

Lack of a Program to Cope with Crises in Schools: Neglecting Mental Health Problems of Survivors of School Disasters

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Dear Editor,

Tragic events occur worldwide from time to time and sometimes school students and the staff are the victims.

Disasters are sudden physical events requiring external assistance to save lives and recover from destruction. Perceptible surprise, drama, and immediacy of disasters, not number of lives lost, are taken into consideration (1). On the other hand, without the people there is no disaster.

Among school-related disasters, the crash of a bus carrying school students in October 2012 in Chahar Mahal Bakhtiari (Iran), school fire in December 2012 in Piranshahr (Iran), South Korea ferry tragic event in April 2014, and Peshawar school massacre in December 2014 are just some instances.

Children and adolescents might even be more susceptible to the psychological and psychiatric consequences than adults when faced with incidents. Moreover, many of the disaster survivors may experience a great deal of distress and problems, which may last for a long time (2). However, there is no internationally developed plan to cope with crises in schools and address schoolchildren's mental health in the aftermath of the disaster.

Mental Health Problems Following the Experience of Adverse Events

The unfortunate events, which occur during people's lives, might affect their mental, social, and even spiritual health in addition to their physical wellbeing.

With respect to mental health, re-experiencing the traumatic event in dreams and daily thoughts, distress when exposed to traumatic reminders, avoid thinking about the experience (and practically not talking to parents and peers about what had happened and their feelings), survivor's feeling of guilt, heightened anxiety and arousal, poor concentration, sleep disturbances, separation difficulties, memory problems, heightened alertness

to dangers, irritability, depressed mood, hopelessness, helplessness, bereavement reactions, panic, somatic symptoms, school avoidance, and disturbances in academic attainments are some of the problems that survived students and witnesses of adverse events may encounter (2-5).

Studies on survivors of adverse incidents indicate that at least some of the survivors will be affected by psychiatric disorders like acute stress disorder, post-traumatic stress disorder (PTSD) (which even may persist for many years in severe circumstances) (3), specific phobias, adjustment disorders, generalized anxiety disorder, social phobia, panic disorder, agoraphobia, obsessive-compulsive disorder, and substance abuse-related disorders, moreover, many of the survivors will undergo distressing symptoms for a long time (3, 4).

Leaving students untreated while they need psychiatric and psychological interventions might make them vulnerable to chronic PTSD and depressive symptoms, especially those exposed to severe trauma.

Furthermore, after the occurrence of adverse events, VARIOUS groups need to be noticed, examined, and if necessary, appropriate interventions should be implemented to deal with the aftermath. In addition to the students and staff who are directly involved in the incident (injured or non-injured), others involved include the students who themselves are not directly engaged in the event, but are the victims' classmates or schoolmates, parents of the dead, injured, or uninjured students, and also those school staff who are not present at the time of the event.

The Necessity of a Program to Cope With Crises in Schools

Scientific evidence indicates that disaster interventions for survived children and adolescents, rescued from both natural and man-made disasters, are efficacious (3, 6).

Some studies suggest that post-disaster mental health interventions can be provided by trained, but nonprofessional human resources in the community including schools (2). Moreover, post-disaster support at schools has been suggested as one of the predictors of duration and severity of post-traumatic stress disorder in survived students who develop PTSD after an adverse event (3, 7).

Psychiatric aftermath of adverse events is not often detected (2), and some factors such as the low level of mental health knowledge and literacy of parents in different countries, particularly in developing ones, and the negative attitude and stigma towards requesting mental health assistance (4) around the world are some of the obstacles in receiving mental health services. In view of the above, importance of the role which schools can play may become clearer. Contingency plans can help provide psychological support for the rescued and the other involved students and staff in the immediate, short, medium, and long-term phases of an adverse event.

Additionally, considering the influence of the availability of social support in the development, severity, and duration of PTSD (3), the significant role of schools is acknowledged in coping with crises through having a contingency plan to support children and adolescents and in providing a rich social support for them.

What Policymakers, administrators, and school staff should and could do

It seems that measures that should be taken can be classified into two general parts:

1. Measures that Should Be Taken to Reduce the Incidence of Adverse Events:

Examining school related crises in some countries such as Iran indicates that some of them occur repeatedly in terms of the way they happen, and some are the result of egregious mistakes. For example, in school fires, taking away the oil heater from the class (instead of directing the students out of the class), falling of the oil heater while being carried out, further inflaming of the fire, closing the way out, and trapping the students have happened many times.

Another common mistake leading to crises, as reports suggest, is the lack of adequate oversight of students by teachers/ handlers in school-related trips. The behavior of the handlers suggests that as if they had supposed it was they who were to enjoy themselves instead of feeling that they are at "work" and should take care of students (e.g., Shadgan waterfall incident, Iran, in April 2006).

It seems that measures that should be taken can be considered into two parts in a general classification:

- Using scientific and practical texts to train school staff and related administrators to prevent probable mistakes which expose schools to such events and making them more aware of the occurrence of tragic events to reduce their incidence.

- Establishing an office in Ministry of Education in all countries to register adverse events: The office should be responsible for recording and monitoring disasters happening in and out of schools (but related to schools) for students and teachers throughout the country and dissecting them scientifically. The purpose of the office will be learning lessons from the events which have happened and giving feedback to schools to prevent jeopardizing school students' lives.

2. Training School Staff to Cope with Crises in Schools:

- Many countries (developed or developing) have established appropriate procedures to train school staff during their working years in different forms. Therefore, interventions such as including a suitable text in the training programs to teach how to cope with unfortunate events are feasible. There are valuable texts (5, 8-10) –scientific and practical- evaluated in studies and worked on in different cultures that can be used worldwide for this purpose. They can help school staff to provide psychological support for the rescued students, other students, and staff involved in the different phases of an adverse event. Moreover, they can provide the grounds for early psychological interventions through appropriate behavior of the school staff with the students involved in the disaster, giving them the opportunity to talk about the event and their feelings and psychological status, communicating with the students and their parents, and referring them to proper mental health professionals timely to prevent the development of the subsequent trauma-related disorders, symptoms, and signs or at least help detect these problems earlier.

- Training those who want to work in schools as teachers, directors, etc.: Centers that are responsible for educating school staff and administrators who take students out of schools for different purposes such as recreation can provide the education and training needed to deal with probable crises in the form of obligatory courses.

Supporting the program "coping with adverse events in schools" by international organizations

To implement the program globally, it seems that international organizations whose mission is helping children to meet their mental health needs (such as World Health Organization, Global Alliance of Mental Illness Advocacy Networks, and World Federation for Mental Health) should request that countries include the program in their existing programs of Ministry of Education.

In brief, many schoolchildren face different adverse events annually worldwide and may suffer psychological and psychiatric aftermath. Schools can cope with these incidents through having a practical program based on scientific findings. Also, they can play an important role in meeting at least some of students' mental health needs and in the prevention of damage to mental health through reducing the incidence of events, training on how to deal with crisis survivors, being aware of some symptoms and signs to guide the parents to take their children to mental health professionals, and providing social, psychological, and educational support for the survived children.

Footnotes

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