

Role of Health Psychologist in physical, social and mental health development among school students

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ABSTRACT-- Due to increase in occurrence of problematic behaviors like substance abuse, abnormal behaviors and illness related lifestyle, sedentary habits and disturbed social among school children and adolescent. It is necessary to implement School Based Student Centered Care (SBSCC) This paper aimed to emphasize the role of health Psychologist in student centered care and assess the self-esteem, perceived social support, resilience, internet addiction, and mental health of students. This study was carried one of private school with 92 students (38 Boys & 54 Girls) from Grade 12, and their mean age is 17+/-1. Rosenberg Self-esteem Scale, Multi-dimensional scale of perceived social support, Psychological Resilience Scale, Internet Addiction test and mental health inventory-38 along with measure of body mass index were used for measurement the finding highlights the students self esteem, social support, resilience, addiction to internet, and mental health. Further models on person or patient centered care, role of Health Psychologist in school based student centered care, and school based student centered care (SBSCC) in coordination with students, teachers and parents are also highlighted in the study.

Keywords-- Person centered care, Student centered care, Health psychologist, internet addiction behavior, physical, social and mental health.

I. INTRODUCTION

Student goes to school is to achieve skills and knowledge required to be a part of autonomous and successful person in world. Because school provides an ideal environment where an individual learns basic skills, gains knowledge, develops his or her talents, meets new friends, and lessons from experts. Scoring high marks in examination is not merely sufficient to get good position in the future. Top ten skills what the student should learn in school are time management, study habits, goal sitting, concentration, note-taking, punctuality, review of daily tasks and events, personal skills, motivation, and commitment. These skills should be required for the student to achieve desired goal and excellent outcomes. The skills, academic performance and health are three different assets what student community needed. Among these three assets, health is the most important one. The father of nation Mahatma Gandhi once told "It is health that is real wealth and not pieces of gold and silver". WHO (2019) stated "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Physical health of the student has positive relationship on ability to learn new skills, completing routine daily tasks, and with academic performance. The student, who lacks optimum physical health, will prone to diseases or illness. So, Good physical health is required for schooling

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and learning. Unhealthy children have greater risk and more chances for school failure, grade retention and school dropout. Optimum relationship with others defines our social health. Good relationship provides us with strong support from them, such support termed as social support. Poor social support leads to decline in academic activity and performance. Social health has positive relationship with academic performance, physical health and mental health. Once upon a time, the term 'mental health was pronounced as huge taboo and sin. Now it is slowly accepting by people and stigma towards it is minimized. Mental health has strong association with academic performance as well as physical and social health of an individual. Shaw, Gomes, Polotskein, and Jankowska (2015) mentioned unhealthy children have greater risk for school problem than healthy one. So importance of health should be targeted at school level where students spend most of their time.

The great eminent psychologist Carl Rogers (1940) developed an approach called as "Person-centered approach". This approach was generated based on the assumption that every person have tendency to achieve and have the capacity to complete his or her own talent, and is focusing on an individual present subjective understanding rather than other's advice or his/her unconscious motive. He also told an individual has capacities to understand his or her nature, to modify his or her self-concept, attitude, and self-directed behavior. Among healthcare belief, there are two types namely Biomedical and Biopsychosocial models. As recent advancement in healthcare sector, western health psychologist developed a new mode of approach namely patient-centered care or person-centered care in consideration with both health belief models.

Problematic student behaviors such as lateness, leaving school early, use of mobile phone in class room, side conversation, cheating, distracting other student, teasing and bullying others are more and more likely to occur increasingly among school student. These problematic behaviors are due to health problems, personal or family issues, adjustment disorders, or academic difficulties. Management of such behaviors needed special care or support towards student populations. Person-centered care aimed to consider an individual's value, desire, social and family situation in accordance with their lifestyle to achieve desired health. Likewise, student-centered care is focusing on need of the student in compared with service provided to achieve healthy and wealthy outcome. The nature of the student's need, value and desires should be understood through psychosocial context. Due to increase in occurrence of problematic behaviors, substance abuse, smoking, alcoholism, depression and anxiety among school student, School based student-centered care (SBSCC) is very needy and required to identify individual behaviors and assess their physical, social and mental health.

