

PSYCHOLOGICAL NEEDS ASSESSMENT OF PRIMARY SCHOOL GOING STUDENTS OF DHAKA

JAMES SIMON DAS AND JAMIUN NAHER*

Department of Psychology, University of Dhaka, Dhaka-1000, Bangladesh

Key words: Psychological needs assessment, Mental health, Primary school going students

Abstract

The present study was conducted with the following objectives: (a) assessing the mental health and psychological understanding among the primary school going students through the respective stakeholder's views, (b) investigating the psychological needs of primary school going students, (c) identifying the gaps between provided psychological services and required demands among students and (d) collecting relevant and consistent data and information to plan future interventions and produce hypothesis for further study. Since it was a qualitative study, 16 focus group discussions (FGDs), 39 interviews, and several observations in four schools were made with 123 purposive samples (73 primary school going students, 21 parents, and 29 mental health workers and other staff). For the assessment, two self-made guidelines for different stakeholders and thematic analysis for data analysis were used in this present study. The results showed that most of the primary school going especially the govt. and madrasah going students are not aware of their mental health while bearing a lot of symptoms of behavioral, emotional, and psychological issues, but students from private English medium schools possess sound knowledge about it. The results also indicated that there is a huge gap between psychological burdens and provided services. The absence of culturally validated assessment tools and intervention techniques, collaboration among different professionals, and lack of subject experts and funds were also evident. Thus, to have healthy and well-adjusted future generations, measures should be taken immediately.

Introduction

A needs assessment is a systematic and organized way for determining and addressing needs or "gaps" between current and desired conditions. The discrepancy between the current situation and the wanted condition must be measured to identify the needs appropriately ⁽¹⁾.

Needs assessments can help improve the quality of policy or program decisions, thus leading to improved performance and the accomplishment of desired results. Needs assessments often serve as a foundation upon which organizations make decisions about

*Author for correspondence: <naherjamiun31@gmail.com>.

where to invest their resources and what populations to target for their services. Besides, needs assessment information can help organizations and individuals prioritize their services and refine existing programs to meet the needs of various subpopulations.

A psychological needs assessment is a systematic and planned method for collecting, organizing information from certain populations about their mental health and interpreting the data appropriately. It is now being promoted by psychologists, school psychologists, counselors, and researchers for evaluating and refining existing programs or create new services designed to meet specific client population needs to provide optimal outcomes⁽²⁾. In mental health professionals, psychological needs assessments have been used in various practice settings, including schools, universities, mental health agencies, and correctional facilities⁽³⁻⁶⁾. The needs of various demographic groups have also been examined to help identify their unique psychological help or counseling needs, including children and adolescents⁽⁷⁾, rural clients⁽⁵⁾, and lesbian, gay, bisexual, and transgender people⁽⁸⁾.

In the present study, primary school going students are defined as students studying in the play to five class and their age is within 4-10 years. Those who are studying at primary schools (govt. primary, madrasah and private English medium) in Dhaka was studied.

The "Annual Primary School Census 2018" (Directorate of Primary Education) ⁽⁹⁾ showed that in Dhaka district, 2,25,909 students newly entered in all types of primary education levels, and a total of 9,76,396 students were enrolled in primary schools in 2018. The report also revealed that there were 4905 (25 types) educational institutes in Dhaka. The most important information from the report was about the number of psychological and other types of disabled students enrolled in primary schools and was 96,385 (boys-52884 and girl-45301) all over the country. From another report of Bangladesh Bureau of Educational Information and Statistics⁽¹⁰⁾, it was disclosed that the ratio between teacher and student was 1:41 in 2014 in Bangladesh. According to a booklet prepared by the Department of Educational and Counseling Psychology, University of Dhaka (2019), there are 63 psychological service provider institutions in Dhaka⁽¹¹⁾.

