

Editorial

Innovative Ways to Promote Children's Mental Health: Developing Accessible and Sustainable School Mental Health Services in Pakistan

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According to World Health Organization (WHO), approximately 10-15% of children and adolescents worldwide suffer from mental health problems.⁽¹⁾ The WHO also highlights that "Lack of attention to mental health of children & adolescents may lead to mental disorders with lifelong consequences, undermines compliance with health regimens and reduces the capacity of societies to be safe and productive".⁽²⁾ More than half of all mental disorders have an onset in childhood and adolescence with suicide being the third leading cause of death among adolescents.^{(1), (3)} Child & adolescent mental health thus needs to be considered & emphasized as an integral component of overall health & growth of young population. Youth with positive mental health have positive self-efficacy beliefs, are productive and able to tackle developmental challenges adequately.⁽⁴⁾ On the other hand, poor mental health in young age is associated with school failure, delinquency, social and peer problems, substance misuse alongside adverse outcomes in adulthood.

The risk of mental health problems in youth in Pakistan is much higher due to multitude of social adversities. A fairly recent survey of 5-11 years old school children attending mainstream private and community school children in Karachi found prevalence of mental health problems to be much higher than reported from the developed countries.^{(5), (6)}

One of the ways to foster children's social and emo-

tional skills and promoting children mental health in Pakistan is by developing school mental health services. In the absence of national child mental health policy & negligible services to cater huge child population, schools are in an ideal position to address academic, social, behavioral and emotional needs of young people. Literature highlights many benefits of School mental health programs.

- Universal mental health promotion activities can be better incorporated in school settings.⁽⁷⁾
- Services development in schools will help in removing traditional barriers to access the services.⁽⁸⁾
- Mental health services in school will help in reducing the stigma associated with seeking mental health support.⁽⁹⁾
- Evidence is increasing for school mental health role in having positive impact not only on students & schools but towards better family & community outcomes too.^{(10), (11)}

Three tiers model of school mental health service is recommended.⁽¹¹⁾ First tier is preventive mental health programs and services, which are targeted towards all children in schools (Primary prevention). These include promoting positive school environment, engaging and developing liaison with families, encouraging extracurricular activities, clear rules and discipline strategies etc. Second tier include targeted services to children who have 1 or more identifiable

mental health needs but are able to function reasonably well in multiple domains of their life. This may take form of individual or group therapy, Individualized education plans etc. Third tier include services towards a very small group of students who have severe mental health difficulties/ diagnosis and needs multidisciplinary approach with involvement of mental health specialists and multimodal treatment plans including pharmacotherapy.

Possible Models of School Mental Health Service delivery:

School mental health services delivery can take different formats in Pakistani schools.

- **Student support services financed by schools:** Many schools have started hiring psychologists & counselors to help with student's emotional, behavioral issues and learning difficulties.
- **Teachers Training programs:** This can help by increasing awareness among teachers regarding mental health issues, capacity building to screen problems, & encouraging teachers to take steps to help students in need as well as address myths and stigma related to mental health issues.
- **Classroom based curriculum and special "pull out" interventions:** Many good schools focus on activities enhancing student's emotional and social well-being in their curriculum. These also include sessions related to awareness about specific problems e.g. bullying, drugs abuse etc. Unfortunately, these activities are less common in schools, where student population is more vulnerable in term of social adversities faced.
- **Community Connections Model:** Schools may develop formal links so that a mental health professional may deliver services part time in schools or referral pathways to off-site mental health services may be developed.
- **Comprehensive Integrated services:** This is the ideal model towards which all efforts should be directed eventually. The focus here is to develop a whole range of programs to encompass all efforts for promoting positive emotional development, healthy and conducive school environment, prevent problems, screening, early intervention after onset of problems and offer of evidence based treatment.

is not an easy task but it is important to accept the reality that it is the need of the day if we wish to have healthy, well-adjusted youth. All stakeholders need to contribute in creation of environment that strengthens students, schools, and families and overall our society and school mental health services are an accessible effective and sustainable way to do it.

References

1. World Health Report: Mental Health: New Understanding, New Hope. World Health Organization Geneva; 2001. Available from www.who.int/whr/en/index.html
2. World Health Organization (2003a). Caring for Children and Adolescents with Mental Disorders: Setting WHO Directions. Geneva: World Health Organization.
3. Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustun TB. Age of onset of mental disorders: a review of recent literature. *Curr Opin Psychiatr* 2007; 20:359-364.
4. Young Minds Annual Report 2007-08. Available from <http://www.youngminds.org.uk/document-library/pdf/2008%20ym%20annual%20report.pdf> London, Routledge, 2000
5. Syed E, Hussein SA, Mahmud S. Screening for emotional and behavioural problems amongst 5–11-year-old school children in Karachi, Pakistan *Social Psychiatry and Psychiatric Epidemiology* 2007;42(5):421-27
6. Syed E, Hussein SA, Haidry SZ. Prevalence of emotional and behavioural problems among primary school children in Karachi, Pakistan — multi informant survey. *The Indian Journal of Pediatrics* 2009;76(6):623-27
7. Weare K: Promoting Mental, Emotional and Social Health: A Whole School Approach. London, Routledge, 2000
8. Flaherty LT, Weist MW. School-based mental health services: the Baltimore models. *Psychology in the Schools* 1999; 36:379–389
9. Nabors LA, Weist MD, Reynolds MW. Overcoming challenges in outcome evaluations of school mental health programs. *Journal of School Health*. 2000 ;70(5):206-9.
10. Stormshak EA, Dishion TJ, Light J, Yasui M. Implementing family-centered interventions within the public middle school: Linking service delivery to change in student problem behavior. *Journal of Abnormal Child Psychology*. 2005 Dec

1;33(6):723-33.

11. Committee on School Health: School based mental health services. Pediatrics 113:1839–1845, 2004