

Inclusive Education and Mental Health: Addressing the Psychological Needs of Students in Pakistani Schools

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This discussion paper examines the intersection of inclusive education and mental health in Pakistani schools with a special reference to the psychological needs of students. Although much attention has been paid to mental health, Pakistan's educational institutions might not fully address the needs of every student with psychological problems. In light of the current status of Pakistan's inclusive education practices, the paper outlines the challenges of implementing mental health support and suggests strategies for promoting an inclusive and psychologically safe environment at school. Based on the current literature and the specific context of the country of study, the discussion highlights such priorities as the necessity of teacher training, reduction of stigma, and cohesion between education and mental health workers. This paper also examines the impact of cultural factors, socio-economic differences, and government policies on the provision of inclusive education and mental health support to students in Pakistani schools. By expounding these critical issues, this paper attempts to extend knowledge and best practices for a more inclusive, psychologically safe learning environment in Pakistan to enhance students' learning and well-being.

1. Introduction

Inclusive education and mental health can be considered as the two factors that are increasingly combined with education systems across the globe and which determine the influence of students' psychological state on their performance and personal growth. As adopted by UNESCO (2020), inclusive education can be described as educating all learners who belong to any of the categories of diversity within a quality educational context. In addition, inclusive education has gained significant traction in recent decades seeing that most countries has implemented policies and strategies to create more inclusive learning environments (Ainscow, 2020).

Psychological health, which is one of the aspects of human health, helps students to be active participants in the learning process. The World Health Organization (2021) has asserted that positive mental health is an essential component of the well-being and productivity of an individual, family, and society. In the school context, students' psychological requirements must be met in order to promote learning and healthy development (Durlak et al., 2011; I. Khan, Muhammad, & Masood, 2023; I. Khan, Muhammad, & Waqar, 2023).

It is, therefore, a clear indication that psychological needs require a lot of attention in educational facilities. In a study that Weare and Nind (2011) carried out, it was revealed that children with excellent mental health also have better performances in their academic work, exhibit better interpersonal relations, and have higher levels of coping with life challenges. On the other hand, if mental health problems are not tackled, they are known to result in poor academic performance, more school absenteeism, and higher dropout rates among students (Fazel et al., 2014). Through the promotion of inclusive education, children's mental health services can be incorporated into school systems to cater for both academic and psychological development.

The current state of affairs of inclusion of special needs children and mental health support in schools in Pakistan is somewhat of a mixed picture. As much as the country has gone to an extent to embrace the inclusion of disabled persons in education, the integration process faces lots of hurdles. The National Education Policy 2009 and the subsequent policies have highlighted the issue of integration of children with disabilities, but implementation has not caught up with the policy. Counseling in Pakistani schools is rare or nonexistent, and there is a severe deficiency in the community awareness and solution to the children's psychological issues (Syed et al., 2017).

Therefore, the purpose of this paper is to examine the challenges and successes of the integration of inclusive education in the context of Pakistan with particular emphasis on the psychological needs of the learners. The primary objectives are to:

1. Examine the current state of inclusive education in Pakistan and its relation to mental health support.
2. Identify key challenges in implementing comprehensive mental health support within the framework of inclusive education.
3. Propose evidence-based strategies to create more inclusive and psychologically supportive learning environments in Pakistani schools.

4. Discuss the role of various stakeholders, including educators, policymakers, and mental health professionals, in fostering an inclusive and mentally healthy school environment.

By addressing these objectives, this paper aims to contribute to the existing literature on educational practices in Pakistan, particularly on the establishment of schools that are inclusive and supportive of students' mental health needs.

2. Literature Review & Results

2.1 The State of Inclusive Education in Pakistan

Inclusive education as a concept holds that every child should be educated with children of their age in general classrooms regardless of their physical, intellectual, social, emotional, linguistic, or other impairments (Muhammad et al., 2024; Pirzada et al., 2024; UNESCO, 1994). This approach underscores the importance of changing education systems and modes of instruction to focus on the students' diversity rather than the attempt to make students fit into educational models (Booth & Ainscow, 2011; Iqbal & Muhammad, 2020; Muhammad & Bokhari, 2024).

