

Article

Mental Health and Psychosocial Services for Learners in Times of Covid-19 Pandemic

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Abstract:

This research assessed the mental health and psychosocial services in times of covid-19 at the identified schools in Cebu. *The data obtained were analyzed using percentage weighted mean*, significant difference for the extent of implementation with 0.05 level of significance. Findings shows that teachers and learner's response on the extent of the implementation of mental health and psychosocial services shows that there is a need to elevate these services to fully address the learners concerns and needs in times of emergency situation. Moreover, data shows that there was a lack of professionals that can guide or help learners in times of emergency situation. By recognizing the impact of this results, it is very important to provide appropriate support to the school, teachers and learners since they are the primary mover in the actual settings in terms of teaching-learning process and emergency situation.

Keywords: Mental Health, Psychological Services, Learner's performance

Introduction

Humans As the world is becoming increasingly interconnected, so are the risks we face. The COVID-19 pandemic did not stop at national borders; it affected individuals, irrespective of ethnicity, education level, income or gender level. But the same was not true for the effects that hit the most vulnerable (Schleicher, 2020). By March 2020, COVID-19 became a worldwide pandemic that led to a global epidemic, triggering a worldwide settlement (WHO, 2020). In addition, the pandemic has created the largest disruption of education systems in history, affecting nearly 1.6 billion learners in more than 190 countries and all continents. Closures of schools and other learning spaces have impacted 94 per cent of the world's student population, up to 99 per cent in low and lower-middle income countries (UN, 2020).

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Moreover, the COVID-19 pandemic has brought into focus the mental health of various affected populations. It is known that the prevalence of epidemics accentuates or creates new stressors including fear and worry for oneself or loved ones, constraints on physical movement and social activities due to quarantine, and sudden and radical lifestyle changes. A recent review of virus outbreaks and pandemics documented stressors such as infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma (Son, et al. 2020).

Globally, an estimated 10 to 20% of children and adolescents are affected by mental health problems with more than half occurring before the age of 14. In the Western Pacific Region, mental disorders rank third in the leading causes of disability-adjusted life years (DALY) among children and the prevalence of suicide attempts is high (WHO, 2020 and Baranne, 2018). Nevertheless, despite these alarming statistics, the figures may still be underreported due to stigma and taboo which affect help seeking and reporting of mental health problems. Previous study of Korne (2016) noted that 10–20% of children and adolescents have a mental health problem of some type. Manifestations such as attention deficits, cognitive disturbances, lack of motivation, and negative mood all adversely affect scholastic development. It is often unclear what factors associated with school affect children's mental development and what preventive measures and interventions at school might be effective.

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. Being at home can place some children at increased risk of, or increased exposure to, child protection incidents or make them witness to interpersonal violence if their home is not a safe place. This is something that is very concerning (WHO, 2020).

The COVID-19 pandemic has negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders. In a KFF Tracking Poll conducted in mid-July, 53% of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the coronavirus. This is significantly higher than the 32% reported in March, the first time this question was included in

KFF polling. Many adults are also reporting specific negative impacts on their mental health and wellbeing, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus. (Panchal, et al. 2020). For children and adolescents with mental health needs, such closures mean a lack of access to the resources they usually have through schools. In a survey by the mental health charity YoungMinds, which included 2111 participants up to age 25 years with a mental illness history in the UK, 83% said the pandemic had made their conditions worse. 26% said they were unable to access mental health support; peer support groups and face-to-face services have been cancelled, and support by phone or online can be challenging for some young people (Lee, 2020). COVID-19 is much more widespread than SARS and other epidemics on a global scale. 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.

In light of growing concerns related to the impact of COVID-19 on the mental health of vulnerable groups, there is an urgent need for research to address mental health burden of the COVID-19 pandemic on students. In the Philippines, recent study of Tee et al. (2020) reported that during the early phase of the pandemic in the Philippines, one-fourth of respondents reported moderate-to-severe anxiety and one-sixth reported moderate-to-severe depression and psychological impact. Moreover, where 200,000 cases of COVID-19 have been reported the highest in Southeast Asia the project HopeLine, a suicide prevention and crisis helpline, saw a 200% increase in calls in April 2020 (Nortajuddin, 2020). The Diocese of Kalookan, for example, has created a support helpline for people who are experiencing anxiety, psychological stress, and PTSD (Games, 2020). COVID opeLine is a phone counseling service of the local church in the Philippines. The service team is composed of mental health experts, priests, and counselors who provide medical, psychological, and moral support for those who are experiencing the psychological impact of COVID-19. Educational institutions in the Philippines have also taken steps to provide free mental health counseling services to students, frontline health providers, and those infected with COVID-19. The De La Salle University, for example, offers telepsychology to those who are experiencing severe stress, anxiety, and psychological issues brought about by the COVID-19 pandemic.

