CHAPTER 16

Mental health promotion

All health professionals know they have a duty not just to treat disease but to promote health. They do this partly by preventive measures such as vaccination and immunisation programmes. They also promote health by encouraging a healthy lifestyle, by giving advice on diet and exercise. As mental health problems contribute greatly to the total amount of ill health in the population, it makes sense for health professionals to be active in promoting mental health as well as encouraging good parenting (see Chapter 15).

16.1 Preventing intellectual disability

Intellectual disability has a permanent effect on an individual's quality of life. Although it cannot be entirely prevented, much can be done to help reduce the number of people who suffer from it. Health professionals have an important part to play.

16.1.1 Before the child is born

- Make sure mothers have enough to eat and get sufficient rest.
- Monitor the progress of the pregnancy regularly: refer to a gynaecologist if there is cause for concern about the health of the fetus or the mother.
- Discourage pregnancy before the age of 18.
- Discourage smoking, use of illicit drugs or drinking of alcohol in pregnancy, as it may harm the fetus.
- Treat as an emergency, high blood pressure or fits in pregnancy.
- Do not give pregnant mothers drugs or X-rays unless absolutely necessary.
- Advise pregnant women against carrying heavy loads or walking on slippery ground.
- Immunise mothers against measles and tetanus – do not let them come in contact with people with German measles, mumps or chicken pox.
- If there is a genetic counselling service available, refer all pregnant women over 40 as well as those with close relatives with intellectual disability.

16.1.2 At the time of childbirth

- Avoid premature childbirth if at all possible – if the mother enters labour too early, advise bed rest and refer.
- Ensure only skilled people conduct deliveries.
- If before delivery the baby is in an abnormal position, refer to a specialist.

16.1.3 After childbirth

- Ensure all babies are breastfed at least for the first 4 months of life; this prevents infection and ensures babies are adequately nourished.

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- Ensure proper immunisations for diphtheria, polio, tetanus, tuberculosis, measles and whooping cough.
- Educate the family about proper nutrition.
- Ensure early control of any high fever with cold sponging and paracetamol.
- Treat repeated seizures with anticonvulsants.
- If possible, refer to a specialist all cases of jaundice and babies with breathing or serious feeding difficulties.
- Advise on parenting issues such as the importance of playing with children, talking to them and stimulating them, not abusing or neglecting them, limiting family size and ensuring a safe home with no access to drugs or poisons.

16.1.4 Early intervention for babies at high risk

- Babies may be at high risk because they have been born prematurely, with low birth weight, have had jaundice or meningitis, or have a genetic disorder such as Down syndrome. All babies need stimulation to develop well, but these babies are in special need of activities to promote their development.
- Principles of early intervention include:
  - finding out what the baby can and cannot do
  - deciding what the next steps for the baby should be
  - dividing each activity into small steps
  - choosing activities the parents can do to teach the child the relevant skills
  - encouraging the parents to repeat the activities each day. Children who are slow to develop need much more practice to master each skill.
- Some general guidelines for parents whose child is at risk of slow development include:
  - praise abundantly
  - talk a lot to the child about what they are doing
  - guide the child's movements with their hands, gradually decreasing support as the child is able to take on the activity on his own
  - use a mirror to increase the child's awareness of his body
  - teach by encouraging imitation
  - make learning fun by trying new things
  - involve other children in activities, as they can be the best teachers.
- Remember that children whose brain has been damaged during the pregnancy, or during or immediately after birth may not be capable of reaching the development of healthy children even with an immense amount of stimulation. All the same, early stimulation will give all children the best chance of reaching their potential.

16.2 Working with teachers

After the home, schools are the best places to promote mental health because:

- most children attend school at some time during their lives
- schools are often the strongest social and educational institutions available for intervention; schools have a profound influence on children, their families and the community
- young people's ability and motivation to stay in school, to learn and to make use of what they learn is affected by their mental well-being
- schools can act as a safety net, protecting children from dangers that affect their learning, development and psychosocial well-being

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- schools, in addition to family, are crucial in building a child's self-esteem and sense of competence
- school mental health programmes are effective in improving learning and mental well-being and in reducing the stress on children with mental health disorders, thus achieving improvement in their conditions
- the school environment, by its very nature, can cause stress and strain on children – for example, stress due to examinations, low self-esteem in cases of failure, and depression in cases of bullying.

