

Concept of Mental and Physical Health and the Role of the School Counsellor in Ensuring Students well-being

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Abstract

Good health contributes towards children's growth, development and enables to maximize learning, while education provides children with knowledge on how to stay healthy. Yet it is a well known fact that students face multitude of problems which affect their lives and academic achievement. This paper discusses the basic concepts of mental and physical health, wellness and well-being along with their basic components. Further this paper states the role of school counsellors in promoting and ensuring mental and physical well-being of students by removing various barriers to learning through comprehensive and supportive school counselling programs.

KEYWORDS: Health, Mental and Physical health, Well-being, Wellness, School Counselling.

Health, Well-being and Wellness

Health of the student and success in school activities are closely linked. Apart from the family, school is an important agent for providing education and experiences to young people so that they become productive as adults. Good health contributes towards children's growth, development and enables to maximize learning, while education provides children with knowledge on how to stay healthy. Studies by Gilvarry (2000), Watkins et. al, (2006), Busch et. al (2014), indicate that health-risk behaviours negatively affect educational success of students by lowering their attendance, increasing dropout rates and reduction in the amount of participation in school activities such as in doing homework or involvement in co-curricular activities; and it also reflects on student attitudes like decrease in academic motivation, feeling unsafe in school and having negative attitudes about self. Children who are unwell, hungry, abused, using drugs and who feel uncared for or are disturbed by family problems, are unlikely to learn well in school.

According to the World Health Organization (1948) health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Well-being is defined as "a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life" (VandenBos, 2015). 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). Mental health encompasses both emotional and social well-being. Emotional well-being refers to the ability to manage one's feelings, both the pleasant and unpleasant and successfully cope with the normal stresses of life, whereas social well-being refers to the ability to communicate,

develop meaningful relationships with others, and work productively and contribute to the community effectively.

“Wellness” refers to a life geared towards optimum health and well-being in which body, mind, and spirit are aligned together in such a way that the individual lives a fulfilled life in coherence with the community and nature. The Model of Wellness developed by Myers, Sweeney and Witmer (2000) consists of five life tasks. The first life task is spirituality, which means to go beyond material aspects of life and realize a deep sense of harmony with the universe. Spirituality also relates to one’s beliefs and morals/values system. The second life task is self-direction, which is the process by which one directs, regulates and manages the self in ways that are self-enhancing and in accordance with societal norms. The third life task is work and leisure. Wellness comes when a person satisfied and happy with his or her job and is content with the salary and other service conditions. Leisure refers to the freedom to pursue one’s interest (apart from work) and derive pleasure from it. The fourth life task is friendship which involves social relationships and connection with others, either individually or in the community, but which do not have a marital, sexual, or familial obligation. The fifth and final life task is love which involves an intense feeling of deep affection, trust and commitment which is formed on the basis of sustained, long-term relationship and which enhances the sense of well-being.

The second life task, self-direction is consists of twelve sub-tasks. The first sub-task is having a sense of worth which relates to acceptance of self with positive qualities along with imperfections and valuing oneself as a unique worthwhile individual. The second sub-task is having a sense of control or the faith in oneself that one can achieve his/her aims with the help of adequate planning in life. The third sub-task is having realistic beliefs or the ability to perceive truth/reality accurately (i.e., accurate information processing) and by keeping unrealistic expectations or wishful thinking at bay. The fourth sub-task is having emotional awareness or being conscious of one’s feelings so that one is being able to experience and express one’s feelings suitably and also is capable to cope and resolve stress and conflict appropriately. The fifth sub-task is having problem solving abilities so that one can effectively solve difficult and complex matters by using ones intelligence, creativity or imagination. The sixth sub-task is having a sense of humour which refers to the person’s ability to see the funny side of things in self and in others. The seventh sub-task is eating a balanced healthy diet to provide proper nutrition to the body. The eighth sub-task is undertaking physical activity to sustain health and improve physical fitness and prevent diseases. The ninth sub-task is self-care or taking care of oneself through safety habits that are preventive in nature. The tenth sub-task is stress management or making oneself competent enough to tackle the pressures in life. The eleventh sub-task is gender identity or satisfaction with one’s own gender. The final sub-task is cultural identity or the feeling of belongingness to a social group which exhibits one’s own distinct culture.

