

SCHOOL MENTAL HEALTH PROGRAMME IN PAKISTAN- A WHOLE SCHOOL APPROACH

Asima Mehboob Khan, Rachel Jenkins, Stuart Lancashire, Rizwan Taj, Zenab Ayab

ABSTRACT

Objective: To find out change in Pakistani teacher's perception about mental health and whole school approach after training workshops.

Design: Experimental

Place and Duration of study: Trainings were held at department of Psychiatry, Pakistan Institute of Medical Sciences in collaboration with British council, THET, federal directorate of education and Kings College, London. Duration of training workshop was eight days.

Subjects and Methods: This study involving 60 (Male & Female) subject / class teachers, heads of school, officers concerned from ministry of education and school counselors of both government and private sectors. Data was collected with the help of instruments i.e., pre designed Pre and post - tests for the assessment of their knowledge regarding mental health and whole school approach before and after training . Results were then computed by using percentages to compare the knowledge of participants before and after receiving trainings. Training involved interactive group discussions and work assignments. At the end of the workshop models were presented by each group with enablers and key dimensions for a whole school approach.

Results: On pre test participants scored 58.65% while after receiving training the score was 74.8%. This revealed an overall mismatch between teachers' beliefs about a whole-school approach, childhood mental health problems and their perceived school reality and mental health issues.

Conclusion: To conclude, trainings on school mental health program and whole school approach changed perception and knowledge of teachers and educationists. They reported that they are now better able to use school policies, systems and structures to create an environment that will promote mental wellbeing.

Key Words: Whole school approach, Mental Health, Teachers.

INTRODUCTION

Whole -school approach is a mental health promotion program in schools¹, which will provide a framework for mental health promotion in Pakistani schools. Its objectives are to facilitate exemplary practice in the promotion of whole-school approaches to mental health promotion; develop mental health education resources, curriculum and professional development programs which are appropriate to a wide range of schools, students and learning areas; trial guidelines on mental health, suicide and drug abuse prevention and to encourage the development of partnerships between schools, parents, and community support agencies to promote the mental wellbeing of young people.

Teachers have vital role in detecting mental health problems in children as mental disorders often starts at this stage. In this regard school mental health program was initiated for Pakistani schools to improve teacher's skills in the field of mental health.

Children with mental health needs do not commonly receive services for those needs². Three fourth of children who do receive services for mental health problems receive their care through education sector, with school being the most common point of entry for accessing mental health services³

Whole-school approach is a mental health promotion program in schools, which will provide a framework for mental health promotion in Pakistani schools.

Individuals within the school environment may be experiencing particular emotional difficulties, but a whole school response generates benefits for everyone, by providing a supportive context for targeted actions. It recognizes roles for all members of the school community. The strategy operates at each of the following levels: Classroom (including teaching and learning environments and relationships); Whole school (including the policies, programs and practices of the school, and the physical and social environments); and Links with the community

Asima Mehboob Khan: Department of Psychiatry, Pakistan Institute of Medical Sciences, Islamabad, Pakistan

Rachel Jenkins: King's College, London, UK

Stuart Lancashire: King's College, London, UK

Rizwan Taj: Department of Psychiatry, Pakistan Institute of Medical Sciences, Islamabad, Pakistan

Zenab Ayub: Department of Psychiatry, Pakistan Institute of Medical Sciences, Islamabad, Pakistan

Correspondence:

Prof. Rizwan Taj

E-mail: rizwantaj@yahoo.com

(including school, home, and community organizations). The process of implementing the whole school intervention strategy is coordinated by a team established from within the school. This enables schools to examine their policies, programs and practices, and identify priority areas for reducing risk factors and enhancing protective factors for positive health and educational outcomes. It allows schools to address these priorities systematically, and actively seek training for members of the school community⁴. Whole- school approaches provide schools with a structured process through which educators make choices about using available interventions or programs.

A number of evaluation studies have been carried out on this course, including two randomized controlled trials, which have found improvements in mental health, knowledge, reduction in stigmatizing attitudes, increased confidence in providing help and increased provision of help⁵.

School-based and school-linked programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development. And, available research suggests that for some youngsters schools are the main providers of mental health services. As Burns and her colleagues report from the study of children's utilization of MH services in western North Carolina, "the major player in the de facto system of care was the education sector - more than three-fourths of children receiving mental health services were seen in the education sector, and for many these was the sole source of care"⁶.

Present study focusing on training workshops organized for finding out changes in Pakistani teacher's perception about mental health and whole school approach and to improve knowledge of mental health and school policies, helping behavior towards students, management skills for dealing with students and colleagues with mental health issues and insight into their own mental health.

