# Block 4

**GUIDING STUDENTS WITH SPECIAL NEEDS**

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Block Introduction

Although many of the needs of children in the same developmental stage are common to all, some of them may have special needs due to their special ability. Understanding the varying needs of the learners would help parents and teachers to provide them with appropriate guidance. In Block 4: Guiding Students with Special Needs, we attempt to address the issues of learners with special needs and how teachers and parents can help them to realize their potential. There are four Units in this Block and this is the last block in the course, Guidance and Counseling.

Following the RTE Act, 2009 and later the RMSA, children with disabilities now often study along with their non-disabled peer group. Unit 13: Guiding Students with Disabilities intends to provide you with understanding of guiding students with disabilities. In this Unit we try to define the concept of disability and familiarize you with related concepts of disability. We have discussed the various constitutional provisions available for promoting education of persons with disability. A broad understanding of different disabilities and the provisions available to PWD will help you guide students with disabilities in your classroom.

In Unit 14: Socio-emotional Problems of Students with Disability, we discuss the socio-emotional needs and their importance in the development of children. Socio-emotional problems associated with different disabilities have been discussed. We have also described the role of teachers, parents and counselors in helping children with disability to cope with their socio-emotional problems.

Unit 15 is titled, Behavioral Problems of Students. This Unit gives you input to identify the behavioral problems of students. We have described different types of behavioral problems found among students and the likely causes of these problems. We have provided some suggestions for dealing with these behavioral problems of students. The role of parents and teachers in the management of behavioral problems of students is emphasized in the Unit.

In Unit 16 we discuss the concepts of Mental Health and Stress Management. We have presented different theoretical models of mental health to develop in you the understanding of the concept of mental health. We have discussed some provisions of the Mental Healthcare Act 2017 to give you a peek into the national mental healthcare legislation. Discussion on the impact of mental illness and promotion of mental health will help you appreciate your role as a teacher in helping children to develop and sustain mental health. Stress is an everyday experience in our life. Sometimes stress has adverse effects on our life. In this Unit we have tried to provide you with an understanding of what stress is, the sources of stress, the effects of stress and the strategies one can adopt to cope with stress so that you can help yourself and your students to deal with stress and lead a healthy and productive life.
UNIT 13 GUIDING STUDENTS WITH DISABILITIES

Structure

13.1 Introduction
13.2 Objectives
13.3 What Do We Mean by Special Needs?
  13.3.1 Types of Disability
  13.3.2 Partial and Total Disabilities
  13.3.3 Institutions for Disabilities
  13.3.4 Concept and Approach to Inclusive Schooling
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  13.4.2 Sarva Shiksha Abhiyan
  13.4.3 Inclusive Education for Disabled at Secondary Stage
  13.4.4 Counselling Students with Single or Multiple Disabilities
  13.4.5 Seating Arrangements and Special Attention
13.5 Let Us Sum Up
13.6 Unit-end Exercises

13.1 INTRODUCTION

You might have come across students with varying abilities to learn – some learn fast, some learn slowly and some have pronounced learning problems. You, as a teacher, will have to deal with these problems in your daily classroom transactions. To you, each child is an individual who needs to be helped to learn and perform. This unit aims at sensitizing you to their problems and how you as a teacher can guide students having these problems.

13.2 OBJECTIVES

After going through this unit, you should be able to:

• develop an understanding of different types of disabilities;
• identify children with special needs;
• develop sensitivity towards children with special needs;
• explain the various legal provisions available to promote the well being of persons with disability;
• provide educational and vocational guidance to children with special needs; and
• organize learning experiences appropriate to the needs of children with special needs.
You may be having one or more students in your classroom who have some kind of learning difficulties. The problems are of various types and due to various reasons. The factors that cause learning problems and performance difficulties can be listed as under:

a) lower level of intellectual functioning and development delay (retarded development)

b) vision problems

c) hearing and speech problems

d) damage to limbs - absence, deformation or problems with movement of muscles restricting performance in certain areas

e) problems with psychological processes like perception, attention, memory and problems of visual - motor coordination resulting in specific learning difficulties in reading, writing, spelling and arithmetic

Besides, there are home and environmental factors. These are:

a) lack of parental love and affection

b) lack of acceptance by other family members

c) lack of opportunities for interaction and learning

d) inappropriate child - rearing practices

There are other factors which cause learning problems and which are related to school environment. These are:

a) Lack of teachers’ acceptance of the student and low expectation regarding learning and performance of the student.

b) Non-congenial social and emotional climate of the classroom.

c) Lack of acceptance by non-disabled peers and willingness to share feelings, responsibilities, privileges and other facilities.

d) Absence of quality teaching matching with individual needs.

e) Lack of adjustment and adaptation of physical facilities to special needs of students.

The learning problems may arise out of one single factor or a number of factors or due to interplay of different sets of factors.

There are millions of people suffering from varying degree of disability in India. Thus it is very natural that you as a teacher would definitely come across such students in your school. To you, each student should be a unique person. Though human abilities are, to a great extent inherited, yet quite a substantial part of it is also acquired through environment in the process of socialization.

The nature and nurture makes all individuals unequal in terms of physical and mental attributes and endowments. But the human organism is prone to damage through disease and injury. This damage is not equal in all cases. In fact the degree of disabilities or abilities is a continuum. It is also true that every person with
obvious physical, mental or emotional limitation is capable of some work or the other. But within a range, these are taken as normal, while beyond a certain range these are taken as impairments or disabilities.

The W.H.O. (World Health Organisation) manual defines impairment as any loss or abnormality of psychological, anatomical structure or function. A disability is defined as any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. A handicap has been defined as a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfilment of a role that is normal (depending on age, sex and social and cultural factors) for that individual. For example, (International Labour Organisation) perceives it differently when it defines disabled person as an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment. One can hardly arrive at a rigid definition. But people commonly agree that disability is a consequence of impairment leading to functional limitation or activity restriction and the person having disability is perceived as being “different” from normal person in the society.

13.3.1 Types of Disability

The Rights of Persons with Disabilities Act, 2016 makes five broad categories of disabilities. Under each of these categories various disabilities are further described. The Act has made a provision to include any other category as may be notified by the Government of India. This Act defines disability as follows:

“Person with benchmark disability” means a person with not less than forty percent of a specified disability where specified disability has not been defined in measurable terms and includes a person with disability where specified disability has been defined in measurable terms as certified by the certifying authority.

“Person with disability” means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.

The specified disabilities as mentioned in the Act 2016 are presented below.

1) Physical disability
   
   A) **Locomotor disability including the following:**
      - leprosy cured person
      - cerebral palsy
      - dwarfism
      - muscular dystrophy
      - acid attack victims

   B) **Visual impairment**
      - blindness
      - low vision
Guiding Students with Special Needs

C) **Hearing impairment**
   - deaf
   - hard of hearing

D) **Speech and language disability**

2) Intellectual disability including the following;
   - specific learning disabilities
   - autism spectrum disorder

3) Mental behavior
   - mental illness

4) Disability caused due to:
   - chronic neurological conditions, such as multiple sclerosis and Parkinson’s disease
   - blood disorder such as hemophilia, thalassemia, and sickle cell disease

5) Multiple disabilities (more than one of the above specified disabilities) such as deaf blindness

Let us try to understand the meaning of these disabilities as described in the schedule of the RPD Act.

1) **Physical disability**-

   A) Locomotor disability (a person’s inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including:
      a) “leprosy cured person” means a person who has been cured of leprosy but is suffering from –
         i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
         ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
         iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression “leprosy cured” shall construed accordingly;
      b) “cerebral palsy” means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;
      c) “dwarfism” means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;
      d) “muscular dystrophy” means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and
persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

e) “acid attack victims” means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

B) **Visual impairment**

a) “blindness” means a condition where a person has any of the following conditions, after best correction –
   i) Total absence of sight; or
   ii) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
   iii) Limitation of the field of vision subtending an angle of less than 10 degree.

b) “low-vision” means a condition where a person has any of the following conditions, namely –
   i) Visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or
   ii) Limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

C) **Hearing impairment**

a) “deaf” means persons having 70 DB hearing loss in speech frequencies in both ears;

b) “hard of hearing” means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears.

D) “Speech and language disability” means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

2) Intellectual disability, a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior which covers a range of every day, social and practical skills, including –

a) “specific learning disabilities” means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

b) “autism spectrum disorder” means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person’s ability to communicate, understand relationships and relate
3) **Mental behavior** –

“mental illness” means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub-normality of intelligence.

4) Disability caused due to:

a) chronic neurological conditions, such as –

   i) “multiple sclerosis” means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelization and affecting the ability or nerve cells in the brain and spinal cord to communicate with each other;

   ii) “Parkinson’s disease” means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the nerve cells of the brain which causes deficiency of the neurotransmitter dopamine.

b) Blood disorder –

   i) “haemophilia” means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;

   ii) “thalassemia” means a group of inherited disorders characterized by reduced or absent amounts of haemoglobin;

   iii) “sickle cell disease” means a hemolytic disorder characterized by chronic anemia, painful events, and various complications due to associated tissue and organ damage; “hemolytic” refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.

5) Multiple Disabilities (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairment causing severe communication, developmental, and educational problems.

Disabilities can be categorised as mild, moderate, severe and profound depending on their severity. The following tables describe partial and total disabilities for visual and hearing impairment.
13.3.2 Partial and Total Disabilities

The Government of India (2001) provides the following definitions of mild, moderate, severe and profound categories of visual and hearing disabilities as given below.

Table 13.1: Categorisation of Visual Disability

<table>
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<th>Category</th>
<th>Better eye</th>
<th>Worse eye</th>
<th>% of impairment</th>
</tr>
</thead>
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<tr>
<td>Category 0</td>
<td>6/9-6/18</td>
<td>6/24-6/36</td>
<td>20%</td>
</tr>
<tr>
<td>Category I</td>
<td>6/18-6/36</td>
<td>6/60 to nil</td>
<td>40%</td>
</tr>
<tr>
<td>Category II</td>
<td>6/40-4/60 or field of vision 10° – 20°</td>
<td>3/60 to nil</td>
<td>75%</td>
</tr>
<tr>
<td>Category III</td>
<td>3/60-1/60 or field of vision 10°</td>
<td>F.C. at 1 ft. to nil</td>
<td>100%</td>
</tr>
<tr>
<td>Category IV</td>
<td>F.C. at 1 ft. to nil or field of vision 10°</td>
<td>F.C. at 1 ft. to nil</td>
<td>100%</td>
</tr>
<tr>
<td>One eyed persons</td>
<td>6/6</td>
<td>F.C. at 1 ft. to nil or field vision of 10°</td>
<td>30%</td>
</tr>
</tbody>
</table>

Note: F.C. means Finger Count

The classification for the hearing impairment is as follows:

Table 13.2: Categorisation of Speech and Hearing Disability.

<table>
<thead>
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<th>Category</th>
<th>Type of Impairment</th>
<th>DB level</th>
<th>Speech discrimination</th>
<th>Percentage of impairment</th>
</tr>
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<tr>
<td>I</td>
<td>Mild hearing impairment</td>
<td>26-40 db hearing impairment in better ear</td>
<td>80-100% in better ear</td>
<td>less than 40%</td>
</tr>
<tr>
<td>II (a)</td>
<td>Moderate hearing impairment</td>
<td>41-60 db hearing impairment in better ear</td>
<td>50-80% db in better ear</td>
<td>40%-50%</td>
</tr>
<tr>
<td>II (b)</td>
<td>Severe hearing impairment</td>
<td>61-70 db hearing impairment in better ear</td>
<td>40-50% db in better ear</td>
<td>51%-70%</td>
</tr>
<tr>
<td>III (a)</td>
<td>Profound hearing impairment</td>
<td>71-90 db hearing impairment in better ear</td>
<td>Less than 40% in better ear</td>
<td>71%-100%</td>
</tr>
<tr>
<td>III (b)</td>
<td>Total deafness</td>
<td>91 db and above hearing impairment in better ear</td>
<td>Very poor discrimination</td>
<td>100%</td>
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13.3.3 Institutions for Disabilities

The Government of India has established the following institutions for the rehabilitation, education, training and welfare of persons with disabilities.

- Rehabilitation Council of India
- Chief Commissioner for Persons with Disabilities
- National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities
- National Handicapped Finance Development Corporation
- Artificial Limbs Manufacturing Corporation
- National Institute for the Visually Handicapped, Dehradun
- National Institute for the Mentally Handicapped, Secundrabad
- Pandit DeenDayal Upadhyay Institute for the Physically Handicapped, New Delhi
- Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai
- National Institute for the Orthopaedly handicapped, Kolkata
- National Institute of Rehabilitation Training and Research, Cuttack
- National Institute for Empowerment of Persons with Multiple Disabilities, Chennai
- National Institute for Mental Health and Sciences, Bangalore
- Indian Sign Language Research and Training Centre, New Delhi

13.3.4 Concept and Approach to Inclusive Schooling

The National Policy of Education (NPE) 1986 advocated the approach of providing integrated education for children with mild disability and of special education for children with severe disability. It says:

The objective should be to integrate the physically and mentally handicapped with the general community as equal partners, to prepare them for normal growth and enable them to face life with courage and confidence.

The following measures were recommended in this regard:

i) Wherever it is feasible, the education of children with motor handicaps and other mild handicaps will be common with that of the others.

ii) Special schools with hostels will be provided as far as possible at district headquarters for the severely handicapped children.

iii) Adequate arrangements will be made to give vocational training to the disabled.

iv) Teachers Training Programme will be reoriented in particular for teachers of primary classes, to deal with special difficulties of the handicapped children.

v) Voluntary efforts for the education of the disabled will be encouraged in every possible manner.
The Salamanca (Spain) Conference modified the integrated education into “inclusive schooling” concept wherein it has been reiterated that, instead of providing special teacher in each school to deal with handicapped children (as in integrated education), the existing teacher: be enabled to handle such children by providing special training to regular teachers.

According to the RPD Act 2016 “inclusive education” means a system of education wherein students with and without disability learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities.

