reaching the individual potential and finding stability. The last stage of development is old age. While all developmental stages are equally important, this document focuses on childhood and adolescence. This is also keeping in view the significant growth and development which form an integral part of these stages and the basis of individual's life course.

The developmental domains play a crucial role in promoting holistic well-being in children and adolescents. The figure below shows the domains of human development:

Physical

Social

Cognitive

Emotional

While development follows a similar trajectory, at the same time, all children are unique and different. There are individual differences in when a child reaches age-appropriate milestones. Each child develops at their own pace, and some move faster than others. Thus, minor delays are not a cause of concern, but ongoing delays in reaching multiple milestones need to be recognized. Sensitivity about individual differences needs to be promoted for healthy and happy development of children.

On many occasions, the inability to reach these milestones, especially in the socio-emotional domain, can be a manifestation of psychosocial disturbance which needs further exploration. Socio-emotional development includes the ability to identify and regulate emotions and maintain healthy social relationships. Failure to follow the expected trajectory of social-emotional development can lead to mental and emotional health problems which often go undetected. Teachers need to know what they can do at different ages to help students with any difficulties they face. Teachers may be able to identify and intervene in early childhood if they have a better understanding of socio- emotional development specifically along with the developmental tasks of various stages. This can help them to identify the mental health concerns and take steps for the overall psychosocial well-being of young minds.

Mental health is not just the absence of mental illness but also encompasses social, emotional, and behavioural health. It involves the ability to cope with life's challenges. Childhood and adolescence are critical stages of life for mental health. This is the time when rapid growth and development take place. Children and adolescents acquire cognitive and socio-emotional skills that shape most aspects of their personality and are important for adapting to adult roles in society. Research demonstrates that students who receive positive mental health support achieve better academically and emotionally. Providing psychosocial support for children's optimal social and emotional development results in positive outcomes for individuals and society, including healthier behaviour, improved relationships, and satisfying life outcomes.

What are Mental Health Concerns?

Mental health concerns in children can be understood as any behaviours, actions, thoughts, feelings, or emotions that significantly interfere with a child's own learning and their interactions/ engagement with others including parents, peers and teachers.
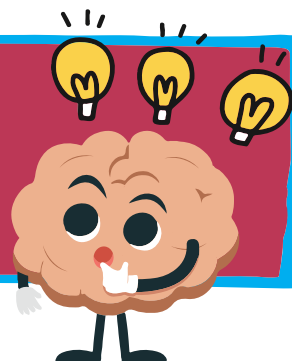
Mental health problems are linked to consequences and outcomes such as academic and behavioural concerns (dropping out of school, delinquency, etc). Mental health issues in childhood and adolescence have long-lasting impact on adulthood. Most of the time mental health issues emerge at an early stage of life as half of all mental health conditions emerge by the time individuals are 14 years old and three-quarters by the age of 25. This is the same period when most people are pursuing education. Like youth or adults, children and adolescents also experience mental health problems, but their distress or concerns are mostly neglected and/or misunderstood. Apart from families and parents, teachers need to be informed about early indicators as they too are the primary caregivers. Schools must support and assist in identifying and preventing mental health conditions in students. For this reason, providing a secure environment to children in schools is important. Early identification, intervention, and prevention of mental health issues offers hope to avoid later mental health problems and improve personal well-being and productivity.

3.1 Childhood Mental Health Issues and Concerns: Indicators, Probable Causes and Ways Teachers can Support

Childhood is a crucial phase for development in the physical, emotional, cognitive and social spheres. As early experiences impact the development in various spheres, they also lay the foundations of sound mental health. During this phase, the experiences and interactions a child has will have a significant impact on their future health, abilities, overall well-being and success in life. Mental well-being in childhood incorporates reaching the age-appropriate developmental milestones in all areas of development. Learning life skills such as social skills for interactions and coping with problems are also important components for development. Any disturbance in this developmental process can have a negative impact on a child's capacity to learn and develop age appropriately with implications lasting across life span.

Improving the quality of children's immediate environments of relationships and experiences early on in life and identifying the need for support at this nascent stage can prevent many future issues including mental health concerns. The role of parents, teachers and the community as a whole is very crucial in providing a supportive and nurturing environment to the child for optimal development.

This section covers common mental health concerns faced by children. Issues pertaining primarily to the stage of childhood such as attachment, communication, thumb sucking, bed-wetting, temper tantrums and separation anxiety are covered in context of their impact on the mental health.

Key Message

Mental health must encompass the emotional, behavioural, and social well-being of a child. To ensure the physical and psychological safety of children and adolescents, accessibility to mental health services and consistent support in schools is the first step. Thus, giving a secure environment to children and adolescents in schools is important.

Scan this QR Code to know more about **Human Development**

Concerns that are not stage specific, such as anxiety, depressive states, issues related to behaviour (aggression) and conduct, excessive internet/digital technology use, developmental disabilities and issues related to psychosomatic concerns have also been covered. The section aims to build an understanding on each of the mentioned concerns in terms of their identifying indicators, probable causes and ways through which teachers, parents and other stakeholders can collaborate towards providing multidimensional support to the student.

Learning Objectives

- *To understand the emerging mental health concerns during childhood*
- *To identify indicators & risk factors*
- *To prevent and manage the mental health concerns of children*

3.1.1 Attachment Issues

> **CASE STUDY**
>
> Mother of a 7-year-old boy who studies in second grade has come to visit the school counsellor as she feels there is something concerning about his behaviour and interactions with others. She told the counsellor that he is withdrawn most of the time. He does not have any friends and avoids peer interactions. He watches other children play, but does not join them. When hurt, he cries but refuses to be comforted by anyone including mother and moves away. She was also concerned about his lack of display of affection and warmth, even towards her. Even when she talks to him lovingly, he has a blank face and when she hugs him, he gets angry and irritated. As he is growing up, the difficulty in making and maintaining friendships and lack of affection and warmth are becoming more apparent and a cause of concern.
>
> An eight-year-old girl is upset since the past few days and refuses to go to school. She has also stopped eating properly and seems angry most of the time. Her mother shared that she is upset because of her friend shifting to another city. She keeps calling her old phone number in the hope that she would return her call. In the initial days of her friends shifting the girl was seen crying most of the time.

Attachment issues emerge when a young child has issues forming and maintaining emotional attachments known as the attachment bond with their parent or primary caregiver. This may involve becoming over attached or expericing difficulties in forming attachments altogether. Since the quality of the attachment bond profoundly impacts the child's development, experiencing attachment issues can affect a child's ability to express emotions, develop trust and security, and build meaningful relationships.

The physical, emotional, and social problems associated with attachment concerns may persist into adulthood. If attachment concerns are not addressed adequately, they may lead to difficulty in forming emotional bonds with others, maintaining boundaries, or risky behaviours which in turn impact the mental health of individuals.

> **Let's Reflect:**
> As a teacher, have you come across a child who finds it difficult to form attachments with parent/caregivers?

Identifying the Indicators

- Lack of affection for mother/caregiver
- Difficulty with emotional closeness
- No emotional reaction when left alone by caregiver
- Being too close/friendly with strangers
- Unable to express genuine care or affection
- Expression of anger in the form of tantrums or aggressive behaviour
- Aversion to touch or any physical affection
- Withdrawn with no interest in social inteactions
- Avoidance of eye contact
- Intense reaction to change in routine

Probable Causes

Most children with attachment concerns may have faced problems in relationships with immediate carers such as parents, in the initial growing up years. These experiences can include caregiver's neglect in fulfilling the basic needs of the child or absence of a carer to form attachment and feel secure with or physical/emotional abuse. It can also be a result of extremely disrupted communication between the mother/primary caregiver and child, multiple traumatic losses, facing several adverse or stressful circumstances early on in life with inadequate caregiver support, or changes in primary caregiver.

Ways Teachers Can Support Children with Attachment Issues

A stable, emotionally caring and nurturing environment is essential for supporting children in developing a secure attachment.
Some of the ways through which children can be supported in the school environment are:
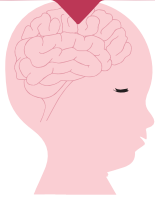
- Develop and strengthen a positive relationship with the child through care, support and consistent approachability.
- Give opportunities to the child for social interactions in classroom and help in social skills that require support (such as non-verbal/verbal communication, listening, initiating conversations, assertiveness, etc.)
- Encourage the child to engage in peer activities and slowly increase the frequency of these engagements.
- Help the child establish and follow a schedule which gives a sense of predictability and consistency in changing situations.
- Help the child in identifying the emotions they are experiencing. Label and discuss what the child can do to manage and express those feelings.

Collaboration /Liaising with Parents

Teachers may enquire parents about the observation of any of the indicators at home. If the parent also agrees to observing such signs, the teachers can help parents in providing adequate support to their child by suggesting them to consult the school counsellor for further support. Additionally, teacher may increase parental involvement in school/ classroom activities wherever possible to give opportunity for developing and strengthening of the parent-child bond through various activities. It is important that the child is able to express their emotions and this is encouraged at home. The role of teachers, parents and counsellor are interconnected

3.1.2 Separation Anxiety

CASE STUDY

A girl, aged 5, complains about having stomach ache and not feeling well on most mornings when she has to go to school. The doctor has not been able to find any medical basis for these complaints. Her mother often forcefully takes her to school but she becomes tearful or aggressive. In school, as soon as her mother leaves the classroom, the girl starts crying, screaming, and throwing temper tantrums. These behaviours continue until the mother returns. She occasionally shows this behaviour on other occasions outside the classroom, when she has to leave her mother.

Separation anxiety refers to a state when a child becomes fearful or nervous on being separated from a person they are attached to, referred to as the attachment figure. Usually, this attachment figure is a parent or caregiver with whom the child spends most of their time. Display of anxiety in children up to the age of three years, when being separated from the parent or immediate caregiver is a part of age-appropriate development commonly observed in children. It is not something to be worried about. However, if seen beyond the age of three or four years, it may affect a child's daily activities and tasks like going to school or peer interaction. It can result in the child having anxiety concerns which may further hamper the child's growth and development. If persistent, it can lead to difficulties in being an independent person moving away from home for studies/career or getting married.

Let's Reflect:

As a teacher, have you ever come across a child who refused to be separated from their parent or caregiver and would become extremely distressed in such situations?

Identifying the Indicators

- Extreme distress at the discussion or experience of being separated from the person they are attached to

- Irrational worry about losing the attachment figure or possible harm to them

- Overdependence, excessive crying spells, temper tantrums, sadness and uneasiness when separated from the attachment figure

- Complaining of headaches, stomach aches, body pain, when separation is anticipated or takes place

- Reluctance to slip away from home without the person they are attached to.

When a child experiences most of the above-mentioned indicators for at least a few weeks and to the extent that it results in significant distress or affects the social, academic, or other important areas of their functioning, it may be because of the child experiencing separation anxiety.

Probable Causes

This may result due to experiencing of stressful life incidents by the child such as stay at the hospital, especially away from parents, loss of a loved one or pet, trauma or abuse. Change in the environment (such as moving to another house or a change of schools) or the birth of a new sibling can also be a cause. Overindulgence and/or overprotectiveness by parents/ caregiver or a sense of insecurity attached to the parent/ caregiver's presence also leads to separation anxiety. A child can also learn anxiety and fear from family members and others.

Ways Teachers Can Support Children Experiencing Separation Anxiety

Separation from the parent or immediate caregiver in an unfamiliar environment such as school can be anxiety provoking, especially for young children. Teachers spend a considerable amount of time with students and thus, can create such a conducive classroom environment which is safe and secure and offers warmth to the student. Teachers can also do the following:

- Give opportunity to listen and talk. Let the child know that they are in a secure and safe environment. Try to develop a positive relationship with the child.

- Give time to express. Let the child carry a toy or any object that they want with them to the class initially for sometime until the child starts feeling comfortable.

- Offer the child activities of their interest, especially in the morning once they arrive, to make the child comfortable in the classroom and open up to the new surroundings.

- Conduct play activities such as providing children with soft toys and puzzles to facilitate comfort and a fun-based experience.

- Incorporate morning routines that can include short duration activities such as peer interactions, relaxation exercises, play, and art-based activities before starting the day.

- Activities such as silent sitting i.e. (closing their eyes) helping the child connect with home and think of what they would do help in bridging the home-school gap.

Scan the QR code to access a resource for parents on managing their child's separation anxiety.

Teachers may enquire parents about observation of any of the indicators at home. If the parent also agrees to observing such signs, the teacher can help parents in providing adequate support to their child by suggesting them to consult the school counsellor for further support. Developing rapport with the parent is also seen to support in gaining child's trust. For creating home-school linkages, teacher can also enquire about any strategies that the parent is following and apply those in classroom as and when required. Teachers can also recommend the parent to prepare the child for school by using a picture schedule at home and reminding the child that they will go to school in the morning and then come back home. Silent sitting can also be practiced at home to make the child think of activities they can do at school.

3.1.3 Specific Habits Leading to Mental Health Concerns

(Thumb Sucking, Bed Wetting (Enuresis), Temper- Tantrums and Excessive Internet/ Digital Technology Use)

3.1.3.1 Thumb Sucking

CASE STUDY

A 7-years old girl is about to be promoted to class 2. However, the mother and teacher in the class are worried about her. She often sits in a corner in games period   and engages in thumb-sucking. At home also while watching TV, doing homework or even before falling asleep, she often starts sucking her thumb. On being stopped, she starts crying and shouting.

Thumb sucking is a natural human reflex during infancy. It also has a soothing and calming effect on babies and young children, making them feel secure and comforted. Thus, children often pick up the habit of thumb sucking in situations where they want to feel comforted or calm such as when they feel hungry, afraid, restless, sleepy, or bored. Along with affecting the front teeth growth which may impact the body image, it also lowers the self-esteem of the individual as they transition into adolescence and this habit gets noticed by peers and significant others. If a child sucks the thumb continuously, more so without any apparent cause, an expert's opinion should be sought.
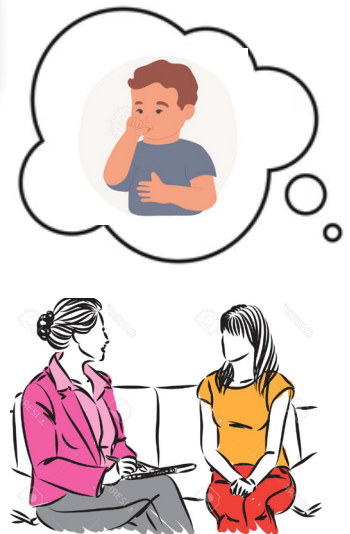
Identifying the Indicators

- Putting a thumb inside the mouth most of the times to the extent that they are not able to complete everyday activities
- Dental problems such as protruding front teeth due to thumb sucking
- Difficulty with the correct pronunciation of words due to thumb sucking

Probable Causes

It is normal for children to suck their thumb during infancy and early childhood, it becomes a cause of concern if it persists after the age of three years or if it starts again after a gap of a long period. As children grow up, it becomes a habit, mostly in response to an emotional problem or as a way of coping with stress and anxiety causing situations.

Some of the probable causes are discussed below:

Related to Teachers	Related to Parents	Related to Siblings and Friends	Related to the Child
• Strictness • Excessive punitive attitude	• Overprotection • Neglect • Strictness • Disharmony/ Marital discord • Overprotective mother	• Rivalry with other siblings or friends • Excessive competition • Separation from a close sibling or friend	• Boredom • Loneliness • Excessive burden of household work • Separation from attached parent

Ways Teachers Can Support Children Engaged in Thumb-Sucking

It is generally suggested by experts to ignore thumb-sucking in a child who is preschool age (3-4 years) or younger. However, if a child continues to suck a thumb often or with great intensity and longer duration around age 4 or older to the extent of impacting their everyday activities/has developed a visible dental or speech problem due to thumb sucking/ feels embarrassed and is teased by others for this habit, the teacher may intervene and extend support.

The reason for thumb sucking could be that the child is bored, fatigued, or unhappy. Thus, focus should be directed towards modifying the situation rather than thumb sucking.

Teacher can:

- Identify the cause that leads to thumb-sucking and make the child aware about it.

- Identify alternative healthy habits with parents and counsellor and encourage the child to follow them

- Do not shame the child for thumb-sucking.

- When observing the behaviour, make the child aware in a non-threatening way e.g.- a slight touch on the arm or offer distraction to the child.

- Instead of pointing out when the child is thumb-sucking, praise them when they do not indulge in thumb-sucking for a longer duration and encourage it.

- If the child wears gloves/applies bitter tasting substance on hand, support them in continuing this during school hours

To access a valuable resource to understand the issue of thumb sucking, scan the QR code provided.

Collaboration /Liaising with Parents

Teachers may enquire parents about observation of any of the indicators at home. If the parents also agree to observing such signs, the teacher can help the parents in providing adequate support to their child by suggesting them to consult the school counsellor for further support. Additionally, teachers may encourage the parents to continue practising interventions for support as suggested by expert. Teachers can note the strategies/ alternative habits followed at home to prevent thumb sucking and keep them similar in school as well to support the child.

3.1.3.2 Bed Wetting (Enuresis)

CASE STUDY

A 9-year-old boy studies in fourth grade. He is often teased by his classmates who complain that he smells and refuse to sit by him. His mother shared that he wets the bed so frequently and profusely that the odour of urine does not eliminate even though he showers regularly. The seclusion by his classmates has impacted him to a great extent and he often reacts by violent outbursts in such situations and sometimes expresses his wish of not going to school.

Bed wetting is an involuntary voiding of urine into clothes or any other inappropriate place by a child. Subtypes include nocturnal (night), diurnal (day), and combined. Daytime bedwetting is more likely to be related to psychosocial stressor and emotional-behavioural problems. Losing bladder and bowel control can impact a child psychologically, socially and emotionally. It can lead to feelings of guilt, embarrassment, loss of self-confidence and self- esteem, and formation of negative self-image.

Let's Reflect:

Can you recollect coming across any student who had odour of urine on most days or soiled their clothes on frequent occasions in school?

Identifying the Indicators

- Repetitive voiding of urine into bed or clothes as seen in a child of age 5 years or above.

- Voiding of urine can take place due to various other factors such as being scared, not being able to use washroom, holding urine for long, frequent urge to void urine on a particular occasion, etc. especially in the case of younger children. This must be differentiated from bed wetting by noting if it happened on a particular occasion or has taken place more frequently in the past.

- It is also important to see if this condition has caused significant distress for the student, as also depicted in the case study.

? Probable Causes

Bed wetting causes distress in both the child and family. Biological and psychological factors may be involved in its occurrence.

Biological Factors-

- A small bladder, not developed enough to hold urine produced during the night.

- Inability to recognize a full bladder

- Failure to wake up during the night

- A hormonal imbalance

- Urinary tract infection can make it difficult for the child to control urine

- Chronic constipation

Psychological Factors-

- Children who are easily anxious, low in confidence or react vigorously to situations are more prone to bedwetting.

- Maladaptive toilet training practices can cause bedwetting.

- Constant stress and anxiety can also lead to bedwetting. The sources of stress and insecurity felt can be- fear, punishment, taking away a favored item by other child or parents, birth of a sibling, etc.

Ways Teachers Can Support Children Experiencing Bed Wetting

- Create a comforting atmosphere for the child and ensure the peers are supportive and understanding
- Reassure the child that they are not alone and that bedwetting is very normal at their age.
- Give praise and encouragement for success in controlling the bladder.
- Avoid punitive punishment like scolding or shaming.
- Help child in using the washroom at fixed intervals.
- Offer reassurance if the child is anxious about using the toilet.
- Support child by creating peer support for them and encouraging healthy peer interactions.

Scan the QR code to access a resource for parents to understand Enuresis and Encopresis support their child.

- Help child in boosting confidence and esteem through opportunities for leading activities.

3.1.3.3 Temper- Tantrums

CASE STUDY

A 6-year-old boy displays disruptive and aggressive behaviours when he is denied something he wants or is asked to do something he does not want to do. He screams, kicks, or hit objects around him. In the classroom, he often becomes disruptive, and throws objects across the classroom, especially when he is asked to sit still or participate in group activities.

A temper tantrum is display of disruptive behaviours such as throwing things, banging of the head etc. or emotional outbursts such as shouting, screaming and saying mean and hurtful things to others. This behaviour often takes place when the situation does not go according to the individual. Younger children and those who have difficulties in communication (expressing needs/controlling emotions) are more likely to throw temper tantrums.

Let's Reflect:
Can you think of a student who often reacts aggressively by crying, shouting or throwing things when things do not go according to their wishes?

Identifying the Indicators

Temper tantrums are natural during early childhood. However, it is important to look out for the following signs:

- Child above the age of 4 years shows temper tantrums on regular occasions
- If the child hurts themselves or others and/or damages any property
- Child holds their breath during tantrums, especially to the extent of fainting

Probable Causes

Younger children want to share their thoughts and feelings but may find it difficult as the caregiver or significant others are not able to understand due to child's limited communication abilities. As a result, the frustration of the need not being met, reflects as a tantrum. Also, as children start to differentiate themselves as an individual, separate from others, their desire to control often shows up as not following the parent/caregiver and throwing tantrums when things do not go according to them. Some of the probable causes of temper tantrums are:

- Seeking attention
- Tiredness, hunger, or sickness can make tantrums worse or more frequent
- Sibling jealousy due to reasons such as constant comparisons
- Attitude of parents-overprotection and over-indulgence
- Insecurity- fear of unexpected situations
- Imitation- a child may imitate the temper of his parents as well as friends
- Parental inconsistency- if one parent forbids a child to do a particular thing and the other parent permits

Ways Teachers Can Support Children with Temper Tantrums

It is important to remember that tantrums are normal for young children. Tantrums help children to work through their feelings and release stress and anxiety. There are certain steps that can be taken by teacher in classroom to prevent or manage temper tantrums.

- **Know your students:** Get to know the students by talking often about their likes and dislikes and what makes them happy or sad. Finding out what triggers them to become
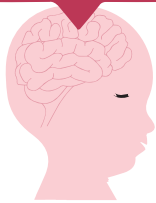
upset is the key to recognize when a tantrum may be looming. Notice their facial expressions, body language, and notice which times of the day are most difficult for them.

- **Pay attention:** Once we know a child's possible triggers, many tantrums can be prevented by keeping a close eye on how they're doing throughout the day. Many tantrums start because a child is hungry, tired, bored. If those signs can be identified, child can be supported before the tantrum starts by resolving the concern, distracting or introducing activities the child enjoys (depending on the cause).

- **Talk about emotions:** The most important thing to do is talk with children about tantrums and emotions. Try to find opportunities for talking about emotions and how they can be expressed with others in a constructive manner.

- **React calmly:** If the child gets aggressive, put them in a timeout, e.g., make them sit separately for a duration of 2-5 minutes during which they do not participate in any activity. Refrain from shouting and stay calm.

Collaboration /Liaising with Parents

Teachers may inquire parents about observation of any of the indicators at home. If the parent also agrees to observing such signs, the teacher can help parents in providing adequate support to their child by suggesting them to consult the school counsellor for further support. Additionally, teacher may also enquire the parent about the possible reasons for tantrums and any strategies that the parent is following to handle them. Parents can be recommended to teach the child constructive ways of expressing themselves.

Excessive Internet/Digital Technology Use

CASE STUDY

An 8-year-old boy, is often found sleeping in the classroom and does not complete his homework on most occasions. When contacted, the mother shared that he has been playing games late at night. She further shared that he uses his phone and computer a lot. His parents are worried because he spends too much time using these gadgets and not enough time doing his school work or outdoor activities. He gets very upset and angry when his parents try to limit his time on the phone and computer. Sometimes, while playing games he does things online that are not safe, like talking to people he does not know or playing games that involve monetary subscription. His parents are worried about him.

The Internet has become an important part of our lives. However, since the emergence of the Covid-19 pandemic, introduction to the era of online education, lack of outdoor recreational activities, and isolation from peer groups have made the children more inclined towards the internet and gadget use. Apart from this, there has been a considerable increase in virtual inclination of the children in the present generation which has become a growing concern for parents, teachers, and mental health experts as they hamper both the psychological and physiological well- being of the child. While digital use has it benefits such as exposure to new ideas and information, at the same time excessive use can cause information overload, impact sleep and limit physical activities. It can also lead to reduced time for productive academic activities and sometimes problematic internet use. All these impact the psychological well-being as well and make the child more prone to mental health related concerns.

Let's Reflect:
Can you recall any student who seems to be finding opportunities to use gadgets or has been found carrying and using a gadget in class?