Inclusive education in the context of Pakistan can be dated back to the period of independence in 1947. First, concerns were mainly with setting up a means for the provision of basic education and training, and little was done towards the provision of inclusive practices. In the 1980s, formal education for children with disabilities was initiated, but it was isolated from the conventional system. However, during the late 1990s and early 2000s, there were indications of change in Pakistan largely due to the global movement and international conventions like the Salamanca Statement and Framework for Action on Special Needs Education (UNESCO, 1994).

The existing policies and programs on inclusive education in Pakistan also reveal that there is a trend of positive change towards the practice of inclusive education. The National Policy for Persons with Disabilities (2002) can be considered a great achievement where concern for inclusion in education was underlined. In the same vein, the National Education Policy 2009 built on this commitment by providing special education, thus highlighting the government's intent to provide education to all children with special needs (Government of Pakistan, 2009). In 2017, the National Education Policy 2017-2025 once again stressed education for all and described an action plan to make it operational (Ministry of Federal Education and Professional Training, 2017).

However, the existing policies of Pakistan show progress in inclusive education implementation, yet they have many challenges and barriers. One of the major challenges is that there is little or no preparedness for schools to accommodate students with special needs (Kamran & Bano, 2023; S. F. Khan et al., 2022). Most schools fail to provide simple infrastructures like ramps to facilitate movement, accessible toilets, and even teaching and learning materials that are disability friendly for the children.

Teacher training and preparedness are yet other problems that have been noted to hinder the effectiveness of the implementation of the reforms. Unfortunately, most Pakistani teachers have inadequate training and knowledge to properly incorporate

teaching for students with disabilities (Fazal, 2012). The lack of specialized support staff, especially specialized teachers in special education needs and certified professional school counselors, also contributes to this problem.

Another factor that hinders inclusive education is prejudice and prejudice culture in society when it comes to handling persons with disabilities and persons with mental health disorders. Low self-expectations and stereotype views exerted on children with special needs are likely to confine them to outcasts in ordinary education systems (Pasha, 2012). Further, parents' and communities' poor awareness of inclusive education practices hinders their implementation by providing resistance.

Another challenge that can be attributed to inclusive education is financial difficulties. The provision of funds for modifying the physical settings of schools, avoidance of assistive devices, and preparation of teachers for supporting children's inclusion are still insufficient. This financial challenge is even more apparent in the rural and underprivileged regions where students' access to quality education is highly compromised.

In addition, there is no coordinated and systematic strategy in the country towards the implementation of inclusive education principles and practices at the national level. Despite the existence of policies, there are usually no well-defined procedures, guidelines, and structures to check on the execution of the policies or the responsibilities of those accountable for implementing the policies across the country (Muhammad, 2015).

Lastly, it is necessary to sum up the previous analysis of the Pakistani policies in the sphere of education for children with disabilities; according to the analysis, it is possible to conclude that, despite the emerging recognition of the necessity of implementing inclusive education policies, the real implementation of the policies is still problematic in practice. To eliminate these barriers, the following strategies need to be implemented: Policy change, enhancement of the resources available, teacher education, and community awareness campaigns. It is only through such collaborative endeavors that Pakistan can begin a journey towards realizing the vision of accessibility that makes education as relevant to a child's mental health and psychological needs as it is to his/her academic potential.

2.2 Mental Health Issues Among Pakistani Students

The cases of mental health issues among young people in Pakistan have been on the rise, as observed in the recent past. Research shows that a large prevalence of youths in Pakistan suffers from psychological disorders (Khalily, 2011) and that the prevalence as high as 27% of the youths (Husain, 2018). This high prevalence, therefore, calls for an intervention in the education sector to address issues to do with mental health.

This can be summarized as follows: Pakistani students experience a number of common mental health disorders, and these disorders include anxiety and depression. According to the study conducted by Syed et al. (2017) revealed that 34.4% of adolescents in the urban settings in Pakistan revealed symptoms of anxiety and depression. These

conditions present themselves more often as the child persistently worries, feels hopeless, and is unable to focus on tasks in school.