Check Your Progress
Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

1) Explain the importance of inclusive schooling:

...............................................................................................................
...............................................................................................................
...............................................................................................................
...............................................................................................................
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13.4 PROVISION OF FACILITIES

13.4.1 The Rights of Persons with Disabilities Act, 2016

In chapter 3 Education the Act stipulates that all educational institutions funded or recognized by appropriate Government and local authorities should provide inclusive education to the children with disabilities and towards that end shall –

i) admit them without discrimination and provide education and opportunities for sports and recreation activities equally with others;

ii) make building, campus and various facilities accessible;

iii) provide reasonable accommodation according to the individual’s requirements;

iv) provide necessary support individualized or otherwise in environments that maximize academic and social development consistent with the goal of full inclusion;

v) ensure that the education to persons who are blind or deaf or both is imparted in the most appropriate languages and modes and means of communication;

vi) detect specific learning disabilities in children at the attainment levels and completion of education in respect of every student with disability;

vii) monitor participation, progress in terms of attainment levels and completion of education in respect of every student with disability; and

viii) provide transportation facilities to the children with disabilities and also the attendant of the children with disabilities having high support needs.
Guiding Students with Special Needs

The appropriate Government and the local authorities are further required –

a) to conduct survey of school going children in every five years for identifying children with disabilities, ascertaining their special needs and the extent to which those are being met;

b) to establish adequate number of teacher training institutions;

c) to train and employ teachers, including teachers with disability who are qualified in sign language and Braille and also teachers who are trained in teaching children with intellectual disability;

d) to train professionals and staff to support inclusive education at all levels of school education;

e) to establish adequate number of resource centres to support educational institutions at all levels of school education;

f) to promote the use of appropriate augmentative and alternative modes including means and formats of communication. Braille and sign language to supplement the use of one’s own speech to fulfill the daily communication needs of persons with speech, communication or language disabilities and enables them to participate and contribute to their community and society.

g) to provide books, other learning materials and appropriate assistive devices to students with benchmark disabilities free of cost up to the age of eighteen years;

h) to provide scholarships in appropriate cases to students with benchmark disability;

i) to make suitable modifications in the curriculum and examination system to meet the needs of students with disabilities such as extra time for completion of examination paper, facility of scribe or amanuensis, exemption from second and third language courses; and

j) to promote research to improve learning.

Skill Development and Employment

Regarding the skill development and employment of persons with disability the Act mandates that the appropriate Government should formulate schemes and programmes including provision of loans at concessional rates to facilitate and support employment of persons with disabilities especially for their vocational training and self-employment.

The schemes and programmes should provide for –

a) inclusion of person with disability in all mainstream formal and non-formal vocational and skill training schemes and programmes;

b) to ensure that a person with disability has adequate support and facilities to avail specific training;

c) exclusive skill training programmes for persons with disabilities with active links with the market, for those with developmental, intellectual, multiple disabilities and autism;

d) loans at concessional rates including that of microcredit;
e) marketing the products made by persons with disabilities; and
f) maintenance of disaggregated data on the progress made in the skill training and self-employment, including persons with disabilities.

Special Provisions for Persons with Benchmark Disabilities

1) Notwithstanding anything contained in the Rights of Children to Free and Compulsory Education Act, 2009, every child with benchmark disability between the age of six to eighteen years shall have the right to free education in a neighbourhood school, or in a special school, of his choice.

2) The appropriate Government and local authorities shall ensure that every child with benchmark disability has access to free education in an appropriate environment till he attains the age of eighteen years.

3) All Government institutions of higher education and other higher education institutions receiving aid from the Government shall reserve not less than five per cent seats for persons with benchmark disabilities.

4) The persons with benchmark disabilities shall be given an upper age relaxation of five years for admission in institutions of higher education.

Activities

1) Prepare a list of special institutions for the disabled in your area.

2) Examine the facilities provided in any one of such institutions in the light of the RPD Act, 2016 and indicate whether the provisions of Act are being followed.

3) Study the Act and cull out the mandatory facilities that the schools are to provide to such students.

4) Match this list with the provisions actually being provided in the school you are working.

13.4.2 Sarva Shiksha Abhiyan (SSA)

Sarva Shiksha Abhiyan is a Government of India sponsored scheme catering to the elementary education in the country. One of the thrust areas of SSA is on providing quality inclusive education to all children with special needs in general schools, irrespective of the kind, category and degree of disability. It supports special training, in the form of school readiness programmes for Children with Special Needs(CWSN), education through special schools, home schooling and community based rehabilitation. Resource groups are constituted at State and district level for planning, management and implementation of the inclusive education programme. The inclusion of CWSN takes into consideration the physical access, social access and quality of access.

Part of the activities in physical access is identification and assessment of the CWSN. This is followed by educational placement of the CWSN in neighborhood schools, with needed support services."Special training’ is provided to the CWSN to acquire certain skills (for example, mobility training, training in Braille, sign language, postural training, etc.) to enable them to access elementary education as envisaged in the RTE Act. Special training is provided to ensure school
Guiding Students with Special Needs

preparedness of the CWSN. The special training can be home based or non residential as per the special requirements of the child. Children requiring assistive devices are provided with aids and appliances to facilitate their access to education. Removal of architectural barriers in schools is envisaged to provide easy access to the physical facilities in school by the CWSN.

Social access to CWSN includes parental training and community mobilization. Parents are given counselling and training to understand the special needs of their children and teach them basic survival skills. Another activity in social access is to orient Village Education Committee members and community leaders about disability.

Physical access mentioned earlier is important components to ensure the quality of access to CWSN. Another important component of quality access is the teaching in school. Therefore teacher training is undertaken to sensitise regular teachers on effective classroom management of CWSN. In addition to the training of regular teachers, provision is made for resource teachers/special educators for teaching special skills to CWSN. The resource teacher is posted at the block/cluster level and covers a group of schools with CWSN. Curricular access is ensured through minor adaptations in learning content, appropriate teaching learning methodologies, adaptation in learning aids, flexibility in evaluation, etc. Preparation of individualized educational plan for every CWSN in consultation with parents and experts is another activity towards quality access. Special schools are expected to act as resource centres for inclusive education and provide support to teacher training, development of training material and teaching learning material. SSA encourages research in all areas of education of children with special needs.

SSA has made provision for expenditure up to Rs. 3000/- per disabled child which could be incurred in a financial year to meet the special learning needs of such children.

13.4.3 Inclusive Education for Disabled at Secondary Stage (IEDSS)

This scheme was launched in 2009-10 and replaced the earlier scheme of Integrated Education for Disabled Children (IEDC). It provides assistance for the inclusive education of the disabled children in classes IX-XII. This scheme is now merged under the Rashtriya Madhyamik Shiksha Abhiyan (RMSA) from 2013. The objectives of the IEDSS are given below.

- Every child with disability will be identified at the secondary level and his educational need assessed.
- Every student in need of aids and appliances, assistive devices will be provided with the same.
- All architectural barriers in schools are removed so that students with disability have access to classrooms, laboratories and toilets in the school.
- Each student with disability will be supplied learning material as per his/her requirement.
• All general school teachers at the secondary level will be provided basic training to teach students with disabilities within a period of three to five years.

• Students with disabilities will have access to support services like the appointment of special educators, establishment of resource rooms in every block.

• Model schools will be set up in every state to develop good replicable practices in inclusive education.

Assistance for all the items covered in the scheme is on 100 per cent basis in accordance with guidelines for implementing the educational provisions of the PWD Act (presently replaced by the RPD Act). The scheme provides assistance for two kinds of components:

i) Student-oriented components; and

ii) Other components.

For the first group of components the scheme provides Rs.3000/- per disabled child per annum for assistance. The State Government provides a top up of Rs.600/- per child per annum towards scholarship for each child. The amount of Rs.3000/- per disabled child per annum can be spent on the following components.

i) Identification and assessment of children with disabilities

ii) Aids and appliances

iii) Learning materials like Braille textbooks, audiotapes, talking books, textbooks in large print etc

iv) Transport facilities, hostel facilities, scholarships, books, uniforms, assistive devices, support staff (readers, amanuensis)

v) Stipend for girl students with disabilities (Rs.200/- per month)

vi) Access to ICT

vii) Development of teaching learning material

viii) Support service from educational psychologists, speech and occupational therapists, physiotherapists, mobility instructors and medical experts

For the second group of non-beneficiary oriented components separate fund is provided. These components are:

i) Removal of architectural barriers

ii) Training of special/ general school teachers

iii) Orientation of principals and educational administrators

iv) Strengthening of teacher training institutions

v) Resource rooms and equipments for the resource rooms

vi) Appointment of special educators

vii) Development of model inclusive schools

viii) Research and monitoring

ix) Awareness programmes
The IEDSS scheme mandates the Boards of Examinations to make provision for adaptation of examination procedures and alternative modes of examination wherever required by children with disability according to their special needs. All concerned implementing agencies are mandated to make provisions for relaxation of rules relating to admissions, minimum or maximum age limit for admission, promotion, and examination procedures so as to facilitate access of CWSN to education. At the secondary level CWSN beyond 18 years will be supported for a period up to 4 years to help them complete secondary schooling.

13.4.4 Counselling Students with Single or Multiple Disabilities

This is rather a weak area. Counselling of parents and children is of great importance. No specific or long term courses are conducted in this particular area, though the primary teachers are exposed to some training through the SSA. The secondary school teachers are expected to receive training through the IEDSS. The teachers have a positive role in the education of the disabled students. Normally, one sympathizes with such students which have adverse effect on the psyche of the child. They are reminded time and again that they are deficient. This is not a correct approach for the development of these children. What is, therefore, important is that the teacher makes conscious efforts to understand the special needs of such students and help them overcome their learning difficulties. Teachers should also recognize the social and emotional needs of these children and help them to develop positive self-esteem. Simultaneously, in the inclusive school settings the teachers should help the peer group develop a of children with disability. Perhaps this is the most important aspect of the teacher’s role in the education of such children.

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

2) Mention the special provision in IEDSS regarding curriculum and examination system.

13.4.5 Seating Arrangements and Special Attention

In your classroom, you may have children with poor eye sight or hearing problems. You need to identify them and make them sit nearer you and the blackboard. When presenting the teaching content teachers should make use of audio and visual aids. Teachers should never speak with their back towards a child with hearing problem. Teachers should face the child and speak slowly. For the benefit of children with poor eye sight the teacher can increase the size of the letters when writing on the board or presenting a chart or map. You will also need to learn how to identify these children.
In this unit you have been familiarized with the concept of students with special needs which involves understanding different types of disability. We have discussed the Rights of Persons with Disabilities Act, 2016. There are twenty one disabilities specified in the Act. The definitions of disabilities given in the Unit would help you understand the meaning of each of these disabilities. We have further described the educational provisions mandated by the Act. Skill development and employment training are some other provisions made in the Act. The understanding of the various provisions made in the Act would help you guide your students with disability to pursue their rights. The unit also discussed the concept and approach to inclusive schooling for children with disability. Sarva Shiksha Abhiyan and the Inclusive Education for Disabled at Secondary Stage (IEDSS) are two centrally sponsored schemes catering to the education of children with disability and training of teachers for promoting inclusive education.

UNIT-END EXERCISES

1) What is impairment? How is it different from disability and handicap?
3) What is IEDSS? How is it different from SSA?
4) Find out the curricular modifications provided for children with disability in your school or any neighbourhood school.
5) Discuss with the principal of the school about the relaxation provided to children with disability in your school or any neighbourhood school.
UNIT 14  SOCIO-EMOTIONAL PROBLEMS OF STUDENTS WITH DISABILITY

Structure

14.1  Introduction
14.2  Objectives
14.3  Socio-Emotional Needs
    14.3.1  Importance of the Socio-Emotional Needs
    14.3.2  Emergence of Socio-Emotional Problems
14.4  Socio-Emotional Problems of Individuals with Disability
    14.4.1  Stigmatization and Withdrawal
    14.4.2  Emotional Problems
    14.4.3  Problems in Interpersonal Relations and Social Adjustment
    14.4.4  Communication Problems
    14.4.5  Negative Self-concept
    14.4.6  Behavioural Problems
    14.4.7  Problems in Employment
14.5  Role of Parents and Teachers
14.6  Role of a Guidance Counsellor
14.7  Let Us Sum Up
14.8  Unit-end Exercises

14.1  INTRODUCTION

This unit covers socio-emotional needs of students with disabilities. It explains the importance of these needs and the emergence of problems related to socio-emotional needs in these individuals. It also describes the types of handicaps and the role of parents, teachers and guidance counsellors in helping these students to cope up with their problems arises due to their socio-emotional development.

14.2  OBJECTIVES

After going through this unit, you should be able to:

- list and explain about the various types of handicap i.e. mental, hearing, visual and physical;
- describe the socio-emotional problems of the persons with handicap with reference to physical, visual, hearing and mental handicap;
- find out how parents and teachers should deal with the handicapped students to alleviate their problems;
- list and explain how a guidance counsellor can help the students with handicap(s) and their families.
14.3 SOCIO-EMOTIONAL NEEDS

We need a little shift in our perspective to understand the needs of the individuals with disability. Just take a few minutes to recall the last three activities you have done and then try to visualize how a disabled person would have accomplished those.

For example, imagine that you have just returned from the market after shopping. How this task would have been accomplished by a person with visual, hearing, physical or mental disability?

A person with visual impairment may have problems in finding the way, crossing the road or avoid tripping on to something. A person with hearing impairment may not be able to hear sounds of warning of oncoming vehicles. A person with physical disability may need assistance in walking and may require much longer time to cover the distance. People with intellectual disability may find it difficult to negotiate with others about their requirements. If the trip to market required use of public transport, say a bus, the problem gets more complicated. The person with sight problems would not be able to read the bus number, the person with loco-motor disability may not be able to board the bus and the intellectually disabled may not be able to articulate about his/her destination. In short, things which come to normal persons naturally are not that easy for the disabled. This leads to frustration.

Handicap due to societal system

Besides the frustration caused by the inability to perform tasks with dexterity that a normal person does, the special needs person’s misery is compounded by other factors also. One major external factor is the attitude of the society.

The attitude may vary from indifference to ridicule to isolation to acceptance.

Answer the following questions honestly to see what kinds of attitude you have towards disabled persons.

1) Do you ever feel awkward in the presence of a person with disability?
2) If you come to know that a group of people with some disability were going to be your neighbour, would it bother you?
3) Would you avoid employing a person with some disability?
4) Are you aware of the problems that people with disability may have to face in using public transport, gaining access to many public buildings or using telephones?
5) If a person with a disability was attending a social gathering, would you avoid that person?
6) Do you ever feel that you are treating a person with a disability as less than ordinary?
7) Would you pay a disabled person an extra special attention?