II. ROLE OF HEALTH PSYCHOLOGIST IN SBSCC

Behaviors of the students play an important role in their physical, social and mental health. Individual behaviors may leads to positive or negative outcome in health with respect to biological, social and psychological factors. Health Psychologist can improve student's behaviors and can strengthen their physical, social and mental health. Here, we have listed the role of health psychologist from various research papers as follows,

1. Health Psychologist is a "member of primary care team", as well as "specialty mental health team", he is also a "preverter of fragmentation" and "a facilitator of quality improvement", and acts as "team leader" in healthcare sector as well as in student-centered care (McDaniel and deGreylll, 2014).

2. He is the one who apply psychological knowledge and methods in physical, social and mental health disturbances to an individual who experienced or his/her family people felt. (Norcross and Karpiak, 2012; McDaniel *et al.*, 2014)

3. The fundamental duties of health psychologist in school based student centered care are like whole person care with evidence-based practice, team-based collaborative relationship with effective communication, and reflective practice with professional identity (Nash, Khatri, Cubic, and Baird, 2013).

4. The functional duties of health psychologist in school based student centered care are assessment, intervention, consultation, supervision and training with improved quality and positive outcome. Besides these, he or she works as team leader with other healthcare professionals for optimum student's health care and behavioral practice. (Nash, Khatri, Cubic, and Baird, 2013).

5. Women's health psychologist acts as bridge between women and lady physician or gynecologist to monitor and explain sexual dysfunction, sex education, pregnancy prevention, advise towards physically and emotionally safe relationship with opposite gender, and use of routine screening test towards good women's health. (Poloshuck and Woods, 2014).

6. Health psychologist acts as diagnostic-oriented with focused individual care and narrow focus on emotional and behavioral factors in limited time period (Runyan, 2011).

7. Health psychologist in school based student-centered care works to screen the student's physical, social, and mental health, problematic behaviors and substance abuse. (Beacham, Kinman, Harris, and Masters, 2011).

8. Health Psychologist works with questionnaires and experimental based intervention and studies towards health issues where assessment, predictions and control are in prime focus (Gough and Deatrck, 2014).

9. Health Psychologist works as primary care provider in management of mental health and chronic health issues with help of student's psychosocial context on health and illness with family health status (Fisher and Dickinson, 2014).

10. Health psychologist suggests inter professional health team with depth knowledge and skills in necessary to behavioral health with biopsychosocial conceptualization in treatment planning of illness and diseases. (Bonin, 2018).

11. Health psychologist works in collaboration team with medical doctors, psychiatrist, educator, and teachers with family people or care taker to produce more accessible, effective and efficient service towards optimum physical, social and mental health (Iyon, Whitaker, French, Richardson, Wasse and McCauley, 2016).

12. Health psychologist identify student who have abnormal behavior as result of physical, emotional, mental or psychological issues (Bohenkamp, Stephan, and Bobo, 2015).

III. LITERATURE REVIEW

Among the student, the assessment of physical, social and mental health and behavioral interpretation towards adequate physical, social and mental capacities will modify their behavior which results improves academic performance and promotes to seek new skills. Vankim and Nelson (2013) revealed physical activity have positive relationship with mental health and negative association with perceived stress. He also mentioned integration of physical, social and mental health components in college campus health services help to support complete health among the student. Shaw, Gomes, Polotskein and Jankowska (2015) stated physical fitness usually derived from

good nutrition, adequate rest, hygiene, and physical activity. They also revealed effective intervention towards student's diet, their social support, physical activity assist to improve their overall health. Sun and Shek (2012) mentioned classroom misbehavior can be reduced by curricular based program such at PATHS (Positive Adolescent Training through Holistic Social) programs which decrease problematic behaviors and substance abuse and also promote overall health of the student. Oh, Han, Lau, and Shum (2018) revealed