Another major issue affecting the growth of Pakistani students is stress-related disorders. This results in acute pressure to obtain good academic results, added to social pressure in equal measure, which results in chronic stress. This may lead to psychosomatic symptoms, sleep disturbances, and problems in managing daily activities (Khan et al., 2010).

In a similar vein, behavioral issues such as conduct disorders and attention-deficit/hyperactivity disorder (ADHD) can also be ascertained from Pakistani students. There is a lack of research data regarding the incidence of such problems in Pakistan; however, existing literature indicates that they are quite frequent and frequently remain untreated or ignored (Syed et al., 2017).

These are the factors that make up the mental health problem of Pakistani students. Academic pressure is a significant stressor, as its widespread practice involves preparing and taking tests, memorization, and other forms of academic assessments. Intense competition in education is a feature of education in Pakistan, especially in urban schools, which tends to put pressure and stress on students.

Population characteristics have a significant influence on the mental health of the population. Chronic poverty, poor education, and few chances for individual development are the factors that cause hopelessness and low self-esteem in students of developing countries (Qadir et al., 2013). Also, violence, political instability, and economic unrest are likely to worsen the condition of mental health.

Culture and religion also play their part in matters concerning mental health, not in a direct way but in various ways. Even though religion can strengthen people and give hope, it can also help in perpetuating prejudice when it comes to mental health problems. Cultural perceptions about mental health problems, which include cultural perception about the causes of mental illnesses, such as attributing the causes of the mental illness to supernatural forces, will dissuade the individual from seeking professional help.

The effect of mental health problems on academic achievement and health status is immense. Mentally ill students sign lower academic achievement, poorer class attendance, and reduced class participation compared to their healthy counterparts (Fazel et al., 2014). Furthermore, mental health disorders, if not treated, can bring long-term complications in interpersonal relationships, future jobs, and the general wellness of an individual.

2.2 Challenges in Addressing Psychological Needs in Pakistani Schools

In the case of Pakistani school students, several challenges are present when it comes to fulfilling the psychological needs of students, of which the major issue is the low mental health literacy level and the negative attitudes towards mental health. Students, teachers, and parents lack an adequate understanding of mental health issues, which is reflected by poor mental health literacy and negative attitudes toward the affected persons (Waqas et al., 2014). This is because many students feel ashamed of

seeking any form of assistance, and it also leads to some form of prejudice against the students who are known to have mental health issues.

This is a major challenge because there is a lack of adequate mental health workers in schools. The majority of the schools in Pakistan do not have a school counselor or psychologist available to students, which means the children hardly get services for mental health. The scarcity of personnel has been a major problem in this country due to the lack of professionally trained human capital, and this situation is worse in rural areas where access to mental health services is still a mirage (Khalily, 2011).

The lack of capacity building for teachers on mental health and inclusive education is another factor that contributes to the situation. A large number of teachers in Pakistan are not aware of how they can begin to look for and ensure that learners with mental health problems receive the required attention. This lack of training makes teachers poorly prepared to foster a welcoming classroom atmosphere where students' mental health can be positively affected (Fazal, 2012).

Lack of sufficient funding and stunted development of mental health services as student services is another issue. The allocation of funding for mental health services is generally low, hence inadequate facilities, equipment, and programs to meet students' psychological needs.

Pakistani culture poses significant cultural barriers and hinders the general population from seeking help from a psychologist. Cultural factors, such as superstitions and misconceptions, taboos, and family issues, also do not accept people with mental health disorders or allow them to seek medical help. This cultural context can put several barriers to the efficient implementation of mental health support programs in learning institutions (Waqas et al., 2014).

The lack of comprehensive strategies and their enforcement also contributes to the slow advancement in the satisfaction of the psychological needs of learners in schools. Although there has been a gradual shift in Pakistan's approach to valuing mental health in educational institutions, there is a severe deficiency in well-framed, easily applicable policies for mental health in schools. Furthermore, the process of policy utilization is weak and generally characterized by poor supervision and efficiency in monitoring and reviewing processes (Syed et al., 2017).

Teachers themselves also reported that there is no adequate training given to them on handling learners with mental health issues, as mental health education is not a subject taught in teacher training colleges. Lack of countenance about mental health awareness training and support strategies for students' psychological problems may leave teachers frustrated and helpless (Fazal, 2012).