If your answer to any of the above questions is ‘yes’ that shows you have some negative attitude towards disabled persons which may influence your dealings with them. This will lead to additional socio-emotional problems for the individuals with disability.
In our country, the systems and public conveniences are generally designed to meet the needs of the normal persons only. Our telephones, transport, banking systems and even elevators are not designed to be used by the disabled independently. Whereas in the developed countries, the systems have been designed keeping in mind the needs of the disabled individuals. For example, the lifts in public places in advanced countries have switches that are marked with Braille for the convenience of the visually impaired. The public buses have steps which can be lowered so that even persons on wheel chair can board easily. There are special telephone instruments available for individuals with hearing problems.

Thus, the system not designed according to the special needs of the individuals causes difficulties when they use these systems. This makes daily living of people with special needs more strenuous. They encounter anxiety, fear, isolation and trauma due to a system that doesn’t respond to their needs. Thus we can say the disabled experience handicap due to the uncaring system that does not meet their needs.

Normal individuals have means at their disposal to relieve stress by way of entertainment or by indulging in other social activities. Here again the people with disability are at a disadvantage.

In the light of the above discussion, it is very necessary to understand the social and emotional needs of persons with disability. They should be seen as ‘person’ first and handicapped later.

14.3.1 Importance of the Socio-Emotional Needs

“My brother gets a pair of shoes once in 3 months I, get a pair of shoes once a year.”

“My mother takes my sister to all the parties but not me. She tells me she has to face lots of problems when I am around.”

“My mother does not allow me to play with other children in the park as other children make fun of me and call me an idiot”?

“My father keeps fighting with my mother for my weak performance in the class.”

“This disappoints me a lot.”

What do the above expressions by the disabled persons reflect?

Persons with disability have the same physiological, social and emotional needs as any other person.

All children are born with certain basic needs that must be satisfied before they can develop physically, socially or intellectually. Growth in any one of these areas is necessarily related to and influenced by growth in the others. One method of viewing social and emotional needs within this context has been formulated by Maslow (1954) who conceived of individual needs leading to psychological health as forming a hierarchy. According to his model, higher order needs such as belonging, love, self-esteem and self-actualization can only be achieved once more potent physiological and safety needs have been met. Even in the higher order needs, achievement of each level leading towards self-actualization depends upon the satisfaction of the previous level’s needs.
While the satisfaction of physical and health needs are essential to survival, emotional and social growth are vitally important for the overall development of the child. The child’s psychological growth is fostered by feeling loved or accepted by the significant people in his or her life as well as by being stimulated and active.

Physical and emotional security provides a basis for the development of trust, which allows the child to explore and examine aspects of environment and to strive towards developing a sense of self.

As it is, persons with disability have to face problems because of societal handicap, lack of attention to their social and emotional needs may compound their problems. It is therefore necessary to understand their socio-emotional problems so that they can develop their potentials to the maximum.

14.3.2 Emergence of Socio-Emotional Problems

Disability of any kind is sufficient to limit a person’s mobility in the society in a number of ways.

The sympathetic responses, the negative or hostile reactions or indifferences in behaviour shown by others influence the attitude of persons with disability towards the society. This results in the form of withdrawal, maladjustment and non participation in the social world. Disability is not only a medical matter, it is an area of social concern also. It is not an ‘objective’ thing in a person but a social value judgment. Social value judgment is quite important for one’s judgment and integration with the society and community. Society’s perception of his/her ‘deviance’ lessens the possibility of understanding his/her interests, aspirations etc. This often leads to withdrawal behaviour by persons with disability in situations which are discriminating, hostile and indifferent.

Individuals with disability cannot do certain things that are normally expected in the ordinary time available. They cannot keep up with the standards of performance and ways of behaving that are presented by the surrounding society.

This inability to do things at par with other normal individuals may cause discomfort and feeling of ‘looked down upon’ and results in a low self-esteem. This low self-esteem leads to a feeling of inferiority.

But if individuals with special needs have been regarded and treated with respect by their family and other people in close contact with them, especially during their early years, it will positively influence their ‘self image’ - their own conscious and subconscious view of themselves.

How does a child feel when faced by repeated failure? He will feel frustrated. In any child, a series of successful activities tend to build up morale and confidence, whilst a series of unsuccessful attempts leading to no recognition or reward tend to lower his confidence which may further affect his/her chance of success in future activities. For example, a child with physical disability is likely to find some of his/her sensory motor experiences such as learning to control his/her hands accurately, eye and hand coordination quite frustrating especially if his/her parents become impatient or critical of his/her efforts at using a spoon or building the blocks, etc.
The standard of performance expected of a child at a certain age is set largely from parental expectations. The child with special needs is as likely a normal child to make comparisons between his/her performance and that of children of similar age, assuming, of course, that she is not leading a very isolated existence. As a result, in addition to sensing parental dismay at his/her clumsiness, s/he is becoming aware that his/her performance is not matching up to that of other children.

A child, therefore, feels she is not keeping up to the expectations of his/her parents and it results in a poor self-image with low morale and confidence. Socio-emotional problems are thus related to what an individual with disability feels about him/herself, as discussed above. Attitudes of ‘normal’ individuals also contribute to the socio-emotional problems of persons with disability.

There is a tendency among ‘normal’ people to dwell on the problems and frustrations associated with disability to such an extent that the person with disability ceases to be regarded as an individual with his/her own personal abilities and contributions to make to the society.

People tend to generalize from the disability and attribute it to the whole individual. As one spastic child puts it “Just because my legs are wobbly, people think my mind is wobbly too”. Such a generalization is one of the primary aspects of faulty attitude towards individuals with disability.

Hence, the feelings of persons with disability about themselves and the feelings of others towards them lead to a number of socio-emotional problems.

Check Your Progress
Notes:  a) Write your answers in the space given below.
        b) Compare your answers with those given at the end of the block.

1) Mention three factors that lead to the socio-emotional problems of the individuals with disability?

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2) For the overall development of the child, fulfillment of certain needs is very essential. Mention any two of them.

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3) What is the general perception of normal person towards person with disability?

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4) State “True” or “False” in the given statements.
   a) Negative attitudes of the society towards individuals with disability lead to problems of persons with disability.
   b) An individual with disability has the same basic physiological, social, and emotional needs as a non-disabled individual.
   c) The family environment has nothing to do in determining the ‘self image’ of an individual with disability.
   d) A person with disability has strengths as well as limitations.
   e) Parents of persons with disability should have high expectations from their special children.

14.4 SOCIO-EMOTIONAL PROBLEMS OF THE INDIVIDUALS WITH DISABILITY

In this section we are going to discuss some socio-emotional problems commonly found in persons with disability.

14.4.1 Stigmatization and Withdrawal

Because of the stigma attached to disability of any kind, the individuals with disability are not accepted by the society and people try to see their disabilities instead of abilities. As a result of this, individuals with disability withdraw and remain isolated from the rest of the community. Degrees of stigma vary from place to place. In India social stigma is more as compared to developed countries. This attitude acts as a barrier in their integration into the society.

The visibility of disability, as in the case of physical and visual impairment, leads to rejection by others. Even though other factors are involved, the presence of a visible impairment appears to negatively affect the self-concept of individuals with such disability. These individuals may perceive themselves as different and not fitting in, and as a result they may withdraw from their peer contacts. The ignorance of the society towards disability may result in the non-acceptance of disabled individuals who may then withdraw and remain segregated. For example, the individuals with visual impairment do not suffer because they yearn for sight but because of the negative social attitude towards them.

The withdrawal problem of individuals with intellectual disability is also caused by the pathetic or mostly hostile attitude of society towards them which magnifies their problem and even threatens their freedom and existence.
14.4.2 Emotional Problems

You must have seen individuals with physical or visual impairment moving about in a place. What hazards do they face as compared with normal persons? The answer is obvious. The physical hazards may lead to insecurity and emotional disturbances. The effect of this is more if as a child, they encounter negative experiences at home, school and in the community.

Because the visibility of the disability attracts contemptuous attention, people try to hide their disability. It is for this reason people often resist the use of walking stick, crutches, eye glasses and hearing aids even if it leads to functional impairment. Attempts to hide the disability are sometimes made by parents who do not wish their children to be exposed to such behaviour of others or are ashamed of their deformed offspring. This leads to embarrassment for the disabled individuals, which often leads to emotional trauma. Some of the psychosomatic complaints include insomnia, reduced appetite, gradual loss of interest in life, negative attitude towards self and family, insecurity, anxiety and emotional instability.

Threatened by the demands of life and confused by the ambivalent attitudes towards themselves, the individuals with disability are likely to suffer from anxiety. Consequently they may restrict their sphere of activities, keep their aspiration low and suffer from fear of failures. The impairment imposed anxiety is therefore one of the important factors of decline in ability to cope with the demands of life. This diminished coping capability is often expressed through impulsive, compulsive and rigid behavior.

The presence of hearing impairment itself does not cause emotional problems. The problem behaviors of individuals with hearing impairment are more similar to than different from those of hearing individuals. If deafness is present from early childhood it may create considerable stress and adversely affect personality development. Because of the hearing impairment in their children, parents either do everything for them, thereby creating delay in self-dependence or neglecting their children which leads to anxiety in them.

Sometimes, because of the discriminatory treatment from parents, children with disability may develop feeling of jealousy towards their brothers and sisters who, they think, are better treated by their parents.

Among individuals with visual impairment, fear of being watched may create an emotional strain, and this fear may persist well into later life.

Since individuals with intellectual disability have fewer coping skills, stresses of daily living are greater for them. It is found that there is high incidence of emotional disturbances among persons with mild intellectual disability than in general population. They are subjected to greater stresses, frustrations and conflicts and consequently more likely to develop behavioural disorders.

Multiple disability conditions can increase an individual’s social and emotional problems. Potential for effective social functioning decreases as the number of impairment increases. In studies of individuals with intellectual disability associated with hearing and visual impairment, poor social relationships and generally maladaptive interpersonal behaviour such as aggressiveness has been reported.
14.4.3 Problems in Interpersonal Relations and Social Adjustment

The atmosphere of continued frustration and rejection at home leads to serious maladjustment. A child with disability may become bone of contention between parents who may frequently blame each other for the short comings. The disharmony between the parents and lack of acceptance by siblings make the feeling of rejection more acute for the person with disability.

Satisfactory adult relationship is largely dependent upon a satisfactory first relationship (mother and child). In the care of abblind infant mutual attraction fails to develop, which leads to adjustment problems later. Because of the deprivation and maltreatment from others, the individuals with disability may exhibit characteristics like, irritability, temper outburst, aggressiveness along with moodiness and emotional instability. The teasing and criticism of others leads to low self-esteem in the individuals with disability.

**Individuals with visual impairment** have problems with mobility, because of which their opportunities for social-interaction are affected. The acquisition of movement skills should be encouraged through games which involve activities like climbing, balancing, bouncing and soon. These activities promote sense of confidence and self-control which serve as a base for healthy social interaction.

**Individuals with intellectual disability** may be slower to incorporate values of right and wrong and to develop internal controls. As a result, they may frequently exhibit inappropriate or socially unacceptable behaviour.

**Individuals with hearing and speech impairment** have a lot of communication problems which lead to social-interaction problems.

14.4.4 Communication Problems

Major problem found among individuals with hearing impairment is of communication and the consequences of this problem are many. It leads to the problem of socialization and discipline.

Students with hearing impairment, in their early years, are more likely to experience frustrations due to not understanding or not being understood, due to which they often show temper tantrums.

In recent years, however there have been positive developments in increasing opportunities for individuals with hearing impairment. Access to computer and specially designed portable devices helps in establishing effective personal contacts.

Individuals with hearing impairment tend to have difficulties in articulation. Speech problems not only impede children’s social relationship but may also make it particularly difficult for them to make their needs known effectively. They are likely to be less flexible in acquiring social skills and in dealing with their social environment as compared to other individuals who can express discomfort, pinpoint dissatisfaction and ask questions about something they do not understand.
14.4.5 Negative Self-concept

Self-concept denotes an individual’s evaluation of his/her worth and limitations in all those aspects of which s/he is aware of. To feel that life is worth living the individual should have a positive concept about his/her self. People around us play a significant role in the formation of our self-concept.

Individuals with impairment are likely to receive cues of negative evaluation. It is reported that the persons with disability often feel that their conditions prevent others in recognizing their positive attributes.

If the teachers and parents focus only on his or her impairment by making comments such as “you can’t do this”, “it is not possible for you to achieve” etc., he/she will lack in confidence and develop a negative self-concept.

14.4.6 Behavioural Problems

Because of the faulty attitudes such as rejection, overprotection and over expectation of parents and society, children with disability develop a lot of emotional and behavioural problems such as aggression, head banging, temper tantrums etc. Societal reaction to persons with intellectual disability is more unfavorable than to persons with physical or visual impairment.

Parents and teachers should try to create a more favorable attitude i.e. an attitude of acceptance and non segregations of the children with disability. Without an appropriate attitude on the part of the society it is difficult for the parents to bring up children with disability and more difficult to allow adults to live in the society, enjoy as much independence as possible and work according to their actual capacities.

Other harmful effect of over protection is that parents do not let the individual grow up into an independent person. Adults who have been overprotected during their childhood days might be immature, insecure and mostly depend upon others for taking decision for them.

Parent’s, over expectation brings lack of confidence and insecurity in the individual. The individual may have many abilities but s/he will experience severe inferiority feelings due to critical attitudes of his/her parents.

Majority of the persons with disability could be helped to lead socially useful and independent lives if they were able to obtain proper encouragement, early stimulation and guidance.

14.4.7 Problems in Employment

Can persons with disability be employed? Persons with physical disability and other chronic health problems can enter occupations commensurate with their abilities. When adequate measures are taken to protect them, and those with whom they work from possible hazards arising from their disability, they can contribute productively.

Persons with disability are discriminated against in getting the employment. Most employers do not want to recruit persons with disability in their work force. This attitude blocks their entry in the employment markets. This also leads to lot of emotional problems.
Check Your Progress

Notes:  a) Write your answers in the space given below.
        b) Compare your answers with those given at the end of the block.

5) How does a person with disability react to the negative reactions of others?
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6) What is the main cause of social maladjustment among persons with disability?
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7) Define ‘self-concept’.
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8) What will be the consequences of overprotection of parents towards persons with disability? Mention any one.
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9) State whether the following statements as True or False.
    a) Technological advances have nothing to do with the intervention programmes for persons with physical impairment.  (T/F.)
    b) Families play an important role in the educational process of an individual with disability. (T/F)
14.5 ROLE OF PARENTS AND TEACHERS

1) The persons with disability (PWD) should be encouraged to accept their limitations without succumbing to them.

