PSYCHO-SOCIAL HEALTH PROMOTION OF SCHOOL CHILDREN

Handbook

Printed and published by School and Adolescent Health Unit of Family Health Bureau of Ministry of Health in 2021

Ministry of Health

Family Health Bureau

PSYCHO-SOCIAL HEALTH PROMOTION OF SCHOOL CHILDREN

Handbook

Ministry of Education

2021

Family Health Bureau
Ministry of Health

Printed and published by School and Adolescent Health Unit of Family Health Bureau of Ministry of Health

Message from the Director General of Health Services

School children who represent the future of the country, are regarded as an important service-recipients as far as the health system is concerned. Hence promotion of their health is regarded as a priority and is being attempted through many school health services coordinated by the Department of Health mainly through the Family Health Bureau.

The concept of health extends beyond the physical well-being and covers mental as well as social components. Furthermore school children experience physical and psycho-social changes in their adolescence. In this context, the psycho-social aspects must be well covered in our services in order to reach the targets of Goal No.04 of Sustainable Developmental Goals by "ensuring inclusive and quality education by 2030".

A well implemented psycho-social health promotion would improve the quality of life within the school and would facilitate an education-friendly school environment. This would ensure the educational as well as extra-curricular performances of school children at their maximum potentials. In the long run such a culture would ensure a productive future generation with healthy lifestyles.

This handbook for teachers covers all aspects of psycho-social health promotion of school children. It bridges a gap which had been there and would be a complimentary booster for the school staff. I sincerely hope that this handbook would help to enable the school children to improve and to take control of their own health which is the aim of health promotion.

Dr J.M.W. Jayasundara Bandara
Director General of Health Services,
Ministry of Health

Message from the Additional Secretary

The Ministry of Education functions with the vision of “reaching excellence in global society through competent citizens who share the Sri Lankan identity”. Promoting the health of school children is vital in making this vision a reality. It is regarded as an essential strategy which would raise the quality of life of the students within the school and beyond the schooling period as well.

Ministry of education wants to keep with up to date global trends through innovative and modern approaches to education which lead to efficiency, equity, high quality and stakeholder satisfaction. The value of psycho-social health promotion of school children has been highlighted globally by the experts. Hence we welcome the initiative of compiling a handbook for teachers by which the school children who comprise one fifth of the population would be benefited.

I sincerely believe that this booklet which covers a vast content in simple language would facilitate dynamics of teachers in dealing with school children thought Sri Lanka in ten thousand schools. The inclusion of content targeting the adolescence which is a transitional period of the child in physical, psychological and social dimensions is highly appreciated. This booklet would enable the teacher in identifying and managing the needy children with necessary referrals.

I wish to acknowledge the contribution of the Family Health Bureau for this worthy endeavor for generation of “competent citizens”.

Dr Mrs. M.M.Wehella
Additional Secretary
Educational Quality Development
Ministry of Education

Message from the Director Maternal and Child Health

The necessity of attending to mental health problems of school children, have been emphasized by the medical professionals as well as the educational experts throughout the world.

The adolescent population nowadays has become vulnerable to social isolation due to the lack of social interactions and lack of interpersonal relationships. The work-related commitments among parents and educational competition among the children, contribute to this adverse outcome.

The time has come for us to explore with an open mind, the issues like; poverty, teenage marriages, teenage pregnancies, substance abuse, lack of parental quality time spend with the children and not having a person to listen their needs.

There is a well- recognized contributory role of teachers in the school-based education system in promotion of well- being, detection of problems and referral in relation to mental health of school children. A strategy of detection and management of mental health problems among school children is being implemented through the School Medical Inspection.

This teacher-guide which covers all aspects of childhood mental health promotion has been prepared in tri-lingual format as a complimentary activity for the above strategy. We sincerely hope that initially a copy of this booklet would be distributed to each school and then to all school teachers in order to improve the psycho social environment of the school children.

Dr. Priyanee Senadheera
Director/ Maternal and Child Health
Family Health Bureau
Ministry of Health

Panel of Authors

Dr. Ayesha Lokubalasooriya

Advisor and Author
Consultant Community Physician
National Programme Manager School
Health School Health Unit
Family Health Bureau

Prof. Hemamali Perera

Senior Lecturer, University of Colombo
Former Consultant Child and Adolescent
Psychiatrist
Lady Ridgeway Hospital

Prof. Deepthi Samarage,

Professor of Peadiatrics of South Asian Institute of
Technology and Applied Medicine (SAITAM)
Former Professor of Peadiatrics, University of
Sri Jayawardhenapura

Dr. Swarna Wijethunga

Consultant Child Psychiatrist
Lady Ridgeway Hospital

Dr. Jayamal De Silva

Consultant Psychiatrist
& Senior Lecturer in Psychiatry,
University of Sri Jayawardhenapura
Member, Expert Committee on Tobacco and
Alcohol, SLMA

Dr. Manjula Danansooriya

Consultant Community Physician
Anti Malaria Campaign
(Former in-charge of Adolescent Health Unit,
Family Health Bureau)

Dr.Monika Wijerathne

Consultant Community Physician
Office of the Provincial Director of Health
Services, Western Province

Dr. Nuwan Wickramasinghe

Senior Registrar in Community Medicine Senior
Lecturer in Community Meedicine Medical
Faculty
University of Rajarata

Dr.Sameera Senanayake

Senior Registrar in Community
Medicine School Health Unit
Family Health Bureau

Dr. Yasara Samarakoon

Senior Registrar in Community Medicine
Medical Faculty, Colombo
Former AMOH Biyagama

Dr. Chinthika Liyanage

Medical Officer
School Health Unit Family
Health Bureau

Mr. Anura Abewickrama,

Assistant Director in Education,
Physical Education Unit
Ministry of Education

Panel of Translators, Editors, Graphic Designers and Contributors

Editors

Dr. Ayesha Lokubalasooriya
Consultant Community Physician
National Programme Manager - School Health
School Health Unit
Family Health Bureau

Dr. Chinthika Liyanage
Medical Officer
School Health Unit
Family Health Bureau

Dr I O K K Nanayakkara
Medical Officer
School Health Unit
Family Health Bureau

Mr. D.N. Kodithuwakku
Senior Lecturer and
National Programme Officer-Health and Physical Education
National Institute of Education
Maharagama

Dr. Sasheela Subakaran
Senior Registrar in Community Medicine
Former Registrar of School Health Unit
Family Health Bureau

Tamil Editors

Dr G Pragasan
Registrar in Community Medicine
School Health Unit
Family Health Bureau

Dr. Suranutha Anton Suthaharan
Registrar in Community Medicine
School Health Unit
Family Health Bureau

Translators

Sinhala

Dr. Chinthika Liyanage

Dr. L.W. Hathurusinghe
Medical Officer
School Health Unit
Family Health Bureau

Tamil

Dr Dinesh Jeyakumaran
Senior register in Community Medicine
Department of Community Medicine
University of Sri Jayawaradanapura

Typing

Mr. R.P. Nuwan Sameera
Public Health Inspector
School Health Unit Family
Health Bureau

Mrs. Gayani Prasingika
Former Development Assistant School
Health Unit
Family Health Bureau

Miss. Darshani Kumari
Development Assistant
School Health Unit Family
Health Bureau

Computer Graphics

Mr. R.P. Nuwan Sameera

Photographs

Dr. S.J. Senanayake
Mr. R.P. Nuwan Sameera

Resources

Dr. A.N.J. Barana suriya
Dr. C.J. Wijesundara
Dr. K.L.K. Mahagamage
Dr. I.O.K.K. Nanayakkara
Dr. Suranutha Anton Suthaharan
Dr. D.M.S.Jayawardene
Mrs. B.M.N.V. Dhammika
Mr. R.P. Nuwan Sameera

Coordinating Officer

Mr. Anil Karunahilake
Development Officer
School Health Unit
Family Health Bureau

Index

List of Annexures

Introduction

Children are the life line of our nation and it is therefore of utmost importance that we ensure that our children develop not only physically but also mentally and are healthy, alert and active to face the challenges of our ever changing world. A healthy mind is also imperative for the success of the academic life of the child. Developing children to be wholesome individuals therefore is our aim and vision.

Molding a child to be a well- balanced individual requires not only the incorporation of knowledge and attitudes but also necessitates that appropriate skills be imparted to our children. In order to present society with such well-balanced children who would one day blossom into well balanced adults it is of vital importance that special consideration is given not only to their physical development but also to their mental and psychosocial development While equipping a child with age appropriate skills, we feel that the best place to introduce the concepts of healthy psychosocial development is the school.

Research carried out in the last decade indicates a deteriorating psychosocial environment among school children. It was revealed that around 40% of children were under stress due to academic activities, and due to inadequate support from parents. Nearly 10% of children had entertained thoughts of self- harm. At least 10% of children have been found to have been abused at least once in their life time while 38% have been exposed to violence and bullying. This data speaks to us that instilling upon our children the concepts of health promotion and empowering children to face the psychosocial challenges and stresses they face in life could no longer be delayed.

A panel of experts from the school health unit of the Family Health Bureau, Ministry of Health Sri Lanka developed this handbook for teachers on the psychosocial health promotion of school children with the aim that the school children of our nation could be directed by the school community and be empowered to face the various psychosocial challenges they face in their day to day life with the hope that this would result in a society with well balanced individuals fit and empowered both in mind and in body.

Dr. Ayesha Lokubalasooriya
Consultant Community Physician
National Programme Manager- School Health
School Health Unit
Family Health Bureau

Chapter 1

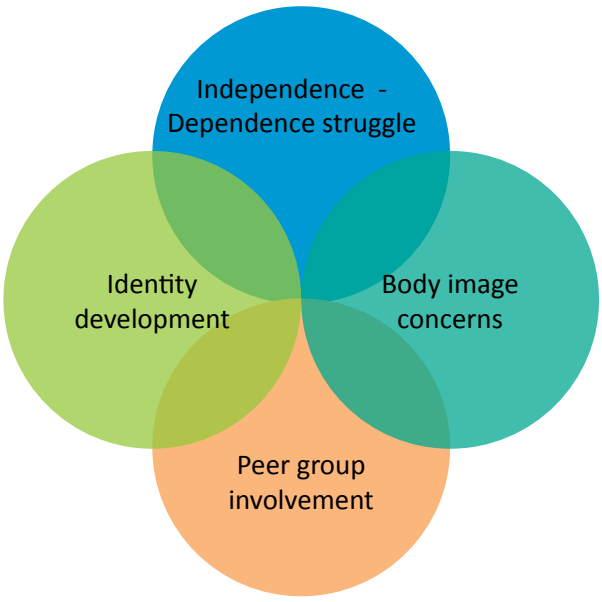
Psychosocial Development of Adolescence

What are the psychosocial development phases?

Adolescence can be divided into three psychosocial development phases: (Lawrence et al 2009)

Grade	Stage	Age
5-8	Early adolescence	10 - 13
9-12	Mid adolescence	14 - 17
13 or more	Late adolescence	18 - 21

What are aspects that characterize the development of adolescents?



Aspects that characterizes the development of adolescents:

- Independence - Dependence struggle
- Peer group involvement
- Body image concerns
- Identity development

(Lawrence et al 2009)

Psychosocial development phases and charasteristics

Early adolescence (approximate ages 10- 13)

Early adolescence (approximate ages 10- 13)

This period characterized by:

- Rapid changes with onset of puberty
- Initiation of adolescent's struggle for independence
- Both the onset of puberty and psychosocial changes occur 1-2 years earlier for girls than boys

Independence - Dependence struggle

Common events include:

- Less interest in parental activities and reluctant to accept parental advice or criticism
- More realization that parent is not perfect
- Emotional void created by separation of parents without an alternative support will lead to behavioral problems
- Emotional lability
- Increased ability for self-expression through speech
- Search for new people in addition to parents

Peer group involvement

Common events include:

- Solitary friendship with same sex (some with opposite sex)
- Strongly emotional tender feelings towards friends – may lead to homosexual explorations
- More dependent on friends

Body image concerns

- Rapid physical changes will lead to preoccupation with self
- Frequent comparison of one's own body with others
- Increased interest and anxiety in sexual anatomy and physiology and frequent questioning on menstruation, nocturnal emissions etc

Identity development

- Cognitive abilities are changing from concrete thinking to abstract thinking *
- Increased ability to reason abstractly
- Frequent day dreaming
- Settling of vocational goals
- Testing authority
- A need for greater privacy
- Emergence of sexual feelings
- Development of own value system
- Lack of impulse control and need for immediate gratification
- Tendency to magnify one's personal situation

Mid adolescence (approximate 14-17 years)	
Mid adolescence (approximate 14-17 years)	**This period characterized by:** • Increased scope and intensity of feelings • Rise in importance of peer group values
	Independence - Dependence struggle • Conflict become more prevalent as adolescent shows less interest in parents and more towards peers
	Peer group involvement • Intense involvement in peer subculture • Conformity with peer values, codes and dress which will further reduce family attachment • Increased involvement in partnering relations – dating activity, sex, intercourse etc • Involvement of clubs, teams, sports, gangs etc • Peer pressure – can lead to negative/positive behaviours
	Body image concerns • Less pre occupied with physical changes • Eating disorders common
	Identity development • Ego development • Increased scope and openness of feelings • Increased intellectual ability and creativity • Less idealistic vocational aspirations • A feeling of **omnipotence and immortality,** leading to risk taking behavior
Late adolescence (approximate 17-21 years)	
Late adolescence (approximate 17-21 years)	• This period can also be referred as “emergent adult period”. These young adults will begin to accept responsibility for their behaviors, to formulate their own decisions and try to financially independent.
	Independence - Dependence struggle • Reduced restlessness and increased integration • Firmer identity • Ability to delay gratification • Improved ability to think ideas and express ideas in words • More stable interests • A greater ability to make independent decisions
	Peer group involvement • Peer group values will become less important • Selection of a partner is based more on mutual understanding and enjoyment than on peer acceptance

	Body image concerns • less concerned
	Identity development Ego development during the late adolescence will be characterized by • The development of rational and realistic conscience • Development of a sense of perception with the abilities to delay, compromise and set limits • Development of practical vocational goals and beginning of financial independence • Refinement of moral, religious and sexual values

Understanding of these tasks will help in evaluation of an adolescent's behavior.

Using development psychology to understand the adolescent

1. Lessons should be planned considering that they move from critical
2. Curriculum should have a lesson that persuade children to critically think about their personality and future vocation
3. According to Kholberg's theory adolescents should be provided with hypothetical dilemmas where students can explore their feelings and openly discussed their viewpoints critically.

This will increase moral reasoning through group discussions

The problems related to normal development

- Identity problems
- Image problems
- Reproductive health issues
- Risk behaviors

Why addressing these problems are important?

These problems hinder children perform to the best of their ability in school as well as in daily life. It carries definite long-term negative consequences since children are at the most critical age of developing their personality.

Figure 1 – Spectrum of gene-environmental interaction

The problems could effectively be conceptualized along a continuum of gene-environmental interaction in which outward expression of individual problems occurs only in favorable environments for such problems.

The interplay of gene-environmental influences could be depicted along a spectrum where one end denotes the problems solely caused by environmental influences, while the other end represents diseases due to internal pathologies or biological causes.

What are the effects of psychosocial issues on Mental Health?

- Depression
- Self Harm
- Sexual relationships
- Substance abuse
- Bullying

What are the effects of psychosocial issues on Physical Health?

- Accidents
- Violence
- Malnutrition
- Sexually transmitted illnesses
- Illness due to substance abuse (Lung cancer/ cirrhosis/ etc.)

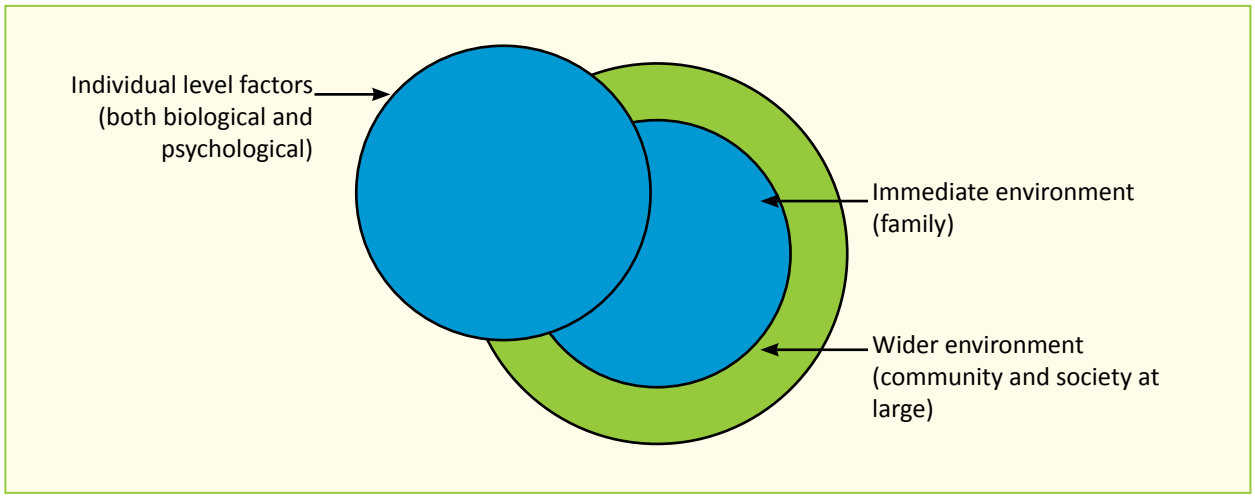
Chapter 2

Risk and protective factors for adolescent mental illness

A range of different physical, psychological, social factors and events, to which anyone can be exposed, can cause mental illness.

Risk factors contributing to mental health problems in adolescents include those at the level of the individual (both biological and psychological), those in the immediate environment (family) and those at the level of the wider environment (community and society at large).

Risk factors contributing to mental health problems in adolescents



These factors interact with each other in contributing to risk. For example,

- Maternal exposure to alcohol in pregnancy (is an individual factor)
- May accompany a Family discord (a factor in the immediate environment)
- Also, child may be having poor educational opportunities because of social marginalization (a factor in the wider environment).

The presence of protective factors at all three levels can eliminate or substantially reduce the negative effects of risk factors.

Family attachment and involvement in community activities are two examples of protective factors in the environment that have been shown to act as psychosocial buffers in the face of other risk factors.

The table below provides good evidence in support of a multifactor basis of mental disorders in young people.

Selected risk and protective factors for mental health of children and adolescents

No	Risk factors	Protective factors
1	**Biological**	
	Genetic tendency to psychiatric disorder	Age-appropriate physical development
	Exposure to toxins (e.g. tobacco, alcohol) in pregnancy	Good physical health
	Head trauma	Good intellectual functioning
	Hypoxia at birth; other birth complications	
	HIV infection	
	Malnutrition	
	Substance abuse	
	Other illness	
2	**Psychological**	
	Learning disorder	Ability to learn from experiences
	Maladaptive personality trait	Good self-esteem
	Sexual, physical or emotional abuse; neglect	High level of problem-solving ability
	Difficult temperament	Social skills
	Inconsistent caregiving	Family attachment
3	**Immediate environment (family)**	
	Family conflict	Opportunities for positive involvement in family
	Poor family discipline	Rewards for involvement in family
	Poor family management	
	Death of family member	

4	**School**	
	Academic failure	Opportunities for involvement in school life
	Failure of school to provide appropriate environment to support attendance and learning	Positive reinforcement from academic achievements
	Inadequate or inappropriate provision of education	Identity with school or need for educational attainment
	Bullying	
5	**Wider environment (Community)**	
	Transition (e.g. urbanization)	Connectedness to community
	Community disorganization	Opportunities for leisure
	Discrimination, marginalization	Positive cultural experiences
	Exposure to violence	Positive role models
		Rewards for community involvement

Positive Discipline

Positive discipline is a discipline model used by schools that focuses on the positive points of behavior, based on the idea that there are no bad children, just good and bad behaviors. You can teach and reinforce the good behaviors while weaning the bad behaviors without hurting the child verbally or physically. People engaging in positive discipline are not ignoring problems. Rather, they are actively involved in helping their child learn how to handle situations more appropriately while remaining calm, friendly and respectful to the children themselves.

Positive discipline includes a number of different techniques which used in combination.

In the terms used by psychology research, positive discipline uses the full range of reinforcement and punishment options:

- **Positive reinforcement,** such as complimenting a good effort;
- **Negative reinforcement,** such as ignoring requests made in **a whining** tone of voice;
- **Positive punishment,** such as requiring a child to clean up a mess he made;
- **Negative punishment,** such as removing a privilege in response to poor behavior.

However, unlike negative discipline, it does all of these things in a kind, encouraging, and firm manner.

The Positive Discipline Parenting and Classroom Management Model is based on the work of Alfred Adler and Rudolf Dreikurs.

The model can be graphically represented as below.

	Positive stimulus Added In	Negative stimulus Removed
Reinforcement increases frequency of desired behaviour	Positive Reinforcement R+ “Reward”	Negative Reinforcement R- “Relief”
Punishment decreases frequency of undesired behaviour	Positive Punishment P+ “Punishment”	Negative Punishment P- “Penalty”

There are 5 criteria for effective positive discipline:

1. Helps children feel a sense of connection. (Belonging and Significance)

2. Is mutually respectful and encouraging. (Kind and Firm at the same time.)

3. Is effective long-term. (Considers what the child is thinking, feeling, learning, and deciding about himself and his world – and what to do in the future to survive or to thrive.)

4. Teaches important social and life skills. (Respect, Concern for others, Problem solving and Cooperation as well as the Skills to contribute to the home, school or larger community.)

5. Invites children to discover how capable they are. (Encourages the constructive use of personal power and autonomy.)

Preventive measures of negative behaviours

Part of using positive discipline is preventing situations in which negative behaviors can arise. There are different techniques that teachers can use to prevent bad behaviors:

Method	**Description**
Teaching appropriate behaviour	**Students who "misbehave" are actually demonstrating "mistaken" behavior.** There are many reasons why a student may exhibit mistaken behavior, i.e. lack of knowing appropriate behaviour or feeling unwanted or unaccepted. For students who simply do not know what appropriate behaviour they should be exhibiting, the teacher can teach the appropriate behaviour.
Establish positive relationships	For students who are feeling unwanted or unaccepted, a positive relationship needs to develop between the teacher and student before any form of discipline will work.

Re grouping	Teachers can recognize groups of students who would not work well together (because they are friends or do not get along well) and have them separated from the start. Some teachers employ the "boy-girl-boy-girl" method of lining or circling up (which may be sexist or effective, depending on your perspective).
Start with Rules	Another technique would be to start with the rules, and consequences for breaking those rules, from the start. If students have a clear understanding of the rules, they will be more compliant when there are consequences for their behaviours later on.
Three warnings	**A series of 3 warnings** is sometimes used before a harsher consequence is used (detention, time-out, etc.), especially for smaller annoyances (for example, a student can get warnings for calling out, rather than getting an immediate detention, because a warning is usually effective enough etc.). Teachers can feel justified that they have **“not pulled a fast one"** on students.

Chapter 3

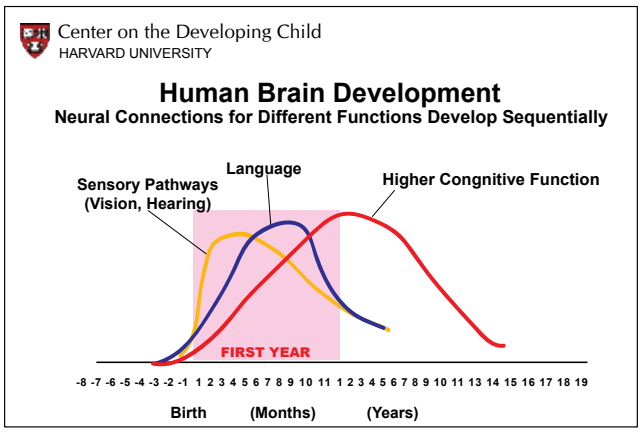
Psycho-Social Development of Youths

At birth a child is considered to have around 100 billion (100,000,000,000) nerve cells in the brain. These cells are distributed among different brain centers devoted to different functions. However, at birth connection between neurons in various brain centers (neural circuits) are not well established except for those related with basic survival actions such as breathing, sucking, moving etc. Neural circuits are established after birth, especially in the early years of life. The establishment of neural circuits is influenced by sensory stimulations.

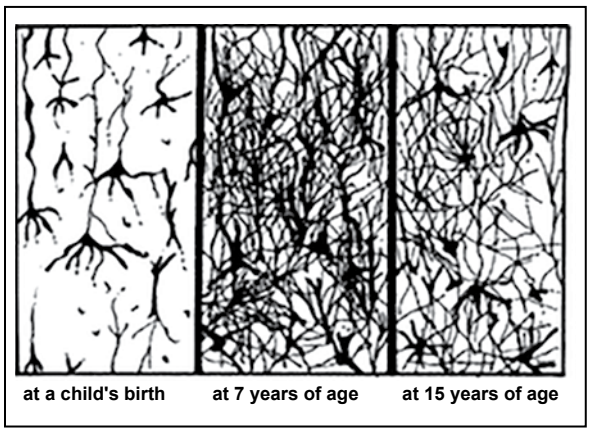
Since birth, every stimuli originated by touch, movement, emotion, and thought creates electrical impulses that traverse along the axons of relevant neurons. Depending on the nature of the stimulus traverse to different parts of the brain.

Traversing these impulses along the pathways that connect different parts of the brain during early life, facilitates the formation of neural circuits between various brain centers. Each sensation a child receive in early life can result in formation of large numbers of such connecting neural circuits called synaptic associations.

(Neil Thalagala 2014; child development, concept, interventions, assessment & problems pg 14–15)



Time frame for brain development



Age wise changes in neural circuits in child's brain

According to experience child get, cells and synapses get preserved. Neurons & synapses which are not utilized get destroyed. It happens upto 25 years and it is called pruning. Pruning reduces half the number of brain cell as at birth. This makes the thinking pattern in child clear.

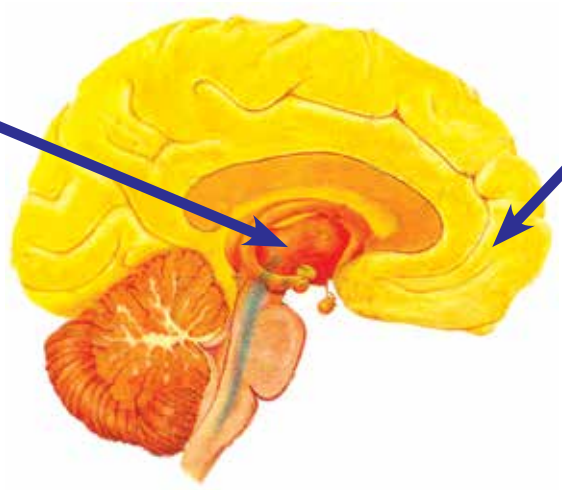
Maturation of brain cells start from birth and continues until 25 years. It starts from back of the brain. Around 15 years, myelin is deposited over the amygdale, which perceives emotions. Therefore adolescents do take up risk behaviors emotionally, (e.g.: fast driving, violence, abuse, self-harm, suicide). They can't control their emotions due to immature frontal lobe, which is important in decision making. (Grganigy and Manning)

Most of the time, adolescents take decisions without thinking about the consequences.

Brain takes nearly 25 years to mature.

"Amygdale" the emotional center at the base of the brain, is fully mature by the age of 15.

Thus, a 15 year old youth experiences same emotions as his parents or rest of the adults around.



The **"emotional control center" based at the frontal cortex of the brain is still growing and myelinating.** When coupled with inexperience, it is no wonder why these youths have no grip on their emotions.

We need to give opportunity to play team games, plan various day to day activities (e.g.: trips, organize school events, etc. to improve the ability of planning and decision making.

Doing social work can improve planning, organization and implementation ability of the child. Discus case scenarios to improve decision making ability.
(Dr. Neinstein and et al. Adolescent Health Guide)

There are three main Endocrine Axis that influence growth and development of adolescents.

1) Hypothalamic - pituitary – gonadal Hog(axis)
2) Hypothalamic - pituitary – thyroid Hog(axis)
3) Growth hormone (GH) axis.

These hormones act on developing brain as well as play a role on fluctuating emotions.

Adolescence and development

(Source: Home Virginia Corporate extension)

Adolescence is the time of many transitions for both teens and their families. It is important for both teens and adults to understand

What is happening to the teen physically, cognitively and socially?

How these changes affect them?

What adults can do to help?

What support services are needed?

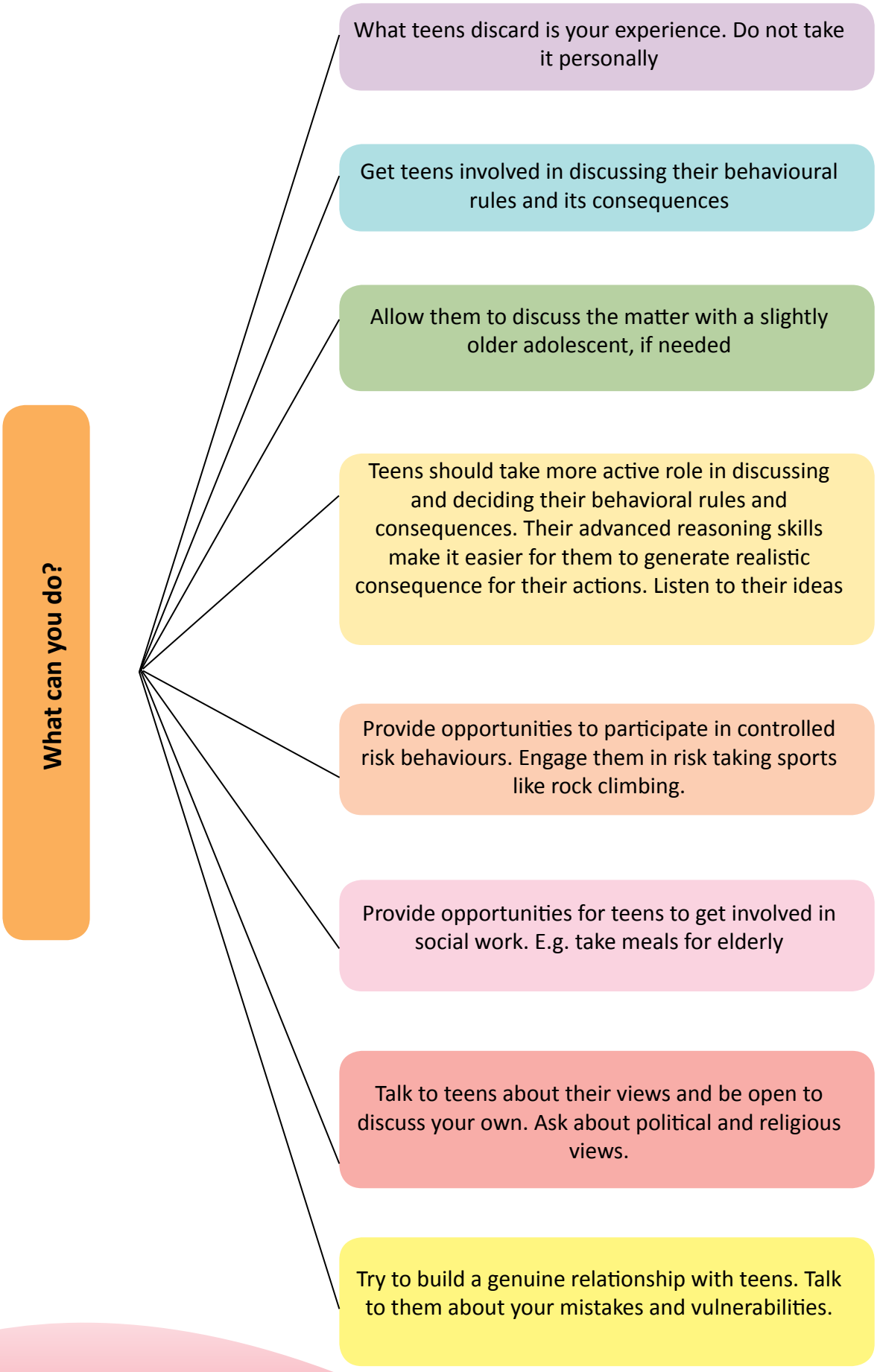
We have to make sure that teens navigate this difficult period successfully.

