

Developing a Mental Health Framework for North Indian Schools

Project

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Introduction

Academic institutions such as schools and universities have witnessed a soaring number of young students struggling with their depression, anxiety, and mood-swing related issues recently. National Survey of Drug Use and Health (2017), an annual, national representative of American youngsters between 12 and 17 years, showed a surge of 4.5% in depression episodes, and this figure for the youngsters between 18 and 25 has increased by 5%. In another survey, it was estimated that the percentage of students who have suffered from a depressive episode at least once is a whopping 36.8% and 41.6% may be suffering from anxiety-related problems.

The rising depression among adolescent students indeed is a cause of grave concern as it severely mars student's ability to study and, subsequently, hinders his/her growth into a productive citizen. Moreover, if depression exacerbates into some graver forms such as maniac depression, it can become a serious health hazard, and, in some cases, the patient may become suicidal and end his/her life. Overall, depression in educational campuses is a cause of concern; it demands the immediate attention of teachers and educators. Unattended depression may have a detrimental effect on a student's academic progress, his/her ability to generate employment, and his/her self-esteem. Depression may be present in varying degree of severity among students. Students displaying symptoms of some severe disorders like bipolarity, schizophrenia, and co-occurrence of two disorders (such as bipolarity and ADHD) may require immediate medical attention. However, due to the social stigma attached to psychiatric disorders and ill-prepared institutions and teachers, there is relative ignorance towards the needs of the students suffering from psychiatric disorders. According to ACHA (American College Health Association), the suicide rate among students has tripled since the 1950s. Shockingly, suicide is currently the second most common cause of death among college students.

These disturbing trends of suicides and appalling condition of preparedness in Universities and Colleges is my primary motivation to contribute in some way to this ongoing battle against psychiatric diseases. Since students spend a good chunk of their daytime in schools, therefore it may be very fruitful if the school's staff and infrastructure are employed to combat the proliferation of psychiatric diseases.

Two main approaches – medical and positive psychology – are applied to manage emotional problems and resulting psychiatric disorders in adolescent students. Medically, however, schools have a limited role to play. Schools can, at the most, assist medical professionals to dispense their treatments in a better way. Knowledge of psychiatric disorders may equip staff and parents to contribute positively in grooming and shaping the academic careers of students and help them to mature into a healthy citizen. Positive psychology is, however, fundamentally different as it focuses on providing a healthy and positive emotional environment to the students – the students, teachers, parents, and even school management cooperate in such manner as to create an atmosphere where students' mental and emotional health blossoms. This wholesome coordination between all stakeholders, referred to as the Whole School Approach in the literature, is usually administered to all the students in the institutions; therefore, it is also known as Universal Approach.

I have been of the opinion that better coordination between staff and parents can contribute immensely in developing a positive school climate which may act as a deterrent against developing stress and other psychiatric conditions in students. Moreover, parents can be informed and updated in advance if there is a likelihood of their children developing a psychiatric disorder. Such an all-round effort to curb the menace of psychiatric diseases among adolescent students may help us raise emotionally and mentally healthy citizens. During my

tenure as a teacher in my native country, I have seen many students develop severe psychiatric symptoms because teachers lack skills to acknowledge psychological and psychiatric symptoms in their initial stages. Therefore, there is an urgent need to focus on the emotional health of the students. Although research to develop a positive mental health framework is still in infancy, the models developed in different other parts of the world may be employed in conditions of North India. School authorities are recommended to use psychological scales, which are psychological questionnaires or surveys, to determine the problem areas in schools, classrooms, and students. Accordingly, solutions to the identified problems are sought. Thus, scales are tools to appraise school climate and students' emotional health.

The limited area in which this project deals with includes choosing scales to assess school climate and student mental health accurately, analyzing their results with the help of school health staff and then applying solutions in order to remove hindrances to enhance school climate in selected schools of North India. The three-tier model has been studied to provide remedial solutions to the problems identified by analyzing responses. The three-tier approach includes three stages namely, a universal stage which applies to all the students, a targeted approach which applies to students at risk of developing psychiatric symptoms and the third stage is for students who are under psychiatric treatment. Many scales or surveys have been developed by psychologists and education boards for appraising school climate. However, some scales that need to be administered to identify students at risk of developing psychiatric symptoms may need professional help. Therefore, for the proper administration of this project, employing or taking the help of staff-nurses is recommended.

Psychiatric diseases are very complicated and even medical research has not come up with definite causes of these diseases. Many factors such as genes, childhood trauma, and even

personality types can lead to psychiatric disorders. Therefore, catching symptoms early on becomes even more important as we do not know what kind of person may develop psychiatric symptoms. Healthy “school climate” is – and, should be – the most important and central factor for educators and policymakers to concentrate on because healthy emotional and the mental environment is essential for producing healthy, accountable, and responsible citizens, which is the most fundamental and principal duty of institutions. Moreover, a healthy school climate, in my view, is also a moral commitment of institutions towards parents and guardians of the students. The students who are more likely to develop psychiatric symptoms may need extra care institutions and a, sensitized and trained staff and specialized medical staff trained to handle psychiatric symptoms, often referred to as “staff nurse” can be of extreme help to mitigate the severe impact of psychiatric disorders as they can help to segregate and classify students who may likely develop – or may have yet developed in early stages – symptoms of mental disorders.

This project aims to choose the scales or surveys best suited for the cultural atmosphere of North Indian schools to administer universal and targeted approaches. The scales are likely to be put on the website so that students, their parents, and school staff may answer the questionnaires and on the website itself problem areas that are hampering the healthy emotional climate of the selected school will be shown. Thus, the project acts as a consultant to the institution's staff, management, and staff-parents relationship.

Literature Review

Introduction

Ever since the alarming rise in the mental health challenges of adolescent students is being witnessed, educators, researchers, medical authorities, and policymakers are actively considering inculcating mental health as an indispensable part of the school curricula. The mental health problems of adolescents and students have assumed tremendous dimensions which have impelled educators, professional psychiatrists, and psychologists to usher research to mitigate the impact of this new challenge. The research so far has evolved from providing symptomatic treatment to adolescents to providing a holistic environment for adolescents in schools where they can thrive mentally, emotionally, and spiritually. The research described in this paper has attempted to accommodate both these research approaches to create a comprehensive strategy and framework for the promotion of mental health in North Indian Schools. The need to have clear protocols and unambiguous chain of command for policymakers and school management on one hand and health professionals e.g. school nurses and teachers within the school's premises, on the other hand, has also been discussed.