The School Counsellor and Student Mental Health

Counselling services in school addresses wide-ranging individual and group evaluation, interventions, and referrals that intend to look after the mental, emotional and social health of students in school and in community settings and it contributes to the overall well-being of the students which also enhances the school climate. Several

students face a lot of problems in their life like access to adequate basic resources such as food, clothing, shelter; or a lack of security at home, at school, or in the neighbourhood. Psycho-social plight of students include strenuous relationships at home and at school; emotional upheaval; language problems; sexual, emotional, or physical abuse; substance abuse; delinquent or gang-related behaviour; and other psychopathology. Furthermore, setbacks and crises such as the demise of a classmate or relative or natural calamities like earthquakes, floods, cyclones etc. affect student mental well-being. Changes in life, such as the onset of puberty, entering a new school, and changes in life situations (like relocation, immigration, displacement, loss of a parent through divorce or death) also affect the mental health of a student.

While executing a comprehensive mental health program in school, the school counsellor has a number of roles to play. Firstly the school counsellor has to actively foster awareness of mental health; encourage positive health behaviours; and attempt to remove the stigma associated with mental health issues among members of the school fraternity (like social isolation, discrimination or ridiculing a student who has mental health issues). Secondly, the school counsellor has to arrange for responsive services including internal and external referral procedures, short-term counselling or crisis intervention centering on mental health concerns (e.g. depression, grief, difficult transitions) with the intention of reinstating the student towards active participation in the classroom activities by removing possible obstacles to learning. Thirdly, the school counsellor needs to identify warning signs in students like changes in school performance (changes in grades, attendance), mood swings, frequent complaints of illness before school, rise in disciplinary problems at school, incidents of problems at home or in the family (like stress, trauma, divorce, substance abuse, vulnerability to poverty conditions, domestic violence etc.) or reports from teachers about a student's problematic behaviour in school. Fourthly, the school counsellor has to ensure school-based prevention (for example by spreading awareness about the ill effects of bullying, ragging, discrimination, bias, partiality etc), general and targeted interventions by way of counselling students with mental health and behavioural health difficulties. Fifthly, the task of the school counsellor is to provide students with individual planning regarding their academic, career and social/emotional (including mental health) requirements (for example guiding students on future academic areas they make take up or by enlightening students about the vocational choices they can pursue in future etc). The school counsellor can improve mental health of the students by encouraging them to adopt good study habits and by pursuing regular meditation and mindfulness. Sixthly, the school counsellor has to play an active role in educating teachers, administrators, parents/guardians, and community stakeholders about the mental health needs of students, stressing on the important impact of environmental factors in creating or aggravating mental health problems among students (like making elders aware of their behaviour, attitudes, prejudices, inter-personal relationships etc. that might affect student's mental health adversely). Seventhly, the school counsellor has to promote, unite and coordinate with the school and community mental health stakeholders (like social workers, psychologists, psycho-therapists, psychiatrists etc.) to make sure that students and their families have easy access to mental health services. Eighthly, the school counsellor has to have knowledge about and tackle

barriers to accessing mental health services and the associated stigma attached to it, including cultural barriers (for example, the school counsellor can encourage students to seek mental help through awareness program that those seeking mental help advise are 'not mad'). Ninthly, the school counsellor has to follow professional guidelines regarding confidentiality of a student in need and has to make a judicious distinction between public and private information (i.e., what to share with others and what not to regarding a particular student). Finally, the school counsellor has to help students and parents in accessing school and community resources for additional assistance if required through referrals that treat mental health issues (suicidal ideation, violence, abuse and depression etc.) by providing a database of mental health professionals (like psychologists, psycho-therapists, psychiatrists etc.) whom the student or their family can approach to solve a mental health issue of the student.