Table 1: Health models

Health Models	Author	Role / Benefits	Team Members
(Patient Centered Medical Health)	Lohse, Westphal, & Khatzelnick (2018)	Lowers inpatients in emergency department	Integrated Behavioral Health Services (IBH team)
		Decreases Healthcare Utilisations	Psychiatrist, Psychologist, Social workers, Nurses, and other allied Health staffs
Motivational Interview	Anstesis (2009)	Works based on "RULE"	Health Psychologist
		Resist the righting reflex	Medical Team, and Physicians
		Understand your patients dilemma and motivation	
PCMH (Paed PCMH)	Asarnow, Kolko, Miranda,&kazak (2017)	Behavioural Health conditions	Child Psychologist, Psychiatrist, Other allied health Professionals
Quality Improvement (QI)	Bonin (2018)	Healthcare interprofessional team activity	Psychologist, Health Professionals, and their family
PHEM	Graffina and Barelllo (2018)	Four development phase	Health Psychologist, Healthcare Professional and Medical Doctor
PCMH	Hunter, Dobmeyer, and Reiter (2018)	Integrated Behavioral Health Services	Psychologist, Psychiatrist and allied health professionals
PCMH	McDainieland Fogarty (2009)	Team Approach to Clinical Services	Psychologist
		Assessment & interventions	Psychiatrist
		Preventive Strategies	Allied Medical Professionals
Student & family Centered Care Coordination	Baker, Anderson, and Johson (2016)	Through ongoing delivery System	School Nurse, Psychologist, Teacher, Family people,

		Design, and works with	
School Mental Health Service	Bohnenkamp, Stephen and Bobo (2015)	School Nurse as coordinated mental health team.	School nurse, Psychologist, Psychiatrist and allied health professionals
SBHC	Olga Acosta (2016)	Healthcare Systems	Psychologist, School Nurse, Multidisciplinary team work, other medical professionals

social support perceived from teachers and friends acts as protective medium between child abuse and negative behavior outcomes. Cowan, Vaillancourt, Ridden and Pollitt (2013) stated complete behavioral and mental health services, school based health support, multidiscipline strategies for school safety and school climate as a framework for successful and safe schooling. Lor, Crooks, and Tluczek (2018) mentioned person-centered care team includes effective communication, respected care, holistic perspective, individualized care, interprofessional coordination, empowerment, viewing the family at unit of care, interpersonal relationship, cultural knowledge, cultural skills and social justices as core features with necessary professionals. McDaniel and Fogasty (2009) revealed patient care skill in hospital environment acts as daily routine health psychological assessment and intervention, similarly in school environment behavioral intervention in relation to family and social intrusion acts as management of behavioral modification among students. Nash, Khatri, Cubic, and Baird (2013) mentioned set of health psychologist's competencies in patient-centered and person-centered care work with broad range of interprofessional activities.

IV. OBJECTIVES

1. To analyze and mention various health models relation to patient-centered, or person-centered, or student-centered care.
2. To list out the role of health psychologist in school based student-centered care (SBSCC).
3. To assess the level of physical, social and mental health among 12th grade school students.
4. To find out mean difference in physical, social, and mental health parameters between boys and girls among 12th grade school students.
5. To find out mean difference in anxiety, depression, loss of behavioral / emotional control, general positive affect, emotional ties and life satisfaction between boys and among 12th grade school students.

V. METHODOLOGY

Review strategies

The systematic review on patient-centered, or Person-centered or Student-centered care towards behavioral health services as well as overall health was carried through search strategy in Google Scholar, PubMed, and PsycINFO in order to include all latest publications relevant to our study. Researcher reviewed 150 published articles and papers among them 94 research papers were related to patient-centered and person-centered in association to behavioral health and chronic diseases, but only very few papers (less than 10) were related to student-centered care some of these papers are shown in the table.