Also, the disconnection between the education and health sectors raises questions on how the students' mental health needs can be fully met in school. Severely restricted interrelatedness between schools, psychologists, and mental care doctors leads to disjointed services and late intervention ((T. M. Khan et al., 2010).

This emphasis needs to be changed since academic success is still the primary objective in schools while the students' mental health remains in the spotlight. Such a disproportionate focus might contribute to students' psychological needs being overlooked in favor of sole academic development, which may worsen mental health problems (Ali et al., 2015).

Also, there is a lack of regular research and data collection on mental health issues in schools in Pakistan, and this lacks a way forward for policymaking and program initiatives. Mental health issues are dynamic and can significantly affect students' well-being; therefore, it is crucial to have current data on their occurrence to develop proper interventions (Syed et al., 2017).

Solving these challenges requires an array of efforts, including policy change, enhancing the funding for training teachers, and developing campaigns that will enable the community to understand the need for qualified teachers. It is only through such collective endeavors that Pakistan can foster a school setting that is both safe and healthful to contain all the learners' psychological issues to enhance the overall school effectiveness and efficiency.

2.4 Strategies for Implementing Inclusive Education and Mental Health Support

Inclusive education and mental health support in Pakistani schools can only be initiated through a comprehensive strategy that can address the student's needs and, at the same time, look into the cultural and economic realities of the country. There are several possible strategies that can be taken to make the school environment more inclusive and mentally healthy.

The first element of this process is the establishment of effective school-based mental health services. Such programs should focus on enhancing the psychological health of the students, preventing psychopathology, and responding to students with emerging psychological problems. Atkins et al. (2010) assert that school mental health should comprise primary care for all students, selected care for high-risk students, and intensive interventions for students with known mental health needs. To this end, such programs could include periodic mental health awareness sessions, stress reduction seminars, and counseling services.

Strengthening the preparation of the classroom instructors and the continuing education of the professional teaching staff is crucial for improving the school climate. Given that teachers are often the ones who note and refer students with mental health problems, teachers should be trained adequately. Training should focus on two key areas: increased knowledge about mental health issues and simple counseling techniques, as well as an understanding of various forms of integration and lessons on how to teach diverse learners.

Getting to know about mental health awareness can assist teachers in identifying learners with mental health problems, determining the extent to which mental health affects learning, and determining ways of approaching the affected learners. Fundamental counseling strategies can help a teacher offer some initial assistance and know when a

child should be referred to another specialist (Kutcher et al., 2016). Preservice teacher training in inclusive education and differentiation programs enhances the teacher's awareness of managing the class and individual differences, including mental health issues (Florian & Linklater, 2010).

Mental health early identification and intervention can be done through conducting mental health screenings at the school level. Screenings on a routine basis can lead to early identification of the problem, especially if the culturally appropriate approach to the implementation of this practice is taken by following the appropriate standards of privacy. This comes from the observation that early treatment is more efficient and cost effective in addressing mental health issues than a treatment that is received once severe symptoms have manifested themselves (Fazel et al., 2014).

Evaluating and fostering friendly and welcoming learning atmospheres is pivotal for students' psychological health. This includes promoting equity for students through creating a welcoming environment, preventing acts of prejudice, and promoting non-violence in schools. Some of these may be to teach social-emotional learning curriculums, use peer support, and create quiet spaces for students who need them.

Collaboration between educators/education and mental health personnel can improve the availability of mental health care services in schools. This may include cooperation with mental health services on the territory, the consultation of psychologists or counselors, and the inclusion of mental health workers into the school's support teams. It can offer teachers the possibility of consulting with experts and offer sequences of referrals for more extensive services (Adelman & Taylor, 2010).

Involving families or the community is very important in the provision of support as it makes the system very comprehensive. This can include raising the general awareness of parents on mental health, engaging parents in school-based mental health programs, as well as referring families to other stakeholders. The involvement of the community can assist in reducing the stigma and work towards getting support for school mental health programs so that the support is not restricted to the schools only (Henderson & Mapp, 2002).