The National Institute of Mental Health and Hospital (NIMH) and the World Health Organization (WHO) mentioned that approximately 2.25 crore people are suffering from mental health disorders at any part of their total lifetime in Bangladesh⁽¹²⁾. The majority of mental disorders begin during early childhood, and this poor mental health status is strongly related to other health and physical development⁽¹³⁾. It has also been found that data on mental disorders among children are scarce, with a high risk of under-reporting. Behavioral disorders are common among socially disadvantaged children, such as those living in urban slums⁽¹⁴⁾. Again, behavioral and emotional disorders are highly prevalent among orphans and adolescents in residential care⁽¹⁵⁾. In Bangladesh, the prevalence of

Autism Spectrum Disorder (ASD) in the rural community was found 0.75/1000 children⁽¹⁶⁾.

Addressing mental health needs in school is critically important because 1 in 5 children and youth have a diagnosable emotional, behavioral or mental health disorder and 1 in 10 young people have a mental health challenge that is severe enough to impair how they function at home, school, or in the community⁽¹⁷⁾. Lack of timely psychosocial care can impair a child's mental, emotional, social, and physical development; in extremely specialized cases, lack of psychosocial support can result in complex lifelong psychological needs⁽¹⁸⁾.

In Bangladesh, it is a tough task to develop school mental health services, but it is to accept the reality that it is the need of the day if we wish to have healthy, well-adjusted youth. Moreover, more than half of all mental disorders have an onset in childhood and adolescence⁽¹⁵⁾. There is a lack of studies and therefore a gap of knowledge concerning the psychological needs of school going children. There are few (if any) programs and interventions targeted at this vulnerable group⁽¹⁹⁾. This lack of knowledge has also hindered the initiation of appropriate education and public health policymaking in any country. The practice of School Psychology is an emerging profession in Bangladesh. But lack of proper information about the primary school going student's mental health needs may mislead the practitioners and hinder providing their services. Thus, the present study might meet these needs partially. The study intended to find out the following objectives: i) assessing the mental health and psychological understanding among the primary school going students through the respective stakeholders' views ii) investigating the psychological needs of primary school going students of Dhaka iii) identifying the gap between provided psychological services and required demands among them iv) collecting relevant and consistent data and information to plan future interventions and produce hypothesis for further study

Materials and Methods

Being this qualitative study research, the researchers used the observational method, focus group discussion (FGD), interviews, and documentation for collecting data by using the self-made guidelines. Those guidelines were prepared to focus on the objectives of the study. The instrument was made in Bangla as all the participants were Bangla speakers. To conducted this study convenience sampling technique was used with a sample of 123. The descriptions of the participants were presented in the following tables. Among them, 73 were students of pre-school to class five of general Bangla medium (36), English medium (27), and Madrasah (10) primary level students, 23 individuals were parents, and 29 were mental health workers. The descriptions of the participants were presented in the following tables.

Table 1. Participants for interviews.

Participants	Number of participants	Designation
School Psychologist	5	Professor/presently working as school psychologist/ Internee
Educational Psychologist	3	Professor/presently working as educational psychologist/Internee
Child Psychiatrist	3	Professor/presently working as child psychiatrists
Developmental/Mental Health Workers	4	Psychologist/psycho-social counselor/developmental and other psychologists
Clinical Psychologist	2	Assistant clinical psychologists/internee
Child Psychologist	5	Child psychologists/internee
N.G.O Workers	3	Volunteers/trainers/para-counselor
School Teacher	4	Primary school teachers
Students	10	Madrasah students

Total = 39.

Table 2. Participants for FGDs.

Participants	Class	Gender	Number of participants	Number of FGDs
Students	Nursery, play and class one	Male	5×2=10	2
Students	Nursery, play, and class one	Female	5×2=10(+3)=13	2
Students	Class two and three	Male	5×2=10	2
Students	Class two and three	Female	5×2=10	2
Students	Class four and five	Male	5×2=10	2
Students	Class four and five	Female	5×2=10	2
Parents	-	Male	6×2=12 (-1)=11	2
Parents	-	female	5×2=10	2
Total			84	16

The data were collected following all the standard procedures. For the FGDs with students, the researchers contacted the Headmasters/Principals a week earlier than the planned dates. The guideline and consent form were discussed with the Headmasters/Principals. On the appointed days, the researchers reached the schools an hour earlier, bought some snacks, collected the consent form and prepared everything for the FGDs. With the help of a teacher, the FGDs were conducted successfully. For the FGDs with parents, the researchers tried to access the parents who came to the school with their children. With the permission of school authority and informed consent, the willing parents participated in the FGDs. Some token gifts were presented for their thankful cooperation. The length of the FGDs was 15 minutes to 27 minutes. The researchers conducted 12 FGDs with students and 4 FGDs with parents. The FGDs were digitally recorded with preceding verbal consent and transcribed for data analysis.