Teachers can run courses in the development of life skills. Children who have learned life skills to help them cope with stresses are less likely to develop behaviour and emotional problems. Life-skills courses need to be interactive, to be appropriate to the ages of the students and to engage their motivation. A life-skills course curriculum might cover the following subjects (Bharath *et al*, 2002):

- motivation for learning
- discipline
- nutrition
- health and hygiene
- relationships
- communication
- self-awareness
- sexuality
- social responsibility.

There are other ways in which schools can be involved. Teachers can promote mental health in students by creating a positive classroom environment in which teachers and students respect each other without shouting at or humiliating children.

Like parents, teachers need to encourage cooperation rather than competition. The emphasis on competition is deeply ingrained in many schools and it is not easy for health professionals to make a difference here. However, students should be taught to value participation as well as achievement. Cooperation brings with it a sense of belonging to a group. At least some of the work assignments given to children should involve the children interacting with each other. This will help build a sense of identity.

Teachers should avoiding humiliating students by making sarcastic comments. They should ensure that children feel safe by having classroom rules that are clearly displayed and respected. Reducing and, if possible, eliminating bullying in schools makes a major contribution to a feeling of safety at school (see Section 16.3 on anti-bullying programmes in schools).

The child's sense of purpose should be built on. This can be done by making sure teachers' expectations are realistic, that children are set achievable targets and that they are praised for good work, highlighting the best parts.

Helping students to be sympathetic and understanding to people with mental health problems can be achieved by:

- discussing people in the news who have revealed mental health problems such as depression (the probable stresses such people have experienced can be explained); or by
- arranging talks to students by people who themselves have mental health problems, so as to bring a human face to such problems. Discussing people who are in the news because of violent behaviour may also help. This can lead to discussion about ways in which people can resolve differences in non-violent ways.

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In addition, students can be encouraged to get involved with the running of the school. This can be achieved by having a school council that discusses school rules. This will give students the opportunity, for example, to question school rules they think are unfair, make suggestions about the curriculum, and put forward ideas about new school events and celebrations. The existence of such a forum increases students' sense of self-worth.

Finally, schools should ensure that there is good communication at all levels within the organisation. This needs to begin at the top. Head teachers who keep their teaching staff up to date are more likely to have teachers who are good at communicating with each other and with their students.

16.2.1 Information about mental health problems and school

Case 16.1

Shanti is a 12-year-old girl who came with her mother to the clinic. Shanti had no wish to be present, but her mother made her show her wrists to the health professional. There were a number of cuts, mostly quite superficial, but one or two rather deep and poorly healed. It was obvious they had been self-inflicted. The health professional knew that Shanti was an unhappy, rather overweight girl who had never got over the fact that her father, to whom she had been close, had left home about 5 years earlier. She was an only child. She and her mother argued a lot, with Shanti blaming her mother for her father's absence. When the health professional asked Shanti why she had cut herself, Shanti said that a lot of the girls in her class at school cut themselves and then showed each other their cuts. It sounded as if they were proud of their behaviour. What should the health professional do?

There are very many reasons why it is helpful to children and parents if health professionals and teachers can communicate with each other freely, namely that it allows both parties to carry out their tasks effectively. Children can show behaviour and emotional problems either at home or at school, or in both places. Often, parents are surprised that children have problems in school because the child is fine at home. Similarly, teachers are sometimes surprised that a child has problems at home because there is nothing wrong at school. Children who are under stress at school may only show their emotions at home because they are frightened to show how they feel at school and vice versa. So, in order for a health professional to know what is going on, it is often important to understand what is happening in both environments.

Some mental health problems in school are epidemic in nature, i.e. children model or copy each other's behaviour. Examples of this are:

- self-starvation or anorexia (see Section 9.3).
- self-harming behaviour (see Section 9.4)
- physical aggression (see Section 8.3)
- cyberbullying (see Section 8.3.1).

There are numerous stresses that may be felt at school, including:

- finding the work very hard
- fear of failure in schoolwork
- bullying (see Section 8.3.1)
- dirty toilet facilities that children do not want to use.

