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“School Social Work and Mental Health in Asian Countries”

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School Social Work and Mental Health in Japan

Yumi Tokunaga

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1. Mental Health Disorders of School Children in Japan

School Social Workers (hereinafter SSW) in Japan were placed in schools nationwide after The Ministry of Education began the “School Social Worker Utilization Project” in 2008. According to the project’s 2019 survey, one -fourth (24.8%) of the support SSW provided were cases of “Chronic Absenteeism” (consecutive or intermittent absence for over 30 days during the school year). This was followed by cases concerning “Home Conditions and Family Environment” 21.4%, “Developmental Disability” 14.2%, “Child Abuse” 8.4%, “Peer and/or School Staff Relationships” 7.8%, “Physical and Mental Health (Mental Health Disorder)” 7.5%, “Others” 6.4%, “Bullying, Violence, Delinquency” 5.6%, and “Poverty” 4.0%. These issues are most likely to have multiple causes and do not occur as an independent problem.

Although this data shows that 7.5% of the intervened cases were “physical and mental health” of the students, from my experience, these focus rather on other issues and the core of the problem tends to remain hidden. Also, many cases of developmental disabilities are correlated to mental health issues. The “patients survey” by The Ministry of Health, Labour and Welfare show, that the number of patients with mental illnesses in 2002 were 2,584,000 and rapidly increased to 4,193,000 in 2017. There were 139,000 patients under the age of twenty in 2002 but reached 276,000 in 2017. Despite the decrease in number of children, patients almost doubled in 15 years.

In the research, “Physical and Mental Health Reported by the School Nurses” (Japan Society of School Health 2016), the following were issues seen among 1000 students. The highest was “Developmental Disability including suspected cases” (Elementary school 24.2 students/ Junior High School 21.2 students), followed by “Peer Problems” (Elem. 12.9/JHS 22.3), “Bullying” (Elem. 7.4/ JHS 7.7), “Family Relationships” (Elem. 3.4/ JHS 9.8), “Child Abuse” (Elem. 2.6/JHS 2.7), “School Staff Relationships” (Elem. 1.5/JHS 3.0),

Others mentioned were “Insomnia and Sleeping Disorder”, “Hyperventilation Syndrome”, “Sexual Problems”, “Anorexia, Bulimia, and Eating Disorder”, “Wrist-cutting and Self Harm”, “Mental Illnesses (Includes Schizophrenia, suspected cases of Depression)”. In the more recent years, addiction to internet games have been reported as serious problems.

2. Measures Taken by School Social Workers

The following are some cases I engaged in and intervened as a SSW.

Case 1

Female, 2nd year Junior High School student

Referral was made to SSW after the student spent a period of school refusal and absenteeism. Through our interactions, I noticed the student had huge mood swings which was affecting her communication skills. I encouraged psychiatric consultation, and she was diagnosed with schizophrenia. Unfortunately, her school teachers had little understanding of the illness and interacted with her in an inappropriate manner such as scolding. SSW provided mental support to both the student and the mother, promoted awareness to the school teachers, and engaged in building the school's support system.

Case 2

Male, 6th Grade

The student was heavily addicted to internet and games, showed violent behavior when his parents try to stop him, and began to refuse school. The parents received help from the city's welfare department (*Kokoro No Soudan Madoguchi*) where referrals were made to SSW for intervention. A support meeting was held with the parents, problems were clarified, and psychiatric consultation was recommended. After thorough explanations were made to the student by the members of the support group, he was hospitalized and treated. SSW continued to support him at home and at school, by collaborating with the school, the family, the municipal welfare department, and psychiatric institutions.

Case 3

Female, 3rd year Junior High School

SSW was referred to by the school counselor who had been seeing the student due to severe self-harm. Her parents showed little understanding of the situation which made it difficult to seek psychiatric help. After numerous interviews with the student, it became evident that she was being abused by her parents. Referral was made to the Child Consultation Center, and measures were taken in collaboration with the psychiatric institution and the school.

Case 4

Male, 5th Grade

The student showed absenteeism since early years of elementary school and was reclusive. Home visits and attendance support was provided by school teachers but had little effect. SSW intervened and the student was taken to a pediatrician. The student strongly refused medical consultation and since the parents were not able to urge him, the treatment did not continue.

Major problem at the time was not being able to provide support to the home. SSW continued to work with the parents, interacted with the student, and advised to go to a psychiatric institution. There they received home nursing care. This enabled SSW to give necessary support to the home and take measures for the student.

3. School Based Mental Health Services in Japan

Although mental health services for school students in Japan are provided primarily by school nurses and supported by school counselors, it is far from being adequate. Japan is still in the process of developing in mental health support. Over the years, the environment surrounding children has become more complex and difficult. Serious mental health issues are on the rise. But we have not built appropriate systems to provide adequate services. While there is an increasing demand to collaborate with mental health institutions, in some areas, there are no nearby psychiatric institutions for children. We also lack pediatricians, making it difficult just to get medical help.

As shown in CASE 1, there are teachers who take inappropriate approaches due to the lack of mental illness literacy. And there are teachers who provide support but feel anxiety. In 2015, The Ministry of Education advocated “School as a Team” style which encouraged inter-professional collaboration. Prior to this, schools in Japan relied only on teachers to engage in taking measures, even though problems surrounding school children were becoming more complex and diverse. The 4 example cases clearly demonstrate the necessity to help reach out to psychiatric institutions. Therefore, mental health issues should not be engaged only by school teachers, but work more collaboratively with psychiatric institutions, municipal governments, and other agencies

4. Expectations for Support Programs and Services Provided by SSW

Stage 1. School teacher identifies a problem

Stage 2. Provide school support system

Stage 3. Liaison with other institutions & professions

Stage 4. Collaboration

CHART- Stages of Support System

From “identifying” student’s behavioral changes to “collaborating” with institutions

The above chart shows the four stages of the school mental health support, from identifying the child’s behavioral changes to collaborating with other institutions. The right timing for SSW

to intervene depends on their employment status and when they received the referral. In-school SSW can communicate well with teachers and observe students on a daily basis, so they will intervene either in Stage 1 or Stage 2. On the other hand, SSW who comes to school upon request is likely to intervene from Stage 3, or Stage 2 before making liaison with other institutions. In either cases, the situation must be assessed during the first intervention. Raising mental health awareness and promoting understanding is vital for teachers to detect students' behavioral changes. Case 3 was initially engaged by the school counselor who requested a collaboration with other institutions, in Stage 2, and made referrals to SSW. Case 1 and Case 4 required SSW to have skills and knowledge of mental health issues. Liaison was made with medical institutions, engaged in school's support systems, provided support to the parents and the student. Our interactions are diverse, and perspectives are broad.

