

Wellbeing of Children Need and Importance of Student Counselling

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Abstract: *Counselling aims to help the students to explore and clarify the problems. It helps the students to develop coping strategies and to deal with their difficulties. Counselling is not only about problems. It also offers opportunities to get to know about themselves better and to identify the strengths and limitations. In India student counseling is a major need in all the schools, but there are certain schools that have a counsellor as a full time or part time basis. In India specially Tamilnadu the children and adolescents need more attention and guidance to their problems like suicide, substance abuse, preoccupation with sexual issues, Etc. The role counselling plays as a tool in addressing the children and adolescents student need. Adolescent's students are faced with challenges, sometimes complex in nature due to the multiple roles they play in life. The objective of this paper is to highlight these challenges, the role counselling plays in assisting its clients to resolve their needs. problems faced by students, suggestions to overcome the problems like Learning disorders, family troubles, Exam anxiety, Stress, Depression, Aggression, and Adjustment problems, This conceptual paper describes the Health Status of Children, Demographic Profile of children and the mental health policy for child and adolescents developed by WHO, Constitutional provisions for children National Policies and Programmes for Children and adolescents, case studies and finally the role of student counselor in the field .*

Keywords: *Demographic Profile, Health status, Government provisions, National policies, Problems faced by children, and Suggestions.*

I. Introduction

Counselling denotes a professional relationship between a trained counselor and a client. This relationship is usually person-to-person, although it may sometimes involve more than two people. It is designed to help clients to understand and clarify their views of their life space, and to learn to reach their self-determined goals through meaningful, well-informed choices and through resolution of problems of an emotional or interpersonal nature. Child and adolescent mental health can be defined as (World Health Organization): the capacity to achieve and maintain optimal psychological functioning and well being. It is directly related to the level reached and competence achieved in psychological and social functioning.

The evidence base on the burden of CAMD in is relatively small; mental health research in contributes barely 3–6% of all published mental health research in the world

Demographic Profile Of Children

India, with 1.21 billion people is the second most populated country in the world, while China is on the top with over 1.35 billion people. The figures show that India represents almost 17.31% of the world's population, which means one out of six people on this planet live in India. Every year, an estimated 26 millions of children are born in India which is nearly 4 million more than the population of Australia. It is significant that while an absolute increase of 181 million in the country's population has been recorded during the decade 2001-2011, there is a reduction of 5.05 millions in the population of children aged 0-6 years during this period. The decline in male children is 2.06 million and in female children is 2.99 millions. The share of Children (0-6 years) in the total population has showed a decline of 2.8 points in 2011, compared to Census 2001.

Health Status

Status of achieving Millennium Development Goals in India The Millennium Development Goals has goal 4: Reduce Child Mortality targeting to reduce the under five mortality rate by two thirds between 1990 and 2015. Infant Mortality rate is one of the indicators to measure the progress of achievement of this target. IMR for the country as a whole declined by 33 points in the last two decades at an annual average decline of 1.65 points, it declined by six points between 2008 and 2010 with IMR at national level being 47 in 2010. With the present improved trend due to sharp fall during 2008-09, the national level estimate of IMR is likely to be 44 against the MDG target of 27 in 2015.

Problems Of The Children

A survey of 1,535 primary school children drawn from schools in Bangalore city found that 18% and 15% suffered from psychological disturbance and learning disability, respectively. Learning problems were associated with a low quality of academic work, poor concentration, not carrying out tasks, low motivation and underachievement. In rural primary school children in India, 13% of those having an IQ of greater than 90 were found to have poor achievement in an arithmetic test and a teacher's assessment. This study suggested a high prevalence of specific learning disabilities in these children, none of which were recognized by the educators or health service providers. A study in rural India found that more than 80% of the 172 children in a group of dropouts suffered from learning disability as diagnosed by a psychological screening test. A recent prospective study from Goa, India of nearly 2,000 adolescents aged 12 to 14 years has found that baseline mental disorders, though rare, were independent risk factors for later school dropout. Children less than 15 years of age constitute approximately one third of the world's population and between 5-15 percent are afflicted by persistent socially handicapping mental disorders. Eighty percent of the world's children live in developing countries, where mental health services are meagre or non-existent. The plight of these children is compounded by major problems like communicable diseases, malnutrition, poverty and stresses of urbanization and industrialization.