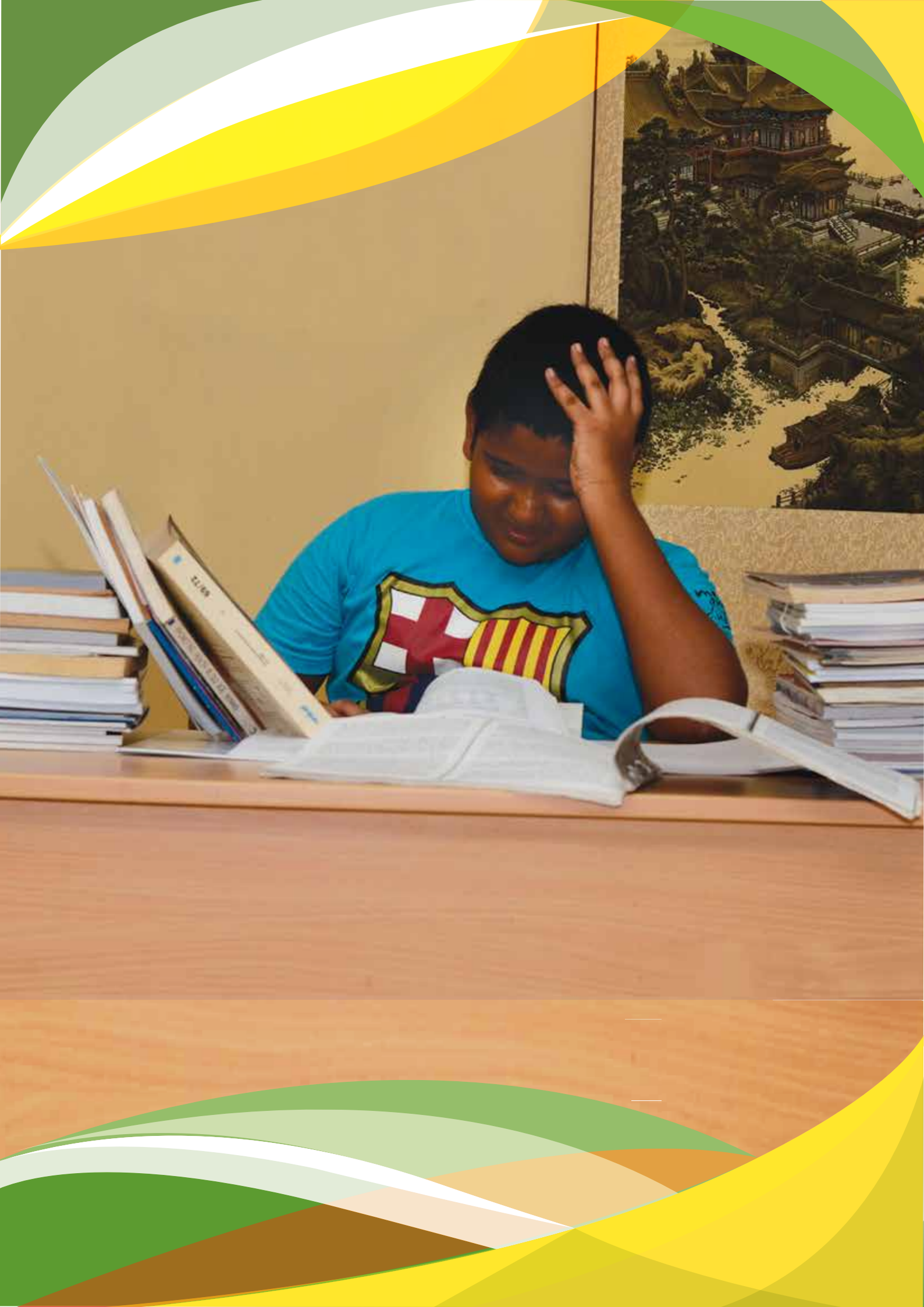
Most adults think that teens have better thinking skills than children. But this is wrong. The table below explains WHY ?

	Thinking Skill	Contents
A	They are still developing advanced reasoning skills	This process includes 1. The ability to think about multiple options and possibilities 2. Logical thinking process 3. Ability to think hypothetically 4. Asking and answering the question “what if ?”
B	Also they are developing abstract thinking skills	This means thinking about things that can't be seen, heard or touched e.g. things like faith, trust, beliefs and spirituality
C	They are developing the ability to think in a process known as meta-cognition.	It allows individual to think about how they feel and what they are thinking. It involves being able to think about how one is perceived by others. They develop strategies also known as mnemonic devices, for improved learning. e.g. “Upul ithin nagita gihin dhammi nidida bala waren”

How these changes affect teens?

Teens Reason	Teens Reaction
Teens tend to believe that others concerned with their thoughts and behaviours as they do	They believe that they have an imaginary audience of people, who are always watching them.
Teens tend to believe that no one else has ever experienced difficult emotions and feelings as they are.	They will over react to uncomfortable feelings. They think others can't understand their feelings.
Teens tend to exhibit “it can't happen to me” syndrome	Therefore teens like to take unnecessary risks. E.g. “I won't crash this car”, “I can't possibly get pregnant”. So they take risks and fall in to trouble
Teens may be ‘cause oriented’	After reading or hearing about harassment to animals, they may become vegetarians.
Teens tend to exhibit a justice orientation	They will promptly point out inconsistencies between adult’s words and their actions. They have difficulty seeing shades of grey. They see little room for error


What can you do?
What teens discard is your experience. Do not take it personally
Get teens involved in discussing their behavioural rules and its consequences
Allow them to discuss the matter with a slightly older adolescent, if needed
Teens should take more active role in discussing and deciding their behavioral rules and consequences. Their advanced reasoning skills make it easier for them to generate realistic consequence for their actions. Listen to their ideas
Provide opportunities to participate in controlled risk behaviours. Engage them in risk taking sports like rock climbing.
Provide opportunities for teens to get involved in social work. E.g. take meals for elderly
Talk to teens about their views and be open to discuss your own. Ask about political and religious views.
Try to build a genuine relationship with teens. Talk to them about your mistakes and vulnerabilities.



Chapter 4
Stress and Educational/ Academic Problems in Adolescence

In this chapter, some common behavioural problems related to academic performances will be discussed. This is essentially based on experience of usual clinical presentation, counseling and treating such patients. The treatment is not mentioned here.

The discussion will start with an account of childhood stress.

4.1 Stress

Stress is the reaction mounted by our brain (mind) and body when confronted with an unusually demanding situation

The stress reaction varies from individual to individual and the recovery or the coping varies accordingly.

Acute and Severe stress

Severe stress reactions are errornessly classified as psychiatric illness, eg: post-traumatic stress disorder and acute stress reactions. Generally these are attributed to severe, usually single stressful event.

They have a negative impact on lives of children. They are easily identified and usually addressed in our schools and our society.

E.g: *Failing an important examination,*
Death of a parent
Being subjected to sexual abuse

Stress

Stress is the negative reaction mounted by brain and body against an unusually demanding situation.

There are two types of stress; Acute stress and Chronic stress.

An insignificant event in life may be very stressful to the vulnerable child/ adolescent.

Change of behaviour of child should never be ignored.

Re-traumatization of a child / adolescent who has already recovered from a stressor should be avoided.

Resilience is the natural reaction which helps child/ adolescent to recover from stresses of life.

Always give hope, and be with the child, if you are to help a stressed child.

Avoid negative self-fulfilling prophecy.

Chronic stress..

General day-to-day problems can causes a significant stress over a long period of time. They may not be identified or addressed adequately. The stressful event or the reaction are not visible. Chronic stress give rise to more health problems.

Eg: If a child has to go without adequate sleep as she lives far away from school and travel a long distance daily.

Eg: Year five and advanced level examination stress

Why stresses occur?

Children are resilient by nature. The few who develop stress reactions do have multiple reasons, that may be difficult to identify. The general notion with regards to causation of mental illness apply here as well; that means, both the environment and genetic vulnerability have a part to play.

Something we consider 'normal' or within day-to-day experience may be very stressful to the vulnerable child.

Eg: A 'minor' event from adult perspective, such as changing the class in the same school, may affect some children.

Stress reaction depends on various factors.

Developmental stage
Age of the child
Individual factors
Cultural factors
Child's temperament
Previous experience,
Family support
Parents' resourcefulness
Many other factors

Some of these are discussed in this chapter.

The behavioral problems and poverty….

The research showed that **there is a relationship between poverty, neighbourhood and family factors.**

It is likely that the children from disadvantaged background have many behavioural problem. Our first reaction would be to blame the parents, to teach the value of moral standards and remind them of the correct way to behave or handle children. However, it is important to consider the impact of being poor and having to live in a disadvantaged neighbourhood.

Parents of these children were victims as children too. These parents are incapable of providing required attention or care

because of the unavoidable conditions. So, we must not held parents responsible for what they can't provide.

It is teacher's responsibility to help these children. Get the support of their parents whenever possible.

How are we to identify a stressed child?

Most stress reactions are short lasting and children grow out of them, due to resilience. They need parental support and teacher's guidance.

Following complaints should alert a teacher to suspect a lasting reaction to stress.

- Falling school grades
- Low levels of functioning
- Social withdrawal of a student

Enquire such in all possible consultations

It is advisable to enquire such in all possible consultations. They need attention. On the other-hand, it is very likely that any child would report some form of a recent or a distant life event or a stressor. Not all of them have lasting effects.

What is Re-traumatization of mind?

Unnecessary labeling of a minor or a major stressor, and trying to dwell on that may be harmful. If child seems to have grown out of the reported incidence, there is no need for revisiting it repeatedly and trying to heal it.

Re-traumatization might take place in the hands of inexperienced counselors.

So be careful. Have a low threshold for a second opinion. Refer to a consultant Psychiatrist or a Medical Officer- Mental Health for further treatment.

What are the complications of children's stress?

- Development of a major mental illnesses
- Functional impairment in the form of decreased academic performance, not doing extracurricular activities and social withdrawal
- Child might become a victim of bullying. And bullying in turn would give rise to new maladaptive behaviour which will perpetuate current difficulties.
- Suicide and deliberate self-harm are two rare but serious complications of stress. In such circumstances, the counselor must refer the child to a consultant psychiatrist/ mental health clinic.

How to help, If not resolved spontaneously or with help within few days/weeks?

Information, education, advice and some support in the form of empathy and encouragement may be the only things required and she/he would heal herself. Practical help to re-organize the life and some time-and-space for recovery might be the most helpful interventions in certain circumstances. Most of the time, it is best to do nothing.

But this is not passive waiting or giving up. This is a period of watchful waiting. So look for the development of serious complications and act accordingly. Then think of formal counseling/ referral.

How to cope with the behaviour of a stressed child?

The child who is at risk is not the one who had undergone a serious trauma, but the one evokes hostile feelings in her teachers and carers. A negative reaction from a teacher towards the child is not uncommon.

It is important to recognize such negative feelings and manage. They interfere too much in the process of helping children. Supervision from an experienced person would help in these situations.

However, it is extremely important to maintain confidentiality. The staff room or a bus halt are not the places to discuss these issues.

How to help a child/adolescent who is stressed?

The general principles of psychological support is the way to start with. All children who appear to be stressed would benefit from the mere presence of an adult outside their home environment. The support has to be tailor made.

Eg. Sexual abuse should be reported to relevant authorities and take precedence to prevent further harm. The following are suggested:

1. Develop a confiding attentive relationship
2. Be non-judgmental
3. Listen; listen before you speak.
4. Allow time and space for aeration of feeling – but do not force or dig.
5. Educate the child about the situation that she is experiencing and give information about the expected reaction.
6. Advice: give practical advice, what to do and what to avoid Having meals, sleep and rest are musts as well as maintaining one's social contacts. Think of the safety.
7. **Maintain hope; this is the single most important factor in recovery.** But provide a realistic reassurance. If you don't know something, accept and say so.
8. Liaison with parents and other agencies may be require.

This supportive approach needs to be combined with other effective interventions whenever needed.

How to avoid a negative self-fulfilling prophesy?

A self-fulfilling prophesy is a situation in which a statement or a prediction becomes true due to the behaviour of the persons concerned acting according to the prediction. This occurs usually involuntarily and unconsciously.

Eg: If an average student in a class labeled and treated as a delinquent is very likely to end up becoming one

4.2 Educational/Academic Problems in Adolescence

Some common counseling problems are discussed in the following pages. The management of the situation is provided as necessary. However, it must be remembered that the actual skills of managing such situations should be gained by working with an experienced Doctor/Counsellor under supervision.

Common Presentat ons

1 *Poor Memory*

2 Increased or decreased sleep

3 Change of behavior

4 School refusal

5 Low marks in a good student

6 Difficult Students/ Conduct features

7 High expectations

8 Demoralization/ Reduced self confidence

9 Perfectionism

10 Avoidance of exams/ Exam Anxiety

11 Distractions, distractions & distractions

12 Internet, video games and mobile phones

13 Pornography

14 Substance abuse leading to academic failures

15 Teacher-student interactions

Common Presentations

Below is a description of some common presentations in Psychiatry clinics. Many of these could be identified, handled and referred by teachers.

1. Poor Memory

Poor memory is a frequent complain among good students. They find it difficulty to retain what they have studied and come up with various complaints. Memory impairment is one of them.

It is unlikely that anyone of this age develop an illness affecting their brain or memory functions. It is safe to assume that most of these problems as arising from psychological reasons.

Our memory depends on attention. Most of the time, poor memory in a child/youth is due to lack of attention.

The most common reasons of lack of attention are:

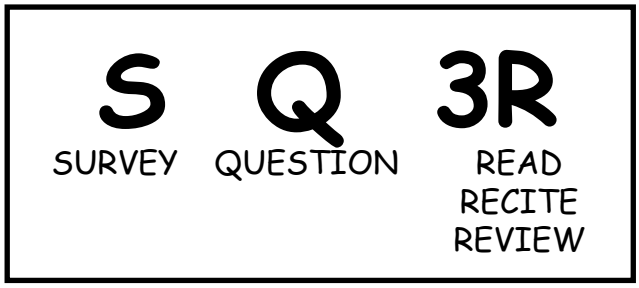
- tiredness – too many tuition classes
- interference – studying too many subjects
- environmental disturbances – heat, light, mosquitos
- Not enough time to settle down and concentrate - the students might not spend adequate time to study, when there is little motivation to do so
- Emotional issues – sadness, anger, anxiety and overwhelmed nature
- Physical problems – pain, aches, dehydration, hunger or fullness
- Cognitive issues associated with the above mentioned emotional states would also give rise to poor attention

How to help someone who complains of poor memory?

Look for the possible reasons of poor attention in detail. Depending on the cause found, one can formulate a plan with the student and take a problem solving approach for each issue.

Review the student to see whether the condition improves. Failing such, the student may be referred to a counselor, psychologist or a psychiatrist.

Improvement in study techniques would be of great use in many circumstances. Introduce techniques like **SQ 3R**. (The details of SQ3R could be found by a google search.)



2. Increased or decreased sleep

The need for sleep during adolescence varies from individual to individual. The average number of hours one should sleep is around six to eight. It is important to have a good nights' sleep as memory formation takes place during deep sleep/ REM sleep. (i.e. studying for an important exam)

Instructions on sleep hygiene may be useful.

- Have a regular sleep wake cycle. In other words, go to bed and get up at roughly the same times every day
- Avoid afternoon naps (however, this may vary)
- Do not spend time on any form of screen prior to going to bed (TV, mobile phone)
- Read prior to going to bed
- Do not take caffeine containing drinks such coffee few hours preceding bedtime

It is more beneficial to study during daytime at which the exams are held. Further, it is ideal if one can sit to a desk and study, exactly as it is in the exam.

3.Change of behavior

Change of behavior may take place secondary to many psychiatric illnesses. Especial concerns are,

- Schizophrenia
- Depression
- Social Phobia
- Bipolar Disorder
- Anxiety Disorders.

A high index of suspicion is required for early detection and immediate referral to Psychiatrist/ Medical officer – Mental Health for proper medical treatment.

It is important to document what you have noticed as a class teacher or a counselor. The information you provide will be very useful in arriving at a diagnosis as some of the young children and adolescents will not be able to tell what is actually going on in their lives.

One or more of the following might indicate the onset of an illness;

- Abnormal fear
- Suspiciousness
- Excessive unreasonable sadness
- Irritability and anger
- Mood swings which are severe and unusual
- Sleep disturbances
- Excessive tiredness and feeling of lack of energy
- Lack of motivation and interest
- Recent change in appetite
- Forgetfulness or prolonged pre-occupation
- Social withdrawal

Teachers should have an insight as to how to suspect a mental illness and refer.

Please see chapter 5 for a detailed description.

4.School refusal

School refusal is an uncommon feature in the adolescent. The usual cause might different from young children. The reason is usually not expressed.

Common causes	Other causes
-Specific learning disabilities -Academic difficulty -Strong attachment to parents	-harassments -bullying -problems with the teachers

Specific learning disabilities

They are a group of disorders where the child is incapable of performing in any of the academic **activities such as reading, writing or Maths.**

They do not necessarily have mental retardation.

Such child would benefit from one-to-one teaching or remedial teaching. Even if tuition is provided, the child should get continuous individual attention as otherwise the improvement would not occur. If possible, instructions of a teacher who is trained in special education could be obtained whilst keeping in a normal classroom with other children. To pay individual attention, it is good to keep student near the teacher's desk.

Please see chapter 05 for a detailed description.

5.Low marks in a good student

Low marks is a frequent complaint from the parents and occasionally adolescent themselves. It is ironic that **the complaint comes from the 'bright kid'.** They say that they study hard, yet get low grades. It is hard for them to accept it. And distress gets added up.

The reason could be multifactorial. **The most common reason is not studying enough, without realization.** The student attends to too many afterschool tuition classes and has little time to study on her own. Hence, there won't be much improvement in knowledge. It is manifested in term tests.

Commonest reason is
not studying enough

Other reasons
Exam anxiety
Perfectionism

The remedy is straightforward. The child should have a schedule in which she has enough time to study on her own. Class room time and study time needs to be balanced.

Other important reasons such as **exam anxiety and perfectionism** are discussed later.

6.Difficult Students/ Conduct features

Some students are labeled to be 'difficult' students from the beginning. When there is a sudden change in behaviour of a good student or someone who was not known to have any behavioural problems in the past, it is worthwhile paying a little more attention.

There is a possibility that a life stressor or an illness is giving rise to the new behavioural change.

It is important to keep in mind the following few things.

- Teenagers and children may engage in antisocial behaviours when they are stressed. (Eg: they find it difficult to come to terms with family problems)
- Depression is a common illnesses that manifests as behavioural problems in adolescents.
- Substance abuse is associated with antisocial behaviours
- Abuse (including sexual abuse)
- Bullying

Therefore, **it is important to look for possible stressor.** The stressor should be addressed according to the principles that are mentioned in the beginning of this chapter.

Uncontrollable cases may need Psychiatrists/ doctors help. In extreme instances, the help of the Police would be necessary.

7.High expectations

High expectations of parents and teachers tend to exert tremendous stress on students.

Some degree of expectation is vital for the encouragement of the student. Too much can be harmful. It is difficult to gauge the correct level, appropriate method and time of encouragement. Good students are constantly encouraged to study hard and get maximum results. The pride of producing good results has become a menace in schools. It destroys the childhood of many children.

The danger starts to mount when the child herself internalize these thoughts and ideas. Then the high expectations of others become their own high expectations. Child thinks that 'one has to be the best'. But that is impossible. Unbearable stress builds up, causing many psychological and medical problems.

Other examples from our school culture -

- Too much of after-school teaching (eg: grade 5 students of some schools)
- The competition between students (is this parent driven?)
- The competition between teachers, created by schools and community
- The classification of classes according to performance of students
- Grouping of good students together
- Unhealthy tuition culture
- Teachers children
- Both parents being professionals

Too much focus on exams and knowledge is already giving rise to many social problems. Such problems need to be addressed in national policy maker’s level discussions.

The student could be helped to come to terms with the reality and understand the negative aspect of such. **The impact on academic work could be the starting point for discussion.**

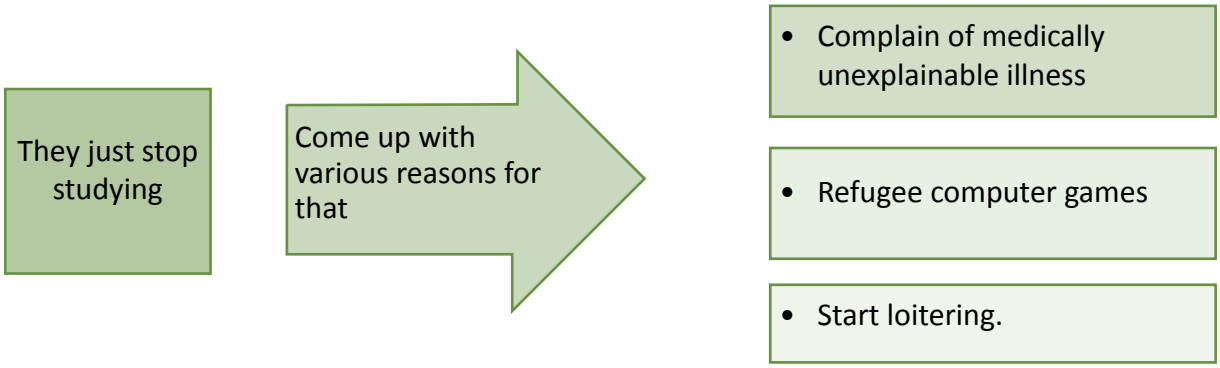
8.Demoralization and Reduced self confidence

This is an illness of brilliant, but not hard working students. Fear of failure is so strong and will prevent them starting to study. Unless this is properly addressed nothing seems to work.

Demoralization and reduced self-confidence go hand in hand. The idea is such that * If you fail to enter the university to do medicine, you are worthless.*

Some of the reasons

- Competitive exams, such as Advanced Level exam in Sri Lanka. There is a chance that one might not get expected results.
- Continuation of 'easy' study style (which assures nine As for O/L for a good student, who later realizes the consequences of such leisurely attitude.)



They are no longer happy and not doing these to irritate their parents or teachers. Many of them are demoralized.

How to help them...

It is very difficult to help some one with demoralization.

The academic expectations are high but the level of performance is low. Parents and teachers give inappropriate feedback. They would say, for example, something like "….He can do well if he studies; we know that." Or "we don't want her to get 'three As'. Even simple passes would do"

They should be taught how to cope with failure and a respond to perfectionism.

For illnesses, the continued care of one doctor or one Paediatrician would be helpful. The doctor or the teacher can discuss examination anxiety at an appropriate time, when the student is ready to do so. If the idea is put forward too early in the counseling process, this will be rejected and no productive outcome gained.

9.Perfectionism

Perfectionism is a good thing gone bad for some students.

Following are some of the things they do...

- Collect all notes – as otherwise they find it difficult to start reading
- Wait till the syllabus is covered- claiming that they can't study or do past papers
- Avoid doing past papers
- Avoid term tests – in case they get low marks and become disheartened.

Perfectionism is the aspiration for 100%. It is not necessarily a bad thing. But studying within a syllabus and obtaining 80% of marks would be more than enough to reserve a seat in a university. It is not necessary to read everything to pass an exam. But the student who engages in this practice would end up being overwhelmed, stressed and demoralized.

What could be done about perfectionism?

Identify this trait among the good students and help them to deal with the situation.

Explain the child that they have to change. If they continue to be perfect, they would fail in exams/ etc. and misery in life follows. Many students change with realization. They need a practical program to deal with the workload. The fact that one need not study some aspects of the syllabus to get "A" should be emphasized.

10.Avoidance of exams/ Exam Anxiety

Exam anxiety is the situation in which a student will experience dread at sitting for and exam. It is combined with anticipatory anxiety and post-exam apprehension as well. The situation is usually common among the good students who are extremely ambitious and anxious of their grades.

Symptoms start few weeks prior to the examination. There could be psychological as well as physical symptoms. The student anticipates the worst outcome and plan to avoid it. Thus he/she avoids the exam.

What could be done about exam anxiety?

As in any phobic situation, repeated exposure (i.e. to exams) can reduce the anxiety. But the problem is that we can't have that many A/L exams or term tests. Hence a change in thinking is desired. Helping the student to come to terms with the worst case scenario and discussion of the options available may be of some help. When severe, patient should be seen by a psychiatrist or a psychologist for assessment and treatment.

'Can't study' - due to various other problems

In general, the students who enter the university do not necessarily have a higher IQ than who do not. The main difference is in the way they handle other stressors in life. School life was managed by their parents for most of them. Whether this is an advantage or not is yet to be decided.

- The way a person handles daily emotional ups and downs is a part of the success or failure of his/her life. It is a part of effective utilization of one's time and energy. It decides ones success or failure in life. **This is part of our emotional intelligence.** If this goes wrong, it is likely that we would not get the most out of our abilities.

- Those who fail to keep the energy levels by having regular meals and sleep may underperform too. Simple practical advice on changing the routine may help.

- **Students who complain that others make them angry and spend hours cursing them end up with failure too.** The issue needs to be discussed and clarified. The habit of holding other people for one's own emotional changes, is going to be detrimental. The habit has to be discontinued if an improvement is expected. Hence the child should be helped to question the validity of such statement and appreciate the harmful nature of such habits.

The discussion has to be carried out with support and empathy. It should be tailored according to the developmental age of the child.

Too many exams: Supply driven market and victims of it

We live in a marketplace driven society. The existing education system is supply driven in nature. There are many local and foreign exams. And lists of qualifications mount up, but skills in managing the job at hand is far beyond. (The knowledge, attitudes, and skills appear to remain the same or little less than the previous generation professionals who usually had single degree/diploma.) Preparing for several exams in several related or unrelated fields at the same time is a common phenomenon today.

Apart from pumping money to foreign countries, these exams and qualifications seem to have nothing much to offer. (It is worthwhile to remember that some developed countries earn as much as one third of their annual income by providing educational services to 'poor countries'.)

How to help a student with many exams/ activities?

we may be dealing with students who are enrolled in too many of educational programs or who have taken up many activities together, going beyond their capacity and stressed by them.

They would benefit from cutting down some of the activities they have taken up.

But the choice is with them. We only can make them aware of what is actually happening and give them some insight.

11.Distractions, distractions and distractions

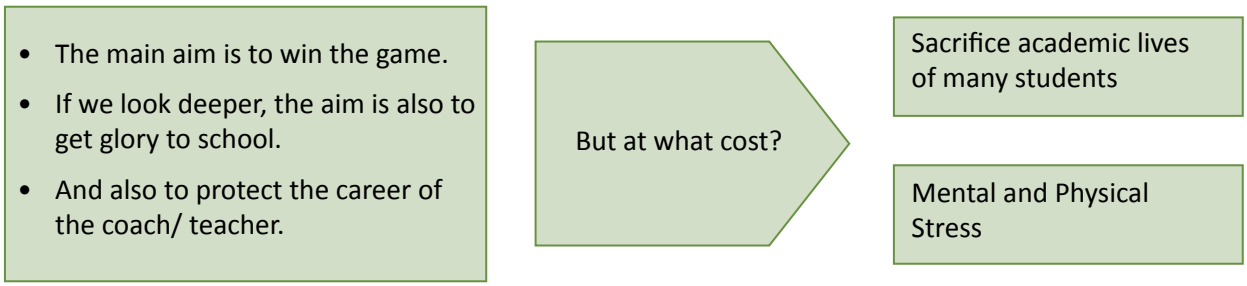
Sports, Prefects, clubs and memberships; where is the balance?

Sports

It is not so easy to perform well in exams while one engages in a full time sports activities. Few students manage to do so. And they are the lot who somehow find time to study. Most of them may have enough parental and financial support to manage the rest of the life in a way that they save enough time and energy to study.

Others have to go for a compromise. Balancing things is not easy.

Another issue is too much of demand placed by the sports on a student who do not aspire to become a professional sportsperson. The resultant stress could be detrimental. Both the teacher in-charge or the coach are not very different, when it comes to expectations as mentioned earlier.



When you find a student who is Unable to achieve academic success, let them decide and get rid of a few of their sports/ extracurricular activities.

12.Internet, video games and mobile phones

Internet is freely available at a low cost. Many young people have access to it. There are a lot of good things. Games, films, ect are not inherently bad stuff. The issue is addiction. The exposure to advertisements is too much. They undoubtedly affect the developing mind.

How to recognize if a child is addicted to something?

Addiction is considered a major behavioral problem

Just using something including internet or video games will not amount to addiction unless there are features which indicate significant impact on someone's life.

Features of an addict…

1. Craving for the behavior or substance
2. Inability to control once started
3. Gradual increase in use
4. Uneasy feeling or frank withdrawal once away from the situation or substance.
5. Increasingly seeks intense experience or increase in the amount of substance taken, leading to narrowing of repertoire.
6. Give up alternative pleasurable activities and the behaviour takes precedence over everything else, including studying and family life
7. Continue to engage in the behaviour or substance taking despite being aware of the harm.

Internet addiction

A teenager who is addicted to computer games would spend increasing amount of time on that. He will give up all other activities despite parental advice. Especially at night, he would spend long hours playing games. When the chance is not there to play a game due to some reason, he may go in to a 'withdrawal state', in which he is preoccupied with the game and feels uneasy and uncomfortable. This state may lead to anger outbursts and other disruptive behaviors if only he has learnt to do so in the past and control his parents.

Most of these children come out of the habit on their own. Once they realize the nature of addiction, they get more control over what they are doing. They should be encouraged in the process.

Occasionally they would need medical/ Psychological support and treatment.

Even if there is no addiction, internet itself is a powerful distractor. It is strong enough to make one procrastinate important things. Hence, the proper time management is required when using internet. It would be better to come to a decision with regards to when to stop.

Please see chapter 13 for a detailed description on addiction.

Cable TV / Television

The **cable TV services do waste children's time more than internet. The sensible thing to do is to not to have any TV connection.** It is likely that the student will have some spare time to study or do some other useful activity such as physical exercise.

13.Ponography

The use of internet has given rise to ubiquitous availability of erotic material. The use of such has been found to be common among teenagers.

However, if there is a complaint from parents or from the teenager himself, a confidential interview should be provided by teacher. Many of them do not need any medical or psychological help. Most of the time, there is no illness or a sexual deviation disorder found and no treatment needed. However, this would lead to functional impairment and falling school grades. When in doubt, refer the student to an experienced medical practitioner or a psychologist.