From Stage 3 to Stage 4, the student will receive psychiatric treatment. This stage is usually not child-centered, and children tend to be voiceless. SSW are expected to encourage the child to take part and get involved as seen in Case 2.

Stage 3 to Stage 4 involves collaboration with psychiatric institutions. School teachers are often not well informed about developmental disabilities, mental health literacy, and mental institutions, so there is a high demand for SSW to collaborate with psychiatric institutions. Collaboration means more than just connecting various agencies. It requires preparation. Before the doctor is consulted, the student's school must assess to find its role in the support system. Good relationships must be built with the student's family/guardian. The entire supporting process needs to be fully understood. The appropriate institutions must be carefully coordinated. Follow ups must be made to continue the collaboration. When schools collaborate with the institutions, it is on annual basis. But psychiatric institutions engage with the patient throughout the person's lifetime. This "cultural difference" makes collaboration somewhat difficult. One of SSW's role is to intervene and serve as liaison between agencies and promote better understanding.

When SSW is referred to school mental health issues, the aim of the service should not only be to find the solution, but also to focus on the process of giving support and interacting. It is through this process that we can actually take part in the child's development. We need mental health services which are designed to provide continuity of care from one's childhood through adulthood. We must get involved and advocate mental help-seeking so that students can build resiliency.

Student mental health in the times of COVID-19

¹Soon Hee Lee

School social worker, member of KASSW

What are the psychological and emotional experiences of students in the midst of the unforeseen global pandemic? The author attempted to compare the changes in stress, depression, and self-mutilation among students before and after the COVID-19 breakout and to find implications for school social workers' responses. To this end, the study conducted and analyzed data from surveys administered at two time points (T1=2019, T2=2020) with a total of 536 first to third year middle school students in Daegu, Gyeongsangbuk-do province.

The main results of the present study are as follows.

First, the study found that mental health problems such as stress, depression and self-mutilation newly surfaced or aggravated as students experience COVID-19. Stress, depression and self-mutilation before and after the breakout showed statistically significant increase in the *t*-test. Specifically, the increase in stress was found in subconstructs including stress from important human relationships such as relationships with parents and peers, from school related areas such as study and test, from one's appearance, and from money.

<Table 1> Stress, depression and self-harm before and after COVID-19 breakout
(*t*-test, *N*=536)

	T1	T2	<i>t</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	
Stress	37.69(10.75)	38.47(11.22)	17.226***
in parent relationship	10.49(4.13)	11.02(4.36)	17.488***
in peer relationship	6.77(1.89)	6.79(1.95)	3.189**
in study and school	4.04(1.54)	4.05(1.57)	2.461*
in tests and grades	6.98(2.93)	7.04(2.98)	2.486*
in appearance	4.38(1.81)	4.46(1.93)	6.568***
in money	5.06(1.92)	5.15(2.15)	6.180***
Depression	18.81(6.86)	20.65(6.11)	33.687***

¹ For 16 years from 2006 to 2022, the author has been working as an education welfare project worker at a Middle School in Daegu, Gyeongsangbuk-do province. She earned a doctorate degree in 2017 with a thesis titled "Development of an Achievement Motivating Program and the Investigation of Its Effectiveness."

Self-harm	18.29(2.71)	18.99(3.71)	9.261***
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T1=2019(before the breakout), T2=2020(after the breakout)

$p^* < .05$, ** $< .01$, *** $< .001$

Further analysis indicated a gender difference. Among females, stress in study and school, and in tests and grades showed statistically significant increase after the breakout while they did not among males. Among males, there was a statistically significant increase in stress level felt in peer relationship while the change among females was statistically non-significant. The greatest increase in stress among both male and female students was in parent relationship area followed by depression where increase among males seemed to be greater compared to females. As for self-mutilation, the increase was statistically significant among both males and females with females showing greater increase after the breakout of the pandemic.

<Table 2> Stress, depression and self-harm before and after COVID-19 breakout by gender (*t*-test, *N*=536)

Gender	Stress, depression, self-harm	T1	T2	<i>t</i>
		M(SD)	M(SD)	
Males (n=230)	Stress	36.09(9.56)	36.82(10.12)	10.597***
	in parent relationship	10.29(4.09)	10.80(4.35)	10.876***
	in peer relationship	6.65(1.47)	6.68(1.58)	2.681**
	in study and school	3.93(1.50)	3.94(1.53)	1.417
	in tests and grades	6.51(2.62)	6.55(2.64)	1.214
	in appearance	3.86(1.53)	3.91(1.64)	3.550***
	in money	4.90(1.82)	4.99(2.05)	4.156***
	Depression	17.16(6.13)	19.20(5.49)	26.157***
	Self-harm	18.00(2.45)	18.59(3.29)	5.696***
Females (n=306)	Stress	38.89(11.43)	39.72(11.84)	13.608***
	in parent relationship	10.63(4.15)	11.18(4.37)	13.711***
	in peer relationship	6.87(2.15)	6.88(2.19)	1.738
	in study and school	4.12(1.56)	4.13(1.60)	2.010*
	in tests and grades	7.33(3.09)	7.40(3.10)	2.241*
	in appearance	4.78(1.91)	4.87(2.03)	5.543***
	in money	5.18(1.99)	5.27(2.21)	4.569***
	Depression	20.06(7.12)	21.73(6.33)	22.671***
	Self-harm	18.51(3.00)	19.29(3.98)	7.370***

$p^* < .05$, ** $< .01$, *** $< .001$

Our analysis by grades (years in school) also indicates that not only as grade gets higher, stress in most areas gets worse, but also the gap gets wider. Additionally, the stress change in study and school area was not statistically significant. With regard to depression and self-mutilation, students in higher grades reported greater increase in depression while in self-mutilating behaviors, students in lower grades reported greater increase.