2) Parents and teachers should encourage play, talk and free imagination. Play is one of the most powerful means of socialization.

3) Considerate and unprejudiced attitudes towards the persons with disability can help them in attaining self-sufficiency and self-actualization.

4) Parents and teachers should try to make the home and school environment accessible to the PWD. For example, provisions like stairs as well as ramps, doors wide enough for wheel chairs etc.

5) The PWD do possess potentials for development as a fully independent individual. Parents and teachers should create and provide conditions for creative development of the PWD and foster their creativity.

6) Parents should accept the child’s special needs. Parents unconsciously tend to reject or punish their children with disability or develop over protective attitudes. Both rejection and over protection have negative effect on the integrated personality of the individual.

7) Parents and teachers tend to make wide generalisation about the capabilities of the PWD which are unwanted and unrealistic. Perception of the discrepancy between his/her ability and social expectations contribute to tension and discomfort to the child and consequently his/her behaviour undergoes some change.

8) As far as possible parents and teachers should try to provide as normal a life as possible to them.

9) Emotional problems should not be tackled by force or punishment. They should allow healthy and constructive expression of sexual interest and provide appropriate information to help them to understand what is helping to their body.

10) Social activities should be arranged to foster socialization in them.

11) The emotional relationship between parents, their social behavior with the child as well as with other family members form models for the child’s social behaviour. Quarrelsome and hostile parents, for example, inculcate aggressiveness and hostile behaviour in children. Emotionally unstable parents cause insecurity to children that leads to poor adjustment.

12) Emotionally well-balanced and stable family surroundings need to be provided to children with disability. This lays a foundation for the healthy social and emotional development of the child.

13) Handicapped children are either not understood or misunderstood as far as their social needs are concerned. Teachers and parents should be aware of their characteristic needs of given stages of social development which may help them to intervene more effectively.
14.6 ROLE OF A GUIDANCE COUNSELLOR

Counsellor has a role to play towards not only the person with disability but also his/her parents and other members of the family. Counsellors who work with the PWD must realize that the primary objective in counselling him/her is to help him/her recognize his/her potential for achievement. The counsellor should help the PWD learn to develop confidence in his/her abilities and to become as self-reliant as possible.

The persons with disability have as active emotional life as any other person. The counsellor should make the PWD feel that he/she can place his/her trust in the counsellor. The counsellor should remember that it is important for him/her to earn this trust, otherwise the counselling effort will not be successful. Counsellors who work with PWD should keep in mind that they have need for success and successful experiences, which should be provided to them.

Counsellors also need to work with the parents to help them understand the child to the greatest extent possible and to accept the child.

Keeping in mind the parent’s point of view, the counsellor should attempt to direct discussions to those problems that seem to be of greatest importance to the parents.

Counselling should be directed towards:

- helping them to be more objective about their child.
- helping them to learn about behaviour their child will outgrow and behaviour they can expect to continue.
- helping them to assistance ideas about handling various problems common to families of children with disability.
- advising them about the help books and pamphlets that can provide guidelines for managing PWD and making these materials available for their study.
- how to handle their child more successfully with greater acceptance, understanding and knowledge.
- aiding them in keeping the child engaged in leisure-time pursuits and other constructive activities.
- advising them regarding the community resources which are available—clinics, sheltered workshops, educational institutions, etc.

Parents go through a chain of reactions when they learn about the disability of their child. There can be feeling of shock and disbelief, denial, anger, guilt, frustration, depression, recognition and adaptation. A counsellor should be supportive in these stages.

Counsellor should involve both parents in the counselling and training of the child. The diagnostic evaluation should emphasize what the child will be able to do. The family members should be counselled in order to assist them in rising above the stigma of disability and its accompanying problems.

The counsellor should help the PWD in planning their future.
14.7 LET US SUM UP

Disability may lead to problems when the individual accepts it as a condition of inadequacy. The problems of the PWD is reinforced by the individual and social factors. Individuals with disability have the same social and emotional needs as normal individuals.

They also have the basic need to live, to be loved and accepted by others. They experience all the emotions such as joy, sadness, anger and disgust. Without satisfying basic needs no individuals, whether able or disabled, would feel that their life is worth living or meaningful.

Individuals with disability face a number of problems because of their impairment, societal attitude to disability and lack of acceptance by parents and other family members. The social stigma attached to disability forces the PWD often to withdraw into oneself. They often find difficulty in establishing interpersonal relationship. Some of them have problems in articulating their needs and concerns. The difficulties they face in day to day life may lead to certain behavioral problems which further complicate their socialization and relationship with others. Parents, counselors and teachers have a significant role in facilitating the development of persons with disability.

14.8 UNIT-END EXERCISES

1) Observe the activities of a student with disability for a week. Discuss with him/her the difficulties he/she faces every day socially and academically. Find out the attitude of the teachers, parents and the peer group towards his/her disability. Write a report in 250 words.

2) Interview parents and teachers of a student with disability studying in a secondary school. Write a report in about 250 words describing the various problems faced by them in helping the student in his/her proper development.
UNIT 15 BEHAVIOURAL PROBLEMS OF STUDENTS

Structure

15.1 Introduction
15.2 Objectives
15.3 Nature of Behaviour Problems
   15.3.1 Problems of Children
   15.3.2 Problems of Adolescents
15.4 Types of Behaviour Problem
15.5 Causes of Behaviour Problems
   15.5.1 Personal and Social Needs
   15.5.2 Effects of Maturation
   15.5.3 The Teacher and Classroom Conditions
   15.5.4 Social and Cultural Conditions
   15.5.5 Home Conditions
   15.5.6 Occasional Lapses
15.6 Suggestions for Dealing with Behavioural Problems
   15.6.1 Does Punishment Improve Behaviour?
   15.6.2 Techniques for Behaviour Management
   15.6.3 Behaviour Modification Technique
15.7 Remedial Measures
   15.7.1 Role of Teachers
   15.7.2 Role of Parents
   15.7.3 Role of Counsellors/Psychologist
15.8 Let Us Sum Up
15.9 Unit-end Exercises

15.1 INTRODUCTION

Most children have some behaviour problems at some time or the other. Behaviour problems arise from conditions within the child or from external influences, effects of which are often not noticed or understood by others. Behaviour problems range from extreme withdrawal to intense hostile aggression. In a classroom, students exhibit a range of behaviors. Teachers are required to deal with all kinds of behaviour problems in a classroom. In this unit, we shall try to understand more about the difficulties experienced by students which often result in different behavior problems. It is important for teachers and parents to develop an understanding of the factors that result in problem behavior. In this Unit we explain the nature of behavior problems and their causes. We have also discussed remedial measures and strategies for dealing with behavioral problems. The understanding you gain through reading this Unit will enable you to identify behavior problems in your students and help them in dealing with their problems and modify their behavior.
15.2 OBJECTIVES

After going through this unit, you should be able to:

- identify behaviour problems;
- distinguish between different types of behaviour problems in children and adolescents;
- explain the causes of behaviour problems;
- provide suggestions for dealing with behaviour problems of students; and
- describe the role of parents and teachers in the management of behaviour problems in students.

15.3 NATURE OF BEHAVIOUR PROBLEMS

Behaviour problems arise from external influences whose effects are not often noticed or understood by others. Often, emotional and psychological factors in apparently normal children are not readily seen or understood but are often labeled as depression, hostility, withdrawal or day dreaming to combat the stress. They may be battered and abused sexually, emotionally or physically. Most of these children are often in regular classrooms trying to cope with their problems (themselves) without being understood.

Teachers and parents are faced with the difficulty of dealing with the behaviour problems of their children. Behaviour problems of children often interfere with the learning process and are incompatible with their educational program.

It is important for teachers to understand the factors which could be responsible for the observable behavior problems of their students. Lack of understanding of the reasons behind the behaviour of the students may make the teacher react in a way which might aggravate the situation. Students with problem behavior in the classroom pose challenges for teachers.

Behaviour problems may range from extreme withdrawal to intense hostile aggression. These students, if not identified and helped during their school days would continue to have difficulties dealing with society and their problems may become progressively more serious later in life.

Students have many physical, psychological and educational needs which are basic to their growth and development. Some of these needs are listed below.

Physical needs
- proper food, clothing
- protection from pain, sickness
- time for play.

Psychological needs
- to be accepted as a unique individual
- emotional satisfaction
- constant reassurance
Behavioural Problems of Students

— affection
— help in regulating emotional responses
— help in accepting his or her gender uniqueness
— help in learning how to behave with other people.

**Educational needs**
— education that does not arouse fear
— help in studies
— warm and understanding atmosphere at school
— sense of achievement
— education to meet life’s challenges
— encouragement for new learning

All these needs are inter-related. They interact with one another and leave their imprint on the growing child.

Abraham Maslow (1970) saw human motivation as a hierarchy of needs, with the most basic being physiological needs and the highest being self-actualization. Only after basic needs are satisfied we can work on achieving higher needs.

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15.3.1 Problems of Children

Some behavioral characteristics of children are extreme shyness, fearfulness, aggression, attention seeking, hyperactive, excessively dependent, day dreaming, lying and cheating etc.

Many of these problems of children are handled by the teachers/parents by using rewards such as adult praise, treats and trinkets. However, their understanding of social situations that lead to such behaviour problems is severely limited, and they may have difficulty in comprehending how their behaviour affects children or why children behave as they do.

15.3.2 Problems of Adolescents

The period of adolescence is often marked by intense striving for independence and by rebellion directed at adult authority. Problems with parental and school
supervision, drugs and alcohol misuse, truancy, theft and sexual experimentation are common at this age. Therefore, it is not surprising that adolescents with such problems are generally reported to be suspicious of adults (including the therapist), rebellious, defiant and resistant to treatment attempts. Such unwilling adolescents may blame others for their own problems and lack motivation to change their own behaviour. Group treatment methods are often used with adolescents in order to create a less threatening and more inviting atmosphere and to attempt to enlist peers support for behaviour change. Teenagers who are primarily fearful, withdrawn, depressed or mentally confused are often given individual therapy.

### Check Your Progress

**Notes:**

a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

1) Fill in the blanks

   i) Behaviour problems arise from conditions ................................ the child or from ............... whose effects are not often understood by others.

   ii) Behaviour problems range from extreme ...................... to intense..........

   iii) According to Maslow the most basic needs of humans are ............. and the highest needs of humans are ..............

### 15.4 TYPES OF BEHAVIOUR PROBLEMS

Some of the commonly observed behaviour problems in children are described below:

1) **Classroom Disturbance**: The extent to which the child teases and torments classmates, interferes with other’s work and is quickly drawn into noise making.

2) **Impatience**: The extent to which the child starts work too quickly, is sloppy in work, is unwilling to review work and rush through work. Physically more active and restless.

3) **Disrespect-Defiance**: The extent to which the child speaks disrespectfully to teachers, resists doing what is asked of, belittles the work being done, and breaks classroom rules.

4) **Achievement Anxiety**: The extent to which the child gets upset about tests and scores and is sensitive to criticism or correction.

5) **External Reliance**: The extent to which the child looks to others for direction, requires precise direction and has difficulty making one’s own decisions.

6) **Inattentive-Withdrawn**: The extent to which the child loses attention, seems to be oblivious to what transpires in the classroom and seems difficult to reach, or is preoccupied.

7) **Irrelevant-Responsiveness**: The extent to which the child tells exaggerated stories, gives irrelevant answers, interrupts when the teacher is speaking and makes irrelevant comments during class discussion.
8) **Need for closeness to teacher**: The extent to which the child seeks out the teacher before or after class, offers to do things for the teacher, is friendly towards the teacher and likes to be physically close to the teacher.

9) **Anxiety-Depression**: The child seems to be tense with face drawn and rigid, cries easily at the smallest pretext, does not talk to anyone, doesn’t take interest in things. The child gets upset about test and test scores, sensitive to criticism or correction.

10) **Quiet and Withdrawn**: The child is withdrawn and quiet in the class, doesn’t have friends and is mostly isolated. Tends to be very self-centred, preoccupied with own thoughts and problems and disinterested in or unenthusiastic about anything else.

11) **Aggression and Violence**: A hostile or angry behaviour directed to harm or injure a person or property.

12) **Attention Deficit**: The child has difficulty in attending to tasks and instructions for any length of time. Easily distracted, fidgets excessively, has difficulty in sitting still.

13) **Truancy**: The child who is frequently absent in school for vague reasons or minor ailments.

14) **Physical Injury**: Recurrent and multiple injuries are observed for which no adequate reason is given, delay medication, spots like strap marks, bites and burns.

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**Check Your Progress**

**Notes:**
- a) Write your answers in the space given below.
- b) Compare your answers with those given at the end of the block.

2) Clarify the given statements as True or False.

   i) Behavior problems of children tend to disrupt the functioning of the classroom. (T/F)

   ii) Students academic achievement and intellectual growth is not affected by behavior problems.

   iii) A child with behaviour problems often has no friends. (T/F)

   iv) Children with behavior problems are often rejected by teachers and parents. (T/F)

   v) Children who exhibit behavior problem would have more difficulties in their later adult life. (T/F)

3) When does the behaviour become a behaviour problem?

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   ...............................................................................................................
   ...............................................................................................................
   ...............................................................................................................
   .............................................................................................................
15.5 CAUSES OF BEHAVIOUR PROBLEMS

The cause of a child’s behaviour problem is, in all probability a peculiar combination of some of the contributing factors which we shall discuss, plus, perhaps some others which we are not as yet aware of which have been overlooked.

15.5.1 Personal and Social Needs

A child’s need for attention, recognition, approval and belonging are just as real and compelling as the need for food and drink. A child deprived of attention might resort to any activity which gets him/her attention.

A child or adolescent often does not know how to get social satisfaction properly. For example, the bullv, the liar, the show off, the joker, the habitual interrupter - is probably trying to satisfy social needs.

Besides social needs, the need for self-respect, the need to feel that one is free and independent and important as an individual might be expressed by not obeying, not co-operating, playing truant, talking when he/she should be listening, or pushing when he/she should be waiting for his/her turn.

Children who are notably above or below average in mental ability often deviate from norms in order to satisfy their social and personal needs because they are not otherwise being met.

15.5.2 Effects of Maturation

Regardless of what an individual’s chronological or even mental age may be, s/he may be no more mature in self-control or human relations than an average individual some years his/her junior. Behaviour problems such as temper tantrums, negativism, boisterousness, and attention seeking are indicative of immaturity.