There is limited research that has established a relationship between the mental well-being and the academic performance of the students. Grabel (2017) illustrated the concept of positive psychology, which is a divergence from "Medical psychology," in which psychology is perceived as a tool to treat symptoms of depression and stress. The core concept of the approach of psychology is to focus on the positive aspects of emotions and thought processes rather than focusing on digression from the normal path and trying to rectify those deviations. The author also cautioned against "disease ideology" which, according to them, is preventing the

constructive utilization of psychology. The author while defining the role of educational institutions stated that the aim of educational institutions is not only to impart academic knowledge to the students but also to hone their social, emotional, and psychological skills to enable them to cope with stress and anxiety, which may otherwise severely dent even their academic performance. Interventions to promote emotionally healthy behavior at the school level, therefore, are central to positive psychology in academic institutions.

Theoretical Framework

Although school climate largely remains an undefined term in the literature, as discussed above its aim is to create an atmosphere in schools where all stakeholders feel secure, comfortable, and happy and invest in the common vision of the school which is to promote education and raise constructive, creative responsible adults who do value addition to the society they live in. Fundamental features that enhance and add value to the school life are mutual respect and consensus and involvement of parents, teachers, management, and students into the common vision and mission. Therefore, developing a framework for the reduction of bullying and victimization, the correct behavioral attitude of the perpetrators and victims, and involving teachers and parents into school vision are specific goals of the project.

A whole-school intervention of the same motive and goal was designed in Chandigarh, a city in North India which was aimed to mitigate bullying and its victimization. Rana, Gupta, Malhi, Grover, and Kaur (2018) argued that a multipronged approach is helpful to contain and reduce bullying, victimization, and perpetration of bullying, and the effectiveness of the designed program was measured thereafter. This project, however, intends to develop an emotional health program; the anti-bullying program is a small but significant part of it.

This project has been broadly divided into two categories: Universal approach which includes anti-bullying, perception of the students and teachers about school climate, and the techniques used to impart education and targeted which sensitizes teachers and parents about risk students.

School Climate and Three-Tier Approach to Mental Health

Fazel, Hoagwood, Stephen, and Ford (2014) recommended integrating mental health services with the school's structural curricula to create an environment in which students' education as well as their mental health blossom. Children spend most of their time in schools' structured and organized atmosphere and there are not only academic expectations from them but their skills to manage peer relationship and their social and emotional behavior is also under scrutiny which, the authors argue, is dependent on their mental health. Furthermore, the authors proposed the development of a school-level platform that can be accessed by the students who are facing psychological difficulties.

Primarily, Fazel, Hoagwood, Stephen, and Ford discuss the process of setting up a mental health delivery system within the school's paradigm. The authors have also discussed various models available for schools and the range of professionals required and evidence-based interventions for the schools. According to Fazel, Hoagwood, Stephen, and Ford, there are broadly three models for providing mental health services within school campuses: professionals from an outside agency can be contracted to deliver their services, the school may have a mental health clinic or the clinic may have mental health as one of its units. The authors are of the opinion that the best way to provide mental health services is to employ school nurses who are assisted by specially trained school staff. This group of school employees has been referred to as

“natural supports.” However, the authors caution that since school staff is already involved in managing and providing education in the school and the additional role of delivery of mental health services would need specialized training of the school staff. Incorporation of mental health promotion along with routine school activities by training staff and thereby increasing the confidence of staff to support the mental health of students is the best way that is likely to provide good results. Furthermore, the authors advocate inclusion scales, which are psychological questionnaires or surveys specially designed to assess or measure psychological health, to screen the students at risk in schools. For better implementation of mental health interventions, the use of trained staff may be needed to administer standardized scales. However, the authors caution against the overuse of scales as they may show false positives or false negatives.

The school climate is one of the most essential concepts for developing guidelines for students' mental health for schools. Lester and Cross (2015) of the University of Western Australia have defined "school climate" as the quality and character of school life. It includes academic as well as emotional and psychological aspects of student life. Safety in school, the connectedness of the students with the school staff, and peer support are essential ingredients of the school climate. Well-knit relationship between the student and his/her teachers and the student with his/her peer usually result in positive support to emotional and psychological being of the student whereas bullying, victimization, safety concerns, and unhealthy peer relationship usually increase the frequency of anxiety, depression, and other psychological disorders among students.

At the school level, various interventions can be administered with a universal or targeted approach. Freeman (2011) mentions a three-tier approach to boost mental health in schools.

According to the author, the three-tier approach is the most scientific procedural method for developing a robust mental health program for the school environment. The first tier focuses primarily on whole school positive emotional health promotion interventions. It may include staff, parents, and student intervention programs. Second-tier intervention is to examine the groups that run the risk of falling into depression or anxiety-related disorders, and third-level interventions are of the nature of providing support to the students already suffering from depressive disorders. Tier 3 is to help students with mental health difficulties and so any intervention carried out at this level may require licensed medical professionals (psychiatrists or psychologists) who act in tandem with medical authorities. Moreover, the consent of the student and the parents to run parallel intervention is essential.

Tier 1, as suggested by Freeman, is a universal support program whose aim is to sensitize the school's staff and students towards emotional and psychological health. The author recommends hiring professional staff such as psychologists and nurses who may train school staff on mental and emotional health. Primarily, the aim of the intervention of the first tier is to increase awareness among stakeholders within the school about emotional health. Training of staff, classroom presentations, and developing emotionally healthy and positive ambience in the classroom are part of the first level.

The second level is targeted more on the students who run the risk of developing symptoms of psychiatric diseases such as anxiety and depression are taken care of at this level. At tier 2, additional interventions are provided to the students who may have psychiatric problems in the future. Additional staff such as school nurses, psychologists, and para-professional staff need to be hired to support level 2 interventions.

The principal purpose of tier 3 intervention is to provide help to the students who are already facing mental health difficulties. At this level, school staff is expected to provide parallel support that may be needed by the students who are already under psychiatric treatment. However, the intervention of tier 3 needs to be more encompassing as approval of the doctor, parents, and the student may be required before providing parallel help to the students. This research by Freeman (2011) has laid down broader levels of intervention that may be needed in order to have an emotionally healthy school climate.

Wells, Barlow, and Stewart-Brown (2003) investigated 16 school-based interventions to measure the evidence-based effectiveness of different approaches. The authors' research established that the whole school approach that is run for more than one-year yields better results than short spanned interventions that focused mostly to stop mental illness. Thus, focus on holistic universal mental health programs for a long period of time is the recommendation of the authors in their research. The authors also argue that universal mental health approaches bring positive changes in the school climate; therefore, such positive change in the school climate brings about positive changes in the mental health of the students. On the other hand, short and brief class-based interventions which focus on increasing awareness about mental health problems among students do not yield evidence-based results. The authors also discuss various methods involved in universal mental health ranging from changes in the curriculum in order to incorporate mental health at the level of the class to bringing positivity in the school climate by training staff to adopt more innovative methods to discipline students or applying some creative methods to stop bullying.