<Table 3> Stress, depression and self-harm before and after COVID-19 breakout by grades (*t*-test, *N*=536)

T1	T2	Stress, depression, self-harm	T1	T2	<i>t</i>
			M(SD)	M(SD)	
MS1 (n=210)	MS2 (n=210)	Stress	36.94(10.81)	37.62(11.22)	9.452***
		in parent relationship	10.39(4.20)	10.85(4.42)	10.100***
		in peer relationship	6.77(1.87)	6.78(1.90)	1.418
		in study and school	3.82(1.42)	3.83(1.44)	1.418
		in tests and grades	6.61(2.83)	6.62(2.85)	.282
		in appearance	4.45(1.85)	4.54(1.97)	4.426***
		in money	5.02(1.86)	5.12(2.09)	4.171***
		Depression	18.76(7.06)	20.59(6.30)	20.939***
	Self-harm	18.43(2.55)	19.50(3.97)	6.963***	
MS2 (n=202)	MS3 (n=202)	Stress	37.87(10.85)	38.68(11.29)	11.078***
		in parent relationship	10.72(4.36)	11.26(4.57)	10.653***
		in peer relationship	6.72(1.82)	6.73(1.88)	1.714
		in study and school	4.03(1.58)	4.04(1.61)	1.418
		in tests and grades	7.10(3.10)	7.19(3.14)	2.273*
		in appearance	4.29(1.81)	4.97(1.86)	4.298***
		in money	4.97(1.86)	5.03(2.03)	2.888*
		Depression	18.60(6.77)	20.41(5.96)	20.453***
	Self-harm	18.15(2.70)	18.70(3.45)	5.442***	
MS3 (n=124)	HS1 (n=124)	Stress	38.64(10.48)	39.57(11.07)	9.387***
		in parent relationship	10.27(6.57)	10.90(3.92)	9.640***
		in peer relationship	6.86(2.05)	6.90(2.16)	2.273*
		in study and school	4.43(1.61)	4.44(1.65)	1.420
		in tests and grades	7.39(2.74)	7.48(2.69)	2.062*
		in appearance	4.43(1.75)	4.47(1.83)	2.273*
		in money	5.27(2.12)	5.39(2.41)	3.604***
		Depression	19.25(6.72)	21.14(6.05)	16.571***
	Self-harm	18.28(3.00)	18.59(3.62)	3.670***	

MS=middle school, HS=high school

$p^* < .05$, $** < .01$, $*** < .001$

Lastly, the result reveals that prior history of self-mutilation may increase the risk of negative mental health issues during the pandemic. The self-mutilation items in the survey indicate whether one has harmed oneself in one's lifetime and the frequency of self-harming behaviors in the past six months. We operationalized 'prior mental health difficulties' as having a history of self-mutilation. Those with a prior history showed statistically significant increase in all stress areas while those without showed statistically significantly increased stress only in parent relationship, appearance, and money areas. Regarding depression, while both groups showed statistically significant increase, the group with prior history of self-mutilation responded with higher depression score at T1 and a greater increase from T1 to T2 compared to the no-history group. The proportion of students responding affirmatively to whether they have harmed themselves increased from T1 to T2. It is alarming that those with prior history is harming themselves even more often as they go through the pandemic. Taken together, the findings suggest heightened vulnerability among those with prior history of self-mutilation with regard to mental health during the pandemic.

<Table 4> Stress, depression and self-harm before and after COVID-19 breakout by prior history of self-harm (t -test, $N=536$)

prior history	Stress, depression and self-harm	before the breakout	after the breakout	t
		M(SD)	M(SD)	
self-harm history (n=128)	Stress	45.13(13.15)	46.21(13.53)	10.883***
	in parent relationship	12.67(4.93)	13.30(7.99)	10.236***
	in peer relationship	7.89(3.02)	7.95(3.09)	2.711**
	in study and school	4.88(1.94)	4.91(1.98)	2.024*
	in tests and grades	8.47(3.26)	8.53(3.26)	2.071*
	in appearance	5.26(2.14)	5.36(2.28)	3.787***
	in money	5.99(2.61)	6.18(2.89)	4.559***
	Depression	25.04(6.40)	27.15(7.16)	35.629***
	Self-harm	21.06(4.10)	23.34(5.03)	10.114***
no- history(n=408)	Stress	35.34(8.65)	36.03(9.13)	13.753***
	in parent relationship	9.79(3.57)	10.29(3.88)	14.335***
	in peer relationship	6.42(1.16)	6.43(1.21)	1.736
	in study and school	3.77(1.28)	3.78(1.30)	1.416
	in tests and grades	6.50(2.64)	6.56(2.67)	1.214
	in appearance	4.11(1.60)	4.17(1.71)	5.371***
	in money	4.76(1.54)	4.83(1.74)	4.308***

Depression	16.82(5.53)	17.80(5.51)	10.426***
Self-harm	17.42(1.10)	17.62(1.51)	4.296***

$p^* < .05$, $** < .01$, $*** < .001$

The results of this study have the following implications for school social workers.

First of all, during the COVID-19 period, stress increased among the respondents on average, especially for both male and female students in parent relationship area, which is in line with recent reports of increased divorce due to marital conflict and increased child abuse during the pandemic. This finding seemed to be associated with increased family conflicts due to families being confined at home for extended period of time. Accordingly, school social workers can provide educational programs to resolve conflicts in families, online activities for families to participate in, and healthy self-management programs through analysis and reflection of students' daily lives.

In addition, as the participating students on average showed increased level of depression and self-harming behavior, a wide range of support is needed including outdoor activities, home training programs, play opportunities with peers, one-on-one face-to-face counseling, emotional support, and professional counseling via e-mail. In addition, as previous studies show that adolescents can improve friendship, mental health, and academic concentration even during COVID-19, school social workers might want to create programs to help students take walks, stretch, and yoga while abiding by social distancing guidelines.