The researchers conducted 39 interviews with the school psychologists, educational psychologists, child psychologists, mental health workers, child psychiatrists, clinical Psychologists, school teachers, N.G.O workers, and 10 madrasah students. Some of the interviews were done over the phone/Zoom for favoring the interviewee and the COVID-19 pandemic. Every interview was recorded with the prior permission of the interviewees. The privacy was maintained strictly, name and working place of the interviewee were kept anonymous. In both FGDs and interviews, the participants enjoyed the freedom to quit the session at any time of interviews or FGDs. For observations, the researcher observed the students in their respective four schools. They interacted with their teachers, interacted among themselves, played games, and chatted in friendly manners in a natural setting.

After collecting the qualitative data, the researchers transcribed the data and developed codes and themes manually. Two researchers developed codes and themes independently to ensure the credibility, and trustworthiness of the findings. Then both researchers sat together, assembled the themes and analyzed.

Results and Discussion

Thematic analysis was applied in this present research as a data analysis procedure. After analyzing the transcribed data from observations, FGDs and interviews, the following findings were revealed.

Insufficient knowledge about mental health or psychology: After conducting all the observations, FGDs, and interviews, the researchers found the following results of student's knowledge about mental health or psychology.

Whenever the students of pre-school to class three (both male and female) were asked whether they heard about mental health or psychology or not. Among 40 students, one said that he heard about a mental hospital. Later he was asked, how did you know or what did you know? He replied, "One Eid day, I had an opportunity to visit

ShishuMela (A recreational place for children in Dhaka). I heard the bus helper was shouting Saharawardy Medical, Mental Hospital, and Shisu Mela...I heard the word from him."

During the FGD with class four and five students (Both genders), 13 out of 20 students raised their hands, indicating mental health or psychology knowledge. Among them, 7 (4 females and 3 males) out of 10 private English Medium school students satisfactorily replied to these questions, and the rest of 6 were from govt. primary schools.

The researchers found not a single student who knows about mental health among the madrasah students. When the researcher asked about mental health, they bewilderedly replied in the negative that they never heard about the term. But later, it was revealed that the madrasah students also bear some psychological issues were reported by their parents.

The information of the students was supported by a teacher of School Psychology. She said, "Govt. primary schools both in urban and rural have very little knowledge about mental health. In a sense, you can say not at all. But in comparison, these schools' private English medium school have better knowledge. As they are hiring School Psychologists, Child Psychologists, Psycho-social Counselors, Student Counselors or Psychologists nowadays. But it is good news for you that the fields of psychology or mental health are spreading."

Another teacher of the School Psychology stream revealed the same information. Moreover, he described that the school teachers have to study Developmental Psychology during their training period. When these teachers return to their work places, they think they have gained enough knowledge about psychology. But with frowning his face said, "As I know the syllabus and study materials of PTI colleges ...teachers have very little knowledge about the psychology and with this poor knowledge they can't support the students psychologically properly."

Further, two child psychologists reported that awareness about mental health among the students is increasing, and it is better among well-educated and wealthy families. They also said that they are serving at least one child every day. But another educational psychologist remarked, "We, the psychologist is not getting a child client directly. I observed very often the child is referred by child psychiatry or pediatrician. So, I am noticing a huge gap in mental health knowledge existing in our society still today."

Psychological issues face by the primary school going students: Based on the collected data, the researchers divided the psychological problems confronted by the primary school going students into 5 different categories (Table 3).