Children may suffer from a wide range of psychiatric illnesses such as conduct disorders, eating disorders, attention deficit hyperactivity disorder (ADHD), adjustment disorders, anxiety disorders, psychotic disorders, mood disorders, substance abuse and dependence. Suicide is relatively rare in childhood, but its incidence rises rapidly in adolescence. Most common disorders in India are enuresis, ADHD, learning disorders, conduct disorders and behavioral disorders. There is poor awareness amongst pediatricians and general physicians in India about the occurrence of these conditions illness.

Adolescence In The International Arena

Although there is no internationally accepted definition of adolescence, the United Nations defines adolescents as individuals aged 10–19. This is the definition that applies to much of the analysis and policy advocacy presented in this report. While the term 'adolescents' is not mentioned in international conventions, declarations or treaties, all adolescents have rights under the Universal Declaration of Human Rights and other major human rights covenants and treaties. Most of them are also covered under the Convention on the Rights of the Child, and adolescent girls are also protected under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Defining adolescence as the second decade of an individual's life makes it possible to collect age-based data for the purpose of analysing this transitional period. Today, it is widely acknowledged that adolescence is a phase separate from both early childhood and adulthood, a period that requires special attention and protection. This was not the case for most of human history.

Widespread acceptance of the importance of adolescence is relatively recent. Indeed, many societies and communities still barely demarcate the line between childhood and adulthood. Adolescents, and often even younger children, are expected to work, pay their own way and even bear arms. In this sense, they are regarded as smaller, less developed adults. In other societies, however, the transition from childhood to adulthood has been, or still is, marked by some rite of passage, acknowledging the moment when the individual is expected to assume the independence, responsibilities, expectations and privileges attached to full adulthood. Integral to the notion of a rite of passage is the sense that childhood is a separate space and time from the rest of human life, one that needs to be treated with special care and consideration. War had the goal of protecting child laborers, most of whom were over the age of 10. These included the International Labour Office (ILO) Convention No. 6, Night Work of Young Persons (Industry) Convention of 1919, and ILO Convention No. 10, the Minimum Age (Agriculture) Convention of 1921. The first convention cited here stipulated 16 as the age limit for work in specified hazardous industrial settings, while the second placed clear limits on children's participation in public and private work settings. Most other international legislation introduced between the world wars did not, however, explicitly specify rights for children or adolescents as distinct from those of adults.

After the Second World War, the burgeoning movement for children's rights focused its attention on gaining special recognition for children and adolescents within the newly formed United Nations. This was achieved in 1959 with the Declaration of the Rights of the Child, which was significant in establishing legal provisions to safeguard children's well-being rather than presuming that this could simply be met under the general principles of the major human rights instruments. Children's welfare, rather than their political, economic, civic and social rights, was the principal motivation behind the push for the Declaration. Two decades later, the UN declared 1979 to be the International Year of the Child, and this was swiftly followed by the first International Youth Year, in 1985. These initiatives raised the profile of global efforts to promote and protect the interests of children and young people. At the same time, advocates for children were busy drawing up an overarching human rights treaty for children by which all States parties would be bound. The Convention on the Rights of the Child, a decade in the drafting, was finally adopted by the United Nations General Assembly on 20 November 1989.

The Problems Of Adolescents Had A Difficult To Cope:

About 30% of India's population is in the adolescent age group of 10-19 years. It is estimated that there are almost 331 million adolescents in India.

- Noticeable changes in energy levels
- Changes in mood
- Secretive behaviour and lying
- Concerns from School or involved others
- Avoiding school or persistent truancy
- Withdrawal from friends and family
- Extreme and undesirable persistent behaviour
- Risk taking behaviour (e.g sexually, legally or health wise)
- Exam stress causing illness or low self worth
- Long lasting feelings of sadness, anger or fear
- Suicidal thoughts
- Preoccupation with appearance or body image
- Self harm

II. Suggestions

Replacing Negative Self-Talk

Many times, the adolescents who struggle with mental health disorders such as depression and anxiety experience a lot of negative self-talk, which means that the thoughts they have about themselves are usually negative. Instead of looking at a tough situation as a challenge, they already believe they'll fail. They might see things as hopeless and have a pessimistic outlook on life. One technique you can use when counseling adolescents is helping them change these negative thoughts to positive ones. We need to tell them to write down what they think every hour the day before his counseling session. The counselor help them to assist in changing all the negative thoughts into positive ones.

Group Counseling

Another technique many therapists who work with adolescents use is encouraging their clients to try out group counseling. Techniques that you can use as a group counselor include making the adolescents to realize that they aren't alone in their problems and getting the help each other out.