Finally, the findings highlight that mentally and emotionally vulnerable students experience greater pain in the times of a pandemic or unexpected crises. Therefore, school social workers need to cooperate with counseling support systems inside and outside the school while supporting these students more closely during the crisis and strengthening the informal support systems such as guardians and families who always live together. A support manual should be prepared at the school or at the education support office to intervene immediately and effectively in a crisis so that guardians, homeroom teachers, counselors, school social workers, and school managers can cooperate systematically.

A school social worker's response to a student mental health issue

²JH

School social worker, member of KASSW

- Meeting student A

'A' entered middle school in year 2021. During primary years towards A's graduation, A was reunited with the family of origin after living in a group home due to child abuse. The caregiver was not ready to have A back and did not welcome A's return. At the beginning of a new school year, a violent incident happened where A was physically and emotionally hurt. A started self-mutilating. The homeroom teacher who was aware of the situation sought my assistance. I contacted the case manager from Child Protective Services (CPS) and hosted a case conference at the school with the vice principal, the homeroom teacher, the head teacher of the grade, a career advisor, a ³counselor, the CPS case manager, and myself, the school social worker present.

- The first case conference

At the first case conference, we agreed that first and foremost, we needed to reassess A's safety, caregivers' needs and circumstances. As the CPS had been already involved, the assigned CPS case manager was tasked to do the reassessment. The school social worker was to assist A to achieve emotional stability and to adjust to school via focusing on strengths, providing group works, mentoring program, walking, and other wide range of interventions. The school social worker was also expected to coordinate case conferences and to communicate with the CPS. Additionally, we decided that a study of A's self-harming behavior and of its context was needed to delineate proper responses. For this, the school counselor was tasked to interview A. We met at the school social worker's office ⁴on a monthly basis.

- The journey with A begins

The school social worker's interview with A revealed that A liked the reunification and wanted to continue living with the family. A seemed psycho-emotionally unstable needing therapy, which had not surfaced at school. The school social worker visited A's mother at home and assessed A's home environment. Although the mother stated that she wanted to live with A, she didn't know what to do as she was dealing with her depression and other health issues. She stayed home at

² JH worked at an elementary and a middle school as a school social worker and education welfare project worker for the past 11 years. To protect the identity and privacy of A, we decided not to disclose the name of the social worker.

³ In Korea, school counselors are called "counseling teachers." They are qualified teachers, who have completed the counseling course as graduates of the College of Education.

⁴ A typical school social worker's office in Korea is part office for the worker and part activity room for a number of students to rest, play, and participate in groups, with a small counseling area secured in one corner.

all times minimizing contacts with the outside world and felt A is a burden to her weak self.

A approached the school social worker with ease making frequent visits to the office. A said school was a lot of fun. A would bring A's friends to the office and cheerfully spoke about self. A liked paying a visit to game rooms, is good at sports and singing, and loves being noticed by A's friends. Against all the odds, A seemed to have developed social skills at the regional children's center where A received ample and warm care. The school social worker encouraged A to participate in a mentoring program which matched 15 college students to juniors so that they meet on a weekly basis after school playing games and explore career paths in a group setting. A was very active in the groups and decided that A is going to be a psychologist.

- The counselor touched A's heart while the CPS supported the family

The counselor who continued counseling sessions with A learned that A was once hospitalized to a psychiatric unit due to co-occurring bulimia and depression. When the counselor recommended psychiatric treatment for A to address self-mutilation, the mother volunteered to accompany A to the clinic to ensure uninterrupted treatment. The CPS visited the family on a bi-weekly basis advising them on parenting skills, kept the line of communication alive with the parents, and continued to support them. Upon learning that the family never had a family trip while they longed to create positive family memories, the CPS worker also looked for ways to support a family trip.

- Attempting to make greater changes

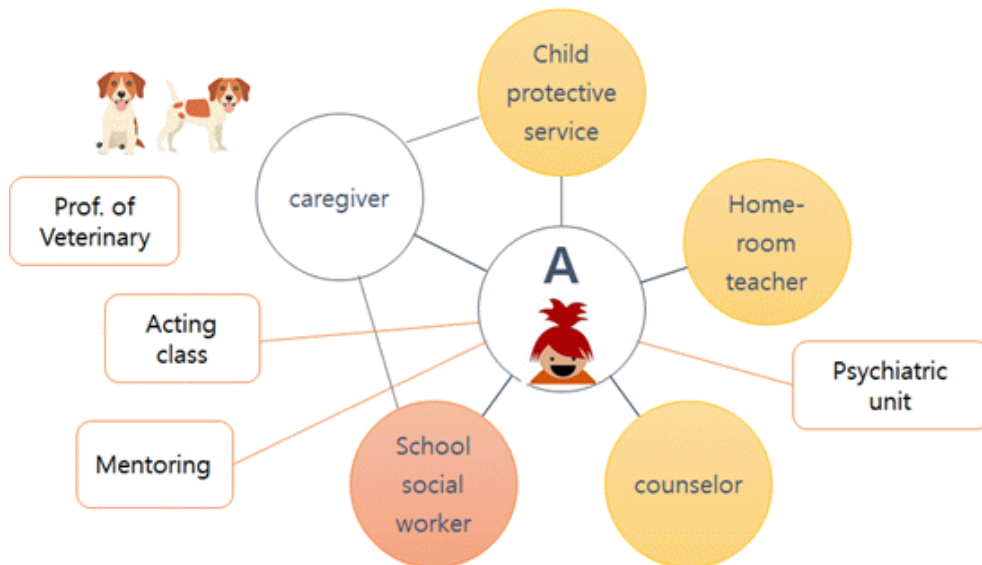
Although A seemed to enjoy school, the family seemed to be stagnant. The school social worker found the mother still feeling helpless while their home appeared to be in a poor condition and unclean. They had five dogs, none of which were up to date with their shots. A strong odor of dog urine filled the entrance of their half-underground flat where ventilation doesn't seem to work. The school social worker decided to provide extra help in addition to the work of CPS, which was welcomed by the CPS as well. After the school social worker mobilized her human network to find a professor who studies animal welfare, the worker invited A and the professor. To A, dogs were family and the source of psychological comfort regardless of how tired the mother was taking care of the dogs. The professor examined what dogs are to A and what A needs. The professor also visited the family to learn what the family needs. First, the professor connected the family to a veterinarian who would vaccinate the dogs without a charge. The professor talked the family into putting two of the dogs for adoption and dividing up the dog caring work between the mother and A. A now walks the dogs and releases stress via activities with mentors and friends gradually recovering self in this haven called school.