The COVID-19 pandemic has had significant social and psychological effects. Recent contribution of Agnafors (2020) provide data from a longitudinal birth cohort study of 1700 children were used. Child mental health was assessed through mother's reports at age 3, and self-reports at age 12 and 20. Academic performance was assessed through teacher reports on educational results at age 12 and final grades from compulsory school (age 15–16) and upper secondary school (age 18–19). The results indicate that social selection mechanisms are present in all three periods studied. Behavioral and emotional problems at age 3 were associated with performing below grade at age 12. Similarly, mental health problems at age 12 were associated with lack of complete final grades from compulsory school and non-eligibility to higher education. Medical experts, counselors and educators, have a moral responsibility to reduce the effects of a mental health crisis. Research studies on mental health, suicide prevention, and the current pandemic are needed. Indeed, we need to act collectively to fight the impact of the COVID-19 pandemic. However, scientific research on mental health problems among students and adolescents in the in Cebu is scarce hence this study will be conducted.

The descriptive method of research was used in this study, which described data and the characteristics of the population under study. In particular, the present conditions of the respondents as regards to the extent of implementation of mental health and psychosocial services received by the learners and perceived issues and concerns by the teachers. Data was described and analyzed through data gathered using the research instrument. This research included the INPUT-PROCESS-OUTPUT approach. The study was conducted at Aloguinsan elementary school, Borbon Central Elementary School, and Campusong Elementary School located. The school is headed with competent our school principals. *DepEd Cebu division* stands with the world in solidarity highlighting the role of frontline workers. Mental Health Issues. This questionnaire was adopted from the A Teacher's Activity Guide and Resource Package is intended for the use of Elementary Teachers, School Heads and Non-Teaching Personnel of DepEd Region and Schools Division offices who have been assigned to provide of psychosocial support to learners.

Table 1. Basic Support Services

| Basic Support Services | Teachers | | Learners | |
|------------------------|----------|----|----------|----|
| | Mean | VD | Mean | VD |
| Water | 3.35 | MA | 3.10 | MA |
| Food | 2.95 | MA | 2.99 | MA |
| Basic health care | 3.35 | MA | 3.03 | MA |
| medicines | 3.05 | MA | 2.89 | MA |
| Safety and security | 3.50 | A | 3.08 | MA |
| Grand Mean | 3.24 | MA | 3.02 | MA |

Table 1 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 3.50 which verbally described as agree, while food got the lowest weighted mean of 2.95 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 3.10 which verbally described as moderately agree, while medicines got the lowest weighted mean of 2.89 which also verbally described as moderately agree. This indicates that water was perceived by the learners as abundant in the schools while medicines were scarce or not available. According to Butler et al. (2020) there are a significant number of students on maintenance medications for chronic diseases or with diagnoses that may result in medical emergencies requiring administration of medications in school. Moreover, previous article published by Steroplast Healthcare (2014) when bacteria and viruses enter a school, they can spread like wildfire. Children are far less focused on washing their hands throughout the day. Break time activities will see them in very close contact with each other. In turn, every school needs to have the right tools to help mitigate the spread of germs through the grounds. From spill kits and disinfectant to latex gloves and aprons. There will be a variety of infection control products that could save both teachers and students from pesky illnesses and lengthy periods of convalescence. The likes of non-contact thermometers and sanitizing alcohol gel will also help a great deal. As will ensuring that signs are displayed across the school reminding students to wash their hands. This entails that availability of medicine at school is very important for emergency purposes.

Table 2. Community and Family Support

| Community and Family Support | Teachers | | Learners | |
|--|----------|----|----------|----|
| | Mean | VD | Mean | VD |
| Family and Tracing and Reunification | 2.95 | MA | 2.97 | MA |
| Livelihood activities | 2.80 | MA | 2.83 | MA |
| Activation of social networks | 3.00 | MA | 2.90 | MA |
| Supportive parenting programs | 3.10 | MA | 3.05 | MA |
| Formal and non-formal educational activities | 2.90 | MA | 2.96 | MA |
| Grand Mean | 2.95 | MA | 2.94 | MA |

Table 2 shows the data in terms of community and family support services for the learners. Based on the data gathered, supportive parenting programs got the highest weighted mean of 3.10 which verbally described as moderately agree, while livelihood activities got the lowest weighted mean of 2.80 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 3.05 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. Recent study of Shimizu et al. (2016) noted that livelihood program appeared to be scaled up and modified to better improve participants' mental health. In addition, IFRC (2019) emphasized that a livelihood is a means of making a living. It encompasses people's capabilities, assets, income and activities required to secure the necessities of life. A livelihood is sustainable when it enables people to cope with and recover from shocks and stresses (such as natural disasters and economic or social upheavals) and enhance their well-being and that of future generations without undermining the natural environment or resource base. This implied that livelihood activities help learners overcome mental health and psychological concerns.