Repeating Information Through Questions

When working with adolescents, counselors have to be careful not to push their clients away by combating them over every issue. Instead, you can repeat information that sounds irrational and unreasonable back to a teen in the form of a question. For example, a teen might say, "I don't care that I get teased every day." Instead of saying, "Of course you care," and pushing the client away, a therapist could respond by asking, "So it doesn't bother you that your peers make fun of you on a daily basis? How does it make you feel?" When put into a question, many adolescents, think about the statement they just made and it sounds different, and possibly irrational, coming from someone else.

Capacity Building For Children And Adolescents

Capacity building in children and adolescents will include provision of adequate education, promotion of good physical health, development of creativity and life skills. Life skills training refer to the interactive process of teaching competencies through a set of structured activities, such as role play, games and debates. There is an iterative loop in the process of acquiring life skills that involves demonstration and practice, self-assessment, supportive and constructive feedback, and follow-up practice sessions. Life skills include 'decision-making, problem-solving, creative and critical thinking, effective communication, interpersonal relations, self awareness, the ability to communicate with empathy, coping with emotions, stress management, conflict resolution, the ability to act assertively in responding to problems, the capacity to pursue goal-directed behaviour, and the ability to evaluate the effectiveness of one's actions and pursue other options if necessary'. A high level of proficiency in life skills will promote the development of sound mental health. In addition to these generic life skills, there are specific life skills for particular mental health challenges, such as the skills that are necessary for being able to refuse to use a substance that one has been offered. There is evidence, mostly from developed countries so far, that life skills education is effective in the prevention of substance abuse, adolescent pregnancy, bullying, and improved academic performance and school attendance, and the promotion of mental well-being and healthy behavior.

Constitutional Provisions For Children In India

Several provisions in the Constitution of India impose on the State the primary responsibility of ensuring that all the needs of children are met and that their basic human rights are fully protected. Children enjoy equal rights as adults as per Article 14 of the Constitution. Article 15(3) empowers the State to make special provisions for children. Article 39(f) directs the State to ensure that children are given equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guaranteed protection of childhood and youth against moral and material abandonment.

Article 243 G read with schedule-11 provides for institutionalizing child care to raise the level of nutrition and the standard of living, as well as to improve public health and monitor the development and well being of children in the Country.

Laws Guaranteeing Rights And Entitlement To Children

- ✓ *The Reformatory Schools Act, 1897*
- ✓ *The prohibition of Child Marriage Act, 2006*
- ✓ *The Children (Pledging of Laour) Act, 1933.*
- ✓ *The Women's and Children's Institutions (Licensing) Act, 1956*
- ✓ *The Young Person's harmful Publication's Act, 1956*
- ✓ *The Child Labour (Prohibition and Regulation) Act, 1986*
- ✓ *The Commissions For Protection of Child Rights Act, 2005*

National Policies And Programmes For Children

1. National Policy for Children 1974 is the first policy document concerning the needs and rights of children. It recognized children to be a supremely important asset to the country. The goal of the policy is to take the next step in ensuring the constitutional provisions for children and the UN Declaration of Rights are implemented. It outlines services the state should provide for the complete development of a child, before and after birth and throughout a child's period of growth for their full physical, mental and social development.
2. National Nutrition policy, 1993, was introduced to combat the problem of under -nutrition. It aims to address this problem by utilizing direct (short term) and indirect (long term) interventions in the area of food production and distribution, health and family welfare, education, rural and urban development, woman and child development etc.
3. National Population Policy 2000: The national population policy 2000 aims at improvement in the status of Indian children
4. National Health Policy 2002: The main objective of this policy is to achieve an acceptable standard of good health amongst the general population of the country.
5. National Charter for children (NCC), 2003 highlights the Constitutional provisions towards the cause of the children and the role of civil society, communities and families and their obligations in fulfilling children's basic needs. Well-being of special groups such as children of BPL families, street children, girl child, child-care programmes.

III. Conclusion

Counseling service plays a vital role for those who really deserves. In the present scenario the counseling is an emerging trend where the General public tends to view Counselling as a remedial function and emphasizes immediate goals such as problem solution tension reduction and the like counseling in its spirit and essence is generative it aims at assisting the child/ Adolescents to develop such that he/she becomes psychologically mature and is capable at realizing his potentialities optimally.

References

Books:

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