- Compliments, congratulations, appreciations

With several months of rigorous interventions of the school social worker, A showed change and family environment improved. A now enjoys learning acting as a after-school activity, which matches A's aptitude and interest. Psychiatric treatment discontinued as self-mutilation stopped.

A happily attends school. To establish additional emotional and financial support system for the family, the school social worker connected the family to a local community welfare center. Before the 2nd semester ended, in December of 2021, the school social worker, the CPS case manager, and the mother met together. We validated the effort the mother had made, who was open to our suggestion and discussed the future plan.

This is how A tenaciously went through the first middle school year that was never short of personal life challenges in addition to the chaos of the pandemic. To A, the school social worker was the best trustworthy adult who sat next to A helping A heal, realize A's potential, and rebuild a healthy family with the mother. In A's proud journey towards becoming a psychologist, in order for A to transcend the family hardship, this community and school will not cease to provide care and will be there for A.



Enhancing Mental Health of students in Singapore schools

Tan Yi Ying

Core member, School Social Work Chapter (Singapore)

As Social Workers working with students, one of our key roles is to advocate for increased support for the societal issues that our students are affected by. In Singapore, the mental health issues amongst students in Singapore schools have become a topic of increased scrutiny amongst Social Workers.

Singapore's education system is largely driven by the meritocracy values of the nation. Parents generally subscribe to the belief that good educational progress will put their children ahead of others in life. In Singapore, many of the students attend additional enrichment classes and seek for tuition support outside of school hours. With such intense pressure to perform well in Singapore schools, there are a section of the student population that are unable to fit in and keep up. These students may have other complex family situations, personal mental health challenges or other relationship problems which are affecting their ability to cope with the demands of the education system.

In recent years, there have been unfortunately several loss of lives of young students who had developed mental health issues which culminated in deaths by suicide. The suicide incidence rate among those aged 10 to 19 had risen from 4.0 per 100,000 in 2019 to 5.5 per 100,000 in 2020. The Education Minister of Singapore stated that while there are often multiple contributory stressors, including relationship problems with adults and peers, mental health issues, academic related difficulties and personal struggles, the stressors that may lead to suicide have been aggravated by the Covid-19 pandemic.

Covid-19 pandemic rocked the norm in this world as we know it. Due to the pandemic, besides the health regulations that everyone worldwide had to take into consideration, it also brought on a new dimension to schooling and studying. Students have to adjust to home-based learning and deal with the uncertainties of what might happen to their examinations or class assessments. For those students who are transitioning to a new schooling environment, they also have to contend with integrating into the new class or school with limited opportunities for social interactions. The normal stressors that these students would have faced in these developmental stages were aggravated by the pandemic.

Students at this developmental stage are also more likely to experience tensions and conflicts with their parents, which are worsened with the Covid-19 lockdown measures. Police reports of domestic violence also went up by 22% during the first month of national lockdown between April 2020 and May 2020. Beyond the domestic violence cases, Social Workers serving the various neighborhoods in Singapore also reported more parent-child conflict amongst their clients. Parents are likely to be concurrently facing pressures and stress at work which undermine their ability to be present for the students' emotional needs.

The National Youth Council (NYC) in Singapore conducted regular polls on Singaporean youths' challenges and sentiments on COVID-19 between the months of April and December 2020. From these polls, it was found that mental well-being was a challenge for over half of the youth population (52%) polled. The top stressors cited by youth were anxiety over the future (53%), stress over finances (41%), and worries about academic or work performance (39%). These were worrying figures for Social Workers to take note and intervene.

In a School Social Work Chapter virtual sharing event held under Singapore Association of Social Workers (SASW) in September 2021, Social Workers from a community-based youth social service agency shared about their surveys with their youth beneficiaries under their programmes, which investigated the roadblocks youths faced when interacting with the school system for mental health support. Voices from the youths included their fear of being stigmatized if school personnel knew about their mental health struggles, difficulties in building trust and opening up to teachers when classes are as large as 35 people per class. Some of them also lacked awareness of mental health literacy and did not know how to seek help for their issues.

In the above virtual sharing event, the Social Workers proposed 4 key areas of intervention to enhance students' mental health in the school settings:

Firstly, they proposed that mental health literacy programmes should be carried out across all levels, for the teaching staff, for students and for their families. The rationale behind this was for more people in the youth's ecosystem to be aware of the signs and symptoms of mental health issues and be able to spot these issues at early onset so as to support the youths adequately before their conditions become debilitating. When parents or teachers lacked literacy about this topic, they may inadvertently cause more harm to the students by dismissing or denying their experiences.

The second intervention proposed by the Social Workers was to increase opportunities to build the sense of connectedness between teachers and students beyond curriculum functions. Youths need a trusted adult whom they can turn to in times of distress and they should ideally be able to form that connection with their teachers whom they see 5 days a week, but the education system will need to shift in focus so that the teachers have more opportunities to engage students in a personalized manner. Teachers often feedbacked that they are too caught up with administrative functions and additional duties that they are unable to focus on the socio-emotional needs of the students.

Thirdly, the social workers also proposed to enhance the peer supporters' roles in the schools. Currently, many schools have informal arrangements for peer support system. Peer supporters' role is crucial in allowing the youths with mental health challenges to feel courageous to step forward and seek health by first confiding in their peers who are trained and able to provide basic emotional first aid. Schools can do more to encourage peer-led mental health advocacy campaigns in school settings as well. Overseas literature has supported the evidence that peer-led mental health programmes have higher efficiency as students respond better to peers whom they feel aligned to their experiences.

Lastly, the social workers highlighted the importance of mindfulness practices within the school settings which can easily feel overwhelming to students with the loud noises from all the chatter, the school bells, and tight timetable. By intentionally bringing in mindfulness practices in school settings, it can also help the students build up their ability to self-regulate and manage their stressors and emotions better.

