
Impact Of Child Mental Health On A Child's Academic Success

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ABSTRACT

Mental health is a highly essential aspect of total health of children, directly connected to their physical health and capacity to thrive in school, job and society. Therefore, taking efforts to preserve and develop children's mental health is vital to the country's bright future. School nurse may also be important in primary prevention. They can design and coordinate health promotion and preventive initiatives to avert additional psychosocial difficulties and mental health concerns. They can perform complete health assessments to assist identify mental health requirements and issues.

Keywords

Mental health, Academics, Mental disorders.

Introduction

Children are considered as the future of a country. Children who are healthy would be able learn and to respond appropriately to what they learn and are more likely to grow up as healthy adults who will contribute effectively to the community. So appropriate help and support should be provided to children so that they will be physically healthy, mentally alert, emotionally sound, socially competent and ready to learn. (Dr Irwin G. Lowri and etal. 2007) Mental health is a very important part of children's overall health, which is closely related to their physical health and their ability to succeed in school, at work and in society. (Ellen B. Braaten, 2010). Mental health is defined as a condition of being sound mentally and emotionally that is characterized by the absence of mental illness and by adequate adjustment especially as reflected in feeling comfortable about oneself, positive feelings about others, and the ability to meet the demands of daily life. (*Merriam-Webster's Dictionary and Thesaurus*, 2014). CDC defines child mental health as "reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems." (What Is Children's Mental Health? 2021) Taking steps to protect and promote mental health of children is therefore crucial in ensuring a bright future of the country.

BACKGROUND

Children from ages 0-14 make up 25.44 % of total world population (World Demographics Profile 2018) and adolescents aged 10-19 years make up around 16 per cent of the world's population today. More than half of these adolescents live in Asia (unicef.org 2016). The number of children up to

the age of 18 who will experience mental health problems during their school years has been estimated to be at a worldwide prevalence of 13.4%. A significant proportion of this will fall in the category of children with Social, Emotional or Behavioral Difficulties (SEBD).

The age period between 6 and 12 is commonly referred to as middle childhood. The children would experience increased independence, develop competence in interpersonal and social relationships, and discover interests, such as sports, art, or music during this time. They develop foundational skills for building healthy social relationships and learn roles that will prepare them for adolescence and adulthood. Neufeld et al observed that adolescents aged 14 years who consulted mental health services were found to have reduction in their depressive symptoms than those who did not. Chances of such children without any consultation with mental health services to be reported as a case of clinical depression by the age of 17 years was concluded to be higher. (Neufeld et al., 2017)

One of the major life events that occur during this period is school education. The child will be learning a lot of new things at school, however as the child progresses through different grades at school the skills required for academic success become more complex. The children who are capable of meeting these academic challenges would be able to succeed and excel at schools. Anything like a physical, psychological or social factor that interferes in successfully dealing with these challenges can put the child under stress. In addition to this the increased prevalence of school violence,

eating disorders, drug use, and depression, may also affect many upper elementary school students. This multifactorial effect can further jeopardize the child's ability to smoothly overcome the academic and nonacademic hurdles which can further lead to development of mental health problems or worsening of pre-existing ones (*Stages of Growth Child Development - Early Childhood (Birth to Eight Years), Middle Childhood (Eight to Twelve Years)*, 2012).

Mental health problems among children

A mental health problem in children becomes a concern based on the fact that these disorders are likely to persist in adult life. This will compromise of human potential and will greatly affect their quality of life (CDC, 2013). Based on a survey done by pwCMiddle East the number of children up to the age of 18 who will experience mental health problems during their school years has been estimated to be at a worldwide prevalence of 13.4%. A significant proportion of this will fall in the category of children with social, emotional or behavioral difficulties (SEBD).

Researches have also shown that Homicide and suicide are the fourth and fifth leading causes of death for children between 5-14, and during adolescence they become the second and third leading causes of death. Realization of this issue has led to a shift in priorities of pediatric health whereby more importance is placed on identifying and treating psychosocial and mental health problems, such as engagement in risk-taking behaviors, learning and attention problems, mood and anxiety disorders, violence, and suicide. (AAP, 2012; CDC, 2013).

