



Enhancing the School Mental Health Initiative Amid COVID-19

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The mental problems of children and adolescents have become an important mental health issue in most countries. Notably, 10%–20% of children are observed to have mental disorders, and over the past 10 years, the rates of self-injury and suicide have increased, and the frequency of emotional and behavioral problems have also increased. As it has become known that 50% of adult mental illnesses have their first onset before the age of 14 years, the importance of mental health at a young age and prevention and early intervention strategies have been strengthened [1]. In this context, since school is an educational system where most children and adolescents spend a lot of time, and at the same time is an optimal place to systemically provide mental health services, school-based mental health programs have been playing a central role in youth mental health promotion since the early 2000s in several countries.

The COVID-19 pandemic has changed the daily lives of most people around the world unprecedentedly and rapidly. Face-to-face activity restriction and social distancing strategies for high risk of infection, quarantine, and prevention of spreading the disease have had a greater impact on children and adolescents who are particularly vulnerable to social environment changes. Schooling, which plays a central role in daily life and the growth of students, has also undergone significant change. As we were confronted with school closure during the pandemic wave period, in accordance with national policies, classes and activities were replaced with unexpected homeschooling and online classes requiring considerable efforts from students, home, and school systems to adapt.

The mental health of children and adolescents during the COVID-19 pandemic showed an increase in negative outcomes, such as elevated symptoms of depression, anxiety, suicide ideation, trauma, and decrease in well-being. The mental health risk factors related to the pandemic include a fear of COVID-19 infection, change in the academic envi-

ronment, conflict with parents at home, and changes in a healthy lifestyle, such as decreased physical activity and home confinement, unstable daily routines, and increased screen time [2,3]. As the school closure period becomes longer, peer relation and disruption of connectedness with the school increases and school-based mental health service decreases, it results in difficulties to identify and intervene with students facing psychological difficulties, making it more difficult to address mental health problems than before COVID-19. Alternatively, when there is high social anxiety and difficulties in peer relations or a good family support system, school closure reduces the schooling burden of students and improves the mental health problems; therefore, the impact of lockdown needs to be observed in various ways depending on the individual differences and social context [4,5].

WHO and several countries have presented expert opinions in predicting the COVID-19 endemic, and recovery in daily life is slowly progressing, and along with this, schools are also trending towards carrying out academic schedules in place before COVID-19. The normalization of school attendance should be done in an integrated manner tailored to school and individual situations, without separating the academic achievement and physical and mental health recovery strategies of students. A nationally representative survey by the CDC [6] demonstrated results that showed high school students had worse mental health at present than before the COVID-19 pandemic and an increased rate of experiencing continuous sadness and despair, showing concerns about intensifying mental health problems. To youth students who have experienced distress and severe disruption, the strategy of school connectedness, such as the care and support provided by the school and a sense of belonging, is effective in reducing suicidal thoughts and negative emotions. In particular, strengthening connectedness is a key program of critical protection for students who have experienced social distancing due to COVID-19 for years [6]. Mental health support can refer to the multi-tiered system of support (MTSS) framework, which consists of systematic and evidence-based instructions that meet the complex mental health conditions

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and individual needs of students. The three tiers of support of the mental health instruction suggested by MTSS consists of tier 1: creating a safe environment, promoting health, and successful students, tier 2: early intervention/identification of students at risk, and tier 3: intensive support and screening, mental health awareness, intervention counseling, and referral to special clinics are representative programs. Additionally, as the items to identify the impact of the pandemic were included in the screening evaluation, the mental health service accessibility increased by promoting the awareness of students with low levels of help-seeking for mental health problems, improvement of school teachers' skills to cope with student mental health problems, strengthening of surveillance of at-risk students, and strategies to promote the community mental health system and partnership are the parts that should be strengthened for the restoration and positive mental health of young students in the COVID-19 era [7].

In this special issue, researchers reviewed the school-based mental health service system for the COVID-19 pandemic and suggested strategies and directions for effectively linking policies and support systems of national institutions with office of education and local schools. In South Korea, mental health services for children and adolescents are mostly provided by the Ministry of Education as a school-based program. The Mental Health Professional School Outreach Project is a Mental Health School-Community Cooperative Model that successfully applied the Response, Early Intervention, and Assessment in Community Mental Health (REACH) program of Singapore to Korea. It provides comprehensive outreach services, such as in-school clinical evaluation, intervention counseling, and referral to specialized institutions for students in need of mental health services. Additionally, it was suggested that collaborative activities with policy projects of the Ministry of Gender Equality and Family, and the Ministry of Health and Welfare, which are government departments supporting youth mental health, should be implemented in a more efficient manner. Mental health literacy (MHL) education to enhance a mental health-friendly school environment belongs to a tier 1 intervention known to be effective in promoting a positive mental health status, and is included in student education in several countries. 'Promoting Mental Health Literacy at Schools in South Korea' proposed MHL contents and dissemination strategies developed according to the Korean educational environment and school grades. It is necessary to develop various educational content and learning methods in the future start-

ing with elementary school students according to their developmental age. For the mental health services presented above to be carried out effectively, they must be based on supporting data that identifies mental health areas that need to be focused on. 'Deterioration of Mental Health in Children and Adolescents during the COVID-19 Pandemic' reviewed research results that showed that the mental health problems in children and adolescents have increased in several countries due to the influence of COVID-19. Additionally, it was suggested that a research environment and policy support are needed to continue tracking the characteristics of current mental health issues over time and investigating the evidence for the long-term effects of the pandemic. As the mental health issues of children and adolescents vulnerable to the effects of COVID-19 increased, the importance of the role of mental health promotion services has come forth. In addition to the psychological domain, the strategies for positive development should consider various life domains, such as reinforcing the connection system between home and community, physical health and activities, daily routine recovery, and appropriate screen time. Also, multidisciplinary efforts are needed to effectively implement this through a school system that can educate and intervene in the studies, life rules, and health management of students.

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