Identifying the Indicators

- Disrupted daily routine eg- feeling sleepy during class hours on regular basis
- Inability to finish the assigned work such as homework
- Decline in academic performance
- Preoccupation with getting back online during school hours
- Sneaking in gadgets in school and using them during class
- Complaints of headaches, dizziness, irritation in the eye and vision problems
- Lack of attention and concentration
- Restlessness and lethargy

If the teacher notices most of the above-mentioned signs in a child, they can contact the parents and discuss. Parents can be asked if they have noticed the below mentioned indicators in recent times:

- Staying online much longer than intended to originally
- Going online when left unsupervised by adults
- Lying about time spent on the Internet
- Staying up all night to be on the Web
- Showing self-harm or frustration as a result of virtual issue (e.g., losing in an online game)
- Displaying temper tantrums or aggressive behaviour towards others when denied internet/gadgets

Probable Causes

- **Familial Causes:** If both the parents are working or child is often left unsupervised at home for longer duration or child is left with gadgets for longer duration for keeping engaged, in these conditions the child may get inclined towards the internet and gadgets use. If the parents are constantly discouraging or demeaning a child, they may look for appreciation in the virtual world that comes from winning a game or getting other activities done on the internet. Maltreatment and abuse from the family or any other person, parental conflicts, parent- child conflicts, can also contribute to the child's inclination towards the virtual world as an escape from the real life.

- **External Causes:** These include association with peers who indulge in the virtual world, the peer pressure of participating in a particular online game/video game/any other activity on the internet.

Ways Teachers Can Support Children with Excessive Internet/Digital Technology Use

- In a school environment, the teacher can assign the students with fun activities as homework (such as arts & crafts, painting, etc.), which will require the child's daily effort and thus curb the time of internet usage. Students can be motivated to engage in these activities through ways such as 'Star Reward Chart' which has each child's name and completion of an activity leads to placing of a star in front of their name.

- The teacher can explain the dangers of excessive internet usage or involvement in the virtual world in a child-friendly way by incorporating in lesson plans wherever possible, without singling out the child in front of the class.

- Teacher can also encourage more group activities and participation in creative, exploratory and exciting healthy activities to help students spend more time with people around them and less time on the Internet.

Collaboration /Liaising with Parents

Teachers may inquire parents about observation of any of the indicators at home. If the parent also agrees to observing such signs, the teacher can help parents in providing adequate support to their child. Teacher can ask the parent about possible reasons and try to understand the cause (such as child being lonely most of the time, or peer influence). This will help in taking the necessary steps for support such as encouraging peer relationships if child feels lonely or positive peer influence. Additionally, the teacher can involve the counsellor and school administration and share the need for awareness programs, especially at the elementary stage to inculcate awareness at an early age.

- Parents can be suggested to follow a timetable for child's everday activities at home, including allowing a fixed time for gadget use (e.g. half hour) after completion of homework and outdoor activities.

- Parents can encourage involvement of children in extracurricular hobbies and learning of new skills. This will leave them with little free time to play with gadgets.

Communication Issues

CASE STUDY

A 7-year-old girl recently got admission in second grade. On the first day of school class teacher noticed her lack of response on being asked about her name and where she lived but ignored it as nervousness. However, with time he found that the student had difficulty with reading, understanding what she was being asked or told, using correct word to express what she was thinking, as well as writing and spelling. For example, one day she was describing a birthday party she had attended and spoke of the birthday boy's mother putting "firesticks" on the "birthday food thing." On being enquired by the teacher, her mother shared that she did not put words together until she was three years old. When she did begin talking, she often called females and males both with the pronoun 'she' and confused the use of verbs like "go-went."

Children may have trouble communicating with others both at school and at home. They may face difficulty in the classroom, especially as they get older. This is because higher grades require improved writing skills and advanced communication skills (e.g., listening attentively, persuading, negotiating). Having difficulty in communication may lead to poor self-esteem, poor academic performance and a high dropout rate. Communication difficulties, on many occasions, result in behavioural concerns. When one feels that they are not understood, it leads to building up of frustration which often reflects in the form of aggressive behaviour or emotional outbursts.

Let's Reflect:
Can you recall any student who is not able to clearly express what they are thinking and not able to communicate with others?

Identifying the Indicators

- Difficulty in understanding what is being conveyed
- Difficulty in expressing their thoughts and feelings, having limited knowledge of words and use
- Limited ability to put words and word endings together to form sentences based on the rules of grammar
- Difficulties in continuing conversations, organizing information, and understanding the non-verbal cues such as face and body gestures

- Difficulty in describing incidents
- Problem in understanding idioms, riddles, jokes, and sarcasm.
- Difficulty in speaking a sentence without getting stuck (stuttering)

Language development is not uniform in children and there are always differences among individuals. However, the overall range duration for achieving language milestones is uniform when development is age-appropriate. Thus, the identification requires careful consideration when looking at indicators for communication issues, especially in younger students where development is in a very dynamic state.

Probable Causes

Development of language, as all other areas of development, varies from individual to individual. While some children pick up language quickly, for others it takes more time to be able to speak meaningful short sentences. Various individual and environmental factors impact language development in children and these need to be explored for understanding the cause better. Some of the possible causes are:

- Physical impairment or brain injury causing speech issues or loss of hearing etc.
- Developmental delay like delayed speech
- Less exposure to language stimulation (e.g.- The caregiver or family members do not interact much with child)
- Childhood abuse and trauma

Ways Teachers Can Support Children with Communication Issues

Not being able to communicate one's needs and thoughts effectively to others can be a frustrating experience. Communication plays an important role in the overall development of a child and many aspects such as learning, social relationships and self-evaluation are closely impacted by it. Considering the role communication plays in a student's ability to understand, learn and grow in the classroom environment, supporting student in this area becomes important for effective teaching learning.

Teacher can provide a safe and non-judgmental classroom environment where the child feels free, comfortable, and confident in expressing their thoughts by the following:

- Give opportunities to listen and talk. Children need to be encouraged to participate and respond during a conversation in the classroom.

- Be patient with the child and give them the time to express. As a rule, count up to five before asking again. Also, while listening, give time to complete, help and support by giving the right words when required.

- If child has limited vocabulary, start with non-verbal communication and simple one-two word sentences. For example, use small notes or picture of objects to communicate and encourage child for same. For eg- using a picture of water to ask for water.

- Encourage peer support among students and ensure the child with communication issues is not mocked by other students. For the latter, activities such as group discussions can be taken up to make students aware and stories on importance of support and unity can be shared.

- With the help of a counsellor, teachers can help the child to deal with low confidence and self-esteem issues.

To learn more about communication Issues (section 9.3) in childhood, scan the QR code provided.

Collaboration /Liaising with Parents

To extend support effectively, it is important to understand the cause behind communication issues and the steps being taken by home to maintain consistency, which can be done through discussion with parents and counsellor. Teachers may inquire parents about observation of any of the indicators at home. If the parent also agrees to observing such signs, the teacher can help parents in providing adequate support to their child by suggesting them to consult the school counsellor for further support. Parents and teacher can discuss about the strategies that they find effective (both in schools as well as at home) in addressing the communication difficulties of the child.

- Share the pictures cards with parents to maintain uniformity at school and home. Parents can be encouraged to use the cards for communicating with the child.

- Suggest parents to encourage child to communicate and provide them with the correct word, using simple single words and avoiding complex long sentences which may be difficult for child to understand.

Anxiety Patterns in Children

CASE STUDY

A six-year-old girl often complains of stomach aches and headaches and seems fatigued most of the times. In class, she seems quiet and avoids participation. Her teacher also noticed that she often worries excessively about small things that are going to take place, such as reciting a poem, reading a passage from book in class or waiting for her turn at swings. Her peers try to reassure her, but she cannot not be calmed and worries until that event has taken place.

Fear is a common emotion experienced by all. Children also experience it at different times during their development. For example, young children becoming stressed when they realize their caregiver is not around or being afraid of dark and strangers. These fears are a part of development and are temporary in nature. When a child does not outgrow the fears and worries that are typical in early childhood, or when these fears and worries start interfering with the everyday functioning at school, home, or play activities, this indicates a condition of child becoming overly anxious i.e., he develops anxiety. Experiencing anxiety makes children irritable and angry. Research indicates that exposure to persistent fear and anxiety provoking situations can disrupt the developing architecture of the young brain and have long-term, adverse consequences for learning, behaviour, and health.

Let's Reflect:
Can you recall any student in class who becomes anxious in all social situations or is afraid of facing a specific situation or always seems worried?

Identifying the Indicators

In many instances, apprehension or worry shows along with physical symptoms that may include headache, fatigue, sweating, restlessness, stomach ache or disturbed sleep. Children may not able to understand what they are experiencing and thus find it difficult to express it and seek support. It becomes important to be more observant in this situation to not miss out the indicators. Sometimes, a child may be:

- Afraid of school and public places
- Have extreme fear or 'phobia' about a specific thing or situation, such as dogs, insects, or going to the doctor
- Worries extensively about the future and about bad things happening
- Have repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty

The indicators can be different in every child, but few common ones that can be looked out for are:

- Restlessness or feeling unsettled

- Being easily fatigued

- Finding difficulty concentrating or mind going blank when asked about anything

- Irritability

- Muscle tension (slight discomfort or soreness of the affected areas or overall stiffness, leg cramps etc)

- Disturbed sleep which may cause the child to sleep in the classroom

If a child experiences most of these concerns for more than a few weeks and these have significantly impacted their everyday life and spheres such as academics, play activities, social interactions and other routines, then it is important to contact the parents and discuss. Counsellor can be involved for professional expertise and suggestions for next steps.

Probable Causes

Anxiety is learned through different ways- e.g.,

- **Avoiding repeating a bad experience:** For example, child steps on a dog's tail and is bitten by the dog. The child starts getting fearful of all dogs and avoids them. The child avoids talking about his fear.

- **Family factors:** Some of the family related factors are high levels of parental expectations, emphasis on achievement, and excessive permissiveness, inconsistency in parenting.

- **Exposure to extremely fearful events:** Physical, sexual, or emotional abuse, parental neglect, violent environmental

situations such as significant maltreatment of one parent by the other or persistent threat of violence in the community can also lead to experiencing anxiety.

Ways Teachers Can Support Children Experiencing Anxiety

A child with anxiety is fearful and worried without any apparent cause. Often the child is worried beyond what the situation demands for. They can be worried about numerous things like their academic performance, physical appearance, social acceptance, etc. Anxiety is often not identified in children until it starts interfering in their daily activities. During this time, they need a lot of reassurance and support from their parents, teachers and friends.

Teacher can support the student in classroom and school set-up in the following ways:

- Focus on how you talk to the child, giving child time to respond before asking again. If child does not want to speak, allow them to remain quiet but do continue the conversation by thinking out loud.

- Create a fixed routine and let the child know of any changes to the routine in advance.

- Introduce some time for calming down (5 mins closing eyes and sitting, meditation, listening to calming music quietly) especially during morning rush or after activities that are hectic.

- Advice students to maintain regular physical activity. Physical activity can be an effective way to relieve symptoms and build strength to resist stress.

- Make the child focus on interesting activities or tasks and do not force child to attempt anything that causes anxiety. Instead, give scope for children to face fears gradually – start at a level they can manage and build from there.

- Humour and laughter are good ways to reduce and prevent symptoms of anxiety and panic.

- Create peer support by making students aware about anxiety (incorporation in lesson as and when possible) and holding discussions on how to support someone facing anxiety. This will destigmatize the concern and build support for everyone.

Collaboration /Liaising with Parents

Teachers can support the child by first understanding the causes of anxiety by discussing with the parent and counsellor. Teachers can also enquire about any strategies that the parent is following and apply those in classroom as and when required. It is necessary to follow up with the parents about: -

- The progress of the strategies discussed
- If any new behaviour pattern is noticed
- The ways in which anxiety management techniques practiced in the classroom can be extended to be used in the home environment

3.1.6 Depressive States in Children

CASE STUDY

An 8-year-old boy, was reported as being sad and withdrawn since the past two months by his mother. He started showing this behaviour after he could not pass an examination due to being critically ill during examinations. Although he was promoted to the next grade keeping in view his test performances, but always being a rank holder, the grace promotion was not acceptable to him. Initially his mother considered his sadness and frequent crying to be natural, but now he refuses to go to school and no longer eats well as he used to. During class, he is quiet and unresponsive to the teacher's questions. He had always been a good student, but now he struggles to concentrate on his studies and often appears lost and disinterested in class. When asked to participate in group activities, he refuses to join in and sits apart from the other children. This behaviour has been quite noticeable over the past two weeks.

Feeling sad and upset occasionally is a part of everyone's life. But there is a need to be concerned when the child feels sad and does not enjoy the things that he used to in the past, feels and sounds hopeless even in situations that can be changed. When these feelings of sadness and hopelessness continue for a longer duration, it starts impacting various spheres of the child's life such as academics, social interactions and physical health in most instances.

Sometimes children may not understand what they are going through and thus not seek help or share about their thoughts of helplessness and hopelessness. The inner turmoil of not understanding what is happening and not being able to seek help might also cause a child to act out or seem disinterested. In such situations, often the child is labelled as lazy or the one causing trouble. These incorrect labels further impact the child's mental health negatively. Thus, it becomes important to recognize the signs and seek appropriate professional support for the child. Children who are depressed often perform poorly in school and end up experiencing learning difficulties due to lack of concentration. Some studies have suggested that after the symptoms of depression subside, certain deficits in the area of academics and social abilities continue.

> **Let's Reflect:**
> Have you noticed a child expressing feelings of hopelessness, worthlessness, or self-blame?

Identifying the Indicators

It is normal for children to experience emotional ups and downs while growing up. However, if the feeling of sadness or hopelessness is persistent for a long time causing extreme distress in the child and interferes with their normal social interaction, interests, academic performance then there is a need to provide support.

Every child may not show all indicators at once, but at different times and different settings.

Teachers can observe to determine if most of the following symptoms are present in the child for a few weeks, to the extent it impacts their everyday functioning in the personal, social and academic spheres:

- Irritable mood

- Lack of interest in recreational activities

- Visible significant weight loss or gain and avoiding eating in lunch breaks

- Sleeping in classroom due to incomplete sleep nearly every day or parent reporting lack of sleep

- Restlessness or being slowed down

- Fatigue or loss of energy nearly every day

- Feeling lost/numb or unable to feel emotions

- Feelings of worthlessness

- Excessive or inappropriate guilt

- Diminished ability to think or concentrate, or indecisiveness

- Having thoughts about suicide or self-harm, as observed in talks with child or through peers or others.

- Actual self-harm, for example, cutting their skin or taking an overdose of toxic substance

Probable Causes

Sometimes the causes are apparent, when children experience :

- Traumatic life situations such as loss of a parent/very close person, abuse or maltreatment,

- Difficult home environment with issues such as violence, financial instability, parental separation or environmental change such as moving to a new place

- Life situations that seem like setbacks such as failure in examination

- Personal and social relationship issues such as bullying by peers, or strained relations with parents, siblings or family

At times, biological and genetic predisposition may also be a cause of depression. The temperament and personality traits decide how an individual reacts and copes with stressful situations and thus play an important role in deciding the impact of such situations.

Ways Teachers Can Support Children in Depressive States

Depression does not only lead to the feeling of sadness but also makes the individual feel confused, frustrated and on many occasions overwhelmed by their situation. The impact is on social, emotional, behavioural, and cognitive level, leaving the individual feeling irritable, agitated, anxious and not able to pay attention to and complete even the basic everyday tasks. Many individuals also lose interest in activities they used to enjoy earlier. Due to these, depression is not easily recognized and often mistaken as lack of motivation and laziness by others.

On observing the signs mentioned in the previous section, teacher can enquire the parent about observation in home environment. If the parent also agrees to observing such signs, the teacher can help parents in providing adequate support to their child by suggesting them to consult the school counsellor for further support. Additionally, teachers can support the child by first understanding the causes of depression by discussing with the parent and counsellor and deciding on an approach to support the child at school, home and community level.

- Keep a warm, supportive and caring approach towards the child. Ask the child how they feel and try to be a good listener. Avoid giving suggestions or comments on their situation, sometimes just hearing the other person, without saying anything can also be extremely therapeutic for the child. Tell them you are always available and they can reach out anytime they want help.

- Encourage peer support. Pair the child with a classmate who is sensitive and caring. Also, try to build awareness in class about mental health concerns and extending support to each other whenever possible.

- Give the child opportunities to participate in activities. If the child does not indicate his or her interests, provide options to the child and encourage participation. However, if the child does not want to, do not make them participate forcefully.

- Students who are depressed may face difficulties in concentrating and learning. Thus, during examination, extended time may be provided for writing. Alternative methods of test knowledge may also be adopted such as oral tests, multiple-choice questions, and so forth.
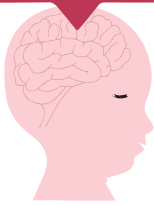
- Submission deadlines of the assignments can be modified if the child is going through a difficult phase emotionally and unable to concentrate.

- In helping the child who is depressed, social and recreational activities should not be made dependent upon performance e.g., only if you finish homework, you will be allowed to play. Play, physical and art-based activities can help improve a child's mood.

- Be vigilant for high-risk suicidal behaviour and if the child expresses suicidal thoughts or wishes, it should be taken seriously and intimated to school authorities and parents.

Collaboration /Liaising with Parents

Teacher can also involve school counsellor and school administration in creating awareness among class students about mental health and the ways to support each other. When the child is going through depression, it also impacts the parents and family and a warm, supportive approach instead of a complaining about child's conduct by teacher can be helpful for them. Teacher can develop a collaborative approach with parents towards helping the child improve their mental health. Teachers can also encourage involvement of other family members in providing adequate support to the child.

3.1.7 Issues Related to Behaviour (Aggression) and Conduct

CASE STUDY

A 6-year-old boy frequently violates/breaks classroom rules, resulting in trouble with his teachers. He shows aggression and becomes upset when refused something he desires or is asked to do things he does not like much. In such situations, he screams, kicks, or hits the objects around him. Many of his classmates feel intimidated by him, as he snatches their pencil boxes and pushes them when they object. Once, when one of his friends was hurt due to his actions, he laughed about it with his friends and did not apologize even after being asked by the teacher.

Children argue or become aggressive or defiant on some occasions or situations, which is part of their development. However, few children show disruptive behaviours uncommon for their age, continue to be aggressive over time and their behaviour violates the rights of others. Two such conditions-Oppositional Defiance and Conduct issues - are quite common concerns among children and adolescents.

Oppositional Defiant Disorder (ODD) is observed when children do not listen to others and cause serious problems at home, in school, or with peers. It usually starts before 8 years of age, but no later than by about 12 years of age. Mostly such children act oppositional or defiant around people they know well, such as family members, a regular care provider, or a teacher.

When repeated acts of aggression toward others, and difficulty following rules and behaving according to social norms at home, in school, or social settings and with peers is observed, it may be because of Conduct Disorder (CD). Sometimes these violations may involve breaking the law also. Many children with conduct disorder are irritable, have low self-esteem, and tend to throw frequent temper tantrums. Some may abuse drugs and alcohol.

These are also called 'disruptive' behaviours because such patterns often break the smooth functioning and continuity of the environment including home, school, and peers. Such concerns generally begin during the preschool years.

Let's Reflect:
Have you ever come across any student who gets angry and picks up fights with others over very small issues and argues with teachers also?

Identifying the Indicators

Oppositional Defiant Disorder: If most of the following are observed in a child on regular occasions for a long duration of more than a few months:

1. *Angry/Irritable Mood*
   - Frequently gets angry or upset
   - Loses temper easily
   - Becomes easily annoyed with others

2. *Argumentative/Defiant* Behaviour
   - Excessive arguments with adults
   - Refusal to comply with adult requests/instructions/rules
   - Behaviour intended to annoy or upset others
   - Blaming others for their misbehaviours or mistakes
   - Questioning rules at school and home
   - Speaking harshly or unkindly to others

3. *Vindictiveness*
   - Behaviour to seek revenge when made upset by others

Conduct Disorder: A repetitive and persistent pattern of behaviour, in which the basic rights of others and social norms or rules are repeatedly broken, as observed by display of at least some of the following behaviours over a period of at least a year :

1. *Aggression to People and Animals*
   - Often bullies, threatens, or intimidates others.
   - Initiates physical fights.
   - Acts with cruelty towards people and animal, hurting them physically

2. Deceitful behaviour
   - Lying
   - Breaking
   - Stealing
   - Forgery

3. *Violation of rules*
   - Skipping schools
   - Running away from home
   - Drug and alcohol use

It is important to note that some of the above-mentioned behaviours are a part of certain developmental stages and sometimes occur during certain circumstances. However, a child with such conditions will exhibit more severe and frequent symptoms than normal and these symptoms result in significant functional impairments.

Probable Causes

Various factors contribute towards Behaviour and Conduct related issues. Psychosocial factors play a very important role as risk factors. A family environment that includes inadequate parenting styles (harsh and punitive parenting, use of physical punishment), inadequate attachment styles due to neglect, trauma, and abuse, excessive drug abuse by parents, uncordial family environment, financial instability, exposure to violence, lack of adequate peer or adult supervision etc. may be risk factors. In childhood the impact of these issues is broad, having negative effects on the child's development. This may further increase aggression towards other children and may distract the child away from learning.

Researches in the field also indicate that children and teens with conduct disorder seem to have an impairment in the frontal lobe of the brain which interferes with their ability to plan, avoid harm, and learn from negative experiences. Untreated conduct problems may develop into anti-social behaviours in adulthood.

Ways Teachers Can Support Children With Behaviour and Conduct Related Issues

The best way to support a child with behaviour and conduct related issues is to adapt a collaborative approach involving family, school and community. If a teacher notices such indicators in a child and parent also agrees to similar observation, the teacher can help parents in providing adequate support to their child by suggesting them to consult the school counsellor for further support. Additionally, teacher can also reach out to school administration to inform about the need to develop a comprehensive approach to support the child, involving parents, other family members, school counsellor, and community.

Teacher can support the student in classroom and school set-up by:

- Establishing rapport with the child.
- Setting an adequate example before the child in how they manage anger, solve frustrating situations, or show respect to authority figures.
- Giving the student time to display compliance. Decide on behaviours that can be ignored and pick up one/two that you feel are important to work on. Notice what causes
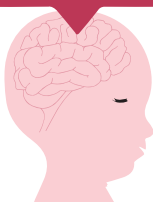
the behaviour and what follows i.e. what others did as a reaction to it.

- Maintaining consistency, structure, and clear consequences for the student's behaviour. Pick one behaviour and clearly specify the rule for it and then execute it e.g., "Seek permission and then enter otherwise your notebook will be checked in the end."
- Establishing the non-negotiable rules. The rule should be impersonal e.g., 'Rule is that notebooks are put back after the work is finished' rather than 'you must put the copies back before you go to play'.'
- Praising and showing appreciation for compliance. Praise all the good efforts if the result (behaviour) is unsuccessful.
- Children with disruptive behaviours may like to provoke reactions in adults and thus they are successful in creating power struggles. Try not to show any emotion such as getting irritated when dealing with their difficult behaviours. This will pass a message to them that their behaviour is not affecting the adult caregiver. Gradually, this may reduce their disruptive behaviours.
- It is important to address the concerns of the child privately. This will help minimize power struggles.

Collaboration /Liaising with Parents

Teachers can suggest parents to create an environment at home which encourages positive family relationships. Teacher can also enquire about any strategies that the parent is following and apply those in classroom as and when required. Strategies which teachers can suggest to parents are: -
- Reinforce appropriate behaviour with the help of praise.
- Share observations, concerns, and strategies to ensure consistency at home as well as in school.
- Keep record of the problematic behaviours at home and discuss with teacher and school counsellor to plan the appropriate interventions required.

3.1.8 Mental Health Concerns Due to Other Difficulties

Sometimes mental health concerns may result from certain existing conditions which may be due to causes which are biological (Neurodevelopmental disorders) or in some cases may seem to be biological in nature (Psychosomatic symptoms).

Neurodevelopmental disorders are "a group of conditions which start in the developmental period. The disorders typically manifest early in development, often before the child enters school, and are characterized by developmental delays that produce impairments of personal, social, academic, or occupational functioning. As a result, they may also impact the mental health of the individual in many ways. This is discussed in detail in the upcoming sections.

3.1.8.1 Inattention and Hyperactivity

3.1.8.2 Specific Learning Disability

3.1.8.3 Autism Spectrum Disorder

3.1.8.4 Intellectual Disability

3.1.8.5 Psychosomatic Concerns

3.1.8.1 Inattention and Hyperactivity

CASE STUDY

A six-year-old boy was taken by his teacher to the principal's office for showing behaviours like always moving about in the class, not being able to sit at a place for long time, hitting other children, throwing objects, and interrupting his classmates during lessons. It has become tiring and time consuming for the teacher to constantly monitor his behaviour and she is unable to focus on teaching the rest of the class. Despite his hyperactivity and poor academic performance, he displays intelligent behaviour in other areas.