Other contributing factors are the individual’s physical development. A short child for example, may adopt defiant, aggressive mannerism in order to demonstrate to himself/herself as well as to others that s/he is a force to be reckoned with despite his/her shortness of stature. The fat child may try to live up to the reputation he/she has acquired as the class clown. The big child in the group may act as ring leader whenever any mischief is contemplated, for he/she too has a reputation to uphold. His/her peers expect a certain amount of unruly behaviour from him/her and she cannot afford to let them down.

15.5.3 The Teacher and Classroom Conditions

Some behaviour problems may be attributed to the teacher. It is improbable that any teacher consciously invites misconduct, but many do so inadvertently. Teachers who are sarcastic or who humiliate their students and those who are downright unfair to them earn the animosity of the students, and they become intent on seeking means for revenge.

The vacillating teacher with no set policy also contributes to students’ misbehaviour, since they try out to see what and how much they can do before the teacher demonstrates displeasure. The teacher who is easy going, who tries to be a ‘pal’ to the students, is another who practically extends the class an invitation to do as they jolly well please.
The teacher’s methodology as well as personality can contribute to the incidence of behaviour problems. If the work of the class is boring, if the interest and attention of the students cannot be held, if there is little for them to do but sit and listen or read, if the lessons are not well planned and if the ordinary matters of class routine are not well organized, if every student is not given some worthwhile task to perform, if the teacher allows discussions to get out of hand and degenerate into a number of private conversations, the teacher is helping to set up the kind of environment in which discipline problems are likely to breed and flourish.

Another aspect to be considered is the physical dimension of the classroom itself, particularly the size of the room, the number of students and the seating arrangements. The greater the number of students in the class, the less opportunity there is for anyone to obtain the attention s/he wants and needs. Second, the more crowded the room, the greater is the opportunity and temptation for a student to misbehave, if for no other reason than that there is less likelihood for his/her being singled out and watched. The crowdedness of a room might also, of course, have a bearing on the student’s physical discomfort by necessitating restrictions on bodily movement which are not conducive to normal classroom behaviors.

Sub-groups within a classroom exert a considerable influence on individual behaviour. For example, Mohan and Ram cause disturbance as soon as they are seated together. Their mutual influence seems to bring out the most undesirable qualities in each. However, if seated next to other students behaviour problem doesn’t occur.

15.5.4 Social and Cultural Conditions

Among the socio-cultural factors which have been found to contribute to the misbehaviour of children and youth are certain television shows, movies, comics and magazines in which they encounter violence, horror, sadism, disregard for principles of decency and morality. The behavior problem of adolescents is often explained in terms of the unfavourable world conditions in which they live. Discrimination, persecution and inequality of opportunities on the basis of race, cast, religion or nationality, may also contribute to problem behavior in young people.

15.5.5 Home Conditions

Various kinds of unsatisfactory home conditions are also the factors contributing to student’s misbehaviour. Children who live in broken homes due to the death of a parent, divorce, or separation or by the prolonged absence of one or both parents for business or social reasons probably lack the firm but loving parental guidance they need for satisfactory adjustment in school life. Feeling rejected they might attempt to compensate by resorting to different forms of unacceptable behaviour.

When parents and other adults in the home environment demonstrate by their words or deeds of having escaped punishment for traffic violation; when they are impudent and rude to one another; when they fail to respect each other’s rights and dignity; or when they speak ill of others, children learn to disregard social or moral conventions.

Some students have never had their share of attention and recognition, some have had too much. Those who have had their every wish catered to or never
been denied their own way become accustomed to the belief that the rest of the world exists to serve them. When such students find themselves in a situation where they are expected to perform tasks which are not immediately enjoyable or to conform to regulations for the good of the group, they do not know how to act. Children who exhibit aggression and indulge in problematic behavior often come from homes where parents are inconsistent disciplinarians, use harsh and excessive punishment, and show little love and affection for good behaviour.

15.5.6 Occasional Lapses

In some instances, none of the factors that have been mentioned above might be applicable. The explanation of the misbehaviour might be the simple fact that students were unaware of a certain regulation or that they had forgotten it, or that they did not think it would be enforced, or that they were carried away in the excitement of a moment and did something that they know they shouldn’t have done and wouldn’t if they had only stopped to deliberate before acting.

Truancy

Truancy from school can mean one of the two things:

i) the student is escaping from an intolerable situation in which the school programme brings nothing but failure, shame, disgrace and ridicule from peers, or

ii) the student is suffering from serious emotional conflicts. In either case truancy is a symptom demanding immediate attention from a psychologist or responsible adult.

Example

Sunil was one of two children living in an upper-middle class family. The parents were well educated, serious-minded people with strong religious beliefs. The father was stricter than the mother in religious and moral aspects of life. He constantly held the children to extreme difficult standards which they could not meet. Both children were bright, but they did poor work in school as a result of their feelings of inadequacy. They also became filled with anger and resentful feelings towards the parents. Sunil was made to repeat the class because of his poor academic achievements. This was a terrible blow to the sensitive child and intensified his feelings of inadequacy and resentment. He began to withdraw from school activities. Sunil’s truancy began with frequent illnesses of a minor nature that kept him out of school for a day or two at a time. Finally, he refused to go to school. The mother concealed the truancy from the father and school for a short while on the excuse of illness. She gradually realized the seriousness of Sunil’s disturbances and sought counselling from a psychologist.

These students require prompt and thoughtful attention to deal with their problems resulting from emotional disturbance and lack of emotional support from the family.

Withdrawn

Rani was in the sixth-grade. The teacher noted that she was unusually quiet, she did not speak to the other students; she did not play with them. The other students ignored her. In order to help Rani, the teacher tried giving her special tasks or making another quiet child or friendly student sit with her. Rani did her work
quietly but her social interaction was still very little. The teacher decided that it was not helping her, so called for her mother. The teacher talked to the mother about Rani’s withdrawing silent behavior. They realized that Rani’s younger sibling was getting much more attention from the parents and she was burdened with responsibility at a young age.

The teacher and mother planned ways to help Rani to be more carefree and childlike by reducing her responsibility and giving her an opportunity to have more ‘fun’. The teacher got Rani to work with other girls in creative and fun activities such as making puppets. By the end of the year Rani was still ‘shy’ but no longer the silent, solitary child she had been in the beginning of the academic year.

**Stealing**

It is a common symptom noted in certain disturbed children. For example, the teacher found Rs. 500/- missing from the students’ welfare fund. However, a few days before the teacher had heard some students talking about Romesh spending money on treating his friends to Pepsi and snacks for two evenings in a row.

The teacher was alert and put two and two together. The teacher privately confronted Romesh. After a few attempts to lie out of it, he admitted to the mistake. On inquiring into the details of Romesh’s background the teacher realized that he belonged to an average economic background but had friends from higher socio-economic standards. In order to spend like others in the group he stole the money so that he too could show off and treat his friends.

The teacher decided to make Romesh pay back the stolen money on installment plan. In three weeks Romesh paid up the debt. The teacher congratulated Romesh for the way he had stuck by his promise to make things right.

This example illustrates better the ‘making it right’ aspect of restitution than punitive measures as expulsion from school, staying after school for being bad or being sent to a juvenile detention hour. Restitution, if followed by appropriate rewards, is very effective restraining device and should not to be confused with punishment.

**Anxiety and Fear**

Anxiety elicits both maladaptive and adaptive behavior patterns. Anxiety becomes maladaptive behavior because of its intensity, duration and inappropriate expression in response to situations. Anxiety is also an adaptive function and necessity for prevention and preparation to meet various challenging situations in life, for example exams.

Anxiety is called maladaptive behaviour when it is exhibited in the form of speech problems like stuttering, stammering, unexplained physical symptoms of headache, stomachache, sleeplessness, over sensitiveness etc.

**Example**

Sonal began to stutter at the age of 10 years. She was an extremely active child, who prior to her stuttering, expressed tensions by physical signs such as twisting her face repeatedly, restlessness and other small unnecessary movements of an
involuntary nature. Her parents were critical, demanding and harsh with her. After a while, she began to have difficulty getting words out and expressing herself. Words would tumble out from her incoherently and breathlessly.

These conditions are largely correctable, but the earlier the corrective measures are taken the better. If not corrected it easily becomes habitual and remediation would take a longer time. The psychologist can help the student find out the psychological condition causing the problem, and teaching her better habits of breathing and relaxation.

**Check Your Progress**

**Notes:**

a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

4) Answer the following in brief.

i) Mention other behaviours observed by you in teenagers which could be added to the already classified behaviour.

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ii) Aggressive students are more easily identified than students who are withdrawn in nature. Why?

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5) Match the statements given in column A with column B

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Vomits and gets upset before exams</td>
<td>a) Withdrawn</td>
</tr>
<tr>
<td>ii) Does not follow what is going on in the class</td>
<td>b) Achievement Anxiety</td>
</tr>
<tr>
<td>iii) Prefers solitude and refrains from group activities</td>
<td>c) Truancy</td>
</tr>
<tr>
<td>iv) Multiple or recurrent injuries often neglected</td>
<td>d) Physically Abused.</td>
</tr>
<tr>
<td>v) Absence from the classroom</td>
<td>e) Poor Comprehension</td>
</tr>
</tbody>
</table>

6) Clarify the given statements as True or False.

i) Children often do not know how to obtain social satisfaction of their needs appropriately.  (T/F)

ii) A child may throw his books across Classroom in imitation of an observed behaviour.  (T/F)

iii) A bully is aware of his unsocial way of obtaining personal satisfaction.  (T/F)
iv) A show off is often trying to get recognition and attention. (T/F)

v) A student caught first time eating chewing gum should be punished. (T/F)

vi) A respectable home environment would attribute to a child being disrespectful to authority figures. (T/F)

7) Answer the following in 4 to 5 lines.

i) Mention any three teacher behaviour which could attribute to behaviour problems in students.

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ii) Should a teacher try to understand what is beneath the observable behaviour of the student. Why?

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iii) Why should the teacher have knowledge of kinds/types of behavioural problems?

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15.6 SUGGESTIONS FOR DEALING WITH BEHAVIOURAL PROBLEMS

15.6.1 Does Punishment Improve Behaviour?

A teacher is punishing a student whenever he consciously inflicts physical or mental pain or discomfort upon other student. An important area of misunderstanding must be clarified before we proceed further. There is a substantial qualitative difference between withholding gratification and inflicting punishment. A student may be denied the privilege of going out during recess because he has disobeyed safety rules and endangered the health of his classmates and himself. Obviously, this will cause him some discomfort. It however, differs
substantially from being whipped, purposely embarrassed in front of his peers, or forced to hold heavy books at arm’s length until exhaustion sets in.

The child’s fear of re-experiencing unpleasantness becomes the major reason for stopping the undesirable behaviour. This is a positive technique. Research shows that punishment may suppress deviant behaviour for a time, but it does not weaken the bad habit.

The only time when punishment is effective for eliminating a deviant behaviour is when a correct alternative behaviour is performed and reinforced.

Teachers who make generous use of punitive control techniques often defend their actions by saying, “It works”. What the teacher usually means is that the deviancy doesn’t occur or spread. Research corroborates the principle that the longer the duration of a punishment, the longer the punished response will be suppressed.

### 15.6.2 Techniques for Behaviour Management

Some Control Techniques that have proved effective in managing behaviour problems in the classroom are:

1) Signals such as a finger on the lips, a frown, or shaking of the teacher’s head in a disapproving way might be all that is required to get the students quietly back to their work.

2) Moving nearer to the noisy pair could remind them of the proper classroom decorum.

3) The student’s interest might be boosted if the teacher says “That’s a pretty important report you are writing. May I see how it’s coming along”?

4) Ignoring the noise for a moment might be a technique if the teacher believes that the noise will soon subside by itself.

5) Verbal clarity of a command produces results. For example, ‘John, stop drumming on your desk and get busy on those arithmetic problems’.

6) A firm control technique conveying ‘I mean it’. A serious, business like tone, walking towards students who are disrupting, or continue to stare at them until they desist: all these contribute firmness to a teacher’s efforts at control.

7) A task-focused technique dealing with noise in the ‘I hear noise in the back of this room. We will never finish learning how to do square root if that continues’.

8) Increase your repertory of techniques. Part of misbehaviour control is using the right technique at the right time since students are individuals and react in different ways.

9) Know your class leaders well. Knowing every student well decreases the possibility of discipline problem. It is important to know what things reinforce a student before you can reward him for his good behaviour.

10) The more interesting a subject can be made, the more effective a teacher’s control efforts become.
11) Encourage the students by pointing out their positive attributes.

12) Comment positively when the attention deficit student is attending appropriately to a task. Let him/her know he/she is working constructively. Praise him/her.

13) Stop disruptive behaviour in time. Do not wait until the situation is totally out of hand. Stop the act before you become angry and lose control or before the whole class gets into the act.

14) Establish limits and maintain consistent, clear ground rules. He/she knows what is appropriate or inappropriate. He/she needs to know what the consequences of his/her behaviour will be. Be consistent in following through with legitimate consequences. Threats and bribes will not work.

There are certain actions which we should avoid while dealing with students. Some such actions are listed below.

1) Using brute force
2) Accusing the student of misbehaving.
3) Comparing the student’s behaviour with that of his/her peers or siblings.
4) Arguing - you cannot win a argument with a student. Usually, you both lose.
5) Embarrassing the student in front of his/her peers or other elders.
6) Removing the student from activities she does well and enjoys doing.
7) Ridiculing the student for his/her mistakes
8) Labelling the student

Thinking through problems and alternatives in advance, as suggested here, may help to save the day for the parent/ teacher and for the student.

15.6.3 Behaviour Modification Technique

This technique is helpful for parents and teachers who wish to relate more effectively with children and to assist them to grow in the most healthy way, both physically and mentally. Major terms used in this context are:

Reinforcement

Reinforcement is a consequence following a behavior that is designed to increase the occurrence of the behavior in the future. A child will do his work neatly if each time he does so his mother/teacher lets him know how much she appreciates his efforts.

Punishment

Punishment is a consequence following a behaviour that is designed to decrease the occurrence of the behavior in the future.

Example: If a child is told to sit in a chair each time he hits his sister.

Extinction

Extinction is not - responding to a behaviour in order to decrease the occurrence of that behaviour.
Guiding Students with Special Needs

Example: A child engaging in tantrums who is not given attention by his mother (ignored) will stop having a tantrum.

