

EXPEDITING SCHOOL MENTAL HEALTH SERVICES IN THE NEW NORMAL

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Abstract: This research assessed the relationship between mental health services and the academic performance of the learners through varied activities. The researchers used the descriptive research method to gather information about the respondents' demographic profile. The data obtained were analyzed using percentage weighted mean, for significant difference for the extent of implementation of the mental health services. Based on the findings, The response of tutors and learners to the amount of implementation of mental health and psychological services demonstrates the need to enhance these services in order to properly address the concerns and requirements of students in emergency situations. In addition, evidence indicates that there is a paucity of specialists that can advise or assist students in emergency situations. By recognizing the relevance of this conclusion, it is essential to provide sufficient support to the school, instructors, and students, since they are the primary participants in the real teaching-learning process and emergency scenario circumstances.

Keywords: School Mental Health Services, Learners Academic Performance, New Normal

1. Introduction

Schools are the primary place where children spend the majority of the time when they are outside of the home. Schools are major institutions in children's lives, providing various services over the course of many hours on a typical weekday (Bhamani et al., 2020). For this reason, schools are considered by many observers to be an appropriate setting for providing mental health services, and school-wide mental health interventions, as well as individually focused services, have increasingly been provided in schools around the country in recent years (Ali et al., 2019).

According to 2015 data from the National Survey on Drug Use and Health (NSDUH), approximately 3.2 million adolescents in the United States received mental health services in an educational setting. Although improvement of health is not the primary mission of the education sector, schools nevertheless may have extensive

influence in shaping children's health and long-term development outcomes (Jourdan et al., 2021).

As a setting where children and adolescents live and learn, linked to the family and embedded within the wider community, schools have an important influence on every student's health (Vamos et al., 2020). Many health interventions have used schools as a platform, often for standalone programmatic initiatives to reduce health risks, and sometimes for more comprehensive approaches, but the interventions, uptake, and sustainability are generally disappointing (Ansah et al., 2022). There is mounting evidence that universal pre-K through college education and student achievement may enhance health and decrease inequalities (Speer et al., 2020). So, schools are crucial for people's well-being, and not only because of what they can provide intellectually (Llena et al., 2019). Both academic and health results may be improved with a more cohesive approach to school policy, structure, system, human resources, and practice (Marlin et al., 2020). Health professionals have various chances to advocate for and engage in the intersectoral implementation of reforms and innovations in school systems to benefit the health of all children, beyond merely bringing in pre-made programs (Strokosch, 2019).

Moreover, about 10% to 20% of children and adolescents have mental health issues, with over half of those cases appearing before the age of 14. There is a significant frequency of suicide attempts and mental illnesses in the Western Pacific Region, and mental problems are the third greatest cause of DALYs lost in children (WHO, 2020 and Baranne, 2018). Despite these sobering numbers, it's possible that even fewer people seek care for mental health issues than are actually diagnosed. Korne (2016) found that between 10 and 20 percent of children and adolescents have mental health issues. Attention problems, cognitive disruptions, a lack of desire, and a bad disposition are all symptoms that have a detrimental impact on academic growth. School-related variables that impact children's cognitive growth and which school-based treatments are likely to be most helpful to these students are not always well understood (Lyons, McQuillin & Henderson, 2019).

Every student's health and wellbeing are significantly impacted by their school because of the significant amount of time that children and adolescents spend there (Fegert et al., 2020). Simply staying in school longer is linked to improved health outcomes, including intergenerational advantages e.g., women with higher levels of education tend to produce healthier children than mothers with lower levels of education (Lutz & Kebede, 2018). For over a century, research has shown that providing low-income children and adolescents with access to nutritious school meals and social assistance boosts their school engagement and attendance (Tanhan & Strack, 2020).