Children are naturally energetic and enjoy being active and moving around. It is a natural process of every child's development to run around, jump from one activity to another or be actively involved in different types of activities. However, some children are constantly moving around, making it difficult for the parents and teachers to manage them. They may be easily distracted by sights and sounds, which makes it difficult for them to maintain attention and concentration. As a result, the child may make a lot of mistakes, not be able to finish tasks, get bored and constantly switch between tasks, and be required to give repeated instructions. This condition is known as Attention Deficit Hyperactivity Disorder (ADHD).

ADHD is a lifelong condition and impacts the individual in many

aspects of their life including daily functioning, interpersonal relationships, academics and professional achievements. It can lead to poor self-esteem and social functioning in children when not appropriately treated. Growing up, such adults can experience poor self-worth, sensitivity towards criticism, and increased self-criticism, resulting from higher levels of criticism throughout life. It also makes the individual more prone to mental health concerns such as anxiety, depression, conduct disorder and may cause substance abuse, and sleep problems.

Let's Reflect:
How do you think inattention or hyperactivity can impact a student's academic performance? Have you noticed any student's academic work getting affected by the same?

Identifying the Indicators

Children may have difficulties in focusing or concentrating on a task for a longer period. However, if a child has persistent issues or difficulty in sustaining attention, or is hyperactive and impulsive which interferes with their daily functioning then it should be addressed. The symptoms of ADHD appear in childhood and often last into adulthood.

Indicators/symptoms that can be observed in children and adolescents with ADHD are:

Inattention
- Failing to give close attention to details
- Difficulty sustaining attention
- Not listening when spoken to directly
- Not following through instructions
- Difficulty organizing tasks
- Being reluctant to engage in tasks that require sustained mental effort
- Easily becoming distracted
- Exhibiting forgetfulness
- Losing things often

Hyperactivity and impulsivity
- Fidgeting
- Inability to sit at one place
- Difficulty playing quietly

- Always 'on the go' or acting as if 'driven by a motor'
- Excessive talking
- Blurting out answers before the question has been completed
- Difficulty awaiting a turn
- Interrupting or intruding on others
- Often running around or climbing in situations where it is inappropriate.

If teacher has observed the presence of most of the indicators in the student for more than a few months and to the extent that it results in significant distress or affects the social, academic, or other important areas of the student's functioning, there is a possibility it may be because of ADHD.

Ways Teachers Can Support Children with ADHD

Many children with ADHD experience low self-esteem, troubled relationships and poor performance in school. The symptoms sometimes lessen with age and appropriate intervention.

Additionally, teacher may collaborate with parent, special educator and counsellor for possible strategies to support the child. Similar strategies can be followed at home and school to maintain uniformity.

Teachers can support students with ADHD in the classroom setup by:

- Encourage desired behaviour through reinforcers such as praise. Praise them for tasks that they can accomplish. The use of praise will be more effective. If they have completed the work on time instead of just saying 'good' say 'Well done! You have completed the work on time.

- Children with such concerns do not handle change well, so avoid transitions, physical relocation changes in schedule, and disruptions. Let the child know of their schedule in advance to give them a sense of predictability. Use picture cards for time-table and help them change it whenever used.

- Give the child extra time to complete classwork and during exams

- Ensure fellow students are sensitized to the condition of the child.

- Give the child some time for physical activities towards the

Suspecting issues of hyperactivity in your child? Access the given resource for gaining an in depth understanding of the issue, by scanning the QR code
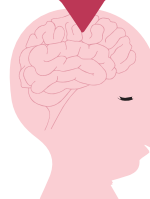
beginning and during the middle of the day.

- Teach the child to break down the tasks into smaller sub-tasks.

While talking to students with inattention and hyperactivity

- Before giving any instruction to the child, get the attention of the child (e.g., by mildly tapping the child).

- Maintain eye contact while giving verbal instruction.

- Make directions clear and concise.

Collaboration /Liaising with Parents

Teachers may enquire parents about observation of any of the indicators at home. If the parent also agree to observing such signs, the teacher can help parents in providing adequate support to their child by suggesting them to consult the school counsellor for further support. Teachers can suggest not changing child's routine frequently and preparing them for change in advance.

3.1.8.2 Specific Learning Disability

CASE STUDY

A 10-year-old boy is in class V. His parents were worried about his poor academic performance in reading slowly, making a lot of spelling mistakes, and slow writing, despite his apparently good intelligence. Given is a sample of his work

When he asked For a Sparo I Took him to the zoo and I Tok a vido camar with mee. I Took Photograpf of the Barbs in the zoo. Wen he want to c the birds I plade the tape. He saw verry hapy.

A 9-year-old class 4 student, often reverses numbers and alphabets, such as writing "b" instead of "d" and "6" instead of "9." When the teacher dictates answers in class, she struggles and lags behind, often becoming easily distracted and losing focus.

On assessment with the clinical psychologist and special educator, it became apparent that both have a learning disability.

In school there are times when children might find few subjects or topics challenging for them but they can do well in those subjects if they concentrate and work hard. However, if the child works hard and still struggles with the specific subject or skill then it could be a sign of a learning disorder. Learning disorder is a neurological condition that affects the information processing system of the brain, interfering with the child's ability to listen, think, comprehend, organize, make sense of the information, speak, write, spell or do mathematical calculations and operations. However, the overall intelligence and motivation of the child is not affected.

While Learning disorder and mental health issues are separate, aspects of learning disabilities make an individual more prone to experiencing mental health issues. When a learning disability is not identified an early age, it leads to poor academic performance as the child goes to higher grades. A child who was well-adjusted up to the age of five- or six-year, starts expressing learning difficulties in higher classes, and this causes emotional disturbance. This can lead to anxiety and depression. Low self-esteem is also observed in many instances due to constant ridicule from family/peers/teachers or sometimes bullying. The adolescents who have not received proper academic supports and services run a higher risk than average for becoming involved with tobacco, alcohol and drugs.

Let's Reflect:
Can you recall any student whose written work had a lot of mistakes often confusing alphabets such as 'b' and 'd' which you may have taken for lack of interest in studies?

Identifying the Indicators

A child is diagnosed as having a learning disability only if a child with a near-average or average intelligence quotient (IQ is 85+) exhibits the characteristic features of a learning disability.

The indicator for identifying children with learning disability are:

- The child is reading the word slowly or inaccurately with lots of effort. For example, have difficulty in sounding words and read them hesitantly.

- They have difficulty in understanding the meaning of what they are reading

- They have difficulty with spelling. For eg, they may omit or add consonants or vowels in a word
- They have difficulty in writing and make multiple grammatical errors or their written work lacks clarity
- They have poor understanding of numbers and may get lost in between arithmetic computation or may switch procedures.
- The have poor mathematical reasoning

Learning difficulties often show in the child in all or any one of these forms:

DYSLEXIA: It is a form of learning disability that affects the child's language, line coordination skills and working memory skills. It is a language-based disability in which a person has trouble understanding words, sentences, or paragraphs.

DYSCALCULIA: In this, the child has poor sense of numbers and has difficulty in learning and understanding mathematical facts. The child's performance in arithmetic is significantly below the level expected based on his age and schooling. It has been seen that children with this disability have problems in visuospatial and visual perceptual skills.

DYSGRAPHIA: Difficulty in handwriting is referred to as Dysgraphia. In this, the fine motor skills of the child is affected which impacts their ability to write. They may be unable to transfer the visual information into the output of fine motor movements. They may be weak in visual-motor function and activities requiring visual and spatial judgment. There is poor grasping power of the hands leading to a weak pincer and tripod grasp.

Writing requires muscular control, eye-hand coordination, visual discrimination, smooth control of arms, hands, and finger muscles, and adequate perceptions of the letter and word formation.

It is important to note that in age-appropriate development, a child may take some time to understand or grasp the concepts of the subject or a skill. However, if the learning difficulties persist for at least 6 months, despite providing interventions that target those difficulties, then the child should be provided required support and assistance.

The learning difficulties begin during school-age years but may only be observed when the affected skills (reading ability

or issues with mathematics) exceed the individual's limited capacities for example, a test of mathematics or English reading in class. If any of the following difficulties are observed in a child or adolescent, the teacher may discuss with parent and help them in providing adequate support to their child. Teacher can suggest them to consult the school special educator and counsellor for further support.

Ways Teachers Can Support Children with Learning Disorder

Teacher may collaborate with parent, special educator and counsellor for possible strategies to support the child. Similar strategies can be followed at home and school to maintain uniformity. As learning difficulties impact academic performance and a teacher is directly involved in academics, their role in supporting the child become important.

Teachers can support students with Learning disorder in the classroom setup in the following ways:

- Do not label the child.

- Focus on praising their efforts and not the result, concentrate on the strengths of the child and try to build on them instead of counting the things they are not able to do well.

- Children should be encouraged to pursue other activities and hobbies, such as sports, music, or art, especially in areas in which they show a passion.

- Encourage the child with writing difficulties to use computers for his/her assignments and wherever possible in classroom and examination situations.

- Seat the child close to the teacher. This sets a less formal atmosphere and also will enable the child to seek support whenever required. However, do not isolate the child from the normal seating arrangement. Pay individual attention and encourage him to ask for help when he gets stuck.

- Encourage collaborative learning among children.

- Provide the child with a role model. Whenever opportunity is available, discuss examples of famous people with similar

or even the same learning difficulties, For instance, Albert Einstein was autistic, Leonardo da Vinci exhibited signs of dyslexia and ADHD, while Michael Phelps was diagnosed with ADHD in fifth grade.

- Avoid putting them under the pressure of time or competition. Such pressures usually make the child concentrate on being first rather than being correct.

- Teachers may 'bypass' certain areas to achieve the aim of interventions e.g., avoiding illegible handwriting (spelling errors) and give marks based on content of the writing.

- It is preferable to give reasons for errors and ways of overcoming them rather than negative reinforcement.

- Permit various aids to help the child to concentrate better e.g., a bookmark will help him to concentrate on his reading line by line. A computer keyboard will eradicate poor writing and has in- built motivation. A tape recorder will help him to remember his homework or complex instructions.

- Give less homework (shorter essays, underline main points to learn).

- Make sure that the allotted homework instructions are understood by the student. Poor eye- hand coordination over a distance may result in incorrect copying from the blackboard. It is preferable to write out the homework for the child and read the instructions to him, checking that he has understood them.

Learn more about the probable causes and interventions for Specific Learning Disability (section 9.10) by scanning the QR code provided.
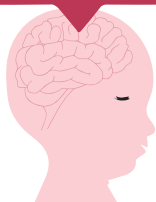
Collaboration /Liaising with Parents

Encourage the parent to get an assessment from a Psychiatrist/ Clinical Psychologist. The CBSE Board has permitted a set of provisions for these children at 10th and 12th class levels. Few suggestions for teachers and parents' collaboration are: -
- Regular communication of the child's specific learning needs, challenges, as well as strengths for developing appropriate strategies.
- Providing organized and predictable environment for the child.
- Setting goals for the child and monitoring to understand the overall development.

Autism Spectrum Disorder

CASE STUDY

A 7-year-old girl was admitted to grade 1. The teacher struggled to form a rapport with her as she did not look at the teacher and did not seem to be interested in anything that she said. When the teacher tried to talk and asked her name, she spoke only a word. During group activities, she would isolate herself and not participate. Even during recess, she would sit alone and play with her toys. The Counsellor also tried to talk to her but she was repeating the same word to the counsellor again and again. She kept looking away and smiled away, not to any person.

Autism is a neurodevelopmental condition in which there is significant impairment in social relatedness, communication, and behavioural patterns. The onset of autism is before 3 years of age and impairment persists throughout the lifespan. However, significant progress can be made through specific educational and therapeutic interventions. A child with Autism may have issues in social communication and interaction with others. A restricted and repetitive behaviour is observed in them.

Autism impacts communication and behaviour because of which the individual is often left isolated. Many children and young people with autism face behavioural challenges that include self-injurious behaviour and aggression due to poor communication skills. Anxiety, ADHD and depression are also commonly reported. Additionally, the health conditions coexisting with autism such as disrupted sleep cycles and painful gastro-intestinal disorders also create stress.

Let's Reflect:
Have you come across any student with difficulties in expressing themselves, repetitive behaviours and actions and difficulty in emotional understanding and expression?

Identifying the Indicators

The indicators for autism can be broadly categorized in two which will help the teachers to identify a child with autism and provide them with proper support. The indicators are:

A.   Social communication and interaction skills: Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history

- Difficulties in socio-emotional reciprocity for example, failure to initiate or respond in social interaction with others

- Poor non-verbal skills like inability to maintain eye-contact during conversation

- Issues in maintaining, developing and understanding relationships like absence of interest in peer interaction, difficulty in making friends

B.   Restrictive or Repetitive Behaviour: This kind of behaviour is manifested by at least two of the following, currently or by history

- Repetitive motor movement, use of objects or speech like repeating the word 'no', lining up their toys etc.

- They follow a routine which is inflexible and changes in the routine cause them distress like they would take the same route everyday to reach home, or would like to have the same breakfast daily

- They have highly fixated and restricted interest which is beyond normal like strong attachment with objects like a blanket or a toy

- They are very reactive to sensual inputs. They have unusual reactions to things sound, smell or feel. For example, they might scream when they hear a specific sound or they will excessive touch objects in their environment

These characteristics may be present from the earlier stages of development but may only be observed when the social demand exceeds the limited capacities and interfere with their daily functioning. Each of the main and the related indicators of autism vary in severity, making one individual seem quite different to the next. If any of the following difficulties are observed in a child or adolescent, the teacher may discuss with parent and help them in providing adequate support to their child. Teacher can suggest them to consult the school special educator and counsellor for further support.

Ways Teachers Can Support Children with ASD

Children with autism, like any other child, have different strengths and abilities along with areas that require support. There is no 'one cap fits all' approach when providing support. It is important to understand areas that the child faces difficulties in functioning and collaborate with parent, special educator and counsellor for possible strategies to support the child. Similar strategies can be followed at home and school to maintain uniformity. Autism impacts social interactions to a great extent which leads to difficulty expressing self and seeking support, especially in social contexts such as classroom. Thus, the teacher's role in supporting the child become important. A supportive learning environment is a pre-requisite for all but even more important when children are not able to express clearly. Creating a culture of inclusion for all students is a step towards this.

Some of the steps towards supporting students with autism in school setup are:

- Understand the areas requiring support and act accordingly such as child with auditory sensitivity may be allowed to use noise cancelling headphones and exempted from being in places with loud sounds. An overwhelmed child may be allowed to go to a quiet place for a while to calm down.

- Encourage use of picture cards by students for communicating their needs – such as a picture of the washroom, playground.

- The communication and instructions should be kept simple and direct. Avoid excessive use of verbal language in the commands.

- Give the child time to respond, as a rule count up to 5 before speaking again.

- Avoid transitions, physical relocation changes in schedule, and disruptions. Let the child know of their schedule in advance to give them a sense of predictability. Use picture cards for time-table and help them change it whenever used.

- Give opportunities for interaction with peers within classroom and outside it.

- To facilitate learning assessment needs to be personalized and based careful observation and identification of areas of interest and ability as well as skills that need further development.

Learn more about the prevalent behaviour patterns and interventions for Autism Spectrum (section 9.8) by scanning the QR code provided.

- Encourage development of talent areas in the student.

- Help special educator in facilitation of Individual education plan of the student.

- As many children with autism learn better with the help of visuals, this can be used if the student finds it helpful.

- The learning task should be developmentally age appropriate and broken into small steps.

Collaboration /Liaising with Parents

Teachers can suggest parents to create an environment at home which encourages positive family relationships. Teacher can also recommend the parent to avoid changes in everyday routines and prepare the child for activities by using a picture schedule with similar pictures at school and home. Teacher can also collaborate with parents on ways of communicating with the child and encouraging to develop the child's understanding of language.

3.1.8.4 ## Intellectual Disability (ID)

CASE STUDY

A grade II student, struggled with tasks that her peers found easy. She communicated using only one-word responses and required help for nearly everything. She still struggled to draw slanting lines and standing lines. Other children laughed at her, and she laughed too, without understanding that they were laughing at her. She would become aggressive with other students in the class without apparent reason. It was difficult for her to understand even simple instructions. At times, she used to urinate in class. She needed assistance with tying her shoelaces or close shirt buttons up when they open up.

Issues with intellectual functioning begin in childhood and are characterized by intellectual difficulties (problem-solving, decision making, judgement, etc.) and difficulties in social areas of living and adaptation in several areas of functioning. Such children operate at a level significantly below the intellectual functioning of the general population at a comparable age (I.Q. score falling below 70).

An intellectual disability may affect a person's ability to learn new information, communicate, cope and effectively solve problems on their own. It can create stress and vulnerability, for both the person and their caregiver. Children and adolescents with ID are more prone to being bullied and abused. Social support is also less, leading to loneliness.

Let's Reflect:
Can you think of child who you feel struggles with everyday activities/tasks, and has difficulty understanding information, which is easy for their peers?

Identifying the Indicators

Some indicator for teachers to identify and help children with intellectual disability:

- Delayed developmental motor milestones (gross and fine) like walking, crawling, etc.

- Delayed developmental speech milestones (understanding spoken language and using language to communicate)

- Struggles in toilet training, grooming, or any kind of independent adaptive skills like feeding

- Difficulty with complex tasks involving problem-solving or logical thinking

- Poor cognitive skills like memory, attention, and concentration

- Inability to connect actions with consequences

- Difficulty in social participation and interaction with others

Onset of intellectual and adaptive deficits occur during the developmental period.

Teachers may find out students with mild to moderate levels of intellectual disability in Pre-primary and primary classrooms.

Table 1: Impact on conceptual, social and practical domain based on the severity level of intellectual disability.

Severity Level	Conceptual Domain	Social Domain	Practical Domain
Mild	• For school-age children there are difficulties in learning academic skills involving reading, writing, arithmetic, concept of time or money, with support needed in one or more areas to meet age-related expectations.	• Compared with typical developing age-mates, the individual is immature in social interaction. • Immature way of communication, conversation and language. • Difficulties in regulating emotion and behaviour in age-appropriate manner • Limited understanding of risk in social situation • Lack of social judgement • At risk of being manipulated by other	• May function age appropriately in personal care • Need some support with complex daily living tasks
Moderate	• For school-age children progress in reading, writing, mathematics and understanding of the concept of time and money occurs slowly. • Ongoing assistance is needed to complete conceptual task of day-to-day life.	• Social language is less complex than that of peers. • May not perceive or interpret social cues accurately. • Limitation in social judgment and decision making abilities.	• Can care for personal needs like eating, dressing, and hygiene. • Maladaptive behaviour is present in a significant minority and causes social problems.

Severe	• Attainment of conceptual skills is limited. • Little understanding of written language or of concepts involving numbers, money and time. • Caretaker provides extensive support for problem solving	• Spoken language limited in terms of vocabulary and grammar. • Speech may be single words or phrases and may be supplemented through augmentive means. • Understand simple speech and gestural `communication	• Require support for all activities of daily living. • Requires supervision at all times. • Cannot make responsibile decision regarding well-being of self or thers. • Skill acquisition in all domains involves long term teaching and ongoing support. • Maladaptive behaviour including self-injury is present in a significant minority.
Profound	• Conceptual skills generally involve the physical world rather than symbolic processes.	• Limited understanding of symbolic communication in speech or gesture. • Understand some simple instructions or gestures. • Expresses his/her own desires and emotions largely through nonverbal, non-symbolic communication	• Individuals are dependent on others for all aspects of daily physical care, health and safety. • Co-occuring physical and sensory impairments are frequent barriers to participation in home, recreational and vocational activities

Ways Teachers Can Support Children with Intellectual Disability

- Families may feel overwhelmed by the burden of caring for the child. Offer empathy and reassurance.

- Since a teacher is able to observe the child over a long period, teachers can help by establishing links between parents and professionals.

- Teachers can act as support persons, helping carry out therapy plans and for observation and feedback.

- Modify teaching practices to be more hands-on for the child.

- Increase visual aid for the learning.

Scan the QR code provided to access additional resource for parents of children with Intellectual Disabilities

- Breaking bigger tasks into smaller tasks for their better comprehension.

- Repeating concepts frequently.

3.1.8.5 Psychosomatic Concerns

CASE STUDY

Six-year-old boy's teacher had noticed that he often complained of stomach aches and headaches, which caused him to miss school frequently. In school, he would often become distressed and tearful, especially during subjects that he found challenging. He was becoming increasingly anxious about his health, often asking to go to the school nurse for minor complaints. His mother had taken him to the doctor several times, but no physical health issues were found. Despite reassurances from his doctor, he frequently expressed fears that he was seriously ill.
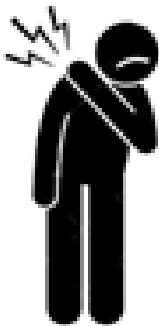
Often children might complain of stomach ache or headache during examinations or feel feverish when they have to go to school without any medical cause. These physical symptoms without any medical reasons are known as psychosomatic issues. People with this condition may have excessive thoughts, feelings, or concerns about the symptoms and this makes them dysfunctional in their daily activities.

They tend to visit doctors frequently to get tests and treatments however, not receiving a diagnosis, may lead to frustration and distress. These issues are more prevalent in those children who are under excessive stress like overburdened with academic work or stressed about upcoming exams. However, every child has different ways of coping in stress and these symptoms may not be felt by everyone.

Identifying the Indicators

Few indicators that teachers can identify for psychosomatic symptoms in children are:

- Unexplained somatic complaints such as headache, nausea, dizziness, breathing difficulties, palpitations, pain in various parts of the body

- Persistent thoughts about the seriousness of the symptoms e.g., the student frequently mentioning how the headache they experience can be dangerous to health.

- Feeling anxious about their health

- Overly concerned with the body and its functions

- Becomes angry or irritable because they believe their medical needs are not being met

Although any one somatic symptom may not be continuously present, the state of being symptomatic is persistent (typically more than 6 months). If any of the following difficulties are observed in a child or adolescent, the teacher may discuss with parent and help them in providing adequate support to their child. Teacher can suggest them to consult the school counsellor for further support.

Probable Causes

- Increased stress (like academics and examination etc.)
- Inability to express emotions
- Family related problems
- Peer pressure
- Chronic disease or disability in parent causing burden on the child.
- Poor lifestyle and irregular routine
- Negative childhood experiences
- History of abuse or trauma

- Prolonged anxiety/ depression
- Poor coping abilities

Ways Teachers Can Support Children with Psychosomatic Concerns

Before you begin to help, remember it may be difficult to convince the child/ adolescent and their parents to understand the issue and seek assistance. It can be helpful to understand the cause behind psychosomatic complaints, for which the teacher can work collaboratively with the counsellor and parent. Once the cause is clear, teacher can find ways to support the child in overcoming the cause of stress, especially if it pertains to school and academics.

Some of the steps towards supporting students with psychosomatic concerns in school setup are:

- Avoid pressurizing the child to talk about stressful events

- If the child often complains of psychosomatic symptoms, do not ignore it.

- A warm and conducive environment can be created in the classroom by establishing friendly relationship, developing students' confidence, trusting them, focusing on their strengths instead of counting mistakes, encouraging them to ask questions and share their concerns and showing genuine concern and respect for the students.

- Keep away from preaching by telling them what to do.

- Be a good listener. Affirm and acknowledge the positive qualities of the student.

Collaboration /Liaising with Parents

Teachers may enquire parents about observation of any of the indicators of the psychosomatic concerns. If the parent also agrees to observing such signs, the teacher can help parents in providing adequate support to their child by suggesting them to consult the school counsellor for further support. They can discuss interventions such as counseling, stress reduction techniques, relaxation exercises, etc for both at home and in school.

3.2. Adolescent Mental Health Issues and Concerns: Indicators, Probable Causes and Ways Teachers Can Support

Through this section, teachers will be able to understand emerging mental health concerns during adolescence, indicators, probable causes, and the ways in which they can support in promoting the mental health and well-being of students at school.

Adolescence, like childhood, is a critical period characterized by numerous physical, cognitive, and emotional changes. The stage is marked by development that starts with puberty and continues throughout adolescence, involving rapid transformation across all the domains of development. Adolescents are faced with a unique set of circumstances that can influence their mental health outcomes. As they move away from dependence on parents, towards relative autonomy, adolescents also grapple with identity formation and navigating societal expectations. The multitude of pressures that they face can leave a lasting impact on their well-being. Furthermore, the hormonal changes and shifting social dynamics can make them more susceptible to mental health disorders.

