



## Mental Health And School Social Work

**Ms. PRISCILLA SAMUEL**

Doctoral Research Scholar (Part Time),  
Bishop Heber College (Autonomous) Tiruchirappalli

**Dr. F. CARTER PREMRAJ**

Assistant Professor of Social Work  
Bishop Heber College (Autonomous), Tiruchirappalli

### Introduction.

School Social Work is a specialized area of practice within the broad field of social work profession. School social workers bring unique knowledge and skills to the school system and the student service team. School social workers are instrumental in furthering the purpose of the schools: to provide a setting for teaching, learning and for the competence and confidence. School social workers are hired by school district's to enhance the district's ability to meet its academic mission, especially where home, school and community collaboration is the key to achieving that mission. (School Social Work Association of America, 2005.)

School often is the first places when mental health issues are recognized and addressed. The school is a second home for child. The school caters to the need of the holistic development of child. While Schools are primarily concerned about education, mental health is essential to learning as well as to social, and emotional development. At present the schools are becoming a business and the overall educational needs of the children are unmet.

Throughout the world, schools are becoming the main public institution for social development. Schools are working to include those previously excluded from the opportunity of education. They are raising standards for educational outcomes to prepare citizens to participate in multinational world, bound together by communication, and by economic and social relations. The school social worker is becoming a useful professional to assist children who are marginalized whether economically, socially, politically, or personally. Social workers work to make the education process effective. To do this their central focus is working in partnership with parents, on the pupil in transaction with complex school and home environment.

Children often receive core mental health services in schools and many students are affected by mental health concerns. Therefore, every school social worker needs to be familiar with the field of mental health. Although government schools are charged with educating all students, those who are members of vulnerable populations and who are also affected by mental illness, face obstacles beyond those of the general population. Children who live in poverty are also at a greater risk of negative mental health outcomes.

### Children's mental health and academic achievement.

Children's mental health has a demonstrable impact on their academic achievement. According to the US Department of Education (2001), many students with serious emotional balances drop out from the school, it is estimated that 12 to 30 percent of children have serious emotional disorders that will ultimately cause severe academic difficulty. Children who have experienced child abuse and foster care are also at risk for

school failure and poor mental health outcomes.

### Disorders commonly encountered in schools.

Reading disorder. In DSM -IV this condition is named reading disorder. It is defined by reading age well below the level expected from the child's age and IQ. This is distinguished from general backwardness in scholastic achievement resulting from low intelligence, lack of opportunity to learn at home or at school, or poor visual acuity. The child has serious delay in learning to read, evident evident from the early years of schooling, and sometimes been preceded by delayed acquisition of speech and language.

### Dyslexia:

Dyslexia is a learning disability seen common among children. Some with this disability can have problems with reading and spelling while others may have problems with writing. They may have trouble with complex language skills, such as grammar, reading comprehension and more in-depth writing. Dyslexia can also make it difficult for people to express themselves clearly. It can be hard for them to use vocabulary and to structure their thoughts during conversation. Others struggle to understand when people speak to them. This isn't due to hearing problems. Instead, it's from trouble processing verbal information. All of these effects can have a big impact on a person's self-image. Without help, children often get frustrated with learning. The stress of dealing with schoolwork often makes children with dyslexia lose the motivation to continue and overcome the hurdles they face. Most of the teachers are also not aware of these learning disabilities.

### Autistic Spectrum Disorder.

Autism Spectrum Disorder (ASD) is a developmental condition which affects individuals in two main areas:

- Individuals have impaired communication and social interaction
- Individuals have restricted, repetitive patterns of behaviour, interests or activities.

The child with autism has problems with social development, communication, and restriction of interest and behaviour. With regard to the social development the child is unable to make warm emotional relationships with people. Autistic children do not respond to their parent's affectionate behaviour by smiling or cuddling. Instead they appear to dislike being picked up or kissed.

Speech may develop late or never appear, this lack of speech is a manifestation of a severe cognitive defect. Some autistic children are talkative, but their speech is a repetitive monologue rather than a conversation with another person. Obsessive desire for sameness is a term applied to the autistic child's stereotyped behaviour and distress if there is a change in the environment, for example some autistic children insist on wearing the same clothes, same food, or engaging in repetitive games. to accommodate the students learning needs.

### Attention Deficit Hyperactivity Disorder (ADHD).

This is a most commonly identified problem for students in a school setting. It is marked by the students' lack of attention, often combined with hyperactive behaviour and impulsivity. Some of its behaviour manifestations include: poor time management, incomplete or superficially written assignments, poor problem-solving strategies for learning, and poor recall. ADHD has many co-occurring conditions such as learning disabilities, oppositional defiant disorder, and mood disorders. These conditions further complicate the students' ability to learn and pose significant challenges to social workers and teachers as they attempt to accommodate the students' learning needs.

### Mood Disorders.

**Depression:** Depression is diagnosed in adolescents and tends to exhibit high degrees of irritability and agitation. The symptoms of adolescent's depression tend to be similar to those of adults and include: an inability to experience pleasure, low self-esteem, fatigue, boredom, aggressive behaviour, somatic complaints, and irritability, sometimes depressed teenagers express their symptoms behaviorally. They run away from home, engage in low-level criminal behaviour such as stealing or shoplifting, or engage in conflict with peers and authority figures.