14.Substance abuse leading to academic failures

Tobacco and alcohol are the commonest substances of abuse among the teenagers and will give rise to academic and behavioral problems. They are unaware of the negative health effects, but are victims of promotional activities carried out targeting them.

Some bright students are fooled to think that some drugs improve memory.

Please see chapter 13 for a detailed description and management of substance abuse.

15. Teacher-student interactions that has an unfavourable effect

All are human and there are problems with some human beings. Whilst this is rare, it is possible that a behaviour, done with good intentions, of the teacher, be the reason of problem of the student. Occasionally, students become victims of favouritism or hatred and hostilities and many other related issues in schools. It is important to identify such and take proper action. Only way forward is collective action of other teachers who recognize this issue. Sometimes an influential parent can do the same but they are reluctant mostly fearing repercussions.

Lack of future orientation and goal is not normal. It is very unusual to come across a child who says that she does not wish to enter a university when enrolling for biology classes in the year 12. Loss of interest takes place due to many a reasons, including problems with the teachers. What we can't change is what we can't change. Hence, issue of 'not so good teacher' is not discussed here and it is assumed that all teacher endure to educate their students as best as they could.

The good and bad about teaching!

Teaching is a rewarding profession. Unfortunately, it is coupled with quite a bit of disappointment. Below are few questions that would make us think again of the fundamentals of teaching. There may not be one correct answer. The reasons for listing these arbitrary questions is that some of our students' problems are entangled with problems of the teachers. A change in our own attitudes is asked for in a big way.

Please forget about all you learnt in the training school/ university and answer following questions.
Who is a good teacher?
What if my student fail?
What if I do not produce as great result as the teacher in the next class?
Am I trying to help the poor student, who is poor both academically and economically?
Am I promoting individual success at any cost, to come up with the best results in the school,
Or success as a class in which all students seem to help each other to pass or become better?
What is a good result? What are the characteristics of a good student at the time of leaving school?
Did I have the same 'good' criteria when I was in school?
Can I strike a balance in myself?
What do I wish for my students; happiness, virtue, or success in terms of achievement?

The last word

The reality in life tells us that only a small fraction of students who study biology will end up in the medical school as there are a few vacancies. Similarly, in other subject streams, if all students who sit the A/L exam may get 'three As', not everyone will get a chance to enter the University.

Acknowledging this harsh reality and allowing students to come to terms with this is as important as teaching them how to answer questions.

Chapter 5

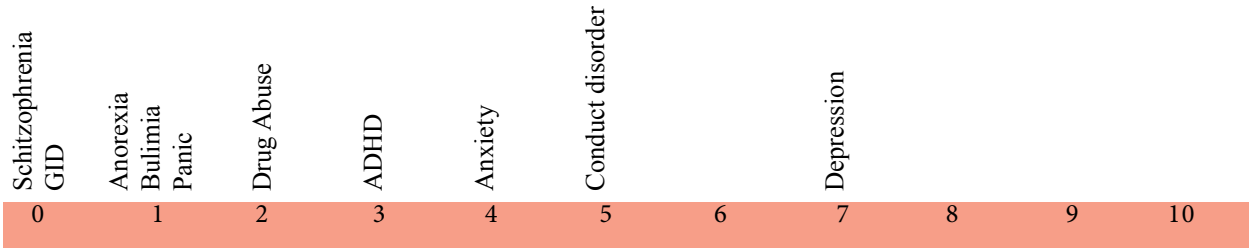
Mental Health Problems of adolescents and children

For a child who enters a school to leave as an educated young adult, the school environment, family background, society and the mental well- being of the child should be in a favorable status. Teachers who spend more time with these children should be able to understand them and their issues.

Commonly identified main mental health issues can be classified as this.

1. Learning difficulties
2. Attention deficiency
3. Aggressive behaviour
4. Communication difficulties
5. Psychosocial issues
6. Issues regarding substance abuse
7. Other special psychiatric problems

The above mentioned issues do not exist separately, but are interconnected with each other.



Learning Difficulties

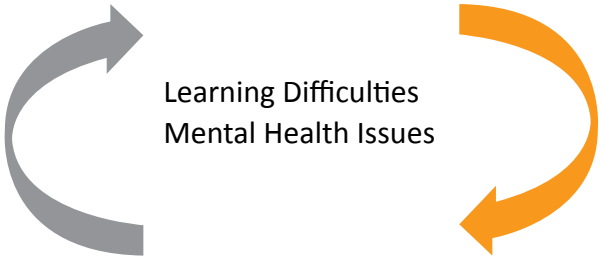
In a classroom, students differ from each other in understandability, learning capacity, memory power, creativity and etc. There are many causes for learning difficulties.

- No opportunities to learn
- No appropriate background to learn
- Visual, hearing or any other chronic disability affecting learning

If a child is showing difficulties in learning without above mentioned causes, he /she might be having Mental health related issues.

Main mental health issues causing learning difficulties:

They might be having personality problems, lack of self-confidence, and lack of forwardness. Mental Health issues and learning difficulties are in a vicious cycle



1. Mental Retardation:

- These children show defective brain development
- They can get low cognitive skills, difficulty in understanding, defective fine motor skills, and poor social relationships which are associated with low intelligence.
- They are unable to do day-to-day activities alone.
- It's easy for these children if they can be taught in a special teaching unit.

Teachers role

- Teach skills which are needed in day-to-day life
- Teachings should be appropriate for child's brain maturation
- Should be referred to a psychiatrist

2. Special learning Difficulties

- These children's' brain maturity and other skills are normal.
- When compared with age and intelligence, there can be deficiencies in reading, writing or mathematical skills.

2.1Reading difficulties

- When reading, dropping letters, adding letters, mispronouncing words, reading words from backwards to forward, reading slowly, stopping inappropriately at unnecessary places can be seen.
- They find it difficult to understand the content of what is read.
- They also find it difficult to answer if questions were asked from what they read.

2.2Spelling difficulties

- When writing, omitting letters, writing wrong letters, adding letters, writing reverse or invert letters can be seen.
- Can see this difficulty in spelling out loud too.
- They do not have a difficulty in pronouncing or speaking words.
- Difficulty in writing rounded, nice letters is not taken under this.

2.3 Difficulty in mathematical (maths) skills

- They have a difficulty in understanding the basic concepts of mathematics like addition, reduction, division etc.
- Difficulty in understanding the value and the order of numbers.
- Writing wrong and reverse numbers also can be seen.
- As they cannot even understand basic concepts, complicated mathematics like algebra, geometry, trigonometry, arithmetic will be impalpable.
- Poor ability in memorizing multiplication charts and adding decimals and plus/minus.

Above mentioned three types of learning difficulties can be seen in the same child.

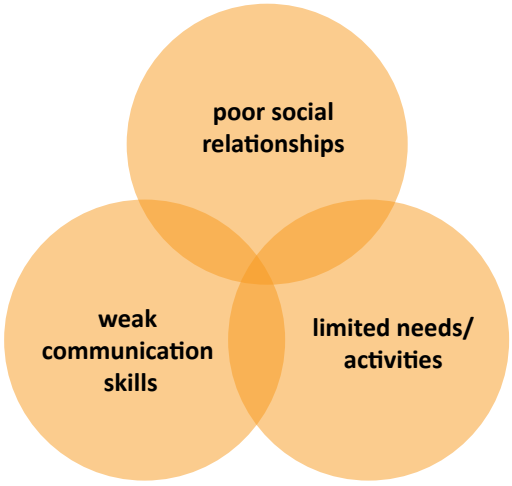
Teacher's role

- Should let these children be in the class room
- Should identify the child's difficulty and try to train him again and again
- Refer to a consultant psychiatrist

3. Autism

You might think an autistic child in your class room is mentally retarded. But we can easily identify autism with three specific features.

- Poor social relationships
- Weak communication skills
- Activities and needs are limited to a small range.



Let's see these main features more elaborately

- Poor social relationships
  - No eye to eye contact
  - Not friendly
  - Not sharing
  - Not pointing at things
  - Preferring be alone

- ❖ Weak communication skills
  - Less speaking
  - No non-verbal communication
  - Ignore answering questions and pretend as if they cannot hear
  - Using a set words peculiar to them
  - Difficulty in continuing a conversation
  - Talking only about preferred subjects

- ❖ Limited preferences and activities
  - Repeatedly doing useless body movements
  - Preference towards a specific part of an object
  - Having limited preferences of a very narrow range
  - Disliking to deviate from daily routines

If a child in your classroom prefers to be alone, not talking much and not associating others, then he/she might be an autistic child.

It should be emphasize that these feature are not due to impaired intellectual development. But rather they do not understand the social norms and concepts of the class room behaviours.

They need special attention to carry out day to day educational activities and to normalize their life.

Teacher's role

- ➢ Refer the child to consultant psychiatrist
- ➢ Pay special attention to him/her
- ➢ Use special teaching methods to teach him
- ➢ Get a chance to keep extra assistance near the child
- ➢ Speak to them in simple language
- ➢ They need additional time to understand commands and instructions
- ➢ Give separate instructions to them about due activities
- ➢ These children can understand what they see rather than hear. So always try to explain with pictures
- ➢ Give clear simple instructions about the beginning and end of a certain activity
  E.g. Do your all Maths homework and after that you can play
- ➢ If the child has lost his attention, go near and re-dirrect
- ➢ Encourage him to have good relationships with peers. But do not enforce unnecessarily

4. Difficulty in concentrating

Are there students who cannot stay and listen to you in the class among the majority who nicely sit and listen? Behaviour of those children can even irritate you.

Such a child might be having a mental health problem.

- Hyperactivity
- Emotional issues

4.1 Hyperactivity;

Can see following features in these children

- Continuous mischievous behaviour
- Continuous, unstoppable hyperactive behaviour
- Difficulty in concentrating
- More emotional
- More prone to accidents

Hyperactivity can be an interruption to carry out studies. This can lead them lose their popularity in school and lose their self-confidence. It can also lead to emotional issues.

Teacher's role

- Should refer such children to a consultant psychiatrist
- There are medications for Hyperactivity and attention deficiency. Teacher can help the child to take them at class room
- medication properly during school time
- Should pay special attention to child's studies
- Should manage the class room properly
- Should appreciate child's good behaviour without any hesitation

5. Aggressive Behaviour

If a child in your classroom is not listening and obeying you, and behaving aggressively in the classroom that child should be paid special attention.

Any child can show these type of behaviour once in a while, but if a child is showing such behaviour as a continuous, disturbing habit, then it is a special behaviour.

Psychiatric disorders which show aggressive behaviour;

- Hyperactivity
- Emotional Problems
- Behavioural Problems
- Stubborn behaviour

5.1Behavioural Problems

Continuous violent behaviour, disturbing the society which beyond childhood mischievousness is taken into this category.

Violent, disobedient, antisocial children may be having this condition.

We will identify the main characteristics of this disease.

- Disobedient
- Violent
- Hyperactive
- Destruction of properties
- Hitting/Traumatizing others physically
- Stealing
- Telling lies
- Shouting at others
- Bunking classes
- Destruction of Public Properties
- Getting involved in risky activities
- Substance abuse
- Engaging in sexual activities

These children like to get physical punishment. So it's better to prevent him from getting physical punishment

Teacher's role

- Refer to a consultant psychiatrist
- Appreciate child's performances & abilities
- Stop blaming the child in front of others
- **These children like to get physical punishment, so it's better to prevent him from getting something he likes instead.**
- Be friendly with the child
- Give responsibilities like class monitor ship
- Stop criticizing the child

5.2 Stubborn child

These children do not always show above mentioned behaviour. Yet they do things to irritate others.

Continuous stubborn behaviour, disobedience, irritable behaviour and going against laws can be seen in these children. They try to deny their faults and put the blame on others. Their coping ability is less so that they become aggressive more frequently.

Teacher's role

- Refer the child to a Psychiatrist
- Stop advising the child in front of others
- Maintain strict disciplines in the class room
- Be friendly with the child
- Identify child's abilities and try to improve them
- Appreciate the good qualities of the child
- Give responsibilities to the child, appreciate when they are done

6. Communication difficulties

There are many reasons causing communication difficulties. These problems can be nervous system related, throat related, hearing, mental retardation, brain development and environmental. Problems occurring in language skills can be classified in to three categories.

- Difficulties in pronunciation
- Difficulties in expressing ideas
- Difficulties in understanding language

6.1 Difficulties in Pronunciation

A toddler who starts with few sounds and words become able to pronounce words of wider range by the age of schooling.

Yet they might experience difficulties in pronouncing certain words which will be disappeared by the age of 12-13, when they achieve the skills of speaking. That is not abnormal.

It becomes a problem only when others cannot understand what child is saying. Omitting sounds in words, wrong pronunciation and pronouncing certain words with high pitch can be seen.

Difficulties in pronouncing certain words which disappear by age of 12-13 is normal

6.2 Difficulty in expressing ideas

These children use only a limited number of words. They use this limited vocabulary appropriately or inappropriately. Due to difficulty in choosing the appropriate word they tend to use any word instead, use very short sentences, use inappropriate sentence patterns, have no idea of grammatical appropriateness and show difficulty in explaining something.They do not show any difficulty in expressing themselves with gestures or show any defect in thinking ability.

Though vocabulary is limited, non verbal communication and thinking ability are normal

6.3 Difficulties in understanding language

Difficulty in understanding what others say is taken into this category. It ranges from difficulty in understanding a simple sentence, using language strategies, pronouncing words, difficulty in understanding gestures.

Teacher's role

- Refer to a consultant psychiatrist
- Can improve language and speech skills with training so child should be encouraged for training
- Identify child's abilities and help him/her to improve those

7. Emotional Disturbances

Like adults, the students in your class room also get feelings like sadness, hurt and confusion. But unlike us the way they react can be different. If a student in your classroom is having a different behaviour, it could be due to **emotional disturbances.** These issues can disturb their studies, social relations, and also can affect their physical growth. We will see the details of such problems.

A different behaviour may be due to emotional disturbances

7.1 Separation Anxiety

The main feature of this condition is that they worry excessively about losing, being separated from the loved ones. Also they fear that something might happen to them and they will be separated from others. Because of that they tend to cry and do not let loved ones leave them, refuse to go to school, refuse to go to sleep, afraid to be alone, become terrified with nightmares. Symptoms of physical illness can be seen as well.

7.2 Phobias

From experience you might know that developing phobias for certain environmental factors during childhood is a common thing. Thundering, lighting, insects like spiders, animals like cats & dogs, blood, injections, dental procedures, socialization can be the cause for these phobias. Most of these phobias disappear with the time as they grow. But they can have negative effects on child's studies.

7.3 Sibling rivalry

It is natural to be upset after the birth of a younger sibling but developing it in to jealousy, violence and trying to harm the newborn is something that should be paid special attention.

If a student in your class shows a sudden change in behaviour like trying to act smaller for age, refusing to come to school, feeling sad or angry that could be due to this sibling rivalry.

7.4 Selective Mutism

Selective Mutism is being silent with selected people in selected places. Some children strictly keep silent with certain people in certain places. Understanding of language and communication skills of these children are normal. They talk freely in the places they like. If a child in your class is silent he or she might be having this condition.

Teacher's role

- Refer to a consultant psychiatrist
- Be friendly with the child
- Make the classroom a peaceful place for the child

8. Refusal to attend school

It is not a disease. It is only a symptom of a disease or a problem. It can be due to a fear that the child faces in or around school or on the way to school.

School refusal can be due to a fear that the child faces in or around school or on the way to school

Most of the time they do not refuse to go to school suddenly. First they are reluctant, later they will refuse it.

A talented teacher can identify these type of problematic students in the initial stage. In another words, the teacher will be able to interpret as "that particular child won't be coming to school by next week". The first step should be to take necessary actions for that.

If a child is refusing to come to school, a teacher should try to identify the underlying causes. The child's mother should also involve in managing the issue. These children show reluctance in getting ready for school, on the way to school and in entering to class room. They might complain of physical illnesses and will try to give various excuses to leave the place.

Teacher's role

- Refer the child to a consultant psychiatrist
- Identify whether the child is facing any unpleasant situations
- Help the child avoid such circumstances
- Be friendly with the child, so that he/she will forget their fears and anxieties
- Don't be excited about child's physical complaints and send him/her home
- Appreciate child's school attendance
- Help child to catchup with the lessons he/she has missed

9. Substance abuse

Consumption of alcohol and narcotics are not socially accepted due to the realization of bad consequences.

It should be remembered that Alcohol and narcotic companies always target the student in your class.

It is a known fact that children with various mental issues tend to get addicted for these substances. Time to time various forms and names for these substances are being introduced, sometimes those names can be known only among them. You should be concerned about these things.

Events as cricket matches, sports meets and following exams are the best opportunities to spread these among students. So you should be concerned about these.

If teachers can be examples, that is very important.

Please see the chapter 13 for details.

Other special mental issues

10. Obsessive Compulsory Disorder (OCD)

Like in adults, children also get thoughts and feelings constantly. Sometimes one might get the same thought again and again. This can be a bothersome to that person. Some children might get annoying thoughts which they know are not useful. But still they get these feelings which they cannot control. To get rid of these children try to engage in various activities. Though these activities are seen as useless, the child gets a temporary comfort by engaging in such activities. So they repetitively do the same thing.

11. Depression

If a child who was very enthusiastic in school activities earlier, is not showing such interest now and tries to be alone , often irritable, then that child might be having depression. If a child is saying that he/she cannot concentrate that can be due to depression. If a child is bothered about having to do the same things every day that also can be due to depression.

Features of depression

- lack of interest
- Prefer to be alone
- irritable
- insomnia
- lack of sleep
- loss of appetite
- mental & physical tiredness
- sadness
- Cannot concentrate

Teenage and Adult

Depression in teens can look very different from adults. The following symptoms of depression are common in both.

Irritability or anger	Unexplained aches and pains
Extreme sensitivity to critism	Withdrawing from some, but not all people

When treated for depression it might take few weeks for any benefit to be seen. Depression is not a condition which can be cured within a day.

Teacher's role

- Refer the child to a consultant psychiatrist
- Be friendly with the child and try to console him
- Help the child to catch-up with missed lessons
- If the child have been prescribed medications for diepression see whether he/she is taking them on time.

Tool to diagnose depression is mentioned in Annexure 4

Chapter 6

Mental Health Aspects of Sexual and Reproductive Health Problems in Adolescence

Importance of sexual and reproductive health

Having a Positive body image matters
Body changes in adolescence are usually stressful

- **Body image** is a person's opinions, thoughts, and feelings about his or her own body and physical appearance. Having a **positive body image** means feeling pretty satisfied with the way they look, appreciating the body for its capabilities and accepting its imperfections.

- Although body image is **just one part of the self-image,** during the teen years, and especially **during puberty, it can be easy for a person's whole self-image to be based on how his/her body looks.** That's because adolescents' bodies are changing so much during this time that they can become the main focus of their attention.

- **A change in adolescents' body can be tough to deal with emotionally.** Some don't feel comfortable in their changing bodies and can feel as if they don't know who they are anymore. Some go into puberty not feeling too satisfied with their body or appearance to begin with. (Example, over-weight, obesity, short body or disabled). Puberty may add to their insecurities.

Change for some can be stressful. As their bodies begin to change, they may feel different and become self-conscious about these changes. The increased concern regarding body image often leads to a reduced self-esteem.

Puberty

Sex hormones induce puberty
Puberty usually occurs early in girls

Puberty is the time when an adolescents body grows from a child's to an adult's. There are numerous changes that take place and these changes are caused by the sex hormones (testosterone in boys and estrogen in girls) that their body begins producing in much larger amounts than before.

- Puberty takes place over a number of years, and the age at which it starts and ends varies widely. It generally begins somewhere between the ages of 7 and 13 for girls, and somewhere between the ages of 9 and 15 for boys, although it can be earlier or later for some people.

Psycho-social changes during puberty

Brain initiates puberty
Mood changes around puberty are due to sex hormones

- When youth's body reaches a certain age, the **brain** releases a special hormone called gonadotropin-releasing hormone (GnRH). When GnRH reaches the **pituitary gland,** this gland releases into the bloodstream two more puberty hormones: luteinizing hormone (LH) and follicle-stimulating hormone (FSH). For boys, these hormones act on testis and in girls they act on the ovaries.

- Due to shifting levels of hormones in their body and other changes taking place during puberty, **they may experience frequent and sometimes extreme changes in mood.** For example, sometimes their mood will swing between feeling confident and happy to feeling irritated and depressed in a short span of time. They might feel overly sensitive or become easily upset. Some teens frequently lose their tempers and get angry at their friends or families.

Menstruation

Physical and emotional symptoms occur around menstruation
Some girls may worry about many normal variations of menstruation

- Toward the end of puberty, girls begin to release eggs as part of a monthly period called the menstrual cycle. Approximately once a month, during ovulation, an ovary sends a tiny egg into one of the fallopian tubes.

- It's common for women and girls to experience some discomfort in the days leading to their periods. Premenstrual syndrome (PMS) includes both physical and emotional symptoms that many girls and women get right before their periods, such as acne, bloating, fatigue, backaches, sore breasts, headaches, constipation, diarrhea, food cravings, depression, irritability, or difficulty in concentrating or handling stress.

- PMS is usually at its worst during the 7 days before a girl's period starts and disappears once it begins. PMS can be stressful for some. Therefore it is important that teaches and parents are aware of this and be supportive during this period.

- Most girls get upset **during first 2-3 years as their menstruation is not regular.** It can take up to 2 years from menarche for a girl's body to develop a regular menstrual cycle. During that time, her body is adjusting to the hormones puberty brings. Girls may unduly worry about this and it is important that teachers and parents convey this message to girls.

- Some girls may worry about whether their period is normal or abnormal. This is normal when a girl first gets her period and isn't sure what to expect. It is advice to consult a doctor;
  - When period lasts longer than a week
  - when blood soaks thorough more than one pad every 1-2 hours

- when no periods for more than 3 months
- bleeding in between periods
- unusual amount of pain before or during your period
- periods were regular earlier, Then became irregular

Male reproductive system

Boys develop sperms since puberty and store in testis
Onset of puberty is silent for males

- Unlike the female, whose sex organs are located entirely within the pelvis, the male has reproductive organs, or **genitals,** that are both inside and outside the pelvis.
- When a boy has reached sexual maturity, the two testicles, produce and store millions of sperm cells. The testicles are also part of the endocrine system because they produce hormones, including testosterone.
- Testosterone is a major part of puberty in boys. Testosterone is the hormone that causes boys to develop deeper voices, bigger muscles, and body and facial hair, and it also stimulates the production of sperm.
- The testicles hang in a pouch-like structure outside the pelvis called the scrotum. This bag of skin helps to regulate the temperature of testicles, which need to be kept cooler than body temperature to produce sperm. The scrotum changes size to maintain the right temperature. When the body is cold, the scrotum shrinks and becomes tighter to hold in body heat. When it's warm, the scrotum becomes larger and more floppy to get rid of extra heat.

Some common problems faced by boys

- Are morning erections normal?
  - Yes, it's completely normal to have an erection when waking up in the morning.
- Is the size of the penis important?
  - There's a fairly wide range of normal penis sizes - just as there is for every other body part. And just like other parts of the body, how a penis appears at different stages of a boy's life varies quite a bit.
  - Penises come in different sizes and shapes. These traits are hereditary, like eye color or foot size, and there's nothing you can do to change them. Despite what you may hear or read, no special exercises, supplements, or diets will speed up the development process or change a guy's penis size.

Some common problems faced by boys

- Are nocturnal emissions normal (wet dreams)?

  - Nocturnal emission is discharged from the penis during ejaculation while asleep. Usually this happens during dreams that have sexual images. Sometimes guys wake up from a wet dream, but sometimes they sleep through it.

  - Wet dreams begin during puberty when the body starts making more testosterone. Although some may feel embarrassed or even guilty about having wet dreams, they can't be controlled and they can't stop them from happening.

Fertilization

- If a female and male have sex within several days of the female's ovulation, fertilization can occur. When the male ejaculates (which is when semen leaves a man's penis), between **1.5 to 6.0 ml of semen is deposited into the vagina or around the vagina.** Between 75 and 900 million sperm are in this small amount of semen, and they "swim" up from the vagina through the cervix and uterus to meet the egg in the fallopian tube. **It takes only one sperm to fertilize the egg.**

- It is important to note that a girl can get pregnant even after one act of sexual intercourse. Further it is still possible to get pregnant if semen it deposited in and around vulva. Some girls unduly get worried thinking they might get pregnant without having any of the above acts.

One sperm can make a girl pregnant
One sexual activity can make a girl pregnant
Semen around vulva can make a girl pregnant
Some girls worry without being pregnant

Sexual Orientation

- During the teen years, the hormonal and physical changes of puberty lead to an awakening of sexual feelings. It's common to wonder and sometimes worry, fear or hate new sexual feelings.

- It takes time for many people to understand who they are and who they're becoming. Part of that involves having a greater understanding of their own sexual feelings and who they are attracted to.

- Sexual orientation is the emotional, romantic or physical sexual attraction that a person feels toward another person. There are several types. eg:

  - **Heterosexual-** Attracted to members of the opposite sex.
  - **Homosexual-** Attracted to people of the same sex.
  - **Bisexual-** Attracted to members of both sexes.

Sexual feelings are confusing for most teenagers
Sexual orientation and attractions vary during puberty

- Most medical experts believe that sexual orientation involves a complex mix of biology, psychology, and environmental factors. A person's genes and hormones play an important role in it. Sexual orientation is not something that a person voluntarily chooses. Instead, It is just a natural part of who a person is.

- People who don't feel any sexual attraction and are not interested in sex at all are referred to as **asexual.** People who are asexual may not be interested in sex, but they still feel emotionally close to other people.

Teens often find themselves having sexual thoughts and attractions. For some, these feelings and thoughts can be intense — and seem confusing.

That can be especially true for people who have romantic or sexual thoughts about someone who is the same sex they are. It is mainly due to the limited opportunities they get to express their emerging sexual desire.

Being interested in someone of the same sex does not necessarily mean that a person is gay - Being interested in someone of the opposite sex doesn't mean a person is not gay. **It's natural for teens to be attracted to or have sexual thoughts about people of the same sex and the opposite sex. But these attractions fade away with time most of the time.**

They may also feel sexually excited by normal everyday activities such as reading a romantic novel or watching a romantic scene on television. **These feelings are normal and there is nothing to feel guilty about.**

They may have many questions about sex. It is a good idea to talk to a mature adult (like mother, doctor or a counselor) with whom they are comfortable discussing sex.

Sexual Bullying and Harassment

- Just like other kinds of bullying, sexual harassment can involve comments, gestures, actions, or attention that is intended to hurt, offend, or intimidate another person. With sexual harassment, the focus is on things like a person's appearance, body parts, sexual orientation, or sexual activity.

- Sexual harassment may be verbal (like making comments about someone), but it doesn't have to be spoken. Bullies may use technology to harass someone sexually (like sending inappropriate text messages, pictures, or videos). Sometimes sexual harassment can even get physical when someone tries to kiss or touch someone who does not want to be touched.

Sexual bullying is a serious form of bullying
Forcing someone to do sexual things is rape
Rape is a serious crime

- Sexual harassment doesn't just happen to girls. Boys can harass girls, but girls also can harass boys, guys may harass other boy, and girls may harass other girls. Sexual harassment isn't limited to people of the same age, either. Adults sometimes sexually harass young people (and, occasionally, teens may harass adults, though that's pretty rare). But most of the time, when sexual harassment happens to teens, it's being done by people in the same age group.

Forcing another person into doing things he or she doesn't want to do, such as kissing, oral sex, or intercourse, goes beyond sexual harassment or bullying. Forcing someone to do sexual things is sexual assault or rape, and it's a serious crime

Having any type of sex with someone under 16 years with or without consent is a RAPE. Age of marriage is 18 years.

Sexually transmitted infection(STD)

- STDs are infections that you can get from having sex with someone who has the infection.
- STDs also spread easily because you can't tell whether someone has an infection. In fact, some people with STDs don't even know that they have them. These people pass the infection to their sex partners.
- Some of the things that increase a person's chances of getting an STD are:
  - **Sexual activity at a young age.** If a person starts sex at a younger age, he/she has greater chances of getting a STD.
  - **Multiple sex partners.** People who have any kind of sexual contact - not just intercourse, but any kind- with many partners are more at risk of STD.
  - **Unprotected sex.** Latex condoms are the only way to reduce your risk of getting an STD. You must use it every time you have sex.

Anybody can get STD IF

- **Start sexual activity at younger age**
- **Have many sex partners**
- **Unprotected sex even Once**

A person who is inviting verbally/non verbally for a sexual act to a young person must think twice.

If a young person reject your invitation for a sexual act, do not conceder it as an insult, but that's only a decision taken by that person. You should respect that person's choice.

Student with sexual problems will not come and say so. But teacher may observe behaviours such as sleeping in class room, academic failures during recent past, or complains like headache. Teacher can suspect and smoothly inquire to find out the actual reason and help them.

Help the students to avoid places where they are persuaded for sexual activities. Eg: dark places, alone at home, abandoned building, parks…

Give them the skills to say 'NO'.

Tell students to wait until adulthood to make important decisions in their life.eg: partner for marriage, getting married, to have children

If you would talk to your daughter about safety, talk to your son about consent

Chapter 7

Impacts of Bullying at School

Every child has the right to feel safe at home, at school and in the community. Bullying is not a normal part of growing up. Bullying behaviour doesn't usually go away on its own and often gets worse with time–it needs to be dealt with directly.

The term "bullying" once referred only to physical actions such as hitting, kicking and punching. However, other types of non-physical behaviour can have similar impacts on the victim. The damaging effects of psychological and verbal bullying as well as social exclusion are forms of bullying.

Bullying is people doing nasty or unkind things to you on purpose, more than once, which is difficult to stop

5 things that we should know

1. *Bullying is far more than it seems*
2. *Bullying takes place both in school and outside*
3. *Bullying in school can be influenced by home & community factors*
4. *Bullying cannot be successfully tackled in isolation*
5. *Victimization can have lasting detrimental impact*

How do you recognize bullying and how is it different from fighting?

- Bullying is a form of aggression which take place within a relationship where the children involved perceive that there is a power differential. Bullying actions are targeted at the victim in a purposive manner and are intended to reduce the perceived power the victim has over the situation or to intentionally harm the victim. Bullying includes actions within a relationship between a dominant and a less dominant person or group

- Fighting among school children where there is the same perceived strength (physical or psychological) is not considered bullying.

Bullying

- An imbalance of power (real or perceived) manifests through aggressive actions, physical or psychological (including verbal or social);

- Negative interactions occur that are direct (face-to-face) or indirect (gossip, exclusion);
- Negative actions are taken with an intention to harm. These can include some or all of the following;
  - Physical actions (punching, kicking, biting),
  - Verbal actions (threats, name calling, insults, or sexual comments)
  - Social exclusion (spreading rumours, ignoring, gossiping, excluding).
- The negative actions are repeated. Either the intensity or the duration of the actions establishes the bully's dominance over the victim.

How to identify the victims & perpetrators of bullying?