Table 3. Non-specialized supports

| Non-specialized supports | Teachers | | Learners | |
|-------------------------------------|----------|----|----------|----|
| | Mean | VD | Mean | VD |
| Psychological first aid | | | | |
| Safety and comfort | 2.90 | MA | 2.79 | MA |
| Stabilization | 3.35 | MA | 2.96 | MA |
| Practical Assistance | 3.00 | MA | 2.83 | MA |
| Linkage with Collaborative services | 3.05 | MA | 2.85 | MA |
| Basic Mental Health Care | | | | |
| Special education for learners | 2.90 | MA | 2.82 | MA |
| Emergency/Crisis treatment | 2.95 | MA | 2.96 | MA |
| Drug and Alcohol education | 2.80 | MA | 2.83 | MA |
| Youth development programs | 2.85 | MA | 2.85 | MA |
| Grand Mean | 2.98 | MA | 2.90 | MA |

Table 3 shows the data in terms of non-specialized support services for the learners. Based on the data gathered, stabilization got the highest weighted mean of 3.35 which verbally described as moderately agree, while drug and alcohol education got the lowest weighted mean of 2.80 which was also verbally described as moderately agree. Learners on the other hand, stabilization and emergency/crisis or treatment got the highest weighted mean of 2.96 which verbally described as moderately agree, while safety and comfort got the lowest weighted mean of 2.79 which also verbally described as moderately agree. Recent Article published by Eco Globale (2021) emphasized that children need to feel safe and comfortable and happy when they are in school because when they know they can trust you; they will do great in academics. Building positive and strong friendships in the school with teachers

and other students is imperative. This indicates that promoting safety and comfort within the learning zone is very important.

Table 4. Specialized Services

| Specialized Services | Teachers | | Learners | |
|-----------------------------------|----------|----|----------|----|
| | Mean | VD | Mean | VD |
| Counseling services | 3.15 | MA | 3.04 | MA |
| Behavior Management support | 2.75 | MA | 2.97 | MA |
| Orientation and mobility services | 3.15 | MA | 2.98 | MA |
| Speech/language therapy | 2.65 | MA | 2.99 | MA |
| Parent consulting and training | 2.90 | MA | 2.99 | MA |
| Instruments please | 2.92 | MA | 3.00 | MA |

Table 4 shows the data in terms of specialized support services for the learners. Based on the data gathered, counseling services and orientation and mobility services got the highest weighted mean of 3.15 which verbally described as moderately agree, while speech/language therapy got the lowest weighted mean of 2.65 which was also verbally described as moderately agree. Learners on the other hand, counselling services got the highest weighted mean of 3.04 which verbally described as moderately agree, while orientation and mobility services got the lowest weighted mean of 2.97 which also verbally described as moderately agree. Recent reports by ed.org (2020) noted that separate classroom placements are most prevalent for students with mental retardation (57.0 percent), autism (54.5 percent), and multiple disabilities (44.1 percent), although resource room placements are also commonly used to serve students with mental retardation and multiple disabilities. This indicates that a need for specialized services should be prioritized by the school.

Table 5. TEST OF SIGNIFICANT DIFFERENCE

| Source of Difference | Mean | n | Std. dev | z | Zcrit | p-value |
|----------------------|--------|-----|----------|--------|-------|---------|
| teacher | 3.0152 | 20 | 0 | 3.1421 | 1.96 | 0.0016 |
| learners | 2.9562 | 150 | 0 | | | |

Table 5 shows the significant difference of the perception of the respondents on the extent of the mental health and psychological services. Data shows that data is significance at 0.05, this indicates that the null hypothesis was rejected. Thus, there is significant difference.

Conclusion

Based on the findings, the teachers and learner's response on the extent of the implementation of mental health and psychological services shows that there is a need to elevate these services to fully address the learners concerns and needs in times of emergency situation. Moreover, data shows that there was a lack of professionals that can guide or help learners in times of emergency situation. By recognizing the impact of this results, it is very important to provide appropriate support to the

school, teachers and learners since they are the primary mover in the actual settings in terms of teaching-learning process and emergency situation.

RECOMMENDATION

The main goal of this study is to gain empirical knowledge on the extent of the implementation of mental health and psychological services that helps teachers and learners in dealing with emergency situation in relation to mental and psychological concerns. It is recommended that strategy will be crafted in order to help learners and teachers in this pandemic.

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