This section will explore the significance of recognizing and understanding mental health issues specific to adolescents. It will delve into the complexities of this developmental stage and shed light on the various factors that can contribute to mental health challenges. By gaining insights into the unique struggles faced by adolescents, one can become better equipped to identify and address their needs. Recognizing the indicators of mental health concerns in adolescents is of utmost importance. Adolescents may exhibit a range of emotional, behavioural, and cognitive indicators that signal underlying issues. By being attentive, intervention and support can be provided early to prevent and promote their mental well-being.

Common concerns related to mental health experienced by adolescents, such as issues related to anxiety, depression, body image and eating, substance abuse, aggression and bullying, relationships, conduct and delinquency, problematic internet use, trauma and loss and gender identity will be discussed. It covers the indicators and risk factors associated with these conditions along with suggestions on how the teachers can support students. It also highlights the importance of early intervention through collaboration of various stakeholders, including parents, educators, healthcare professionals, and peers, in providing support for these concerns. By fostering a collaborative approach and creating a supportive environment,

a network of resources can be created to help adolescents navigate their mental health challenges.

Overall, the sections aim to equip the teachers and other related stakeholders with the knowledge and tools needed to recognize mental health concerns in adolescents. By understanding the unique aspects of this developmental stage and its impact on mental well-being, one can work towards fostering a generation of emotionally resilient and thriving individuals.

Learning Objectives:

- To understand the challenges of adolescence

- To understand the emerging mental health concerns

- To identify the indicators & risk factors

- To prevent and manage the mental health concerns of adolescents.

3.2.1 Stress in Adolescents

CASE STUDY

A grade VI student started complaining of frequent headaches, difficulty concentrating in class, and restlessness. She was struggling with multiple assignments and exams to prepare for. On top of that, she was involved in various extracurricular activities, leaving her with little time for relaxation. In class, she seemed irritable and easily frustrated, often reacting negatively to feedback or challenges. Lately, she has been seen withdrawing from her friends.

Stress is a state of worry or tension that is caused by a difficult situation. It is a natural response to a challenging situation. Experiencing stress is a normal part of everyday life and to a certain extent necessary for effective change and development. Adolescence is a period of transition where many physiological, social and psychological changes take place. Some of the prominent changes include biological changes related to puberty, school life demands, a sense of increasing independence, emerging responsibilities, development of decision-making abilities, career choices, problems with initiating or maintaining friendships and development of attraction and romantic interest, etc.

Stressors are present throughout everyone's life. The type of stressors and the way one responds to them may change over time. The period of adolescence has often been thought of as a turbulent phase where they may have to cope simultaneously with various changes that are typical for this phase. Concerns like bullying, abuse, serious illness, school failure etc., add to these concerns. With limited coping abilities, many students are not able to manage the stress effectively over a longer duration, thus leading to mental health concerns such as anxiety, depression and even suicide in some cases. Some adolescents drift towards substance abuse to cope. Thus, it is important to focus on how to support them towards coping with these stressors in a healthy manner.

> **Let's Reflect:**
> Can you think of any specific situations or events in adolescent students' life that could be contributing to their stress levels?

Identifying the Indicators

Adolescents are often not able to understand the signs of stress and thus are not able to seek timely help. The indicators can be different in every individual, but a few common ones that can be looked out for are:

Physical	Psychological/Emotional	Behavioural
Sleep disturbances	Irritability or restlessness	Alcohol abuse
Changes in appetite or weight gain/loss	Anxiety or fearfulness	Smoking/use of tobacco or other drugs
Palpitation	Feeling sad or tearful	Relationship issues
Headache & migraine, dizziness	Feeling mentally drained out	Withdrawn from social activities
Muscle tension, backache, cervical ache	Frustration and aggression	Poor attendance
Lethargy	Inability to concentrate	Procrastination
Nausea, indigestion and allergies		

If a child experiences most of these concerns for more than a few weeks and these have significantly impacted their everyday life in spheres such as academics, play activities, social interactions and other routines, it is important to talk to the student about it. The teacher can contact the parents and help them in providing adequate support to their child by suggesting consulting with a school counsellor for further support.

Probable Causes

- Academic pressure in school
- Changes in environment/situations requiring adjustment such as moving to a new place/school
- Marked changes in their bodies due to puberty
- Negative thinking or feelings about themselves
- Problems with peers at school
- Unsafe living environment
- Family disharmony, separation or divorce of parents
- Chronic illness in the family
- Having responsibilities that are causing boredom or are overwhelming

Ways Teachers Can Support Adolescents in Stress

- Develop rapport with the students and be observant of any changes in behaviours that interfere with their ability to learn and interact in the school environment. If there are sudden changes in a student's behaviour, for e.g., they seem more exhausted, sleepy or disinterested recently, try to find out the cause by discussing one-on-one with them.

- As a class teacher, taking out 5 minutes towards the beginning or end of the day to talk to students about how they are will not only let them know you are genuinely concerned about them but also make you seem accessible if they need help.

- Encourage students to talk about their feelings and reach out to seek help.

- Discuss with students about stressful phases in life being a normal occurrence for all. Encourage peer support and hold class discussions where students who have overcome a particularly stressful phase can share their experiences with others.

- Do not pressurize the child to perform, give them time to cope.

- If concerns are related to academics, help students to problem-solve ways of management.

- Help students explore strengths and work on their life skills enrichment. Explore opportunities to develop and enhance students' problem-solving skills whenever possible during classroom teaching, to prepare them for dealing with stress

- Wherever possible, find opportunities during subject-teaching to help them develop life-integrating skills such as adaptability, communication, building relationships, critical thinking, empathy and proactively coping with stressors.

- Introduce some time for relaxing and focusing (closing eyes for five minutes and sitting, meditation, listening to calming music quietly), especially during the morning rush or after activities that are hectic.

Scan the QR code provided to understand the stress building and busting factors for students

Collaboration /Liaising with Parents

Teachers can suggest few ways for parents to provide support to their child:
- Regularly communicating with the adolescents and talking to them about their well-being, academic concerns, or any other issues that are troubling them.
- Creating a supportive environment at home by providing a quiet and comfortable study space, promoting relaxation and self-care routines.
- Helping students in setting realistic and achievable goals, identifying their strengths and areas that can be build upon.
- The student should be encouraged to express their feelings or concerns through writing, talking or through art.

Issues of Anxiety

CASE STUDY

A 14-year-old class IX student, who seems worried most of the times, is frequently fidgeting with her hands. Lately, the teachers have noticed that she is unable to pay attention in class and is clueless about what is being asked to her. Her mother came to school with a concern that she has not been eating well ever since the date of examinations and assignment submission deadline was declared. She has not been able to share most of her assignments also. When asked by her friends she confided about her concerns regarding her academic performance, which left her feeling on the edge, making it difficult to concentrate on her work.

Anxiety is a feeling of fear, dread or uneasiness. The perceived danger may be external or internal (for example, a threat to self-esteem or psychological well-being). It is important to note that adolescents are prone to experiencing anxiety in a variety of contexts, given the transitions that this phase involves. This anxiety response varies from individual to individual depending on their personality and life experiences. It can also interfere with the ability to focus and learn causing poor academic performance in school, impaired relationships with peers and adults, low self-esteem and low self-worth and in some cases maladaptive use of substances to reduce anxiety.

Let's Reflect:
Have you ever come across any student who always seems lost and has worried expressions on most occasions?

Identifying the Indicators

Adolescence is a period of transitions and changes. During this period, they are establishing new relationships, coping with academic pressures, seeking new experiences and experimenting with their new-found independence. At the same time, there are various internal bodily changes taking place. It is common for adolescents to feel anxious about these challenges, opportunities or changes that are taking place in their lives. Anxiety is not always bad, at times it also helps in motivating an individual or preparing them for future challenges. However, it requires attention when it starts interfering with their daily functioning like inability to concentrate in school, poor academic performances, low self-esteem etc.

Sometimes, an adolescent may:

- Be afraid of public places which are crowded

- Have extreme fear or 'phobia' about a specific thing or situation, such as initiating conversation, insects, or closed spaces

- Experience excessive worry about the future and about bad things happening such as worry about routine matters such as assignments, work allotted, health, relationships, or minor concerns such as chores or appointments

- Have repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty

- Have thoughts that cause significant anxiety or distress and behaviour that reduces this anxiety. For example, the urge to wash hands frequently which goes away by washing hands.

- Experience or witness a traumatic event, series of events or set of circumstances, such as violence, physical, sexual, or emotional abuse, or a catastrophic environmental episode such as an earthquake, which results in extreme stress. Thus, they want to avoid similar situations.

The indicators can be different in every adolescent. Excessive anxiety and worry which seem difficult to control is experienced commonly with other concerns which may include:

- Palpitation

- Feeling fatigued easily

- Trouble concentrating

- Loss of appetite

- Chronic complaints of stomach aches or headaches

- Dizziness

- Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

- Irritability

If an adolescent is observed to be experiencing most of these concerns for more than a few weeks and these have significantly impacted their everyday life and spheres such as academics, extracurricular activities, social interactions and other routines, a possibility may be that the student is experiencing anxiety. In such circumstances, teacher can contact the student individually and ask in a non-invasive manner. Teacher can further suggest the student to meet school counsellor to seek professional support. Parents can also be informed and suggested to consult Counsellor for professional expertise and suggestions for supporting student.

Probable Causes

At every stage of development, an individual has different worries and vulnerabilities. Thus, the concerns causing anxiety in adolescence are different from those of children. By the time students reach the phase of adolescence, how others view them, especially their peers and loved ones, takes centre stage. These are often a major cause of anxiety.

A few other causes which can make adolescents anxious are:

- **Academic Pressure:** During this stage, adolescents face an increase in academic demands like exams, assignments and the expectations of teachers and parents. They have a constant fear of failure which makes them form unrealistic goals. This may lead to academic anxiety in them.

- **Peer Pressure:** They constantly face pressure from their friends to fit in and conform to various social norms which often leads to engaging in risky behaviour. The fear of rejection and a constant need for acceptance may lead to causing anxiety in them.

- **Family Issues:** Parental divorce, conflict among family members, financial difficulties or challenging situations at home can create an uncomfortable situation for the adolescent, especially as they are able to understand these situations better than a child.

- **Traumatic Experiences:** Adolescents who have experienced any form of trauma like violence, abuse, or neglect from parents are more prone to develop signs of anxiety.

- **Technology Induced:** Social media and other online platforms can often result in comparison among individuals, cyberbullying and feeling of never being able to disconnect from it and relax. This feeling may result in anxiety among adolescents.

- **Future Uncertainty:** At this stage, students may feel overwhelmed with the uncertainty associated with their future like college choice and application process, career choice etc. The pressure of making the right decision about their future can cause anxiety and stress in them.

Ways Teachers Can Support Adolescents Experiencing Anxiety

Anxiety is often hard to identify and is often mistaken for worry due to some special circumstances. Teachers can support the adolescent by first understanding the causes of anxiety. For this, the teacher can discuss with the student along with parents and counsellors. Teacher can also enquire about any strategies that the adolescent is following and give scope for them to be followed in the classroom as well.

Teachers can support the student in classroom and school set-up by:

- Creating peer support by making students aware about anxiety (incorporation in lessons as and when possible) and holding discussions on how to support anyone facing it. This will normalize anxiety and build support in times of distress.

- The teacher may identify potential stressors and triggers through discussion with the adolescent and support in avoiding/managing them.

- Students who have anxiety and related issues must be allowed to negotiate flexible timelines for demanding tasks. Pressurizing such students will further elevate their anxiety and impact their output.

- Keeping some time for art, music or outdoor-based short activities during the day can help students feel good and enhance their mood. Similarly, relaxation time (closing eyes for five minutes and sitting, meditation, listening to calming music quietly) can be planned especially after a hectic time.

- Humour and laughter are good ways to reduce and prevent symptoms of anxiety and panic.

Scan the QR code to access an additional resource on Understanding and Managing Anxiety.

Collaboration /Liaising with Parents

Parents and teachers can work together to support the student experiencing anxiety. Discussion among parent, teacher and counsellor regarding situations that make the student anxious at home or school can help in finding the reasons for anxiety. Some common strategies to be followed at home and school can also be planned. Together, parents and teachers can create a supportive, calm and nurturing environment for the student.

Additionally, teacher can suggest the following to parents:

- Communicating with the adolescent frequently to understand what makes them anxious, their coping mechanisms and if the strategies are working.
- Creating a consistent routine and structure for home. This can help in decreasing anxiety by providing a sense of stability and reducing uncertainty.
- Encouraging practicing meditation and yoga at home and taking out some time to relax.

3.2.3 **Depression**

CASE STUDY

A class X student is feeling low and losing interest in activities she enjoyed since the past few weeks. She lacks motivation in class and has become increasingly quiet. She often appears fatigued, displaying a lack of energy and enthusiasm. Her homework submissions have become irregular and lack effort. She has been feeling emotionally vulnerable and ends up crying even on insignificant issues. This change in behaviour has been noticeable following the shifting of her only friend to another town.

Feeling sad and upset in certain situations is normal. But it is a reason for concern when these feelings of sadness continue for a longer period or have no apparent cause. Signs of depression in adolescents are often viewed as normal mood swings of a particular developmental stage. Yet early identification of depression is critical to healthy socio-emotional development.

Let's Reflect:
Have you ever come across any student who suddenly lost interest in activities and studies and seemed distracted, sad and fatigued on most occasions?

Identifying the Indicators

Many researches have indicated that depression is common among adolescents. However, it often goes unrecognized in this age as the adolescents are not able to understand what they are going through, and may not know from whom to seek help. Thus, identifying the indicators becomes important. Teachers interact with students in classroom setup and observe them

across the school hours. Thus, they are in a position to identify and provide them with necessary support and intervention. Early identification can help in long-term outcomes and improvement in the well-being of the students.

Some common indicators for depression are:

BEHAVIOURAL	COGNITIVE	EMOTIONAL	PHYSICAL
• Loss of interest or pleasure in most activities • Restlessness, fidgeting • Recurrent thoughts of ending life • A significant drop in school performance • Frequent absences from school	• Low attention and concentration • Difficulty in memorizing • Ineffective decision-making and problem-solving skills	• Feeling worthless • Frustration, irritability, emotional outbursts or mood swings • Excessive guilt or self-blame • Crying spells, feeling sad, helpless, or hopeless • Episodes of anxiety and fear	• Repeated physical complaints without a known medical cause (headaches, stomach aches, pain in arms or legs) • Disturbed sleep and appetite • Fatigue or loss of energy most of the time

In normal course of one's life it is common to experience the given feelings in different situation and contexts. However, if an adolescent experiences most of these concerns continuously for more than a few weeks and these have significantly impacted their everyday life and spheres such as academics, extracurricular activities, social interactions, and other routines, then it is important to talk to the student about it. The teacher can contact the parents and help them in providing adequate support to their child by suggesting them to consult with school counsellor for further support.

Probable Causes

Depression can have a significant impact on adolescents. It impacts their emotional well-being as well as interferes with their developmental process and overall functioning. The causes of depression in adolescents are multifaceted and differ from person to person. Some common factors that contribute to the development of depression in adolescents are:

1. **Biological Factors:** Genetics have a significant role to play in the development of depression in adolescents. For example, family history of depression or any other psychological issue

may be the cause. Other than this, hormonal changes and an imbalance in neurotransmitters in the brain can also play a role.

2. **Environmental Factors:** Some factors in the individual's environment which can impact their mental health include:

- Stressful events such as facing bullying in school or separation of parents or loss of a loved one, etc.

- Social factors like social isolation, peer rejection, etc.

- Socio-economic factors like financial difficulties at home, living in an unsafe environment, etc.

- Chronic stress related to academic pressure, examinations, overburdened with the expectation of parents, etc.

3. **Psychological Factors:** Certain psychological conditions can make adolescents more prone to depression like:

- Not able to manage stress effectively

- Have low self-esteem

- Have persistent negative thoughts about themselves and others and are constantly self-criticizing

Ways Teachers Can Support Adolescents with Depression

Depression is not easily identifiable and is sometimes mistaken for adolescent angst or moodiness. Teachers can support the adolescent by first recognizing if the student is showing any indicators of depression and trying to understand the causes for it. For this, the teacher can talk to the student to understand what the student is experiencing, along with parents and counsellors. Teacher can also enquire about any strategies that the adolescent is following to manage, and give scope for them to be followed in the classroom as well.

- Observe and monitor the adolescent closely and be alert to signs of depression, especially changes in mood and behaviour.

- Develop a caring, non-judgmental, empathetic and supportive school environment and encourage adolescents to express their emotions more effectively.

- Ensure that depression is not mistaken for laziness or disinterested attitude.

Scan the QR code provided to access information about PUSH-D (Practice and Use Self-Help for Depression), a self-help program initiative by NIMHANS.

EARLY IDENTIFICATION

- Encourage participation in group activities and spending time with peers. However, do not force the student to participate in activities.

- Encourage student to seek help and talk to school counsellor.

- Try to form a supportive environment for the student in school through peer support and follow-up with the student regularly on how they are feeling.

Collaboration /Liaising with Parents

Collaboration among parents, teachers and significant others present in the student's home or school environment can create immense support for the student experiencing depression. Some ways teachers can suggest to parents for supporting adolescents are:

- Communicating frequently with their child to understand what is going on in their life, the concerns and problems faced by them and help them in finding solutions.
- Communicating any indicator of depression like change in mood, behaviour or academic performance to the teacher or school counsellor
- Creating a supportive and understanding environment at home.
- Establishing consistent routines at home like regular sleep patterns, healthy eating habits, exercise, which can positively influence the overall well-being of the student.
- Consulting with the school counsellor.
- If the problem persists, the parent can be suggested to seek professional support and involve a mental health professional.

3.2.4 Issues of Aggression and Bullying in Adolescence

CASE STUDY

A 14 year old boy is facing issues in academics. The teacher frequently punishes him for his poor performance in school, and his classmates have begun to make fun of him and tease him. Over time, they have progressed to physically pushing him during breaks and throwing objects like pencils, chalk, and paper at him. He feels like he is being pushed around by these classmates, which leaves him feeling scared and lonely. He tries to avoid them by taking different routes or staying in the classroom during breaks. The bullying has greatly affected his self-esteem, and he no longer feels confident in expressing himself or making new friends. His parents have noticed his sadness and are working with the school to address the situation and ensure his safety.

Bullying is a repeated aggressive behaviour or action which is intentional and is caused by the imbalance of power between the victim and the perpetrator. Aggression is a behaviour with the intent to harm or injure another person. Bullying is a specific form of aggressive behaviour, while aggression can occur in many different contexts and may not include characteristics of bullying like power imbalance or repeated incidents.

Research indicates that bullying is a major issue and risk factor for mental health concerns among students in schools. It is observed that children who have been bullied may show higher levels of impulsivity, insecurity, anxiety, loneliness, unhappiness, and low self-esteem as compared to children who have not been bullied. Often the seriousness of the issue is ignored, and the bullying incidents are not reported. Bullying can be of various types:

PHYSICAL
Fighting, pushing, inappropriate touching, pinching, spitting, etc.

VERBAL
Insulting statements, foul language, body shaming, name-calling, etc.

Types of Bullying

CYBER
Using technology aggressively to cause harm to others by inappropriate text, sending unpleasant photograhs, etc.

EMOTIONAL
Spreading rumours about someone, defaming, ignoring others on purpose, etc.

The responsibility of preventing any undesirable aspect of bullying rests collectively as well as individually on all stakeholders, which includes the head of the institution, teachers, non-teaching staff, students, parents, and the local community. But the role of the school is the most crucial among all stakeholders.

Let's Reflect:
Do you know any student who has a habit of teasing and hitting others?
Or a student who you feel is often mocked by others?

Identifying the Indicators

There is a significant negative impact of bullying and aggression on adolescents which can impact their daily functioning in the academic, social or personal spheres. In a situation of bullying, teacher needs to identify the bully and the victim. Some indicators that will help the teachers in identifying the signs of a bully and a victim and provide appropriate intervention are:

Indicator of someone engaging in bullying behaviour:

- Aggressive behaviour like engaging in physical fights or using derogatory language or name-calling and spreading false rumors about others.

- Lack of empathy towards others and showing little remorse for hurting them.

- Misusing the power or position to harm others, e.g.- class monitor frequently complaining about a specific classmate only.

These indicators are not definitive signs of bullies, and individuals may sometimes display this behaviour without being involved in bullying. It is also important to note that a person who is involved in this behaviour may also have their own issues or experiences contributing to these actions.

Indicators of adolescents who are victims of bullying:

- Physical signs such as unexplained bruises and scratches, missing or damaged belongings, change in appetite and sleep

- Emotional and behavioural signs like social withdrawal, increased irritability, decreased self-esteem, frequent crying, becoming aggressive, mood swings, anxiety, inability to trust others and difficulty concentrating

- Being lonely and aloof from social groups

- An easy target mocked by classmates

- Low confidence and decreased academic performance

If teacher observes these indicators, they can contact the student individually and ask in a non-invasive manner. Students should be given the choice to discuss if they feel comfortable, assuring what they share will be kept confidential. The teacher

can further suggest the student to meet the school counsellor to seek professional support. Parents, counsellor and school administration need to be involved. Parents can be informed and suggested to consult counsellor for professional expertise and suggestions for supporting students.

Probable Causes

There is no single cause of bullying. There are multiple causes of bullying which are complex and interconnected and may vary from situation to situation. Individual's contextual, personal and interpersonal aspects contribute to the occurrence of bullying behaviour. Some common causes of bullying are:

- **Individual factors:** The individual's characteristics or experiences can contribute to this behaviour. This may include difficulty in managing frustration, a need for power or control, and a history of being a victim to abuse.

- **Cultural factors:** The values, beliefs and norms can influence how bullying is perceived in a community such as the attitudes towards aggression, power dynamic, and responses to bullying.

- **Power imbalance:** In this situation, often the bully perceives themselves as superior and stronger than their victim. This differential power perception can arise from factors such as popularity, social status, strength, etc.

- **Modelling and reinforcement:** If an individual observes someone else being rewarded for their aggressive behaviour, for e.g., in movies or among their peers, it is more likely that they would also behave similarly.

- **Lack of empathy and social skills:** Individuals who indulge in bullying behaviour are often not able to understand the emotions of others. It is difficult for such individuals to build healthy relationships with others and resolve conflicts non-aggressively.

Table 3.2.3.1: Defining Bullies and Victims of Bullying

Bullies	Victims
People who exert dominance or inflict pain upon others through physical, verbal, and emotional abuse. They appear to derive satisfaction from inflicting injury and suffering on others.	People who appear small, weak, insecure, sensitive, or "different" from their peers are more likely to be targeted for bullying.
Why do they bully?	**How do they feel?**
• Seek attention from others • Desire popularity/status/power through domination • May seek to relieve boredom or have a drive for excitement and drama • Have poor impulse control, want revenge or retaliation • May be acting out of hurt/anger/pain from other aspects of life • May act under the influence of peer pressure, believing everyone does it and it's "normal".	• Feel helpless and lack confidence • Fear that they will make the situation worse if they tell someone • Desire to not appear vulnerable in front of peers • Fear that they have no support and that peers/by-standers are supportive of the bully
Impact of Bullying on those who bully:	**Impact of Bullying on those who are bullied:**
• Engagement in violent or aggressive behaviour can impact future opportunities. • Struggle to develop and maintain effective relationships • Have difficulty understanding boundaries and limits • Not able to adjust to systems and rules of institutions	• Deeply impacts a person's physical, emotional, academic and social well-being leaving them vulnerable and less resilient. • Have low confidence, self-esteem and self-worth, avoid social interactions. • Lack quality friendships at school

Ways Teachers Can Support Adolescents with Issues of Aggression and Bullying

Some ways through which teachers can support a student being bullied are:

• Teachers can be at the forefront of creating an amiable environment and positive school climate where learning can take place peacefully. The important steps towards this are building trusting and respectful relationships with students, encouraging tolerance, mutual respect and support among peers, and becoming the bridge of communication between parents, the community and the school administration.

- Teachers should talk about bullying cases in class and empower students by educating them regarding bullying and the rules against it. The teacher can suggest the following to students:

If you are being bullied? What can you do?	Someone is being bullied. How can you help?
• Stay away from the bully. • Request the bully not to do it. Simply tell, "Don't do it, it hurts." • Do not feel guilty, you are not at fault. • Ask for help from a trusted caregiver or adult if repeated	• Act immediately • Be an ardent listener. • Be a calm mediator. • Report to a trusted caregiver/adult if you are not able to make a difference.

- Training for students on life skills can be planned by the school.

- Teachers should encourage students to report instances of any type of bullying and give repeated assurance that their reporting is being kept confidential and discussed only with the concerned authority. Teachers can also have a 'Suggestion Box' placed in classes or outside the counsellor's room for the purpose of reporting.

- Teachers should discuss and understand discrimination in classrooms and sensitivity should be built around unacceptable forms of behaviour in school.

