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

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ABSTRACT

This study examined mental health and psychosocial assistance in Cebu's selected schools during Covid-19. The data was analyzed using a percentage weighted mean and a significant difference for the extent of implementation at a significance level of 0.05. Findings demonstrate that teachers and students' reactions to the extent to which mental health and psychosocial services have been implemented show that these services need to be elevated in order to completely meet students' concerns and needs in emergency situations. Furthermore, data indicates that there was a shortage of specialists who could advise or assist learners in an emergency circumstance. Recognizing the significance of these findings, it is critical to offer proper assistance to the school, instructors, and students, since they are the key mover in the teaching-learning process and in emergency situations.

1.INTRODUCTION

As the world becomes more interconnected, so are the threats we confront. The COVID-19 pandemic did not stop at national lines; it afflicted people of all ethnicities, levels of education, money, and gender. However, this was not the case for the effects that impacted the most vulnerable (Schleicher, 2020). COVID-19 had become a global pandemic by March 2020, resulting in a global epidemic and prompting a global settlement (WHO, 2020). Furthermore, the epidemic has caused the world's largest disruption of education systems, affecting nearly 1.6 billion students across 190 countries and continents. School and other learning space closures have impacted 94 percent of the world's student population, with up to 99 percent in low and lower-middle income nations (UN, 2020).

Furthermore, the COVID-19 epidemic has brought the mental health of various impacted communities to the forefront. Epidemics are known to amplify or create new stressors, such as anxiety and worry for oneself or loved ones, restrictions on physical movement and social activities due to quarantine, and abrupt and extreme lifestyle changes. Infection worries, frustration, boredom, insufficient resources, insufficient information, financial loss, and stigma were all recognized stresses in a recent assessment of virus outbreaks and pandemics (Son, et al. 2020).

Mental health disorders impact 10 to 20% of children and adolescents worldwide, with more than half of these difficulties beginning before the age of 14. Mental disorders are the third biggest cause of disability-adjusted life years (DALY) among children in the Western Pacific Region, and suicide attempts are common (WHO, 2020 and Baranne, 2018). Despite these worrisome rates, it is possible that the percentages are underreported due to stigma and taboo that prevent people from seeking help and reporting mental health concerns. According to a previous study by Korne (2016), 10–20 percent of children and adolescents have a mental health problem. Attention deficiencies, cognitive abnormalities, a lack of desire, and a poor mood all have a negative impact on academic progress. It's not always apparent how education influences children's mental development or what preventive measures and interventions can be implemented at school.

According to recent findings, students are more likely than adults to experience worry, anxiety, and dread, which can include fears similar to those experienced by adults, such as a fear of dying, a fear of their family dying, or a fear of what it means to obtain medical treatment. If schools collapse as a result of necessary actions, children may lose the feeling of order and excitement that that environment provides, and they will have less opportunities to interact with their peers and receive the social support that is so important for mental health. If their house is not a safe environment, being at home can put some children at danger of, or expose them to, child protection issues or make them witnesses to interpersonal violence. This is a very worrying situation (WHO, 2020).

The COVID-19 pandemic has had a significant impact on many people's mental health and has created new barriers for those who already suffer from mental illness or substance abuse. In a KFF Tracking Poll conducted in mid-July, 53 percent of respondents in the United States said that concern and stress about the coronavirus had negatively impacted their mental health. This is much higher than the 32% indicated in March, when the question was initially asked in the KFF poll. Many adults are also experiencing particular negative effects on their mental health and wellbeing as a result of their anxiety and tension over the coronavirus, such as trouble sleeping (36%), eating (32%), increasing alcohol use or substance usage (12%), and worsening chronic diseases (12%). Panchal et al. (Panchal et al., 2020). Such closures leave children and adolescents with mental health concerns without access to the resources that they usually have through their schools. In a poll conducted by the mental health organization YoungMinds, 83 percent of those aged 18 to 25 who had a mental illness history in the UK felt the epidemic had made their symptoms worse. 26 percent reported they couldn't get mental health help; peer support groups and face-to-face services have been eliminated, and phone or online support might be difficult for certain young people (Lee, 2020). On a worldwide basis, COVID-19 is far more common than SARS and other diseases. As the pandemic continues, it is critical to provide support to children and adolescents who have experienced grief or are dealing with challenges like as parental unemployment or a loss of household finances. Long-term monitoring of young people's mental health is also required, as is research into how protracted school closures, severe social distancing measures, and the pandemic itself effect children and adolescents' well-being.