- Sad
- loss of interest in activities
- Tense
- With fear
- With Worries
- With Low self-esteem
- Aggressive
- Having frequent headaches,/stomachaches
- Frequent School absenteeism
- Having unexplained tearing of clothes /books/ soiled clothes

Intervention

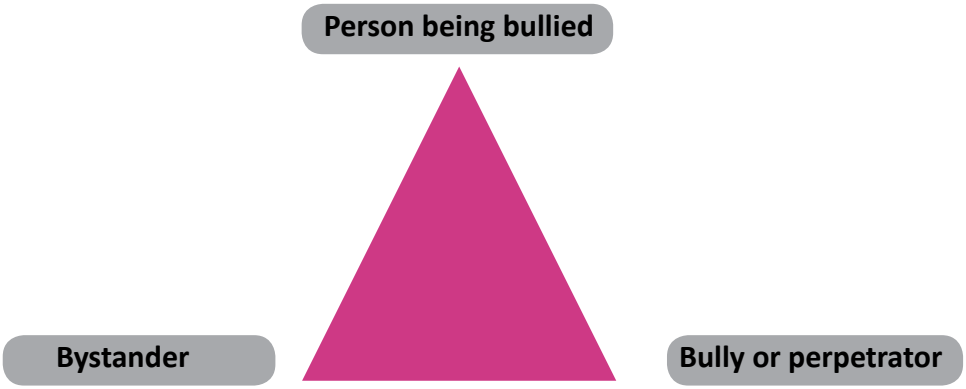
1. Incident management
   Manage the incident then & there.

2. Building Resilience-
   Help young people develop the resilience to support them to initially stand up to bullying behaviour against themselves or others and if necessary get help.

3. Develop a system to identify and prevent bullying; eg: a committee including teachers, students

4. Access support
   Enable young people to identify and feel confident to access sources of support when they recognize they or someone else cannot successfully manage what they are experiencing

Three roles involved



'hanger on'

(Does not initiate or lead the bullying but joins in the subsequent behaviour)

It is important to recognize that the bystander maybe in the strongest position to intervene or seek help for the person being bullied. Bullying is less likely to be tolerated in a strong supportive classroom community, and should it occur, the person being bullied is less likely to be isolated and more likely to receive support.

What we can do in the class for prevention

- Develop **Anti bullying policy** WITH the children
- Develop communication and negotiations skills in order to build relationships
- Develop empathy, predict possible outcomes and construct alternative strategies
- Drama to develop and rehearse skills
- Whole class discussion
- Identification of Hot spots & appropriate management

Anti bullying policy

- Draft policy WITH the students in a easy read version
- Ensure everyone knows it & understand it
- Display the policy –don't file it
- Revise when necessary

Educate children about different forms of bullying

Physical: Pushing, tripping up, kicking, spitting

Emotional: Name calling, using insulting names/comments

Indirect: spreading rumors

Cyber bullying: using mobile forms /internet/ face book/ email

Activities

1. Take responsibility [for example,…for the needs of others, such as by acting as a supporter, as a befriender, or as a playground mediator for younger pupils; …]
2. Feel positive about themselves [for example, by producing personal profiles of achievements; by having opportunities to show what they can do and how much responsibility they can take]
3. Participate [for example, in the school health club meeting]
4. Make real choices and decisions [for example, about playground zoning and environment to create safe areas]
5. Opportunities Meet and talk with people [for example, people who offer support to children such as religious leaders]
6. Develop relationships through work and play [for example, taking part in activities with groups that have particular needs, such as children with special needs]
7. Use case studies, simulations, scenarios and drama to explore personal and social issues and have time to reflect on them in relation to their own lives and behavior
8. Prepare for change [for example, transferring to secondary school after grade 5 scholarship– and thinking about how they might deal with and support each other in handling the challenging situations including bullying].

How to Prevent Bullying?

01) Make sure an adult knows what is happening to their children

02) Enforce anti-bullying laws

03) Make it clear bullying is never acceptable

04) Increase adult supervision in the yard, wash rooms, halls more vigilantly

05) Emphasize caring respect and safely teach them the consequences of bullying

06) Improve communication between school community

07) Establish a system of reporting (problem box)

08) Encourage positive peer relationships

09) Improve the range of interest and offer a variety of extra-curricular activities

10) Teach the students how to be assertive

11) If the bully is having a mental illness – manage it

12) Develop a bullying surveillance system by establishing student bullying prevention committee in each class

What are the Short term effects of bullying?

01) depression

02) suicide

03) anxiety

04) anger

05) drop in school performance

06) excessive stress

What are the Long term effects of bullying?

01) feeling of insecurity,

02) lack of trust

03) extreme sensitivity

04) mental illness such as psychopathy

05) vengeance

Chapter 8
Violence its consequences in adolescence

School Violence

School violence is a violent event that occurs in school, on way to school or school sponsored event, or during school sponsored event. A student can be a victim, perpetrator or witness.

Various types of violence can occur in schools; physical, verbal and non-verbal or gestural forms and sexual. It can badly affect physical, mental and social wellbeing of students. Some violent acts such as bullying, slapping or hitting can cause more emotional harm than physical harm. Other forms, such as gang violence and assault (with or without weapons), can lead to serious injury or even death.

Any form of violence in school can disturb the education of students

Why is school violence a public health problem?

Research findings in Sri Lanka suggest that peer violence in schools is a major public health issue (Wijeratne, 2012; Hewamalage, 2010; UNICEF, 2004; Wijesekera, 2003). The National survey done in Sri Lanka in parallel with Global School Health Survey (n=29,911) has reported that 75% of adolescents had experienced some form of peer harassment in school (UNICEF, 2004).

How does school violence affect health?

Many of the physically violent events result in non-fatal injuries; cuts, bruises, and broken bones, but mostly under reported. Some of these injuries could result in permanent disabilities and even premature deaths and are only the **tip of the ice-burg.**

The psycho-social damage that occurs due to violence is more extensive than the physical harm. The tension distracts students from concentrating on their studies. further, it can result in depression, anxiety, fear, school dropouts, alcohol and drug use and even suicide

Who is at risk for school violence?

Violence is a multi-factorial phenomenon. It could be described by the ecological model developed by Bronfenbrenner.

According to the model risk factors for violence among children and adolescents operates at individual, family/ peer relationship, Community and society levels. (Figure 1).

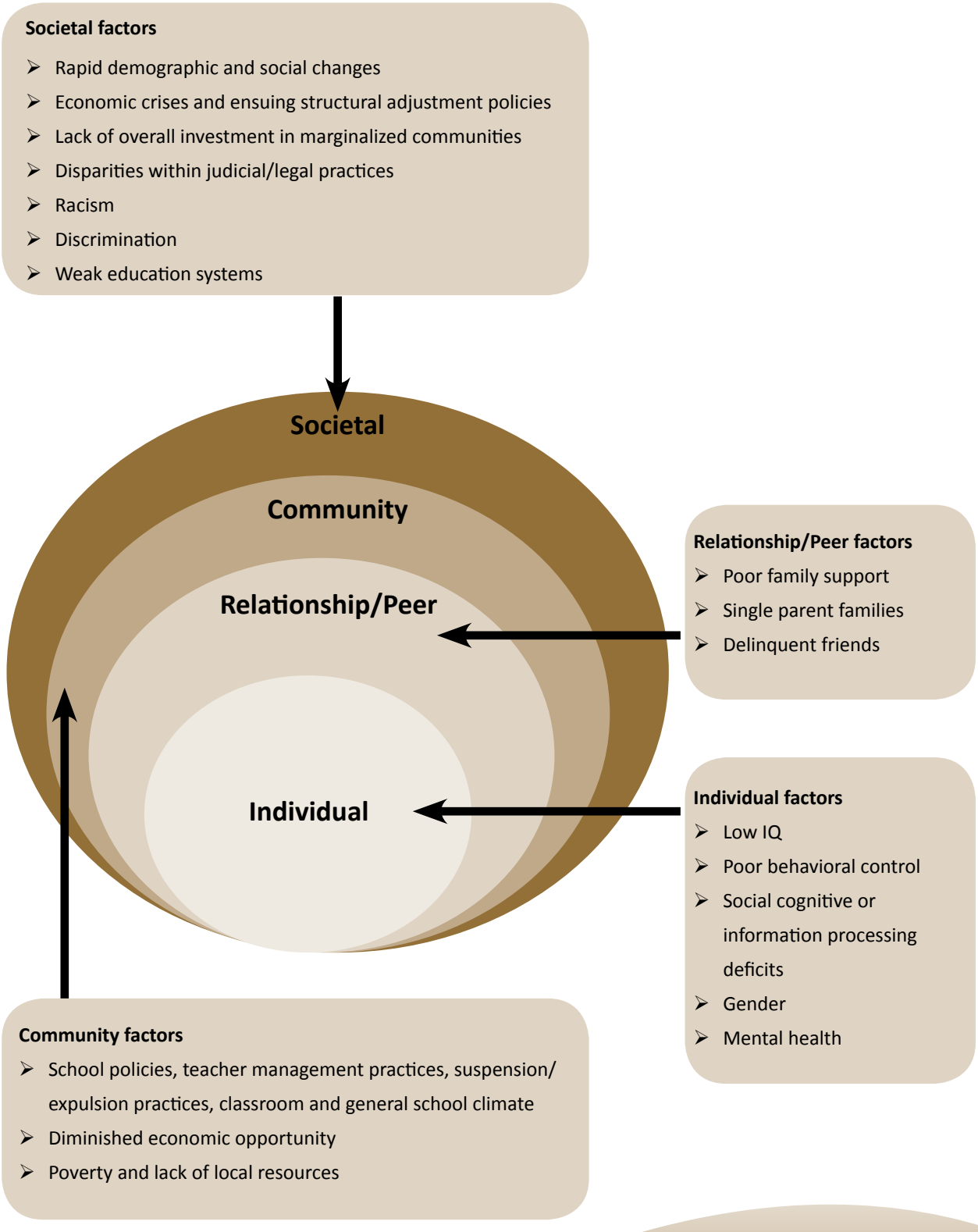


Figure 1: *Ecological model for involvement in violence (Adapted from WHO-World Report on Violence and Health, Geneva; 2002. P.12)*

These factors may already be present in childhood or adolescence.

Factors affecting violence among students:

Individual factors:	• Age : Adolescent age • Male Sex • Ethnicity • Low self esteem • Behavioural/Mental Health problems: hyperactivity, impulsiveness, and lacking behavioural control, attention problems, irritability, lacking empathic skills, and having an external locus of control. • (Nervousness and anxiety are negatively related to violence.) • Lack of life skills: Limited coping, conflict resolution and communication skills • Poor intelligence/Low IQ level • Alcohol/other substance abuse
Family and peer relationship factors:	• Parental conflicts/Witnessing domestic violence • Poor family cohesion • Poor family support • Family structure: Single parent families, families with a large number of children, disintegrated families • Harsh parental discipline and failure to set limits • Living in poverty • Alcoholism/ other substance abuse among parents • Insufficient parental monitoring • Peer influences: delinquent friends , dating relationships, peers using drugs, peers who carry weapons, membership in a deviant peer group • Being rejected by peers:
Community factors:	• Background factors: poverty level, racial composition of neighborhoods, and residential instability • Occurrence of violence and crimes in the area of residence • Presence of gangs, drugs and weapons in locality • School level factors, which is a sub group of community factors is elaborated below.
Societal Factors	• Demographic and social changes: modernization, emigration, urbanization and changing social policies , Disintegration of extended family system • Rapidly increasing population and a deteriorating infrastructure • Income inequality in the society, unemployment and inadequate housing • Political structure: Lack of policy offering social protection , poor legal framework against violence • Cultural factors : Endorsing violence as a normal method to resolve conflicts and teaching young people to adopt norms and values that support violent behavior • Media: Propagating violent images, norms and values; New forms of media such as video games and internet expose children to violence • Easy access to modern technology: Internet, social networking, mobile phones

School Level factors:

(a) Psychosocial environment of the school:	i. Quality of interpersonal relationships between and among students, teachers, and staff: respectful and empathic relationships can decrease school violence ii. Equitable and fair treatment of students by teachers and staff: Student connectedness and even protectiveness of the school can be fostered through this. (Students should be treated fairly, regardless of race, gender, socioeconomic status, etc) iii. Degree of competition and social comparison between students iv. Degree to which students, teachers, and staff contribute to decision-making at school v. Good communication and perceptions of adult caring vi. School and classroom management styles: Schools without a consistently enforced discipline policy with clear guidelines for conduct and consequences vii. Overtly restrictive rules /arbitrary application of rules
(b) Physical environment of the school	i. Larger schools; overcrowded schools and classrooms likely to have higher rates of violence. Larger schools may seem impersonal; students may feel powerless to change or become involved in its management and may feel alienated from other students and teachers, ii. students in large schools tend to under report violence iii. Schools with low socio economic status communities iv. Potential locations within the school premises such as dark places, abandoned class rooms or buildings, etc. which facilitate violence
Academic environment of the School	i. School curriculum that is not consistent with students' interests, needs and styles ii. Teaching content and styles that devalue students' cultural norms iii. Lacking skills for violence reduction and coping with stress iv. Competitive school environments, pressing individual achievements

How can we prevent school violence?

- Need a comprehensive school based prevention programme
  (Design primary preventive strategies considering modifiable individual and relationship factors)

- Need to address family and social risk factors
  (School based preventive programmes can also extend to address the family and societal risk factors.

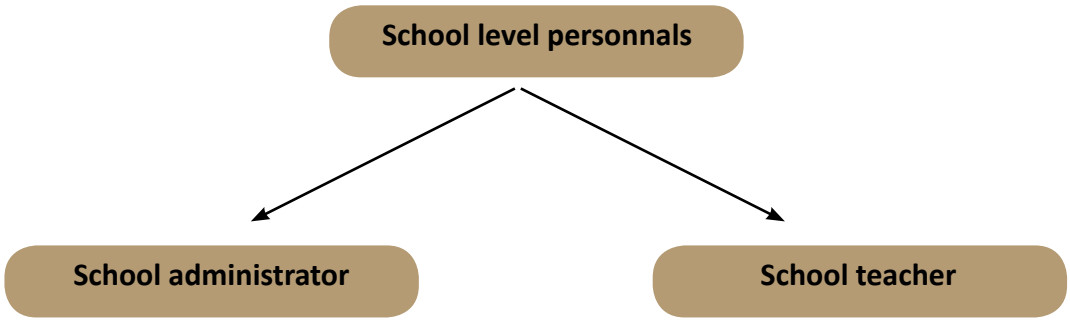
- The general public should be enlightened to obtain their support.

Child-friendly school

The psycho-social environment of a school depends to large extent on the policies and attitudes of the school staff and the way schools are organized.

A school's environment can enhance social and emotional well-being and learning when it is warm and friendly. **child-friendly school** rewards learning and promotes cooperation rather than competition, facilitates supportive, open communications and views the provision of creative opportunities as important. Such a school prevents physical punishment, bullying, harassment and violence. School policies should promote non-violent, gender unbiased interactions.

Role of school in preventing school violence



As a school administrator:

1. Develop a school policy or a conduct to prevent violence in the school
   i. Provide a written copy of it to each student and newcomers
   ii. Display it in the school premises.
2. Promote non-violent culture in the school: Inform students and parents that school will not tolerate violence or bullying.
3. Promote gender equity among students: Have school policies that promote rights of male and female students through equal opportunities
4. Have a system to recognize good behavior of students and appreciate it
5. Have a specified procedure dealing with violence victims /perpetrators/ witnesses
6. Keep record on violent incidents/ injuries and other outcomes
7. Make available the procedures to deal with problems related to violence
   i. Have procedures to assist students who have witnessed violence
   ii. Train school staff for student conflicts mediation

iii. Have a delineated staff who can be approached by students for conflict mediation

iv. Have procedures to prevent newcomers being victims of violence (get help of older students /prefects/ teachers)

8. Develop policies in school for teachers related to prevention of violence among students

   i. discourage physical punishments by teachers

   ii. Encourage teachers to support violence victims

   iii. Support the 'loners' or 'different' students in school activities.

   iv. Encourage teachers to gain new knowledge and skills to maintain safety and security within the school

9. Obtain the support of relevant authorities to prevent violence

   i. Get parental participation in making policies/regulations upon student behaviors

   ii. Get the support of Primary care health staff to prevent violent behaviors and promote mental health among students

   iii. Get the support of Primary care health team to establish functioning school health club

10. Maintain the physical environment of the school to discourage violence

   i. Eliminate potential locations such as dark places, abandoned class rooms or buildings, etc, conducive to violence

   ii. Examine the school premises regularly for the existence of such places

   iii. Display posters/wall paintings promoting non-violent behaviour

11. Minimize the time that students left unsupervised within the school premises.

As a school teacher

1. **Inform students that school will not tolerate violence or bullying.**

2. Teach students to respect each other

3. Recognize good behavior of students

4. Identify and intervene on victims of violence

5. Identify and intervene on perpetrators of violence

6. Counsel the victims, perpetrators and witnesses of violence

7. Report the violent incident to the school authority

8. Work accordingly to the specified procedure to deal with victims/ perpetrators/ witness of violence

9. Develop life skills among students specially focusing on problem solving and conflict resolution skills. Develop communication skills among students and encourage healthy relationships

10. Get the active participation of school health clubs in preventing violence in the school.

11. Protect newcomers from violence

12. Encourage older students to protect new comers from violence

Chapter 9

Effects of Child Abuse on childhood and adolescence

Child abuse can have **lifelong implications** for victims, including on their well-being. While the physical wounds heal, there are several long-term consequences of experiencing the mental trauma of abuse or neglect.

A child or youth's ability to cope and even thrive after trauma is called **"resilience,"**. With help, many of these children can work through and overcome their past experiences.

Children who are maltreated often are at risk of experiencing cognitive delays and emotional difficulties. Childhood trauma also negatively affects nervous system and immune system development. So children who have been maltreated are at a higher risk for health problems as adults.

What is child abuse?

Child abuse refers to an act committed by **a parent, caregiver or person in a position of trust** that is **not accidental** and that **harms or threatens to harm a child's physical health, mental health or welfare.** This includes individuals that may not care for the child on a daily basis.

DO NOT

- × Do not Ask leading questions (eg; That man touched you, didn't he?)
- × Do not Make promises
- × Do not Notify the parents or the caretaker

DO

- × Tell the child it was not his/her fault
- × Listen carefully
- × Document the child's exact quotes
- × Be supportive, not judgmental
- × Know your limits
- × Tell the truth and make no promises
- × Ask ONLY four questions
  - o What happened?
  - o Who did this to you?
  - o Where were you when this happened?
  - o When did this happen?

REPORT CHILD ABUSE !

- × Call Child Protection Authority
- × Call the 24-Hour hotline (1929)

What are the basic types of child abuse?

The four basic types

- physical abuse
- neglect
- emotional abuse
- sexual abuse.

Type of abuse	Description	Examples
Physical abuse	Is intentional use of physical force against a child that results in harm to the child's health, survival, development or dignity.	- Hitting - Shaking or slapping - Burning or scalding - Kicking - Strangling
Neglect	Is any maltreatment or negligence that harms a child's health, welfare or safety. It can include physical, emotional or educational neglect.	- Abandonment - Refusal to seek treatment for illness - Inadequate supervision - Unattended health hazards in the home - Ignoring a child's need for love, contact, affirmation and stimulation - Providing inadequate emotional nurturance - Knowingly permitting chronic truancy - Keeping a child home from school repeatedly without cause - Failing to enroll a child in school (or home school)
Emotional abuse	Deeply affects a child's self-esteem by submitting him/her to verbal assault or emotional cruelty. This is the most common form of abuse. Knowingly or unknowingly a child may be emotionally abused in the hands of parents, caretakers or teachers. It does not always involve visible injuries. This affects mental health and social development and may leave lifelong psychological scars.	- Blaming, shaming, frequent yelling, threatening and bullying - Routine labeling and humiliating - Negative comparisons with others - Close confinement, such as being shut in a room - Extreme discipline at home or at school
Sexual abuse	Involves sexual contact between a child or teenager and an adult or significantly older, more powerful person. Children are not developmentally capable of understanding or resisting sexual contact. And may be psychologically and socially dependent upon the offender. In addition to sexual contact, abuse can include other exploitive behaviours.	- Inappropriate verbal stimulation of a child or teenager - Taking or showing sexually explicit photographs of or to a child or teenager - Exposing a child or teenager to pornography or adult sexual activity.

WHAT IS CHILD ABUSE ?

Verbally abusing a child

Teasing a child unnecessarily

Exposing a child to pornographic acts or literature.

Touching a child where he/ she doesn't want to be touched.

Forcing a child to touch you.

Breaking down the self-confidence of a child.

Hitting or hurting a child - often to relieve your own frustration.

Manipulating a child

Not taking care of a child, for example: unclean, unclothed, unfed child

Using a child as a servant

Not listening to a child

Neglecting emotional needs of a child

Making your own child a'servant' depriving of time for education/leisure

Hitting and ridiculing a child at school

Neglecting a child's medical needs

Neglecting a child's educational needs

Leaving a child without supervision

Produced by: National Child Protection Authority
No: 330, Thalawathugoda Rd, Madiwela.
(Tel: 778911-13, Fax: 778915, Email: ncpa@diamond.lanka.net)
Compiled by : Prof. Harendra de Silva
Illustrations by: Jayamini de Silva
Graphic layout Sponsored by: Thorn Holdings (Pvt) Ltd.

What makes people abuse children?

It is difficult to imagine that any person would intentionally inflict harm on a child.

Many times, physical abuse can result when the physical punishment is inappropriate for the child's age, and parents have an unrealistic expectation of their child's behavior. A parent feeling undue stress may also react inappropriately. Most parents want to be good parents but sometimes lose control. Child abuse can be a symptom that parents are having difficulty coping with other situations, such as those involving finances, work, or housing.

A significant factor in many situations relates to a parent's inexperience with or lack of understanding of typical child development.

Some people who sexually abuse children recognize that it is wrong and are deeply unhappy about what they are doing. Others believe their behaviour is normal and that what they do shows their love for children. Some, but not all, have been abused themselves; others come from violent or unhappy family backgrounds. Knowing why people sexually abuse children does not excuse their behaviour, but it may help us understand what is happening.

Why don't children tell?

Three quarters of children who are abused do not tell anyone about it and many keep their secret all their lives.

Some of the reasons why children were unable to tell:

- "didn't think it was serious or wrong"
- "didn't want parents to find out"
- "was frightened"
- "didn't think parents would be believe me"
- "had been threatened by abuser"

What stops us seeing abuse?

Many people have experienced someone close to them abusing a child. When something is so difficult to think about, it is only human to find ways of denying it to ourselves.

One of the common thoughts that a person in this situation have is;

- "My child would have told me if they were being abused - so it can't be happening"
- "I thought they were just fooling around. He couldn't be abusing anyone at 14."
- "My brother would never do that to a child. He has a wife and children."
- "My friend has had a longstanding relationship with a woman. So how can he be interested in boys?"
- "She was their mother: how could she be abusing them?"

What is the biggest myth around child sexual abuse?

Sexual abusers are more likely to be people we know, and could well be people we care about; after all **more than 8 out of 10 children who are sexually abused know their abuser. They are family members or friends, neighbours or babysitters –** many hold responsible positions in society. Some will seek out employment which brings them into contact with children, some will hold positions of trust which can help to convince other adults that they are beyond reproach. This makes it hard for adults suspect abuse.

Who are the Children at risk of abuse?

- Dysfunctional families – mother employed abroad, parents separated/ divorce
- Absent biological mother as the caretaker
- Alcoholic fathers
- Lack of extended family support
- Children with poor socio economic background
- Children with behavioural or developmental problems

What are some possible indicators of child abuse or neglect?

Possible indicators of abuse are listed below, but do not necessarily constitute proof that a child is being abused. They should serve as warning signs to look further, ask questions or seek assistance in determining whether or not a child needs help. Trust your instincts if you think a family or individual is in trouble. Some of the possible indicators of child abuse and neglect are:

- Self-destructive and destructive behavior
- Fractures, lacerations, bruises that cannot be explained or explanations which are improbable given a child's developmental stage
- Failure to thrive
- Is overly compliant, passive, or withdrawn
- Hyperactive/disruptive behavior
- Sexualized behavior or precocious knowledge of explicit sexual behavior, pseudo-maturity
- Running away, promiscuous behavior
- Comes to school or other activities early, stays late, and does not want to go home
- Discloses maltreatment
- Abuses animals or pets
- Is frequently absent from school

Consider the possibility of sexual abuse when the child:

- Has difficulty walking or sitting
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behaviour
- Reports sexual abuse by a parent or another adult caregiver
- Attaches very quickly to strangers or new adults in their environment
- When the parents are unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex

What should you do if you suspect child abuse?

The goals of any effective response to suspected abuse are to:

- Protect the child from further abuse
- Stop the offender's abuse
- Heal the victim's brokenness
- Restore the family, or if not possible, help victims to mourn the loss of family relationships

Early identification - Abused, neglected or those who are in high risk environments could be directed toward appropriate individuals or institutes by early identification. This will ensure that they obtain necessary help.

Risks of Sharing information - Children, young people and parents may not want you to disclose information about them if they think they will be denied help, blamed or made to feel ashamed. They might have had bad experiences or fear contact with the police or social services.

Benefits of Sharing information - You should help them understand the importance and benefits of sharing information. But you must not delay sharing relevant information with an appropriate person or authority. Delay would increase the risk to the child or to other children.

Confidentiality - Confidentiality is important. Information sharing should be proportionate to the risk of harm. You may share some limited information, with consent if possible, to decide if there is a risk that would justify further disclosures.

A risk might only become apparent when a number of people with concerns share them. If in any doubt about whether to share information, you should seek advice from an experienced person.

You must inform a responsible individual of your institute or National Child Protection Authority (Hotline - 1929) promptly of any reasonable concern that children or young people are at risk of abuse or neglect, when it is in a child's best interests or necessary to protect other children or adolescents from negative experiences.

How to prevent child abuse

- Never discipline the child when the anger is out of control.
- Participate in children's activities and get to know their friends.
- Never leave the child unattended
- Teach the child the difference between "good touches," "bad touches" and "confusing touches."
- Listen to them and believe what they say.
- Be aware of changes in children's behaviour or attitude, and inquire into it.
- Teach the child the correct names of his/her private body parts.
- Teach to respect the members of the opposite sex.
- Be alert for any talk that reveals premature sexual understanding.
- Pay attention when someone shows greater than normal interest in your child.
- Provide ample opportunities for them to nurture life skills

Chapter 10

Chronic physical illnesses - the effects on mental health

Information for parents, teachers, health workers who works with children

Children and adolescents with chronic illnesses face extraordinary psychological stressors, which often occur alongside or because of burdensome medical treatment regimens. Illness-related pressure and worry affects family members as well. These children and families need psychological support to help them comply with doctors' orders and to cope with issues such as restricted physical activity, frequent absences from school, and social problems
Sometimes it can be difficult and confusing to cope with all the different doctors, and other professionals involved with child's illness. This can be very stressful.

Following the diagnosis of a potentially serious or long-term illness, most parents and children will go through a process of coming to terms with it. It's very important to remember that although long-lasting illness does make things very difficult, **most children and their families cope well.** It is only a minority who experience problems.

Child needs time to coming to terms with his/her chronic illness

Brothers and sisters sometimes feel that they are being neglected. They may feel embarrassed by their sick brother or sister. They may feel responsible for them. They can miss out on school or their social life, get bullied or lose friendships. It is important to consider how all members of the family are challenged and affected when a child has a long lasting illness.

What are problems related to school?

- The child might have to **miss a lot of school** and have particular difficulties with learning.
- The child might see themselves as different from other children, and they hate this.
- Some children may become depressed.
- They have restricted opportunity to play / eat favourite food/etc..

- Some children may be vulnerable to bullying.
- The affected child might have fewer opportunities to learn everyday skills, and to develop their interests and hobbies.

What can we do to help?

The child might need extra help at school and it is important that teacher /parent support the child with extra teaching during his/her absence from school.

- Encourage to live as normal a life as possible.
- Restrict them as little as possible.
- Be open with the child about their difficulties.
- Help them to get out and about with other children of their own age.
- Encourage the child to be as independent as possible.
- Meet other families with similar experiences.
- Seek help if you feel that you are not managing.

A lot can be done to prevent further problems developing. Teachers, who understand the emotional impact of the illness on the child, and on the rest of the family, are much better placed to spot problems early and do something about them.

Why not to worry even if you have chronic asthma?

Asthma is a common illness.

You can control your symptoms on drugs used according to doctor's advice.

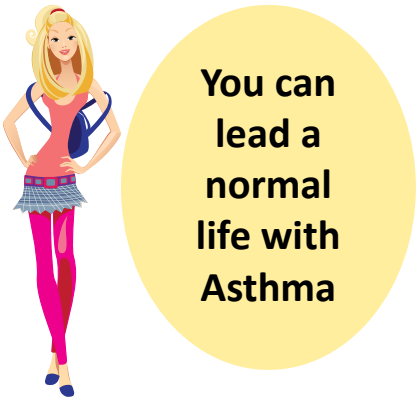
It is important to be compliant on drug usage.

You could lead a normal life with Asthma.

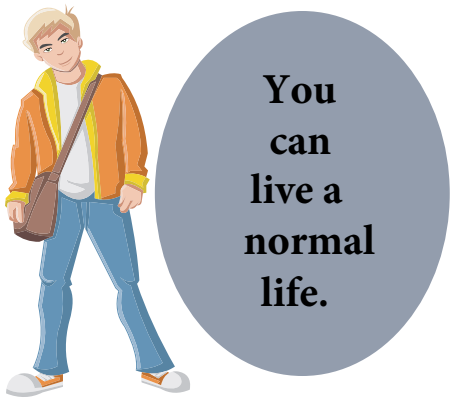
There are many champions/gold medalists globally who has asthma.

You do not have to restrict any sports.

There's no need to restrict food items unless your doctor have identified a particular food item is aggravating your symptoms



Why not to worry even if you have Epilepsy?



Epilepsy can be controlled by drugs

If you have not had seizures for 2-3 years doctor may consider

stopping the medication

You can lead a normal life as possible with Epilepsy.

Epilepsy per say will not cause any problems for your intellect

or physical development.

Are there any special problems for adolescents with chronic illness?

Adolescence alone is a stressful developmental process. Chronic illness occurring during adolescence further complicates adolescent development. The chronic disorder, treatments, hospitalization all intensify concerns about physical appearance, interfere with the process of gaining independence, and disrupt changing relationships with parents and friends. Also, adolescent developmental issues complicate a teen's transition toward taking responsibility for managing their illness and learning to comply with recommended treatment.

They are more likely to **experience increased concerns and fears** when their illness or healthcare needs conflict with normal developmental issues.

Body image	
iAdolescents are normally focused on the physical changes occurring in their bodies. Chronic illness intensifies these concerns with fears or distortions related to their illness such as; fearing a surgical scar will interfere with physical attractiveness / clothes/ make up.	What to do.. • Encourage adolescents to share their concerns related to their body and how it may be affected by their illness or treatment. • Inform adolescents about anticipated physical effects of medications and treatment. Encourage discussion about ways to reduce or cope with the effects.
Developing independence	
Chronic illness frequently interferes with an adolescent's comfort in becoming less dependent on parents. Parents of chronically ill adolescents often are more resistant to the adolescent's efforts to act independently. We have to address the conflict between normal development of independence, while still addressing health care needs of the chronic illness.	What to do.. • Involve adolescents in health-related discussions (i.e., current concerns about their illness, treatment choices). • Teach adolescents self-care skills related to their illness. • Encourage adolescents to monitor and manage their own treatment needs as much as possible. • Encourage the development of coping skills to address problems or concerns that might arise related to their illness.