Emotional and behavioral issues

Unreported bullying: When the researcher observed students of class five during their tiffin period, he found that a group of boys was calling a boy "Chotu" and throwing small pieces of papers toward him. From the FGD (with classes four and five), 3 female respondents out of 5 reported they are facing bad name-calling regularly. During an interview with a psychologist said, "The students are not even aware that their fellow students are bullying them. It decreases the self-esteem and motivation for their academic performances. Sometimes it makes them isolated from their classmates and family members."

Table 3. Psychological issues/problems faced by the primary school going students.

Categories of psychological issues/problems	Name of problems
i) Emotional and behavioral issues	* Unreported Bullying * Exacerbating and Unbridled Suicide * Violation of Rules * Aggressive and Destructive Behavior * Kleptomania
ii) Academic issues	* Learning Disorder * Unavoidable Math and English Phobia * Misinterpreted Underachievement
iii) Anxiety disorders	* Distressful Obsessive-Compulsive Disorder * Uncharted Somatoform * Unspotted Emetophobia
iv) Neurodevelopmental disorders	* Attention Deficit and Hyperactivity Disorder * Unbeknownst Autism Spectrum Disorder
v) Physical, verbal and sexual abuses	

Exacerbating and unbridled suicide: From the discussion with female parents, the researcher found two suicidal issues. One mother said that she knows a boy who was only seven years old and committed suicide as he was not permitted to watch "Motu Patlu" (An Indian cartoon series). Another respondent with a gloomy face said, "The girl was so pretty looking like a fairy...but she committed suicide. The reason was too silly...she was not given a" Jhilik dress on the Eid" (A dress that an Indian mega serial actress worn).

Violation of rules: During the FGD with govt. primary school teachers the researcher found 3 out of 3 teachers are agreed that the students are breaking the school rules. One school teacher said, "There are some students in every class who are intentionally not

following the school rule. Like not wearing school dress, late coming, school bunking, not using toilet and dustbins properly, throwing papers and waste of tiffin here and there."

Aggressive and destructive behavior: During the observations, the researcher found three aggressive and one destructive behavior. When the researcher was conducting FGD with female mothers, a 6 years-old boy suddenly started biting and kicking his mother. Later, the mother narrated that her son is so aggressive and furious, if something is not up to his mind he started kicking, shouting, breaking the toys. One Psychologist said, "You will find the children are not regulating their emotions in this period. And very often, you find them in emotional outbursts involving fighting, shouting, and even committing suicide. If they are taught properly how to control and regulate their emotions, many conduct disorders will be decreased."

Kleptomania: During the FGD, a student of class four said, "Very often I along with my younger brother go to the nearby shops, and when the shopkeeper is busy with other customers, I take Ice-lolly and run away." The researcher asked him why he is not paying or tell their papa to pay. He replied, "We love it, and it's an exciting game indeed. I feel like Hritik (An Indian actor who acted as a great thief in Dhoom movie). One school psychologist said, "In our school, we got a complaint from a restaurant. The owner of the restaurant complained that a group of elderly students regularly eat different snacks. But when they are busy to attend to other customers, they come out without paying. As they are in a large number, the owner cannot watch who pays and who doesn't."

Academic issues

Learning disorder: When the researcher observed the student's homework book, he found some students bearing some symptoms of learning issues. Later, from the class teacher, he realized that two students of that class were taking help from a psychologist for word recognition and handwriting issues.

During interviews with child psychiatrists, 2 out of 3 reported serving children with handwriting, word recognition and math's issues. One of them said, "...we are handling LD, ID, neurodevelopmental issues regularly. But almost all the patients come to us at a severe level."

Unavoidable Math and English phobia: From the FGDs with class four and five of govt. primary school, 3 out of 10 students reported that they are afraid of the English course and try to avoid that class. The English class teacher narrated that "there are some students who bunk the English class and the rate of failure in the course is higher than other courses." On the other hand, from the FGD with class three students (English medium), 2 out of 5 students said that they dislike mathematics courses. One of the students said, "Sir, I don't know how people get the full marks in this subject? My mom and teacher teach me a lot about the formulas. I tried but failed and I am afraid of this

subject nowadays." Another respondent said, "Sir, you know, who can complete H.C.F, L.C.M, and divisions within one hour correctly, he/she is like a Superhuman."