The proposed suggestions by social workers on the ground are in line with the national developments in Singapore. In December 2021, the Education Minister of Singapore announced plans to progressively introduce mental health education lessons at all primary, secondary and pre-university levels over 2022 and 2023. These lessons will be part of the enhanced Character and Citizenship Education (CCE) curriculum. These lessons are intended to help kickstart conversations between teachers and students on non-academic topics such as personal well-being and encourage the classmates to provide peer support to one another. Through enhanced CCE lessons, students are encouraged to spot signs of distress in their peers and reach out to them with the support of the teachers. Special training will be provided to these peer supporters to ensure that they have the relevant skills and will not get overwhelmed as they are trying to help their peers.

The Ministry of Education is also planning to increase the number of teacher counsellors by another 1000, up from the existing 700. The teacher counsellors who are equipped with counselling skills, will be able to provide more pastoral care and counselling support to students and encourage help-seeking behaviors. These teacher counsellors are also trained to assess and conduct referrals to other support systems such as family-focused counselling or early mental health intervention for the students.

While the above measures taken by the Ministry of Education are sound on theory, there are still many other obstacles to truly alleviating youth mental health issues. Many times, youths who need help are not attending school regularly, and could be isolated from the school community by displaying chronic absenteeism issues. For youths like these, there will need to be social services that can outreach to them and attend to their needs where they are. Parents will also need to be aware of community-based resources that they could seek support for their children if their children are not ready to go to the hospital for mental health treatment as yet.

These gaps are issues that the Singapore government are aware of and hence, in its efforts to better support the needs of these youths, the Ministry of Health announced in Mar 2022 that the government will be looking into setting up a national mental well-being office, with dedicated resources looking at long-term solutions and focus on upstream preventive measures.

Social Workers in the community affirmed this move as this will help to alleviate the resource constraint in the public hospital by increasing the services for youths in the community. This will help to destigmatize and normalize help-seeking behaviors as the preventive services in the community will allow youths to walk in to any touchpoints in the community seeking youth services without any labels attached to them. Nonetheless, more will still need to be done for the community to be ready to fill up the gaps. Social Workers in the community are looking at how they can be better equipped with skills to intervene on the area of youth mental health while conducting public education efforts to increase mental health literacy amongst the

neighborhoods so that there will be mental health advocates in each neighborhood for a true ecosystem of care to form and holistically support the interventions needed for this concerning population.

I will conclude this article with this apt quote by the Education Minister of Singapore: ***“Our approach should not only be to strengthen the overall system of support, but to engender a much more caring, much more nurturing environment in our society”.***

Mental health services and school social work in Taiwan

Tsai,Shu-han

President of TASSW

Teacher: [She often knocked on the desk or yelled in the middle of class, interrupting classmates all the time.]

Director of Counseling: [If it doesn't go her way, she runs out of the classroom. She even ran to the fence by herself and tried to jump off the building several times, so we had to call an ambulance to force her to the hospital.]

Grandmother: [At home, she always uses phone by herself, and also loses her temper at me]

Since 2012, there have been many random killings in Taiwan. And the annual notification rate of suicide and child protection incidents also remains high. In addition to financial hardship, the reasons for this were mixed with family structure issues such as unemployment, substance abuse, mental illness, and weak support systems. Therefore, the social safety net plan proposed by the Ministry of Health and Welfare in 2018 emphasizes "family-centered" intervention services and provides integrated services.

On campus, we also found that the incidents of self-injury and suicide among students in Taiwan are increasing year by year. Most of them not only have domestic violence, parent-child conflict, interpersonal troubles, study failures, and even a small number of mental disorders. Therefore, we have been working hard on how school social workers can intervene from families, schools and communities to create a friendly environment to stabilize students' personal safety and safeguard their learning rights.

一、 **The emotional behavior out of control comes from family disorder**

(一) Childhood trauma which limits students' ability to mediate emotions and respond to difficult situations

Doris' mother left home early, leaving Doris to be taken care of by her grandmother. The grandmother vented her disappointment and anger towards her mother on Doris. Therefore, the grandmother often disciplines Doris by beating, and also reprimands her mother in front of Doris. Doris, who suffers from attention deficit hyperactivity disorder, has suffered from the violence of his grandmother and the neglect of his mother for many years, and gradually has values that no one can trust. When negative emotions come, Doris responds with hurt others and self-harm.

(二) The carers themselves lack the resources/ability to respond to the needs of the students
Doris' grandmother and mother came from a family with a cycle of violence. Grandmother and mother have been abused for many years in the past. After her mother escaped from her family of origin, she suffered repeated setbacks in her relationship, so she gave birth to Doris out of wedlock. And on the grounds of making money to support the family, Doris was handed over to his grandmother to raise and her mother was away from home alone. Doris's grandmother is very old and lacks the will and ability to discipline. She can only use traditional methods of beating, scolding and control to raise Doris, unable to understand and respond to Doris's internal needs.

二、 School social workers connect the continuous service between the school-family-community system

(一) Clarify the current psychological situation of students, and unblock the channels of cooperation between medical care, schools and families

When families and campuses feel powerless and helpless in the face of students' emotional and behavioral issues, they are used to pathological attribution. It seems that as long as the intervention of medical drugs, students can be stabilized. However, excessive medical practices also tend to stigmatize students and ignore the real structural problems behind student self-harm. Medications are just aids, It provides a relatively stable space for us to serve the individual-home-school system.

Through accompanying medical treatment, school social workers can unblock the transmission of information between medical care and schools and families, so that families and network units can have a more comprehensive understanding of students' emotional behaviors.

(二) Supporting and Empowering families

When faced with problems such as classroom interference and interpersonal conflicts caused by the school's continuous response to students' emotional instability, Doris' grandmother could only respond with her own limited discipline, but she also became a source of emotional stimulation for students, creating a vicious circle. Furthermore, in the process of Doris's grandmother and mother pushing each other's parenting responsibilities, the students also became the scapegoats under the cycle of domestic violence and the frustrations of the caregivers. Therefore, the family work of the school social worker strives to improve the caregivers' understanding of the students' emotional behavior and combines the community resources to enhance the caregivers' ability and willingness to find a new balance in the conflicting family interaction model.