Scan the QR code provided to access valuable information to deal with bullying

- If a teacher is aware of a student who has been impacted by bullying to a great extent, they can be alert in observing negative outcomes of bullying including substance abuse and sometimes thoughts of harming self or others. Some programs executed in the classroom and as part of workshops should aim at improving students' social and problem-solving skills, assertiveness training, anger management, etc.

- Training Peer Educators to keep talking to students regarding such issues. They can organize 'friendship groups' that support children who are regularly bullied by peers.

- Reinforcing that school follows no tolerance towards bullying. Anyone found involved in any form of bullying will have to bear consequences that are predefined and well-communicated to all students.

- School can ensure that both the bully and the victim receive counseling sessions separately and the teacher can facilitate that.

Collaboration /Liaising with Parents

A multidimensional approach is needed to tackle the issue of bullying and aggression which would include all the stakeholders like parents, teachers, school administrators, school staff and the community. Teachers can work with parents, students and school staff to address and tackle the issue of bullying and aggression. Teachers and parents can provide safe spaces together while identifying sudden changes in the behaviours of the student.

Some of the steps that can be followed which teacher can suggest to parents are:

- Bullying can be reduced with the help of programs that improve the overall school climate through positive interactions, building peer support and awareness about impacts of bullying on all involved. These sessions can involve parents and families also.
- Parents can encourage their children to promote healthy ways of expressing anger. More importantly, parents can be the ideal role models for their children in this regard.
- Parents can identifying any changes in behaviour that may indicate being bullied and share it with teacher or school counsellor.
- Parents can provide the emotional support and encouragement to their child who has been bullied and avoid blaming them.

3.2.5 Body Image and Eating-Related Issues

CASE STUDY

A student of Class X feels that his peers do not like him and make fun of him because he is overweight. As a result, he keeps to himself and often avoids activities that draw attention to him, like participating in physical education class or giving presentations. He has no career goals and has considered dropping out of school. Recently, his mother contacted his class teacher to arrange counselling for him because he broke his mobile when his father asked him to study. To add to his concerns, he is frequently compared to his younger brother who is a football player with an athletic built.

Body image is an individual's perception, thoughts and feelings about their own body. A positive or healthy body image includes being satisfied with one's body as well as being comfortable with one's appearance.

Adolescence is a period of physiological, emotional, cognitive, and social changes that lead to a greater concern for physical appearance. The physical changes that take place due to puberty create a need for forming new perceptions of this image and an increased preoccupation with this image. In early adolescence, body image concerns have long been associated with overall poor self-concept and low self-esteem.

A healthy body image in adolescence can lay the foundation for long-term physical and mental health. It plays an important role in weight control and eating behaviours. The adverse consequences of poor body image among children and adolescents indicate that these issues should be addressed in educational settings as well. A positive self-image and a strong sense of self-worth are likely to assist adolescents in becoming more content with their bodies. These are also protective factors in terms of improved mental health.

> **Let's Reflect:**
> Can you recall any student who seems preoccupied with their appearance most of the times?

Identifying the Indicators

Some indicators which can help the teachers to identify the signs of an adolescent struggling with body image are:

- **Excessive preoccupation with appearance:** Adolescents with issues of body image constantly talk about their physical appearance, engage in activities that are related to appearance like grooming, excessive exercising etc. and show unhappiness with their appearance.

- **Unusual eating behaviours:** Such adolescents may engage in eating behaviour such as restrictive eating, binge eating and then purging or excessive dieting.

- **Avoidance of social situations:** Adolescents who are dissatisfied with their body image may start avoiding social gatherings and interactions as they feel ashamed about their body/appearance.

- **Social Comparison:** These individuals are constantly comparing themselves with others, particularly peers, and feel inferior to them. They seek the validation and approval of others.

Probable Causes

Body image is a complex and multidimensional topic. The development of body image issues is a result of biological, environmental and individual factors. Some factors that can contribute to the development of body image issues in adolescents are:

- **Changes in puberty:** During the time of growth spurts, the body changes and it can lead to changes in weight or appearance. Development of secondary sexual characteristics also takes place. This may lead to an individual becoming self-conscious.

- **Media influence:** Movies, television, magazines or social media promote unrealistic body images which influence adolescents. These unrealistic beauty standards, when not achieved, result in dissatisfaction.

- **Family environment and cultural influence:** Sometimes cultural perceptions of beauty or family expectations impact the perception of body image.

- **Personal characteristics and traits:** Adolescents with traits like low self-esteem and the tendency to focus on validation by others, are more susceptible to environmental pressures and they internalize any messages related to their appearance. These people are more prone to develop dissatisfaction with body image.

Ways Teachers Can Support Adolescents with Body Image and Eating-Related Issues

It is important to note that each adolescent's experience about their body image is unique and factors like their resilience, cultural background and personal circumstances can influence their perceptions and attitudes towards their body. Teachers can play a prominent role in creating a supportive and inclusive environment that will promote self-acceptance and value the diversity in the class. Apart from this, other ways through which teachers can help adolescents are:

- Contact the student in-person and ask in a non-invasive manner. Student should be given the choice to discuss if they feel comfortable, assuring what they share will be kept confidential.

- Suggest the student to discuss their concern with any other person they can trust and seek professional support from the school counsellor.

- Use language which is body positive. Refrain from giving remarks about a student's appearance. Encourage the same in students and discuss how teasing others for appearance can impact that person's well-being.

- Create a classroom environment where students are valued, accepted and respected unconditionally irrespective of how they look, how well they score in examinations or how much they achieve in different extracurricular spheres.

- Encourage the adolescent experiencing body image related concerns to develop a skill they are good at. Teachers can help students in this identification. Being good at something helps boost confidence, makes individuals feel at ease and become less conscious about the body.

- Focus on the development of positive self-concept among students.

- Empower students to accept their own self as they are.

- Appreciate the adolescent and share they are proud of the adolescent for factors other than appearance, such as adolescents' sense of humor, efforts at school, helpfulness, etc.

Scan the QR code provided to gain tips on helping students handle body image issues

Collaboration /Liaising with Parents

Parents can also be involved if concerns related to appearance and/or eating have started impacting the student's everyday functioning and self-perception. They can be informed and suggested to consult counsellor for professional expertise and suggestions for supporting students. Teacher and counsellor can also discuss with the parent to understand the reason behind student's preoccupation with their appearance.

Few suggestions which can be given by the teacher to parent for supporting the adolescent are:

- Encouraging focus on internal factors which the adolescent can control. Child's self-worth to be enhanced by highlighting their strengths and achievements.
- Emphasizing on having a healthy body and discussing the importance of a healthy body for healthy mind.
- Comparison with peers or sibling on physical appearance should be avoided.
- Build self-worth in the adolescent, by teaching them to respect themselves for who they for are, not solely based on there physical characteristics.

Substance Use and Other Addictive Behaviours

CASE STUDY

A sixteen-year-old student has been catching the attention of his teachers due to his consistent truant behaviour in the classroom. Despite being enrolled in school, he frequently skips classes and is often absent without any valid reason. He frequently arrives late to school and does not appear presentable, with bloodshot eyes and slurred speech. During class, he has difficulty staying awake. His academic performance has been declining rapidly, and he struggles to concentrate and understand the lessons. His classmates complained that he was stealing their pocket money. Upon checking, he was found carrying a correction liquid (whitener) and cigarettes.

Substance abuse in adolescence is the excessive use/misuse of psychoactive drugs like alcohol, cigarettes or any other substances by individuals of age 12 to 18 years, which can cause physical, emotional, and social harm. It is an important social issue. Its development and consequences directly impact academic achievement, school dropout rate, violence, accidents, and disturbed interpersonal relationships with enormous physiological and psychological complications.

Let's Reflect:
Have you noticed any significant changes in a student such as excessive weight loss, poor hygiene, change in social circle and absenteeism which may suggest substance abuse?

Identifying the Indicators

It is important to identify the signs/indicators of substance abuse in adolescence so that one can provide early intervention and support to the students. Some common indicators which can be observed by the teachers are:

1. **Physical Indicators:**

   - Changes in sleeping pattern
   - Changes in eating patterns
   - Weight loss or gain
   - Poor personal hygiene
   - Unkempt appearance

2. **Behavioural Indicators:**

- Loss of interest in recreational activities
- Engaging in risky behaviour
- Changes in social circles
- Dishonest behaviour like lying or stealing
- Increased conflicts with family members

3. **Psychological and Emotional Indicators:**

- Mood swings
- Irritability
- Agitation
- Increased anxiety
- Decreased motivation

4. **Academic Indicators:**

- Reduced concentration and attention span
- A decline in academic performance
- Increased absenteeism and truancy

It is important to address the issue of substance abuse among adolescents to minimize its negative and long-lasting effects on them. If the teacher observes most of these indicators in the students, and these have significantly impacted their everyday life and spheres such as academics, play activities, social interactions and other routines, it is important to talk to the student about it.

Probable Causes

Various factors may interact with each other to develop substance abuse in adolescents. A few common factors and causes of substance abuse are:

1. *Biological factors:* Individuals with a family history of substance abuse are more susceptible to substance abuse. Certain biological factors like alteration in brain chemistry, or imbalance of neurotransmitters may also be a possible cause.

2. *Family influence:* Adolescence is a period of change requiring a lot of family support and care. Lack of family bonding, poor parenting style (either too strict, too indulging or neglectful), divorce, separation, and parental conflicts

can impact the use of substances by adolescents. A few factors which can lead students to become dependent on substances are:

- Parental use of substances or alcohol leads to easy accessibility

- Parental neglect or less involvement, lack of supervision

- Financial issues at home

3. **Peer group influence:** During this stage, adolescents are influenced by their peers and try to conform to them for social approval and acceptance. They may provide access to substances to students or glamorize the intake of substances in groups. Especially, those with low self-esteem are more prone to succumbing to the pressure.

4. **Trauma and childhood experiences:** Adolescents who have faced abuse or had any traumatic experience in the childhood are more inclined towards taking substance as a way of coping with their emotional distress or way to escape from the painful memories.

5. **Existing medical or mental health conditions:** Learning Disability, Attention Deficit, and Hyperactivity Issues, history of Conduct Issues and/or Depression make a person more prone to using substance.

Ways Teachers Can Support Adolescents with Substance Abuse

Teachers can support the student in classroom and school set-up in the following ways:

- Talk to the adolescent first and assure confidentiality.

- Suggest the student to meet the school counsellor

- Engage in active listening. Avoid shaming or blaming the student and approach the situation with empathy and understanding. Remember, there are various factors that can lead a person to use substances.

- Establish mutual trust/ rapport and engage with the family and parents.

- Encourage Peer Educators to keep talking to students regarding such issues.

- Train children to resist peer pressure through assertiveness, by explaining the nature of peer pressure and teaching students (through role-playing) skills to cope with pressure.

- Develop critical thinking among students to help them examine and analyze the media's influence on consumption.

- Start prevention activities early, before youngsters are faced with the decision to use drugs, usually between 12 and 18 years of age.

- Organize class talks on the impact of substance use on young people.

- Involve the student in a few hours of physical activities daily.

- Set goals for positive and alternative behaviour. Encourage the parents to help the student initiate a positive alternative behaviour which the student is passionate about.

- Low self-worth seems to be one predictor of substance use. Educators and counsellors should work together to restore or develop a sense of self-worth in students.

- Train students for impulse control and gratification delay techniques. Assisting young people to control and postpone satisfaction may provide them with the help they need to overcome drug and alcohol-related difficulties.

- Improve relationship skills – Adolescents who are insecure or ambivalent about peer and parental relationships may need help in developing interpersonal trust and socialization skills to initiate and maintain relationships.

Scan the QR code provided to gain tips on helping students handle substance abuse.

Collaboration /Liaising with Parents

Prevention of substance use among adolescents requires a three-pronged approach involving parents, school and community. At the school level, teachers can play a prominent role in helping adolescents struggling with substance abuse by providing support. Teachers can also be the link between parents and school counsellors by encouraging parents to seek support and coordinating with both to develop strategies to support students. Further community can also be involved by suggesting the need to school administration for community-based awareness and prevention programs.

Few suggestions which can be given by the teacher to parent are:

- Maintain an open and honest line of communication with the student.
- Educate and create awareness among the students about the risks and consequences of substance abuse, while avoiding shaming or blaming the student.
- Observe for any behavioural changes in the student or changes in their social interaction which may indicate towards substance abuse.
- Encourage and support the student's physical and emotional well-being and promote healthy coping mechanisms, stress reduction strategies and positive relationships with others.
- If the student needs support, then contact a mental health professional/school counsellor and develop a support plan tailored to students' need. This may comprise of resources, interventions, referrals etc.

3.2.7 Issues of Relationships during Adolescence

CASE STUDY

A 17-year-old girl has noticed a drastic change in her parent's attitude towards her. According to her, her parents have become overprotective, suspicious, and argue with her almost daily. Her parents do not like her meeting boys in school and keep a check on her calls and messages. As a result, she feels trapped and misunderstood. Despite her frustrations, she sometimes responds with defiance, which further intensifies the conflicts and leads to fights.

During adolescence, one learns how to form and maintain social relationships with friends, parents, caregivers, teachers, and romantic partners. As children reach adolescence, the physical, social and psychological changes take place. A new understanding of oneself occurs which may change how one perceives own self. With priorities changing and social circle widening, relationships with family and especially parents, take a back seat while peers start becoming more prominent. This change in order of priority of relationships sometimes becomes a cause of stress, especially when it is not received well by the parents and family, leading to conflicts. There is also an increasing urge to be more independent and make own decisions resulting in conflicting views. At times, quarrels with family and friends due to conflicting views can lead to stress and mental health problems in adolescents.

Adolescence & Parents

In adolescence, the focus shifts from dependence on parents towards social interactions and friendships. This may include friends from the same gender or the opposite gender. There is also increased awareness and a sense of independence, with which comes rebellion. As adolescents become more independent from their parents, they are more likely to turn to their peers for advice. Such changes that define adolescence may lead to conflict in parent-adolescent relationships on many occasions. Several factors including the nature of relationships among all family members e.g.- high levels of unresolved conflict and hostility among parents, seem to negatively influence adolescents. As they become more aware, witnessing conflict at home can hamper their sense of security.

Peer Relationships
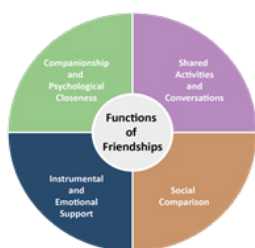
Peer relationships are important sources of affection, intimacy, reliable alliance, feelings of inclusion, and enhancement of self-worth. These relationships have been linked to both the current and future well-being of adolescents. Sometimes the pressure to fit into a group may lead to risky actions. Developing meaningful friendships can be a great source of support but the pressure to follow a group's norms can lead to significant stress. Also, not being able to form friendships leads to feelings of isolation and loneliness.

Adolescence and Romantic Relationships

In middle adolescence (ages 14-16 years), peer groups tend to be more gender-mixed. Peer groups are most often replaced by close relationships, such as one-on-one friendships that have grown in importance as the adolescent has matured and dating also begins. The relationships may be marked by intense emotions, impulsivity in actions and lack of restraint. Thus, adolescents will need emotional support to work through their sadness when a relationship does not work. These feelings of sadness and distress should be taken seriously and validated.

Let's Reflect:
How can you foster an inclusive and supportive environment that encourages healthy relationships and respectful communication among adolescent students?

Identifying the Indicators

Identifying issues related to relationships may not be possible for teachers in many instances, especially if these exist outside the school premises. However, some of the broad signs to look for include mention of conflicts with family/peers/romantic partner by the students. Teachers can also note any recent changes such as lack of focus and difficulty concentrating, feeling sad and anxious, decreased self-worth and lack of interest in activities which the adolescent enjoyed earlier. If an adolescent experiences most of these concerns for more than a few weeks and these have significantly impacted their everyday life and spheres such as academics, extracurricular activities, social interactions and other routines, it may be a cause for concern.

Ways Teachers Can Support Adolescents with Issues of Relationships

Teacher can contact the student individually and ask in a non-invasive manner. Student should be given the choice to discuss if they feel comfortable, assuring what they share will be kept confidential. Teacher can further suggest the student to discuss their concerns with any other person they can trust.

Teachers can support students in the following ways:

- Helping them understand what a mutually respectful relationship looks like by modelling respect, trust and a supportive attitude towards the students

- Encouraging peer support

- Building communication skills through opportunities for group discussion and interactions

- Creating a climate of seeking support and help, discussing and sharing emotions

- Helping students build skills like negotiation, assertiveness and resolving conflict whenever an opportunity presents itself during classroom teaching

Parents can also be involved if concerns have impacted the everyday functioning of the adolescent. They can be informed and suggested to consult school counsellor for professional expertise and suggestions for supporting their child. Additionally, teacher can suggest the following to parents:

- Foster a supportive and inclusive environment home environment, which will encourage healthy relationships.
- Take interest in the adolescent's life and set out time to talk to them daily at home.
- Educate them about the importance of healthy relationships, consent and importance of communication in relationships.
- Encourage students to express their thoughts and feelings about their relationships.

3.2.8 ## Conduct and Delinquency-Related Issues

CASE STUDY

A 16-year-old student has a habit of getting into trouble at school. He was found to be aggressive towards other peers. His classmates started getting scared of him. He likes to tease others and argue with his teachers. Sometimes, he even hits his classmates. His mother expressed concerns about him spending time every night with a group of friends, using alcohol and other drugs. They would stay out late, causing him to often miss school. At home, his parents noticed that he was stubborn and would get aggressive with his father.

Conduct issues and delinquency are behavioural problems that involve breaking major rules and societal norms. Conduct issues are characterized by severe antisocial and aggressive behaviour such as destroying property, picking fights, and mistreating animals. It frequently co- occurs with academic underachievement, Attention Deficit Hyperactivity Concerns, and substance use. The teacher must approach the presented issue from a multifaceted perspective, seasoned with utmost care and concern for the adolescent.

Let's Reflect:
Can you recall any student who exhibits aggression towards others and finds ways to break the rules?

Identifying the Indicators

Adolescence is a crucial stage of development. During this time, an individual may also get associated with risky behaviour. Recognizing the indicators for conduct and delinquency issues in adolescence is important for providing early intervention and support. Some indicators are:

- **Aggression and Violence:** Adolescent shows physical aggression in their behaviour like indulging in frequent fights, bullying and destruction of property.

- **Violation of Social Norms:** They repeatedly disobey the rules, laws and norms of society and are involved in activities like engaging in theft in school and home, damaging car's windows, or deflating tires, etc.

- **Lack of empathy:** These individuals disregard the rights and feelings of others and show little remorse when they hurt them.

- **Academic problems and truancy:** They are irregular in classes which impacts their academic performance and their engagement in class and school activities is also minimum.

- **Disruptive behaviour:** Their behaviour towards authority figures is defiant, or argumentative.

- **Substance abuse:** The student is involved in the use of problematic substances such as drugs, alcohol, sedative syrups, whitener, etc.

It is important to understand that an adolescent can occasionally be argumentative or disobey and may not be associated with conduct and delinquency issues. However, if the indicators are persistent and severe and are interfering with their daily functioning then it is important that the student seek support from a school counsellor.

Probable Causes

There are numerous factors which lead to conduct and delinquency issues in adolescents. All the factors are interconnected and interact with each other leading to a complex situation. Some common causes are:

- **Family and School Environment:** Adolescents' behaviour also depends on the environment around them at home. A family environment that includes inadequate parenting styles (harsh and punitive parenting, excessive use of physical punishment), inadequate attachment styles due to neglect, trauma, and abuse, excessive drug abuse by parents, uncordial family environment, financial instability, exposure to violence, lack of adequate peer or adult supervision, etc. may act as a risk factor. Apart from this, being bullied in the school in the initial years can also be one of the factors for such behaviour.

- **Peer Influence:** During this stage, adolescents have the need to feel accepted among their peers and their behaviour is highly influenced by them. Thus, often in the process of becoming a part of the group, they conform with peers having problematic habits and indulge in risky behaviour.

- **Media and Culture:** Television, social media, or movies often glorify aggressive behaviours which influence the attitudes of the young population, and they feel that doing so will make them popular in class.

- **Brain Functioning:** Researches in the biological and scientific field also indicate that children and teens with conduct disorder seem to have an impairment in the frontal lobe of the brain which interferes with their ability to plan, avoid harm, and learn from negative experiences.

Ways Teachers Can Support Mental Health Concerns in Children with Behaviour and Conduct-Related Issues

Teachers can support the student in the classroom and school set-up by:

- Establishing rapport with the adolescent and promoting a warm, respectful and caring environment in the classroom.

- Identifying and avoiding triggers by avoiding arguments.

- Setting an adequate example before the student in how they manage anger, solve frustrating situations, or show respect to authority figures. The teacher can prove to be a protective factor and the most significant role model as positive attributes can be learned by the adolescent.

- Establishing non-negotiable rules in the classroom. The rule should be impersonal e.g., 'Rule is that notebooks are put back after the work is finished' rather than 'You must put the copies back before you go for sports'.

- Using language carefully. Statements such as "You should", and "You must" implying giving orders can be avoided.

Collaboration /Liaising with Parents

The best way to support an adolescent with conduct and delinquency-related issues is to adapt a collaborative approach involving family, school and community. If a teacher notices such indicators in the student, they should discuss them with the parent and suggest them to consult the school counsellor for further support. Additionally, teachers can also reach out to school administration to inform them about the need to develop a comprehensive approach of support involving parents, other family members, school counsellors, and the community.

3.2.9 Problematic Internet Use (PIU)

CASE STUDY

Parents of a class 9th student were contacted by the teachers due to his lack of attention in class and deteriorating grades. His mother informed them that he spends most of his time at home on the desktop, playing online games. Whenever his parents try to limit his screen time, he becomes angry and defensive. They also reported that he is quick to share personal information with strangers online. They are concerned about the negative impact of this behaviour on his academics and other spheres, such as playing outdoor games and interacting with friends in person.

Adolescents are increasingly using the internet for communication, education, entertainment, shopping, and other purposes in varying degrees. Given their vulnerable age, they can become prone to internet addiction. Problematic

Internet Use (PIU)/internet addiction/compulsive internet use have been used to refer to patterns of problematic behaviour associated with internet use. It is associated with excessive use of internet which interferes with the daily functioning, work or academics. Gaming addiction, addiction to social media sites, chatting addiction, etc. are some of the common issues being faced by adolescents today.

The COVID-19 pandemic required shifting to online mode of teaching-learning and schooling for continuing education along with social interactions. However, it also resulted in increased screen time. Most friendships are now being maintained virtually, and social networking sites are used to express any emotion and cope with what one is going through. Adolescents are now using the internet to shop or buy access to online games, thereby using credit cards and engaging in online financial transactions, which makes them vulnerable to suspicious online transactions and activities. PIU can affect various life domains, including concerns related to health due to lack of physical activity, social relationships being limited to online interactions leading to limited in-person interactions and reduced social support and decrease in academic performance due to increased time online. The satisfaction with life and overall sense of well-being is also observed to be lower in adolescents involved in problematic internet use.

Let's Reflect:

Have you noticed any patterns of procrastination in students, such as submitting assignment late, incomplete assignments, deteriorating academic performance and excuses to miss class, that may be linked to excessive internet use?

Identifying the Indicators

When an individual uses internet to the extent that it starts affecting their everyday activities, it becomes a problem which needs to be addressed. A few indicators which will help the teachers to recognize this concern in the students and help them are:

- **Excessive time online:** The adolescent is spending excessive time on the internet and spends less time with friends or family. They hardly show any interest in going to play outside or going out with friends. At school, student tries to carry phone and use it during classes and does not go out for playing and extracurriculars, finds excuses to stay in class.

- **Preoccupation with the Internet:** The student is constantly thinking about being online or planning what they will do during the time online. In school, the student is preoccupied with trying to get access to internet.

- **Physical symptoms:** Experience of headache, neck pain, vision problems, disturbed eating and sleeping patterns, not being able to devote enough time for self-care activities, etc. can be observed.

- **Academic performance:** The student's academic performance is impacted. They will have issues like lack of concentration, procrastination, unable to prioritize time and difficulty following everyday routines.

- **Interactions with peers and family:** As the individual is spending increased time in online interaction often, they spend little time with their families and friend offline. This results in reduced circle of friends.

Although the internet is a great source of knowledge, its extensive content can also be a cause of concern for adolescents. It is essential to recognize that along with the useful information, harmful influences such as violent videos and unrealistic body image standards are also accessible, which can pose risks to young minds. Adolescents tend to focus on the positive aspects of the internet, often unaware of the potential risks they may encounter. Consequently, they may become targets of cyberbullying or fall victim to privacy breaches involving their confidential information. Responsible and cautious internet use is crucial. If most of these indicators are observed in a child for more than a few weeks, it may be because of problematic internet use.