There is an urgent need for study to address the mental health burden of the COVID-19 pandemic on students, given the mounting concerns about the impact of COVID-19 on the mental health of vulnerable groups. In the Philippines, a recent study by Tee et al. (2020) found that one-fourth of respondents expressed moderate-to-severe anxiety and one-sixth indicated moderate-to-severe sadness and psychological damage during the early stages of the epidemic. Furthermore, where 200,000 instances of COVID-19 have been identified, Southeast Asia has the highest number. In April 2020, calls to HopeLine, a suicide prevention and crisis helpline, increased by 200 percent (Nortajuddin, 2020). The Diocese of Kalookan, for example, has established a helpline for those suffering from anxiety, psychological stress, or post-traumatic stress disorder (PTSD) (Games, 2020). COVID opeLine is a local church's phone counseling service in the Philippines. The service team is made up of mental health professionals, priests, and counselors who offer medical, psychological, and moral help to those who are suffering from COVID-19's psychological effects.

Students, frontline health practitioners, and persons afflicted with COVID-19 have all received free mental health counseling from educational institutions in the Philippines. For those suffering from extreme stress, worry, or psychological disorders as a result of the COVID-19 epidemic, De La Salle University, for example, offers telepsychology.

The pandemic of COVID-19 has had major social and psychological consequences. Agnafors' (2020) recent contribution provided data from a longitudinal birth cohort study of 1700 children. Mother's reports at age 3 and self-reports at ages 12 and 20 were used to measure the mental health of the children. Teacher reports on educational results at age 12 and final grades from compulsory school (ages 15–16) and upper secondary school (ages 18–19) were used to evaluate academic performance. Social selection mechanisms are present in all three periods studied, according to the findings. Having behavioral and emotional issues at the age of three was linked to functioning below grade level by the age of twelve. Similarly, mental health issues at the age of 12 were linked to incomplete final grades in compulsory school and ineligibility for higher education. Medical professionals, counselors, and educators all have a moral obligation to help those who are experiencing a mental health crisis. There is a need for further research on mental health, suicide prevention, and the present pandemic. To combat the effects of the COVID-19 epidemic, we must work together. However, there is a scarcity of scientific research on mental health issues among schoolchildren and adolescents in Cebu, thus this study will be done.

2. RESEARCH METHOD

In this study, the descriptive research approach was utilized to characterize data and the characteristics of the population under investigation. The questions who, what, where, when, and how were all answered using this manner. In specifically, the respondents' current circumstances in terms of the amount to which mental health and psychosocial assistance are provided to students, as well as teachers' observed challenges and concerns. Data collected utilizing the research equipment was described and analyzed. The INPUT-PROCESS-OUTPUT method was used in this study.

The research took place at Aloguinsan Elementary School, Borbon Central Elementary School, and Campusong Elementary School, all of which are located in Aloguinsan. Our school is led by a team of capable principals. The DepEd Cebu division stands in solidarity with the rest of the world, emphasizing the importance of frontline employees. Mental Health Problems This questionnaire, which was adapted from A Teacher's Activity Guide and Resource Package, is for Elementary Teachers, School Heads, and Non-Teaching Personnel of DepEd Region and Schools Division offices who have been tasked to offer psychosocial assistance to students.

3. RESULTS AND DISCUSSION

Any support that a student receives to safeguard or promote their mental health and psychosocial wellness is referred to as mental health and psychosocial support.

Basic Services Support

Support for Fundamental Services focuses on how well-being may be safeguarded by restoring security, government, and services that satisfy basic physical requirements (water, food, basic health care, and medicines).

Table 1. Basic Services Support

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

Table 1 provides the data in terms of basic learner support services. Safety and security received the greatest weighted mean of 3.50, which was vocally described as agree, while food received the lowest weighted mean of 2.95, which was also verbally described as moderately agree, based on the data gathered. This suggests that schools foster safety and security inside, but that food is offered to students in a modest manner, according to teacher responders. Meanwhile, among learners, water received the greatest weighted mean of 3.10, which was defined as moderately agree vocally, while medicines received the lowest weighted mean of 2.89, which was also described as moderately agree verbally. This suggests that students thought water was plentiful in the classrooms, whereas medicines were scarce or unavailable. According to Butler et al. (2020), a large number of kids are on maintenance drugs for chronic conditions or have diagnoses that could lead to medical emergencies necessitating medication delivery at school. Furthermore, according to a recent article released by Steroplast Healthcare (2014), bacteria and viruses can spread like wildfire once they enter a school. Throughout the day, children are significantly less concerned about washing their hands. During break time activities, they will be in close proximity to one another. As a result, every school must have the appropriate equipment to assist prevent the transmission of germs on the premises. Spill kits and disinfectants, as well as latex gloves and aprons, are all available. A wide range of infection prevention products will be available, potentially saving both teachers and kids from unpleasant diseases and extended recuperation periods. Non-contact thermometers and cleaning alcohol gel, for example, can be quite useful. As will ensuring that posters encouraging kids to wash their hands are posted throughout the school. This means that having medicine on hand at school is critical in the event of an emergency.