Relationships with peers	
Chronic illness and treatment often interfere with time spent with peers or in the school setting, which is the adolescent's primary social environment. Self-esteem issues related to acceptance of one's self and concerns about acceptance by others are intensified by chronic illness and related treatment needs.	What to do.. • Encourage spending time with friends as much as possible. • Discuss concerns about what to share with friends. • Help adolescents find ways to respond if teased by peers. • Encourage humor. • Encourage and assist friends in being supportive.

Noncompliance with medical treatment and teens

Is it because they are Adolescents??

Child / Adolescent learns more about their own illness

Take undue responsibility of managing the illness on their own

Trials to decrease or stop medications without consultation of their own doctor

Is it due to Anger??

Excess of self-conscious feelings

Excess of anger due to the illness

Cant control thoughts and anger

Poor decision making ability
Poor judgement

Aggravation of illness
Need hospital admission
Need extra drugs/ interventions

For example, adolescent diabetics are more likely to use poor judgment in making food choices when they are with their friends.

It is important for parents and health care professionals working with adolescent patients to help the adolescent develop emotionally healthy ways of living with their chronic illness and its management requirements.

Encourage adolescents to share their ideas and concerns with health care professionals.

How to help adolescents deal with the complications of chronic illness

Teach and encourage the use of problem-solving skills related to their illness.

- When an adolescent's chronic illness reaches an unstable state due to noncompliance of treatment recommendations, encourage discussion of what happened rather than reprimand noncompliance

- Ask questions, such as: "What do you think you would do if ...?" or "What do you think would happen if ...?" Encourage adolescents to ask you the same kinds of questions.

Seek mental health services when:

- An adolescent seems overwhelmed with emotional issues related to living with a chronic illness.
- A pattern of noncompliance continues.
- An adolescent's development regresses, overly dependent behavior continues, and/or the adolescent withdraws from or gives up interest in age-appropriate activities

Chapter 11

Impacts of Information Technology and Media on adolescence

What is media?

Media are Communication channels through which news, entertainment, education, sports, nutrition, data, or promotional messages are disseminated. Media includes every broadcasting and narrowcasting medium such as newspapers, magazines, TV, radio, billboards, direct mail, telephone, fax, and internet.

Media consumption of Sri Lankan children

(Youth Health Survey, SL, 2012-2013)

Of the 15-19 age group children,

- 85- 88% watch television, use computer and/or use internet daily
- 60% girls and 80% boys have mobile phones

Worldwide, 80% of children play video games and 74% use internet.

The number of hours spent using media sometimes exceeds the time spent at sleeping.

If child is alone & parents are not involved in children's daily activities

Child tends to use media

To watch TV (cartoons, tele drama or adult oriented films)

to play games

to visit Face book with a cell phone

to see sex oriented adult videos

If child is with parents & parents are actively involved in children's daily activities

child tends to use media for educational purposes or creative things

Media freely present ample 'role models' for children. But are they really good for children? Tell the child that **media is a double edged sward.** This simple message will change many things in a sensible child's behaviour.

What are the most commonly used types of media?

- TV
- CD / DVD
- Computer
- Mobile phone

Internet was freely available only for 20 % of Sri Lankans (3.2 million) in 2012. Nowadays, internet facility is widely expanding across the country. Accompanied with Vidatha centers, free Wi-Fi zones and Smartphones with internet sim cards, almost every family has access to it.

Children can access Social Media, Videos, TV, Radio, News-papers, Games and Films through internet, especially by Mobile Phones.
Therefore we have to focus our concern on children's internet safety.

Your student or child may be among them, but you may not know.

How do children access internet?

1. Most commonly through Cell phones
2. Less commonly with Personal Computers and Laptops
3. Also with Tablets, smart phones and similar devices (they are commonly called MS)

What is social Media?

They are web sites and other online means of communication that are used by large groups of people to share information and to develop professional contacts.

People use social media for blogs, business networks, social networks, photo and video sharing, marketing, gaming, and virtual worlds.

Examples are Facebook, whatsapp,viber,instagram,zoom,Twitter, Google+, Wikipedia, LinkedIn, Reddit.

What are the Positive effects of media?

Easy access to vast array of data and knowledge

Fast method of communication

Easy access to news

Popular way of advertising

Easy access to entertainment, fun and leisure

Easy to get medical advice

Booking for doctors

Educational support

Online courses

Enhance creativeness

What are the Negative effects of media?

Common effects

- The main disadvantage is the Psychosocial problems – naming delinquency, narcissism, aggression
- Next main disadvantage is poor school performances (which includes poor knowledge, poor attention span, poor mathematical and language performances)
- Poor peer relationships
- Isolation from family and friends
- Lack of social experiences
- Internet abuse
- Addiction to internet
- Harmful content -violence,stigmatization,inciting suicide and,self harm
- Teens sharing personal information and sexual photos or videos of themselves.
- cyber bulling from peers and strangers

Regular hearing and viewing of violence can make children violent.

Indirect effects..

- Overweight, obesity
- Lack of Physical Exercises
- Eating disorders, dieting and weight loss
- Early onset of diabetes, high cholesterol, heart disease and hypertension
- Short sightedness and secondary myopia due to long hours at TV/computer.
- Psychological problems like aggression, depression, Attention Deficit Hyperkinetic Disorder (ADHD), Agoraphobia, Antisocial behaviours, bullying, too much entertainment
- Sexual problems like Increase sexual activity, Extramarital/ premarital affairs
- Addiction to smoking, alcohol, irresponsible sexual behaviours, and drugs.
- Discrimination of other parties / religions / races / others political views

Who are the vulnerable groups for media abuse?

Teenagers

Newcomers to schools

Children who have changed their environment

Boarders / hostel students

Those who are freely sharing experiences

Children of broken families

If parents are mentally and physically away from children

Teachers role in safe use of media…

Teach your student and their parents the following facts.

Media are double edged swards.

- Say “NO” to bad things appearing in media.
- Do not keep bad things as secrets; tell them to parents.
- Friendly approach by an unknown person in social media may lead to trouble.
- Do not give child’s personal information to unknown persons.
- Do not upload child’s videos or your photos to Facebook /etc.
- Better to switch off web-cam & geoloator / GPRS

Advice the parents of your pupils to do following important things.

- Tell parents to be watchful.
  If they notice children using internet during mid-night.
  If the child suddenly changes computer screen when they pass by.

- Avoid mature rated games in children below 16 years.

- Know about each and every game or programme before showing them to your children. This is called ‘parental rating’ (Eg. CD rating is printed on CD covers)

- Try and monitor your child’s media activities and internet use

- Bookmark web sites your child likes, this will enhance the easy access to pre-selected ‘good’ web sites. use web filters to avoid some ‘bad’ programmes

- Participate in video games with children & view media with children.

- Encourage your child to discuss with you about violent, unrealistic and mature content appearing on screen.

- Use controversial programmes to discuss about values, social norms, culture, drugs, sexuality, etc.

- Engage children in reading, outdoor games, group activities, hobbies, entertainment, sports, creative activities.

Teach children how to select suitable programmes.

Some rules you can ask parents to impose upon their children.

- Keep the computer in a shared family area.
- Keep child's bedroom free of TV or Computer.
- Discourage TV/CD/DVD viewing below the age of two years.
- Limit TV/games/films/FB/ect to 2 hours per day.
- Limit programme to educational, informational and non-violent type.
- **Ask your child to avoid responding** to the person(s) bullying. When reply, it only encourage them to continue. Utilize the 'block' features for social media, email, texts and/or phone calls.
- **Save it all** : including All message, emails and social media interactions to phone records. Take screenshots of everything and keep a record of all communication. If things come to a head, these wil all serve as evidence backing your case.

What can teacher and health care provider can do..

- Educate parents about risks of media and how to recognize the extent of their child's media consumption
- Check local TV stations to find programmes suitable for children
- Learn and teach life-skills to students
- Case discussions (Frequently discuss some real mishaps occurred to teenagers due to media. Discuss with teens how those mishaps could have been prevented)

Be very careful when giving personal details to unknown people.

What are Web Filters?

They are softwares.

They can help you to control things appearing on your computer screen.

They should be downloaded from internet.

There are many types.

There are web filters such as entertainment filters, surveillance videos and educational filters.

None is 100 % effective. Each type of web filter can effectively block some of the programmes.

A well-known type of web filters is virus guards. We can't block all the viruses with one type of virus guard. But it can save the computer from many dangers.

❖ **Parental control tool are web filters.**

They help parents/adults/teachers to monitor and limit children's internet use. Most parent control tools can effectively block sexual contents. Parents can set Age limits or time limits.

They are effective for Personal Computers and Macs.

But they are less effective for mobile phones, tablets and game consoles.

One type of tool can control only one internet browser e.g.: Google / Yahoo

❖ Now web filters are available with SLT and Dialog in Sri Lanka

What are Web cam covers

They are soft wares.
They are used to cover 'web-camera' of your computer.
They should be downloaded from internet.

There are two kinds available -
Desktop web cam covers
Laptop web cam covers

Types of web cam covers available -

Tama	Hector
Sprat	Ming
Ranject	

How can I download Hector?
http.//www.hectorsworld.com

What are Monitoring tools-

They are soft wares/ documents, used by adults to monitor children's media use.

Free tools can be found in http://sipbench.eu

Whom to Complaint in an event of Cyber bullying?

1. The Computer Emergency Readiness Team (CERT) is a great source to stay up-to-date on the latest threats and weaknesses in the world of computer systems and networks. They also assist in responding to and recovering from cyber-attacks. They are not always able to help with individual reports but can be of assistance if you require a particular page or site taken down or blocked. Just email report@cert.gov.lk and they will do the needful.

   The Computer Emergency Readiness Team (CERT) is the focal point of cybersecurity in Sri Lanka. You can lodge your complaint by:
   - Filling a form on their website: cert.gov.lk
   - Contacting them via telephone: +94 11 269 1692 / 269 5749 / 267 9888
   - Sending them a fax message: +94 11 269 1064
   - Emailing them: report@cert.gov.lk

2. Sri Lanka police have a Cyber Crime Unit within the Criminal Investigation Department (CID) equipped to deal with any cyber attacks Report incidents of cyber-crime (including cyber-bullying) : telligp.police.lk

3. If your child is under 18, contact the National Child Protection Authority (1929) NCPA hotline is toll-free, available 24/7 and all reports are treated confidentially. Visit childprotection.gov.lk for more information. The NCPA also has several resources for children and parents on online safety which can be accessed here: childprotection.gov.lk/?

4. Helplines to complain on cyber bullying in Sri Lanka
   - National Child Protection Authority – 1929
   - CERT – 0112691692
   - Cyber Crime Unit – 0112326979

Chapter 12
Health Issues of Vulnerable Groups

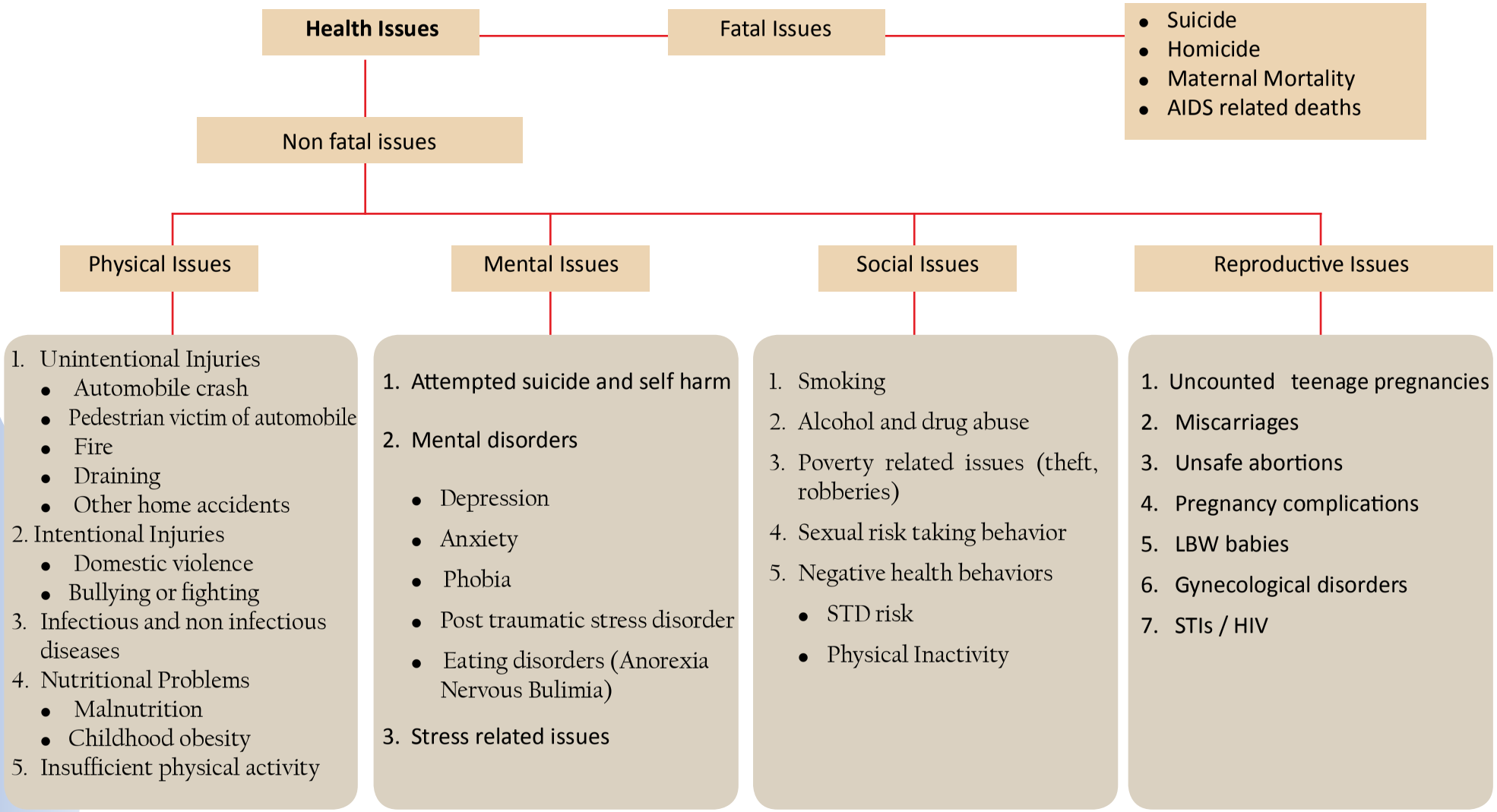
How can the vulnerable groups be defined?

Vulnerable groups can be defined as the groups that experience a higher risk of poverty and social exclusion than the general population.

Name the vulnerable groups

- Children and young people living in relative poverty
- Children in care
- Children and young people at risk because of mental health problems
- Children and young people with learning difficulties and / or disabilities
- Young carers
- Children and young people who are victims of neglect and abuse
- Young offenders
- Children and young people living in temporary accommodations including IDP camps and conflict affected areas

Common Health Issues of Vulnerable Groups



STI/STD = Sexually Transmitted Infections/Disease LBW= Low Birth Weight Babies HIV= Human Immunodeficiency Virus

Priorities are aimed at improving outcomes for all children and young people, reducing inequalities and narrowing the gap between vulnerable groups and their peers.

The poor children in low income societies carry the greatest burden of morbidity and mortality. Much of this burden results from hazards within their homes or their immediate environment.

These vulnerable groups of children and young people and the particular health issues are shown below.

1. **Children and young people living in relative poverty**
    - Unemployment and low family income
    - Physical health problems and lower life expectancy
    - Poor nutrition
    - Mental health problems
    - Lack of access to basic amenities
    - More anti-social behaviour in their local communities
    - Low aspiration and low self esteem
    - Poor school attendance and exclusion
    - Lack of access to leisure, cultural and recreational facilities
    - Lack of access to safe places to play and socialize
    - Higher rates of teenage pregnancies and HIV and other STI
2. **Children in care**
    - Traumatic life events and family trauma
    - Lack of supportive family networks
    - Emotional and mental health difficulties
    - Poor nutrition
    - Poor school attendance and exclusion
    - Low educational attainment, lack of access to leisure, cultural and recreational facilities
    - Lack of access to safe places to play and socialize without proper adult supervision
    - Higher rates of teenage pregnancies
    - Poor accommodation after leaving care
    - Unemployment is THE main health issues in this category

3. **Children and young people at risk because of mental health problems**

- Isolation and social exclusion
- Anxiety, depression and phobias
- Hyperactivity, withdrawal or dissociate disorders
- Self harm
- Attempted suicide
- Eating disorders
- Nutritional problems
- Substance and alcohol abuse
- Child abuse
- Domestic violence
- Family breakdown
- Bullying and lack of friendship
- Under achievement

4. **Children and young people with learning difficulties and / or disabilities**

- Family stress
- Poverty
- Social and emotional needs
- Mental health issues
- Social and emotional needs
- Mental health issues
- Social exclusion and lack of understanding within the community
- Bullying and prejudicial attitudes
- Lack of access to childcare, positive activities, informal play and leisure facilities
- Difficult transition into adulthood
- Lack of information and under achievement

5. **Young Carers (young carers are the children who look after younger siblings)**

- Loss of childhood
- Mental health issues
- Lack of access to basic necessities

- Poverty
- Social exclusion and misunderstanding
- Family trauma
- Lack of supportive family networks
- Lack of access to holidays, positive activities, informal play and leisure activities
- Absence from school and under achievement
- Low self esteem

6. Children and Young people who are victims of neglect and abuse

- Post traumatic stress
- Emotional and mental health problems including anxiety, depression phobia and self harm
- Guilt and anger
- Eating disorders
- Nutritional problems
- Domestic violence and abuse
- Family breakdown
- Bulling victim
- Social isolation and lack of friendship
- Under achievement
- Substance and alcohol abuse
- Teenage pregnancies
- Risk of HIV/AIDS and other STI

7. Young offenders

- Violence and abuse victim
- Exclusion
- Emotional and mental health problems including anxiety, depression, phobia, self harm and attempted suicide
- Domestic violence
- Substance and alcohol abuse
- Poor nutrition
- Family breakdown
- Lack of friendships

- Post traumatic stress
- Under achievement and lack of qualifications
- Fewer opportunities for education, training or employment
- Lack of access to leisure, cultural and recreational facilities

8. **Children and young people living in temporary accommodations including IDP camps and conflict affected areas**

- Violence and abuse victim
- Exclusion
- Emotional and mental health problems
- Substance and alcohol abuse
- Nutritional problems
- Post traumatic stress
- Teenage pregnancies

v Risk of HIV and other STI

- Lack of access to recreational and leisure activities
- Lack of access to safer places to socialize
- Under achievement
- Low self esteem

The United Nations Convention on the Rights of the Child enshrines the rights of the child to include the highest attainable standard of health, to an education on the basis of equal opportunity and without discrimination.

Childhood experiences are very important determinants of health, well-being and health behaviours throughout the life. Reducing risk factors and enhancing protective factors are important in facilitating healthy growth and development of these youths.

An account on Risk and protective factors are discussed in detail in chapter 2.

Teachers Role in handling vulnerable children..

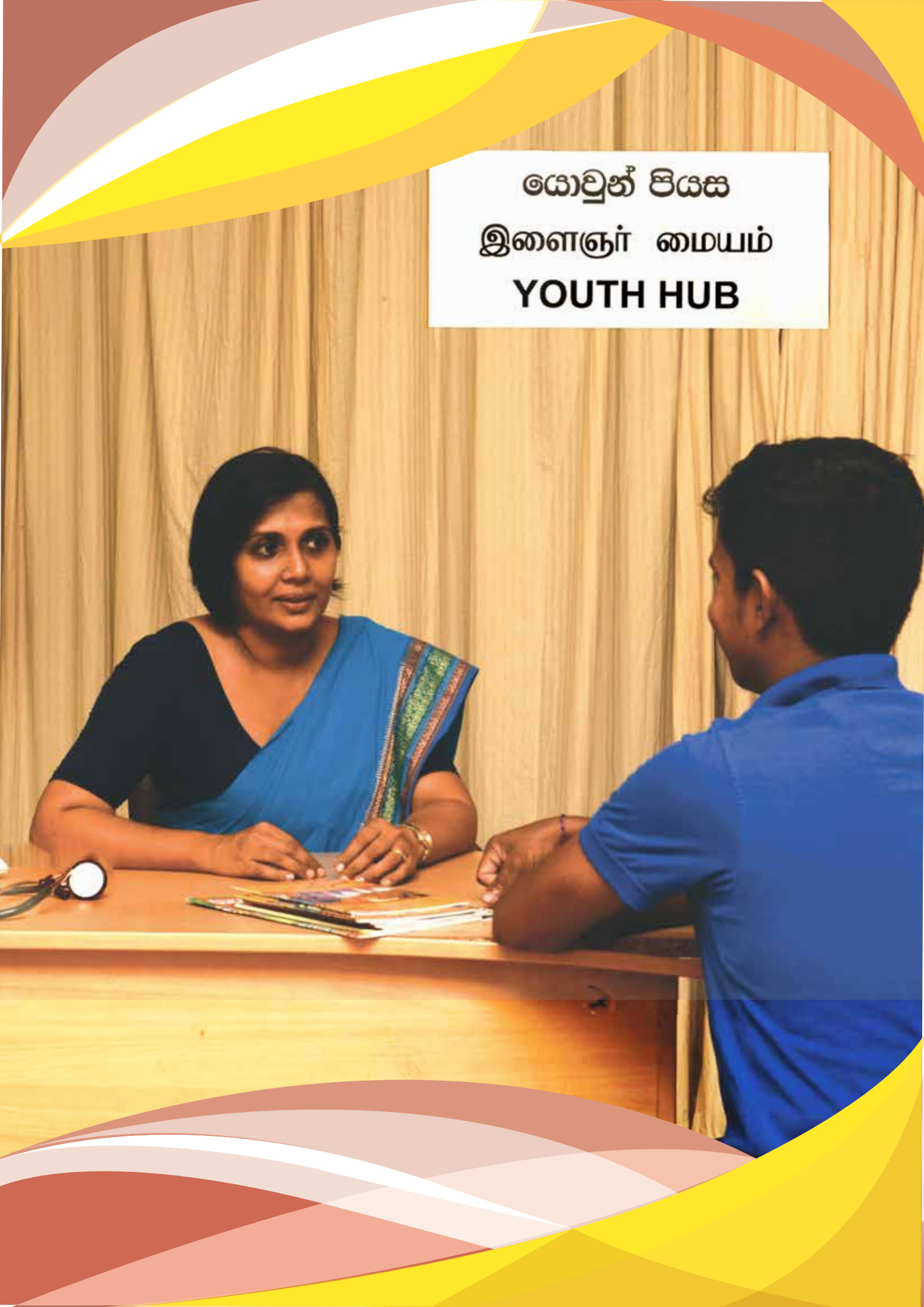
Schools are the main institutions able to reach a large number of children and young people. Teacher is the main role at school in identifying the vulnerable children.

Interventions must be designed for the children in the manner of skill based health education. This effort should essentially include following activities.

Activities to Prevent teenage pregnancy

- HIV/AIDS prevention
- Help youths to develop knowledge, attitudes, values
- Life skills education before age of 12
- Team games / team activities
- Health promotion
- Referral systems between teachers, parents and local public health team

A significant proportion of health issues for school aged vulnerable children could be addressed effectively within the school environment via effective and sustainable communication.


යොවුන් පියස
இளைஞர் மையம்
YOUTH HUB

Chapter 13

School Children with Substance Abuse, a Practical Approach for Teachers

Introduction

Substance use among the school children is a major problem faced by the teachers. The extent and the severity of the issue depend on the time and place. This chapter will provide a basic idea about dealing with such problems in the school environment. The school has a major role to play when it comes to prevention of substance abuse.

Tobacco Smoking	Drinking Alcohol
• 15-24 age group = 26.6 % Spot Survey July 2012- Research and Evaluation Programme –Alcohol and Drug Information Centre	• 15-24 age group = 27.3 % Spot Survey July 2012- Research and Evaluation Programme –Alcohol and Drug Information Centre
• 15-24 age group = 9.0 % (preceding week) National Youth Survey 2012/2013 - Family Health Bureau & UNICEF	• 15-24 age group = 5.3 % (preceding week) National Youth Survey 2012/2013 - Family Health Bureau & UNICEF

What are the commonly used substances by school children?

Tobacco and alcohol are the commonest substances used. When it comes to tobacco, **smoking cigarettes** comes first and tobacco chewing next. Beer is the type of alcohol commonly used by school boys.

The **deaths due to tobacco, in general, in Sri Lanka amount to 20,000- 40,000 per year. Similar numbers of people die due to alcohol related issues each year.**

Commonest substances of abuse of school children is smoking cigarettes

Commonest type of alcohol used by school children is Beer

Effects of se of substances of abuse
Poor academic performance
Poor social functioning
Poor peer, teacher & parental relationships
Margination & isolation

Cannabis and heroin are used very infrequently compared to smoking and beer. There are other substances such as psychoactive medications such as opioids and sleeping tablets. An extensive knowledge of such substances is not useful for persons who work in the school setting and will not be discussed here.

The number of deaths due to heroin and cannabis are almost zero. Even though the impact on life appears to be higher with heroin, harm is done by smoking and alcohol.

What is a 'gateway drug'?

A gateway drug is a substance that is known to lead to abuse of other substances. For example, all heroin users start with smoking cigarettes. And addiction to alcohol starts with beer. Hence, these two substances are considered 'gateway drugs'. In other words, to prevent young children abusing heroin, we have to prevent them smoking. This applies to alcohol in the form of beer as well.

Prevent cigarette smoking if you want to prevent heroin addiction

Prevent beer drinking if you want to prevent alcohol addiction

What is the impact of substance abuse among the school children?

Deaths and chronic diseases due to substance abuse among school children are uncommon as they have just started to take these substances.

- Impact on academic performances
- Impact on social functioning.
- Impact on peer relationships and relationships with teachers and parents
- Child may be marginalized and isolated.

Failure in examinations such as Ordinary Level and Advanced Level is traced to addictions in some situations.

Effects of commonly abused drugs on the child's brain

Substance used	Effects on brain	Other effects
Alcohol Beer/ arrack/ other alcohol	Cerebral depressant General lowering of all the brain functions Poor attention Low concentration Reduced memory.	**Sexual dysfunction** among youth adults.

Cigarettes/ tobacco	Poor concentration Confusion Sensory disturbances	**Sexual dysfunction** can cause Nausea, vomiting, salivation, pallor, weakness, abdominal pain, diarrhoea, dizziness, headache, increased BP, tachycardia, tremor and sweating
Cannabis	Dangerous to the developing brain **Schizophrenia** (Schizophrenia could lead to devastating academic and personal outcomes) **Psychotic illnesses** Anxiety	**Sexual dysfunction**
Heroin	Drowsiness Impaired cognitive functions, Damages higher functions of the brain	Many negative influences on the life style. Withdrawal syndrome causes irritability, poor sleep, pains and poor attention, concentration impairment of memory .

The myth that tobacco improves attention and memory is a very effective bait used by industry to attract children.

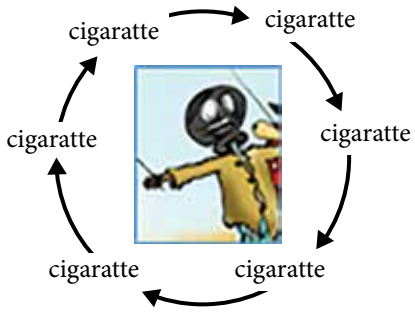
Most children would not like the first few times they smoke or chew tobacco but would not tell that to peers due to the substance abuse culture.

What is the most significant effect of addiction?

Addiction itself is the most significant effect.

It is destructive than any other physical or mental effect of the drugs. It causes the addict be hooked to one chemical. The whole life centers around it.

The individual gives up all other alternatives and joys.
He associates with the same set of unpleasant individuals with whom he abuses drugs.



The youth goes round and round the substance like an 'ox tied to the oil mill' (Sekkuwa).

For example, if someone were to be dependent on smoking cigarettes, he would be preoccupied throughout the day about the 'next smoke', because he develops withdrawal symptoms every 1 ½ to 2 hours.

Why do children abuse substances?

Teenagers would drink alcohol or smoke cigarettes due to peer pressure; they learn from peers. Then the next question is 'from where do the peers learn to drink and smoke?' The family, community and societal factors come into play and the most influential of all is the attraction to use substances.

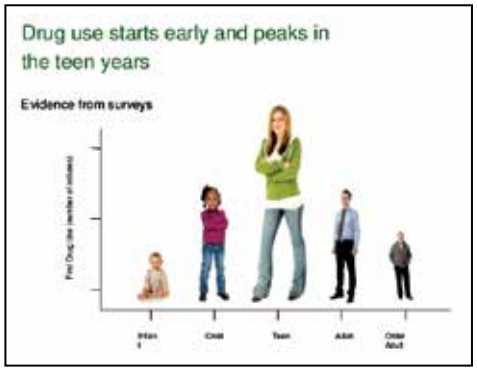
Attraction to tobacco and alcohol is maintained by the fellow users in the school and the community where the child lives.

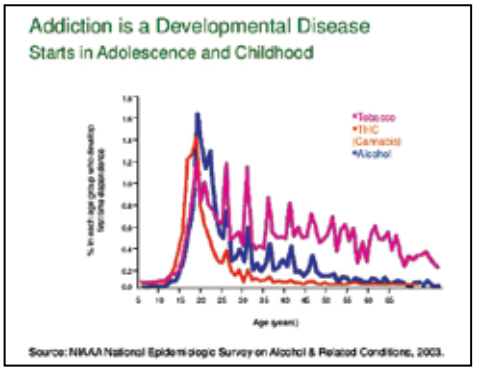
The most effective method is the promotional activities carried out by the industry and trade partners through Mass Media. Media plays a major role in creating and maintaining the image for alcohol and tobacco. These factors start operating very early in a child's life.

The image of these substances is also maintained by the non-users including the adults

Some other associated factors for substance abuse such **as antisocial personality traits, genetic predisposition and urban drug ridden neighborhoods.** These factors are not amenable. Genetic predisposition is a major etiological factor among the long term drug addicts.

However, most starters and experimenters will not have such a predisposition. Genetic predisposition is of secondary importance when it comes to teen substance use.





Do we promote drug use inadvertently?

Yes. **We do promote the drug culture inadvertently. Depicting heroin as a devil is one such good example.** These drugs and users rather are labeled as Muppets and straw-men rather than devil. Hence, the power and the attraction towards them and the substance reduce.