SUBJECTS AND MENTHODS

Two sets of Primary mental health care master trainer workshops for schools were held in Nov 2011. It was organized by department of psychiatry, PIMS, in collaboration with British council , THET , kings college London and federal directorate of education. Each training workshop was for four days. Eight days were for interactive discussions and trainings on whole school approach and concepts of child mental health problems. Structured pre-training and post - training tests were designed for participants to assess their knowledge about whole school approach and child mental health problems. 60 teachers were invited for training; they are randomly selected from Islamabad, Mirpur (AJK) and KPK. They were class teachers, heads of schools, school counselors and representatives of ministry of education dealing with schools. After teaching each course participants were given assignments in small groups. At the end of each workshop strategies were made to implement whole school approach in their

schools respectively.

RESULTS

Table 1: Demographics of participants in Whole School Approach Training Workshop

Age Groups (Years)	N =60 (%)
20-30	15 (25)
31-40	40 (66.7)
41-50	3 (5)
ABOVE 50	2 (3.3)
Gender	
Male	6 (10)
Marital Status	
Single	10 (16.7)
Married	50 (83.3)
Socio-economics	
Below 10 k	0 (0)
10 k	4 (6.67)
Above 10 K	56 (93.3)
Qualification	
Graduation	10 (16.7)
Master	47 (78.3)
M.Phil	3 (5)
Professional Role	
Class Teacher	20 (33.3)
Subject Teacher	20 (33.3)
School Counselor	1 (1.67)
Education department	9 (15)
Principal/ Head	5 (8.3)
Vice principal	5 (8.3)
Professional Qualification	
No professional qualification	3 (5)
Diploma	55 (91.6)
(CT, B.Ed, M.Ed)	2 (3.3)
Others	
Professional Experience (Years)	
0-5 Years	13 (21.6)
6-10 Years	8 (13.3)
11-15 Years	20 (33.3)
16-20 Years	5 (8.33)
21-25 Years	1 (1.67)
26 and above	

Present study aimed at the comparison of the percentages of perception and knowledge about whole school approach and childhood mental health problems. Sixty teachers were involved in this study. They were selected and sent for training by their respective institutes. There were 90% females whereas only 10% were male teachers Table 1. Majority of participants were married and age ranges were between 31-40 years. 78.3% were master's degree holder. There were mostly subject teachers and class teachers (33.3 % each). 15% participants were from education department and there was only one school counselor. There was equal number of principals and vice principals (8.3% for each). 33.3% teachers had 16-20 years of teaching experience Table 1. Finding of the study indicates that there is a significant difference between pre-test and post test scores of participants. Participants got the percentages of 58.65 % on pre- test and 74.8 % on post test Table 2. It depicts achievement in getting knowledge about the subject of training. Almost all the participants showed significantly high score after receiving training regarding whole school approach (Table 2).

Table 2: Scores showing difference in perception of

	PRE-TEST	POST-TEST	p- value
Percentage	58.65	74.8	<0.01

participants regarding childhood mental health and whole school approach before and after training

DISCUSSION

In the last two decades, adolescent mental health has become a major public health focus. Mental health problems in adolescence can have a profound impact on the development of social relationships, educational attainment, and subsequent employment and health risk behaviors⁷.

Whole- School approach has been developed with the under-standing that it is indeed part of the 'core business' of schools to promote the mental health and wellbeing of their students (and personnel)⁸.

Present study investigated Pakistani teachers' perception of a whole-school approach to guidance and its practice and their knowledge about mental health problems. For assessment of basic knowledge on the said topic a pre designed test was administered as pre test and post test. Findings of the study revealed a significant difference on pre - test and post - test scores as teachers scored 58% on pre test while after getting training they scored 74.8%. It was also observed that teachers perceived a whole-school approach as fostering student development and as a system of management. Teacher dedication, communication, and team spirit were considered as facilitating factors for its implementation.

After receiving training in the use of whole -school

approach material many teachers commented that they had been 'least familiar' with mental illness, and feel a lot more comfortable with the whole notion now. In particular, teachers appreciated 'getting some precise information about the different types of illnesses and some new teaching methods'. Working with one issue enabled schools to start the process of whole- school change.

The whole-school approach aims to bring 'large benefits' to school communities, enhancing the development of school environments where young people feel safe, where they belong and where they develop the skills needed to participate fully.

The social environment of the secondary school assumes importance, not just because young people spend so much time there, but also because it provides the major setting in which young people develop new and different relationships with peers and adults. Rutter (1979), in an extensive study examining the effects of schools on emotional well-being and behavior, confirmed that the quality of a school as a social institution was of paramount importance⁹. Resnick and associates (1997) found that what mattered most to young adolescents was a school environment in which they felt that they were treated fairly, were close to others, and were part of the school¹⁰.

Previous work indicates that specially the school mental health program as part of the community mental health programme in Pakistan succeeded in improving the awareness of mental health not only of schoolteachers and school children but also in general of the whole community¹¹.

This study proved that after receiving trainings on school mental health, teachers showed change in perception an increased knowledge about mental health problems. This training enabled teachers to come up with their own plans to implement in their schools as master trainers.

CONCLUSION

To conclude, trainings on school mental health program and whole school approach changed perception and knowledge of teachers and educationists. They reported that they are now better able to use school policies, systems and structures to create an environment that will promote mental wellbeing.

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