Probable Causes

Though there is a varied set of antecedents, below are some of the most important factors that may prove to be the most contributing:

- **Immediate gratification:** Self-doubt, lack of belief in one's own capabilities and low self-confidence often draw individuals to behaviours that offer short-term gratification such as social media appreciation, online shopping, winning games etc. The individual often returns to these behaviours for sense of gratification.

- **Availability and accessibility:** The internet is easily accessible to students these days. Unsupervised access and curiosity to explore, along with peer influence can promote problematic use.

- **Reinforcements:** A range of online activities can be highly engaging and rewarding for the students like online gaming, social media or gambling. These activities provide reinforcement in the forms of social validation, virtual rewards, and confidence to deal with people online. These can lead to the development of problematic internet use.

- **Social factors:** Peer pressure can lead to the development of problematic internet use, as the individual might conform with their friends to do certain activities online like gambling. Apart from that another factor can be parental neglect and dysfunctional family environment.

Ways Teachers Can Support Children with Problematic Internet Use

If the teacher observes indicators of problematic internet use among students, they can contact the student individually and ask in a non-invasive manner. Further, the student can be suggested to discuss their concern with a trusted adult and seek professional support from school counsellor. Some of the ways teacher can support student with PIU in school are:

- Encourage student for developing skills in an area they have interest in e.g. a sports, writing, painting etc. This will require the adolescent's daily effort and thus curb the time of internet usage. Formation of various clubs such as literary club, drama club, arts club, sports club etc can be suggested and students encouraged to participate in it.

- Promote knowledge related to consent and privacy. The teacher can explain the dangers of excessive internet usage or involvement in the virtual world by incorporating in lesson plans wherever possible, without singling out the student in front of the class. Some real-world cases may also be discussed.

- Encourage more group activities and participation in creative, exploratory and exciting physical activities to help students spend more time with people around them and less time on the Internet.

<div style="text-align:center">

Collaboration /Liaising with Parents

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A teacher can ask the parent about possible reasons and try to understand the cause (such as a child being lonely most of the time, or peer influence). This will help in taking the necessary steps for support such as encouraging peer relationships if child feels lonely or positive peer influence. Additionally, the teacher can involve the counsellor and school administration and share the need for awareness programs. However, it is important that parents and teachers practice avoiding excessive internet and gadget use in front of adolescents, to set an example for them.

A teacher can also discuss with parents and help parents in providing adequate support to their child by suggesting them the following for home:

- Forming a routine: A schedule can be fixed for activities across the day, with a fixed time for all activities such as homework, outdoor activities, hobbies and using internet/playing online games. Instead of stopping the child from using internet, which might promote behavioural issues, the time of use can be limited. E.g.-half an hour, preferably after completion of homework, assignments and outdoor activities, with parental supervision of what is being accessed.
- Parental Control: The parents can use parental control or filter software in web browser to restrict the access of inappropriate content.
- Creating awareness about online risks: Discussing the result of excessive or problematic internet use with adolescents.
- Encouraging healthy habits: Building and encouraging healthy habits such as reading and participation in extracurricular activities.

3.2.10. **Dealing with Trauma and Loss**

CASE STUDY

A class IX student lost his father in the COVID-19 pandemic. It has been a year, but he is unable to sleep for more than four hours a day and shows little interest in interacting with his mother, sister, or peers. He frequently cries and expresses disinterest in attending school. When he does attend school, he appears demotivated in class, often looking lost and absent-mindedly scribbling his father's name on his books. He refuses to participate in his favourite sport, and his academic performance has significantly declined.

Grieving after a loss or while navigating traumatic life events is a universal and natural aspect of human existence. Like adults, adolescents also experience loss, grief and trauma. Over time, the intensity of grief and pain tends to decrease, and life gradually returns to a semblance of its previous course. However, when grief becomes prolonged and severe, it can lead to mental health concerns such as anxiety and depression. A person may feel anger, loneliness, guilt and helplessness. It may also impact everyday routine such as sleep, appetite and self-care and the ability to think rationally and focus on tasks.

Identifying the Indicators

As a teacher, assessing the depth and nature of adolescent's emotions can be difficult, especially because they are reluctant to show intense emotions to others who are not very close to them. They can also be difficult to reach, particularly when going through a grieving phase. Teachers can seek the help of peers who are close to the student to get to know their situation better. Some of the indicators that teachers can look out for are:

- Persistent sadness
- Preoccupation with the loss that has occured
- Loss of interest/pleasure in usual activities and interactions with peers
- Feeling of helplessness and hopelessness
- Episodes of fear, tension, or anxiety
- Frequent emotional outbursts of shouting, disrespecting, complaining or unexplained irritability
- Emotional vulnerability (cries easily), frequent bouts of crying.
- Excessive feelings of guilt and/or inappropriate self-blame
- A sudden drop in academic performance
- Changes in sleep (as observed through recent instances of feeling drowsy or sleepy in class) and eating patterns (sudden weight loss)
- Fatigue
- Self-harm behaviour

When the signs prolong and adversely affect the adolescent's ability to take part in everyday activities, they may be experiencing grief. If an adolescent experiences most of these concerns continuously for more than a few months, and these have significantly impacted their everyday life and spheres such as academics, extracurricular activities, social interactions, and other routines, then it is important to talk to the student about it.

Probable Causes

- Going through a major traumatic event such as abuse of any kind, bullying, violence, natural calamity, life-threatening illness, loss of a loved one, or war.

- If the loss was sudden and uncontrollable, it can be more shocking to the adolescent.

- In some cases, having pre-existing mental health concerns like depression and anxiety make it difficult to cope with grief.

Ways Teachers Can Support Adolescents Experiencing Trauma and Grief

Teacher can contact the student individually and ask in a non-invasive manner. Students should be given the choice to discuss if they feel comfortable, assuring what they share will be kept confidential. Teacher can further suggest the student to discuss what they are going through with the school counsellor. Parents can be informed and suggested to consult school counsellor for professional expertise and suggestions for supporting students.

Scan the QR code provided to gain information on strategies to cope with grief.

- Avoid pressurizing the adolescent to talk about the loss or trauma. They may be struggling to talk about it as often talking about such memories seems like reliving them.

- Create routines and predictability to help students feel secure.

- Remain accepting of the varied mood states one may go through.

- Avoid making such comments as "Now he/she is in a better place", "you will get over it", etc.

- Encourage the student to participate in extracurricular activities but avoid pressure to participate.

- Whenever possible encourage discussion of thoughts, feelings and experiences in the classroom.

- Promote peer support among students and especially for a student who may be going through a difficult time.

- Do not pressurize for academic output. Keeping in view the situation adolescent is going through, support them academically wherever possible.

Collaboration /Liaising with Parents

To support a student dealing with grief, parents and teacher can work together in a compassionate and coordinated manner. This will lead to creating a strong support system for the student that will promote healing, resilience and overall well-being in them. If concerns have impacted the everyday functioning of the students to a great extent, teachers can inform parents and suggest them to consult school counsellor for professional expertise and suggestions for supporting students.

Teacher can suggest parents to:

- Create a safe, supportive and nurturing environment at home.
- Encourage the child to express and share their feelings but don't pressurize them to do so.
- Maintain a compassionate and non-judgemental approach when communicating with the child.

3.2.11. Mental Health Concerns Related to Gender Identity

CASE STUDY

An eighth-grade student shared with the teacher that he wants to be a girl and wants to shop for girls' clothes for himself. He even mentioned researching gender transition surgeries online. He faces teasing and ridicule from some of his classmates who don't understand his feelings. This bullying has taken a toll on his self-esteem and emotional well-being. He often feels isolated and finds it difficult to connect with his peers, fearing judgment and rejection. The teacher was unsure how to respond and felt concerned about his well-being.

Adolescence is an important period of identity formation. Identity is influenced by various psychosocial factors such as interpersonal relationships, the influence of immediate environment, culture and different events throughout the life course. Gender identity refers to an individual's sense of who they are and how they see and describe themselves, which sometimes does not align with the biological sex they were born with.

In some instances, adolescents may feel unease or dissatisfaction if their gender identity differs from the sex they were born with, sometimes to the extent of experiencing depression and anxiety because of it. It can also lead to low self-esteem and social isolation. It has also been seen that due to isolation and not fitting into societal concepts, adolescents identifying as transgender appear to be at a higher risk of being bullied. The social support is also considerably less and may lead to great distress.

Let's Reflect:
Are there any support systems or resources available within the school to assist students in understanding and navigating issues related to gender identity?

Identifying the Indicators

The feeling that one's gender identity is different from the sex assigned at birth may give rise to the desire to live in a way that is in line with how the individual identifies themselves. On some occasions this desire, especially when not being fulfilled, may lead to frustration and cause mental health concerns over a prolonged period. A teacher interacts with the students across school hours, where they see the student with their peers in formal setups like classroom as well as informal setups such as playground. This gives them the opportunity to observe if a student is experiencing any distress due to how they identify themselves.

If a student has a strong desire to be treated and accepted as the other gender (different from the biological sex they were assigned at birth) and are convinced of having feelings and reactions typical of the other gender, the teachers may look for the following indicators to see if they are in distress:

- Feel a sense of discomfort or a sense of inappropriateness with one's anatomical sex.

- Have low self-esteem

- Have become withdrawn or socially isolated

- Seem worried or anxious mostly

- Feel sad, fatigued

- Face difficulty concentrating, affecting their academic sphere

Ways Teachers Can Support Adolescents Experiencing Mental Health Concerns Related to Gender Identity

If teacher notices most of the indicators mentioned in the above section, they can contact the student individually and ask in a non-invasive manner. Student should be given the choice to discuss if they feel comfortable, assuring what they share will be kept confidential. Teacher can further suggest the student to meet school counsellor to seek professional support.

Teacher can ensure the following towards extending support in the classroom:

- Respect the choices about gender.

- Practice and encourage gender sensitivity among students through classroom discussions, whenever possible during teaching. E.g., talking about respecting gender choices while teaching a similar topic on choices or respect. Teachers can also involve school counsellor for conducting such activities.

- Use language that is respectful and inclusive for all genders.

- Encourage peer support through group activities such as teamwork for tasks, to ensure no student is left alone.

Collaboration /Liaising with Parents

If the student seems impacted to an extent that their academic, interpersonal, and extracurricular spheres are getting affected, parents can also be informed about it after taking the student's consent. It may be noted that sometimes parents are not aware of their child's gender identity and in such situations, they can be suggested to consult the school counsellor for further support in understanding and supporting their child better.

Additionally, teachers can give suggestions to the school administration for conducting gender sensitization activities at the school level. Families of students and the community can also be involved in such awareness drives to together create a conducive and enabling environment for the students.

Reflection Box

- Mental Health issues directly or indirectly affect us all. While going through this section, which concerns described here have you most commonly noticed?
- Which mental health concerns have you gained the most knowledge about?
- Which issues do you think you need to understand better?
- List the ways in which you and the school can work together on the various issues described in this section.

Scan the QR code to access to life skills manual for Adolescence Gender, Sexuality and Relationships

3.3. Emotional and Behavioural Emergencies in School

Emotional and Behavioural Emergencies are situations where there is imminent danger to the well-being of self or others. These often result in the individual developing mental health concerns. Mental health services embedded within the school systems can create a continuum of integrated care of effective educational attainment for children. To strengthen this for optimum child development, an emergency response system is necessary for mental health and well-being. There is an estimated increase in emergencies related to the psychosocial well-being of the students during the past few years, especially during pandemic times. Hence, it is imperative to foster emotional and behavioural safety during these crucial formative years of schooling. The first step is to identify potential emergencies and be prepared for necessary interventions.

This section covers child abuse (physical, verbal and sexual), self-harm and suicidal behaviour. It encompasses the examination of indicators and risk factors linked to these emergencies, along with providing recommendations on how educators can offer support to students. The significance of early intervention through collaboration among different stakeholders, including parents, teachers, mental health professional, community and peers is also elaborated towards addressing these concerns effectively. By cultivating a supportive atmosphere, adolescents can be assisted in overcoming concerns to their mental health and well-being.

3.3.1

Child Sexual Abuse

CASE STUDY

The mother of a grade three boy has approached his class teacher to discuss about her son, who has become quieter suddenly. He has started wetting his bed again, something he had not done in the past few years. She also noticed a bruise on his forearm, which she thought was due to fight with a classmate, but her son refuses to speak anything and starts crying. He has also become clingy and does not want to go to school. The teacher added that he does not focus well these days and does not want to go out of the classroom, even for playing in the playground. Further enquiry and sessions of child with school counsellor revealed inappropriate touching and hitting by a senior student.

A girl from 9th grade, studying in a residential boarding school, refused to go back home during the summer break. She often seems angry for no specific reason and gets irritated when asked to go back to home during vacations. Teacher has noticed a dip in her performance in academics and she seems to have lost focus. On being asked the reason, she informed the teacher that she is scared of an uncle who visits her house daily. The teacher probed further and it was revealed that he has been touching her inappropriately which makes her uncomfortable. She tried telling her mother but fears she will not believe her as the uncle is loved by all at home. She also feels her family may think she must have done something for this to happen.

Child sexual abuse occurs when a child is used for sexual gratification by an adolescent (above age 16) or adult.

Child sexual abuse includes any of the following:

- An adult exposing their genitals or touching the child's genitals and persuading the child to do the same
- An adult involving the child in pornography
- An adult having oral/vaginal intercourse with the child
- Adult making any verbal or other sexual suggestion to a child
- Adult inserting foreign objects into a child's body for their sexual gratification

Being sexually abused leaves a lasting impact on the child's development, especially in the areas related to socio-emotional functioning. This increases the possibility of the child experiencing difficulties in forming social relations and developing trust and may also lead to experiencing mental health concerns such as depression, anxiety or symptoms that are often experienced post a traumatic event. They are also prone to developing behaviours that are sexualized and sometimes aggressive. In many cases, these concerns carry over into adulthood, impacting overall well-being.

Let's Reflect:
As a teacher, if you come across a child who is experiencing abuse, who would you report it to?

Identifying the Indicators

- Child sexual abuse is a combination of sexual, emotional, and physical abuse. The child who is a victim of abuse may show a cluster of physical, cognitive and behavioural, and emotional changes, from the ones listed below:

PHYSICAL	BEHAVIOURAL AND COGNITIVE	EMOTIONAL
- Bite marks, unusual bruises - Burns, injuries like swellings on the face - Disturbance in sleep and speech - Complaints of pain upon movement or contact - Bedwetting - Continuous loose motions and passing stools on bed - Recurrent abdominal pain - Irritation in the throat, anal and genital areas - Sexually transmitted diseases - Masturbation - Genital, urethral or anal trauma - Pregnancy	- Avoids physical contact with others - Avoids certain adults or places - Difficulty getting along with others, mostly passive, hesitant and withdrawn - Purposefully conceals injury or marks by clothing i.e., long sleeves - Poor concentration in school - Fears and Phobias - Flashbacks and repetitive thoughts about trauma - Temper tantrums, aggression in adolescents - Attempting to physically hurt oneself - Constant rubbing of body parts against objects - Substance abuse - Sexual exploration and abuse of other	- Apprehension, persistent sadness, or anxiety - Fear of coming close to people, may exhibit fear of a particular person, who is mostly the abuser. - A deep sense of isolation - Frequent emotional outbursts such as crying

Probable Causes

A. Child Related

- Emotionally vulnerable child

- Child with a disability which makes them dependent on others for care

- Absence of supervision of a trusted caregiver

B. Parent Related

- Lack of communication with the child

- Poor parenting skills which leave child emotionally vulnerable

- Insecure and violent household environment
- Trusting the care of child with adults who may not necessarily be trustworthy or giving such people access to the house.
- History of physical or sexual abuse or any mental health concerns

C. Community Related:

- Increased crime rate and unsafe living environment
- Lack of awareness about abuse

Ways Teachers Can Support a Student Impacted by Sexual Abuse

If teacher notices most of the indicators mentioned in the above section, it may point at the student having been subjected to sexual abuse. Teacher should immediately contact the student individually in a private space and ask in a non-invasive manner. Student should be given the choice to discuss if they feel comfortable, assuring what they share will be kept confidential. Additionally, student can be encouraged to talk about it to any other adult they trust. In such situation, the teacher should immediately approach the school administration with concern and share details. It is extremely important that the parents or caregiver/guardian be informed immediately if it is suspected that the child is at risk or has been at risk of sexual abuse. The school administration should involve the school counsellor and provide psychological support to the child and their family if required.

In the classroom setup, teachers can support students in preventing sexual abuse by the following ways:

1. Explain "Good Touch and Bad Touch" in classroom whenever possible and encourage following safe touch

2. Help students understand it is okay to say 'no' when something is not correct or they feel uncomfortable, even in classroom and other context in life.

3. For smaller children, teach them not to go near strangers or get friendly with them, even if they offer gifts or chocolates. This can be done through stories.

4. Encourage students to reach out to you or any other trusted adult and share about any incidents they felt unsafe in.

5. Equip students with emergency telephone numbers/help-line numbers.

6. Establish an open atmosphere at school that encourages children to trust and disclose anything.

7. Ensure no strangers/suspects are in and around your classroom premises.

8. Build assertiveness in students through opportunities such as group discussions where they assert themselves without putting anyone down.

9. Generate peer support and encourage involvement in activities the student enjoyed. However, do not pressurize the student to participate.

10. Routine inquiry about childhood sexual abuse should be conducted in an open- ended, non-judgmental, and straight-forward manner. Student may be asked the following questions in case of suspicion of abuse:

    - **Non-Specific-** 'What is your best or worst childhood memory?

    - **Indirect**- Have you ever been touched in a way that felt uncomfortable, embarrassing, frightening to you?

    - **Direct-** Has anyone ever hurt you or touched you inappropriately.

Collaboration /Liaising with Parents

In case a student has been sexually abused or such attempts have been made towards them, the teacher can contact parent after informing the school administration. Together with the parent and the counsellor, teacher can plan the best way to support the child. Additionally, the teacher can suggest the following to the parents:

- Encourage the child to reach out and seek help from parents when in a situation concerning their safety and well-being.

- Open channels of communication with children and make yourself available to talk to them regularly. Do not dissuade them by not believing what they share, try to find the truth.

- Be empathetic and understand child's physical and emotional state.

- Avoid assuming and avoid asking leading questions.

- Create a warm supportive environment to support the child as they try to overcome the traumatic experience.

- Observe the child for any physical signs or bruises. Pay attention to body language and even silence.
- In simple language, initiate the child's understanding of his/her own body and explain inappropriate touching to the child without misleading him.

Teacher can suggest the need for and encourage awareness and preventive programs in the schools for students, staff, and parents as well as the community at large.

3.3.1 Self-Harm and Suicidal Behaviour

CASE STUDY

A student has expressed concerns about a fellow classmate's well-being, having heard her say things like 'It is better to put an end to the life and its problems' and 'There is no point in living'. The classmate being mentioned is a fourteen-year-old girl who failed in her pre-board examinations. She frequently skips class and cries in the washroom for extended periods. She sits alone and appears withdrawn from her friends. Her teachers have often found her staring into empty space, showing little attentiveness to the lessons being taught. Additionally, her appearance has become neglected, as she dresses inadequately and her hair appears uncombed.

Self-harm refers to a deliberate injury to self like physical harm without suicidal intent. It can also be described as non-suicidal self-injury. Common methods of self-harm are biting, scratching, pinching, burning, head banging and hair-pulling. Suicidal behaviours refer to the range of actions, thoughts and intention of taking one's own life. In children and adolescents, suicidal behaviour can be differentiated from other forms of self-injury by the presence of intent to suicide.

Any individual attempting self-harm or suicide is going through difficult life circumstances which they find unmanageable. Thus, individual is going through emotional and mental turmoil where their own ability to deal with situation seems exhausted. Suicide seems like the only available option to relieve them of the pain. In such situations early identification along with effective management and prevention can be helpful. The teachers and school counsellors can play a role in all three areas.

Identifying the Indicators

Self-Harm:

Early identification of indicators for self-harming behaviour in students can help in providing help and will also ensure their safety. Few common indicators that can be observed are:

- Unexplained injuries like bruises, scratches, presence of cuts or burns etc. on thighs, arms or wrist where they can easily hide

- Keeping sharp objects nearby

- Social isolation or withdrawal where the student does not like to interact with anyone else and likes to spend time alone

- Emotional instability can be observed in abrupt mood swings or irritability or crying inconsolably without any reason

- Signs of distress or hopelessness can be observed in the individual's indirect or direct statements where they mention running away to escape from this emotional pain

- Change in sleeping and eating pattern

- Low self-esteem, low motivation to engage in any task

- Secretive behaviour like the individual may start spending a lot of time in school washroom or any other empty place and avoid discussion about what they were doing there

It is important to note that these indicators may vary from person to person and not everyone harming own self will depict these indicators or vice-versa. All individuals who attempt self-harm need to be assessed for suicide risk. This behaviour cannot be overlooked.

Suicide:

A few indicators for adolescents with suicidal tendencies are:

1. **Verbal Cues:**

- Express their desire to die by talking about suicide, wishing to end their life, expressing feelings of helplessness
- Express that they are a burden to others
- Joke about dying or suicide quite often

2. **Behavioural cues:**

- Withdraw from social activities and avoid friends and families
- Indulge in risky or self-destructive behaviour like walking carelessly in streets
- Change in sleeping and eating patterns.
- Excessive use of substance

3. **Emotional Cues:**

- Extreme mood swings
- Feeling of guilt and shame
- Persistent despair
- Feeling of hopeless about future

BIOLOGICAL	PSYCHOLOGICAL	SOCIAL
Family history of self-harm	Impulsivity, frustration and low tolerance	Family related such as family conflict, parental or marital discord, domestic violence, abuse of any kind, financial difficulties in family
Parental history of depression, and/or substance use	Identity and self-esteem issues like struggle with body image, low self-worth, low self-esteem	Poor social support, neglectful or overprotective parenting, loss of a parent, lack of friends
	Maladaptive coping mechanisms to deal with various emotional turmoils.	Peer conflicts, peer pressure, relationship issues, bullying at school
	Early childhood trauma/ abuse	Experiencing prejudice and discrimination
	Mental health concerns- such as adjustment issues, depression, anxiety or substance use behaviour.	Academic difficulties and pressure to perform

? Probable Causes

Protective Factors:

It is important to know that there are a few factors that may be protective against suicidal behaviour even in a vulnerable adolescent. These are focus areas that should be strengthened to reduce the risk of suicide. Some of these include:

- *Supportive relationships:* Having positive relationships with family, friends, and teachers can lead to strong emotional support and a sense of belonging towards them. This will reduce the chances of student involving in self-harm behaviours.

- *Healthy coping mechanism:* Developing healthy ways of coping during stressful situations like meditation, painting, and going for walks act as coping mechanisms. When the individual is able to deal with their emotions effectively, they will not resort to harming themselves.

- *Positive School Environment:* A warm, nurturing and supportive school environment helps students feel comfortable and secure. Creating awareness about various mental health issues and providing an open channel for the students to approach the teachers and school counsellor if they need them also prove to be important. There should also be a counsellor available for the students if a child wants to seek professional support.

- *Problem-solving skills:* Problem-solving skills in students help them to effectively deal with challenging situations and navigate through them.

Ways Teachers Can Support Students Exhibiting Self-Harming or Suicidal Intent

If the teacher observes indicators for self-harm or suicide, they should contact the student individually and ask in a non-invasive manner. Student should be given the choice to discuss if they feel comfortable, assuring what they share will be kept confidential. Teacher should encourage the student to meet school counsellor to seek professional support and inform them that their parents and school administration will be informed. Parents and counsellor need to be involved immediately. Parent can be informed and suggested to consult school counsellor for

professional expertise and suggestions for supporting student. If the teacher or counsellor feels that there is a risk of self-harm or suicide, then immediate referral to a mental health professional is warranted. Teacher can consider the following:

- Notice when a student appears to be low or sad.
- Listen to student's words, but also to what is being communicated through facial expressions, actions and gestures.
- Emotional literacy may enable young people to learn the vocabulary and skills to express difficult and intense feelings.
- Take care of students who may be more vulnerable due to particular circumstances, such as the family history of suicide, mental health issues affecting children/adolescents, or any recent incident which has left them emotionally vulnerable.
- Make time to listen to the student and try to understand.
- Recognize that self-harm is rarely attention-seeking or an attempt to manipulate others.
- Use the school curriculum to explore many of the issues surrounding self-harm in ways that help children/adolescents understand self-harm and what causes it, and suggest ways in which they can cope in more positive and less destructive ways.
- Build a school climate that is open, caring, and supportive.
- Encourage peer support.
- Encourage students to tell the teacher/parents, if they know that a student in the class is engaging in self-harm.
- Reassure them that there is help and they will not feel like this forever
- Guide parents to seek help from mental health professionals as soon as possible.
- Treat the student's problems with care and treat all suicide threats as serious, no talk of suicide should be dismissed as attention-seeking or taken lightly.