**Shaping**

Shaping is the reinforcement of closer and closer approximations to the desired behaviour. Example: In helping a mother to make her excessively dependent child more independent, the procedure must be started with small initial attempts and each attempt rewarded. Each (attempt) step takes time, depending on the child’s readiness, so patience is important. As the child progresses from step to step, the reinforcement for the previous step should be eliminated.

**Consistency**

Consistency is following through with a selected approach.

Example: Each time a child gets out of bed after being put to bed, the parents need to immediately return the child to bed.

**Observation**

Observation is watching a behaviour for a specific period of time in order to determine the frequency of the behaviour’s occurrence.

Example: A child who is hyperactive and distracting to her peers; the teacher records the number of times the child having a temper tantrum.

**Recording**

Recording is the systematic record keeping of the number of times a behaviour occurs.

| Students Name: ......................................... |
| Date : ............................................... |
| 1 minute ........................................... | 2 minutes ........................................... |
| ............................................................... | ............................................................... |
| 3 minutes ........................................... | 4 minutes ........................................... |
| ............................................................... | ............................................................... |
| 5 minutes ........................................... | 6 minutes ........................................... |
| ............................................................... | ............................................................... |
| 7 minutes ........................................... | 8 minutes ........................................... |
| ............................................................... | ............................................................... |

**Figure 1:** Sample of chart by systematic record keeping of number of times a behaviour occurs
Consequence

Consequence is the event that follows the occurrence of a behaviour.

Example: A child finished his homework and is allowed to watch the T.V. programme of his interest as a reward (consequence).

Baseline

Baseline is the frequency of occurrence of a behaviour prior to intervention.

Example: An observer records the frequency of whining (inappropriate) behaviour before attempts are made to change that behaviour.

Manipulation

Manipulation is the intervention technique in order to change a behaviour.

Example: A child throws his books. In order to decrease the occurrence of this behaviour the child is placed in a chair each time he throws the book (timeout).

Check Your Progress

Notes:  a) Write your answers in the space given below.
        b) Compare your answers with those given at the end of the block.

8) Give Short Answers to the given questions.
   i) Why can’t there be one best way of dealing with behaviour problems?
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   ii) Why should punishment be least used?
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15.7 REMEDIAL MEASURES

Some of the measures that teachers, parents and counselors may take to manage behavior problems are as follows.

15.7.1 Role of Teachers

The teacher should be concerned with the total development of the students and not just the academic achievement. The teacher is in a position to make significant contributions towards the formation of healthy personalities and have opportunities and responsibilities in this regard. The teacher with a training in human behaviour and has opportunity to observe children in a classroom is in a better position to identify students with problem behaviours. Most behaviour problems of students are mild to moderate problems that can be treated effectively in the regular classroom and at home. However, severe behavior problems of students should be handled by a psychologist.

A teacher dealing with these students must be effective and creative, able to adapt curriculum materials and activities to the individual needs of the students. The teacher can help a student who has an inadequate self-image by creating psychologically safe environment in which the student can express her/himself freely without fear of rejection. By showing unconditional positive regard for the students, teachers can encourage individual students to explore her/his own positive and negative feelings freely.

If we create school and home environment in which students receive continuous love and regard, most behaviour problems would be eliminated. People value the good will and positive regard of others and will try to obtain it.

However, the primary task of the teacher dealing with behaviour problems of students is to teach them improve their social skills - helping students replace their maladaptive behaviours with more socially appropriate responses. This is often a difficult and demanding task, particularly when the teacher seldom, if ever, knows all of the factors that affect the students’ behaviour. On top of this, there are sometimes a lot of contributing factors over which the teacher can exert little or no control (for instance, the delinquent friends with whom the student associates after school). Inspite of these limitations, it does little good to bemoan the student’s past (which no one can alter) or to use all of the things in the student’s environment that cannot be changed as an excuse for failing to help the student in the classroom.

Rather than threaten, the teacher can establish logical, realistic and natural consequence and make it (hopefully) more comfortable for the student to choose the more responsible activity. Consequences need to fit the situation and be such that can be followed through. For example, “I’ll break your arm if caught stealing!” what are your choices if he does steal again?

15.7.2 Role of Parents

Adolescents are dependent primarily on their parents to socialize them, to protect them and meet their needs. Competent parents tend to develop competency in their children, and inadequate or rejecting parents may permanently disable their children. Despite the importance of adequate parenting practices, such skills are taught only informally, mostly by examples within families.
Instructions on parenting and behavioural principles might help to prevent parental mishandling of children and to promote optimal child development. Most parents seek such instructions only after their children have developed troublesome problem behaviours, not as an instructional or a preventive measure.

New directions in the prevention and treatment of children’s behaviour problems have included training programs offered for parents and self-regulation training for children. Parent training programs have become popular and proved effective in altering parent-child interactions and have positive effects on the entire family.

Self-regulation programs have been devised for impulsive, aggressive and non-compliant students. For example when the teacher tells the parent that the student is often absent from school without taking leave, indulging in stealing or is violent, parents very often find it difficult to accept this. However, non-acceptance of the undesirable behaviour would only aggravate the problem. Instead, the parents should try to understand the underlying factors that lead to such problem behaviors and sort them out or if needed seek help of a professional.

15.7.3 Role of Counsellors/Psychologist

The counsellor has two primary responsibilities, first to make sure that he or she does no further damage to the child and second, to manipulate the child’s present environment in order to cause more appropriate behaviour to develop in spite of past and present circumstances that cannot be changed. The emphasis is on the present and future, not the past and on improving the school and home environment or using community resources for the child’s benefit.

When the counsellor receives a request for assistance, would usually talk with the teacher/parent to get a first hand report and assessment of the problem of the child. Following a detailed picture and understanding of the child’s problem from the source of referral, he/she would then decide whether the particular problem of the child could be handled by the parent or teacher or herself/himself.

In case, the counsellor feels that the problem is severe she makes use of a number of diagnostic techniques in making her/his study, such as psychological tests, interviews, observations of the child, etc. The child’s physical health in some cases may also be ascertained through consultation with the parents or a physical examination.

Following the completion of the detailed study, findings will be discussed with the child’s parents and recommendations will be made to help him. The recommendation may be therapy for the child, together with counselling for one or both parents. Just as the child needs help, so do the parents in knowing how to work with the child at home. The counsellor would also discuss helpful procedures with the child’s teacher. He/She maintains a contact with the parent and teacher to check on the child’s progress after a plan of assistance has been established, determine whether the planned strategy is working with the child or it needs to be changed and further determine whether assistance is needed.

The counsellor can also address a group of teachers and explain in a general way the pupils’ difficulties and discuss methods by which teachers who come in contact with such children can help or plan a program. The counsellor can also assist the school with P.T.A. meetings or parent discussion groups.
Check Your Progress

Notes:  
a) Write your answers in the space given below.  
b) Compare your answers with those given at the end of the block.

9) Tick mark (√) the given statements as True or False.
   i) A teacher is in a better position to identify behaviour problems of students (T/F)
   ii) Mild and moderate problems can be handled effectively by parents and teachers. (T/F)
   iii) Punitive approach is better than trying to remediate the situation for the child. (T/F)
   iv) Parents and teacher can help children overcome all types of problems (T/F)
   v) A counselor needs to assess the problem of a child before working on the problem. (T/F)
   vi) A counsellor does not need the help of parents and teacher in understanding and dealing with the behavior problems of children. (T/F)

10) Give short answers to the questions given below.
   i) Mention some positive approaches teachers/parents can use to improve or correct behaviour problems.
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   ii) How can parents help their children cope with their behaviour problems?
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   iii) Why does a counsellor need to assess the behaviour of the child before planning strategies for treatment?
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15.8 LET US SUM UP

To deal effectively with behaviour problems a teacher must understand the factors and situations that lead to behaviour problems. Some of these factors are attempts to satisfy personal or social needs, the teacher and classroom conditions, home, social and cultural environment. A number of suggestions have been given for dealing with behaviour problems of children. Teachers and parents should use positive rather than punitive methods for correcting behaviour problems. Under certain conditions punishment can be effective. In deciding which type of corrective measures to employ, the teacher and parent should take into account its effects on the child’s mental health and long term effect. Corrective measures should also be suited to the individual student.

Children who have behaviour problems require the help of teachers and parents to understand and deal with them so that they can modify the behavior and are able to cope better with their academics and improve their personal life. Teachers and parents should try to identify if the cause of the behaviour problems is within the child or in the environment. For this they need to value the good and positive aspect within the person and help them modify their behaviour problem with more socially appropriate responses.

15.9 UNIT-END EXERCISES

1) Prepare a list of agencies in the community that offer services to the adolescents. Describe the services available and the procedure for making referrals.

2) Visit a school in your neighborhood and discuss with the principal and teachers about the behavior problems prevalent among some of their adolescent students. Find out the measures taken by the school to help such students.
UNIT 16  MENTAL HEALTH AND STRESS MANAGEMENT

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16.2 Objectives
16.3 Understanding Mental Health
  16.3.1 Models of Mental Health
  16.3.2 Mental Healthcare Act, 2017
  16.3.3 Impact of Mental Illness
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16.7 Let Us Sum Up
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16.9 References and Suggested Reading
16.10 Answers to Check Your Progress

16.1 INTRODUCTION

Mental health is an integral part of health. The globally accepted principle of health is “no health without mental health”. The World Health Organization supports and advocates for greater investment in mental health. Investment in mental health is significant not only in terms of human development and dignity but also in terms of social and economic development. Stress is a daily occurrence in our life. There are many factors that disrupt our mental health. Stress can also affect our mental well-being. In this Unit, we discuss the concepts of mental health and stress. Children spend a major part of their active time in school under the care of teachers. As teachers you should understand what mental health is and how mental health affects the well-being of your learners. Understanding the causes of mental health problems help you to minimize the impact of such factors and create environment that facilitates mental health of your learners. Stress in the life of your learners may originate from their personal or school context. The consequences of stress can be sometimes detrimental to the well-being of the learners. We have discussed in this Unit the sources and effects of stress and some coping strategies so that you can help your learners deal with stress in their life.

16.2 OBJECTIVES

After going through this Unit you should be able to:

- Define mental health and stress;
• Discuss different theoretical models of mental health;
• Explain the differences in the various models of mental health;
• Identify various factors that create mental health problems for learners;
• Explain the provisions of Mental Healthcare Act 2017;
• Explain the impact of mental illness;
• Describe the characteristics of mentally healthy persons;
• Develop and implement strategies for the promotion of mental health of your learners;
• Identify sources of stress in your learners’ life;
• Identify effects of stress in your learners’ life; and
• Help learners develop coping skills for managing stress.

16.3 UNDERSTANDING MENTAL HEALTH

The World Health Organization (2005) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

Whereas mental illness refers to “suffering, disability or morbidity due to mental, neurological and substance use disorders, which can arise due to the genetic, biological and psychological make-up of individuals as well as adverse social conditions and environmental factors” (WHO, 2013).

The definitions above make a distinction between mental health and mental illness. Mental health does not mean the absence of mental illness or disorders. At the same time, the prevention and treatment of mental illness or disorder will facilitate the promotion and protection of mental health.

Good mental health is important to individual functioning and well-being as it upholds the following values that are fundamental to the human conditions (WHO, 2013).

• Independent thought and action: The ability to manage one’s thoughts, emotions, feelings, behavior and interpersonal relations is fundamental to the state of well-being. The lack of capacity for independent thought and action is one of the most disabling states of human condition.

• Pleasure, happiness and life satisfaction: It would be difficult for individuals to make progress and find fulfillment in life when they are burdened with mental health problems.

• Family relations, friendship and social interaction: The capacity to engage in relationship with family members, friends, colleagues and community is an important human condition to flourish in life. Individuals who lack the capacity to form relationships and engage with others are at risk of developing mental disorders.

The pursuit of good mental health for all individuals is in the larger interest of everyone. Therefore, nurturing and upholding the core human values discussed
above should begin at an early stage in life. Teachers have a crucial role in nurturing and promoting these human values.

16.3.1 Models of Mental Health

Different theoretical models are used to understand and explain mental health. There is no definitive answer so far about the causes of mental illness or disorder. The models of mental health presented here point out that our understanding of mental health keeps evolving.

Biomedical model: According to this model, mental health is determined by an individual’s genetic disposition. This model considers mental ill-health as bodily malfunctioning and a disease of the brain. Each mental disorder is associated with a different pathology of the brain and has a different cause and origin. Thus, mental-illness is a disease and must be treated medically. The medical model movement led to the classification of mental disorders that described characteristic features of each disorder.

Normative model: In this model mental health means being above normal. Here normal is considered as the reasonable not the optimum level of functioning while above normal is considered as having mental health. This approach to mental health interpretation is based on the Diagnostic and Statistical Manual (DSM-4) of Mental Disorders published by the American Psychiatric Association. The DSM uses the Global Assessment of Functioning (GAF) scale to measure the normality and ‘above normal’ of mental health.

Psychological model: The biomedical disease model was criticized as a form of social control by use of medicine. In the psychological model, mental ill-health is “…defined in terms of dysfunctional responses to current circumstances—perhaps misperceiving or misinterpreting current reality through depressive or delusional thinking patterns, or experiencing disturbances in feeling due to echoes of unresolved past experiences intruding into the present” (Glasby & Tew p8, 2015). This model locates mental difficulties in specific emotional, cognitive and behavioral processes and takes a developmental perspective.

Social model: This model refers to the social causation approach to mental health. Here the focus is on the social factors which mean the external life experiences (as opposed to the internal life experiences in the psychological model) as the trigger leading to mental ill-health or disorder. Research evidence suggests that a range of social factors such as poverty, educational backwardness, social discrimination (for example gender, caste) or life altering experiences such as sexual abuse, being bullied/ragged in school/college increase the likelihood of people experiencing mental disorder in some form.

Psychosocial model: This model explains mental health from the perspectives of cognitive and emotional development, family environment, cultural influence, and social and economic support available to the individual. This theory takes the position that:

- Mental ill-health involves dysfunctional emotional, cognitive and behavioral processes and their interaction;
- Dysfunctional behavior may be responses to problematic life circumstances;
• Mental ill-health may reflect beliefs, attitudes and coping mechanisms that are not compatible with the present life experiences;

• Stressful personal relationship, social and economic discrimination may increase the likelihood of mental ill-health (Glasby&Tew, p9, 2015).