Heroin as a devil

Less Effective

Heroin as a scarecrow

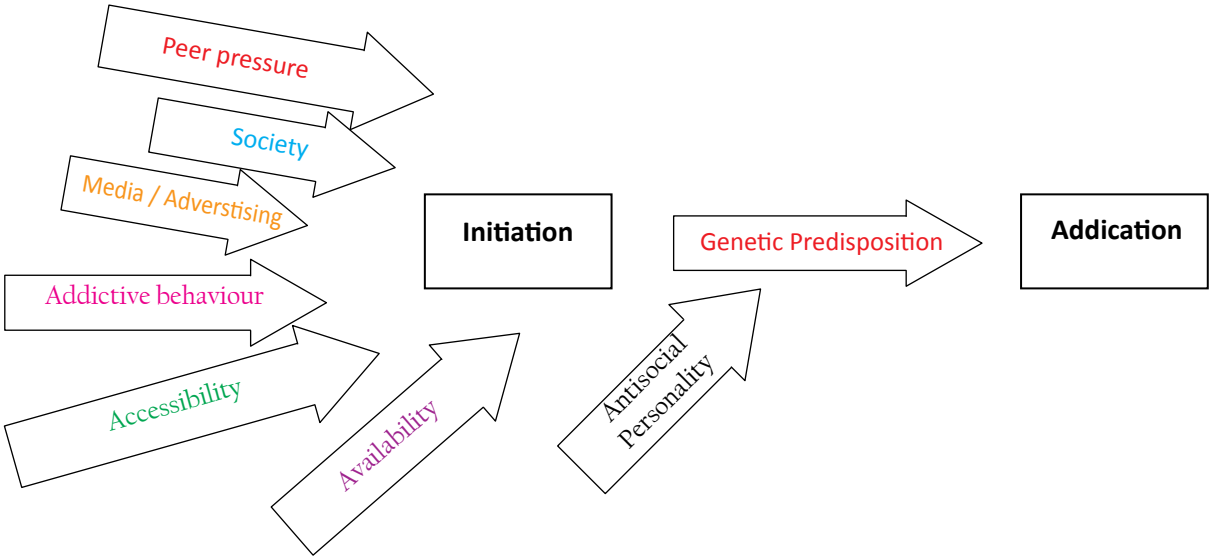
Effective

In **our daily lives, we do promote, for instance, by laughing at, telling and distributing jokes.** This seemingly innocent act contributes to maintain the positive image of alcohol and changes the way small children appreciate it.

Likewise, allowing the children to watch **cartoons (e.g. Tin Tin) and other programs (e.g. Oshin);** we allow them to be exposed to lot of alcohol and tobacco promotion through mainstream media. I need not elaborate on the **internet and Facebook.**

What has been shown to be not so effective so far?

Do we confuse ourselves when it comes to etiology? Initiation Vs addiction



How can drug abuse among children be identified?

Many youths experiment with substances such as alcohol and give them up soon as they themselves experience the immediate unpleasant effects then and there. They become disillusioned of the expected pleasant effects of those substances.

It is difficult to identify occasional users.

However, the following circumstances should lead to high index of substance abuse, especially among the teenage males.

- Any significant recent change in behavior
- Recent drop in school performances
- Frequent absenteeism and Late comers
- Excessive drowsiness and other physical changes including weight loss
- Deterioration in self-care
- Frequent quarrels

- Social withdrawal
- Injuries
- Suspected of criminal activities such as stealing
- Recent changes in personality including defiance and oppositional tendencies

It is difficult to identify the occasional user.
Look out for recent behavioral changes and drop in performance.

Why is individual counseling not very effective?

The teens are more influenced by media and peers than teachers. They would feel strongly about the acceptance by peer group and would readily disregard advice given by any adult including a counselor. Inadvertently, the teachers would get into a tug in war around the issues. Disciplinary issues would reinforce defiance. Hence, an unexpected result would emerge from some activities carried out to curb substance use among school children.

Sometimes, the **student who received advice or punishment would make it a point to feel proud of it and boost his image in the eye of his peers.** This would add to the attractiveness of substance use among school children as it exhibits their defiance readily.

One other common reason for ineffectiveness of advice is that it is based on one of the two common models, namely fear arousing medical model and religious moral mode. All the consequences that are usually listed, for example, lung cancer, cirrhosis and damnation to hell, are very distant repercussions that the average teenager would laugh and forget. There is no point educating on something that the child already aware of and disregards. The uselessness of such advice is enhanced in the presence of ready-made jokes and humorous stories that are deliberately circulated among

The effects of 'educational programs'

- Due to the high literacy rate in Sri Lanka, most people would get to know about harmful effects of drug and alcohol use early in their lives
- Teachers teach them in health studies lessons
- Priests preach on the topic all the time
- Doctors educate people via mass media

Hence, the harmful effects of drugs and alcohol are known by even the young school children in the country.

What is the 'real' effects?
The chemical effect of drugs and alcohol are heavily masked by social, cultural and promotional factors carried out by the industry. Educational programs are not going to change the use of it any more. Likewise, the advice based on moral values has their limitations.

The newer methods…

The new health education programs are based on sound scientific principles.

Eg: The messages that reduce attraction can reduce the tendency to use it.

The following points would be of some help in carrying out health education programs:

- Try to focus on the things that are not generally touched by conventional health education programs; for example, alcohol causes sexual dysfunction. But the users tend to lie due to social pressure. Tobacco causes sexual dysfunction and skin changes that makes one 'ugly' and unattractive.
- Addiction itself is the 'effect'. It makes one's life centered around a substance to the exclusion of alternative pleasures. This happens without the knowledge of the user.
- Empowered attitude towards alcohol makes it attractive to the user. The non-users also contribute to this culture by subscribing by jokes.
- **Users should be empowered too. Because they are 'successful targets' of the industry.**

Further Reading

www.adicsrilanka.org

https://www.facebook.com/adicsrilanka

Older Methods

Health lessons by Teacher at School

Speech on death and disease by

Doctor in TV/Lectures

Religious teaching by Clergy

Fear' arousal like 'alcohol is a devil'

by official propaganda

NOT EFFECTIVE

Novel Methods

Alcohol, Tobacco and Heroin causes Sexual Dysfunction

Tobacco users get Ugly faces

Dark lips

Unattractiveness

Tobacco user smells

Addiction prevents you from all other joys in life

Stop drug related jokes

VERY EFFECTIVE

Counseling of school children for Substance abuse, a practical approach for teachers

If you are to counsel a child with substance use issues, you need to have some skill to do that. Just reading a book will not equip you to do that and the session might do more harm than not doing any counseling. For example, if you are not able to discuss sex with a student, you are not capable of carrying out a proper counseling.

In a situation where you are left to talk to such a kid, I suggest you do the following

- **Ensure confidentiality**
- **Do not argue,** advise or scold and try to communicate a non-judgmental attitude
- Take care not to appear as an agent of the principle or parents. Usually the children would not open up when they sense this
- Do not use statements that would generalize substance use such as 'It's usual that boys of your age drink, so tell me the truth'. Use 'their' language when appropriate and discourage when not appropriate. Language communicates not only meaning but emotions.
- Once substance use is acknowledged, education and advice could be provided accordingly. For example, sexual dysfunction and brain damage due to alcohol and smoking and psychosis due to cannabis may be new information for a student. There is no point reiterating facts about lung cancer and cirrhosis
- Help children to identify the real effects of the substances and reassess the situation. For instance, let them observe and learn that there is 'not even a temporary relief' by using substances. For example, all young alcohol users experience distress, discomfort and distaste immediately with the use of alcohol, but are reluctant to admit due to the cultural factors that are created around alcohol use. Alcohol once isolated from the pleasant environment that it is used, gives rise to opposite of what it is used for. Many people will feel depressed and nauseated.
- Teach how to be assertive as suggestion and coercion are two methods used by current users to compel their peers to take substances. Learning to say no and having reasons to do so empowers the users and help them to come out of it.
- Discussing academic difficulties, worries and fears, and any psychological or social problem would be appropriate depending on the situation.
- Be ready to give up some counseling theories that you studied. For example, it would be counterproductive to argue against substance abuse with a teenager who claims that he enjoys alcohol. You will have to learn new ways of dealing with such problems. "Michael Jackson used it why should not I?" and "I have heard the effects of drugs already, I don't mind dying at the age of 50 by an MI. I want to have fun."
- Remember that your moral values would be different from the child that you are counseling. Take care not to be paternalistic as the child would become more and more defensive once he feels that you are similar to the other adults that he has to deal with (parents and teachers)
- Address life not only the drugs
- Your emotions and the smoking kid – if you are angry, it is likely that you would fail in counseling. And you would appear to represent parents. Hence learn to manage it.

What is the place of 'rehabilitation' for drug addicted children?

Rehabilitation is a period of enforced abstinence, usually for an extended period of time in a protected environment. This is used for patients with co-morbid mental illness and severe drug addicts.

Rehabilitation is rarely an option for a child who abuses substances due to the following reasons;

- There is no scientific evidence to suggest that rehabilitation improves abstinence. Results were shown to be better with short term interventions which enable the patient to live in the community
- Rehabilitation is an option for long term drug addicts. Most school children do not qualify for this category.
- Living in a rehabilitation unit where there are antisocial adults, would put the child at risk of abuse. Child might learn maladaptive and harmful behaviors
- Rather than rehabilitation, the child should be helped to give up or cope with the habit of drug use while living in the community

Rehabilitation Centre	
For Adults, long term addicts with/ with-out other behavioural problems	Not for Children, starters, occasional users, experimenting with drugs
Community Based Management	
Not for Adults….	For Children,

Most school children would be starters rather than addicts

Education programs aimed at addicted adults might be counterproductive to teenagers as they will be exposed to information that would make substance use 'normal' and certain high risk activities attractive. For example, it might not be that useful to educate a student group who has a minimal chance of using intra venous drugs about health effects of injecting drugs.

On the other hand, it would be beneficial if they are empowered to examine the real effects of drugs and how the drug culture maintains attraction by capitalizing on the environment and perceived effects.

Prevention is different from treatment

When it comes to youth, the following have been shown to be effective in preventing drug and alcohol use.

- **Reduce attraction to drugs**
- **Reduce availability and accessibility**

It is easier to prevent the whole school from drinking rather than counseling one by one.

The attraction is not maintained only in the minds of the vulnerable children or users; it is actively propagated by non-users as well. A contagious humorous story or a joke is a good example. Unless these phenomena are addressed effectively the use of alcohol and other substances will not come down.

Reducing availability and accessibility of drugs and alcohol seems less amenable to actions by school teachers. Even though there is no direct way of dealing with availability, there are numerous examples where school teachers have death with the issue effectively. Community actions assisted by the whole staff and children and other community organizations have led to reduction in sales outlets and promotional activities in some parts of the country.

Reducing attraction towards substance use is easily addressed by the school. Examples of such activities are found in various publications including booklets produced by the **NDDCB and ADIC.**

Few examples are provided here. Your creativity will take you a long way in dealing with this issue. Always experiment and see.

These activities can be carried out regularly at the classroom as well as on special days such as world tobacco prevention day.

- **Ask children to draw – a tobacco face, alcohol face**
- **Write essays on – industry influence on alcohol promotion**
- Plan activities to **identify non- advertising promotion in the tele-dramas, other TV ads, and news items and literary work.**
- Discuss method of empowering both 'deceived' user as well as non-users **to 'say no' to alcohol, tobacco and drugs.** Just saying no to peers would not be sufficient and ways of changing peer culture could be discussed. New ways of responding needs to be learned by the youth in order to handle this culture successfully without resorting to personal disputes and arguments
- **Identify sales points and promoter shops and grocers** and work towards boycotting such establishments
- **Preparing for events – for example big matches** and other similar events. They could be educated and empowered to observe how alcohol and tobacco are promoted and privileges being granted for the users

Things that would work

- Education about addiction itself
- Education about sexual effects
- Effects on appearance and attractiveness
- Education on how he's become a victim

- Education about industry strategies
- Education about real effects of alcohol
- Making the kid capable of challenging the myths of alcohol
- Empowering the user
- Allowing them to work for 'a smell free school'. Advocacy will help a user to come out of the habit
- Your attitude and language

Some more that could be done

- Address self-fulfilling prophesy
- Address life in general
- Address educational difficulties

Know your limits

- Antisocial PD traits
- Limitations in technical capacity
- Inadvertent promotion
- Being labeled – good moral religious etc....
- Your own ego and narcissism

What should not be done?

- Things which empower users and the industry
- Draw lot of attraction to industry
- Labeling – as this would lead to a negative self-fulfilling prophecy
- Breaching confidentiality unless a criminal act is being carried out or there's a risk to life
- Take sides with parents, principals and other teachers
- Openly declare certain things
- Do not expel the child from school; this will worsen the problem
- Activities which have shown no obvious benefit and have become 'jokes'
- Rehabilitation has to be done in the community. Most children do not need that

Go by the science and when evidence is scarce, do some research and see

Research can be carried out in small scale.

What next?

If you feel that the situation is beyond your capacity to handle, you must refer the child for further help. Pay attention to the following conditions carefully and refer for appropriate interventions.

When to refer?

- If you don't know what to do (limited technical skills)
- Severe addictions/ multiple substance use problems
- Concurrent mental illness
- Suicidal or homicidal attempts and intents
- Antisocial acts/ criminal behaviors need to be reported to the police
- If you are emotionally troubled and can't control it, for example, you have a child of similar age and you feel overwhelmed after listening to the story.
- If you are angry and upset as the student has let you down and transgressed moral rules
- If you realize that counseling is driven by your own need to feel helpful, important and respected, your narcissism might be interfering with the counseling process. You are driven by too intense an idea to 'cure' the child and get him back to track
- Or any other reason where you feel like doing so

Where to refer?

Following are the generic places that you can refer the child for further help.

1. Nearest government hospital
2. Medical Officers of Mental Health
3. MBBS qualified doctor, or a DMO –
4. National Dangerous Drugs Control Board
5. Non-governmental organizations; Eg: Mel-Medura in Colombo

List of consultant psychiatrists is found in the website of the Sri Lanka Colleges of Psychiatrists.

A comprehensive description of places to refer is found in Annexure 1.

Conclusion

The commercial and cultural influences are more powerful than individual counseling. Hence do not get disheartened if you fail to do much. The little changes done in the environment will eventually bring some visible and useful results. **It is always useful to focus on prevention** as it brings forth change in many individuals' lives.


Suggestions
Vote of than
උපදේශන හා
වෘත්තීය
මාර්ගෝපදේශන
ඒකකය

Chapter 14

Teacher's Role in Handling Difficult Children

What are the situations / contexts to identify difficult children?

1. Cooperation with teacher
2. Educational activities
3. Behaviour with peers

"I may not be perfect, but i am always me."

What are the difficult behaviours?

- Disruption of classroom activities – hyperactive, noisy, answer out of turn, over-talkative, clowning
- Aggression to peers – verbal / physical, bullying
- Stealing
- Anti-authoritative attitude, antisocial
- Ignores teacher's instructions, work on their own terms
- Does not talk, inhibited, solitary, does not mix with peers
- Does not like group activities
- Excessive crying, demands mother to be present, avoids school
- Demands teacher's attention
- Recurrent physical complaints

What are the perspectives of the child?

Developmental problem

Temperament of the child

Reaction to adverse environment

Recent stressful experience

Mental health problem

Learnt behaviour

What can the teacher do?

a. **These children should be identified early and referred.**

b. They need firm, clear instructions on what they are expected to do.

c. The parents should be informed about the child's behavior at the early stages. The teacher should not feel intimidated by parents who blame them or compare them with other teachers.

d. Seek information from parents about behavior at home. The teacher should not attempt to give judgments on insufficient evidence. Parents often report that teachers attribute bad behavior to not getting enough attention from parents.

e. Teachers should discuss with an Educational Psychologist about causes of problem behaviours and refusal to work in children and what remedial measures are effective.

f. Teachers should observe the child to identify possible triggers for difficult behavior. For example, some children will get disruptive when they haven't understood the work, when bored with the work etc. A relevant measure in advance may prevent difficult behavior and improve compliance with work in class. The mental health clinics at Lady Ridgeway Hospital routinely request teacher for reports on children. The majority of teachers are good at observation and writes excellent reports that provide very useful information.

g. If the child is very disruptive and the teacher has difficulty managing in the classroom, they should ideally have a teacher assistant working with them separately from the rest of the group. Presence of other children, noise and distractions can make such children get over-excited, irritable and more disruptive.

h. Medication is effective in some children. Refer to a mental health service if other attempts fail to help the child in learning.

Chapter 15

Mental Health Promotion at School

Mental Health Promotion at Schools

The scope of mental health promotion encompasses the aspects of creating and enhancing environments that support the development of mental well-being and healthy lifestyles. The ultimate objective of a mental health promotion programme focuses on outcomes to strengthen children's/ youth's sense of control, resilience, and the ability to cope with life's challenges.

The home environment and family play a pivotal role as the primary source of nurturing and support for children. The school setting was identified as the next and the most important settings. This involves the whole school community together with other relevant stakeholders including parents and guardians.

There is a plethora of evidence to substantiate the role of schools in fostering and promoting a positive sense of health and well-being of children. It should start early in life. **Classroom teacher is the best placed professional to work sensitively and consistently with students to bring about successful educational outcomes** (Clarke and Barry, 2010; Payton et al. 2008; WHO, 2012).

Mental health pervades all aspects of school life and learning. It is very importance to develop effective systems in schools to promote mental health and well-being. Such programmes necessitates a **lot of commitment from the school community** and should target providing **continuum of support** in both mental health promotion programmes and services to all students including special needs children.

Some of the important aspects in relation to mental health promotion programmes in schools are as follows (Weist and Murray, 2008).

- Enhancement of environments
- Promotion of social and emotional learning
- Life skills education
- Prevention of emotional and behavioural problems
- Identification and early intervention of problems

National Programme in Sri Lankan

The **School Health Unit of the Family Health Bureau** works in close collaboration with the Ministry of Education. Having started in 1980, the unit is responsible for planning, monitoring and evaluation of the School Health Programme in Sri Lanka. This programme was started in 1918 in Colombo and expanded since 1926. Today SMI is conducted in 341 Medical Officers of Health (MOH) areas. This programme is implemented in the field by the Medical Officers of Health or School Medical Officer and their public health staff.

It includes **school medical inspection (SMI)** for all the students in grade 1, 4, 7 and 10 in schools with more than 200 student population and all students in schools with less than 200 student populations. SMI coverage in 2014 was 92%. In SMI, students are screened for physical, nutritional, behavioural and learning problems and managed accordingly. The main focus of SMI is to identify and manage physical health and nutritional problems of the target population. A vast service is provided to school children island-wide by this programme.

The mental health screening is added to the programme since 2012-2013.

Another important concept is the **Health Promoting School** (HPS) programme. It is implemented jointly by health and education sectors. **School health clubs** should be established at school level, to uplift the health and well-being of the school community.

Factors affecting mental health within the school context

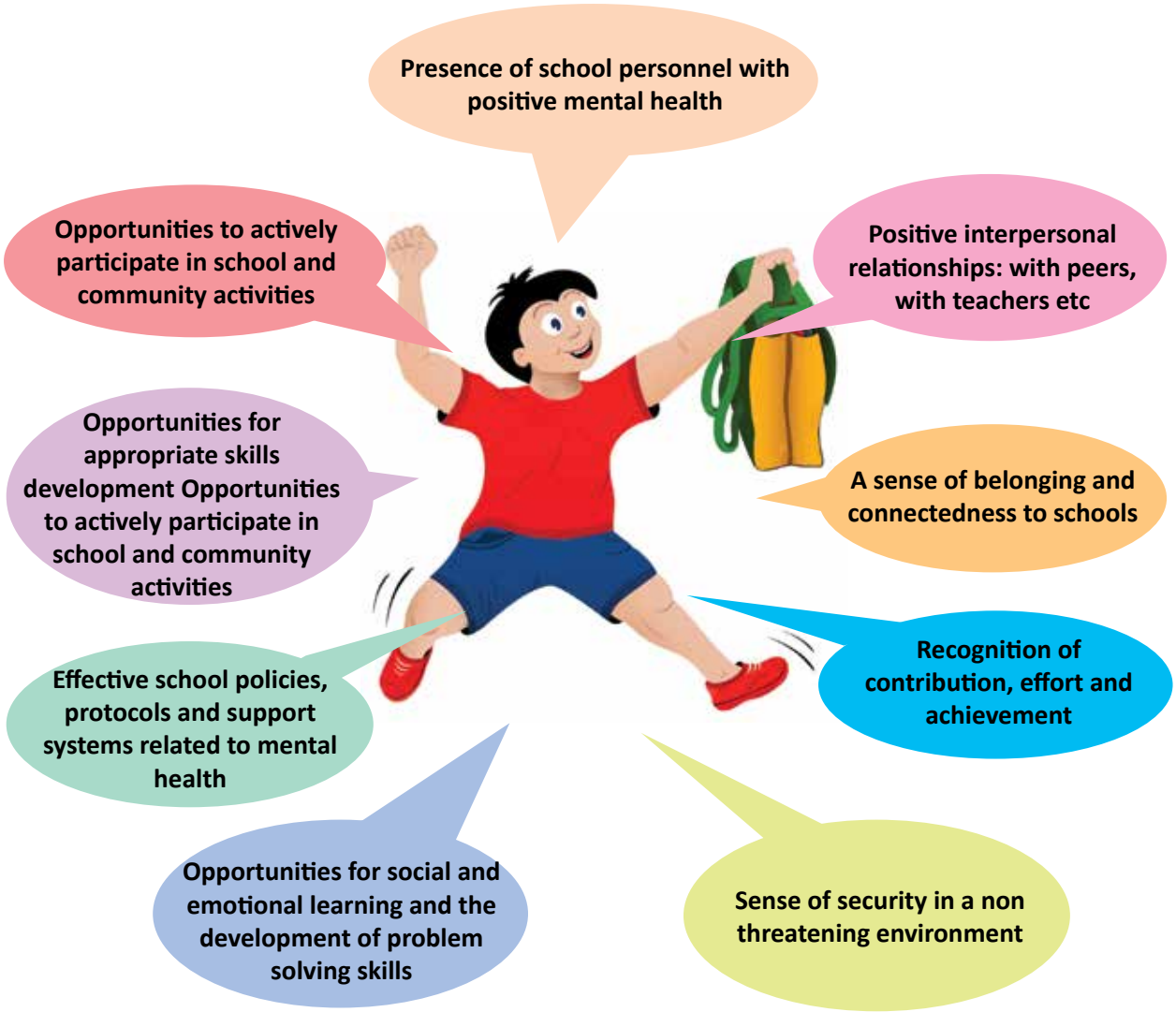
In the school level, positive mental health promotion should focus on enhancing protective factors and minimizing risk factors, thereby building students' resilience to cope with the various stressors in their lives. A descriptive account with this regards is found in Chapter 2.

Other evidence based interventions of building coping skills and enhancing resilience of school children are **Life skills education and practicing Mindfulness.** A descriptive account with this regards is found in Chapters 16 and 17.

All these are methods of primary prevention.

Mental health protective factors in schools

A mental health protective factor is an intrinsic or extrinsic factor/condition that protects positive mental health, enhances the capacity to cope and reduces the likelihood of development of a mental health illness. There are lots of recognized mental health protective factors operating at different settings. It is important to appreciate the factors related to the school setting. Such factors include,



A descriptive account with this regards is found in Chapter2

Mental health risk factors

A mental health risk factor is an intrinsic or extrinsic factor/condition that increases the likelihood of a mental health problem. In the school setting, mental health risk factors include,

A descriptive account with this regards is found in Chapter2

Signs of a student with a mental health problem

Early identification of students with mental health problems is also crucial. Here are some common indicators which would help to identify students with mental health problems or at risk of developing mental health problems at school level.

A descriptive account with this regards is found in Chapter . The tool for screening for Mental health problems (SDQ) and diagnosing ADHD are found in annexure 2 and 3.

Activities to promote well-being of a school community

The following aspects are important in promoting well-being and mental health in schools:

• School culture	Develop/maintain a safe, caring school culture to foster the sense of belonging and connectedness.
• Whole-school approach	Adopt a whole-school approach in accordance with the Health Promotion Schools concept, with the involvement of students, teachers, staff, parents/ guardians & community.
• Interpersonal relationships	Build positive relationships between teachers and students to promote participation, social interaction and pro-social behaviour.
• Participatory approach:	Active involvement of students, parents/guardians and the community in developing and implementing school policies to support mental health and health promotion.
• Curriculum	Develop and implement a consistent and integrated curriculum to enable students in skills based education to enhance their coping, resilience, communication, conflict resolution and problem-solving skills.
• Early identification	Develop a system and structure to support the early identification of students experiencing social, emotional, behavioural or learning difficulties at classroom level
• Continuous referral system	Develop and update the system for appropriate referral and follow up of students with identified mental health problems.
• Extra-curricular activities	Promote student's participation in extra-curricular activities while developing the relevant infrastructure facilities
• Capacity building	Facilitate access to continuing professional development for school staff on the promotion of the mental health and well-being of students. Having continuous training programmes for field level health and educational sector staff

Teachers' responsibilities in mental health promotion of students

- Identify prevailing mental health protective factors and promote/reinforce them.
- Identify mental health risk factors and prevent them
- Identify students with behavioural problems and learning difficulties and refer them
  - o Identification by - Medical Officer of Health
    School Medical Officer
    Public Health Inspector
    School Teacher at classroom
  - o Referral to - Consultant Psychiatrist
    Medical Officer- Mental Health
- Make sure that proper referral and follow up has been done for the students with identified problems
- Preserve the confidentiality
- Do not discriminate students with identified problems
- Awareness of parents/guardians of students with identified problems, about mental health promotion and help with learning activities at home

Chapter 16

Life Skills – A way out for mental health problems

What are life skills?

A person has to face a lot of challenges in day-to-day life. **One's ability to deal with such demands of everyday life is known as Psycho-social competency or life skills.** This is commonly known as the **"Presence of Mind".**

Ten Life Skills defined by WHO

1. Decision Making
2. Problem Solving
3. Creative Thinking
4. Critical Thinking
5. Effective Communication
6. Good interpersonal relationships
7. Self-Awareness
8. Empathy
9. Coping with emotions
10. Coping with stress

Those who need it most…….

Everyone needs life skills for survival. But youths need it the most.

This is because their life is full of challenges despite minimal experience. Further, youths lack understanding of good and bad. And they have difficulties in controlling emotions, but they prefer to explore new things on their own. But they hate to seek help.

Transitional Period

Teenage is a transitional period between childhood and youth. Physical, mental, social attitudinal, educational and many more changes occur in a child during this period. Rather calm, quiet and obedient child will end up being a speedy, turbulent and "on the edge" youth.

Their personal identity is not developed at this moment. They are confused as to "who they are". Parents follow children until year five scholarships examination. They take a break afterwards, thinking that child is mature enough to look after him/her-self. The worst consequence of this is that parents are not there for the youth when she/he needs them the most.

Stormy Period

The psychiatrist Stanley Hall described youth as a period of storms. There are good and bad storms.

Good Storms

Get a good rank, get university admission, become a professional, to go to Olympic games…….

They set child's mentality towards fulfilling these aims. So teacher/ parents should encourage them to achieve such goals.

Storms like music, films, Facebook, actors /actresses, television are also frequently seen

Bad Storms

Love, truancy, theft, quarrel, addiction (tobacco, liquor, drugs) ,antisocial behaviour…….

The responsibility of teacher/ parents is to detect subtle signs of changes, find the causes and protect the adolescents from such storms.

It is important that teachers and parents become role models for youths.

Various emotions at once…….

Shyness, fear, curiosity, courage, leadership and the need to be outstanding are some of the good and bad emotions that youths struggle in dealing with.

Therefore the adolescence is sometimes called a "field of gambling" for emotions.

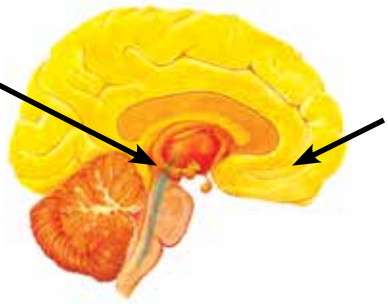
Brain development and emotional control

Positive relationships……

Brain takes nearly 25 years to mature.

"Amygdale" the emotional center at the base of the brain, is fully mature by the age of 15.

Thus, a 15 year old youth experiences same emotions as his parents or rest of the adults around.



The **"emotional control center" based at the frontal cortex of the brain is still growing and myelinating.** When coupled with inexperience, it is no wonder why these youths have no grip on their emotions.

It should be mentioned that even a 20 year old can make wrong decisions when they are under stress.

The mature brain has the abstract thinking capacity. Immature children's brain has only the concrete thinking ability. It is of no wonder that important decisions made with the support of peers usually go wrong.

Responsibility of Life

YOU, ONLY **YOU are responsible for your life.**. Teach them that taking correct decisions, selecting good friends, getting hold of opportunities, getting others help and many more are their responsibilities.

Teachers, parents and adults can only help. But always teach them to ask for help when needed. Teach them to communicate effectively.

There are three basic problems of children/ youths.

Problem	Examples
Personal Problems	1. Lack of self confidence 2. Sensitivity to minor issues 3. Difficulty in dealing with emotions like anger, shyness, stage fright, regret 4. Tendency for experimenting and desire to show braveness by doing so called "wrong things" 5. Hunt for desires 6. Guilty feeling towards his/her own behaviour.
Interpersonal relationships	1. Making friends 2. Crossed off by friends 3. Popularity 4. Love affairs 5. Living to the expectations of parents/teachers/society If teachers/parents favour talented, outstanding and high classed youth, others the majority will be disappointed or irritable. So it is important to treat everyone equally. This will help them to develop their self-image in a positive manner. Never neglect those who stay apart silently.
Professional issues	1. No clear understanding of his/her ambitions and expectations 2. No insight on his /her abilities 3. No knowledge on appropriate profession and how to become professional. 4. No understanding whether to continue studies or to do a job.

Counselling is very important in these situations. Life skills are an immense help in this regard.

LIFE SKILLS

Now let's discuss each life skill in brief. Refer the book "Life Skills" published by Family Health Bureau, Ministry of Health, for the definitions of each life skill.

1. Making Decisions

Making decision is a right of a person. Youths prefer to make their own decisions. They refuse adult interference.

1. Ruchin has a problem. Lots of home-work from school. Tuition on all five weekday evenings. TV switched on when he comes home from tuition. TV is not switched off even at 10.00pm. There is no noise in home in the early morning. But grand-mother can't sleep if lights are on at that time. How does Ruchin complete his home-work?

2. Vikasitha prefers to wear denims & T-shirts. Also prefers to wear make-up. Today she has many events. She has an after school tuition class. Then she has to go to temple in the evening for a religious function. Two of father's friends with families are coming for dinner tonight. But Amma says not to wear a lot of clothes as it is difficult for her to dry clothes due to rain. How can Vikasitha decide on what to wear?

   But it is very important to discuss with teachers, parents and adults when making important decisions pertaining to life. The actual reason for it is that teenage and youth brains are not well developed to understand consequences. May be you remember that brain takes at least 20 years to mature. Further, teens are not experienced enough. Teen's decisions are laden with emotions. Decisions made under slavery of emotions are not rational. They can be disadvantageous to them as well as others. But lots of young children do not know these depths. It is your responsibility to teach them.

3. Ashini's mother preaches to select Bio stream for A/L. friends are planning to do Maths. But Ashini likes to do Arts. How can she select the subject stream?

2. Problem solving

Teach them that the steps of solving problems are as follows.

First identify that there is a problem. Then find facts pertaining to the issue, as much as possible. Next identify solutions available. If unable come up with an effective solution alone, feel free to get the help from elders. Consider opinions of others as well. Be flexible to change when shown with acceptable reasons. Be flexible. When a youth is a member of a team, guide him/her to respect the collective decision of the team or team leaders' decision.

Always look back and evaluate results to find if the decision was rational.

Always remember to seek adults' advice when problem is pertaining to the future of oneself.

4. Vimukthi is handsome. Playful. Sinali is studious. Both are going to school in same "School Van". Vimukthi always tries to charm Sinali. Today, Vimukthi has uploaded photos of Sinali. Friends, Teachers, Principals, Driver uncle of van, everyone has got to know it.

   How can Sinali face the situation?