Globally, higher rates of school attendance indicate that educational institutions are increasingly valued as a setting in which to promote students' health via a variety of official and informal means (Kerr & Ainscow, 2022). However, there is substantial tension between the health sector's desire to provide targeted, programmatically based interventions on various health topics (such as nutrition, sexuality, parasite eradication, or vaccinations) and the systemic approaches necessary to influence school policies and practices, reshape environments, and build wider community partnerships that underpin sustainable health-promoting practices (Sullivan & Galea, 2019).

Recent reports show that students are likely to be experiencing worry, anxiety and fear, and this can include the types of fears that are very similar to those experienced by adults, such as a fear of dying, a fear of their relatives dying, or a fear of what it means to receive medical treatment. If schools have closed as part of necessary

measures, then children may no longer have that sense of structure and stimulation that is provided by that environment, and now they have less opportunity to be with their friends and get that social support that is essential for good mental well-being. Many adults are also reporting specific negative impacts on their mental health and wellbeing, such as difficulty sleeping increases in alcohol consumption or substance use and worsening chronic conditions due to worry and stress over the coronavirus (Panchal, et al. 2020). As the pandemic continues, it is important to support children and adolescents facing bereavement and issues related to parental unemployment or loss of household income. There is also a need to monitor young people's mental health status over the long term, and to study how prolonged school closures, strict social distancing measures, and the pandemic itself affect the wellbeing of children and adolescents. There has to be more research done on mental health, suicide prevention, and the present epidemic. This study will be initiated because there is a dearth of scholarly research on the topic of mental health issues among students in Talisay City Cebu, and Bohol division.

2. Purpose of the Study

This research assessed the relationship between mental health services and the academic performance of the learners through varied activities. The extent of implementation of the mental health services in terms of family and community support, basic support services, specialized and non-specialized support were the main highlights of this research. The significant relationship between respondent groups perception on the extent of the mental health services and psychosocial services and learners' academic performance were also included.

3. Research Methodology

The descriptive method of research was used in this study, which described data and the characteristics of the population under study. This method answered the questions who, what, where, when, and how. In particular, the current situations of the respondents in terms of how much mental health care the students are getting and how the teachers see problems and concerns. The study was conducted at identified Elementary schools in Talisay City Division. The following schools of the research locale were considered based on its location, physical infrastructure, achievements, vision-mission-goals, and culture in the identified school.

4. Results and Discussions

Table 1. **Community and Family Support**

Community and Family Support	Teachers		Learners	
	Mean	VD	Mean	VD
Family and Tracing and Reunification	2.95	MA	2.86	MA
Livelihood activities	2.75	MA	2.83	MA
Activation of social networks	3.00	MA	2.90	MA
Supportive parenting programs	3.15	MA	3.10	MA
Formal and non-formal educational activities	3.06	MA	3.02	MA
Grand Mean	2.98	MA	2.94	MA

Table 1 shows the data in terms of family support and community services for the learners. Based on the data gathered, supportive parenting programs got the highest

weighted mean of 3.15 which verbally described as moderately agree, while livelihood activities got the lowest weighted mean of 2.75 which was also verbally described as moderately agree. This indicates that schools provide supporting parenting programs that help parents understand the needs of their children. Learners on the other hand, supporting parenting program got the highest weighted mean of 3.10 which verbally described as moderately agree, while livelihood activities got the lowest weighted mean of 2.83 which also verbally described as moderately agree. This indicates that livelihood activities were not prioritize by the school.

Table 2. Basic Support Services

Basic Support Services	Teachers		Learners	
	Mean	VD	Mean	VD
Water	3.26	MA	3.20	MA
Food	2.80	MA	2.86	MA
Basic health care	3.32	MA	3.14	MA
medicines	3.05	MA	2.75	MA
Safety and security	3.56	A	3.08	MA
Grand Mean	3.19	MA	3.00	MA

Table 2 shows the data in terms of basic support services for the learners. Based on the data gathered, safety and security got the highest weighted mean of 3.56 which verbally described as agree, while food got the lowest weighted mean of 2.82 which was also verbally described as moderately agree. This indicates that schools promote safety and security inside however in terms of food, teacher respondents perceived it as moderately given to the learners. Meanwhile, learners on the other hand, water got the highest weighted mean of 3.20 which verbally described as moderately agree, while medicines got the lowest weighted mean of 2.75 which also verbally described as moderately agree.