Research Design: In order to justify, need and importance of school based student-centered care researcher designed empirical study in private school among 12th grade school students. This research is quantitative, descriptive in nature.

Sampling: In this study, the sample of 92 School students from 12th grade was been taken.

Measuring tools: In this study, the following measuring tools where used to assess physical, social and mental health of an individual student. Namely, Body mass index (BMI), Multidimensional perceived social support scale (MDPSS), Rosenberg's Self-esteem scale (RSES), Psychological Resilience Scale (PRS) and The Mental Health Inventory (MHI-38).

1. **Body mass index (BMI):** The immediate assessment of the physical health of an individual's was carried by measuring body mass index (BMI). The BMI was calculated from height and weight of the student and the formula was weight divided by square root of height of the student. The BMI was categorized into underweight (below 18.5), normal weight (18.5-25), overweight (25-29.9) and obese (above 30).

2. **Multi-dimensional Perceived Social Support Scale (MDPSS):** This scale was constructed by Zimet, Dahlem, Zimet, and Farley (1988) and has 12 items in seven point likert scale from very strongly disagree to very strongly agree.

3. **Rosenberg's Self-esteem Scale (RSES):** This scale was constructed by Rosenberg (1965) and it has 10 items with four point likert scale such as strongly agree, agree, disagree and strong disagree. Score between 26 and 35 were considered as normal self-esteem, below 25 were low and above 36 indicated high self-esteem.

4. **Psychological Resilience Scale (PRS):** This scale was generated by Bhat and Khan (2018) and have 21 items with five point likert scale from strongly disagree, Disagree, Undecided, Agree, and strongly agree.

5. **The Mental Health Inventory (MHI-38):** This inventory is developed by Viet and Wara (1983). It has two global scales namely psychological well-being and psychological Distress. This scale is also divided into six subscales namely anxiety, depression, loss of behavioral and emotional control, general positive affect, emotional ties and life satisfaction. The overall scores denote global mental health score.

VI. RESULTS

The study was conducted in private school with 92 students from 12th grade (38 Boys and 54 Girls). The participant was asked to fill above mentioned measuring tools for physical, social, and mental health. Body mass index were carefully measured by measuring their height and weight through appropriate measuring tools. The scoring of Rosenberg's Self-esteem scale, Multi-dimensional perceived social support scale, and the mental health inventory were done and obtained data were interpreted carefully. Findings are discussed into three categories namely physical health, social health and mental health.

Figure(1): Physical Health (BMI)



Figure 1: Physical Health

Figure (2): Social Health (Social Support)