Children with mental health problems, especially those with attention difficulties (ADHD), do much better if teachers recognise the problem. They can then modify their teaching approach to suit the child (see Section 8.2). For some physical and mental health

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problems such as epilepsy and diabetes, children may need to take medication in school. It is important that teachers are well informed about these children's needs.

Some school attendance problems, especially school refusal but also truancy, may benefit from the help of a health professional (see Sections 8.7). Schools can act as excellent bases for mental health promotion.

Note that the assessment and management of children who, for some reason, are not making good progress in their learning at school is dealt with in Chapters 4 and 5.

16.2.2 Communication between health professionals and teachers

Teachers and health professionals should partner parents to help children to live healthy lives and learn as well as possible. This means that, if at all possible, they need to find ways to communicate with each other. If they are able to communicate freely, this will help both groups of professionals to understand children's behaviour. This will make it easier for them to help.

The best methods of communication will depend on what is available. Face to face is best, but is time-consuming. On the other hand, mobile telephones and emails are all rapidly becoming more available as means of communication. Lack of time is probably the most frequently given reason for lack of communication, but remember that a short conversation that results in an explanation of a child's behaviour may save a lot of time in the long run.

Communication is sometimes made more difficult because teachers and health professionals have different ways of thinking about children. Health professionals mainly use a deficit model – 'What is wrong with this child?' – to restore children to health. Teachers mainly use a strengths model – 'We can build on what is right with this child' – to improve children's learning. So long as this is understood, useful conversations can take place.

Both teachers and health professionals are rightly concerned about confidentiality, especially not passing on information without the permission of parents. This is especially important when the information might be thought by the parents to be shameful. Teachers and health professionals need to be sensitive to this possibility. How they deal with it will depend on local rules and customs. Mostly, parents are happy for teachers and health professionals to communicate with each other about their children.

The actions teachers and health professionals take when given information by each other will depend on the nature of that information. For example, when there is a worrying epidemic of children copying each other in undesirable ways, teachers might:

- identify the child who is responsible for the other children's behaviour and remove him from the class temporarily
- talk to all the children affected, individually or as a group, to discuss how they might deal with their feelings in a different way
- talk to all the parents of the affected children, individually or as a group
- give the whole class the opportunity to learn about positive problem-solving techniques derived from CBT (see Section 2.3.1).

Schools are often the places where children learn to care for frail and vulnerable classmates. Learning to care for others may be one of the most important learning experiences children take away from their school days. It is also desirable to provide opportunities for helping others in the community through group activities.

Now make a list of the ways in which communication between the health professional who saw Shanti and her mother might be helpful.

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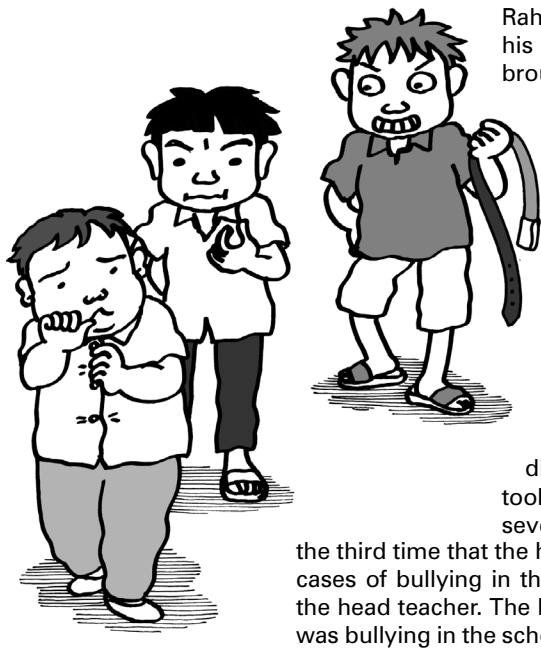
16.3 Anti-bullying programmes in schools



Case 16.2

Rahul was a 10-year-old boy, small for his age and rather fat, whose father brought him to the clinic saying he just would not go to school. He had beaten Rahul many times to make him go, but it did not seem to make any difference. The health professional saw Rahul by himself for about 10 minutes. When asked why he would not go to school, Rahul said that he was frightened to go because two big boys beat him up in the break time. They teased him for being fat, called him 'fat lump' and asked him for money. When it turned out he did not have any money to give, they took him behind the toilets and hit him several times with their belts. This was the third time that the health professional had come across cases of bullying in the local school and she went to see the head teacher. The head teacher told her he knew there was bullying in the school, but what could he do? 'Boys will be boys', he said. What could the health professional do?