The above research of the selected interventions is focused on school climate. Although adopted methodologies of all the interventions were quite different from each other, programs mostly included:

1. Conflict resolutions (listening, negotiation, etc.)
2. Healthy social behavior and anti-social behavior
3. Increasing self-esteem among students
4. Prevention of mind-related problems such as anxiety, depression, and suicides

However, most programs did not focus on the quality of life, which includes emotional and spiritual aspects of the student's personality. Although the authors admit that student's ability to enjoy school life is an important ingredient of the school climate. Moreover, the authors listed in the above review have not analyzed targeted approaches for mental health in the schools and their results viz-a-viz the universal approach. Even within the scope of the school-based universal approach, the interventions in the research conducted by Wells, Barlow, and Stewart-Brown did not have the same parameters; therefore, results of the interventions could not be quantified.

Instruments to Appraise School Climate

Most universal approaches to mental wellness aim at improving school climate. Therefore, it is essential to understand and measure school climate. Various instruments are available for this purpose; Voight and Hanson (2012) in their research discussed various instruments which may have two types of questionnaires that focus on institutional structure and safety of the school and other type of questions that focus on the behavior of students. The authors made a comparative analysis of 20 instruments which included instruments both created

by the researchers in the universities as well as by the private groups. In order to study scales, the scales were arranged in a tabular form and were analyzed by subdividing them into subscales such as classroom environment, parent involvement, and bullying (for example). Some scales included items which are not part of the school environment also and to measure the internal consistency of scales and subscales of Cronbach's coefficient was measured. The authors extensively discussed all 20 scales in their review; however, among these, CGPLS (Creating a Great Place to Learn Survey), CSC (California School Climate), HLS (Health and Learning Survey), DSCS (Delaware School Climate Surveys), and SCS (Student Climate Survey) need special mentioning because of their high reliability, and high Alpha Coefficient, which measures internal consistency and good psychometric properties. DSCS is, for example, a useful instrument to measure school climate. It is subdivided into three separate surveys which include: parents, staff, and students. DSCS has particularly been used to measure aspects of school climate that are the focus of anti-bullying programs. There are 75 items in the student survey, 68 items in the staff version and parent version have 43 items.

Bear et al. (2016) while explaining attractive features of DSS (Delaware School Surveys) talk about different scales included in DSS and schools, in accordance with their needs, can use one or more surveys to enrich school's mental health environment. The philosophical and theoretical framework of DSCS hinges on two components: responsiveness and demandingness. Responsiveness means teachers are expected to be responsive to the emotional needs of the students and demandingness means teachers should lay down their disciplinary rules clearly with minimum confusion.

Students who get a more supportive and comfortable environment in their classroom from their teachers are less likely to engage in oppositional and disruptive behavior. Survey

questions that represent a comfortable teacher-student relationship are about the sensitivity of teachers to the emotions of the students. Moreover, students who feel rejected by their peers are more likely to show disruptive behavior. Such students tend to avoid school and show more aggressive behavior. Also, better teacher home communication is likely to reflect as better emotional, academic, and better behavioral outcomes for students.

Ramelow, Currie, and Puig (2015) appraised around 12 instruments from the USA, China, Turkey, Romania, and Australia. The authors argue that although there are many scientifically and psychometrically sound instruments which are being used as diagnostic tools by the schools, a widely accepted instrument to appraise the school environment is still wanting. Most schools, the authors warn, use homemade and psychometrically improper instruments which could be counterproductive to the whole exercise of measuring the school environment. The authors have named two scales namely WHITS (What is Happening in the School) and QSCCA (Questionnaire of School Climate Connected to Assessment) which adopt a multilevel approach to have a record of variation within and between different schools. Moreover, the authors also found out that most scales were not based on any sound theoretical model. The two of the four domains viz., relationships, safety, teaching and learning, and structure inclusion criteria adopted by the researchers, but it was found out that no instrument considered all four criteria. Also, it was discovered that unequal coverage was not given to all four domains which, according to the authors, brings imbalance in the scales. All the instruments that were selected by the authors were applied on the whole – school level and may not be applicable to classroom levels. The authors also found out most instruments were unusually lengthy and it was difficult for the students and the teachers to complete the scale questions in a short period of time.

A Targeted Approach to Mental Health in Schools

Timely detection of the symptoms of psychiatric difficulties is the key to targeted intervention in the schools. Schulte-Korne (2016) emphasized the need of proper screening of the students at risk, teachers training by professional psychologists, and evidence-based interventions to prevent deterioration of psychiatric symptoms. Further, the author, while citing the whopping percentage of adolescents suffering from mental health difficulties (10% globally), brought attention to the aggravating problem of psychiatric diseases among adolescents. Primarily, school-going adolescents suffer from anxiety, depression, and hyperkinetic disorders. However, a large percentage of students with psychiatric symptoms remain undiagnosed which has become a huge health problem internationally.

The author stresses the need of pedagogy and medicine to work together to take up the challenge of rising mental disorders among students. There is a need to have professional staff in the schools who work in tandem with the teachers to know behavioral problems that may arise in the students. As students spend a lot of time in school, it is very important to involve schools in mental health programs. Furthermore, the author, based on anecdotal evidence, argues that it is very likely that school-going students nowadays are subjected to a mentally taxing environment. Thus, schools can and, should help their students immensely by properly taking the following steps: screening, preventive measures, changes in class and school atmosphere, and advanced training of teachers to understand and intervene if they suspect mental health difficulties with the children.

Instruments for Screening Students at risk in schools

Screening is the most important step that school authorities may administer to get an idea about the mental health difficulties with the children. Therefore, trained teachers and

professional psychologists may be needed to prejudge students with mental health difficulties. Schulte-Korne mentions SDQ (The Strength and Difficulties Questionnaire) as an effective instrument to screen students with mental health difficulties. SDQ has shown high reliability in screening students with anxiety, hyperkinetic, and depressive disorders. It has been observed that symptoms of children are more likely to be observed in the classroom set up by the teachers than their parents; however, the author recommends synthesis of the results of the psychological questionnaires both from the parents and teachers before reaching any conclusion.

Although "Mental Health Programs" are becoming popular world-over at the universal and targeted levels, and yet their proper implementation is still a huge challenge for schools as well as medical authorities. The possible reasons why school authorities face such hardships could be a lack of clear guidelines, lack of instruction manuals, insufficient training, and lack of clear objectives. Furthermore, the universal intervention programs that are focused on reducing bullying or to screen victims of bullying show very limited impact unless these interventions are combined with the interventions that are targeted at the students who are at the risk of any kind of mental disorder. Furthermore, Schulte-Korne recommends that the sustained implementation of mental health programs, quality assurance, proper training to the staff, and employing scientifically designed screening tools are extremely necessary to obtain measurable results that show positive improvements in the school climate.

