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## Student's mental and physical health and the role of the school counsellor

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### **Abstract**

*The prevalence of mental and physical illness in children has reached an all time high, and it's a public health issue that up until recently has been widely ignored. If left undiagnosed or untreated, children's mental and physical ill health can cause a number of problems both at home and in the classroom, affecting the way children learn, behave, and handle their life. This paper discusses the salient features of mental and physical health and suggests the various roles a school counsellor can play to teach children about the parameters of good health; help children in resolving various health issues and enlighten the school community on the importance of student's good mental and physical health for optimum academic functioning.*

The World Health Organization (WHO) defined health in its broader sense in its 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Health and success in school are inextricably intertwined. Next to the family, schools are the major institution for providing instruction and experiences that prepare young people for their roles as healthy, productive adults. Good health facilitates children's growth, development and optimal learning, while education contributes to children's knowledge about being healthy. Several studies, Kolbe (1991), Hawkins et al. (1999), Pate et al. (1996),

Resnick (1997) et al. have shown that health-risk behaviours negatively affects: (1) educational outcomes and performance of students; (2) education behaviours including attendance, dropout rates, behavioural problems and degree of involvement in school activities such as homework and extra-curricular pursuits; and (3) student attitudes, including aspirations for post-secondary education, feelings about safety at school, and positive personal attitudes. Children who are sick, hungry, abused, using drugs, who feel that nobody cares or who may be distracted by family problems are unlikely to learn well.

*Well-being* integrates *mental health* (mind) and *physical health* (body) resulting in more holistic approaches to disease prevention and *health* promotion. *Mental health* is defined 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 (World Health Organization, 1948). This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Emotional well-being is defined as having high levels of positive emotions, whereas social and psychological well-being are defined as the presence of psychological and social skills and abilities that contribute to optimal functioning in daily life.

### **Student's mental health**

“**Wellness**” refers to a way of life orientated towards optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community. The Model of Wellness developed by Myers, Sweeney and Witmer (2000) consists of 5 life tasks:

The first life task, **spirituality** transcends the material aspects of life and gives a deep sense of wholeness/connectedness to the universe. Spirituality is a broad concept representing one's beliefs and morals/values, and religiosity is a narrower concept that refers to institutional beliefs and behaviours.

The second life task is **self-direction**, which is the process by which one directs, controls, manages the self in ways that are self-enhancing, within societal norms, through the following 12 subtasks. Self-direction has 12 sub-tasks: The first task towards self-direction is sense of worth which means accepting who and what one is, positive qualities along with imperfections; valuing oneself as an unique worthwhile individual. The second task

towards self-direction is having sense of control or the belief that one can usually achieve the goals one sets for oneself; having a sense of planning in life; ability to be direct in expressing one's needs (assertiveness). The third task towards self-direction is having realistic beliefs or the ability to perceive truth/reality accurately (i.e., accurate information processing), lack of unrealistic expectations/wishful thinking. The fourth task towards self-direction is emotional awareness and coping. Emotional awareness means being aware of or in touch with one's feelings; being able to experience and express one's feelings appropriately. Coping refers to the ability able to solve personal and interpersonal problems and to handle stress and conflict effectively. The fifth task towards self-direction is problem solving capacity and creativity which is being able to find solutions to difficult and complex issues and using ones imagination to find novel situations or experiences. The sixth task towards self-direction is having a sense of humour or a person's ability to say funny things and see the funny side of things in self and others. The seventh task towards self-direction is eating a nutritionally balanced healthy diet according to the body's need. The eighth task towards self-direction is exercise or physical activities carried out to sustain or improve health and fitness and prevent diseases. The ninth task towards self-direction is Self-care or taking responsibility of oneself through self-care and safety habits those are preventive in nature. The tenth task towards self-direction is stress management and self-regulation for managing with psychological and emotional turmoil. The eleventh task towards self-direction is gender identity or satisfaction with one's own gender and feeling supported in one's gender. The twelfth task towards self-direction is cultural identity or feeling of belongingness to a social group that has its own distinct culture.