Table 3. Non- Specialized supports

Non-specialized supports	Teachers		Learners	
	Mean	VD	Mean	VD
Safety and comfort	3.42	A	3.32	MA
Linkage with Collaborative services	3.18	MA	3.20	MA
Special education for learners	3.82	A	3.64	A
Emergency/Crisis treatment	3.64	A	3.52	A
Drug and Alcohol education	4.80	SA	4.72	SA
Youth development programs	4.22	SA	4.56	SA
Grand Mean	3.85	A	3.83	A

Table 3 shows the data in terms of non-specialized support services. Based on the data gathered, drug and alcohol education got the highest weighted mean of 4.80 which verbally described as strongly agree, while linkage with collaborative services got the lowest weighted mean of 3.18 which was also verbally described as moderately agree. Meanwhile, learners on the other hand, drug and alcohol education got the highest weighted mean of 4.72 which verbally described as strongly agree, while linkage with collaborative services got the lowest weighted mean of 3.20 which also verbally described as moderately agree.

Table 4. Specialized Services

Specialized Services	Teachers		Learners	
	Mean	VD	Mean	VD
Counseling services	3.55	A	3.62	A
Behavior Management support	4.20	A	3.42	A
Orientation and mobility services	4.12	A	3.42	A
Speech/language therapy	3.22	MA	3.26	MA
Parent consulting and training	3.40	A	3.30	MA
Instruments please	3.70	A	3.41	A

Table 4 shows the data in terms of specialized support services. Based on the data gathered, behavior management support got the highest weighted mean of 4.20 which verbally described as agree, while speech/language therapy services got the lowest weighted mean of 3.22 which was verbally described as moderately agree. Meanwhile, learners on the other hand, counseling services got the highest weighted mean of 3.62 which verbally described as agree, while speech/language therapy got the lowest weighted mean of 3.26 which also verbally described as moderately agree. This indicates that schools have provided services to the learners in times of mental and health problems.

Table 5. Significant Relationship

Constructs	Chi - square	p - value	Decision
family and community support	26.6953	0.0000105	highly significant
basic services	37.7264	0.00000002	highly significant
non-specialized services	35.5982	0.00000016	highly significant
specialized support	34.3988	0.00000016	highly significant

Table 5 present the data in terms of significant relationship between mental health services and academic performance of the learners. This indicates that the more the mental health services the better the performance of the learners. The finding shows that there is a need to reject the null hypothesis, hence there is a significant relationship between the school mental health services and the academic performance of the learners. It can be noted that non-specialized services were rated as the most perceived services provided by the school, followed by specialized services, basic services and community and family support. Findings also reveal a substantial association between school mental health services and the academic achievement of students. Lack of medical professionals was seen to be the greatest problem and source of worry.

5. Conclusion

This research assessed the relationship between mental health services and the academic performance of the learners through varied. Based on the findings, The response of tutors and learners to the amount of implementation of mental health and psychological services demonstrates the need to enhance these services in order to

properly address the concerns and requirements of students in emergency situations. In addition, evidence indicates that there is a paucity of specialists that can advise or assist students in emergency situations. By acknowledging the significance of this conclusion, it is crucial to offer enough assistance to the school, teachers, and learners, since they are the principal players in the actual teaching-learning process and emergency scenario situations.