Stone et al. (2015) report that the SDQ is one of the most used instruments to gauge mental health among the students of age between 4 to 7. Although it has high reliability, validity, internal consistency, and psychometric properties, it still has not been scientifically fully tested as an instrument. It may show fake positives or fake negative results but has still gained acceptability as an effective instrument by the scientific community. SDQ instrument contains 25

items which are divided into 5 subscales. This instrument aims to scan emotional symptoms, conduct problems, hyperactivity disorders, peer problems, and psychosocial problems. The research has used Dutch students' data between the age of 4 -7 years to study the SDQ. The questions in the instrument enable clinicians to interpret the emotional conditions of the students as normal, clinical, or subclinical.

The principal limitation of this study by Stone et al .is that researchers have not extended this study to any clinical sample; therefore, the applicability of the instrument to a clinical sample cannot be ascertained. Secondly, the present study used a very narrow range of age (4 to 7 years); therefore, how this instrument fares in the age groups beyond this range is not known. Whether bias of the adolescent students adversely affects the reliability of the instruments or not is also not known. The authors recommend further research into the predictive validity of the instrument over a wider range of students' age. Moreover, clinical diagnosis by professional psychiatrists should be included in future research in order to measure the predictive reliability of the instrument so that it may be known whether mental health problems very rightly predicted or not.

One of the most important instruments with high internal consistency and reliability is the WEMWBS (Warwick-Edinburgh Mental Wellness Scale). Tennant et al. (2007) analyzed the development and validation process of WEMWBS. This instrument is a positively worded questionnaire to the mental health of adolescents in the schools. On analysis, the authors found that WEMWBS showed good content validity. It also has a high value of Cronbach's score confirms high internal consistency; however, it also shows that there are some redundant questions in the questionnaire. Also, WEMWBS shows a high correlation with the other mental wellness scales. It is a short and easy to administer and psychometrically sound scale with no

ceiling effects, which makes it a very promising scale for the student population. Moreover, WEMWBS is a positive scale and thus it may be the choice of the researchers or school authorities who want to promote the school's positive mental health initiatives. However, the authors do suggest further research to ensure that this instrument is sensitive to the change. Also, very high-value Cronbach's Alpha means that there can be redundancy or repetition of questions so there is a possibility to further shorten the questions in the instrument. However, in the present scenario, WEMWBS is a very potent and effective instrument to effectively look into the mental health of students by posing positive questions to them.

MHC-SF (Mental Health Continuum-Short form) is another popular positive mental health scale. Machado (2015) analyzed MHC-SF as a self-reporting instrument which measures positive mental qualities among the students. In the article, the author evaluated the adaptation process of the instrument for the Brazilian and Portuguese population. MHC-SF has 14 items which appraise the mental wellbeing of the candidate. The author employed several methods such as principal component analysis, factor analysis, item response theory, and network analysis to measure the psychometric properties of the scale. The briefness and preciseness of MHC-SF, the author concludes, makes it a very useful scale with a highly scientific approach to supervise mental health of the students. It is, therefore, applied in various interventions and may help authorities create an effective strategy to mitigate symptoms of mental health issues among adolescents.

Staff Training to Administer Mental Health Interventions

Daniszewski (2013), while underlining the importance of teachers in mental health intervention and prevention programs, states that teachers are the best equipped to administer any

mental health program in the school setup. The teachers' support to their students motivates them, reduces their stress and anxiety levels, and helps them become more social. Although teachers have been applying class-based interventions in many schools in Canada, this paper raised some valid concerns about teachers' own experience, knowledge, and awareness about mental health. The author, while quoting a recent study in a Canadian school, reports that less than 4% of teachers may be equipped with knowledge and experience to handle the mental health difficulty of the student. Most teachers who were given the task to administer mental health intervention were found to be completely novice and their knowledge about mental health programs was found lacking. Furthermore, most teachers' training programs presently prepare them to react to any act of emotional difficulty in the class which is counterproductive to the class-based preventive interventions of mental health. Teachers need to be trained to promote positive mental health in the classrooms. However, there is a caveat as teachers should not be warned to step into the domain of diagnosis while administering the intervention as a diagnosis of mental health should strictly be done by a professional psychiatrist or psychologist. The author's research reveals that teachers, in general, are reluctant to administer any mental health intervention. Moreover, there is no step by step protocol developed for the teachers when they face students with mental health difficulties in the class. Thus, the study by the author clearly points towards the need to train teachers when they face students with mental health problems in the class. The author recommends that teachers should be given the opportunity to learn about mental health symptoms and challenges and teachers should be made to interact more with the experts in the field of psychology and psychiatry. The school psychologist, if one exists, can be of great help in training teachers to help them notice problematic symptoms in the class.

Importance of School Nurses

Maugham et al. (2018) argue that the scarcity of professional psychiatrists and psychologists, the world over have often prompted the need to have school nurses who can assist school staff in screening students with mental health issues and, if the need arises, refer such students to professional psychiatrists. The authors recommend that to deal with complex mental health issues that are being faced by adolescent students in schools, school nurses are extremely important.

DeSocio and Hootman (2004) discussed in their paper about the need of school nurses in dealing with the health issues of children and adolescents. The authors have quoted AAP (American Academy of Pediatrics) to bring attention to the rising incidents of mental health and behavioral problems, suicides, and depressive episodes among adolescent students. The authors, while warning about the worsening condition of mental health scenario in American national perspective, paint a very dismal picture; around 21% American students between (9 to 15 years) are suffering from severe mental disorders and substance misuse disorders (US Department of Health and Human Services [USDHHS], 1999). Also, the symptoms of mental and emotional problems that arise in early childhood or adolescent age are likely to remain even during adulthood (US Public Health Services [USPHS], 2000). Therefore, according to the authors, mental health problems among adolescents is both an educational and health crisis and, thus, the authors stress the need of both these departments to work together to face this crisis.

Symptoms of a mental health crisis are not always very apparent but could be very subtle. Students may complain about medically unexplained symptoms or remain absent from the class for no known reasons. The authors argue in many such cases where symptoms of the students cannot be explained medically usually result from underlying mental health issues which may need medically trained professionals such as school nurses to completely examine students'

physical as well as mental health difficulties. The DeSocio and Hootman point out in the light of worsening mental health crisis and changed school perspectives on positive mental health, school nurses have become the indispensable need of the schools. In the school environment, the role of school nurses can be to identify and predict mental health difficulties of the students early on and refer them to mental health professionals as the case warrants. The authors define school nurses as “consistent caring adults who have the ability to develop a meaningful relationship with the children over time.” This supportive role of school nurses has the ability to transform the school health office into a place where students feel relived and share and communicate their problems with the school nurses. Furthering their argument, the authors maintain because of the presence of school nurses, school health office can soon become a place where students stop for brief interactions. Such a cordial atmosphere may bring a sea change in the overall school mental health environment too. The authors thus see school nurses as a key to develop healthy ambience in the school.