2.5 Best Practices and International Models

An analysis of effective models of teaching for children with disabilities and mental health in other countries shows several recommendations that may be useful in Pakistan. On the same note, WHO's Health Promoting School framework, which has been adopted in different countries, has been found to have effective results in enhancing mental health and well-being in learning institutions (Langford et al., 2014). This approach entails the promotion of health in terms of learning, organization and management, curriculum, policies, and partnerships with the community.

Specifically, in Finland, the KiVa anti-bullying program has shown effectiveness in decreasing bullying and enhancing students' mental health. Thus, within the framework of the Bully Vaccine Program, indicated actions are combined with universal actions,

including student lessons and online games (Salmivalli et al., 2011). This model could be modified to work for bullying and its mental health aspects in Pakistani schools.

The implementation of imported solutions to the Pakistani environment entails the assessment of cultural, religious, and socio-economic differences. For example, the Steppingstones program, which was created in Uganda to focus on HIV/AIDS prevention, was later translated to Pakistan to target teenagers' mental health and gender-based violence. This adaptation process included a highly consultative process with the community as well as cultural adaptation.

The literature reveals many examples of improved mental health in school children and the best practices to be followed. In Canada, the STEP (Supportive Transition to Education Program) model, which is basically for students with mental health-identified needs, has been implemented and proved to be effective in helping students who have been discharged from hospitals to effectively reintegrate into school. This model stresses the collaboration of healthcare givers, teachers, and parents. Even though the circumstances described in the source are significantly different, some of the concepts behind cross-sector collaboration and targeting programs to specific individuals could be implemented in Pakistan.

In India, the School Mental Health Program in Kerala has shown how to implement mental health services successfully in school structures. There are such activities as teachers' training, students' awareness, and provision of counseling facilities, which are included in this program. The manner in which it works can be rather helpful for Pakistan as it was for other South Asian countries (Bharath et al., 2008).

Lessons learned from these international examples highlight several key factors for success:

1. The importance of a whole-school approach that involves all stakeholders.
2. There is a need for culturally sensitive adaptations of evidence-based programs.
3. The value of integrating mental health support into existing school structures and processes.
4. The crucial role of ongoing training and support for teachers and school staff.

Potential applications in Pakistan could include:

1. Developing a culturally adapted version of the Health Promoting Schools framework.
2. Implementing targeted anti-bullying programs inspired by successful international models.
3. Establishing school-based mental health teams that collaborate with local healthcare providers.
4. Creating peer support programs to promote mental health awareness and reduce stigma.

From the above-discussed best practices in other countries, Pakistani schools can strive to make a difference and devise an environment that is friendly to students' mental health. However, it is very important to note that all the strategies that are to be employed

have to be subjected to research, and the practice has to be made scientifically progressive to enable the Enhancement of their effectiveness within the context of Pakistani schools.

3. The Role of Government and Policy in Promoting Inclusive Education and Mental Health

The government of Pakistan has a significant impact on the development of effective strategies for the inclusion of students with disabilities and the promotion of students' mental health needs in Pakistani schools. From the currently enacted education and mental health policies of Pakistan, it becomes evident that there is a slow yet progressive movement towards the understanding of the need for children with disabilities as well as mental health services. Subsequent policies after the National Education Policy 2009 of Pakistan also focused on education for all types of children; the Mental Health Ordinance 2001 was formulated in Pakistan to give a legal summary of mental health services in Pakistan (Gilani et al., 2005). However, such policies are frequently not very detailed with regard to how they can be applied in educational contexts and do not sufficiently cover the topics of inclusive education and mental health.

Suggestions that need to be considered in policy enhancement include the creation of broad, coherent policies that directly associate inclusive learning with counseling services in education institutions. Such policies should outline how mental health programs should be carried out, funds should be allocated, and teachers should be trained. Also, policies should require directors of schools to incorporate mental health topics into the curriculum and outline guidelines for school-based mental health care (Syed et al., 2017).

There is no doubt that sectoral collaboration is one of the most important aspects. The promotion of inclusive education and mental health depends on the cooperation of education, health, and social services departments. This can enable the coordination of the different aspects of a student's needs as well as the sharing of resources and smooth transition between services (Adelman & Taylor, 2010). Policies should also promote and support this intersectoral collaboration, which may include the formation of intersectoral committees or work teams.