A school psychologist supported these findings. She mentioned that nowadays, primary students are facing difficulties with Math and English courses. She further added that the teaching method and teaching materials somewhat responsible for these difficulties.

Misinterpreted underachievement: From the FGDs with parents, it was found that some students suffer from underachievement. 4 out of 10 women and 2 out of 10 men reported that their sons/daughters are doing well in the coaching centers, in their own home and to their tuition teacher but not in the classroom and examination hall. A child psychologist also supported it. She said, "Look, there are some students who are underachievers. The irony is that they are not treating properly, but they are punished and continuously comparing with their siblings, fellow batch mates, and neighbours." She also added that it could lead them to feel guilty, lowering self-esteem and confidence and the most fatal to committing suicide.

An educational psychologist also said during an interview, "The underachiever is maltreated. The parents and teachers thought that they are not doing well intentionally."

Anxiety disorders

Distressful obsessive-compulsive disorder: Two out of 3 assistant clinical psychologists reported that they provide services with obsession and compulsion issues among children. On the other hand, 3 out 3 child psychiatrists agreed that they have to deal with dirt contamination, checking, rituals, and imaginary type of OCD. One child psychiatrist said, "I am handling a 9 years old madrasah student who is suffering from imaginary obsession. He sees dogs' stools always. So, whenever he eats, the image of stool peeps into his mind, and he can't eat. Hi distresses boundless."

Uncharted somatoform: During conducting FGD with female parents the researcher found that 1 out of 10 parents reported that her child feels pain in the stomach, headache and frequently goes to the washroom.

An assistant clinical psychologist supported it. He said, "Some students may feel back pain, stomach pain, hot flashes, need to go to the toilet, feel thirsty, and cannot study well because of study related anxiety."

Unspotted emetophobia: In two different observations, the researcher found two students were lying on the seat. He came to know that both the students feel nausea when they start their journey to school by school bus. All the way, they feel like vomiting but can't and feels fatigued, tired, and can't attend first-class regularly.

Neurodevelopmental disorders

Attention deficit and hyperactivity disorder: When the researcher observed students of class three in a school, he found that a boy was continuously moving, shaking his legs and hands, pinching others, was not listening to the lessons. The researcher later observed him during the tiffin period. That boy was constantly playing with stairs and grills. He was running here and there constantly and show a very aggressive attitude if someone disrupts him.

One out of 2 child psychologists and 2 out of 3 child psychiatrists and 1 out of 3 clinical psychologists showed their positive opinions about the existence of ADD and ADHD among the primary students.

Unbeknownst autism spectrum disorder: One child psychologist said, "We get approximately 2 to 4 ASD cases in our hospital in a week." On the other hand, a child psychiatrist said, "Almost we refer 3 to 5 ASD cases for psychological assessments and other psychological services to SBK (ShishuBikash Kendra) and other places."

Physical, verbal, and sexual abuses: During the observation of an NGO regulated primary school for underprivileged children, the researcher found that almost all students have a wound spot on their bodies. She also observed that they were using slangs and hitting each other with simple issues.

The discussion with one school teacher and two NGO workers revealed that these children are growing up with physical, verbal and sexual abuses.

The researcher observed that the teacher was beating the students to keep the class silent during an FGD. The teacher said, "We have to use the stick to control them, and you know there is no medicine like sticking." The other female NGO worker reported that many female students are sexually abused by their dulavaies (Husband of one's sister), cousins and house owners. But they are not concerned about these issues.

The Gap between the Burden of Psychological Issues and Resources

Available services for primary school going students: During an interview with a School Psychology teacher, it was found that now-a day's psychologists are being trained in different psychological tools and approaches. She specified the methods of child behavior modifications, Cognitive Behavior Therapy (CBT), mindfulness relaxations, counseling skills, empathetic listening, stress management. She also added that there are some psychological assessment tools like WICS-IV, M-chat, WIPPSI-Junior and Senior, Strength and Difficulties Questionnaires (SDQ), ADOS-1,2,3, Stanford-Binnet IQ Test, WRAT, Baley Scales of Infant Development, IBAS.

