



"Other challenges in school mental health"



Introduction

Other mental health challenges may also occur among children (in primary school ages) which may have an adverse impact in their daily living and if not addressed in early stages of life they will persist throughout adulthood. It should be mentioned that childhood is a period where several emotional and cognitive changes happen. Most of the times children of this age, are not able to explain or control their feelings, their reasoning skills are not sufficiently developed, making judgements based on what they see rather than on logical assumptions. Depending on the age of the child, some behaviors might be normal. For instance, tantrums among toddlers are more often exhibited than in older ages and as they grow older and they need to achieve independence they might display negative and argumentative behavior. However, specific rules and limits should be set according to the developmental stage. Therefore, children should learn from early stages how to control their emotions and their behavior and to develop logical reasoning so as not to act in aggressive or passive way. If signs of repeated and long-lasting behavioral problems exist, the most effective way is to deal with the problem and intervene the soonest the possible. In the following pages, some of other challenges in school mental health are presented:

- Bullying
- 2. Abuse and Neglect
- 3. Absenteeism







1. Bullying

One out of every five pupils report being bullied. Bullying is expressed as an aggressive behavior in order to cause injury, pain and discomfort to a person. This behavior is repeated and intended. The bullied person is unable to defend him/herself. There are several types of bullying such as, physical, verbal, social and cyber. It should be noticed that bullying is different from teasing among peers, with the second one being "friendly and playful". Boys are more likely to experience physical bullying, while in girls the most common is psychological bullying. The reasons behind bullying are several:

- Low self-esteem
- Neglect
- > Feel of anger
- Social deprivation
- Lack of remorse

Bulling can have an impact on mental, physical and emotional health during childhood that will continue in adult life. Bullied children are more likely to experience depression, anxiety and low self-esteem. On the other hand, bullies are at higher risk of expressing anti-social behaviors, abuse substances and alcohol. For a child being a bystander is a complicated situation since it is difficult to decide how to act.

Bullying involves three types of personality characteristics and behaviors: pupils that bully, pupils who are bully-victims and pupils who are bystanders (those who observe bullying without any reaction to help the bully-victim or to stop this behavior). In some cases, if the bystander finds bulling enjoyable then probably is at risk of becoming bully him/herself.







Characteristics and behaviors of bulling are presented in the graphic below.

Characteristics and behaviors of bullying

Bullies

- Impulsiveness
- Difficulty in following rules
- Physically stronger than other children
- Lack of empathy, etc.

Bully-victims

- Low self-confidence
- Poor social skills
- Anxiety/depression
- Different physical characteristics, etc.

Bystanders

- Fear of retaliation and being the next victim
- Belief that bullied deserve such behaviors
- Lack of skills to stop aggressive behaviors

Signs of being bullied

Warning signs of bullying should not be underestimated and ignored. Behavioral changes may be exhibited as follows:

- > Isolation
- Not proper sleep
- > Angry outbursts
- Loss of interest
- Psychosomatic symptoms (i.e. aches and pains)
- Physical injuries and bruises, etc.







It should be mentioned that these signs might not observed only as a result of bullying. Other reasons might be related such as, anxiety, depression, etc.

Interventions

Environmental factors (i.e. home, neighborhood, school) play a critical role in bullying prevalence. Early interventions in the school setting and families can eliminate and prevent bullying behaviors. These may include the following:

- > Safe and supportive environment
- Encourage respect and kindness
- Address the factors that provoke bullying
- Strengthen children's emotional and behavioral skills
- Family support
- Evidence-based anti-bulling programs (i.e. KiVa)

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2. Abuse and neglect

The W.H.O. (2022) stated that child abuse and neglect is a global problem with serious long-term consequences. Almost three in four children have experienced abuse either by parents or care givers. There are several types of abuse and neglect such as, physical abuse, sexual abuse, emotional abuse and neglect. The factors that may lead to child abuse and neglect are:

- individual factors (i.e. child's age and/or with special needs)
- family factors (i.e. poverty, unemployment, violence and conflicts, family size, minorities) and
- community factors (i.e. easy access to drugs and alcohol, high rates of violence and crime, few chances for activities, lack of safety, etc.).

It should be noticed that, these factors do not necessarily result in child abuse and neglect. However, they have been documented as the most prevailed.

An abused child will probably abuse others or will experience domestic violence during adulthood. It is also observed that abuse after the age of five may have a harmful effect on mental health.

Interventions

Interventions in child abuse and neglect prevention should be targeted on the risk factors. Early identification of families who are at risk is the cornerstone for effective support. Interventions may include the following for addressing abuse and neglect:

- Parental training programs
- Safe and supportive community environment
- Safe and supportive family environment
- > Strengthen behavioral skills







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3. Absenteeism

School absenteeism remains a prevalent problem among pupils. It is found that a proportion between 12% to almost 50% of kindergarteners and elementary school children are often missing from school, most of the times with no excuse. In most cases, pupils that miss school attendance in first grades they will continue in such way even in older ages. According to the CDC (2017) chronic absenteeism is defined if the pupil is missing 10% (around 18 days), for any reason, during school year.

Chronic absenteeism has an impact on academic performance, which within the years it might lead to dropping out school, non-entry in college followed by unemployment, low income, poor health, etc. Therefore, it constitutes a significant public health issue.

The most prevalent reason of absenteeism is sickness, either chronic health conditions (i.e. asthma, diabetes mellitus type I, etc.) or minor illnesses (i.e. cold, flues). Somatic symptoms such as, headaches, stomachaches are probably related to emotional distress. Other reasons might exist such as, anxiety and depression, bullying, sleep deficiency, family problems, low parental involvement, school factors (i.e. bad peer relationships, lack of safety, poor school environment, etc.), transportation problems, etc.

Interventions

It is important to support pupils in order to eliminate chronic absenteeism. Interventions should be targeted on the risk factors of absenteeism. Absence monitoring is important. Interventions may include the following for encouraging better attendance:

- School-based mental health programs
- Safe school environment
- Safe transportation
- Collaborations between schools and families







- Cognitive Behavioral Therapy (CBT) (in case of emotional distress)
- Parental training

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