Echoing the same idea, Dina and Pajalic (2014) stressed the need to have school nurses in the school to promote mental wellness among students. The authors carried out a pilot study in Sweden to investigate how school nurses feel while working with students who have mental health difficulties. The study also focuses at the methods school nurse use while dealing with students who have mental health issues. The aim of the study carried out by the authors was to get a better insight into the mental health challenges to the Swedish students and the method adopted by the authors was to study the working style of school nurses in depth. About ten interviews of school nurses were conducted in which questions ranging from their experiences to handle and identify mental illness and school nurses' experience with other staff in the school and students' parents. The most common method adopted by the school nurses was to have a

conversation with the students which usually starts with their health requirements. The method of motivational interviews has also been adopted and appreciated by school nurses. Nurses like to listen to the problems of the individual student and then motivate them to adopt a positive outlook and lifestyle. Family counseling particularly becomes important when the child is already facing mental health issues. Most nurses, according to the present study by Dina and Pajalic, felt the need to talk to the parents especially for children studying in grades (1 to 6). The creation of the trust was evidently one of the most important factors that nurses felt is a necessary better outcome. Most nurses advocated a quiet, serene, and secure environment in which a child feels secure and safe.

The principal hardship faced by school nurses is the identification of the mental health problem and its severity. They are often faced with the question of whether a child should be referred to further psychiatric treatment to a medical health professional or not. Sometimes nurses can make a quick decision particularly when a child shows unusual aggression or tries to injure himself. However, some other times nurses have to be a keen observer when a child complains about minor physical ailments trying to avoid his class or interaction with his class fellows. Dina and Pajalic (2014) also discussed the difficulties faced by nurses. The most difficult part of the job of the nurses is when they get little cooperation from the parents of the students or when they get information about the aggressive behavior of the student in the school premises. In order to make the job of the school nurses more effective, the authors suggest, that there is a need to have faculty of school counselors along with school nurses too, according to the study when both work as a unit they tend to get better results. Moreover, in the absence of school counselors, school nurses feel lonely and overworked. Their ability and confidence to make firm decisions are also reduced because they do not have anyone to share a particular case

with any other professional. In summary, school nurses, according to the study by Dina and Pajalic, play a pivotal role in maintaining an environment of positive mental health in the school.

Allison, Nativio, Mitchell, Ren, and Yuhasz (2014) succinctly explained how in a targeted approach the importance of school nurses becomes crucial if there is a need to screen students who may be at risk of developing mental health complications. The authors recommend the use of two instruments PHQ-9 (Patient Health Questionnaire – 9 item) and SCARED – 5 (Screen for Child Anxiety Related Disorders – 5 item). Prior to the application of these scientifically validated instruments, school nurses had no formal way to screen students at risk. In the follow-up meeting, almost all the nurses thought that the usage of the instrument to screen students at mental health risk had been beneficial as it allowed one to one conversation between the students and the nurse. The authors recommend future research into the use of scales by school nurses to scan students who may show symptoms of depression and anxiety.

Guidelines for Teachers and Students

The research guide developed by the Canadian Mental Health Association (Centre for Addiction and Mental Health, 2001) aims to raise awareness about psychiatric diseases in schools. The objective of this program is to remove the stigma attached to psychiatric diseases which eventually makes the task of creation of positive mental health climate difficult. Lack of awareness about mental health issues would render it difficult for health professionals to successfully treat their patients. Thus, there is a need to create awareness about mental health and associated challenges to it in school teachers and students. The guidelines were developed for teachers who teach secondary classes in Ontario, Canada.

The reason why this program was necessary is that people may get frightened when they are in the company of a person facing mental health difficulties; therefore, there is a general reluctance to talk about mental health. There is hesitation to share and talk about mental health issues which aggravate the problem further. In order to mitigate discriminatory attitude towards mental health issues and reduce sensitivity attached to it, such awareness programs need to be launched. In adolescence, the students are at the age where they form opinions, and if they form wrong concepts based on inaccurate perceptions and incorrect attitudes towards mental health, it can become a difficult task to dissolve such hardened views later on when they grow into adults. Therefore, it is, according to the authors, of utmost importance to launch a comprehensive program to raise awareness and develop guidelines for teachers to follow.

The other tasks taken up under this program, to increase awareness and to remove stigma, are to provide literature to students and teachers about mental health and to organize meetings of the students with people who have had mental health difficulties at some time of life. The program also includes providing a basic overview of mental diseases, specialist doctors of mental disease, and their treatment to make them more comfortable in dealing with students who have severe mental health challenges.

School Mental Health in Indian Paradigm

Bharat, Kumar, and Mukesh (2008) studied School Mental Health Programs in North India, and like most other countries of the developing world, it is seen wanting in the proper implementation of mental health programs in schools. At the level of government as well, as authors point out, there is no such act or policy that seems to be directed towards or giving guidelines or instructions to improve the mental health climate of the schools by applying a

three-tiered approach. Therefore, there is a lot of scope for research and mental health program implementation. There was a general lack of awareness in teachers, school authorities, and even the government towards psychological problems among students; therefore, a sound wholesome school mental health policy or programs could not be developed. There were small but significant efforts in the late seventies towards Child Psychiatry or Psychiatric problems of students but that remained confined to the metropolitan cities such as Mumbai, Delhi, and Chennai. The first such initiative took place under the NIMHANS (National Institute of Mental Health and Neuro-Sciences) as the Teachers' Orientation Program. This involved creating awareness among teachers about mental health challenges. As a second step, this program focused to train willing teachers the skills of counseling students with mental health problems. Adolescent students were given lectures on student-teacher relationships, understanding self, and principles of mental health. However, the authors noticed, the clinical or disease model despite being very important did not serve the promotion of positive mental health among students because it does not focus on developing a holistic environment in which students will comfortable and enjoy their school life.

In the late nineties, Life Skills Education Orientation and Planning Workshop was conducted by NIMHANS in 1998 whose aim was to develop life skills in education by taking input from adolescent students. However, as the author has observed, there is a gap between mental health promotion policies and education and government policies. Therefore, Bharat, Kumar, and Mukesh recommend that mental health and a psychosocial component of the education needs to be recognized by the education policymakers. As school is the place where students spend a lot of time so any mental health policy directed towards children and/or adolescents should include schools' mental health programs in their implementation.

Furthermore, the authors suggest there needs to be the active involvement of all stakeholders such as policymakers, teachers, school authorities, parents, health professionals, and students for developing a comprehensive mental health program for schools. The three-tier approach which includes a universal approach, targeted approach for the population at risk, and approach for the ill students should be designed for schools. The authors further recommend a coordinated approach to refer students facing mental health issues between school authorities and mental health professionals. Last, the author recommends a fully developed private and comfortable space with psychologists and other mental health professionals in the school premises. It should be mandatory for schools to have mental health professionals in the school.