The 3rd life task is **work and leisure**. Wellness comes when a person is doing exactly what they want to do in life and is comfortable and content with their personal and financial situation and future plans. Leisure refers to the perceived freedom and choice to pursue one's interest (not work) and derives pleasure from it.

The 4th life task is **friendship**. This involves all of one's social relationships that involve a connection with others, either individually or in the community, but do not have a marital, sexual, or familial commitment.

The 5th and final life task is **love**. This involves relationships that is formed on the basis of sustained, long-term, mutual trust and commitment and involves intimacy and which enhances sense of well-being.

### **The school counsellor and student mental health**

Counselling services in school provide broad based individual and group assessments, interventions, and referrals that attend to the mental, emotional and social health of students in a range of school and community settings and it contributes to the overall health of students and to the health of the school environment.

Some of the burdens students face includes inadequate basic resources such as food, clothing, housing; and a sense of security at home, at school, and in the neighbourhood. Psycho-social problems include difficult relationships at home and at school; emotional turmoil; language problems; sexual, emotional, or physical abuse; substance abuse; delinquent or gang-related behaviour; and psychopathology. In addition, crises and emergencies such as the death of a classmate or relative or natural disasters like earthquakes, floods, cyclones etc. are becoming common. Life transitions, such as the onset of puberty, entering a new school, and changes in life circumstances (moving, immigration, loss of a parent through divorce or death) also affect the health of a student.

While implementing a complete program in school the counsellors have several roles. The school counsellor has to proactively enhance awareness of mental health; promote positive healthy behaviours; and seek to remove the stigma associated with mental health issues. The school counsellor has to provide responsive services including internal and external referral procedures, short-term counselling or crisis intervention focused on mental health (e.g. grief, difficult transitions) concerns with the intent of helping the student return to the classroom by removing barriers to learning. The school counsellor has to recognize warning signs: changes in school performance (changes in grades, attendance), mood changes, complaining of illness before school, increased disciplinary problems at school, experiencing problems at home or family situation (stress, trauma, divorce, substance abuse, exposure to poverty conditions, domestic violence), communication from teachers about problems at school, and dealing with existing mental health concerns.

Apart from the above, the school counsellor has to provide school-based prevention, universal interventions and targeted interventions for students with mental health and behavioural health concerns. The school counsellor has to provide students with individual planning addressing their academic, career and social/emotional (including mental health) needs. The school counsellor has to educate teachers, administrators, parents/guardians, and community stakeholders about the mental health concerns of students, including recognition of the role of environmental factors in causing or worsening mental health issues. The school counsellor has to advocate, collaborate and coordinate with school and community stakeholders to ensure that students and their families have access to mental health services. The school counsellor has to recognize and address barriers to access mental health services and the associated stigma attached to it, including cultural barriers. The school counsellor has to adhere to appropriate guidelines regarding confidentiality, the distinction between public and private information and consultation. The school counsellor has to direct students and parents to school and community resources for additional assistance through referrals that treat mental health issues (suicidal ideation, violence, abuse and depression etc.)

### **Student's Physical Health**

School health programs can be initiated early to address six health-risk behaviours which account for nearly two-thirds of the morbidity (incidents of diseases in a particular area) and mortality (incidents of death in a particular area) in children and adolescents. These behaviours are tobacco use; unhealthy dietary behaviours; inadequate physical activity; alcohol and other drug use; sexual behaviours that may result in HIV infection, other sexually transmitted diseases or unintended pregnancy; and behaviours that may result in intentional injuries (i.e., violence and suicide) and unintentional injuries (e.g., motor vehicle crashes). The leading causes of death among adults including cardiovascular disease, cancer, and diabetes are closely linked to these health-risk behaviours often adopted from school going age.