References

- Ali, M. M., West, K., Teich, J. L., Lynch, S., Mutter, R., & Dubenitz, J. (2019). Utilization of mental health services in educational setting by adolescents in the United States. *Journal of School Health, 89*(5), 393-401.
- Ansah, E. K., Moucheraud, C., Arogundade, L., & Rangel, G. W. (2022). Rethinking integrated service delivery for malaria. *PLOS Global Public Health, 2*(6), e0000462.
- Bhamani, S., Makhdoom, A. Z., Bharuchi, V., Ali, N., Kaleem, S., & Ahmed, D. (2020). Home learning in times of COVID: Experiences of parents. *Journal of education and educational development, 7*(1), 9-26.
- Combs, A. W. (1982). *A personal approach to teaching: Beliefs that make a difference*. Boston, MA: Allyn & Bacon.
- Dollarhide, C. T., & Granello, D. H. (2012). Humanistic perspectives on counselor education and supervision. In M. B. Scholl, A. S. McGowan, & J. T. Hansen (Eds.), *Humanistic perspectives on contemporary counseling issues* (pp. 277–305). New York, NY: Routledge.
- Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and adolescent psychiatry and mental health, 14*(1), 1-11.
- Gould, J. (2012). *Learning theory and classroom practice in the lifelong learning sector*. Thousand Oaks, CA: SAGE
- Kerr, K., & Ainscow, M. (2022). Promoting Equity in Market-Driven Education Systems: Lessons from England. *Education Sciences, 12*(7), 495.
- Kunze, D. (2013). The person-centered approach in adult education. In J. H. D. Cornelius-White, R. MotschnigPitrik, & M. Lux (Eds.), *Interdisciplinary applications of the person-centered approach* (pp. 115–123). New York, NY: Springer
- Knowles, M. (1975). *Self-directed learning: A guide for learners and teachers*. New York, NY: Association Press
- Kleiman, S. (2007). Revitalizing the humanistic imperative in nursing education. *Nursing Education Perspectives, 28*, 209–213

- Jourdan, D., Gray, N. J., Barry, M. M., Caffè, S., Cornu, C., Diagne, F., ... & Sawyer, S. M. (2021). Supporting every school to become a foundation for healthy lives. *The lancet child & adolescent health*, 5(4), 295-303.
- Llena-Nozal, A., Martin, N., & Murtin, F. (2019). The economy of well-being: Creating opportunities for people's well-being and economic growth.
- Lutz, W., & Kebede, E. (2018). Education and health: redrawing the Preston curve. *Population and development review*, 44(2), 343.
- Lyons, M. D., McQuillin, S. D., & Henderson, L. J. (2019). Finding the sweet spot: Investigating the effects of relationship closeness and instrumental activities in school-based mentoring. *American Journal of Community Psychology*, 63(1-2), 88-98.
- Malin, J. R., Brown, C., Ion, G., van Ackeren, I., Bremm, N., Luzmore, R., ... & Rind, G. M. (2020). World-wide barriers and enablers to achieving evidence-informed practice in education: what can be learnt from Spain, England, the United States, and Germany?. *Humanities and Social Sciences Communications*, 7(1), 1-14.
- Mearns, D. (1997). *Person-centred counselling training*. London, England: SAGE.
- Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Oxford, England: Houghton Mifflin.
- Speer, M., McCullough, J. M., Fielding, J. E., Faustino, E., & Teutsch, S. M. (2020). Excess medical care spending: the categories, magnitude, and opportunity costs of wasteful spending in the United States. *American journal of public health*, 110(12), 1743-1748.
- Strokosch, K. (2019). *Public service management and asylum: Co-production, inclusion and citizenship*. Routledge.
- Tanhan, A., & Strack, R. W. (2020). Online photovoice to explore and advocate for Muslim biopsychosocial spiritual wellbeing and issues: Ecological systems theory and ally development. *Current Psychology*, 39(6), 2010-2025.
- Tolan, J. (2017). *Skills in person-centered counseling & psychotherapy* (3rd ed). Thousand Oaks, CA: SAGE.
- Vamos, S., Okan, O., Sentell, T., & Rootman, I. (2020). Making a case for "Education for health literacy": An international perspective. *International journal of environmental research and public health*, 17(4), 1436

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