Ramkumar (2015) discussed mental health provisions in Kerala, a state of South India. Kerala is the state with a high HDI (Human Development Index) and a very high literacy rate close to 99%. Therefore, the author argues that a successful mental health program at the school level tends to have a positive impact on the overall growth of the state. The author applied the framework of IOM (The Institute of Medicine) of the USA to analyze these programs. The mental health programs are being run by different non-government organizations and the private sector at the school level. The programs in Kerala are at par with high-income countries of Europe. The three-tiered approach was followed by most of the schools. Nine programs out of total fifteen school-based interventions and only Universal Components, which is applied to all students irrespective of the status of their present emotional health of the mental health approach. Although the principal player for the selected mental health programs is the ED (Education Department), other government departments such as SJD (Social Justice Department) and NGO (Non-Government Organizations) also played a crucial role in the implementation of the programs.

A few programs named in the research by the author are “Ullasaparavakal”, “Nallapadom,” and LEAP (Lifestyle Education and Awareness Programs). The interventions which employed universal strategy used trained teachers to administer the program. Some programs used motivational speakers to motivate students while other schools used volunteer camps to inculcate leadership qualities in the students. Some programs used a selective approach to target students at risk for their early identification. For this purpose, they used mental health professionals to scan students who are at risk. The professionals who administer indicated prevention programs were also professional psychologists and most programs displayed willingness to refer students with mental health difficulties to the psychiatrists for treatment. Ramkumar is critical about the use of teachers and other staff members for even Universal Intervention. Also, he believes that even the staff to administer second and third-tier interventions is not professional enough to handle such sensitive tasks. Although the author finds many loopholes in the present way in which three-tier interventions are being administered, he appears positive about the future scenario of school-based mental health programs.

Developing a Framework for Mental Health in Schools

Sterling and Emery (2016) summed up a laborious and cumbersome exercise of developing a framework for mental health and emotional wellbeing in the school set up in their research study. The authors advise schools to use a whole-school approach, which is more effective than unorganized splintered mental health programs. Developing and sensitizing staff towards mental health challenges is also very important. It is recommended to have robust targeted interventions in schools. Management therapies for difficult behavior and anti-bullying programs should be conducted along with the whole school approach. Second, the authors stressed the need to have a senior management team committed to mental health at schools.

Clear protocol for professional and school management to deal with students with mental health difficulties is necessary and accountability should be fixed. Schools should work with a mental health professional or employ school nurses within the campus for the delivery of such actions. Moreover, the school should actively engage their staff to challenge the stigma attached to the school. It is of utmost importance that the awareness level in the staff rises. Monitoring and appraisal of policies and programs that have been adopted by the school are very important. In order to measure success, schools are advised to adopt a system where the success rate of current policies can be determined.

The literature review has a universal examined approach which is applicable to all students, a targeted approach which is for students at risk, and finally, approach to manage students who have developed psychiatric symptoms. The different scales to assess varying parameters ranging from the school's internal situation to students' emotional health status are available. However, presently, it appears there is a lack of clear step by step guidelines and protocol to develop a mental health framework for students. In the literature, examples of some schools in different parts of the world have been cited but comprehensive research which integrates educational and medical approach is not available. The project, therefore, aims to develop an extensive approach to develop a mental health framework for schools in North India which clearly distinguishing between roles of school staff, school nurses, and clinicians.

References

- Allison, V. L., Nativio, D. G., Mitchell, A. M., Ren, D., & Yuhasz, J. (2014). Identifying symptoms of depression and anxiety in students in the school setting. *The Journal of School Nursing, 30*(3), 165-172.
- Bear, G. G., Yang, C., Harris, A., Mantz, L., Hearn, S., & Boyer, D. (2016). Technical manual for the Delaware School Survey: Scales of school climate; bullying victimization; student engagement; positive, punitive, and social emotional learning techniques; and the social and emotional competencies scale. *Newark, DE: Center for Disabilities Studies.*
- Bharath, S., Kumar, K. V., & Mukesh, Y. P. (2008). Clinical practice guidelines for school mental health program. *Indian Journal of Psychiatry, 307-321.*
- Daniszewski, T. D. (2013). *Teachers' mental health literacy and capacity towards student mental health*. Retrieved from *Electronic Thesis and Dissertation Repository*. 1165.
- DeSocio, J., & Hootman, J. (2004). Children's mental health and school success. *The Journal of School Nursing, 20*(4), 189-196.
- Dina, F., & Pajalic, Z. (2014). How school nurses experience their work with school children who have mental illness – A qualitative study in a Swedish context. *Global Journal of Health Science, 6*(4), 1-8.
- Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry, 1*(5), 377-387.
- Freeman, E. V. (2011). School mental health sustainability: Funding strategies to build sustainable school mental health programs. Washington, DC. Technical Assistance Partnership for Child and Family Mental Health.

- Grabel, B. F. (2017). *The relationship between wellbeing and academic achievement: A systematic review* [Unpublished master's thesis, University of Twente].
- Lester, L., & Cross, D. (2015). The relationship between school climate and mental and emotional wellbeing over the transition from primary to secondary school. *Psychology of Well-being*, 5(1), 1-15.
- Maughan, E. D., Cowell, J., Engelke, M. K., McCarthy, A. M., Bergren, M. D., Murphy, M. K., ... & Vessey, J. A. (2018). The vital role of school nurses in ensuring the health of our nation's youth. *Nursing outlook*, 66(1), 94-96.
- Ramelow, D., Currie, D., & Felder-Puig, R. (2015). The assessment of school climate: Review and appraisal of published student-report measures. *Journal of Psychoeducational Assessment*, 33(8), 731-743.
- Ramkumar, G. S. (2015). Mental health provisions in schools of Kerala: a narrative overview of programs and interventions. *Kerala Journal of Psychiatry*, 28(1), 82-93.
- Rana, M., Gupta, M., Malhi, P., Grover, S., & Kaur, M. (2018). Effectiveness of a multicomponent school based intervention to reduce bullying among adolescents in Chandigarh, North India: A quasi-experimental study protocol. *Journal of public health research*, 7(1), 50-55.
- Schulte-Korne, G. (2016). Mental health problems in a school setting in children and adolescents. *Deutsche Arzteblatt International*, 113(11), 183-190.
- Stirling, S., & Emery, H. (2016). A whole school framework for emotional well being and mental health. *National Children's Bureau*. Retrieved from

<https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20School%20Well%20Being%20Framework%20Leaders%20Resources%20FINAL.pdf>

Stone, L. L., Janssens, J. M., Vermulst, A. A., Van Der Maten, M., Engels, R. C., & Otten, R. (2015). The Strengths and Difficulties Questionnaire: psychometric properties of the parent and teacher version in children aged 4 -7. *BMC Psychology*, 3(1), 1-12.

Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., & Stewart-Brown, S. (2007). The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5(1), 63.

Voight, A., & Hanson, T. (2012). Summary of Existing School Climate Instruments for Middle School. *Regional Educational Laboratory West*.