**Bio-psychosocial model** (Pilgrim 2002): This model views mental ill-health as resulting from the psychological and social factors interacting with the biochemical factors of the person. Thus in this model, medical diagnosis not rejected but the personal context is emphasized over the medical categorization. So, we can say this model takes an inclusive approach to mental health in both scientific and humanistic terms.

**Stress-vulnerability model:** Zubin and Spring (1977) argued that vulnerability together with stress can affect mental health. Here vulnerability means the genetic predisposition as well as life altering experiences such as childhood trauma and stress is the psychosocial factors in the life of the person. Studies have shown that genetic disposition as a lone factor had small while psychosocial stressors had more effect on mental disorder. However, the combination of genetic/biological and psychosocial factors tends to increase the possibility of mental disorder.

**Resilience model:** More recent understanding on mental health suggests that genetic predisposition and psychosocial stressors acting together always do not lead to mental disorder. This is because people learn to develop coping skills or resilience skills to deal with psychosocial stressors. The supportive psychosocial environment (family and community) around the vulnerable persons help them to develop resilient skills and thus avoiding the possibility of developing mental disorder.

The different models of mental health presented here point out that mental health is a complex issue and one particular model alone cannot explain the complexity involved. The biological, social and psychological factors and their interactions are important in understanding mental ill-health. Research has so far not been able to show one single factor or cause as the reason for mental illness.

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**Check Your Progress**

**Notes:**

a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

1) Define mental health.

2) What are the values fundamental to human conditions according to WHO?
3) Explain biomedical model of mental health.

4) State the difference between the psychological and social models of mental health.

5) State the difference between the biomedical and biopsychosocial models of mental health.

6) Explain the meaning of vulnerability in the stress-vulnerability model of mental health.

7) Genetic predisposition and psychosocial stressors acting together always do not lead to mental disorder. Why?
16.3.2 Mental Healthcare Act, 2017

The Parliament of India enacted the Mental Health Care Act, 2017 to make provisions for mental health care and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental health care and services. India has signed and ratified the Convention on Rights of Persons with Disabilities and its Optional Protocol 2006 by the United Nations. The Mental Healthcare Act 2017 is in alignment and harmony with the existing laws in the Convention.

According to this Act;

“mental illness” means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior capacity to recognize reality or the ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub-normality of intelligence.

The Act states that mental illness shall be determined in accordance with such nationally or internationally accepted medical standards (including the latest edition of the International Classification of Diseases of the World Health Organization) as may be notified by the central Government. The Act reiterates that a person with mental illness should not be classified so except for purposes directly relating to the treatment of the mental illness or in other matters as covered under this Act. The Act makes the following provisions for ensuring protection against different forces in the society.

Mental illness of a person shall not be determined on the basis of;

a) Political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status of the person;

b) Non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person’s community.

16.3.3 Impact of Mental Illness

The WHO report (2013) shows that more than 25% of all years of population lived with disability and more than 10% of the total burden of disease is attributable to mental, neurological and substance use disorders. Mental disorder can be handicapping to the individual as well as to the nation in that it affects the economic activities and production. Individuals with mental disorder may be unable to work or remain absent from work for longer period thus reducing economic productivity. If the person cannot work he becomes dependent on other family members or if he is the sole bread winner of the family, then the entire family suffers with serious consequences to the emotional, educational and economic well-being of the children. In such situations, the cycle of misery continues to the future generations without facilities for education and employment. The impact of mental disorder is adversely far reaching not only to the affected persons but also to the family members and the nation. Therefore, we should think in terms of promotion of mental health and the primary prevention of mental illness.
16.4 CHARACTERISTICS OF MENTAL HEALTH

When suffering from physical illness we are quick to accept help from service agencies. However, most people are reluctant to seek help when affected by mental health problems. This is due to the stigma attached to mental health problems. We tend to view mental health problems differently from physical health problems. People find it difficult to speak openly about mental health issues as they fear social consequences. Society considers mental health issues as a ‘weakness’. In fact, the ability to recognize one’s mental health issues and seeking help is indicative of a person’s strength rather than weakness. Let us now discuss some of the characteristics of mentally healthy persons.

- They have a positive self-concept.
- They feel good about themselves.
- They nurture a sense of personal worth.
- They can make adjustments.
- They are not overwhelmed by emotions.
- They feel secure about themselves.
- They feel secure and comfortable in a group.
- They exhibit a sense of self-respect.
- They have respect for others even if there are differences.
- They have lasting and satisfying personal relationship.
- They are not overwhelmed by success or failure in life.
- They approach and handle their problems with equanimity.
- They can think independently and solve their problems largely by themselves.
- They make their own decisions.
- They don’t blame others when things go wrong in their life.
- They have a sense of responsibility towards themselves and others.
- They can shape their environment and make adjustments when necessary.
- They set realistic goals for life.
- They have a variety of interests in life.
- They can balance their personal, professional and recreational life.
- They are self-evaluative and self-critical in a positive way.
- They know their strengths and weaknesses.
- They nurture universal values and strive to live accordingly.
- They are self-directed.
- They form their world view based on realistic perceptions.
- They can laugh at themselves and with others.

Here, we have attempted to list some of the characteristics of mentally healthy persons. You can add more characteristics of mentally healthy persons to the list given above.
Activity

1) *How many of the mental health characteristics listed above do you have?* Tick on the list. *What action you would take to promote your mental health?*

2) *Identify mental health characteristics in your learners. What action you would take to promote mental health of your learners?*

Check Your Progress

**Notes:**

a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

8) State the provision in the Mental Healthcare Act, 2017 for protecting mentally ill persons against the forces in the society.

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9) Explain the impact of mental illness.

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10) Mention some of the characteristics of mentally healthy persons.

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16.5 PROMOTION OF MENTAL HEALTH

Why is mental health promotion so important? Because the prevalence of mental problems among global population is very high and the burden of mental illness and disorder is huge and debilitating to the affected individuals, their family and the society. Although there are no definitive answers to the factors leading to mental health problems, studies have shown that infants who experience severe maltreatment exhibit clinical symptoms of post traumatic stress disorder. Studies also indicate that half of adults with mental health problems were diagnosed
before the age of 15. Prevalence of mental health problems among substantial population of children and young necessitates the promotion of mental health among these vulnerable groups. Promotion of mental health and primary prevention of mental illness have to be seen together.

The WHO (2013, p.12) advocates for undertaking the following actions by the Governments and other stakeholders:

— Provide better information, awareness and education about mental health and illness;
— Provide better (and more) health and social care services for currently underserved populations with unmet needs;
— Provide better social and financial protection for persons with mental disorders, particularly those in socially disadvantaged groups;
— Provide better legislative protection and social support for persons, families and communities adversely affected by mental disorders.

To take the cause of mental health further the WHO has developed a comprehensive Mental Health Action Plan 2013-2020 with an emphasis on promotion, prevention, treatment, rehabilitation, care and recovery. With respect to children, the action plan places emphasis on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full participation in society. The action plan recognizes that the determinants of mental health and mental disorder include both individual attributes such as the ability to manage one’s thoughts, emotions, behaviors and interactions with others as well as social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports. Depending on the latter set of mental health determinants, certain individuals and groups are at greater risk of experiencing mental health problems. One of the objectives of the action plan is to implement strategies for promotion and prevention in mental health. For realizing this objective, the action plan has put forward a multi-sector approach which includes the education sector. It advocates for the inclusion of mental health in the under graduate and graduate curriculum for developing the human resource. As mentioned earlier 50% of mental disorders in adults begin before the age of 15 years. This presents an opportunity for schools and teachers to promote mental health and prevent mental disorders. Let us discuss the role of teachers in the promotion of mental health.

### 16.5.1 Teachers and Mental Health Promotion

In its multi-sector approach to promotion and prevention of mental health the WHO action plan has envisaged important role for schools. The WHO places the position of teachers as powerful and assumes that teaching profession has a positive role to play in the promotion of mental health. Children and adolescents spend a lot of their active time in schools. They may experience mental health violations in home and community environment or in school. What can schools and teachers do to promote mental health and prevent mental disorder among children and adolescents?

— Develop and implement life skills programme.
— Provide training to counter bullying.

— Create awareness about mental health and reduce stigma attached to mental illness.

— Encourage children to report about mental health violations and seek help.

— Help parents to establish healthy child – parent relationship.

— Create awareness about and reduce exposure to harmful substance (alcohol, drugs etc) around schools.

— Pay attention to children subjected to domestic violence and take measures to prevent domestic violence against children in partnership with community leaders.

— Provide support services to children who have experienced adverse life events and help them recover from the trauma.

— Address the needs of children with parents who have mental disorders.

— Organize psychosocial support from the community for children who live with parents with mental disorder.

The psychosocial environment of the school and teacher behavior also can cause mental health problems for children. Analyze and evaluate the psychosocial environment prevailing in your school. Does it create an enabling environment for developing individual potential of all learners? Or is it that while some children thrive in the school others sidelined to the margin? Who are these children on the periphery of the school? What are those teacher behaviors that violate the mental health of the learners?

Activity

1) Reflect on the questions raised above and note down your thoughts.

2) Mention the instances when the school environment or teacher behavior caused harm to the mental wellness of the learners.

3) Recall a situation when you felt distraught because of the behavior of your teacher during school days. How did you deal with the situation?

16.5.2 Teacher Behavior

Let us examine some of the teacher behaviors that cause harm to the mental wellness of the learners.

— Labeling or branding the learners. For example, some teachers give labels such as slow learner, dull etc. to their learners.

— Always praising one or two learners and ignoring others.

— Using curricular content that may hurt the sentiments of some learners.

— Using teaching methodology that doesn’t accommodate the needs of all learners.

— Neglecting and refusing to provide additional academic input to learners who come from less resourceful background.

— Inability to recognize the psychosocial needs of learners belonging to different strata of the society. For example, the RTE Act 2009 has reserved 25% of seats for learners from economically weaker sections in a school
that otherwise cater to learners from economically forward sections of the society. When teachers ignore the psychosocial needs (for example sense of belonging) of learners belonging to EWS and do not create an inclusive environment it affects the mental wellness of these learners.

— Discounting or denigrating the identity of the learners. For example, adverse remarks about the caste, color, family background, disability etc. of the learner.

— Ignoring the unacceptable behaviors by peers towards certain learners. For example, some teachers ignore even if a learner is bullied regularly by the other.

— Not reaching out to learners who have been through traumatic situation in life.

— Passing derogatory remarks about learners or their family members who have come in conflict with law.

— Humiliating or discounting learners whose family members are affected by mental health problems.

— Humiliating and punishing certain learners in front of others while letting others go scot free for the same behavior.

— Ostracizing certain learners because of their illness, disability or for the deeds of their family members.

— Blaming it on and not reaching out to learners who are isolated by others.

What we have listed above are some of the commonly observed teacher behaviors that can cause harm to the mental health of learners. You can add to this list certain teacher behaviors you have observed around you that are harmful to the mental well-being of the learners. Sexual abuse of children and adolescent girls by teachers or school staff pose serious threat to their mental health. Some children may be at risk of sexual abuse or physical abuse at home or in the surrounding community.

What can teachers do to promote mental health and prevent mental illness and disorder among their learners?

— Teachers should identify children at risk of life altering experiences such as physical/sexual/substance abuse and train them to counter such situations.

— Teachers should help those children who have been subjected to such violations to develop coping skills.

— Teachers should desist from those behaviors as mentioned earlier which are harmful to the mental well-being of their learners.

— Teachers need to demonstrate to their learners that they care for their well-being and want to help them achieve it.

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

11) What can schools and teachers do to promote mental health of learners.

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16.6 UNDERSTANDING STRESS

Stress is a daily occurrence in our life. When we talk about stress it is usually about the stress experience of the adults. We seldom discuss the stress experienced in the life of our children. Occasionally we hear about a student committing suicide, a student stabbing a teacher to death in the classroom in front of the classmates or a student killing another student. What were they experiencing in their life before they committed such drastic actions? As teachers we should not dismiss such occurrences as sporadic and carry on with our life as usual. We should search for the malaise behind such actions of students. Were there stressful experiences and events in their life that pushed them to the brink? Adults as well as children experience stress in their daily life. Let us try to understand what stress is and how stress affects the life of children.

Stress is defined as the internal processes that occur as people try to adjust to events and situations. Stress is not a specific event but an ever-changing process in which the nature and intensity of our responses depend not only on what stressors occur but also on how we think about them and how much confidence we have in our coping skills and stress coping resources at a given time (Bernstein 2012, p.519).

The definition above states that stress is not one-time event but an ever-changing process and is experienced differently by different individuals. Let us first examine the sources of stress in our life or in the life of our children.

16.6.1 Sources of Stress

All of us experience stress in our life. In the definition we have seen that stress is the process of adjusting to the events and situations in our life. So, we can say that stress originates from events and situations in our life and how we interact with them. Generally, these events and situations are associated with or originate from a) work and organization, b) social sector and c) the self. The events and situations that create stress in our life are called stressors. In the case of students work and organization refer to study related work and school environment. We have listed below some events and situations related to learning and school
environment that create stress for students. The next source of stress refers to the social, economic and cultural contexts of the students. This may include religion, caste, language, lack of material resources, home and neighborhood environment, social and political affiliations etc. The third refers to the personal characteristics which include self-esteem, value system, abilities, internal thought processes etc.

**Activity**

*Think of the recent stressors in your life. Did B Ed entrance examination create stress for you? How does balancing your work, family life and preparing for B Ed programme affect your life? Identify stressors in the life of your students.*

In general, substantive changes in life (these are expected changes in life nevertheless eventful for example 12th board examination and end of school and beginning of University life), catastrophic events (these are sudden and unexpected events such as death of a parent or accident), daily struggles managing between home and work place, daily commuting between home and work place, serious/chronic illness, strained relationship with family members/ friends or such other events and situations in life are stressors. Let us examine some of the sources of stress in the life of school students. You can make a list of events and situations that create stress to students at school and home. We have listed below a few events and situations that create stress to students.

- Examinations in general and specially board examination.
- Managing between coaching classes for entrance exam and school schedules.
- Parental pressure to join a stream of higher education which is not the choice of the student.
- Peer competition and performance anxiety.
- Difficulty understanding a subject.
- Difficulty understanding a teacher.
- Unfriendly teachers.
- Change of school.
- Strained relationship with the peer group.
- Peer pressure to engage in unlawful activities.
- Not having friends in school.
- Difficulty commuting between home and school.
- Less material and academic resource at home.
- Strained relationship between parents.
- Separation of parents.
- Death of a parent or loved one.
- Family member seriously/chronically ill.
- Engaging in household chores and less study time at home.
- Unfriendly neighborhood where anti-social elements roam around.
— Catastrophic events such as sexual abuse, accidents, physical assault, earthquake, disastrous cyclone, terrorist attacks etc.