The picture is not very different in India. A Systematic review and meta-analysis of community studies done by Savita Malhotra and Bichitra Nanda Patra in India revealed that the prevalence rate of child and adolescent psychiatric disorders in the community was 6.46% and in the school it was found to be 23.33 %. (Savita Malhotra, 2014). If we try to analyze deeper focusing on Indian states, a prevalence study done among school children at Ranchi, Jharkhand found that 4.58% of the children had conduct disorder, among whom one third was found to have Comorbid ADHD (Sujit Sarkhel and etal 2006). Study done by Jaisooriya.TS and etal to assess the prevalence and correlates of psychological distress in adolescent students from Kerala, on a total of 7560 students from 73 schools, aged 12 to 19 years; reveals that 10.5% of students reported mild psychological distress 5.4 % reported moderate distress and 4.9 % reported severe distress by 4.9%. They also noted that the most common mental health

problems among adolescents are depression and anxiety. (Jaisooriya.TS and etal, 2017).

Mental disorders are chronic health conditions—conditions that last a long time and often don't go away completely—that can continue through the lifespan. Without early diagnosis and treatment, children with mental disorders can have problems at home, in school, and in forming friendships. Mental disorders can also interfere with a child's healthy development, causing problems that can continue into adulthood.

This becomes a concern because mental disorders are chronic health conditions and in case of children they may be likely to persist in adult life, which will compromise of human potential and greatly affect their quality of life. Such children unless provided with early diagnosis and treatment can face problems at home, in school, and may face difficulties in forming friendships (*What Is Children's Mental Health?*, 2021). Thus even though in infants and young children injuries, congenital deformities, and cancer remain the leading causes of death; as they reach school age the scenario changes.

Effect on school performance.

As discussed earlier in the article one of the major events that occurs in childhood is entry to school. The academic as well as non-academic expectations at school may pose stress to the child and can trigger or aggravate mental health problems in the child. Thus mental health problems and school performance are in a two-way relationship. The children with mental health problems are at risk for poor adjustment at the school and also having learning difficulties put children at greater risk for developing mental health problems. School provides opportunity to the children via its unique setting to interact with peers and thus achieve related developmental milestones. Those children who have language and learning difficulties would find this difficult. Thereby they are predisposed to high levels of psychosocial stress that increases the chance of mental health issues. Having learning disabilities increase their risk six times more to develop a diagnosable psychiatric disorder than those who do not have learning disabilities (*children and young people with learning disabilities- understanding their mental health*, 2018). Belanger, R. and etal. in 2019 found that there was higher risk of psychiatric morbidity during adolescence among children with severe and persistent language difficulties and low nonverbal IQ. (Belanger, R., Leroux, D., & Lefebvre, P., 2019).

The researches show that working memory is greatly affected by high levels of anxiety, which

has a damaging effect on academic achievement. As working memory is essential in performing school tasks, this can lead to lower academic performance. Results of many studies have shown that the relationship between academic achievement and depression is inverse in nature. Depressive disorders or depressive symptoms are linked to lower academic performance by several researchers. (Krasniqi, 2014)

A study done to assess the relationship between Depression and College Academic Performance by DeRoma & etal found that lower performance within academic environments was demonstrated by students presenting with moderate levels of depressive symptoms compared to those with normal and minimal levels of depression (DeRoma & etal , 2009). Even in India the situation is not different. The findings of a study conducted on 120 school going students of mean age 16 years studying in government schools of Chhattisgarh, India also showed that academic stress, depression, and anxiety was directly associated with students daily life and influence their level of academic achievement. (Sharma. G, Pandey. D, 2017)

Researches also indicate that a positive mental health status contributes to academic excellence and vice versa. A study on adolescents between the ages of 15 and 17 done by Nivenitha, P. and, Dr. Nagalakshmi, K (2017) revealed that there is a negative correlation between depression and academic performance and mindfulness and a positive correlation was found between mindfulness and academic performance. This research also revealed another interesting finding that female adolescents are more depressed than male adolescents and elder students were found to be more depressed than younger adolescents(Nivenitha, P. , Dr. Nagalakshmi, K . 2017). Bhasin, S.K and colleagues (2010) found that depression, anxiety and stress have an inverse relationship with the academic performance of the students. Their research also showed that Depression and Stress were significantly associated with a number of adverse events in the student's life that occurred in past one year.(Bhasin, S.K and etal 2010)