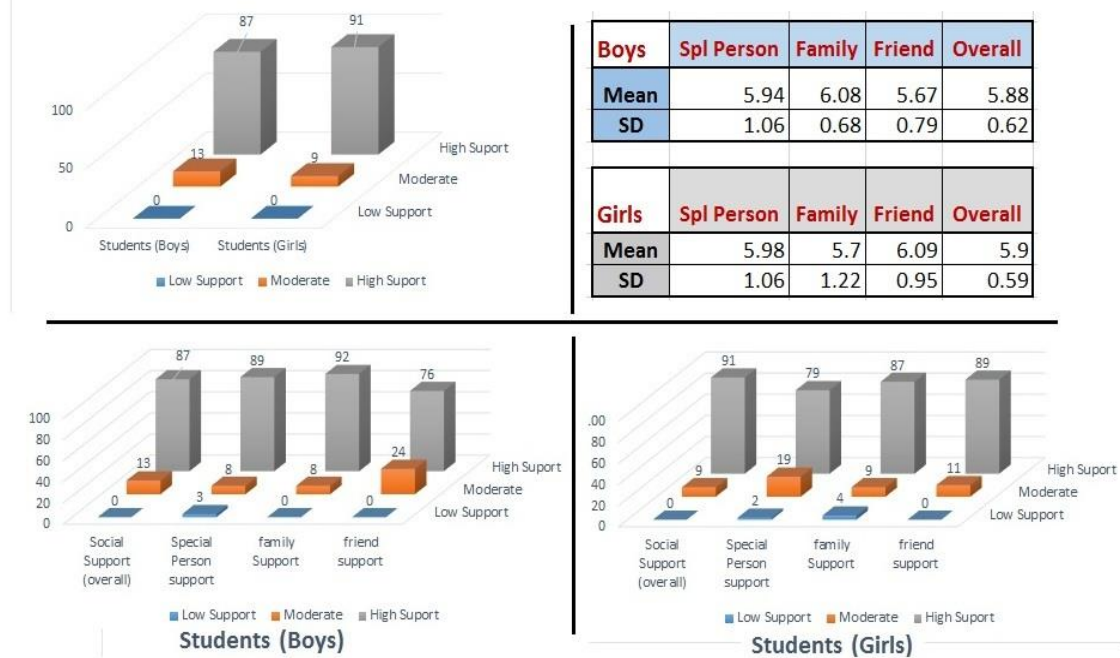


Figure 2: Social Health

Figure (3): Mental Health

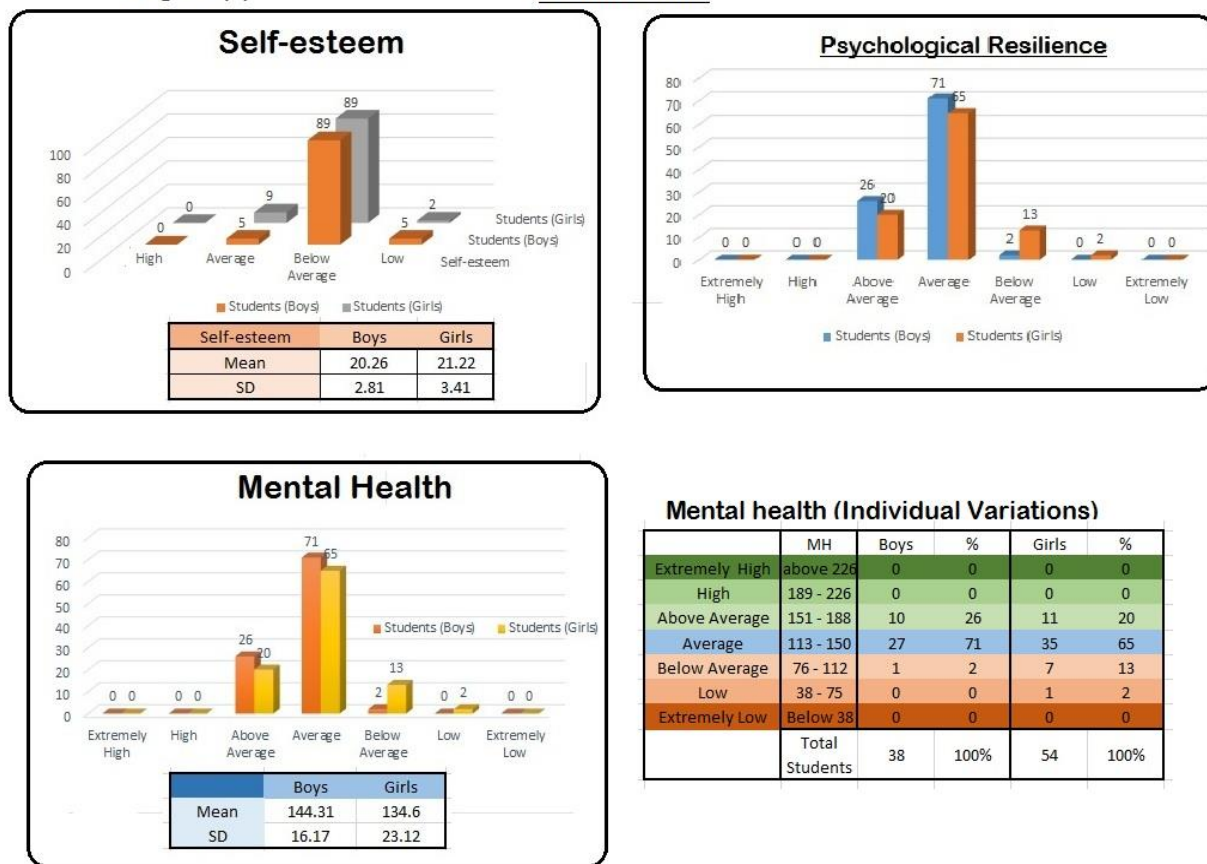


Figure 3: Mental Health

Figure (4): Psychological Well-being

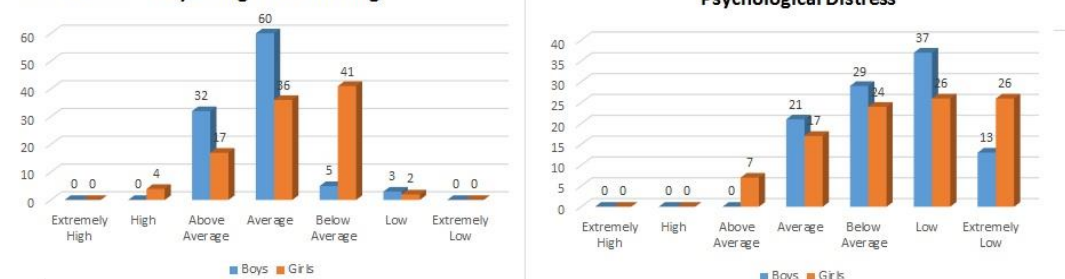


Figure 4: Psychological well-being

Figure (5a) Mental Health - Dimensions

	Anxiety		Depression		Loss of Beha/Emo. Con	
	Boys	Girls	Boys	Girls	Boys	Girls
Mean	28	28.5	12	11.38	24.86	28.18
S.D	6.5	8.02	3.93	3.71	4.32	8.58
No.of Students	38	54	38	54	38	54
Mean Difference	Statistically Insignificance	P value is 0.7515	Statistically Insignificance	P value is 0.4432	Statistically significance	P value is 0.0307
Grade	Boys in %	Girls in %	Boys in %	Girls in %	Boys in %	Girls in %
Extremely Low	0	0	0	0	0	0
Low	8	7	26	24	5	7
Below Average	39	41	34	41	66	41
Average	39	33	24	28	29	31
Above Average	14	17	16	5	0	19
High	0	2	0	2	0	2
Extremely High	0	0	0	0	0	0

Figure 5(a): Mental Health-Dimensions

Figure (5b) Mental Health - Dimensions

	Gen.Posi.Affect		Emotional Ties		Life satisfaction	
	Boys	Girls	Boys	Girls	Boys	Girls
Mean	37.55	32.25	7.4	8.18	3.86	3.25
S.D	6.12	8.58	2.45	2.5	2.51	1.6
No.of Students	38	54	38	54	38	54
Mean Difference	Statistically significance	P value is 0.0015	Statistically Insignificance	P value is 0.1409	Statistically Insignificance	P value is 0.1581
Grade	Boys in %	Girls in %	Boys in %	Girls in %	Boys in %	Girls in %
Extremely High	0	0	NA	NA	NA	NA
High	3	0	10	20	16	11
Above Average	26	19	29	31	16	18
Average	63	39	21	18	24	12
Below Average	8	41	29	22	34	19
Low	0	2	8	7	5	28
Extremely Low	0	0	3	2	5	12

