

SCHOOL-BASED MENTAL HEALTH: PARADIGM SHIFT IN ADDRESSING MENTAL HEALTH OF PAKISTANI YOUTH

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ABSTRACT

About 20–25% of the youth suffer from mental and substance use disorders. Approximately 50% of these mental disorders have an onset before age 15, and 75% by 25 years, contributing to about five trillion US dollars of economic losses every year. Young people's mental health immensely influences how they think, act, and learn. School is a critical place in the lives of developing youth, presenting a unique place for prevention and early interventions. Developed countries, such as the United States of America (USA), Canada, the United Kingdom, and Australia, have established a framework that focuses on enhancing teachers' efficacy in recognising warning signs for mental health problems. They also liaise with school counsellors and mental health professionals to ensure that at-risk individuals get appropriate help for early prevention. Moreover, students are also taught about mental health problems to raise awareness and reduce the stigma associated with them. Pakistan is also making considerable progress to counter mental health issues in its young population. The School Mental Health Programmes for teachers and the Theory of Change model are a few examples of initiatives taken by our government in collaboration with other stakeholders that have shown promise in addressing the mental health problems in children. Moving forward, it is essential for the stakeholders, policymakers, and state institutions to collaboratively build a framework that serves the mental health needs of the Pakistani youth, keeping in perspective the cultural context and limited infrastructure.

KEYWORDS

Adolescent; Child; Counsellors; Government; Pakistan; School Mental Health Services; Students; Theory of Change Model; Youth.

About one-quarter of the world's population is around 10–24 years of age, accounting for almost a quarter of the global population. Out of those, about 20–25% suffer from mental and substance use disorders.^{1,2} Approximately 50% of the mental disorders have an onset before age 15, and 75% by 25 years.² In 2019, mental health disorders contributed to 21.5 million Disability-adjusted life years (DALYs) lost in children and adolescents, accounting for 16% of the global DALYs.³ The economic value associated with this burden is estimated at five trillion US dollars annually.⁴ The situation has worsened further with the COVID-19 pandemic that has adversely impacted mental health, resulting from financial, social, and academic disruptions in the lives of people. Lynch and colleagues have identified several biopsychosocial factors contributing to the psychopathology of internalising and externalising disorders, suggesting an integrated and comprehensive treatment approach.⁵

Youth's mental health is imperative in how they think, behave, and learn. As mentioned previously, most of the mental health conditions start before the age of 15,² highlighting the need for early intervention. School is a critical place in the lives of developing youth, presenting a unique place for prevention and early interventions. Considering the economic and educational loss associated with mental health problems, school curriculum has become an essential tool to target the emotional well-being and mental health needs of the youth.

Developed countries, such as the United States of America (USA), Canada, the United Kingdom, and Australia, have established a framework that focuses on enhancing teachers' efficacy in recognising warning signs for mental health problems. They also liaise with school counsellors and mental health professionals to ensure that at-risk individuals get appropriate help for early prevention. Moreover, students are also taught about mental health problems to raise awareness and reduce the stigma associated with it.

In the UK, the nationwide initiative has focused on first aid training for its secondary school staff, recognising the importance of mental wellbeing.⁶ Another example of prioritising mental health is 'Be You', an initiative by the Australian Government that involves every school being registered with a Be You consultant to help provide support to the children. It also incorporates online modules for educators, which train them to 'notice, enquire, and provide' for children at risk.⁷ In the USA, comprehensive school mental health systems (CSMHSs) provide mental health services to healthy individuals, individuals at risk, and those with significant impairments. These services are provided in collaboration with school-employed mental health professionals, including counsellors, psychologists, and social workers, which are supported by community mental health service providers. According to this model, Tier one services are available to all students to improve their well-being,

including activities like good behaviour games. Tier two services include secondary interventions for students at risk of mental health problems, while Tier three services are the provision of mental health interventions for problems like behavioural disturbances and substance abuse problems.⁸

Now, many school districts are incorporating mental health literacy in their curricula, helping students identify mental health problems and when to seek help. School-based interventions are efficacious in reducing mental health burdens and improving access to care. These programs reduce barriers to care due to factors such as poverty, lack of insurance, or limited access to mental health treatment due to racial discrimination. There is significant data available for mental health interventions among the youth in higher-income countries; however, the majority of the youth lives in lower middle-income countries (LMIC) where very limited research is conducted.

Pakistan, being one of them, has a higher burden of children and adolescent health issues (35%) compared to the global prevalence rate of 10-20%.⁹ Addressing the mental health problems among youth creates problems, especially in the public-school systems, which already have limited resources. There are considerable initiatives being taken to counter these problems. School Mental Health Programme for Teachers, an online training course started in 2019 by the Government of Pakistan, is one such example. This program involved multiple stakeholders, including the Ministry of Health, the Institute of Psychiatry, Benazir Bhutto Hospital, and King Edward Medical University. The pilot phase of the project focused on training teachers to address the socio-emotional health of students and identify individuals at risk. Moreover, ten school counsellors were also trained to provide continuous support to at-risk individuals. Due to successful results seen in students, the next phase of the project will be started in other provinces of Pakistan.¹⁰

Another initiative taken by the Ministry of Health was the implementation of the Theory of Change model (ToC) which was taken up as a pilot project aimed at training the teachers mainly in rural settings by mental health professionals to identify mental health problems in the youth. However, there were several problems encountered by this project, which involved a lack of trained personnel like psychologists and school counsellors in school to ensure adequate monitoring of these interventions. Most parents in rural settings have not received formal education and live below the poverty line, which leads to negligible cooperation with the schools' activities. The stigma associated with mental health problems in most of the communities in Pakistan serves as the biggest barrier for the identification of these problems and seeking help.¹¹

These initiatives have shown promise in addressing the mental health problems in children, and it is essential for the stakeholders, policymakers, and state institutions to collaboratively build a framework that serves the mental health needs of the Pakistani youth, keeping in perspective the

cultural context and limited infrastructure. The framework should also include an ongoing evidence-based assessment of the local needs, barriers, and potential opportunities. The psychologists and clinicians should be integrated within the existing school system with closer engagement of families to ensure timely recognition and intervention of mental disorders.

Optimal mental health is essential for the functioning of an individual, and schools can serve as the focal point for mitigating the prevailing mental health problems in children and adolescents in our country. If a comprehensive mental health plan can be implemented at a national level in schools, we can ensure that the youth have the chance to thrive both academically and emotionally, fostering a healthier and more resilient society.

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