Some psychosocial or environmental factors that contribute to a student's depression can include family neglect, abuse, or victimization by peers. Students with depression may come to school with inadequate problem-solving and self-regulatory skills and are often over-stressed. Major life stressors such as the loss of a parent, divorce, or remarriage can also trigger depressive reactions in children and adolescents.

### Anxiety disorders.

DSM-IV describes ten different types of anxiety disorders in childhood. The most common include; separation anxiety, panic disorder, social phobia, obsessive-compulsive disorder, post-traumatic stress, and social phobia. Anxiety disorders are considered internalizing disorders, which means that they are directed toward self and the symptoms primarily involve excessive inhibition of behaviour. Children with separation anxiety disorder show obvious distress when separating from their parents. These children often refuse to go to school and may be mislabeled as school phobic. The fear for these students is not of going to school but instead is a fear of separation from parents. Even when these students attend school on a regular basis they are often so anxious and preoccupied with managing their fears that they are unavailable for learning. They may be slow to make friends, unable to establish trusting relationships with teachers or social workers, and unwilling to try new activities.

### Suicidality:

School social workers are frequently the first adults who become aware that a student is experiencing suicidal ideations. This can be one of the most anxiety-provoking and troubling issues in the school social work practice. Sometimes students reveal these thoughts to the social worker, sometimes a student's friend comes to the social worker, and a teacher passes on a suicidal note to the social worker. Many times parents are unaware of their children's suicidal feelings. Students with diagnosed mental illness are at greater risk for suicide than other students. The pain of depression, anxiety or bipolar disorder can be accompanied by hopelessness, isolation and despair, students who feel alone and are not part of a social support structure at home or at school are particularly vulnerable to suicidal feelings. Some students who voice suicidal feelings are actually crying out for help and may wish

for an adult to rescue them from their agony. When students pose a threat of self-harming it is necessary to breach confidentiality and inform parents, outside service providers and school administration.

The school social worker uses these therapies to provide interventions.

### Play therapy:

Play therapy is a structured, theoretically based approach to therapy that builds on the normal communicative and learning processes of children. Therapists strategically utilize play therapy to help children express what is troubling them when they do not have the verbal language to express their thoughts and feelings. In play therapy, toys are like the child's words and play is the child's language. Through play, therapists may help children learn more adaptive behaviors when there are emotional or social skills deficits. The positive relationship that develops between therapist and child during play therapy sessions can provide a corrective emotional experience necessary for healing. Play therapy may also be used to promote cognitive development and provide insight about and resolution of inner conflicts or dysfunctional thinking in the child.

### Art therapy:

This kind of therapy is mainly used for children who have been sexually abused. This technique is the best method used to bring out the emotional trauma undergone by the child. By providing the child with a sheet of paper and color pencils the child could draw the traumatic experience that she went through in her life. This can help the child to ventilate and also feel relieved from the pain.

### Family therapy.

The school social worker usually meets with the entire family as a group but may meet with several members of the family together. The approach is usually based on the concept of Transactional Analysis, the school social worker can work with families at the point of their strengths, helping families to respond and compensate for the areas that are broken down. As parents are the first educators of their children, a workable home-school partnership needs to develop, characterized by communication etc. The social worker needs to make a complete assessment of the client and present it so the importance and the role of family members can be shared and children with stress and depression especially neglected by parents can be provided with interventions.

### Behaviour therapy:

The Behavioral therapy is rooted in the principles of behaviorism, a school of thought focused on the idea that we learn from our environment. In behavioral therapy, the goal is to reinforce desirable behaviors and eliminate unwanted or maladaptive ones.

Some of the techniques and strategies used in therapy include:

**Flooding:** This process involves exposing people to fear-invoking objects or situations intensely and rapidly. It is often used to treat phobias, anxiety, and other stress-related disorders. During the process, the individual is prevented from escaping or avoiding the situation.

For example, flooding might be used to help a client who is suffering from an intense fear of dogs. At first, the client might be exposed to a small friendly dog for an extended period of time during which he or she cannot leave. After repeated exposures to the dog during which nothing bad happens, the fear response begins to fade.

**Systematic Desensitization:** This technique involves having a client make a list of fears and then teaching the individual to relax while concentrating on these fears.

Systematic desensitization is often used to treat phobias. The process follows three basic steps. First, the client is taught relaxation techniques. Next, the individual creates a ranked list of fear-invoking situations. Starting with the least fear-inducing item and working their way up to the most fear-inducing item, the client confronts these fears under the guidance of the therapist while maintaining a relaxed state.

#### **Conclusion.**

School social; workers have been involved with mental health issues in schools. These issues continue to be crucial every day. Hence the need to recruit school social workers has become the felt need of the community. School social workers provide direct mental health services as well as working collaboratively with families, schools and community partners. The mental health issues related to the children can be solved by proper assessment of the individual and also interventions provided are always tailor made.

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