3. Creative thinking

These are two steps in it. When a youth encounter a challenge, the first step is that he/she should see various aspects of it. Consider all the facts available. Try to broaden the view. Storm the brain and see networks of connections between issues. The second step is to face the challenges creatively. Face the problem in such way that either youth or others are not falling into trouble. Presence of mind is very important with this regards.

5. Barren road. Rainy, gloomy evening. Umali walks along this road after her tuition class. An unknown man is idling at the bend. What should Umali do?

6. Dinidu's father had a heart attack recently. He is ill. Amma, Dinidu and nangi are coping with household work with such difficulty. Meanwhile, the one year almsgiving in memory of their beloved grandmother has to be held in one month. How can Dinidu organize the alms giving?

7. Friends are asking to drink liquor /to go to a "unsafe place" with them.

4. Critical Thinking

This is to consider every aspect logically before doing something. Teach them that they will 'harvest what they have cultivated'. Also give them the message to see things deeply, not only superficially.

Eg: - TV Advertisements, Trends towards substance and alcohol abuse

8. Kavitha's friends eat fast food and fried rice for breakfast and lunch, drink cola drinks. Kavitha too drinks a mug of milk tea in the morning, throws away the lunch packet given by mother and eat bad food. They do not play either. All of them are fat now.

   What should Kavitha think about? How can Kavitha change his behavior?

5. Effective communication

If someone asks an adult, he would say that it is NOT worth to speak sharp truth despite consequences. Solving a problem by making everyone angry, making enemies and increasing consequences is a bad method of survival. It is appreciated if the creative answer drawn is presented in a nice way within in a pleasant environment.

Tell them to **listen to others** and **recognize non-verbal communication** and **decide when to be quiet.** Tell them not to change the accurate decision made. These are some aspects of effective communication.

9. Amandi's new English tutor is young. He is a son of her mother's friend. She recently recognized that he was touching her inappropriately. Sometimes he stands next to her in class. She has not divulged anything to mother. Don't know if telling so will create a problem.

   What should Amandi do?

6. Interpersonal Relationships

All men and women of all categories of social status and ages have to have many interpersonal relationships, at some point in life.

Poor relationships with parents and teachers may be due to storminess of Adolescence.

Positive teacher- student relationship is to help students to enhance identity and uniqueness and not to make a follower or companion. This should not disturb youths respect towards the teacher.

Never forget that there are advisors at school, class teacher, MOH doctor, PHI, Midwife and many willing adults to help you.

What should youths do to keep friendship between peers (teach the youth)

Share responsibilities

Give equal opportunities to all

Do not create fear, suspicion or insecurity among others

Accept the right of others to think and act differently

Listen to others understand, respect their ideas.

Do not harm peers mentally or physically. Thuggery, spreading false information, slandering, creating emotional turmoil and isolating friends are bad behaviours.

Teach youth to seek advice when having company with unknown persons.

Having someone to share sorrow and trouble is a great mental strength

Love affairs

It is normal for this age to be attracted to opposite sex. But tell them not to select the partner for life in a hurry. School days never return. Give the top priority to learning during school days. Learning is the most precious opportunity to fulfill future plans/aims.

Citizens can't get married before 18 years of age. Youth will be penalized for having sexual activity with someone below 16 years of age. Youth are prone to sexual assaults and abuses because they lack courage to say NO.

10. Theja is 13. She's an only child. Father drives her by car, drops her to school in the morning. Prasad, 21 year old, works in shop in front of the school. They got to know each other 2 months back. Prasad is Theja's first love. Now Prasad frequently asks her to go somewhere special and be isolated. What should Theja do?

Having a permanent caretaker in the childhood

This is the foundation for all relationships in adulthood. Children of broken families might become youths with poor interpersonal relationships.

Peer group

Peer group is of prime importance in adolescent behaviour. Good effects of peer group are, improvement of interpersonal relationships, communication, decision making, solving problems, respecting opinion of others, tolerating criticism, creativity and social service. But peer advice alone is not enough when making important decisions pertaining to life.

Bad influence of peer group can be addiction to tobacco, liquor, drugs, vandalism, violence, harassment, sexual behaviors, truancy, discriminatory manner, etc. Youth should be empowered to avoid such behaviors.

Parents

Parents are first teachers of youth. Only persons who expect best of everything for their children are parents. They show them the value of life. They are experienced in life even if uneducated. Tell youths to kindly listen to the suggestions of parents, discuss day-to-day events and enjoy time together. You should direct youths to build social relationships. Tell them to solve unpleasant situations by discussions, not to quarrel and try to understand. If parents are so busy or do not love them enough, tell them so. Parents may not be well educated, but they are full of experience. So do not override them and fall into trouble. Do not trivialize them.

Why does youth needs the experience of adults?

Adults have lived long years in this world. They have passed their youth and seen a lot in life.

7. Self-Awareness

Find out inherent skills of youth. It may be sports, music, dance, motor mechanics, carpentry, welding, farming……Improving the inherent abilities will help the youths to build up a better future.

Knowing oneself, and building up self-confidence can help to improve self-esteem is important. Teachers can help youth in all these aspects.

11. Lakshman is poor in Maths and not good in English. But he learns welding in the evening, by attending to a nearby welding shop. He is very clever to weld creative grills and gates. What should Lakshman's parents do?

8. Empathy

Humanity is feeling the sorrow of others. It is important that feeble should be treated well, and should be helped in their difficulty. Examples are caring for grand-parents, bathing them, feeding them, offering a seat to a pregnant mother, etc.

12. The after-school Maths class went on for four hours today. It was a tough lesson. Ridma came home by bus after the class. The bus was full of passengers. Suddenly she noticed a pregnant mother among the crowd. What can Ridma do?

9. Coping with emotion

What should the youth do when he/she feels anger, hatred, joy, sorrow or jealousy to fight? Others, especially busy parents may not have recognized emotional turmoil inside the young mind. If youths can tell some of his/her thoughts or worries to them, life will be more beautiful. Teach youths how to express agitation.

13. Nethuka is stubborn. He prefers to do what he likes. His mother scolds him regarding him cutting classes, having bad friends and not studying for the forthcoming O/L exam. His father too becomes furious as much as mother scolds. Nethuka frequently has felt like running away from home. Who is wrong? How to correct?

Anger

Youths tend to be averse to injustice. Tell them that answer to injustice is not anger. Anger and hatred damage all friendly connections.

How to control anger

Understand that he/she is angry

Breathe deeply and hold the breath

Count slowly from 1 to 10

Walk away from that place

Do some other work

SMS- be Slow, silent and Mindful when you feel angry.

Understand the cause for anger, and avoid it next time. Discuss about the above cause or write in book.

Handling regret

A youth who faced an accident, illness or sexual abuse, tends to regret again and again. This is useless. Regret wastes precious time. Help youth to repair mentality and face the hard life.

10. Coping with stress

Keeping pets, cleaning home and environment, gardening, observing environment, meditation and listening to music are some methods of coping with stress. Discussing with a friend or an adult may help. Know that there is a silent helper behind every successful person.

SMS- be Slow, silent and Mindful

14.Thaththa has got a promotion. Because of that, Udula who went to a small village school had to go to a big school in city suddenly. This is September and the syllabus has almost been covered in new school. Udula has not gone to tuition classes. The students of his new class are different. They have beautiful shoes, books, bags and clothes. Udula's father has no money to buy them. Moreover his teacher asks him to deliver a talk on "my experiences in the village and in the city" in English, in the talent show at the end of the year.

How will Udula face all these things?

What could be the consequences of all these if neglect?

- Mental stress/Mental Depression.
- Blurring of his/her future.
- Antisocial activities and crimes.
- Suicidal attempts and/or Suicide.

Dear teachers	You all are the second father/mother or the guardian for our youth. Ones who looks after them. So please listen to them. Ask what they think, get their ideas, never break the faith they have on you. Be aware of confidentiality. Ensure their place in decision making. Let them participate and be actively involved in important things in school. Try to give something to nourish their lives apart from the lessons in books. Check whether they maintain good relationships with parents. Give following simple advises to parents and adolescents.	**It is very important to listen to them** **Safeguard your professional respect**
Dear parents	Your grown up child is still not an adult even though he/she is grown tall etc. He/she is still mentally immature (a child living in an adult body). So devote your time for them. It is the most valuable thing they can have. (Never substitute presence for presents) Parents are not perfect. But we believe, there is nothing parents can't do to bring up their adolescent child as a good citizen. Let them understand their abilities, enlighten them. Make sure you are there for them, no matter what happens. Make sure they really understand/feel that you have .Love them truly and honestly. A happy youth who believes in his/her parents love, really believes in himself. Get them to do activities at home and value their partnership. Make sure that your home is a place where the youth can feel his/her uniqueness, express himself/herself, can learn to be disciplined, learn good manners, and live with a positive, secured attitude for life. Make your home a peaceful, enjoyable place for them. This world should be a place without quarrels, hurting, hatred, abuse and liquor or drug addiction for our youth to flourish. So start to make a better world for them from your home. Never criticize him, criticize only his fault. Never degrade. Show them how they should behave, by setting an example. Make dinnertime a happy moment. Exchange ideas over dinner. Let them talk and be free to express themselves.	**The most valuable gift you can give to your adolescent is your time, nothing else** **Make sure they believes in your love for them.**

Dear youths	Firstly, develop self-respect. Identify self-esteem, abilities and disabilities. Do not disregard yourself. Secondly, forgive yourself. Never compare your abilities with others. Competition may not be good sometimes. Thirdly, correct yourself. Know that you can't live on your own and others can't do everything for you. It is important to control emotions. Socialization is important. Team activities are equally important. They help to acquire experience and give something to society.	**Mindfulness is a wonderful way to console the mind.** **World is more pleasant due to civilians like you.**

Chapter 17
Mindful School
A Newly Recognized Intervention to Improve Psychosocial Wellbeing

What is Mindfulness/ Sati?

'Sati' is the Pali word for mindfulness

Sati or mindfulness means living in the present moment.

It means we become aware of what arises in the present moment, what we are doing, feeling and experiencing, and we accept whatever arises without judgment.

The aim is to quieten the mind and to heighten awareness. This is important for all of us.

Is it a religion or part of a religion?

It is NOT a religion. It is just a skill and a practice.

Certain types of mindfulness practice and meditation were practiced in India by Rishi and Yogis. The original and authentic teaching of mindfulness was taught by the Buddha 2600 years ago. But the modern world adopts mindfulness to improve education, economy, profession and health.

Is mindfulness recognized anywhere in the modern world?

Mindfulness was practiced in Asia for more than 2500 years, but many Asian nations lost the practice. Now it is confined to certain devoted groups, mainly in and around forest tradition monasteries (Āranya). The European parliament and nations recognized the concept and value of mindfulness quite recently.

In 2015, a UK group of Parliamentarians formed an all-party committee named Mindfulness All Party Parliamentary Group (MAPPG) which recommended adopting mindfulness as policy in key Government sectors such as Education, Health and Criminal Justice. The report (Mindful Nation UK Report) is available online at http://www.themindfulnessinitiative.org.uk.

The Wales Government, following a wide study, published 'Mindful Nation Wales Report'. **For the first time in the world, the government of Wales adopted mindfulness as a national policy.**

The movement is making way into schools across UK, Canada, Scotland, Ireland, United States, Finland, Thailand, Netherland, Australia and India. Workers of business enterprises like Google, Apple, Face Book, e-Bay, Nike, Ford, Toyota, Volvo and members of British parliament practice mindfulness in their work-place.

Why mindfulness is important?

There is a significant amount of mental and physical stress associated with modern day living. And world is facing a mental health crisis. In UK, each class room has nearly three pupils diagnosed with mental illness.

Is there evidence to recommend mindfulness as an intervention?

The evidence is yet gathering. There are lots of small scale studies. Number of major scale, long term, case control clinical trials are being conducted at various places in the world, including 35 x 2 schools in UK. A meta-analysis of 209 studies concluded that mindfulness-based interventions showed 'large and clinically significant effects in treating anxiety and depression, including recurrences, and the gains were maintained at follow – up'. Here are some actual figures.

- academic attainment - 15% improvement in Maths scores
- mental health of children - 24% decrease in Aggression
- character-building and resilience which cover a range of non-academic skills and capabilities - 24% increase in positive social behaviour

(Source - Developmental Psychology: Mindfullness: journal of Child and Family Studies; Hölzel BK)

Sri Lankan Study: At Nissarana Vanaya Retreat center, a research was conducted in 2015 in order to evaluate the after effects of Meditation.

What are the benefits of mindfulness?

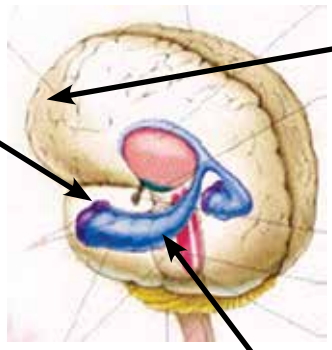
Psychological Benefits	**THE MAIN BENEFIT IS THAT IT INCREASES HAPPINESS & AWARENESS.** It helps to become aware of thoughts and mood changes. Therefore it reduces mood changes, anger, aggression, fears, anxiousness and emotional distress. It increases compassion, forgiveness, emotional resilience. It significantly increases the ability to recover from stress. Experience of sense of "Oneness" and self-confidence are other benefits.

Educational Benefits	Helps with focusted attention & concentration, thus improving learning ability Improves memory Improved cognition Improves Maths performances
Mental Health Benefits	Prevention of Mental illness - Mindfulness is one of the most promising, cost effective, preventive strategies of mental illnesses. It is popular and non-stigmatizing, no side-effects/after-effects unlike some other mental health interventions. Depression - Therefore, Mindfulness-Based Cognitive Therapy (MBCT) has been recommended for the treatment of recurrent depression by the National Institute for Health and Care Excellence (NICE) since 2004. Anxiety - It is also used to prevent anxiety and its recurrence Helps in quitting smoking, alcohol and drug dependency Also it can improve sleep, thus reducing insomnia.
Physical Health Benefits	Mindfulness decreases respiratory rate, blood pressure and slows the heart rate. It helps mental and physical relaxation. It can help manage pain perception. So there are less headaches with mindful children. It improves the function of the immune system. So it can reduce autoimmune illness like arthritis and irritable bowel syndrome (IBS) Further it has an anti-aging effect on body and brain. Cancer (in Sri Lanka– Cancer unit/ Karapitiya Teaching Hospital/ Galle uses breathing meditation as a supportive tenement modality for cancer patients)

Can brain maturity be enhanced by mindfulness training ?

Brain takes nearly 25 years to mature.

"Amygdale" the emotional center at the base of the brain, is fully mature by the age of 15. Thus, a 14 year old youth experiences same emotions as his parents or rest of the adults around.



The **"emotional control center" based at the pre frontal cortex of the brain is still growing and myelinating.** When coupled with inexperience, it is no wonder why these youths have no grip on their emotions.

Hippocampus is the main region for memory and learning

Amygdala - This area is aroused when detecting and reacting to fear, emotions and stress. It shrinks (less grey matter density) and is less activated after mindfulness training.

That means children have less fear, less emotional swings and are less stressed after mindfulness training.

This is a good outcome.

Hippocampus – This area is critical to learning and memory. It is more activated with more gray matter density after mindfulness training.

Pre Frontal Cortex – This is the center responsible for emotional maturity, emotional control, analytical thinking, problem solving decision making. It is more active after mindfulness training. Good outcome.

These changers were identified by functional brain scans.

(Source – The Emotional Life of your Brain – Dr. Richard J. Davidson, Oxford journal of Neuro-science, Harvard Bulletin)

What are the Famous 'mindful school' programmes conducted world-wide for school children?

.b	Stop, Breathe and Be' is one of the widely followed programme in UK. It has 10 lessons. .b curriculum has been translated into Danish, Dutch, Finnish, Icelandic, French, German and Spanish languages too
Teach .b	It is a programme designed based on .b and used in Australia since 2015
Paws .b	Is the mindfulness training done for all school children, via national curriculum of all subject streams in Whales
Mind up	This is a very simple programme. Child concentrates 2-3 minutes on breathing, for a few times a day. This is called 'brain breaks' and is taught since 2003 in USA
Quiet Time	Is adopted mainly in San Francisco/ USA
Walk up schools	Is a programme practiced in France, United States and India

Conflict of thought……

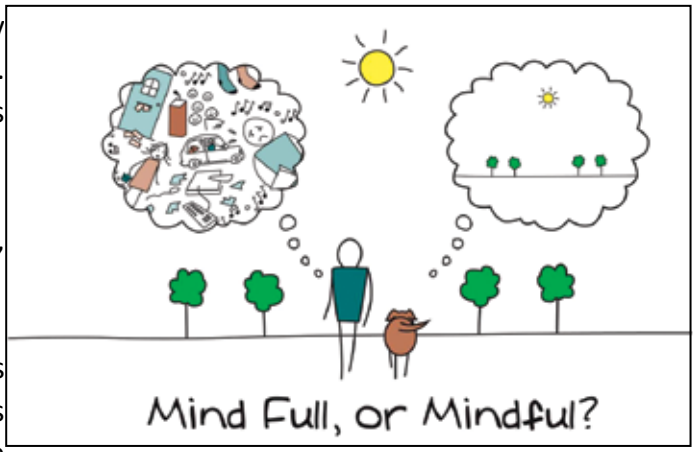
We, Sri Lankans believe mindfulness is something to do with suffering/sorrow. So, some of us even hate to discuss such things. But Westerners use it to improve their physical and material life.

As we discussed the world situation, Let's see the practical aspects of mindfulness.

As mentioned before, mindfulness means living in the present moment. It acknowledges what we are doing, feeling and experiencing, and accepting without judgment or criticism.

What is mind-FULL and mindful?

Our minds are always full. They are mostly full of good or bad memories of the past. Sometimes they are full of future plans. This called mind-FULL. .



If our minds can stay in the present moment, it is called mindfulness.

Look at this picture. This young girl is thinking of so many things. So her mind is FULL. But dog only thinks about what he sees and is mindful.

How can children/ youth practice mindfulness?

- Focus on breathing, rising and falling of tummy
- Focus on walking, climbing stairs
- Focus on simple, brief daily activities – like brushing, dressing, washing a plate
- Focus on playing – like skipping, running, bouncing a ball,
- Focus on meals - drinking milk/ tea, eating a banana, having a meal

For what ages?

Any age, preferably above six years

For what category of students?

It is meant for anyone. It is not just for studious or good mannered. It is even more beneficial for revolutionary type.

How long?

- At least one second, once a day is beneficial
- Can increase up to 10 breaths or 10 steps
- May increase to any length of time
- But make sure you practice daily

Is it easy?

Yes it is easy, especially for children. It may become difficult as people grow older, because their brains are not ready to change.

Can you suggest a protocol?

- Monday – brief discussion
- Tuesday – sitting mindfully
- Wednesday – walking mindfully
- Thursday – brushing teeth mindfully, washing mindfully or doing any day to day work mindfully
- Friday – playing mindfully / mindful games

What is SMS?

If children are to be mindful, they should be silent. They would better be at a silent place at the beginning. But they will eventually learn to be mindful when others are not mindful.

What is Glad Game?

Whenever something unpleasant happens, children could learn to think: 'everything happens for the good'. When we practice this reflection, soon we will be able to see every single worry or unpleasant situation in a productive way.

Instead of feeling sorry for ourselves, we can see a lot of goodness in it. We can learn to see the silver lining in every dark cloud. We call this the 'glad game'.

So we can learn to be happy in every circumstance. This is also called adoption. This is the basis of resilience.

Try to find a reason to be glad under any circumstance – read 'Polyana' by Eleanor H. Porter

What to do when someone is angry?

Stay still. Do not speak. Think – I feel anger… I feel anger…anger.. anger. ANGER. ANger… Anger……. ang……an……. a…….

This is how anger increases and fades away with time. Tell the child to observe it. This is being mindful to anger. How wonderful !!

The method is the same for someone feeling sad. (think: I feel sad)

How to concentrate mind for studying?

Find a comfortable, quite place. Take a book. Sit. Turn to the page. Close eyes. . .

Look at breathing. For 2-3 seconds… Then count up to 10. Then count down from 10. Do it a few times. …..

Now your mind is ready to study. You will forget everything else.

This is mindful studying, Try and see the difference.


GOLDEN AWARD
Health Promoting School
Accreditation
2015

Chapter 18

Multi Sectoral approach to improve psychosocial health of school children

Introduction

Childhood is the foundation of a physically, mentally, socially, mindfully and ethically fulfilled society.

A Prominent feature of the present social system is that it is more concerned about physical measurements. Nowadays parents and adults are more concerned in fulfilling child's physical needs like goods and foods. This happens within family as well as in the society, leading to a system of appreciation based on physical earns.

They are not concerned about their child's as well as their own psychosocial health.

Though it is so, it is a well-known fact that feelings such as kindness, love, peace, companionship are necessary to maintain good relationships.

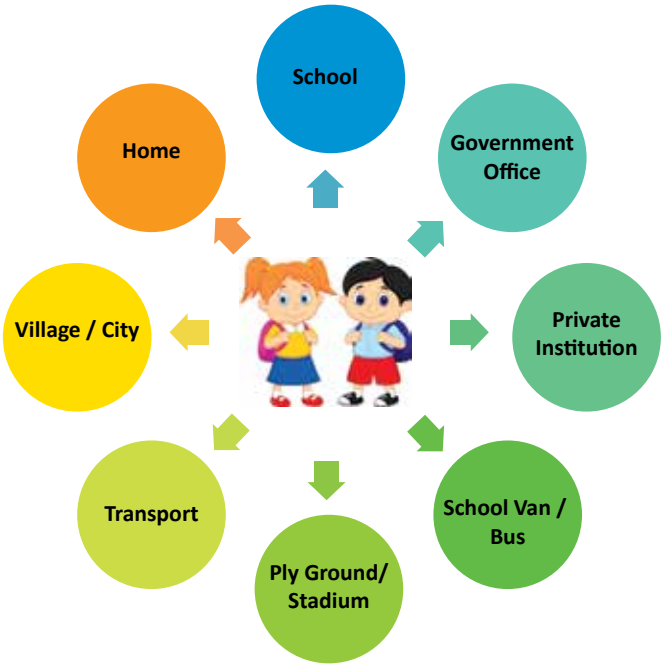
Importance of Mental Health

The main aim of any living being is to live happily.

But this can be influenced by day-to-day activities. We should always keep children happy. For that they should be exposed to good experiences. **Adults' and parents' main responsibility should be to make a better environment for children to achieve their goals.** When children could not achieve their goals, they become disappointed, and it can even negatively affect their future.

We should keep the school environment pleasant and make it an attractive place where the child is spending more time other than home. It helps children to spend time happily and learn with enthusiasm.

Good interpersonal relations among teachers, parents and children are also very important for child mental well-being.



Places which affect child mental well-being

Below mentioned places affect child's mental health.

- home
- School
- Living place – village/town
- Government offices
- Private institutions
- Public transport services
- School transport services
- Sports ground/ stadium

A child has to communicate often with the people who work and live in these places.

Home

Child spends most of his/ her tome at home. Mother, father, grandmother, grandfather, sisters and brothers should show their affection and love to the child unconditionally.

There may be many physical resources at home, but all may live unhappily if there is no friendly atmosphere at home. They may have to live with irritability, anger with each other which may lead to nothing other than mental stress. Help of brothers', sisters' and other family relatives' is very important. A child is someone who should always be looked after and protected. Therefore having good interrelations within family will allow the child to engage happily in his daily activities.

From childhood we have to teach them to listen to others, to happily tolerate others' success, to be sensitive towards others' troubles. Also we should make them to understand one's own

responsibility as a member of the family and community. Empathic inter-relations will ensure the mental well-being as well.

Home & the surroundings

Peaceful & caring household is prime importance.
Let them associate with neighbours and peers
Let them take small responsibilities as a member of the family as well as in the neighbourhood

Let them take part in the activities at home & neighbourhood eg:
Decorating the house and the neighbourhood for vesak, poson, christmas
Organizing avurudu festivals in neighbourhood
Help in gardening

Living environment

The Environment and the surroundings greatly affect child's development. Either living in a city or a village as neighbors, people need each other's help. In a village most of the neighbors are relatives. Others too, though they are not relatives, others interact with each other with close friendship and brotherhood.

Urban environment is quite different. Sometimes neighbors do not know each other. Even if they interact that is very superficial.

Let and lead the child to have good interactions with city-neighbours as well as village -neighbours

Peer group

Interactions with peers have a lot of effect on child's mental well-being.

They acquire a lot of benefits by associating peers. They can be from the same school or a different school. Knowledge, attitudes and skills will develop through exchanging their experiences with each other. It can be a wonderful experience for a child.

However parents and adults should be concerned about child's relationships and they should guide them to choose better friends. Since the child brain is not mature enough, they can take wrong decisions which can negatively affect the whole future.

Let the child have time and activities with peer friends
Adults should get to know the friends of the child

Nursery (Preschool)

The child gets opportunity to meet lot of same aged children at nursery.

They may be friends or not so. Though incomparable to mother's love and affection, the child gets used to grow with the affection of the teacher. The first few days may be difficult, but with time he will be familiarized and spend time freely and happily as in home.

This will be the initial step of socialization, and it will let the child acquire skills like singing, storytelling, playing, sharing and respecting others.

This will be the first place where child identify that, except family members there are other people who love and protect him. It is a background where interpersonal relationships are built. Interpersonal relationships, educational habits and other experiences which are developed in this period may lay their future foundation.

So in the nursery they should be loved, cared and protected and kept happy.

Preschool

Should be a peaceful, friendly, loving & caring environment
Let the child be engaged in group activities with peers
Let them engage in singing, drawing, handcrafts, gardening etc.

School

The school is the first place where the child begins his proper education.

It is the place where the next generation learns and familiarizes with culture. The **simple meaning of education is "Changing the behavior".** This behavioral change should be in a positive way.

Parents' trust towards schools is unlimited. Parents expect their children to achieve better than them and they send the children to schools with this utmost hope.

Principal and the staff, carry out various activities and programs to upgrade children's education. It is the responsibility of the school to ensure the child's mental well-being during these activities. Present generation try to achieve all academic targets, **but they lack the ability to handle their day to day activities alone.** Nowadays children live with the stress of Examination based education. These children are in the cat race, and won't get the benefits of socialization. They are lacking essential qualities like friendly interpersonal relations, listening to others, empathy and patience. **In this never ending race parents, elders and also teachers have driven the children towards unwanted pressure and expectations.**

Because of these issues, **present generation live at unease and stress.** They become irritable, aggressive and live with anger towards the whole society. This can cause unfavorable effects on child' mental wellbeing. So the children should be allowed to engage in extra- curricular activities and should be given leisure time to be with friends.

Following are some extracurricular activities that the child could engage in

- Sports meet
- Athletics
- Team games
- Cadetting
- Guiding/scouting
- Environment protection groups
- Health/ red cross/ St Johns ambulance services
- Literature/religious/language/ committees and other societies related to subjects
- Quiz/ debate/Oratory teams
- Positions as class monitor/subject monitor/prefects
- Art/dancing/ music/ drama groups
- Prize giving/ colour nights

Sports, cadetting and guiding like activities will improve physical health by improving physical fitness components like endurance, flexibility, speed, power, agility. The concept **"healthy body healthy mind"** can be achieved.

The child can develop good qualities like working together, respecting leadership, improving leadership qualities, being happy when others succeed and congratulating them whole heartedly, helping others in their defeat etc. by engaging in above activities. He can positively influence his friends as well. School should methodically direct the child to be engaged in co-curricular and extra-curricular activities and it can be a great help to improve mental health of the child.

School

Should be a friendly, pleasant, noncompetitive environment
Teach academic curriculum, but engage in extra-curricular activities too
Academic curriculum should be age appropriate
Let them engage in team games/ team activities
Let them take responsibilities, leaderships
After all School should be a place where the child is happy, and gathers experience in every aspect to lead his life successfully
Let them bear victory and defeat
Teach that life is not an endless competition

Government offices and institutions

Child mental health will be improved through government institutions and offices.

For an example a child, with parents might go to a government hospital to get treatment for them, for parents or for adults. Sometimes they go with their teachers for medical reports, before participating in endurance sports. In such instances, these children have to get the help of doctors, nurses, laborers and other members of staff. They will develop favorable attitude towards the society, if they had good response. They get depressed if they had bad response. These negative attitudes and feelings may be lifelong.

Nowadays government as well as private institutions carryout activities to attract children. As an example government and private banks award gifts and scholarships to children. This can be positive influences for students. It will help them to inculcate the habit of saving. Also they should facilitate the welfare of their employees by appreciating their children's achievements, helping them in case of illnesses and emergencies. These will help to promote mental well-being of their children too.

Some government and private institutions help people in times of natural disaster and promote mental and physical well-being. All should frequently carry out such activities.

Any organization or service that comes into contact with children should be free of violence, abuse, bullying or discrimination. They should promote happiness, self-confidence, self-respect, life skills and encourage learning.

Government offices and Institutions

Child's attitudes towards society develop with the experiences he gets
It is a responsibility of the authorities to expose children to positive experiences as much as possible
Treat them nicely & set examples for them
E.g.; when they come to hospital/ AGA office

Public transport/ School Transport Services

Public, private and school transport services, including the school bus are used by children daily. They are used to go to school, go to tuition classes and for other journeys.

Children acquire many things while travelling in buses/ect. Children focus attention on how bus drivers and conductors provide their services. Child may study how they talk and behave. There is competition between private and public transport services. The way that the conductor is loading and unloading crowd and directing them inside the bus is very rude. Children's mentality is altered by such things.

Private bus drivers like to transport children, but their big school bag is a real headache for the conductor. He shouts to children from the beginning and through bags on to racks. Some SLTB drivers do not stop the bus despite they see children waiting to get on to the bus. These children may not have extra money to go by private bus, but only the season. Some drivers and helpers of school vans are reported to abuse children. Some of the things done that reduce mental well being of the children are lack of space in van even to move legs inside the van, poor condition of the vans, unnecessary pushing and touching of girls, very fast and extremely slow driving. Trying to provide a good service for money they are charging would improve child mental well-being.

Public and Private transport

Bus drivers and conductors/ helpers of transport services should try to provide a quality service which could be used with dignity by children

Religious places

Any religion teaches to act for social benefit.

Any religious leader, clergy will be happy to admire that all are living in a disciplined surrounding. Religious places are doing a major role for the promotion of small children's mental health.

Sunday schools and equivalent teaching centers will help to develop a child into a responsible citizen with good moral values. They give necessary guidance for simple lifestyle, nonviolence, improving disciplines and working towards betterment of other people.

Due to the competition for education some Parents and teachers do not allow children to engage in extra-curricular or co- curricular activities. They are not encouraging to send them for Sunday schools but instead sending them for tuition classes. But only academic knowledge will not make a complete child. Knowledge, skills and attitude changes acquiring from religious backgrounds are very much important.

Mental satisfaction will approach due to ritualism and other religious programs (chorales, religion dramas and pageants). Parents and adults accompanying children to religious places is important. It will contribute to lead a simple, happy life. There is scientific evidence that living in a religious environment help to reduce risk behaviors in adolescence.

Religious places

Let children attend Sunday school and similar teaching centers
Let them associate with priests, monks and other religious leaders
Close relations with religious institutes, helps children to grow with good morals and mental satisfaction.
It reduces risk behaviors in adolescence

Playground/ stadium

The playground is a place for relaxation for the students who exert their brains for academic purposes. Students enter the playground happily when they are allowed to do so.