Academic performance is not the only aspect affected by mental health problems. Some studies also show that irregular school attendance, Academic difficulties and behavior problems at school may be indicators of existence of mental health problems in children or emergence of the same. Frequent school absences for vague and nonspecific physical health problems it may be related to underlying mental health needs and family problems. Data from the 2013–2014 Australian Child and Adolescent Survey of Mental Health and

Wellbeing was used to identify the difference in percentage of school attendance among students with and without mental disorders. It was found that students with a mental disorder diagnosis had lower school of 11.8 days per year for children from one to six years compared to 8.3 days per year for those without mental disorders in the same age group and 25.8 per year for children from 11 to 12 years compared to 12.0 days per year for those without mental disorders in the same age group. 13.4% of all days absent from school was accounted to mental disorder among those diagnosed with a mental disorder. (Lawrence et al., 2019)

What can be done?

Certain factors related to the child themselves, to their family, or to their community or life events put some children more at risk of developing mental health problems than others. However even when exposed to significant risk factors some children grow up into competent, confident and caring adults because of presence of some protective factors. Thus recognizing, understanding and promoting these protective factors will enable the child to be more resilient to problems and challenges. Schools can play a key role in promoting children's mental health. Schools should be a place where the child feels that they belong to and safe enough to trust adults around to talk openly about problems they have (www.gov.uk 2016). Children spend almost eight hours out of twenty-four hours, sometimes even longer, at school. Their classmates, teachers, and school staff would influence attitude and behavior of children (Miller, 2021). The changing focus of pediatric health to the psychosocial and mental health morbidities requires the teachers and other workers in the school to be aware about the early manifestations of mental health problems and their possible trajectories in children, especially related to their school achievement (Janiece DeSocio and etal 2004).

One of the important goals of school health services is “providing a process for identification and resolution of students' health care needs that affect educational achievement” (AAP, 2012b). Interventions like educational programs for parents and young children, home visits by nurses etc. have been found effective in reducing influence of risk factors for mental health problems. It also helps to improve the emotional and social development of children. The major settings where mental health problems in children and adolescents can be recognized are schools and primary care. The essential role of parents as partners in delivering the mental health services of children and adolescents has also been recognized (Miller, 2021)

School nurses are in an advantageous position to identify and respond to the needs of children and thereby promoting children's mental health. The goals of school health services include identification and resolution of students' health care needs that affect educational achievement'' (AAP, 2012b). A research done for evaluation of the impact of school nurses at a large urban school district in Midwestern US city on indicators of student health and achievement for the 2006-2007 found that School nurses positively influenced immunization rates, the accuracy of student health records, and management of student health concerns (Baisch MJ 2011). A retrospective descriptive study on the impact of school nurse interventions on student absenteeism and student health indicated that School nurses were involved with 75% of high-absence students as compared to 66% of low-absence students; they were also more involved with students who had previously identified health conditions (Weismuller 2007)

School nurses being one among the consistent adults that the students come across at schools could easily establish meaningful and therapeutic relationships with the children. School health office is visited by children while they are in pain or when are sick or injured. Children with emotional or behavioral problems leading to strained relationship with peers and teachers may also stop by. They may start associating the helpful and supportive interactions they have with the school nurse to alleviation of their pain and other symptoms. These interactions provide the nurse with an opportunity to assess and identify abnormal patterns of behavior which may be early signals of current as well as future mental and psychosocial issues. The children gradually will create a sense of trust based on which they may feel free to disclose their fears, worries and problems with the nurse (Janiece DeSocio and etal 2004).

School nurse can also play a pivotal role in primary prevention. They can plan and organize health promotion and illness prevention activities which could avoid development of further psychosocial problems and mental health issues. They can conduct comprehensive health assessment that would help in identification of mental health needs and problems. Based on the assessment they can develop and evaluate a plan of action to address these health needs. The action plan may include strategies like communicating and discussing with parents, consulting with teachers and professionals in the school, and getting support from mental health experts and social service agencies. In this way, the school nurse can bridge the services within the

educational system and the psychiatric or medical system, and the services available in the community (Janiece DeSocio and etal 2004).

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