Figure 5(b): Mental Health-Dimension

VII. DISCUSSIONS

Physical Health: The physical health of students was primarily assessed through measuring BMI. The body mass index determined based on mass or weight of an individual with respect to his or her height. Usually foods or nutrition consumed were utilized by our body as metabolism and the excessive of that were stored in the body tissues such as adipose tissue, liver, muscle, bone etc. The excessive fats were deposited in adipose tissues which results overweight or obese. Similarly mineral deposited in bone and the protein is building block of our body. So every individual needs appropriate amount of nutrition to get optimum weight as required. The mean score in BMI of boys was 20.47 and standard deviation was 4.55, and among girls the mean was 20.64 and the standard deviation was 4.76. The mean difference among boys and girls was not statistically significant as the p value was 0.864.

Findings demonstrated that 41% girls and 34% of boys were under weight, 53% boys and 43% girls are having normal weight whereas 8% boys and 9% of boys were having overweight. Further it is also found that only 5% of boys and 7% of girls was obese.

Social health: The social health determines individual's social values; skills and performance in society get to be benefited based on our social health. An individual's social health status can be calculated by assessing or measuring various measuring tools. The simplest and more adequate tool to measure social health in the form of social support is Multi-dimensional perceived social support scale, the researchers also used this tool and found the average perceived social support of boys was found 5.88 and the standard deviation was 0.62 and among girls, the mean was 5.9 and the standard deviation was 0.59. The Mean difference between boys and girls was not statically significant and the p value was 0.875.

Findings also reported that 91 % of girls show high social support followed by 87% boys. Whereas, 13% boys and 9% girls scored moderate social support and only 4% girls scored low social support followed by 2% boys.

Mental Health: Mental health of an individual is determined from various components such as behavioral, emotional, cognitive, biological and psychological. Assessing one's mental health is quite challenging and at the same time the assessment of mental health is very necessary at the school level in order to avoid so much of biological and psychological consequences. Here, researcher assessed mental health status of the student with the

different scales namely Rosenberg's Self-esteem scale (RSES), Psychological Resilience Scale (PRS) and The Mental Health Inventory (MHI-38). The mental health inventory, in turn provides us two global scale namely psychological well-being and psychological distress, and six subscales namely anxiety, depression, loss of behavioral and emotional control, general positive affect, emotional ties and life satisfaction. The results obtained from Rosenberg's self-esteem scale revealed that the average self-esteem for boys and girls were found to be 20.26 and 21.22, further the mean difference were not statistically significant as p value was 0.157. Similarly the average psychological resilience was 78.55 and 78.35 for boys and girls. Findings also show insignificant mean differences as p value was 0.93. Similarly, the average mental health for both boys and girls were found 144.3 and 134.61, also insignificant p-value 0.0284 infers not significant mean differences in mental health.

It is also found that 89% of respondents scored below average level of self-esteem scores. Further 9% among girl students were scored average level of self-esteem, while 5% in boy students and rest 5% in boys were in very low level.

In Psychological resilience scale, 96% of boy scored average or above average while 85% of the girl students were in average or above average level. In MHI-38, 97% of boys scored average or above average level and only 85% of girl scored average or above average level. These individual variations among students revealed the need and importance of school based student-centered care to each and every student to get optimum health. Result also infers that 21% boys' shows average level of psychological distress, whereas 14% girls above average level, 52% low or extremely low scores in psychological distress while 50% of boys shows low or extremely low psychological distress respectively.

VIII. CONCLUSION

In summary, this paper included four aspects such as reviewing of patient-centered, or person-centered or student-centered care health models, the role of Health Psychologist in school based student-centered care, empirical study on school based student-centered care and finally ends with idea to implement School based student-centered care through Health Psychologist as coordinator or provider of such facilities to school students. Prime goal in school based student-centered care is assessing their individualized status in physical, social and mental health. The study will be useful for health psychologist to analyze and diagnose psychological well being by using these standardized procedures

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