1. Accompany caregivers to discuss the causes and needs behind students' emotional behaviors and enhance their understanding of students.
2. Combining cross-unit resources such as medical care and special education to develop an appropriate interaction model with students, and implement it in the real family situation through situational exercises, role-playing or family talks, etc.
3. Integrate community resources such as social affairs, economics, labor affairs, etc., provide caregivers with diverse supplementary and supportive services, and empower caregivers.

(三) Cooperate with the campus system to create a friendly communication environment

In the face of students with emotional and behavioral issues, the school is undoubtedly under high pressure every day. These pressures include insecurities from not knowing when students' emotions are out of control, fear of other students being attacked and injured by Doris, and imitating Doris' behavior, other teachers and parents complain about changing classes. More than that, the feeling of powerlessness and helplessness in the face of students' emotional behavior. The accumulation of these complex feelings will limit the flexibility, tolerance, patience and opportunities that the school can give. Therefore, with the vision of the ecosystem, school social workers can drive education, counseling and social work between campuses to jointly create a friendly communication environment.

1. Advocate for student rights, improve teachers' understanding of students' emotional behavior and safeguard the right to education.
2. Accompany the school to establish and practice crisis response procedures to mitigate the impact of emergencies on campus teachers and students.
3. Use a variety of forms such as curriculum design, task activities, and individual interviews to create successful interactive experiences between students, teachers and peers.

Mental health is never just a personal issue, it just presents the results of students interacting with home-school-community environments, and more of it will continue to cycle in these environments. School social workers use our advantages and abilities in system work to intervene early to bring new experiences to families

(Supplementary insert)

Through a Fieldwork Lens – Reflections from A School Social Work Supervisor and An Undergraduate Intern

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Introduction to Social Work Internship in Singapore

Social Work as a subject in the University first started in 1952, when it offered the first professional social work qualification in Singapore, the two-year Diploma in Social Studies. Since then, it has evolved with the changing times, circumstances and requirements of the country into its present form – Degree in Social Sciences (Social Work).

The Field Placement has been a key part of Social Work Education as it provides the platform for students to integrate theory into practice. In Singapore, there are different educational institutions and pathways that offer field placement opportunities. (See fig 1.)

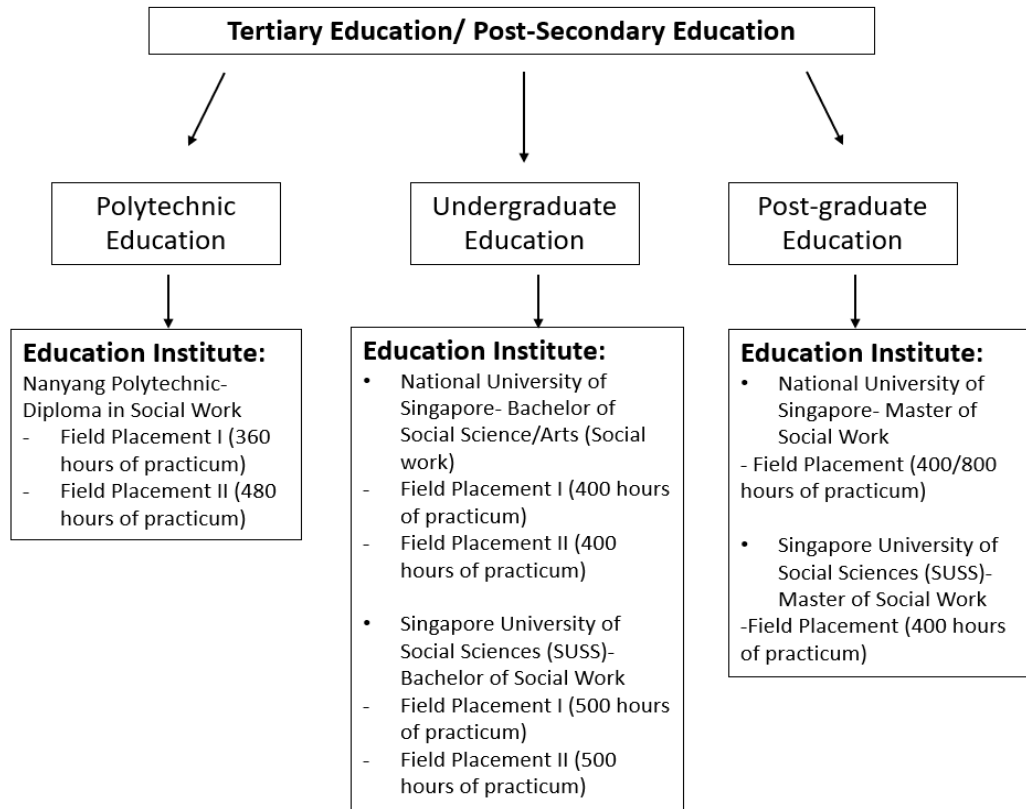


Figure 1.

Field Placement Aims & Structures

The Field Placement is designed in a manner that allows students to experience variety in their fieldwork practice, in different settings, and have the opportunities to integrate theories with practice. Placements are classified according to the setting and nature of work, such as:

1. Agencies for Children & Youth
2. Agencies for Older persons
3. Agencies for the Disabled
4. Correctional Settings
5. Medical / Health Settings
6. Family Service Centres
7. Other Settings

Having foundational social work knowledge such as generalist social work practice is crucial before embarking on their field placement. In addition, students also hone their practice skills and develop their identity as a budding social worker. A key figure supporting the students is their field placement supervisor. Field placement supervisor's competency in their work and supervision is critical to a fruitful learning experience of students, thus they are required to have at least 4 years of direct work experience. Field placement supervisors are also briefed on the objectives of field placement, grading criteria, and expected supervision hours and tasks. These expectations are the basic guidelines. Within these guidelines, supervisors have the freedom to plan agency-specific work experiences for students during their field placement.