The School Counsellor and Student Physical Health

Before the discovery of modern medicine, a person was considered physically healthy if he or she did not have any serious illness. With modern medical innovations came longer life spans, which changed the definition of physical health. Modern definition of physical health ranges from the absence of diseases to fitness level. Physical fitness is the ability to respond to routine physical demands and still having enough reserve energy to cope with sudden physical challenge.

School physical health programs can be established to prevent and stop health-risk behaviours which account for nearly two-thirds of the morbidity (incidents of diseases) and mortality (incidents of death) in adolescents (Center for Disease Control and Prevention, Division of Adolescent and School Health, 2000). These behaviours include tobacco use; consuming unhealthy diet; insufficient physical activity; alcohol and other drug use; high risk sexual behaviours that may lead to 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 which include cardiovascular disease, cancer, diabetes etc. are closely linked to these health-risk behaviours often adopted from school going age.

Health Behaviour refers 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.

Physical fitness is the result of regular physical activity, proper diet and nutrition and proper rest for physical recovery. According to Heyward (2000) there are five basic components of physical fitness namely cardiovascular endurance, muscular strength, muscular endurance, flexibility and body composition; and optimal levels of all five of these components are necessary for an individual to meet their fitness needs. Cardiovascular endurance is the ability of the heart and lungs to work together to provide

the needed oxygen and fuel to the body during sustained workloads like during jogging, cycling and swimming etc. Muscular strength is the amount of force a muscle can produce say for example while lifting weights or doing bicep curls, shoulder press, bench press etc. Muscle endurance is the ability to do something over and over again for an extended period of time without getting tired, for examples doing multiple planks, multiple sit-ups, multiple push-ups etc. Flexibility refers to the range of mobility of the joints (part of the body where two or more bones meet) or the ability of the joints to move or stretch freely, for example the ability for spinal twist, forward bending, abdominal stretch, hamstring stretch etc.

An adequate, well balanced nutritious diet combined with regular physical activity and proper rest is the cornerstone of good 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., vitamin-A improves vision, vitamin-C improves skin. Fresh fruits and vegetables contain vitamins. Fiber 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 fiber. 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 sixty percent of water and two litres daily consumption of water is essential for survival. Last but not the least 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 seven to nine hours daily.

School counsellors have an important role in promoting physical health among students. 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 like 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.

Several studies on school students (Simon and Martens, 1979; Roth and Holmes, 1985; Brown and Lawton, 1986) have found that physical activity is related to higher self-esteem and reduction in levels of anxiety and stress. Studies have found that students who participate in physical activities and 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 (Shephard, 1996; Broh, 2000).

In case of ailing students, the school counsellors can take help of parents and teachers to know about questions related to the physical health of the children. School counsellors should contact a local paediatrician or family physician and plan a dialogue or panel for in-service training of school personnel. School 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 role of the school counsellor should also extend to collecting pamphlets and audio-visual aids from national agencies (Like the National Leprosy Mission, Child Health Bureau) to make students aware of various diseases and how to keep away from them. School counsellors can hold workshops on health education in school. The 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. The school 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. The school 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-enhancing or health-debilitating behaviour depends on the support systems surrounding the student which include friends, peers, family, teachers, counsellors, community etc. The school counsellor plays a pivotal role in improving academic performance and well-being of a student by identifying barriers to learning, by working with students individually or in small groups thereby helping students to work through difficult issues and stay focused in the classroom so that they feel connected to schools and can get the most out of school.