To know more about what you can do to support students at risk of suicide, scan the QR code.
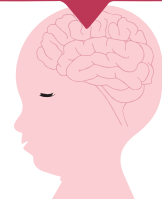
The above-mentioned specified emotional and behavioural emergencies require a comprehensive and balanced approach to school safety that includes all school personnel, parents, and students. The key to school safety is creating a climate where close supportive relationships are developed between all school personnel and students. The plans for crisis planning must be continually evolving. The whole-school approach is paramount in preventing emotional and behavioural emergencies in students.

Collaboration /Liaising with Parents

In case of self-harm, the teacher can contact parent and the school counsellor to discuss and plan the best way to support the child. A collaborative and empathetic approach from teachers, parents and counsellor is required to support a child engaging in self-harm.

Few suggestions for parents are:

- Foster a safe, empathetic and non-judgemental environment at home where the child feels comfortable to talk and share their emotions.
- Remove all sharp objects or materials that can be used for harming oneself.
- Avoid assuming and avoid asking leading questions.
- Promote health coping mechanisms like journaling, creative outlets like painting, practing yoga or mediation.
- Encourage child to pursue their hobbies and support them throughout.
- Pay attention to body language and facial expressions.

Teacher can suggest the need for and encourage awareness and preventive programs in the schools for students, staff, and parents as well as the community at large.

A Word of Caution

- Severe distress and exposure to traumatic events can lead to various harmful outcomes, including self-harm and suicidal behaviours.
- Children and adolescents who have emotional and behavioural emergencies require immediate support and crisis intervention.
- Failure to address mental health and psychosocial issues stalls a child's development and bars them from opportunities to participate meaningfully in society.
- Therefore, access to mental health services in schools and society is paramount and the need of the hour is to prevent emotional and behavioural emergencies in children and adolescents.

EARLY IDENTIFICATION

CHAPTER 4

EARLY IDENTIFICATION: PLAN FOR FOLLOW UP

After a child has been identified as at-risk, the first step should be to take the child under supervision and care of class teacher. Following this the teacher should share the detailed information about observed indicators of the student with the school head. Further, sharing and discussing of these details with counsellor after due approval from school head should be made mandatory. The counsellor with the help of standardized procedure assesses the at-risk behavior of the student and on the basis of the assessment, discusses with school head and on consultation develop a plan for further referral/care/follow up of the at-risk student. Depending on the need of the case the counsellor and school head to involve experts from the community/ parents/ peer group/ SMC members/Community etc. During the course of providing help and care for identified at-risk behavior the stakeholders in the school be sensitized towards such children so that they can in their own small ways, assist in the process of helping the child and their family. At all stages it should be ensured that the identified students and their family members are not stigmastised at any level. Follow up also needs to be made part of the process of providing continued support to avoid relapse of such situations.

Growing globalization, urbanization and technological developments have an impact on the mental health of growing children and contribute to increased morbidity and mortality. It is, therefore, a priority to identify the students at-risk early on and provide effective support through multi-stakeholder collaborations to improve students' well-being. The section re-emphasizes the importance of a whole community of people providing care and interactions with children as agents in their development as healthy and resilient individuals. Hence, there is a need to involve significant others such as family members, friends and community members whose engagement with the upbringing of the child is proven to have a positive impact.

Parental involvement in the form of 'at-home good parenting' has the most significant positive effect on children, making partnering with parents imperative. During initiation of partnering, the communication with parents needs to be positively toned so as not to threaten them or demotivate them. Further parent-teacher-counsellor-student collaboration on regular basis to ensure the well-being of the student is also crucial. Counsellors can hold sessions for awareness workshops virtually for parents, so that all parents can attend.

> "It takes a village to raise a child"
> African Proverb

Community

With the shift from joint to nuclear families, the role of community has expanded. Community now needs to play a very active role in observing, monitoring and mentoring of the child in every way. Therefore, its influence on the mental health and dealing with at-risk students cannot be undermined. The involvement has to be at all levels: peripheral (keeping a keen observation on at-risk children), secondary (reporting and liaison with caregivers) and primary (caring and safety of at-risk children). Community can participate by involving in the functioning of schools like the SMCs etc. and also by members volunteering their expertise time and other resources for the support and care of at-risk children.

Volunteers

Volunteers need to be motivated to join the school or district committee (e.g., wellness committee) that sets the policies for health and wellness. Some points to be kept in mind are:

- Schools should make all efforts to call for volunteers and leaders in the community to contribute towards mental health.
- Their active engagement in school activities and plans like yoga class, spirituality, ethics and life skills and to reinforce healthy messages and practice.

Organisation as part of the community can also function as stakeholders in the larger plan to achieve healthy and productive citizenry. The following figure represents the key players and stakeholders including organisations in the community that are crucial in the child's journey of mental health.

Key Stakeholders:

Government Organisations and Resources
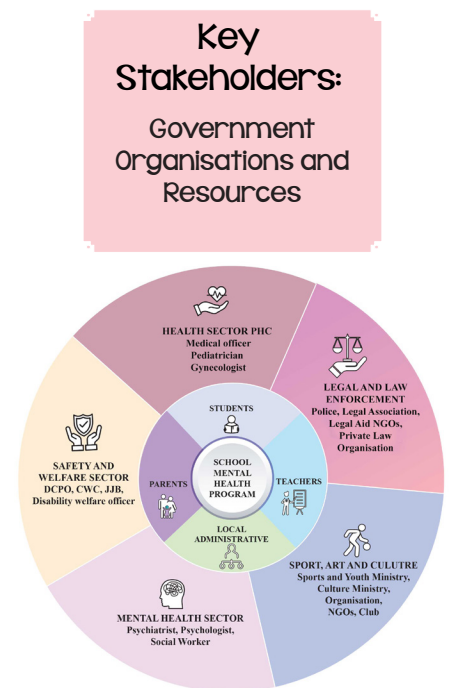
EARLY IDENTIFICATION

ANNEXURES

The Operating Model for Identification of Mental Health Issues

Identification of the Child by Teacher

⬇

Informal Observation and Screening

⬇

Interaction with Counselor andParents

⬇

Comprehensive Psycho-social, Emotional &Educational Assessment

⬇

Development of Individualized Educational and Management Plan based on:

⬇

Transaction and implementation of the processes and techniques of the Plan by the Teacher and Counselor

⬇

An adequate follow-up to ensure mental health & wellbeing of the child with consistent and uniform progress

⬇

Periodic feedback and interactions with Teachers, Counselors, and Parents to staying motivated

⬇

Refer to Mental Health Professional if needed
(When the goal is not met)

Activity-1: Reflecting on Adolescence and the Growing Up Process

OBJECTIVES OF THE ACTIVITY   **Time: 40-45 minutes**

STUDENTS WILL:
- Understand changes during adolescence.
- Appreciate the feelings associated with growing up.

MATERIALS
- Chart paper, pens, markers, magazines, glue stick, board, chalk.
- Prepare slides to be displayed in the activity.

PROCESS

1. Peer Educators divide the students into seven groups and ask them to discuss on the following topics-

   "Physical changes during adolescence", "social changes during adolescence", "emotional

   changes during adolescence", "areas of concern of adolescents", "adolescent's view of

   health", "how do changes during adolescence influence health", "how can adolescents deal

   with these physical, social and emotional changes".

2. Peer Educators ask them to use any method to present their discussion e.g. as a collage, drawing, points written on chart paper, etc.

3. Peer Educators invite each group to present their work and they write the important points under each heading on the blackboard.

4. The peer educators ensure that some of the important points are substantiated using the slides given below.

- "Adolescence" is a period between childhood and adulthood.
- Puberty is the name given to changes that happen to girls and boys as they grow up.
- Boys and girls between 10–19 years are called "Adolescents".
- Persons in the age group 10 – 24 are called "young people".

Emotional and Social Changes	
• Preoccupation with body image	• Concrete thinking, but confused at times
• Fantasy and idealism	• Future-oriented
• Mood changes	• Increased Self-exploration and evaluation
• Attention seeking behavior	
• Attraction towards the opposite sex	• Conflicts with family over control
	• Need for attachment to a peer group.
• Need to establish own identity	• Peer group defines behavioral code
• Inquisitiveness	• Forms new relationships
• Increased energy levels	• Need for Independence
• Changes in dress code	

Physical Changes (in Boys)	
• Growth spurt occurs	• Facial hair appears
• Muscles develop	• Enlargement of reproductive organs
• Skin becomes oily	• Sperm production begins
• Shoulders broaden	• Underarm and chest hair appears
• Voice deepens	

Physical Changes (in Girls)	
• Growth spurt occurs	• Underarm hair appears
• Breasts develop	• Pubic hair appears
• Skin becomes oily	• External genitals enlarge
• Hips widen	• Ovulation occurs (may or may not)
• Waistline narrows	• Menstruation begins

5. The peer educators summarize the session using the Key messages given below.

KEY MESSAGES

н Adolescence is a natural process that everyone goes through.

н Biological changes may vary in time, but they do have a pattern.

н Ask – Do not be afraid to ask questions, to parents, teachers, or someone you trust.

н One must take care of one's body – it means looking after physical needs(fitness, nutrition,) and socio-emotional (thoughts, feelings) need

Activity-2: Understanding Anger

OBJECTIVES OF THE ACTIVITY   **Time: 30-40 minutes**
STUDENTS WILL:

- Explore reactions to anger in self and others
- Discuss their reactions to feeling angry
- Identify healthy and unhealthy reactions to anger
- Exchange ideas on healthy ways to deal with anger

MATERIALS

- Copy of "When you are Angry you are most like……." for the teacher/peer trainer
- Pens or pencils, marker board or chalk.

PROCESS

1. Write "A" and "B" with chalk on the floor on the two opposite sides of the room.
2. The peer educator reads from *"When you are Angry you are most like……."* and asks students to make their choice.
3. Based on their choice they have to stand in either area "A" or area "B".
4. After each choice is read and students make their choices, the peer educator asks them to explain why they made that choice.
5. Then get the group back together and go on to the next set of choices. The peer educator facilitates group discussion among the students using the discussion prompts given below.
6. The peer educator using the answers to the discussion prompts gets opinions on whether the response is healthy or unhealthy. Ignoring, bottling up, or doing nothing is not too healthy nor is reacting in a way that is harmful to self or others.
7. The peer educators summarize the session using the Key messages given below.

KEY MESSAGES

➢ Anger is a natural emotion however how we behave in anger is under our control.

➢ There are healthy and unhealthy ways of expressing anger.

➢ Some simple steps you can try to control your anger are:

- breath deeply, from your diaphragm; breathing from your chest won't relax you. Picture your breath coming up from your "gut."

- Slowly repeat a calm word or phrase such as "relax," "take it easy." Repeat it to yourself while breathing deeply.

- Use imagery; visualize a relaxing experience, from either your memory or your imagination.

- Nonstrenuous, slow yoga-like activities can relax your muscles and make you feel much calmer.

Activity-3: Understanding and Dealing with Loss &Sadness

OBJECTIVES OF THE ACTIVITY   **Time: 45-60**

minutesSTUDENTS WILL:

- Identify personal losses and share them with the group
- Understand the reactions to lose.
- Gain an understanding of the healthy ways of dealing with sadness and loss.

MATERIALS

- Copy of the 'Loss Cycle Model' for the peer educators.

- Photocopies of Handout 'Dealing with Loss & Sadness', one for each student.

- Pens or pencils, marker, board, chalk.
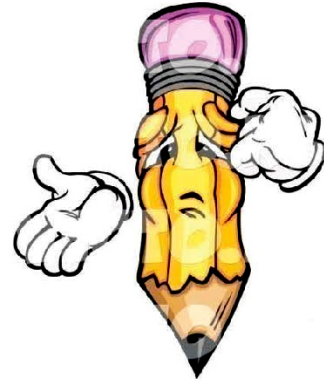
NOTE

In this activity, the peer educators must be accompanied by the teacher facilitator and they must be empathetic in their discussion as this is a sensitive topic.

PROCESS

1. Peer educators divide the class into a small group of 10-15 students. They ask the group members to share some episodes when they felt really sad.

2. Then ask each group to give their responses and write them on the blackboard. Common responses include the following:

   Someone died   We changed the house.

A friend moves away.   A brother or sister leaves home.

A pet dies.   I failed in a subject.

3. The peer educators tell that Sadness is a natural response to loss. It's the emotional suffering one feels when something or someone one loves is taken away. You may associate sadness with the death of a loved one – and this type of loss does often cause the most intense feeling of sadness. But some other losses may not cause such intense feelings of sadness though they do make us feel low.

4. Peer educators brainstorm with the whole group by asking "How do people express sadness?" They note the responses on one side of the blackboard.

5. They then draw/display the "The Loss Cycle" and explain the stages of coping with sadness.

6. Now, the peer educators ask the group, "What are some of the common false beliefs associated with sadness?" Present each myth given below and then the correct fact.

7. The peer educators summarize the session using the Key messages and distribute the "Coping with Loss & Sadness" handout.

KEY MESSAGES

H Sadness is a personal and highly individual experience.

H How one experiences it depends on many factors, including personality and coping style, life experience, faith, and the nature of the loss.

H The responses to sadness are also varied and the grieving process takes time. There is no right or wrong way to grieve — but there are healthy ways to cope with the pain. You can get through it!

The Loss Cycle
The Normal Cycle for All Losses

LOSSES

LIFE → NEW LIFE

ACT

PLAN

ACCEPTANCE

(ADMISSION)

DENIAL

BARTERING

ANGER

REPETITION

DEPRESSION
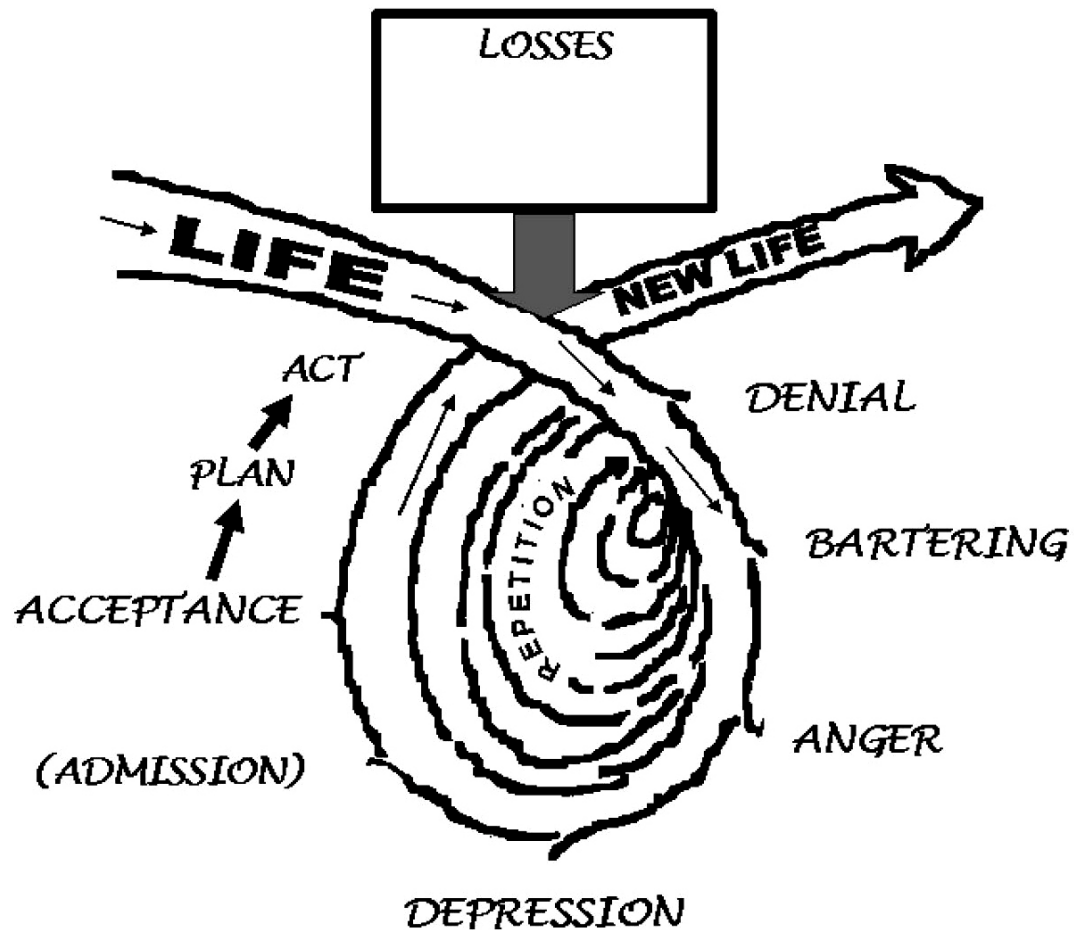
If you are experiencing any of these emotions following a loss, it may help to know that your reaction is natural and that you'll heal in time. However, not everyone goes through all of these stages – and that's okay. Some people resolve their sadness without going through *any* of these stages. And if you do go through these stages, you probably won't experience them in neat, sequential order, so don't worry about what you " should" be feeling or which stage you're supposed to be in.

(Make photocopies and distribute one per student)

1. **Get support**
The single most important factor in healing from loss is having the support of other people. Even if you aren't comfortable talking about your feelings under normal circumstances, it's important to express them when you're sad.

2. **Turn to friends and family members** – Now are the time to lean on the people who care about you, even if you take pride in being strong and self-sufficient.

3. **Draw comfort from your faith** if you follow a religious tradition, embrace its comfort. Spiritual activities that are meaningful to you – such as praying, meditating, or going to church – can offer solace.

4. **Face your feelings.** You can try to suppress your sadness, but you can't avoid it forever. To heal, you have to acknowledge your feelings. Trying to avoid feelings of sadness and loss only prolongs the sadness.

5. **Express your feelings tangibly or creatively.** Write about your loss in a journal. If you've lost a loved one, write a letter saying the things you never got to say; make a scrapbook or photo album celebrating the person's life, or get involved in a cause or organization that was important to him or her.

6. **Look after your physical health.** The mind and body are connected. When you feel good physically, you'll also feel better emotionally. Combat stress and fatigue by getting enough sleep, eating right, and exercising.

7. **Don't let anyone tell you how to feel,** and don't tell yourself how to feel either. Allow yourself to feel whatever you feel without embarrassment or judgment. It's okay to be angry, to yell at the heavens, to cry, or not to cry. It's also okay to laugh, to find moments of joy, and to let go when you're ready.

Activity – 4   Learning to Say "No"

OBJECTIVES OF THE ACTIVITY   **Time:**   40 minutes

STUDENTS WILL:

Understand peer pressure and how to be assertive under pressure.

MATERIALS

Refusal techniques handout (one for each student)

PROCESS

1. Ask the students what they understand by the term 'peer pressure.
2. Ask them to give examples of real-life situations when they have experienced this kind of pressure.
3. Randomly ask people to get up and give them situations to practice assertive response.

Problem 1	A cousin offers you a cigarette.
Problem 2	You see some older school children smoking at a school picnic.
Problem 3	You are studying for exams and someone offers you some pills to help you stay awake.
Problem 4	Your best friend offers you a shot of alcohol to try when you are out at a celebration/party.
Problem 5	You have a very bad headache and someone offers you an unmarked pill from a strange-looking bottle or packet.
Problem 6	You see some of the seniors in your school transferring beer into empty coke cans in the toilet on the occasion of a Farewell party in your school.

4. Highlight whenever you see the participants showing characteristics of assertive communication.

Characteristics of Assertive Communication

- Strong and steady voice
- Direct and to the point
- "I" statements
- Confident
- Honest
- aware of people's feelings
- Eye-to-eye contact
- Open to the resolution of a problem

5. Conclude the session by highlighting the following key messages.

KEY MESSAGES

H Peer pressure is a part of life.

H Peer pressure can be negative or positive. Acting under the influence of negative peer pressure can often have detrimental consequences for one's life.

H Peer pressure may compel us into certain actions which are contrary to our values. Therefore, it is important to choose friends or peers who share our values and beliefs.

H Positive peer pressure can be used for bringing about desirable change.

H Display the 10 commandments of substance abuse prevention

Refusal Techniques
(Handout one per student)

1. **_"No thanks"_ technique**   *"Would you like a smoke?"*
   "No thanks."

2. **Give a reason or excuse**   *"Do you want a drink?" "No thanks, I have basketball practice."*

3. **Broken record**   *"Just try this Pan Masala"*
   "No way."
   "Come on, just little bit!"
   "No way."
   "Come on"
   "No way."
   "Don't worry. You won't get caught, you coward"
   "I said, No Way!"

4. **Walk away**   *"Are you coming outside for a smoke?"* Say *"no"* and walk away while saying it.

5. **Avoid the situation**   If you know or see places where people often cause trouble, stay away from those places or go another way.

6. **Cold shoulder**   *"Hey, are you coming to the party on Saturday night? There will belots of beer!"* Just ignore the person.

7. **Change the subject**   Start talking about something else
   "Do you want some beer?"
   "Hey! I'm not into this music at all.
        I'm going to go request something else."

8. **Strength in numbers**   Hang around with people you trust, especially in problem situations.

9. **Humour**   Make a joke of the situation.
   "Want a beer?"
   "No thanks, too far to the bathroom"

10. **State a health problem** *"Do you want to smoke?" "No thanks, I'm allergic to smoke."*

11. **Reverse the pressure**   *"I saw beer in your fridge. You should get it."*
   "You get it if you want it so badly.

Activity – 5   Improving Family Bonding and Communication

(Handout one per student)

Learn to Listen: Learning to listen is essential in understanding your loved one. Take a moment to stop what you're doing and listen not just hear. Turn off the TV or radio, put off the book you're reading, listen to what your family member has to say, and try to understand the feelings they are conveying.

Think First: Family communication goes beyond the mere exchange of words. It is important to think first before saying something. You should carefully ponder the words you have to say. If you are angry, upset, or need to convey emotions that may stimulate conflict or stir up negative emotions, be sure to use "I" phrases. Express your feelings by stating how you feel instead of using language that points the finger at someone else. This will help disarm the situation. Once you have expressed your feelings, give the person listening to you the chance to respond. Request that this person use "I" statements too; it will promote and maintain peaceful co-existence in your home.

Take Interest: Oftentimes, in communicating with our loved ones, we tend to take an interest only in what we have to say. This should be avoided; we should always take a genuine interest in what the other has to say. Parents who take an interest in what their child or their spouse has to say cultivate healthier family relationships. Giving your undivided attention to your loved one even for a short period is much better than spending longer times together while distracted and not fully present.

Mind Your Tone: It is equally important to look after your tone. Pay attention not only to what you say, but how you say and express yourself to your family.

Be Trustworthy and Maintain Confidence: Trust will always be an essential ingredient in every relationship. Trust your family and inspire trust from your family. Keep your promises; always be true to them. Maintain confidence, this encourages trust and commitment between you and your family.

Always Find and Make Quality Time for Your Family: Family time is the perfect venue to have fun together and can involve any number of activities from playing scrabble, Uno, board games, or a game of cards. It can also be used to watch family movies together. Such light-hearted moments help the family to enjoy each other's company and can pave the way to easy communication and sharing of jokes, to exchanging funny events of the day. Quality family time is indeed a key to good communication and in maintaining love and peaceful coexistence in the family.

Discuss Issues and Problems which must be Discussed: Being open to discussing issues and problems is another key to improving family communication. Issues must be discussed in a manner that is beneficial to the family. It is not advisable to use the discussion to blame each other; rather a healthy exchange of views and problem solving will help the family bond.

Activity – 6   Understanding Gender Roles

OBJECTIVES OF THE ACTIVITY
                    Time: 40 minutes

STUDENTS WILL:

- Understand the meaning of the term 'gender'
- Develop an understanding of gender roles to facilitate the relationship of gender and gender roles.

MATERIALS - List of statements

Definition of the Terms

Gender:

Gender refers to the socially constructed roles, behavior,
activities, and attributes that a particular society considers appropriate for men and women.

Gender Roles:

A gender role is a set of social and behavioral norms that are generally considered appropriate
for either a man or a woman in a social or interpersonal relationship.

PROCESS

1. Mark one corner/wall of the room as "Gender" and another corner/wall as "Biology".

2. Read out each statement one by one and ask the students to move towards the "Gender" corner/wall and "Biology" corner/wall depending upon what they feel about the statements.

3. Tell the students that there are no right and wrong answers and emphasize that the purpose of this activity is to gain further understanding.