Voight, A., & Hanson, T. L. (2012). Summary of existing school climate instruments for middle school. San Francisco: REL West at WestEd.

Wells, J., Barlow, J., & Stewart-Brown, S. (2003). A systematic review of universal approaches to mental health promotion in schools. *Health Education*, 103(4), 197-220.

Talking about Mental Illness: *A guide for developing an awareness program for youth*. (2001). Toronto, Canada: CAMH

Reflection and Product

The project markedly works on the idea to develop a social-emotional health framework for schools in North Indian cultural set-up. The emotional health of the school in general and students, in particular, is measured by applying scales, and the best way to measure and appraise the mental and emotional health of a school is to use psychological surveys. Adolescent students spend a lot of their daily time in schools or other institutions where they study. Schools can be the places where they face trauma, bullying, and other emotional stresses which can derail and uproot them to the extent that they become permanent patients of stress, anxiety, and depression. Therefore, schools are the best places to administer universal and targeted interventions for the emotional and mental health of the students.

Many surveys such as CGPLS (Creating a Great Place to Learn Survey), CSC (California School Climate), HLS (Health and Learning Survey), DSCS (Delaware School Climate Surveys), and SCS (Student Climate Survey) are available to appraise school climate. However, among these scales, DSCS (Delaware School Climate Surveys) has been selected for the North Indian schools where the project has been carried out.

The surveys, however, are recommended only to measure the effectiveness of the interventions used by the school authorities. The surveys that are recommended to be administered in the school are DSS (Delaware School Survey—Student and Teachers version 2015-16) and the scales included are perception about school climate, bullying victimization, and techniques used by teachers. This scale has at least 5 subscales. The scale is primarily prepared for the needs and culture of Delaware. Therefore, in this project, DSS was adjusted to the cultural needs of North India.

The questions such as “colour of the skin” were deleted from the product that is to be administered in the school. The cultural tuning of the DSS is necessary also because some question becomes irrelevant in the Indian paradigm. Moreover, questions like “teachers treat students of all races with respect” have also been deleted because such as these may be illegal in the Indian legal framework. Caste is the closest synonym of “race” in Indian culture; however, it is illegal to ask questions on caste in North India.

The instrument Delaware School Survey (DSS) has 5 scales: School Climate Scale, Techniques Scale (Positive or punitive), Student Social Emotional Learning Scale, Bullying Victimization Scale, and Student Engagement Scale. Further, each scale of the student version of DSS has been subdivided into subscales. School Climate Scale, for example, has following subscales teachers-students relationships, student-student relationships, Clarity of expectations, the fairness of rules, and school safety, etc. Similarly, the bullying victimization scale of the instrument has the following subscales: verbal bullying, physical bullying, social and relationship bullying, and cyberbullying (applicable to students above class 6th). 4-5 questions (items) are framed in each subscale to measure the asked question from a student's perspective.

Part –I of Delaware School Climate Survey (DSCS)—Students is the scale assesses general school climate from students’ point of view. This scale has around 35 questions ranging from questions about the safety of the students to the general administration of rules in the schools. Other subscales are focused more on a particular problem. Part-II, for example, asks questions about techniques that school staff employs to teach students. Are the methods being used by teachers and instructors punitive or encouraging in nature? Similarly, Part-IV is to assess whether a student feels bullied in the classroom or not. It asks questions about how a student is

treated by his/her peers in the classroom. Part-V is about how engaged a student feels in the classroom. It measures whether a classroom.

For this project, which is to be administered in North Indian schools, scales have been uploaded on the website and students can take up questions online. Strict privacy norms are maintained. None other than administrators can see the answers students give on the website.

Although English is a commonly used language in schools in north Indian schools, small adjustments needed to be made in accordance with the routine use of vocabulary. For example, in the question “are students safe in the hallway”, the adjustment has been made and the word “hallway” has been replaced by a more colloquial term “gallery”.

In this project, the task is to inform schools about problems of school climate, bullying, and techniques employed by school staff that has been taken up (in students’ perspective). For this purpose three scales of the student version of DSS have been selected – Delaware Surveys for School Climate (DSCS—S), Delaware Bullying Victimization Scale (DBVS), and Delaware Positive, Punitive and Social-Emotional Learning (SEL) and, Techniques Scale (DTS). As mentioned above, these scales have been sensitized to the colloquial and cultural terminologies; however, no significant change has been made to the scales.

Similarly, the instrument does also contain the staff version of DSS in which inputs of teachers are taken. The instrument contains two scales School Climate and Positive, Punitive, and SEL techniques in which teachers' views have been taken. The two sets of scales students' version and staff version are provided to the students and teachers. The questionnaire is not mandatory; moreover, it does not have any right or wrong answers. It is just data of the views of teachers and students about the school. The project does not contain any other questionnaire of

the DSS because this scale is to be administered in North Indian schools and the schools, where this scale is to be administered, suffer from a huge communication gap between teachers and school management on one side and students and management on the other side. Parents, however, do often remain in touch with students and the school management is usually well aware of the views of the parents. From my experience as a teacher in a school in North India, I feel the widening gap between students and management and staff and management can be filled if views of students and staff are systematically recorded and analyzed. These three worksheets provided to interpret the results of the survey.

In this project, the purpose of the survey is to provide measure the effectiveness of the universal approach interventions administered. For response scales school climate and school techniques 4-point response answer sheet is prepared which is strongly agree = 4, agree = 3, disagree = 2 and strongly disagree = 1; however, for bullying victimization scale is 6-point response is used never = 1, 2 = sometimes, 3 = once or twice a month 4 = once a week, 5 = several times a week and 6 = daily.

Administration of Universal Approach Interventions

The schools will be chosen from the state of Punjab in North India and students shall have the option to take online as well as print out a hardcopy version of the tests stated above. For taking tests, the consent of the parents is also taken. Workshops, motivational lectures, discussions, and seminars are part of the project to administer the Universal Approach Program.

Universal approach: Anti Bullying intervention

At the classroom level, workshops will be conducted in order to raise awareness about the problem of bullying. Literature and motivational lectures shall be conducted to inculcate the

idea of the diversity of culture, mutual respect for different types of personalities in the classrooms (such as extrovert and introvert types of personalities).

At the parents' level, it is essential to make them understand that both bullying and its victimization can yield significant problems for their wards as they grow up. Parents can be in denial about their kids' behavior. So, regular meetings should be conducted between teachers and parents. Continuous dialogue between parents and teachers is necessary to handle this very delicate issue. Parents should be advised to particularly discourage unilateral aggressive behavior of their children and tell them the negative psychological impact if their aggressive behavior is not arrested.