References

1. Allen, M., Burt, K., Bryan, E., Carter, D., Orsi, R., & Durkan, L. (2002). School counsellor's training for and participation in crisis intervention. *Professional School Counselling*, 6, 96-102.
2. Broh, B. A. (2002). Linking extracurricular programming to academic achievement: Who benefits and why? *Sociology of Education*, 75, 69-96.
3. Brown J.D and Lawton M. (1986) Stress and well-being in adolescence: The moderating role of physical exercise. *Journal of Human Stress*, 12, 125-31.
4. Busch, V., Loyen, A., Lodder, M., Schrijvers, A., Van Yperen, T., & De Leeuw, J. (2014). The Effects of Adolescent Health-Related Behaviour on Academic Performance: A Systematic Review of the Longitudinal Evidence. *Review of Educational Research*, 84(2), 245-274.
5. Durlak, J.A and Wells A.M (1997). Primary prevention mental health programs for children and adolescents: a meta-analytic review. *American Journal of Community Psychology*, 25,115-152.

6. Erford, B. T., Newsome, D. W., & Rock, E. (2007). Counselling youth at risk. In B. T. Erford (ed.) *Transforming the school counselling profession* (2nd ed.) (pp. 279-303). Upper Saddle River, NJ: Pearson.
7. Erickson, A., & Abel, N. R. (2013). A high school counsellor's leadership in providing school-wide screenings for depression and enhancing suicide awareness. *Professional School Counselling*, 16(5), 283-289.
8. Centers for Disease Control and Prevention, Division of Adolescent and School Health. (2000). "Assessing Health Risk Behaviors Among Young People: The Youth Risk Behaviour Surveillance System At-a-Glance. <www.cdc.gov/nccdphp/dash/yrbs/yrbsaag.htm>.
9. Gilvarry, E (2000). Substance abuse in young people. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41, 55-80.
10. Hanie, E. H., & Stanard, R. P. (2009). Students with anxiety: The role of the professional school counsellor. *Georgia School Counsellors Association Journal*, 16(1), 49-55.
11. Heyward, V. H. (2002). *Advanced fitness assessment and exercise prescription*. Champaign, IL: Human Kinetics.
12. Lockhart, E. J., & Keys, S. G. (1998). The mental health counselling role of school counsellors. *Professional School Counselling*, 1(4), 3-6.
13. McCullough, C., Huebner, E.S, & Laughlin, J.E (2000). Life events, self-concept, and adolescents' positive subjective well-being. *Psychology in the Schools*, 37, 1-10.
14. Meyers, A.; Sampson, Amy E. and Weitzman, Michael. (1991). "Nutrition and Academic Performance in School Children." *Clinics in Applied Nutrition*, 1 (2),13-25.
15. Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The Wheel of Wellness counselling for wellness: A holistic model for treatment planning. *Journal of Counselling & Development*, 78(3), 251-266.
16. Park N.(2004), The Role of Subjective Well-Being in Positive Youth Development, *The Annals of the American Academy of Political and Social Science*, 591,1, 25-39
17. Pollard, E. L., & Lee, P. D. (2003). Child well-being: A systematic review of the literature. *Social Indicators Research*, 61(1), 59-78.
18. Roth D.L and Holmes D.S. (1985). Influence of physical fitness in determining the impact of stressful life events on physical and psychological health. *Psycho-somatic Medicine*, 47, 164-73.
19. Shephard, R. J. (1996). Habitual physical activity and academic performance. *Nutrition Reviews*, 54, 32-37.
20. Simon, J.A and Martens, R. (1979). Children's anxiety in sport and non-sport activities. *Journal of Sports Psychology*, 1,160-9.
21. VandenBos, Gary R. eds. (2015). *American Psychological Association (APA) Dictionary of Psychology*. Washington DC.
22. Watkins, K., Ellickson, P., Vaiana, M., & Hiromoto, S. (2006). An update on adolescent drug use: What school counsellors need to know. *Professional School Counselling*, 10, 131.
23. WHO (1948). *Constitution of the World Health Organization*. Geneva, World Health Organization.
24. WHO (1996). *Promoting health through schools. The WHO global school health initiative*. Geneva, World Health Organization.
25. WHO (2003c). *Creating an environment for emotional and social wellbeing*. Geneva, World Health Organization.