Many of the stressors in our life are both physical and psychological in nature. Students who prepare for class 12 board examination or common entrance examination have to endure long hours of sitting through classes, tuitions, reading at home or commuting between school, coaching center and home, thus causing a lot of physical fatigue. Simultaneously they are under severe mental strain to perform well in the examination as the examination result would hugely influence their future course of action. Board and entrance examination preparations are thus physically and psychologically taxing and stressful on students. Psychological stressors are those events that force people to change or adjust their life. If the event or situation is perceived as unpleasant or threatening it has an adverse effect on the person. For example, catastrophic events such as sudden death of a parent, sexual assault, accident and natural calamities are adverse psychological stressors as the experiences are unpleasant and life threatening. Some of the psychological stressors are the results of chronic problems in our life. Living in areas under threat of militancy, living in crime affected neighborhood, being subjected to social discrimination, prolonged serious illness, living with seriously ill family members, living in extreme poverty are some of the examples of chronic psychological stressors in our life. There are some psychological stressors that students encounter routinely and daily, for example meeting the demands of different subject teachers, sitting through a boring class or not understanding a teacher etc.

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<td><strong>Notes:</strong> a) Write your answers in the space given below. b) Compare your answers with those given at the end of the block.</td>
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<td><strong>13) Define stress.</strong></td>
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<td><strong>14) What are the sources of stress?</strong></td>
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15) What are stressors?
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16) Describe physical and psychological stressors in our life.
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16.6.2 Effects of Stress

Prior to class 10 and 12 board examinations we hear about a few incidents of suicides by students of these classes. We also hear about some students who are preparing for joint entrance examination seeking admission to engineering or medical colleges committing suicide or going through mental break down. In the activity given above, did you identify examination as one of the stressors in the life of some of your students?

The effects of stress may be manifested as physical, psychological or behavioral responses. When confronted with stressors people react differently. Some of the students enduring examination stress may respond physically for example with migraine, nausea or diarrhea. This is psychosomatic consequences of stress. Our physical responses to life threatening situations include rapid breathing, increased heartbeat, sweating and trembling. If the stressors persist for a long period, it leads to a series of physical and psychological responses.

Our psychological responses to stress may appear as emotional changes, for example when you feel the earth tremor which is a warning sign of impending earthquake you experience fear along with the physical response mentioned earlier. Sometimes the emotional changes to stress situation may be anger, frustration or anxiety. Usually emotional stress responses reduce after the stressors disappear. Preparing for board and entrance examinations is an expected event but with a long term build up to it. Hence examination related stressors persist for longer duration and many students respond psychologically with increased anxiety, changes in eating and sleeping habits, poor concentration etc. Those who do not recover emotional balance may start feeling tense, anxious, sad or irritable. The extreme effects of stress may lead to mental disorder or depression.

Another form of psychological response to stress is cognitive changes. Cognitive stress reactions affect many students when they prepare and appear for examination. Even after thorough preparation when they sit down to write the exam they cannot remember appropriate answers to the questions asked. They
most students are too anxious about the consequences of the examination. Anxious students are likely to think, “Will I remember the answers?” or “Will I get marks that get me admission in my preferred branch of study?” or “Will I fall behind my friends and score low?” or “Can I perform up to the expectations of my parents?” Such thinking impairs cognitive functioning and hinders performance in examinations. Performance anxiety creates over arousal that may interfere with attention and leads to losing the focus. Cognitive stress response is apparent when some students forget to write their name or enrollment number or entering them incorrectly.

Response to stress is manifested in our behavioral changes also. When you ask some students to read loudly in the class they start stuttering. Shaky voice, strained facial expressions and jumpiness are also behavioral responses to stress. Other behavioral responses to stress are lack of sleep, over sleeping, eating less or over eating. Under stress some people easily pick fight with others over insignificant issues. For some students schooling or preparing for examination can create long lasting stress. In the face of such severe stress they may drop out of school or examination or even commit suicide. Trying to avoid and escape from stressors people may turn to smoking, alcohol or other unhealthy substances which may give them temporary relief from stress. But such tactics deprive them from developing healthy coping skills. Aggression towards others is another common behavioral response to stressors.

16.6.3 Coping Strategies

Remaining in constant state of stress has serious consequences. We have discussed various stressors in the life of students. As teachers you must help students deal with different types of stressors in their life. People mediate with stress in different ways and adopt different styles to reduce or cope with stress. All students who prepare and appear for board examination do not end up developing mental problems or committing suicide. It depends on how you perceive an impending event as threat or challenge. Some students may think of examination as a threat and experience anxiety or lack of concentration. They start catastrophizing the consequences of the event (exam) and engage in thoughts such as, “what if I fail’ or “will I fall behind friends”. Such catastrophic thinking magnifies the stress. Students who use cognitive coping strategies take examination as a challenge. They identify negative thoughts and remove them. They set realistic goals, make plan and act accordingly. They replace negative thoughts with constructive thoughts under stress, “I will work according to the plan and do my best”. Cognitive strategies help people perceive stressors as less threatening.

Another coping style to deal with stress employed by people is seeking social support. This is emotional coping strategy. In this strategy people talk to others (family, friend or counsellor) about their stressors and seek their views and suggestions to reduce the stress.

Many students experience stresses when preparing for exam as they are always hard pressed for time. Some are unable to find enough time for reading different course subjects while some others are unable to answer all questions in the exam. For dealing with such stressors, behavioral coping strategies can be used which involve changing behavior. Developing a time management plan, locating instances where time is wasted and scheduling time for different activities help in reducing the stress.
Physical coping strategy is another style of dealing with stressors. For example, prescription drugs may be used for coping with stressors arising from catastrophic events (sudden death of a family member). However, use of drugs or alcohol can make people psychologically dependent on it and turn out to be an ineffective strategy. Progressive muscle relaxation training (refer Unit 8), yoga, exercise and meditation are some other physical coping strategies for dealing with stress.

Teachers can extend social support to students who experience stress. Your behavior as a teacher should develop confidence in students that they can approach you and seek help. Teachers should be able to identify students who are going through stressful situations and reach out to them. You can train students to develop cognitive restructuring abilities and reduce the threat perception associated with the event. Developing healthy study habits and time management skills in students will help them cope with stress resulting from academic work. At school teachers can provide opportunities for physical coping strategies for dealing with stress to their students.

16.7  LET US SUM UP

Mental health is indispensable to our well-being. To provide you an understanding of mental health we have presented definition as well as different theoretical models of mental health. The theoretical models of mental health give you the evolving picture of our understanding of mental health. We have discussed Mental Healthcare Act, 2017 which is in alignment with the United Nations Convention, 2006. Mental illness not only impacts the affected persons but also the family members and the society and manifest emotionally, socially and economically. We have described the characteristics of mentally healthy persons so that you can help learners develop these characteristics. We have discussed the importance of promotion of mental health because the prevalence of mental health problems among global population is very high. More than half the population of people with mental problems was diagnosed before the age of 14 years. This indicates the importance of teachers’ role in promotion of mental health. Next, we have discussed the concept of stress. Stress is inevitable part of our life. School going children are also affected by stress. We have described the various sources of stress in the life of students and the consequences of stress. Coping strategies to manage stress are discussed so that teachers can help students to deal with their stress.

16.8  UNIT-END EXERCISES

1) Identify mental health needs of your learners. Design a life skill programme for promoting the mental health of your learners.

2) Identify children at risk of developing mental health problems because of their social environment. Plan strategies for minimizing the impact of the social environment on their mental health.

3) Discuss with learners of different age group and find out the different stressors in their life.

4) Locate the various sources of stress in the life of your learners. How will you help them develop cognitive and behavioral strategies to cope with stress?
5) Is your behavior as a teacher one of the sources of stress in the life of your learners? Explain your strategies for eliminating your stress producing behavior and turn it into constructive mental health promoting behavior for the learners.

16.9 REFERENCES AND SUGGESTED READING


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Govt. of India, MHRD: “Minimum Levels of Learning at Primary Stage”.


Husain, M.G; Problems & Potentials of the Handicapped, Atlantic Publishers & Distributors.


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16.10 ANSWERS TO CHECK YOUR PROGRESS

Unit 13

1) Refer to sub-section 13.3.4.
2) Refer to sub-section 13.4.3.
3) Refer to section 13.4.5.

UNIT 14
1) — The disability itself
   — Attitudes of the society
   — Physical system of the country
2) — Physical and health needs
   — Emotional and social needs.
3) They tend to generalize from a disability to the whole individual.
4) a) True
    b) ‘I’true
    c) False
    d) True
    e) False
5) Withdrawal, maladjustment and non participation.
6) Continued frustration and rejection in the home and society.
7) Self-concept denotes an individual’s evaluation of his worth and limitations.
8) Delay in achieving independence.
9) a) False
    b) True

Unit 15
1) i) within, external influences
   ii) withdrawal, hostile aggression
   iii) physiological self-actualization
2) i) True, ii) false, iii) True, iv) False and v) True
3) Any recurrent or inappropriate behaviour of a child in a particular situation affecting his own well-being and that of others becomes a behaviour problem.
4) i) Poor co-ordination, short attention span, overly sensitive, submissive, fearful, unaccepted by group, no sense of fair play.
   ii) An aggressive child is one who beats, bullies, hits, screams, etc. causing pain and injury to oneself and others, while a withdrawn child is quiet, aloof, does not disturb others and often goes unnoticed and so an aggressive child is more easily identified.
5) i) b, ii) e, iii) a, iv) d, v) c.
6) i) ‘True, ii) True, iii) False, iv) True, v) False, vi) False
7) i) A teacher who is sarcastic, who humiliates pupils and who is downright unfair to them. A teacher who uses poor teaching methodology and has no control over the pupils in a class.

ii) Yes, by understanding the problem beneath, a teacher could help a child cope with this own personal troubles and thus effectively deal with the observed (expressed) behaviour problem.

iii) Knowledge of the kinds of behaviour help the teacher identify these children and assist (help) them if needed. While the knowledge of the causes of behaviour problems helps them understand the children better and handle them in an effective way-enhancing their growth.

8) i) Behaviour problems are of many different types, having different reasons and there are a number of differences among children who have behaviour problems. Therefore, there can be no one best way of dealing with these problems.

ii) Punishment is believed to do more harm in the long run, than good. And it arouses anger and resentment in the child or feelings of guilt and anxiety or unworthiness and may become submissive.

9) i) True, ii) True, iii) False, iv) False, v) True vi) False

10) i) Positive approaches teachers/parents can use are:

   a) Showing genuine love and understanding of the child and a desire to help him. Be the kind of person he can respect.

   b) Bringing the child’s misconduct to his attention in a friendly, constructive manner.

   c) Helping him understand why that behaviour is unacceptable.

   d) Offering specific suggestions for the improvement of his behaviour.

   e) Rewarding whatever progress he might make.

ii) Parents can help children by offering them a healthy home environment. Interacting more effectively with their children and using various behaviour principles (e.g. reinforcement, extinction and punishment) to increase meaningful social behaviours. Being consistent in their parenting approach and behaviours.

iii) Assessment helps the counsellor define the problem. And decide whether the adult’s complaints are valid reflections of the child’s behaviour or whether they represent more of the adult’s problems.

This would enable a counsellor to decide the kind of help, if any, needed, what should be the goal of intervention and how best that goal can be reached.

Unit 16

1) The World Health Organization (2005) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

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2) Independent thought and action: The ability to manage one’s thoughts, emotions, feelings, behavior and interpersonal relations is fundamental to the state of well-being. The lack of capacity for independent thought and action is one of the most disabling states of human condition.

Pleasure, happiness and life satisfaction: It would be difficult for individuals to make progress and find fulfillment in life when they are burdened with mental health problems.

Family relations, friendship and social interaction: The capacity to engage in relationship with family members, friends, colleagues and community is an important human condition to flourish in life. Individuals who lack the capacity to form relationships and engage with others are at risk of developing mental disorders.

3) This model considers mental ill-health as bodily malfunctioning and a disease of the brain. Each mental disorder is associated with a different pathology of the brain and has a different cause and origin. Thus, mental-illness is a disease and must be treated medically.

4) Psychological model locates mental difficulties in specific emotional, cognitive and behavioral processes and takes a developmental perspective. Social model refers to the social causation approach to mental health. Here the focus is on the social factors which mean the external life experiences (as opposed to the internal life experiences in the psychological model) as the trigger leading to mental ill-health or disorder.

5) Bio-medical model considers mental ill-health as bodily malfunctioning and a disease of the brain. In biopsychosocial model, medical diagnosis is not rejected but the personal context is emphasized over the medical categorization.

6) Here vulnerability means the genetic predisposition as well as life altering experiences such as childhood trauma.

7) This is because people learn to develop coping skills or resilience skills to deal with psychosocial stressors.

8) Mental illness of a person shall not be determined on the basis of:
   a) Political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status of the person;
   b) Non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person’s community.

9) Refer 16.3.3
10) Refer 16.4
11) Refer 16.5.1
12) Refer 16.5.2
13) Stress is defined as the internal processes that occur as people try to adjust to events and situations.
14) Refer 16.6.1

15) The events and situations that create stress in our life are called stressors.

16) Many of the stressors in our life are both physical and psychological in nature. Students who prepare for class 12 board examination or common entrance examination have to endure long hours of sitting through classes, tuitions, reading at home or commuting between school, coaching center and home, thus causing a lot of physical fatigue. Simultaneously they are under severe mental strain to perform well in the examination as the examination result would hugely influence their future course of action. Board and entrance examination preparations are thus physically and psychologically taxing and stressful on students. Psychological stressors are those events that force people to change or adjust their life. If the event or situation is perceived as unpleasant or threatening it has an adverse effect on the person. For example, catastrophic events such as sudden death of a parent, sexual assault, accident and natural calamities are adverse psychological stressors as the experiences are unpleasant and life threatening. Some of the psychological stressors are the results of chronic problems in our life. Living in areas under threat of militancy, living in crime affected neighborhood, being subjected to social discrimination, prolonged serious illness, living with seriously ill family members, living in extreme poverty are some of the examples of chronic psychological stressors in our life. There are some psychological stressors that students encounter routinely and daily, for example meeting the demands of different subject teachers, sitting through a boring class or not understanding a teacher etc.