16.3.1 Information about bullying in schools

Bullying occurs when a child is exposed to negative actions either by another child, usually bigger and stronger, or by a group of children. The negative actions may be hitting or teasing, threatening or calling names. Anxious, passive, physically weak children are most likely to be bullied.

Cyberbullying is a form of bullying that occurs when a child is exposed to mobile telephone texts, email or online social media messages that call the child names, humiliate, tease or threaten him. If the child who receives such messages is hurt or upset, the fact that the messages were only sent as a joke is not relevant. This is still cyberbullying.

Bullying is very common in many schools throughout the world. It is most common at 8–10 years. Boys are more involved in hitting and beating up other children; girls are more likely to use words to hurt other children, either face to face, electronically or through online forums.

Teachers often do not know about bullying. The more teachers there are at play times or break times, the less bullying there will be.

Being bullied is one of the most common reasons why children do not want to go to school. It is sometimes the main reason why children are depressed and, in a number of cases, it has actually driven children to attempt to kill themselves. Very occasionally, they have killed themselves.

Bullies are often aggressive children, not just to other children but to adults as well. They often show antisocial or other behaviour problems. Children who, at home, are poorly supervised and whose parents are themselves physically aggressive and deal with conflict by hitting out, are more likely to be bullies.

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Bullying is more likely to occur in schools where it is tolerated and not taken seriously, and bullying by students is more likely to occur when there is bullying of teachers in the staff room – for example, inexperienced teachers may be humiliated by more senior teachers. This creates a culture of bullying in the school.

16.3.2 What can be done about bullying in schools?

Note that some of the suggestions in this section may not be suitable for schools in some societies. Health professionals need to be sensitive to the culture of the schools attended by their patients.

Although individual children who are being bullied need understanding and help, action on bullying can only be effective if it is taken by teachers and the school authorities. The following are measures that have been successfully taken to reduce or even remove bullying in schools.

School authorities

The school authority needs to make it clear to the head teacher that they expect her school to take measures to reduce bullying and that this is as much part of her job as producing good academic results. School authorities should not, however, bully head teachers by threatening them if they do not get good results. Instead, they need to provide encouragement and support to head teachers to enable them to do a better job.

Head teachers

- Nurture their teaching staff, especially the weaker members, and avoid making them feel inadequate.
- Make sure it is understood by all teachers and students that bullying is not to be tolerated.
- Make sure that her teachers understand that humiliating children in the classroom is not acceptable behaviour, and help them to find other ways to encourage weaker students.
- Make sure that playgrounds are well supervised at break and play times, and regular checks are made on places that are difficult to supervise, such as in and behind the lavatories.
- Be easily available to parents who wish to talk about their children being bullied.
- Arrange supervised meetings between parents of children who are bullied and parents of children who are bullying them.
- Prohibit the use of mobile telephones in school.

Class teachers

- Introduce as much cooperative learning or small group work as possible. This means that children are expected to work together in pairs or small groups at least some of the time. Such experience reduces the likelihood that children will be aggressive to each other because they will depend on each other.
- Be available to parents who wish to talk about their child being bullied.
- Have class rules about bullying, including cyberbullying by text or email messaging.
- Set up a system so that children can report episodes of bullying anonymously. One way of doing this is to have a box into which students can drop notes without anyone knowing they have done this.
- Make sure that mobile telephones are not used in the classroom or at other times while children are in school.
- Praise the class when no bullying has occurred for some time. This should occur after every break time if bullying is frequent, less often otherwise.

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- Ensure that when bullying is identified, the bully is talked to very seriously about his behaviour and the effect it is having. Punishment may need to take place but should not involve any sort of public humiliation.
- Be prepared to talk to parents of children who are bullies as well as parents of children who are bullied about what is happening.