At the teachers' level, regular periodic workshops are needed in which ways are suggested to the teachers to identify victims and bullies in the class. In the class, teachers should be asked to maintain the balance of power. Teachers should be advised to focus unduly at one or two students by excessively praising them should be discouraged. Teachers should be told to ask students to give motto or quotation discouraging bullying and each week one motto is selected which students repeat every day. In morning prayers also, students should be asked to give up their aggressive behavior towards their peers.

One workshop and one teacher-parent meeting should be planned/advised for the motto of this project

Interventions for techniques

What techniques teachers follow to impart education is a very important factor to enhance the quality of school climate. One workshop (in a month) for teachers should be conducted in which teachers are advised to follow non-punitive methods to educate.

Comparing students, shaming students for not scoring well are common techniques teachers of North Indian schools follow. They, therefore, should be advised not to focus too much on the scorecard of the students. Secondly, the Goal of educators should make education interesting to the students so they can naturally understand the subjects. Thirdly, teachers should be encouraged to establish a personal equation with students. School management, on the other hand, should be advised to maintain a good teacher-student ratio so that teachers are less stressed. In this workshop, distressing exercises and meditation techniques should also be taught to the teachers.

Social-Emotional Learning

The workshops regarding SEL focus on developing Self-awareness and emotional quotient among students and teachers. One workshop for both teachers and students will be organized in which techniques like mindfulness, meditation will be taught to them. Moreover, qualities like mutual respect, empathy, and acceptance can be inculcated through motivational discourses among teachers and students.

Targeted Approach

Targeted approach is the most essential component for developing an emotional health framework for schools. However, in order to administer it, a professional psychologist or psychiatrist's help is required. Moreover, it is necessary to sensitize teachers and parents fully before administering it. For this project, the brochure containing information about the targeted approach and its importance is to be handed over to the school management. The project itself has refrained from scanning students at risk of developing emotional problems because of its legal and medical implications.

Before the process of development of final products started, it was learnt that many surveys are available to measure school climate. Different scales have different items (read questions) and they are applicable to different age groups of students. Instruments focus at different parameters of the school climate. In North Indian set up, bullying victimization and techniques employed by the teachers appeared to be the most important parameters for healthy school climate development. Another scale that was considered was California School Surveys; however, Delaware School Surveys were taken up as final choice from my experience of a teacher in North Indian schools, I feel DSCS – students is best suited for this project.

During the development of the final product of using Delaware School Surveys, it was felt that altering the instrument which is prepared particularly dealing with American needs according to the Indian culture has been a tedious job. The questions such as related to race become irrelevant to the Indian paradigm. However, financial background and castes could have been very relevant questions. During the development process it was found out that if the alteration in the instrument is done, it may stir original consistency and reliability of the instrument that may have been tested earlier. So, therefore minimal changes were made to the instrument.

While learning to apply a psychological instrument in a cross-cultural platform, a few properties of an instrument were studied: (1) Internal consistency illustrates the degree to which similar items within a scale give similar kind of results or correlate, (2) Reliability is the measure which shows how results are consistent with each other if the same test is taken after a gap of 6 months or a year, (3) Concurrent validity showcases that results of the instrument should be coherent with other instruments measuring same property.

When an instrument is used in different cultural backgrounds, it is important to study its content validity as many questions lose their significance in a foreign cultural paradigm or during the translations while many other things may be important in foreign cultures. Although, in order to establish content validity, we need experts of that field to accomplish the task; however, it is a highly subjective matter as views of even experts can be at divergence with each other. However, it can be a good practice to have a team of experts to establish content validity once translation into other language is carried out. In the case of this project, however, no translation as carried out as English can be understood by most students in India. Further, no significant changes are done to the scales of the instrument. The items in the scales which do not apply to the cross-cultural setting may be left as they are. However, questions regarding race have been deleted from the instrument.

Moreover, results of surveys act as a barometer to appraise how workshops to improving school climate are performing. Designing workshops had been an extremely painstaking job. How many workshops need to be conducted and what should be the gap between two workshops has not been scientifically considered. It was very subjectively decided that only one or two workshops per week should be conducted.

Each workshop was conducted based on one theme and its corollaries only. Sincere attempts were made that the message effortlessly seeps down into the subconscious mind of the students and the staff. However, in order to translate the message of workshops into the real-time classroom requires continuous practice.

Further Research

I think it needs to be researched how many and how long workshops, seminars, and motivational lectures be conducted so as to have a visible positive effect on school climate.

More research is needed on how to design an effective workshop. How can we avoid such exercise becoming mechanical which may defeat the whole purpose? The aim of such a workshop is to inculcate a value system into the students without giving them the feeling of some external burden that may be superimposed on them.

Moreover, as far as instruments are concerned, during the course of development of this project, it was learnt that the development of instruments is a very cultural thing. To apply scales that are developed to suit the cultural needs of American schools has proved to be a tedious and cumbersome task. Therefore, the area of research that is wide open at this juncture of time is to develop psychological instruments for school climate to measure and meet the needs and aspirations of the students and schools of the state of Punjab in North India. Development of scale is, in my view, is more an art than a science. It requires a keen understanding of the problems of the students and teachers. So, I believe firsthand experience with the students and school life is essential to create constructs of the instruments. The items that are chosen for instruments are very subjective in nature; therefore, it is essential that the mind of students, school staff, and school management is properly understood. However, there is a scientific, mathematical, and statistical aspect of instrument development too, that is necessary to make the instrument as a sound product to meet future goals. It is essential to meet reliability, internal consistency, and content validity of the scale. It needs to be assured that the instrument meets all the requirements of good instruments. Otherwise, instruments may give very wayward results and may not reflect the true picture of the school climate. The guidelines to develop a school climate instrument is the research area which I think needs to be looked at. The need to have a

protocol with absolutely clear guidelines are in place, I think, it will be way easier to develop schools that are in sync with cultural and linguistic requirements of the schools and students. Therefore, it will be easier for schools to administer such scales and thus get a true picture of the school climate and emotional and mental health of students.

The third area that I feel needs research is to identify the need of school nurses. Presently, there are only recommendations for school nurses in the literature. However, a clear set of duties and effective protocol has not been discussed. Besides, what should be the qualification of staff nurses is also not the part of the school staff recommendations. I think this area needs thorough research because staff nurse becomes a pivotal part when school management decides to focus on the mental and emotional health of the students.

Staff nurses and their assistant staff is not mandatory staff for schools in most parts of the world. If its importance is highlighted, I think, next step shall be to make staff nurses and its assistants a parallel staff requirement along with teachers whose primary duty is to impart education and get the prescribed syllabus completed.

Fourth, I feel there is a scope to study whether there is any marked improvement in students' quality of life if students are categorized according to their emotional and mental makeup. This is the area largely appears to have remained without research so far. The idea of categorizing students according to their mental and emotional health is very new and it may sound unethical by some. However, I believe if research yields some positive results, stigma attached to the students with emotional complications may even wither away in the future. It will also render school authorities to administer targeted approach in a better way.