At the start of field placement, students are adjusting to the work environment and routines. As such, it is common for students' placement journey to begin at a slower pace. Tasks include allowing students to familiarize with the agency's mission and policies. Students are required to set their learning goals too. To help craft meaningful and feasible learning goals, they are exposed to possible work experiences they could expect from the agency. The eventual learning goals are then finalized between the supervisor and student.

In the middle stage of field placement, students have some knowledge of the agency's work process and have had the chance to observe agency's staff in their work. They are now ready for the next step- practicing social work skills they have set out in their learning goals. For instance, a student attached to a family service centre may conduct assessment for clients. Weekly or fortnightly supervision sessions are also conducted to support students in their learning. A representative from the student's education institute will also conduct a mid-placement visit to check on the student's progress in the placement agency.

In the later stages, students are familiar with the work process and are equipped with skills to independently carry out basic work responsibilities expected of them. To consolidate and display their learnings from the previous weeks, field supervisor often entrust students with an adequately challenging project in this final phase of internship. For example, taking charge of a group work session/co-conducting a family session. As field placement winds down in the final weeks, students conduct closure and handover for their assigned work.

Reflections of a School Social Work Supervisor

The aforementioned scaffolding of learning requires constant reviewing and flexibility to ensure the pace of learning is in accordance with the student's progress. Personally, this is important for me, as I believe a supervisor's role is to adequately challenge the student for their learning while providing a safe and nurturing environment to grow.

With casework being the traditional modality of social work in Singapore, as a supervisor it is common to find students being unfamiliar with school social work. I find it especially important to expand students' idea of social work to include school social work. My role is to educate students on school social work and the role of a school social worker.. For instance, I would introduce programme and groupwork as a common modality of Singapore school social work intervention and relate these interventions to eventual client's outcomes. In addition, the idea of "client" is expanded to include schools as a school social worker is required to interface with and meet the needs of the school.

Adequate opportunities are given to expose students to programmes, groupwork and viewing school as a client. However, providing students with opportunities to practice systemic and macro thinking skills, crucial for school social work, is challenging. For example, students often do not have adequate or substantial opportunities to gather information and assess the dynamics/role of agency in the school. This is due to the rare occasion where formal interaction occurs between agency and school or the fleeting ad hoc nature of interaction, where information are not substantive from such interactions. On the occasions where students have opportunities to exercise macro and systemic thinking, it is a fairly challenging yet important learning experience for them.

Despite the limited opportunities to interact with school personnel, I believe that students who undertake school social work in their field placement are exposed to a variety of social work interventions modality and exercise a wide range of foundational skills needed as a social worker. School social work provides opportunities for students to practice casework and, as a group worker, practice groupwork skills. They contribute to planning of programme and

groupwork, skills essential for programme development. The range of experience expands the possible areas of learning and caters to different learning interests of students.

Reflection of an Intern's Supervisee

Living in this new era of a pandemic world, my curiosity of - “How can I re-define and establish a genuine therapeutic relationship with youths that would be helpful for their own personal growth in this new norm?”, has brought about a fresh awakening to me of the multifaceted role of a school social worker of learning to explore unconventional ways to connect with youths creatively.

As an undergraduate student that was only exposed to the generalist practice perspective in the social work curriculum, the essence of SHINE Children and Youth Services, a social service agency’s delivery of services with youths that consists of the notion of ‘Experiential Learning’, whereby school social workers connect with youths creatively through doing and reflecting, has shifted my perspective in ways I could engage with youths. Additionally, having the privilege to attend ‘Professional Learning’ sessions at SHINE, has equipped me with both online and physical group facilitation skills, and knowledge on elements of creative ‘Experiential Learning’ in engaging with youths during group work sessions.

One of the many memorable internship experiences that has allowed me to implement an activity creatively would be for an activity called ‘Parent Simulation’, whereby students get to experience the role as a parent through a simplified and fast-paced activity by making choices and decisions that parents make daily. Incorporating creative elements of experiential learning through props and assimilating current trendy themes that may pique youths’ interests in the activity, have not only made it enjoyable for the students, but have also allowed them to take on reflective perspective-taking with their peers in a safe space to voice out their thoughts and feelings openly. Through such creative processes, I have found it especially enriching when I can open channels of communication to facilitate students’ self-expression through disclosing their feelings genuinely to me. I have also found moments of vulnerability with the students in such safe spaces that have allowed them to share their personal experiences honestly and openly without judgments but with validations and affirmations, together with their peers and other workers. Undoubtedly, this has allowed for a natural building of rapport with the students

through harmoniously connecting with them on a deeper level, establishing a genuine therapeutic alliance.

However, the barriers to connect with youths meaningfully on digital platforms have brought about concerns for social workers. As an intern, this has sparked my hopes for more open dialogues to exchange ideas among experienced workers on their current approaches on engaging with youths in this new realm to improve creative delivery of services digitally. It would be helpful to conduct consistent trainingships to build upon workers' competencies across local agencies to facilitate more dynamic collaborations and support for youths effectively. Additionally, collaborating with available community resources and Self-Help Groups that embrace cultural differences in serving clients creatively, may enhance the quality of services provided to students from different cultural backgrounds.

Certainly, it would be encouraging and hopeful to have support on the macro-level, such as from the Ministry of Education (MOE), to facilitate openness and resources to dive into current social issues that are salient among youths of today, in the school's curriculum. Not only does it clarify and strengthen the role of a school social worker to lend a voice to the students in the school setting but it also allows for a stronger partnership between school social workers and school authorities, cultivating the core value of the importance of human relationships among the different stakeholders.

In the university curriculum, providing modules centering on creative new ways to engage with youths in such ever-changing times, would be beneficial. This would allow for more aspiring school social workers to have an active voice in the role of an advocate in this sector, providing for more transparency and visibility to explore salient current social issues. Also, I have found the most meaning in the colleagues I have met that have kindly served me as mentors to show me the ropes of the multifaceted role of a school social worker. As such, linking up undergraduate students with experienced school social workers in the curriculum may greatly contribute to the knowledge of future aspiring school social workers. This may encourage a frame of mind of openness to learn new things that are vital to develop one's competency in this sector, defining a lifelong learning process.