Traditional definitions of **physical health** prior to the onset of modern medicine would have considered someone physically healthy if he or she was not stricken with a serious illness. With modern medical innovations came longer life spans, which changed the way we define physical health. Today's definition can consider everything ranging from the

absence of disease to fitness level. Physical fitness is the result of regular physical activity, proper diet and nutrition and proper rest for physical recovery. Physical wellbeing is the ability to maintain a healthy quality of life that allows us to get the most out of our daily activities without undue fatigue or physical stress. It includes taking care of our bodies and recognizing that our daily habits and behaviours have a significant impact on our overall health, wellbeing and quality of life.

There are various **components of physical fitness**. First is *agility* which is the ability to move and change direction and position of the body quickly and effectively while in control. Second is balance which is the ability to maintain equilibrium when stationary or moving (i.e. not to fall over). Third is body composition which refers to the relative amount of muscle, fat, bone, and other vital parts of the body. Fourth is cardio-vascular endurance which is the ability of the body's circulatory and respiratory systems to supply fuel during sustained physical activity. Fifth is co-ordination or the ability to control the movement of the body in co-operation with the body's sensory functions e.g. catching a ball (ball, hand and eye co-ordination). Six is flexibility which is defined as the range of mobility of the joints or the ability of the joints to move freely. Seventh is muscular strength which is the ability of the muscle to continue to perform without fatigue. Finally, speed which is the ability to move all or part of the body quickly.

**Nutrition and Diet** is an important aspect of physical health. A balanced diet should contain carbohydrates, proteins, fats, vitamins, and minerals and adequate fluid intake. Carbohydrates provide fuel to all cells, organs and tissues in the form of glucose. Some of its sources include foods such as whole grains, fruits, vegetables and legumes. Vitamins are a group of substances that are essential for overall health, normal cell function, growth and development. For e.g., Vit-A improves vision, Vit-C improves skin. Fresh fruits and vegetables contain vitamins. Fibre often referred to as roughage, is a type of carbohydrate found in plant foods that the body is not able to digest or absorb but which aids digestion and bowel movement. Wheat, corn, and rice bran are high sources of fibre. Fat helps to absorb various vitamins and gives the body essential fatty acids called linoleic and linolenic acid. The healthiest fats come from mono saturated and polyunsaturated sources such as nuts, olive oil and fish. Minerals are important for building strong bones and teeth, blood, skin, hair, nerve function, muscle and for metabolic processes that turn food into energy. Dairy products, fish, leafy green vegetables contain minerals. Proteins are nutrients that are

essential to the building, maintenance and repair of body tissues such as the skin, the internal organs and muscles. Fish, meat, poultry, eggs, cheese and other animal are rich in protein. Human *body* is composed of about 60% *water and 2 litres daily consumption of water is essential for survival.*

**Rest and sleep** is vital to maintaining good physical health. Rest and sleep is required in order to restore and rejuvenate, to grow muscle, repair tissue, and synthesize hormones. Sleep should take place in a quiet, dark environment and should last approximately 7-9 hours daily.

Gochman (1997) defined **Health Behaviour** to behaviour patterns, actions and habits that relate to health maintenance, health restoration, health improvement and protection from various diseases. health behaviours include medical service usage (e.g., regular physician visits, vaccination, screening), compliance with medical regimens (e.g., dietary, diabetic, antihypertensive regimens), and self-directed health behaviours (e.g., diet, exercise, non-smoking, moderate alcohol intake, safe sex). **Health impairing behaviours** have harmful effects on health or otherwise predispose individuals to disease like smoking, excessive alcohol consumption, mood altering drugs and high dietary fat consumption.