Parents

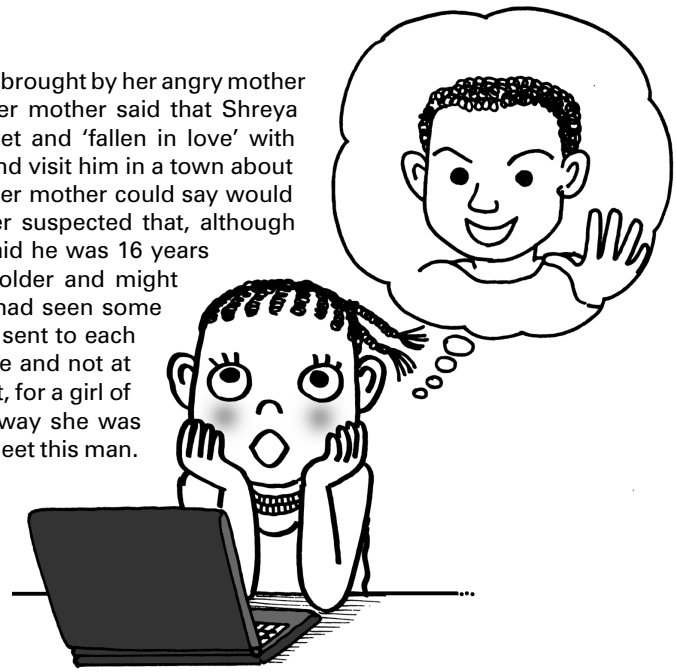
- Make sure their children tell them if they are being bullied.
- Be prepared to tell the head teacher or class teacher if their child is being bullied.
- Cooperate with the school in all the measures the school is taking to reduce bullying, especially if their child is involved in bullying.

Now write down how the health professional who saw Rahul and his father might approach the head teacher or class teacher.

16.4 Social networking

Case 16.3

Shreya, a 12-year-old girl, was brought by her angry mother to the health professional. Her mother said that Shreya had met a boy on the internet and 'fallen in love' with him. Now she wanted to go and visit him in a town about 40 miles away. Nothing that her mother could say would change her mind. Her mother suspected that, although the boy she was writing to said he was 16 years old, he was probably much older and might well be a married man. She had seen some of the messages the two had sent to each other. They were very intimate and not at all appropriate, the mother felt, for a girl of Shreya's age. There was no way she was going to let Shreya go off to meet this man. But Shreya was threatening to run away. What should the health professional advise?



16.4.1 Information on social networking

Our mental well-being is affected by things that we do regularly and, as social beings, a healthy social life is an important aspect of this. In many parts of the world, including LAMI countries, a new way in which young people communicate with each other and regularly spend their time is by social networking. Children as young as those in primary school are spending a significant time on the internet and other social media.

Social networking is an important aspect of young people's lives today. It has both negative and positive impacts, depending on a variety of factors. Positive aspects of social networking include the ability to connect with other people regardless of distance, time or physical circumstances. Negative impacts are often more difficult to recognise. The greatest concerns

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for young people who overuse social networking are social isolation, bullying and depression. Young people, particularly those in their teens, are prone to poor self-esteem and depression. They are also more sensitive about how other people think of them. Young people who are desperate for friendship make poor choices and this is easier to do on the internet. They can readily become victims of bullying and emotional abuse.

Some young people are heavy users of the internet, developing what is, in fact, an internet addiction. This can be said to exist when such activity is pursued at the expense of any other activity. Young people who are so taken up with the social media may not take part at all in any 'offline' activities. These children are more likely to have depression and be lonely.

16.4.2 Assessment of possible overuse of the internet

The following signs are helpful in recognising children who are at risk.

- Spending less time engaged in talking, sharing or communicating with others.
- Difficulties in attention and concentration and lack of focus in schoolwork or other activities of daily living.
- Lack of interest in one-to-one or group relationships; making the internet more important than activities with family and friends.
- Lack of interest and engagement in any 'offline' social activities; feels a constant urge to check status updates and communicate online.
- Frustration, agitation and other withdrawal symptoms (fidgeting, aggression, etc.) when unable to engage in online or social media related activities.

In order to avoid these problems, parents need to encourage their children to be involved in a variety of activities, including face-to-face social engagements and outdoor activities.

Although these problems occur and indeed are widespread, there are very positive aspects in the use of new technology. Moderation in the time spent and recognising the dangers of online relationships and cyberbullying (see Section 8.3.1) are critical.

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