Community and Family Support

Represents the help offered to a smaller group of persons who are able to preserve their mental health and psychosocial well-being if they are assisted in gaining access to important community and family resources. Family tracing and reconnection, aided grieving and communal healing rites, public communication on constructive coping strategies, supportive parenting programs, formal and non-formal educational activities, livelihood activities, and social network activation are all examples of this.

Table 2. Community and Family Support

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

Table 2 presents the data for the learners' community and family support services. Supportive parenting programs received the greatest weighted mean of 3.10, which was verbally described as moderately agree, while livelihood activities received the lowest weighted mean of 2.80, which was also verbally described as moderately agree, based on the data gathered. This suggests that schools offer parenting classes to assist parents in understanding their children's needs. Learners, on the other hand, gave the greatest weighted mean of 3.05, which was defined vocally as moderately agree, while livelihood activities received the lowest weighted mean of 2.83, which was also described verbally as moderately agree. This suggests that the school did not place a high priority on livelihood activities. According to a recent study by Shimizu et al. (2016), the livelihood program appears to have been scaled up and adapted to better promote the mental health of participants. Furthermore, the International Fund for Animal Welfare (IFRC) (2019) stated that a livelihood is a means of subsistence. It includes people's abilities, assets, money, and activities that are required to meet basic needs. A livelihood is sustainable if it allows people to cope with and recover from shocks and pressures (such as natural catastrophes and economic or social upheavals) while also improving their own and future generations' well-being without compromising the natural environment or resource base. This meant that learners might use livelihood activities to help them deal with mental health and psychological issues.

Non-specialized supports

Represents the type of assistance required for a smaller group of people who also require more targeted individual, family, or group interventions from trained and supervised personnel (but who may not have had years of training in specialized care). Psychological First Aid (PFA) and basic mental health care by primary health care personnel are also included in this stratum.

Table 3. Non-specialized supports

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

Table 3 depicts the data in terms of non-specialized learner support services. Stabilization received the highest weighted mean of 3.35, which was verbally described as moderately agree, while drug and alcohol education received the lowest weighted mean of 2.80, which was also verbally described as moderately agree, based on the data gathered. Learners, on the other hand, gave the greatest weighted mean of 2.96 to stabilization and emergency/crisis or treatment, which was orally described as moderately agree, and the lowest weighted mean of 2.79 to safety and comfort, which was likewise verbally described as moderately agree. Children need to feel safe, comfortable, and happy in school, according to a recent article published by Eco Globale (2021), because when they realize they can trust you, they will do well in school. It is critical to form pleasant and strong friendships with teachers and other kids at school. This shows that fostering a sense of security and comfort within the learning zoon is critical.

Specialized Services

Represents additional assistance to a small percentage of the population who are still suffering despite the previously mentioned supports, those who may have significant difficulties in basic daily functioning, and those who have pre-existing disorders or disabilities that could worsen in a crisis situation.

Table 4. Specialized Services

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

Table 4 depicts the facts in terms of learner specialized support services. Counseling and orientation and mobility services received the highest weighted mean of 3.15, which was verbally described as moderately agree, while speech/language therapy received the lowest weighted mean of 2.65, which was also verbally described as moderately agree, according to the data gathered. Learners, on the other hand, gave counselling services the highest weighted mean of 3.04, indicating that they are somewhat agree, while orientation and mobility services received the lowest weighted mean of 2.97, indicating that they are likewise moderately agree. Separate classroom placements are most common for students with mental retardation (57.0 percent), autism (54.5 percent), and multiple disabilities (44.1 percent), according to recent reports from ed.org (2020), though resource room placements are also common for students with mental retardation and multiple disabilities. This suggests that the school should prioritize the provision of specialized services.

Table 5. Test of Significant Difference

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

Table 5 depicts the significant differences in respondents' perceptions of the scope of mental health and psychological care. The significance of the data is 0.05, indicating that the null hypothesis was rejected. As a result, there is a considerable distinction.

4. CONCLUSION

Based on the findings, the teachers' and students' responses on the extent to which mental health and psychological services have been implemented show that these services must be elevated in order to properly meet the learners' worries and requirements in times of emergency. Furthermore, data indicates that there was a shortage of specialists who could advise or assist learners in an emergency circumstance. Recognizing the significance of these findings, it is critical to offer proper assistance to the school, instructors, and students, since they are the key mover in the teaching-learning process and in emergency situations.

RECOMMENDATION

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

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AUTHORS CONTRIBUTION

All authors discuss the results and contributed from the start to final manuscript.

CONFLICT OF INTERESTS

The authors declare that they have no competing interests.

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