### **The school counsellor and student physical health**

The school counsellor should be well-versed with the common types of physical ailments that school children can have and should have sufficient knowledge about the symptoms associated with these physical ailments. Common physical ailments of school goers are fever, allergy, chicken pox, diarrhoea, constipation, common cold, conjunctivitis, ear infections , skin infections, urinary tract infections, intestinal parasites(worms), reflux (heart burn and vomiting), *gastroenteritis*, upper respiratory tract infections (lung infections) ) etc. The role of the counsellor should be to provide knowledge about physical health and encourage students to take up pro-health behaviour by educating students on nutrition, healthy food choices and regular exercises. Studies among adolescents found that physical activity is related to higher self-esteem and reduction in levels of anxiety and stress. Low levels of physical activity are associated with high-risk behaviours such as cigarette smoking and marijuana use. Studies have found that students who participate in extra-curricular programs tend to have higher grade point averages, better attendance records, lower dropout rates and fewer discipline problems

than students who don't participate in co-curricular activities in general. In case of ailing students, counsellors can take help of parents and teachers to know about questions related to the physical health of the children. Counsellors should contact a local paediatrician or family physician and plan a dialogue or panel for in-service training of school personnel. Counsellors should survey their communities to identify the invaluable resources of other individuals and groups with expertise and interest in health education (E.g. doctors, psychologists, dieticians etc.). The counsellor should collect pamphlets and audio-visual aids from national agencies (Like the National Leprosy Mission, Child Health Bureau) and make students aware of various diseases and how to keep away from them. Counsellors can hold workshops on health education in school. Counsellors should help train school personnel and parents to provide significant anecdotal information (recording of a significant incident) that is necessary while make a medical recommendation. Counsellors should review current cases to determine which problems of students require an alternate approach. Persistent or worsening symptoms call for re-assessment and a possible medical re-examination. Counsellors should encourage active student involvement or peer instruction to disseminate health information. Students generally listen to peers for advice and change if someone similar to them recommends it.

Whether a student engages in health-debilitating or health-enhancing behaviour depends on the support systems surrounding the student, including friends, peers, family, community, and schools. For example, those students who feel "connected" to schools are more likely to adopt health-enhancing behaviours (respectful and caring teachers are among the factors related to students feeling connected). In conclusion it is students with safe, nurtured, active and healthy mental and physical health will become successful learners, confident individuals who will be responsible citizens and effective contributors to the society.

### Reference

1. Camfield, L., & Skevington, S. M. (2008). On subjective well-being and quality of life. *Journal Health Psychology*, 13(6), 764-775.
2. Diener, E., Sapyta, J. J., & Suh, E. (1998). Subjective wellbeing is essential to wellbeing. *Psychological Inquiry*, 9, 33-37.



3. Gochman, D. S. (Ed), (1997). Handbook of Health Behavior Research New York, Vols. 1-4: Plenum.
4. Gysbers, N. C., & Henderson, P. (2012). Developing & managing your school guidance and counseling program (5th ed.). Alexandria, VA: American Counseling Association.
5. Hawkins, J. David; Catalano, Richard F.; Kosterman, Rick; Abbot, Robert; and Hill, Karl G. 1999. "Preventing Adolescent Health-Risk Behaviors by Strengthening Protection During Childhood." Archives of Pediatric Adolescent Medicine 153:226-234.
6. Kolbe, Lloyd J. 1991. "An Epidemiological Surveillance System to Monitor the Prevalence of Youth Behaviors That Most Affect Health." Health Education 21 (3):24-30.
7. Moore, L, Smith, C and Catford, J, (1994). Binge drinking: prevalence, patterns and policy. Health Education Research, 9, pp. 497-505.
8. Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The Wheel of Wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development*, 78(3), 251-266.
9. Pate, Russell, et al. 1996. "Associations Between Physical Activity and Other Health Behaviors in a Representative Sample of U.S. Adolescents." American Journal of Public Health 86:1577-1581.
10. Pollard, E. L., & Lee, P. D. (2003). Child well-being: A systematic review of the literature. Social Indicators Research, 61(1), 59-78.
11. Resnick, Michael, et al. 1997. "Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health." Journal of the American Medical Association 278:823-832.