4. After all the statements have been read, initiate a discussion on the following issues:

5. Why do they believe that a particular statement has a gender or biological basis?

6. What is the impact of their understanding of the particular statements?

7. Encourage students to speak their minds and express their point of view howsoever different it may be.
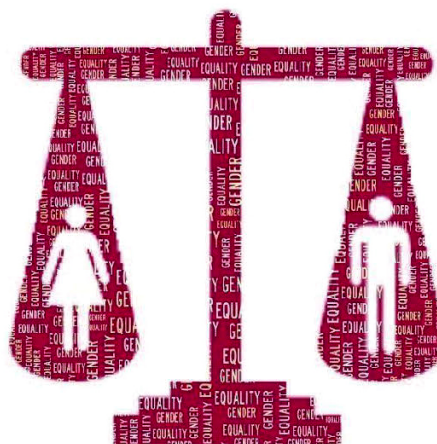
KEY MESSAGES

H   We are in the process of developing our understanding of these important terms.

H   Positive development in children requires greater clarity and clarification in their understanding of socially and culturally manifested gender roles.

H   The understanding of gender and gender role is very often influenced by their family, classroom environment, and peer group.

H   Gender denotes how men and women behave or are expected to behave so gender roles vary from one society to another.

H   Girls and boys are valued differently in different cultures so are assigned different gender roles and responsibilities.

SOPs AND FLOW CHARTS

A. MENTAL HEALTH SUPPORT FOR SCHOOLS: A SUMMARY MODEL

WHO IS INVOLVED | LEVEL OF INTERVENTION

Entire school community — Mental well being I — Integrated in school curriculum

All students and teachers — Mental health knowledge, attitudes and behaviours II — Part of general health curriculum

Counselors / teachers peer mentors — Psychosocial problems III — Students needing additional help

Counselors / school doctor other experts — Severe problems / disorders IV — Professional management

(B.) A WHOLE SCHOOL APPROACH FOR SAFETY AND PSYCHOSOCIAL WELLBEING

Availability & Maintenance of Physical Infrastructure

- As per the guidelines issued NDMA and allied agencies on the availability of and maintenance of physical infrastructure

Promoting Conducive Environment in school for Psychosocial Wellbeing

- Stress and trauma free school environment (as per RTE Act 2009)
- Exercise/Play/Yoga (Spiritual Wellbeing)
- Balance Diet /Nutrition
- First Aid and CPR training
- Equipped Dispensary /MIR
- Basic Health Education
- Awareness of Child Right & Protection
- Prevention of Physical Emotional and Sexual Abuse
- POCSO Act Orientation and Implementation
- Trauma Counseling

Building Relationships with all Stakeholders for identification, and early Intervention

- Promotion of effective Family-School Partnership
- Forming Peer Educators Network (PER)
- Early Identification of Common emotional and behavioral problems
- Holistic support of Special Needs Children
- Well defined Roles and responsibility of counselors, special educator and nurses/doctors

Advocacy and Capacity Building

- Principals & Management Personnel
- Teachers (Ambassadors & Representatives)
- Conservancy Staff (Non-teaching staff)
- Parents/ Families
- Students (Peer educators/ Representative)

* Poster, AV, charts and handout need to be developed and maintained along with videos and short films for promotion and intervention.

Caring with Psychosocial Support of Children & Adolescents

- Focus on the Positive - Amplify the qualities where children learn with interest and self awareness.
- Help them stay connected with friends, relatives and engage in pro social activities. validate their feelings

- Listen to your body — Eat safe, get plenty of sleep and exercise every day. This may include indoor exercise lessons/games, stretching and meditation.
- Educate your children about sanitation and hygiene

- Establish a routine- Engage in daily activities . Care with empowering.
- Break up your day— Find ways to break up your day and, if possible, adjust the setting for various things.
- Take a break from stressful situations.

- Be non-judgmental towards children and proactive communication with compassion
- Help your child to be an involved learner & enjoy growing with creativity

Tips for Parents to Help Children with Special Needs

- **As Partners , create a new schedule for your child** – take care of their physical & psychological wellbeing ;include social stories that describe through **words & pictures**
- **Start the day with physical exercise/yoga, brain gym exercises and prefer a nutritious diet–** keep them away from food with artificial flavours and preservatives as it may trigger hyperactivity.

- **Create a happy family time-** Discuss happy memories that bring joy and happiness
- **Teach them to take care of their personal hygiene–** instruct your child about personal hygiene.
- **Involve them in household chores –** teach them self-help skills like folding clothes, watering plants, making sandwiches etc.

- **Be in regular contact with your Child's teacher, School's Special Educator and Counselor for continuous support** - to seek assistance and guidance for school projects, home work and home bound programme.
- **Manage their screen time-** set or enforce daily / weekly screen time limits.

- **Practice self-care –**As a caregiver for your child you should take care of your safety and well-being.

General Guidelines for Classroom Behavior Management

The process by which teachers and schools create and maintain appropriate behavior of students in classroom settings is referredto as Classroom Management. The purpose of implementing classroom management strategies is to enhance prosocial behavior and appropriate engagement of students in academic activities.

A chaotic classroom environment is a major issue for teachers and it contributes to high stress to teachers and burnout rates. Therefore, it is important to use effective classroom management strategies at the universal level in a multi-tier model, as they serve as both prevention and intervention methods that promote healthy outcomes for students.

Importance of Effective Classroom Management:

- Establishes and sustains an orderly environment in the classroom which increases the overall outcome of students as well as the class as a whole.
- Increases meaningful academic learning and in turn facilitates social and emotional development.
- Decreases inappropriate behaviors and increases time spent in academic engagement.

Classroom management systems are effective because they increase student success by creating an orderly learning environment that enhances students' academic skills and competencies, as well as their social and emotional development.

Classroom management systems are most effective when they adhere to **three basic principles:**

1. Emphasize student expectations for behavior and learning.

2. Promote active learning and student involvement.

3. Identify important student behaviors for success. More specifically:

      ○ What behaviors are required to reach the goals of learning activities?

      ○ What implications does a particular learning activity have for student roles?

      ○ How will the teacher prepare students to take on these roles?

The above principles are important for developing the most effective classroom management systems, if applied and answered early by the teachers, it can result in healthy outcomes for overall child development.

Behavior Modification in Classroom Setting:

Behavior is defined as an activity that we perform in everyday life which is observable and measurable. Children exhibit both desirable as well as undesirable behavior. Behavior is called undesirable because it may cause harm and inconvenience not only to others but also to the child.

Behavior is called undesirable or problem behavior only if:

• Behavior is injurious to self-e.g., bites own hands, etc,

• Behavior is injurious to others e.g., hits others, etc.,

• Behavior is interfering in the learning process e.g.; the child is constantly on the move when teaching is going on

• Behavior is not age-appropriate e.g., a fifteen-year-old sucks his or her thumb

• Behavior is socially unacceptable e.g., stealing, lying, etc.

• If these problem behaviors occur more frequently or for long periods or are very severe then these do require management.

The causes of classroom misbehavior

Classroom misbehavior happens due to some reason or the other. It is important to understand the reasons or 'why' of that behavior so that early intervention can happen timely and efficiently.

Attention-Seeking Behaviors:	A common cause of misbehavior is the need for attention.
Power Struggles:	This type of misbehavior is often symptomatic of a power struggle through which the child is actively trying to engage the teacher in a fight for domination, the more a teacher fights against the student's behavior; the more he/she is rewarding it.

Revenge seeking behavior:	He/she seeks revenge when they are frustrated in their desire for attention or power. Revenge-seeking students are angry and rebellious, and their motive is to hurt the teacher or other pupils.
Avoiding Inadequacy	Children will misbehave when they would rather appear bad. For example: a) If a class assignment is too difficult, the child may choose intentionally misbehave and be sent from the room to avoid having to participate and look inferior. b) A matter of perfectionism, where the child will misbehave if they know they will not be the best at a task.

Support Strategies for the management of Classroom Behaviors:

Support strategies are effective and appropriate responses that are shown to modify the maladaptive behavior to more adaptive ones.

- The most appropriate response to attention-seeking behavior is to provide special attention only when the student is behaving properly. Appropriate behavior should be reinforced repeatedly until it becomes the preferred method of gaining attention. Instead, misbehavior should be ignored unless dangerous.
- An appropriate response to power-seeking behavior is to acknowledge the need with the student, perhaps even complimenting his/her natural leadership, and to give the child power whenever it is appropriate, making him/her leader of a group or giving him/her a visible and important responsibility.
- By working with power-seeking students, teachers can make allies out of dominating students.

- Rebellious students expect an angry or hurt response to their behavior, but teachers who can acknowledge the anger the child feels, apologies if the child is appropriately managed for anger over a specific incident.
- Responses to feelings of inferiority in children are best handled within the context of a classroom climate where effort and incremental growth is valued as much or more than the final product
- Ensure a consistent approach to the child's behavioral difficulties by all members of staff by developing positive behavior-management strategies.
- Encourage the provision of a positive classroom environment.
- Provide activities that encourage the building of self-esteem.
- Give the children opportunities to express their feelings through the use of puppets or role-play in pairs or small groups.

Key points for managing the behavior, remember:
- Work on one behavior at a time, especially for younger children.
- Usually those behaviors which are followed by positive consequences are learned and behaviorsfollowed by unpleasant consequences are unlearnt.
- Through the consequences, we can help the children to learn or unlearn certain behaviors.

Rewards play a very important role in effective behavior modification. The selection and choice of rewards help the teacher as well as the student to develop mutual goals for appropriate behaviors.

Rewards may include the following:

- Food items and Articles liked by the child
- Social reward: verbal and non-verbal signs of appreciation
- Activities which the child is fond of such as playing out with friends, playing on the computer, watching T.V
- Tokens/Stars/Stickers: A child may earn the tokens/stars/stickers on accomplishing the behavior. These can later be exchanged to earn a reward from the above-mentioned list.

While selecting rewards, remember:

- The rewards need to be selected appropriately. Food rewards and tangible rewards should not be selected every time.
- A reward preference list can be prepared along with the child, parents, peer groups, and teachers who know the child well.
- Easily available rewards should be chosen.

How to give rewards

- Reward clearly. This will show that this specific thing or article is the benefit of appropriate action.
- Reward immediately: This implies that desirable behavior must be praised immediately. With time decay the effectiveness of rewards decreases. Additionally, it also implies that if you are using star charts or tokens to manage behavior, they may be given to the child immediately. This helps the child to remember and internalize the desirable behavior.
- Reward appropriately and proportionally: Reward only desirable behavior.
- Change the reward if needed.

Star Charts/Token Economy Program:

These techniques can be used with both individuals as well as groups. Choose a behavior that requires to be modified. Follow the steps listed below to develop star charts:

- Make a list of desirable behaviors or activities that the child needs to learn. For instance,
- Getting up on time,
- Getting dressed by themselves,

- Finishing dinner,
- Finishing homework,
- Honesty, cooperation, and so forth.
- Choose behavior from the list which you want your child to learn. It is important to work on one behavior at a time initially. This enables the child and the parent/teacher to get used to the behavior management program.
- Decide whether you would be giving your child tokens, stars, or stickers on a chart for accomplishing the behavior every time. For a child with ADHD, you may prefer to give the stars on a chart, since the child may have an increased tendency to lose his tokens due to his inattention and impulsivity.
- Prepare a list of rewards that you would give the child for demonstrating desirable behavior. The list should include not only food items but activities that the child likes to indulge in.
- Assign values in the number of tokens, stars, or stickers for specific target behavior. For instance, if you have chosen the behavior as completing homework, then every time the child completes the homework, he or she gets 4 stars or tokens. Decide on a reward for say 20 tokens/stars. The reward should be decided along with the child. To get the child used to the star chart system you may give rewards for the lower number of stars in the initial stages as well. The value of the reward may correspond with the number of stars.
- Introduce the system to the child in a friendly manner.
- Reward only the specified target behavior. Rewards may be provided at the end of the week
- Remember to praise the child for every positive accomplishment.
- Be consistent with the system
- Initially, you can implement the star chart with a single chore that you want the child to accomplish. Gradually you can add more chores or activities.
- Gradually, once the child is used to the star chart system, you may fix up with the child that if the behavior is not shown then he or she will earn crosses for that. You can cancel the crosses with the stars earned. Remember to focus on the stars because we are focusing on reinforcing the positive behaviors of the child.

Example of a star chart: (for multiple chores)

Activity /Chores	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total No.of Stars
Waking up								
Having breakfast								

These strategies can be used with children who have attention deficits and are hyperactive, learning disabilities, disruptive behaviors, anxiety, and with other children in the classroom as well.

HAPPY AND HEALTHY SCHOOLS	
ETHOS & ORGANIZATION • Create a school environment in which pupils feel psychologically safe and secure. • Foster the sense of belonging. • Provide consistency and continuity. Young people can react negatively to change, and this can result in stress and anxiety. • Challenge the stigma of mental illness and teaches tolerance and understanding by displaying posters, including stigma in the curriculum, and addressing in assembly. • Give pupils the voice, for example: through a school council. • Ensure that the school has a clear, fair, and consistent behavior policy. Young people thrive best when they know where boundaries are, and when they feel safe from physical or psychological harm. • Make school interesting and stimulating. Work hard to prevent boredom and disengagement.	**AWARENESS** • Increase staff awareness and understanding of mental health issues through training and experience. • Include mental health as a part of the Professional Development program • Recognise that you are working with young and developing minds • Look at your lifestyle and way of being. Be a positive role model. • Understand the importance of good mental health in the adults who work in school. Ensure that staff isis equally supported and valued.
RELATIONSHIPS • Accentuate the positive. Encourage and support but do not attempt to coerce pupils into feeling good. They may need to feel sad for a while. • Build on young people's strengths and qualities. • Build the kind of relationships with young people that make for self-esteem and increase resilience. • Be sensitive to anger and frustration. Accept that anger is OK as long as the angry young persons do not hurt themselves, other people, or property.	**CURRICULUM** • Promote emotional literacy • Ensure that the school offers mental health resources of all kinds which are readily available to parents and particularly young people. • Develop an extensive program of extracurricular activity and encourage the positive use of leisure time.

GENERAL GUIDELINES FOR HAPPY AND HEALTHY SCHOOLS

Purpose

- Enhance student engagement with school and develop socioemotional skills
- Promote student competence and emotional wellbeing
- Provide persistent support for academic and behavioral concerns

Studies have demonstrated the closeness and quality of relationships between teachers and students have led to better attendance, homework completion, and interest in school for students with learning disabilities and emotional and behavioral issues. As research consistently shows, attention to happiness, well-being, social and emotional development is crucial for success in school, the following **guidelines have to be incorporated by the school to foster happiness and well-being among the students.**

⇒ Helping students to cope with challenges and making them realize their strengths and build resilience

⇒ Sensitizing entire school staff for taking ownership.

⇒ Have a system in place to refer students suspected of abuse/neglect.

⇒ Risk factors of a child (environmental stressors e.g., peer relations, bullying or harassment in the school, etc.) to be identified.

⇒ Teachers' training and workshops to equip them to deal with and identify the adolescent issues and provide them adequate emotional and psychological support to improve their coping skills and build resilience

Online training of teachers on the identification of signs and symptoms of stress, socio- emotional issues, or problematic behaviors and

specific/targeted interventions/counseling to provide immediate relief and help to the student

> **"Platform For Students"**
>
> Peer Support Group should be encouraged for building self-esteem and confidence among students to empower them.

☐ Specialized training of teachers on how to detect if the child displays any sign of sudden absence or unusual behavior. In case of suicidal ideation or self-harm, refer the child to a counselor/psychologist or any available General/mental health practitioner.

☐ Parent's orientation /workshops on How to deal with children and their issues.

☐ Booklets to be circulated to all students after conducting a workshop on how to deal with exam stress, mnemonics to learn and retain syllabus, relaxation techniques that can be utilized to keep stress at bay, etc.

⇒ Flyers and flowcharts to be displayed for students to deal with stressful situations. Motivational quotes to be displayed on Display Boards throughout the Campus (Role Models/Leaders), same could be created by students in life skills sessions.

⇒ An Independent Complaint Committee (teachers and parents as members) headed by preferably Female must be set up to hear cases of Mental/Emotional/Physical harassment

⇒ Converting Assemblies into a Meaningful Platform for Positive Engagement of Students like class assemblies, class presentations, theme assemblies, etc.

⇒ Students should be provided adequate age-appropriate life skills training in building positive self-esteem, interpersonal communication skills, coping with stress and emotions, dealing withanger, and resisting peer pressure.

⇒ **Peer Facilitators** under the supervision of teachers to play a vital role in becoming the Life Skills and Wellbeing Ambassadors of the School

⇒ **Suggestion Box** in the Campus wherein students can drop their complaints or observation about child abuse, drug use, etc. This needs to be further kept confidential by the school given the safety of the child or teacher who has taken this initiative. The letter was dropped in the box to be read and addressed by a Counsellor or Teacher in confidence.

⇒ Counseling sessions for adolescents are required on adolescence education focusing on drug abuse, AIDS, and various issues related to social and emotional development

⇒ Greater support to students by professionals, career counseling should be provided to help students gain more clarity and help them make a better career choice

⇒ Schools should have regular drills on emergency preparedness and disaster management and talk about after-effects.

⇒ Life Skills activities by teachers/peer leaders/peer mentors/master trainers etc.

⇒ Relaxation exercises such as mindful breathing, yoga, among others to be further intensified in the morning assembly

⇒ A student council and support groups (anti-bullying committee) to be formed representing students' opinions and feedback assuring that they are being considered.

⇒ Training related to areas like leadership qualities, life skills, interpersonal relationships, mentorship, etc., to be incorporated.

Key Messages - Guidelines that can enhance Teacher's ability to connect with children:

a) Be curious about children's experiences

b) Listen and be Patient with students

c) Recognize and honor children's experiences. We do not need to always agree with or be pleased with what children say, but it is useful to recognize and honor their experiences

d) Do not tell children that they should not feel a certain way when they are beginning to express feelings —be it verbally, artistically, or otherwise.

e) Display an appreciative attitude. When a child misbehaves, this typically occurs because the child does not think he or sheha s any other option. Appreciation can powerfully foster our ability to connect with the child. Recognizing that children try to do their best, enhances their ability to be open to adults' suggestions and comments

f) Allow children to express even their most angry feelings or most destructive fantasies. Help them think about these images and ideas by projecting the possible future negative consequences for these actions.

THE ADOLESCENT PEER EDUCATORS LIFE SKILLS LEADERSHIP PROGRAMS PROMOTING GOOD PRACTICES MODELS

Life skills help adolescents in making informed decisions, solving problems, thinking critically and creatively, communicating effectively, building healthy relationships, empathizing with others, and coping with managing their lives. In addition, such knowledge and skills can lead to behaviors that prevent mental health concerns and injury, foster healthy relationships, and enable young people to play leadership roles.

The Need for Life Skills Enrichment

Psychological factors such as the inability to tackle emotional pain, conflicts, frustrations, and anxieties about the future are often the driving force for high-risk behaviors. Therefore, life skills training is a productive tool for empowering the youth to act responsibly, take initiative, and control. It is based on the assumption to resort to anti-social or high-risk behaviors and grow up to be Aware, Responsible, and Empowered individuals. Life skills are "the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life". (World Health Organization).

Components of Life Skills

WHO categorizes a core set of life skills into the following three components:

a) **Thinking Skills** - include self-awareness, social awareness, goal setting, problem-solving, and decision-making. To be able to think critically, information should be provided to make informed decisions and choices. The skills to think critically can also be developed if the teenagers are allowed to look at different perspectives of an issue, the pros, and cons of making one decision over the other, and realize the negative consequences of making hasty, unplanned decisions.

b) **Social Skills** - include appreciating/validating others, working with others and understanding their roles, building positive relationships with friends and family, listening and communicating effectively, taking responsibility, and coping with stress. Social skills enable adolescents to be accepted in society and accept social norms, which provide the foundation for adult social behavior.

c) **Negotiation Skills** – It means not only negotiating with others but with oneself as well. For effectively negotiating with others, one needs to know what one wants in life, is firm on one's values and beliefs, and can therefore say "no" to harmful behavior and risky temptations. Described in this way, skills that can be referred to as life skills are innumerable, and the nature and definition of life skills are likely to differ across cultures and settings. However, analysis of the life skills field suggests that there is a core set of skills that are at the heart of skills-based initiatives to promote the health andwellbeingof children and adolescents. They are listed below:

Decision-Making helps us to deal constructively with decisions about our lives. This can have consequences for health. It can teach how to actively make decisions about their actions with a

healthy assessment of different options, and what effects these different decisions are likely to have.

Problem Solving enables us to deal constructively with problems in our lives. Significant Problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

Creative Thinking contributes to decision-making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-action. It helps one look beyond our direct experience. Even if no problem is identified or no decision is to be made, creative thinking can help us respond adaptively and with the flexibility to circumstances in our daily lives.

The Adolescent Peer Education Leadership Program in Life skills:
Peer education is a popular concept that implies an approach, a communication channel, a methodology, a philosophy, and a strategy. It can be defined as a system of delivering knowledge, which improves social learning and provides psychosocial support (Abdi &Simbar, 2013).

Peer Education Programs help in spreading awareness among individuals on certain topics such as - health, abuse, sex, and life skills. The peer education program provides an opportunity for students to

promote positive lifestyle choices among fellow students as well as sharpen, practice, and develop professional skills (EIU Health Education Resource Centre).

Peer Education Programs can be conducted using strategies like presentations, role-play, or games. The English term 'peer' refers to "one that is of equal standing with another; one belonging to the same societal group, especially based on age, grade or status". The term 'education' refers to the "development", "training", or "persuasion" of a given person or thing, or the "knowledge" resulting from the educational process. Thus, the use of same age or same background educators to convey educational messages to a target group is peer education.

Who are Peer Educators?

The term **"peer educator"** refers to true peers our near-peers. A true peer is a person who is considered a member of a particular group, both by themselves and by other group members. A near- peer is similar, he/she is a leader, Peer Mentor. A person who is a leader or respected within the peer group is more likely to be influential.

Methodology for the School-Based Approach for Life Skills Leadership Program by Adolescent Peer Educators

Peer education is a method of education that allows people who have something in common - age, social group affiliation, gender, profession, or role, to teach each other. It is a process of growth whereby trained and motivated people are taking the initiative of various activities along with their peers, benefitting them by helping them to acquire basic knowledge and adopt positive values and skills.

Peer education is initiated by educated and trained people: A peer educator is an adolescent who plays the role of an educator/workshop leader. This person is trained to conduct/organize further training programs and workshops.

A cascade approach is suggested here with modifications wherever needed in a given school setting.

STEP 1: Orientation workshops with Teachers and other adolescent students to be conducted for advocacy and climate building.

STEP 2: More number of "**Peer Educators**" may be identified who have the leadership, motivation, psychological orientation, peer acceptance for straightening the program.

STEP 3: Training of the identified "Peer Educators" to get them oriented towards the following themes taken up for Peer Master Educators of the school

A. Introduction - The journey from core life skills to 21st-century skills

B. Building resilience for coping and capacity building

C. Growing up healthy, emphasizing the importance of nutrition and hygiene

D. Family bonding and caring communication-emerging paradigms

E. Healthy expression of emotions, dealing with anger, loss, and sadness

F. Developing healthy interpersonal relationships-mobilizing peer support

G. Empowering self for the digital world and prevention of allied high-risk behaviors

H. Making effective career choices - integrating the approach

STEP 4: The Peer Educators with the support and supervision of the Teachers in-charge / Counselor impart the training for the rest of their students (9th & 11th in the initial phase)

STEP 5: **Feedback Session with supervisor Teacher / Counselor includes:**

1. Summary presentation of each workshop conducted at the respective school
2. Discussion of common challenges encountered
3. Diverse and creative events to be planned for effective dissemination of the program in the
4. next quarter
5. A newsletter for collating good practices in this regard may be planned by the student

How to become a Peer Educator

1) A Peer Educators always function/work under the supervision of the school counselor/ life skills teacher/ Facilitator/ Mentor/ Guide.

2) Once a group of students is screened for being peer educators, they will undergo a training program.

3) Facilitator/ Teacher will take sessions on roles/ expectations/ guidelines that a peer educator group shall follow.

4) Peer Educators conduct sessions for the rest of the peers with the help of manuals and reference materials provided.

5) Peer Educators maintain feedback of the sessions, individual interactions, and share their experiences of growth and development of various life skills and wellbeing leadership.

6) The Peer trainees transform as peer educators after imbibing the learnings.

7) The Peer educators are effective facilitators for building awareness, responsibility and empowerment for adolescent wellbeing.

8) Booster sessions on life skills enrichment are planned and listed in the calender of the school.

9) More number of peer educators sustain the enrichment climate of life skills education centers and programs in the schools.

10) The peer educators leadership programs are always supervised by the mentor teachers/ counselors.

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