When learning health and physical education, they like to go to the play grounds rather than staying in the class room. They stay happily in a free environment. Whatever they do in the grounds make them happy.

They will learn unity, respecting others, sympathy, patience, leadership, respecting leadership, tolerating winning or losing and tolerating others' success. Inculcation of these qualities in child is the main importance of these sports activities.

True victory is to secure one's own place and try to achieve next higher level. But nowadays this is not the reality. **There are certain people called coaches, who used to depend on the achievements of these students.** Coaches aim only for the victory. This situation leads to develop hatred towards each other and sometimes threatening not only opponents but also teammates can be seen. Children get further stressed thinking they might be defeated. These kinds of incidents should be prevented. Otherwise it will make children disappointed and distracted from sports.

These outcomes should be identified and principals, teachers, coaches and parents should try to create opportunities for children to engage in sports without being mentally harassed.

Play Ground/stadium

should be a place of relaxation
Should promote team games rather than competitive games

Media and New technology

This directly affects the child's mentality. Nowadays the child is addicted more to internet, television or video games. For example, small children start to watch cartoons and other children's programs, and with the age they tend to watch tele dramas and musical programs. Often parents blame that they are addicted to it.

However Internet, Television, radio and newspapers have a positive impact on child's mental health development. So it is more applicable to forecast programs appropriate for child's taste and age. Apart from that, parents, teachers and other elders should always try to guide them to watch appropriate programs.

Computer, Internet and Facebook are results of modern technology. They can help enlighten child's mentality, as well as cause depression. They use these modern technologies without understanding the gravity of it, which can even lead to lots of problems. Children accept the messages given in media and act accordingly, without thinking about the consequences, because their brains are not mature enough to do so.

Some radio channels broadcast very useful educational and entertainment programmes to improve child's mental well-being.

There are many newspapers which are useful in mental health promotion of young adults. There are general newspapers for everybody. Educational newspapers are published according to age limits and school grades. Recreational activities like solving puzzles are included aside from academic facts. This is a timely activity. Present society has a strong allegation that they have **law level of general knowledge.** Sometimes it is true. As responsible adults, we should promote them to read newspaper articles.

But it should be mentioned that certain youth oriented newspapers and periodicals are with very poor content and actually reduce life skills of children.

Media & New Technology

Parents & adults should guide children to choose and watch appropriate programs

Please see chapter 11 for a detailed description on media and IT.

Summary

We should appreciate the inclusion of mental health into the concept of complete health. **No matter how physically healthy you are, if you lack mental happiness and peace; it is of no use.** Specially, the factors affecting mental well-being of children can affect their whole life.

No matter how physically healthy child is,
If child lacks mental happiness and peace; it is of no use.

Promotion of mental wellbeing can lead to a future generation with good character. Multi-Sectoral involvement is essential to achieve it.

There are good opportunities to promote the child's mental health status with some interventions. Parents, teachers and other mature adults must properly guide the younger generation.

Strengths and Difficulties Questionnaire

For Children/youths (C 4-17)

For each item, please mark **Not True, Somewhat True or Certainly True** in the relevant box. **Please answer all items** as best you can. Please answer them even if you are not absolutely certain or the item seems inappropriate. Please give your answers on the basis of **the child's behaviour over the last six months.**

Child's Name ..... Date of Birth..... Male/Female

Item Number		Not True	Some what True	Certainly True
1	I try to be nice to other people. I care about their feelings			
2	I am restless, I cannot stay still for long			
3	I get a lot of headaches, stomach-aches or sickness			
4	I usually share with others (food, games, pens etc.)			
5	I get very angry and often lose my temper			
6	I am usually on my own. I generally play alone or keep to myself			
7	I usually do as I am told			
8	I worry a lot I am helpful if someone is hurt, upset or feeling ill			
9	I am constantly fidgeting or squirming			
10	Constantly fidgeting or squirming			
11	I have one good friend or more			
12	I fight a lot. I can make other people do what I want			
13	I am often unhappy, down-hearted or tearful			
14	Other people my age generally like me			
15	I am easily distracted, I find it difficult to concentrate			
16	I am nervous in new situations. I easily lose confidence I am kind to younger children Nervous or clingy in new situations, easily loses confidence			
17	Kind to younger children			
18	I am often accused of lying or cheating			
19	Other children or young people pick on me or bully me			
20	I often volunteer to help others (parents, teachers, children)			

21	I think before I do things			
22	I take things that are not mine from home, school or elsewhere			
23	I get on better with adults than with people my own age			
24	I have many fears, I am easily scared			
25	I finish the work I'm doing. My attention is good			

Do you have any other comments or concerns?

Please turn over. There are a few more questions on the other side.

A	Overall, do you think that your child has difficulties in one or more of the following areas: Emotions, Concentration, Behaviour Or Being able to get on with other people?	No	Minor difficulties	Yes

If you have answered "Yes", please answer the following questions about these difficulties:

B	How long have these difficulties been present?	Less than a month	• 1-5 months	Over a year
C	Do the difficulties upset or distress your child?	Not at all	Only a little	A lot
D	Do the difficulties interfere with your child's everyday life in the following areas?			
D1	Home Life	Not at all	Only a little	A lot
D2	Friendships	Not at all	Only a little	A lot
D3	Class Room Learning	Not at all	Only a little	A lot
D4	Leisure Activities	Not at all	Only a little	A lot
E	Do the difficulties put a burden on you or the family as a whole?	Not at all	Only a little	A lot

Signature ..... Date ..... Mother/Father/Other (please specify)

Thank you very much.

Strengths and Difficulties Questionnaire

For Parents (P 4-17)

For each item, please mark **Not True, Somewhat True or Certainly True** in the relevant box. **Please answer all items** as best you can. Please answer them even if you are not absolutely certain or the item seems inappropriate. Please give your answers on the basis of **the child's behaviour over the last six months.**

Child's Name ..... Date of Birth..... Male/Female

Item Number		Not True	Some what True	Certainly True
1	Considerate of other people's feelings			
2	Restless, overactive, cannot stay still for long			
3	Often complains of headaches, stomach-aches or sickness			
4	Shares readily with other children (treats, toys, pencils etc.)			
5	Often has temper tantrums or hot tempers			
6	Rather solitary, tends to play alone			
7	Generally obedient, usually does what adults request			
8	Many worries, often seems worried			
9	Helpful if someone is hurt, upset or feeling ill			
10	Constantly fidgeting or squirming			
11	Has at least one good friend			
12	Often fights with other children or bullies them			
13	Often unhappy, down-hearted or tearful			
14	Generally liked by other children			
15	Easily distracted, concentration wanders			
16	Nervous or clingy in new situations, easily loses confidence			
17	Kind to younger children			
18	Often lies or cheats			
19	Picked on or bullied by other children			
20	Often volunteers to help others (parents/teachers/ children)			
21	Thinks things out before acting			
22	Steals from home, school or elsewhere			
23	Gets on better with adults than with other children			
24	Many fears, easily scared			
25	Sees tasks through to the end, good attention span			

Please turn over. There are a few more questions on the other side.

A	Overall, do you think that your child has difficulties in one or more of the following areas: Emotions, Concentration, Behaviour Or Being able to get on with other people?	No	Minor difficulties	Yes

If you have answered "Yes", please answer the following questions about these difficulties:

B	How long have these difficulties been present?	Less than a month	• 1-5 months	Over a year
C	Do the difficulties upset or distress your child?	Not at all	Only a little	A lot
D	Do the difficulties interfere with your child's everyday life in the following areas?			
D1	Home Life	Not at all	Only a little	A lot
D2	Friendships	Not at all	Only a little	A lot
D3	Class Room Learning	Not at all	Only a little	A lot
D4	Leisure Activities	Not at all	Only a little	A lot
E	Do the difficulties put a burden on you or the family as a whole?	Not at all	Only a little	A lot

Signature ..... Date ..... Mother/Father/Other (please specify)

Thank you very much.

Annex III

Strengths and Difficulties Questionnaire

For Teachers (T 4-17)

For each item, please mark **Not True, Somewhat True or Certainly True** in the relevant box. **Please answer all items** as best you can. Please answer them even if you are not absolutely certain or the item seems inappropriate. Please give your answers on the basis of **the child's behaviour over the last six months.**

Child's Name ..... Date of Birth..... Male/Female

Item Number		Not True	Some what True	Certainly True
1	Considerate of other people's feelings			
2	Restless, overactive, cannot stay still for long			
3	Often complains of headaches, stomach-aches or sickness			
4	Shares readily with other children (treats, toys, pencils etc.)			
5	Often has temper tantrums or hot tempers			
6	Rather solitary, tends to play alone			
7	Generally obedient, usually does what adults request			
8	Many worries, often seems worried			
9	Helpful if someone is hurt, upset or feeling ill			
10	Constantly fidgeting or squirming			
11	Has at least one good friend			
12	Often fights with other children or bullies them			
13	Often unhappy, down-hearted or tearful			
14	Generally liked by other children			
15	Easily distracted, concentration wanders			
16	Nervous or clingy in new situations, easily loses confidence			
17	Kind to younger children			
18	Often lies or cheats			
19	Picked on or bullied by other children			
20	Often volunteers to help others (parents/teachers/ children)			
21	Thinks things out before acting			
22	Steals from home, school or elsewhere			
23	Gets on better with adults than with other children			
24	Many fears, easily scared			
25	Sees tasks through to the end, good attention span			

Please turn over. There are a few more questions on the other side.

A	Overall, do you think that your child has difficulties in one or more of the following areas: Emotions, Concentration, Behaviour Or Being able to get on with other people?	No	Minor difficulties	Yes

If you have answered "Yes", please answer the following questions about these difficulties:

B	How long have these difficulties been present?	Less than a month	• 1-5 months	Over a year
C	Do the difficulties upset or distress your child?	Not at all	Only a little	A lot
D	Do the difficulties interfere with your child's everyday life in the following areas?			
D1	Home Life	Not at all	Only a little	A lot
D2	Friendships	Not at all	Only a little	A lot
D3	Class Room Learning	Not at all	Only a little	A lot
D4	Leisure Activities	Not at all	Only a little	A lot
E	Do the difficulties put a burden on you or the family as a whole?	Not at all	Only a little	A lot

Signature ..... Date ..... Mother/Father/Other (please specify)

Thank you very much.

Scoring of the Strengths & Difficulties Questionnaire

What is the SDQ?

The Strengths and Difficulties Questionnaire (SDQ) is a world recognized, brief, behavioural screening questionnaire for 4-17 year olds. Original questionnaire was made by Goodman, in 1997.

The complete questionnaire consists of 25 questions. It exists in several versions to meet the needs of researchers, clinicians and educationalists. Each version includes one to six of the following scales. Each scale has 5 items. But Total difficulty score has 20 out of 25 questions. It lacks questions on Pro social behaviour.

Scales	Number of questions	Total score	Items included
Total difficulties score (based on 20 items)	20	40	Includes all items except pro-social scale
Emotional symptoms	5	10	3,8,13,16,24
Conduct problems	5	10	5,7,12,18,22
Hyperactivity/inattention	5	10	2,10,15,21,25
Peer relationship problems	5	10	6,11,14,19,23
Prosocial behaviour	5	10	1,4,9,17,20

There are three separate questionnaires, for children of 4-17, for parents and teachers of 4-17 year olds.

Scoring symptom

'Somewhat True' is always scored as 1, but the scoring of 'Not True' and 'Certainly True' varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all items were completed. These scores can be scaled up pro-rata if at least 3 items were completed, e.g. a score of 4 based on 3 completed items can be scaled up to a score of 7 (6.67 rounded up) for 5 items.

Scoring the strengths & Difficulties Questionnaire for age 4-17

1. The 25 items in the SDQ comprise 5 items each.
2. Are mark as give in table?

3. For each of the 5 scales the score can range from 0 to 10 if all items were completed.

4. These scores can be scaled up pro-rata if at least 3 items were completed, e.g.a score of 4based on 3 completes items can be scaled up to a score of (6.67 rounded up) for 5 items

Scoring symptom scores on the SDQ for 4-17 year olds

No		Not True	Some what True	Certainly True
Emotional problems scale				
3	Often complains of headaches… (I get a lot of headaches…)	0	1	2
8	Many worries… (I worry a lot)	0	1	2
13	Often unhappy, downhearted… (I am often unhappy….)	0	1	2
16	Nervous or clingy in new situations… (I am nervous in new situations…)	0	1	2
24	Many fears, easily scared (I have many fears…)	0	1	2
Conduct problems Scale				
5	Often has temper tantrums or hot tempers (I get very angry)	0	1	2
7	Generally obedient… (I usually do as I am told)	2	1	0
12	Often fights with other children… (I fight a lot)	0	1	2
18	Often lies or cheats (I am often accused of lying or cheating)	0	1	2
22	Steals from home, school or elsewhere (I take things that are not mine)	0	1	2
Hyperactivity scale				
2	Restless, overactive… (I am restless…)	0	1	2
10	Constantly fidgeting or squirming (I am constantly fidgeting….)	0	1	2
15	Easily distracted, concentration wanders (I am easily distracted)	0	1	2
21	Thinks things out before acting (I think before I do things)	2	1	0
25	Sees tasks through to the end… (I finish the work I am doing)	2	1	0
Peer problems scale				
6	Rather solitary, tends to play alone (I am usually on my own)	0	1	2
11	Has at least one good friend (I have one goof friend or more)	2	1	0
14	Generally liked by other children (Other people my age generally like me)	2	1	0
19	Picked on or bullied by other children… (Other children or young people pick on me)	0	1	2
23	Gets on better with adults than with other children (I get on better with adults than with people my age)	0	1	2

Prosocial scale				
1	: Considerate of other people's feelings (I try to be nice to other people)	0	1	2
4	Shares readily with other children… (I usually share with others)	0	1	2
9	Helpful if someone is hurt… (I am helpful is someone is hurt…)	0	1	2
17	Kind to younger children (I am kind to younger children)	0	1	2
20	Often volunteers to help others… (I often volunteer to help others)	0	1	2

How to define a child as having a problem?

The initial bandings presented for the SDQ scores were 'normal', 'borderline' and 'abnormal'. The questionnaire was validated for Sri Lanka. Cut points remain same, 80% of children scored 'normal', 10% 'borderline' and 10% 'abnormal'.

Categorizing SDQ scores for 4-17 year olds

	Normal	Borderline	Abnormal
Parent completed SDQ			
Total difficulties score	0-13	14-16	17-40
Emotional problems	0-3	4	5-10
score conduct problems	0-2	3	4-10
score Hyperactivity	0-5	6	7-10
Peer problems score	0-2	3	4-10
prosocial score	6-10	5	0-4
Teacher completed SDQ 1			
Total difficulties score	0-11	12-15	16-40
Emotional problems	0-4	5	6-10
score conduct problems	0-2	3	4-10
score Hyperactivity	0-5	6	7-10
Peer problems score	0-3	4	5-10
prosocial score	6-10	5	0-4
	Normal	Borderline	Abnormal
Self-completed SDQ			
Total difficulties score	0-15	16-19	20-40
Emotional problems	0-5	6	7-10
score conduct problems	0-3	4	5-10
score Hyperactivity	0-5	6	7-10
Peer problems score	0-3	4-5	6-10
prosocial score	6-10	5	0-4

Sample SNAP-IV

Teacher and Parent Rating Scale

Composed by James M. Swanson; PhD, California University

Name			
Gender	Age	Grade	Date
Completed by mother/father /girdian:			
Address:			
Completd by class teacher / subject teacher :			
No fo children in the classroom"		Educational normal /special:	

Period of Time Covered by Rating: Past Week/ Past Month/ Past Year / Lifetime

No	For each item, select the box that best describes this child. Put only one check per item.	Not at all (0)	Just a Little (1)	Quite A Bit (2)	Very Much (3)
1	Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities				
2	Often has difficulty sustaining attention in tasks or play activities				
3	Often does not seem to listen when spoken to directly				
4	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5	Often has difficulty organizing tasks and activities				
6	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework)				
7	Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)				
8	Often is distracted by extraneous stimuli				
9	Often is forgetful in daily activities				
10	Often fidgets with hands or feet or squirms in seat				
11	Often leaves seat in classroom or in other situations in which remaining seated is expected				
12	Often runs about or climbs excessively in situations in which it is inappropriate				
13	Often has difficulty playing or engaging in leisure activities quietly				
14	Often is "on the go" or often acts as if "driven by a motor"				
15	Often talks exessively				
16	Often blurts out answers before questions have been completed				
17	Often has difficulty awaiting turn				
18	Often interrupts or intrudes on others (e.g., butts into conversations/games)				

SNAP IV – marking scheme

Give marks to answers as below. All the answers are marked as same.

Not at all	Just a Little	Quite A Bit	Very Much
0	1	2	3

Cut off values for diagnosis of ADHD

No	Item	Sum of Items for Each Scale	Average Rating Per Item for Each Scale	Teacher 5% Cutoff	Parent 5% Cutoff
1	ADHD-Inattention (sum of items 1-9/ # of items)			2'56	1'78
2	ADHD-Hyperactivity-Impulsivity (sum of items 10-18/ # of items)			1'78	1'44
3	ADHD-Combined (sum of items 1-18/ # of items)			2'00	1'67

University Psychological Medicine Unit, Lady Ridgeway Hospital for Children, Colombo

Advice for teachers to identify children with Hyper-activity

Planning the Class room

- Keep them seated in the front row
- Keep two normal children by the sides
- Keep looking at his eyes frequently
- Try to focus his attention on to you

Law & Order is important

- Try to stick to a routine

  These children find it difficult to adjust to new situations
- Describe the behaviours and disciplines expected of him.
- Appreciate when ever he/she focuses the attention on the expected work.
- State unbearable behaviours them and there. Take steps to prevent/stop them.

Use following activities to improve attention and memory

- Make a list of activities to be completed. Mark completed activities with a tick.
- Use pictures to elaborate verbal instructions.
- Give brief instructions and fractionate each activity
- Go to next step on completing the current activity

Home work guide

1. Have a separate place and fixed time to do home work. Do not wait until late evening.

2. Organize the child for home work. Inform the child that he can't leave the place until his homework is over. Ask to drink water and go to toilet before start. Gather all necessary books. Do not disturb the child until the end.

3. Prevent from activities that can disturb the child attention.

   E.g.:- walk away for other work

   Answering telephone

   Talking with others

   Television (Switch off)

4. When there are many assignments divide them in to parts

5. Read instructions with the child and answer together at the beginning. Then allow child to continue on his/her own. Be alert as how he/she is working. Stay with the child.

6. Encourage child to continue.
   Appreciate, help when necessary, but do not do homework for the child.

7. Don't criticize when you see him/her goes wrong. Try to help to correct. But don't think that doing homework correctly is your responsibility.

8. If you have to keep the child for a long time, give short breaks. Remember that he can do something he prefers once he completes home work.

9. Explain the child that he can enjoy/play during whole weekend if he completes his home-work in time.

10. Help the child to get ready for exams. Discuss subject matter on different angles.

11. If child finds it difficult to read, read aloud together. Help to write correct spelling/grammar

12. Remind child to bring the completed work to school.

13. Help child to do homework. Inform teacher about your programme.

14. Try to contact your child with a responsible child of his classroom over the phone.

15. Get assistance if you find it difficult to do home work. But remember that, its beneficiary to child if only single person is involved.

Life skills answers – English

1. **Ruchin**

Prepare a time table for studies/revision

Select important and un-important classes he is attending

Decide on a place and time to study.

Make sure time and place are least disturbing for others as well as most convenient for him

tell parents, siblings, grand mother about his syllabus, exams, classes, time table, etc..

Discuss with parents and stop un-necessary classes

Agree family members to cut down on 'TV hours'

Switch off TV/radio/videos on other times

Agree family to keep TV in kitchen/room instead of living room

Watch TV with Reduced sound

If possible, Ruchin select a corner room, with less disturbances, to study

Thank and re-thank family for any support

2. **Vikasitha**

Identify differences between her preferences in cloths and suitable cloths

Explain that mother is exhausted with excess consumption of cloths

Why can't she wash her own cloths?

Suggestions-

School uniform, shoes, hair tied, no make up – according to school tradition

Going to today's tution class in school uniform, without the tie - easy for Amma too..

If she comes home to change cloths - ? use a coloured T-shirt & same white skirt she shall wear to temple in the evening

White T- shirt & same white skirt, with-out make up for temple

Denim with above colour T-shirt for dinner

3. **Ashini**

(Answer to this question should not be found alone by youth)

What is Ashini's expectation?

What subject streams Ashini like to do in AL ?

Doing which subject stream may fulfill her future dream ?

What Z score/ how much marks needed for that?

What subject stream sheis capable of doing?

Record answers to above questions in a table

Ashinis own answers/ fathers/mothers/friends/teachers/ adults compare answers re-discuss with adults, and find correct answers

select subject steram

4. **Sinali**

(Need an answer within 1 – 2 days)
Confirm the problem (Check the Face Book to see photos)
Analyze the depth of the problem
What photographs shown
Number of photographs
Shared or not
Any sexually abusive content
Identify consequences- insult, disturb education..
Decide to discuss
Discuss with few responsible and caring adults
Parents / teachers /adults /family doctor/ friends / siblings
Write answers in a table
Draw solutions within 24 hrs.
Decide on solutions
1..
2..
Inform parents (if not told yet)
Meet principle / teachers with parents and explain the real situation
Talk to Vimukthi
Be quite in the society
Change the van if can't tolerate
Explain to friends in school van
Check if further problems occur
Inform Vimukthi's parents if problem continues
Don't disturb studies

5. **Umali**

(need an answer within 1-2 minutes)
Identify possible threats
1. abuse
2. fear
3. insult..

Take a quick decision
Not to walk along the road
Stop
Go back
Stay there until someone comes
Call for help -go to a known house or a shop closer by- get a phone call
Get help quickly
Prevent such problems occurring in the future

6. **Dinindu**

Identify the need of having alms giving (Dhana)
Decide whether to do it in home or to carry to temple
Discuss with parents and adults
Estimate tolerance levels of father who is ill
Decide on budget
Get the actual procedure of each event in detail
From parents
Village temple monks
Friends with experiences
Decide who can help in Dhana
Make a list of events in detail
Decide time sequence for above events
Estimate the cost
Decide on most important things;
Cut off unnecessary things/ costs
Finish as much work as possible before deadlines
Collect necessary things
Invite guests – minimize the number
Ask for help and get help
Review the process afterwards

7. **Friends**

Judge the friends activity plan
Decide on your stand point
Express your opinion in a friendly way
If telling can do much harm or If can't stop friends by telling, be quiet
If you have to go with them, pretend that you drink/etc.
If you plan to avoid, give a valued reason –
(Has another work/journey, Amma is checking/ Thaththa scolds)
Do not change your rational opinion

8. **Kavitha**

Long term activity
Analyze reasons to be obese/ fat
From health text book/ books/ internet/ teacher/ doctor
Analyze depth of problems
Types/ Amount of junk foods taken
How sedentary
Find out bad effects of Obesity-
long term/ short term
Decide if he should he change his food and activity behaviour
Discuss with team
Generate an activity plan
Change the openion of the group to get a positive outcome
Change behaviours

9. **Amandi**

Identify the problem – 'teacher' abusing the girl
Psychological effects of abuse
Disturbance to education
Consequences of telling mother-
Stop class and Inform teacher's behaviour to his mother
Consequences of not telling mother
No stopping of class
No problem between mother & her friend
Bear the continuing abuses in future
Bad experiences to a teenagers life
Ask friends if there were similar incidences before
Identify consequences of each step
Insult to a 'teacher'
Friends getting angry
Amma get angry with her friend's son
Spreading rumors as Amandi is an abused girl Discuss with an adult/trust worthy teacher/
NOT with a friend (peers are biased. They
don't Consider all aspects of a problem;
But only emotional part)
Must Tell father/mother anyway
Must stop the class
Find another class

10. **Theja**

(Teen with little social exposure)
Theja – has to know that she is at the verge of a sexual abuse
Identify the problem
Theja is a minor
Prasad is an Adult
Theja's need for education
Theja's family background
Can Prasad earn enough to support a family
Prasad's actual marital status
Will she be abused/used
What is Prasad's actual intention –
To enjoy the moment
To love and marry Theja
For Theja- is this actual love, or a crush
What is the real reason to go to that shop ?
Need to tell to a trusted adult/teacher/parent
(Not only to friends/peers, who only
consider the emotional aspect)

Get advice

Give time- Theja to wait until 18 or 21, i.e. adulthood, Avoid going to the shop where Prasad is working

Stop calls/ sms/ FB /chat/other contacts with Prasad

Pay more attention to a hobbies/ house hold work/ studies/ go on a trip/ etc..

Tell parents/ ask someone to tell parents

If Prasad continues – go and meet him with father

Change the mode of travelling – (Eg: father comes to pick her afterschool / etc..)

11. **Lakshman**

Understand his ability- himself, parents, teachers

Help him to improve in welding section

Help him with getting recognized professional level (i.e. NVQ, IELTS)

Teach him the value of education, even if he likes to go abroad…

if he has to make complex structures

Educate parents about compulsory education

Tell him to tolerate criticism

12. **Ridma**

Understand situation of herself-

tired, burdened with Maths

More prone to abuse if travel standing in a over-crowded bus

understand situation of the pregnant lady-

carrying a baby

bus is crowded, she is suffering

danger of being compressed

cant wait for another bus, this might be the last bus

Decide what to do - give her the seat

Give the seat

13. **Nethuka & Parents**

Whole family needs someone to guide them

Mother, Father & Nethuka need to identify their problems

List problems of each

Nethuka-need to identify education is the priority

Should feel for mother concerns

Peer group is not first line priority

Running away from home is not the answer

Should tell parents about his future plans/ likes/ dislikes

Mother– always finds faults

Tell errors to father

Father -punishing son solely upon mothers word

All three need to understand Nethuka's abilities, likes & dislikes- because he might be like Lakshman(Case 12)

Is running away an answer to problems???
Discuss with teachers/ adults/ among family –
Generate all possible answers –
Learn to cope with stress
Self awareness
Be realistic
Control anger/do not regret
Continue education
Vocational training
Change school
Less contact with peers
Mother-understand son's frustration
Need for love; not punishment
Do not scold
Father- understand son
Do not punish son
Be sons friend, love and understand
Both parents – help Nethuka to change
Discuss with Nethuka and give priority to his concerns
Decide on first line interventions
Start with few interventions
Stick to changes

14. **Udula**

Identify problems & answers-
long term-
covering syllabus
Improve English
Get new cloths/shoes/stationary
Short term-
Prepare a good speech on village & city
make few friends at new class
make teacher to understand the problem
Discuss with parents/ new and old teachers/ old
friends/ adults who can help
Learn to be happy with what he has –
Recognize that values in a person is important than Nice looking things available in the city (personality develpoement)
Get used to customs in city gradually
Meet new teachers with parents and ask for academic support

Annex IX

Places where youths can get services

School Health Unit Family Health Bureau 231, De Seram Place, Colombo 10. Tel: 011-2692746 Fax: 011-2690790 E-mail: shunit@gmail.com Web site: www.fhb.health.gov.lk	Adolescent Health Unit Family Health Bureau 231, De Seram Place, Colombo 10. Tel: 011-2699341 Fax: 011-2690790 E-mail: ahunit@gmail.com Web site: www.fhb.health.gov.lk
Consultant Child Psychiatrist Consultant Psychiatrist Medical Officer/ Mental Health Medical Officer of Health School Medical Officer	Lady Ridgeway Hospital for Children, Dr. Denister De Silva Mawatha, Colombo 08, Room no 22 Child Psychiatry clinic Tel: (011 2693711, 011 2693712 Fax: www.lrh-hospital.health.gov.lk
National Institute of Mental Health Angoda Tel: 011-2578234-7 Day Treatment Centre- Situated outside Hospital Open 7 am to 4 pm Tel: 011-3048010 Adolescent Unit For 13-18 year children Tel: 011-2578234-6 Extension - 294	The National Hospital of Sri Lanka Colombo 10. Tel: 011-2691111 Web site: www.nhsl.health.gov.lk/ The National Poison Information Center Tel: 011-2686143 E-mail: npdic@gmail.com
National Child protection Authority No: 330 Thalawathugoda road, Madiwela, Sri Jyawardhanapura Tel: 011-2778911-4 Fax: ncpa@childprotection.gov.lk 24 Hour Hot line: 1929	National Dangerous Drug control Board No 383, Kotte Road, Rajagiriya Tel: 011-2868794-6 Fax: 011-2868792-2 E-mail: mail@nddcb.gov.lk nddcblk@gmail.com 24 Hour Hot line : 1984
Community Counselling Center All Ceylon Buddhist Congress No: 380 Baudalaoka Mawatha , Colombo 07 Tel: 011-2691695, 011-2665048 Fax: 011-2688517 E-mail: info@acbc.lk Web site: www.acbc.lk	Sri Lanka Sumithrayo No 60 B, Horten Place, Colombo 07 Tel: 011-2696666$011-2692909$011-2683555 E-mail: sumithra@sumithrayo.org

Alcohol and Drug information Center(ADIC) No: 40/18, Park Road, Colombo 05. Tel – 0 11 2 584416, 011 2 592515 Fax – 011 2 508484 Web : www.adicsrilanka.org	National STD/ AIDS control programme No 29 ,De Seram Place,Colombo10 Tel: 011-2667163 Fax: 011-5336873, 011-2682859 E-mail: info@aidscontrol.gov.lk
Mal Madura No:60, Horten Place, Colombo 07 Tel: 011-2693460 Web: www.melmedura.org E-mail: melmedura@sltnet.lk	Health Education Bureau No:02, Kynsey Road, Colombo 8. Tel: 011-2696606 Fax: 011-2692613 Suwa Sariya E-mail: suwasariya@gmail.com Wbsite : www.suwasariya.gov.lk 24 Hour Hot line : 0710 107 107
Non Communicable Disease Unit “Suwasiripaya” No:385,Baddegama Wimalwansha Thero Road, Colombo-10 Tel: 011-2669599 Fax: 011-2669599 E-mail: ncdunit@yahoo.com	Mithuro Mithuro Sewana Branches: Watareka, Kuruwita, Piliynadala, Gampaha, Wanthamulla, Palmadulla Tel: 045-2274363, 045-2274546 Fax: 045-2274363
Adolescent Mental Health unit District Hospital Thalangama	

Annex X

Youth Friendly Health Services - Clinics

Base Hospital Ampara	Base Hospital Avissawella	Peripheral Unit Akaragama Via meerigama Akaragama
District Hospital Baddegama	Base Hospital Balapitiya	Base Hospital Balangoda
Base Hospital Elpitiya	Base Hospital Diyathalawa	Base Hospital Divilapitiya
Base Hospital Homagama	Base Hospital Horana	Base Hospital Gampaha
District Hospital Katugahahena	Teaching Hospital Kandy	Base Hospital Hambantota
Teaching Hospital Kurunagala	General Hospital Kegalle	Base Hospital Kiribathgoda
Teaching Hospital Kalubowila	Base Hospital Kalmunai	Base Hospital Kalutara
Base Hospital Mawanella	Base Hospital Meerigama	Teaching Hospital Matara
Base Hospital Pimbura	Base Hospital Nawalapitiya	Base Hospital Negambo
Base Hospital Thambuthegama	Teaching Hospital Ragama	Base Hospital Panadura
District Hospital Unawatuna	Base Hospital Thissamaharama	District Hospital Theldeniya
Base Hospital Udugama	Base Hospital Welimada	Base Hospital Wathupitiwala