This means that approaches to sourcing more funds and resources to promote inclusive education and mental health support should be enlisted in order to effectively deliver the interventions. This could involve:

1. Allocating a specific percentage of the education budget to inclusive education and mental health initiatives.
2. Exploring public-private partnerships to supplement government funding.
3. Developing incentive programs for schools that implement comprehensive, inclusive education and mental health support programs.
4. Securing international funding and technical assistance for pilot programs and capacity building.

In addition, the government should also involve the formation of a special unit at the Ministry of Education responsible for the provision of inclusive education and mental

health support services. This unit could check on the progress made by various government departments and make sure all of them are on the right track.

4. Overcoming Cultural and Social Barriers

It is very important in order to exclude stigma and stereotypes about mental health for the successful implementation of linguistic inclusion and mental health intervention in the schools of Pakistan. Different societies' practices support negative attitudes and discrimination against people with mental health disorders, and thus, they do not seek treatment (Waqas et al., 2014). Strategies to combat stigma could include Preventative measures that could be taken to ensure that the stigmatization process is arrested or prevented include:

1. Conducting awareness campaigns that challenge misconceptions and promote understanding of mental health.
2. Incorporating positive mental health messages into popular media and entertainment.
3. Engaging community leaders and influencers to speak openly about mental health.
4. The most common approach to the target group is education and media since most people can be easily educated in mental health. Incorporation of school-based mental health literacy programs will extend knowledge to students, practicing teachers, and parents about mental health problems. Collaborating with media outlets so as to share news products developed on mental health can assist in normalizing discussions around psychological well-being (Kutcher et al., 2016).

Getting to the core of cultural/religious viewpoints aligned with mental health helps to access relevant population acceptance/trust. This could involve:

1. Collaborating with religious leaders to address mental health issues from a faith-based perspective.
2. Developing culturally sensitive mental health interventions that respect local traditions and beliefs.
3. Training mental health professionals in cultural competence to provide more effective support (Colucci et al., 2015).

Empowering students and families to advocate for mental health support can create a grassroots movement for change. This can be achieved by:

4. Establishing student-led mental health awareness clubs in schools.
5. Providing families with information and resources to support their children's mental health.
6. Creating platforms for students and families to share their experiences and voice their needs.

Therefore, if Pakistan is to foster an environment that will allow the recommendations and provisions for inclusive education and mental health support in schools, then these cultural and social barriers have to be addressed.

5. Conclusion

This paper has explored the critical intersection of inclusive education in Pakistan and the need to establish a reliable model for students' psychological assistance. Some of the important points discussed in the paper include the current state of inclusive education in Pakistan, the existing classifications of learning disabilities, the prevalence and impact of mental disorders among students in Pakistan, the challenges in meeting the students' psychological needs, and future course for inclusive education and mental health provision in Pakistan.

From the current paper, it is quite evident that there is an urgent need to integrate both inclusive education and mental health support in Pakistani schools. Thus, the learning processes can be enhanced, positive mental health promoted, and students can be prepared for success in their future lives. This integration can only be achieved if such policies are reviewed, more resources are put in place, teachers are educated, and the community is engaged.

Future directions for research and practice should focus on:

1. Conducting large-scale, longitudinal studies on the effectiveness of school-based mental health interventions in the Pakistani context.
2. Developing and evaluating culturally adapted mental health support programs for diverse student populations.
3. Exploring innovative approaches to mental health support, such as the use of technology and peer-led interventions.
4. Investigating the long-term impact of inclusive education and mental health support on academic achievement, social outcomes, and economic productivity.

This paper calls for action from all stakeholders in education, mental health, and policymaking. Teachers need to adopt inclusive practices and ensure students' well-being. It is recommended that mental health professionals should also engage schools in their work in order to deliver a comprehensive package. One cannot underscore the need for policymakers to come up with policies that will enhance the implementation of inclusive education as well as mental health support. This implies that families and communities should be involved in supporting students.

When all the stakeholders join their hands, it will be possible to build a progressive, tolerant, positive attitude to mental health and overall wellbeing of learners in the educational systems of Pakistan.

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