Another school psychologist narrated that psychological services available now are classroom management, emotion regulation, time management, To-Do-List, social-emotional skill. He emphasized changes in curriculum and policymaking.

Three out of 3 educational psychologists emphasized children's behavior modifications, counseling, positive reward, appreciation. One said, "If we can properly utilize the reward principles, we can extract a prince from a frog." Another psychologist said that she is using Assertiveness skills for preventing bullying among children. She also said conducting suicidal prevention workshops.

Child psychiatrists 2 out of 3 explained they are using graded exposure and task analyzing in treating OCD clients. All 3 psychiatrists said that they are using a diet chart, deep breathing, a to-do list, social learning theory, and medications when they treat someone suffering ADD, ADHD. One of them suggested that if the child is feeling so anxiety then meditation, hangout, showering, listening to songs, or watching movies can help.

One NGO worker said, "We show them a teaser of Amir Khan about Good Touch and Bad Touch." 3 out of 9 mothers said that they go Moullobhisahebh when their children behave inappropriately, punished the child badly, use jhalpora (the water is being blessed with prayer or recitation a phrase from the Holy Quran) for changing behavior. Many of the women in the FGD said that their neighbors get jinn and spirit. Amulets and magic water from Kabiraj (traditional healer) will heal them. One of the psychologists said, "Children can play a different way, and through this game, they make relief from psychological issues."

During the interview, an NGO worker said that very recently the number of Mobile and TVs are increasing and the children have enough time to relax by watching cartoons on TV or mobile. They are now also seen in drawing and other pleasure activities. Thus, they keep themselves happy.

Absence of culturally validated assessment and intervention tools: From the personal observation and interviews, the researcher found that several assessment tools are used to assess the psychological health of children which are only translated, not validated scientifically. It is not clear whether those checklists or assessment tools provided the appropriate assessment or measure the severity of the problem or not. A Psychology Professor also confirmed the observations. He said, "Students of psychology have no interest in research nowadays. Psychology has been being studied at the university level for more than 65 years, but we have no culturally validated assessment tools or other scales. We are just interpreting these tools in Bengali and use ourselves, which is more detrimental for our nation."

Absence of collaboration: "The absence of collaboration among the different educational and professional organizations in sharing the checklist, or assessment tools, subject knowledge, intervention plans are creating a great hindrance in ensuring mental health." voiced by a counselor in an interview.

Another Child Therapist said, "Due to lack of collaboration among different psychology streams and working organizations, some people start the ill practice of

psychology. I know an individual who was a BBA student, but she is practicing counseling in a renowned school without supervision after taking some short training. I think if there were a strong relationship among different psychological institutes or can provide a license or there were online database about practitioners, this mal-practice could be mitigated."

Lack of subject experts and funds: One School psychologist said, "We know that there is a gap between us and the rest of the developed country. There are two reasons behind this. One is that we very few and, in a sense, no subject expert at all. Again, to mitigate this we can't afford foreign trainers because of a monetary issue. The second one is that our problems are different from theirs, so it creates another problem."

After analyzing the findings, we can say that the overall findings are supported by the last National Mental Health Survey 2018-2019⁽²⁰⁾.

Insufficient knowledge about mental health: From the finding, it has been found that 1 out of 40 pre-schools to class 3 students heard about mental health. Moreover, we can understand how neglected psychology or mental health here in Dhaka city, especially in govt. and NGO running primary schools and it is severe in madrasah settings. On the other hand, 7 out of 10 private English medium school students have adequate and proper knowledge about mental health. So, it's an indication that they are concern about mental health. The govt. along with the Ministry of Education and Ministry of Health should take immediate actions regarding this.

Emotional and behavioral issues: From the observations and FGDs, the researchers found that students face difficulties with breaking the rules, emotional outbursts, aggressive and destructive behavior, kleptomania and other types of conduct disorder. These findings are supported by a lot of previous studies^(15,16,18,24). The study findings also revealed that bullying and suicide are increasing at an alarming rate, but these are unconcern issues. The finding is similar to the results of Plemmons *et al.* (2018)⁽²¹⁾ where they got 12.8% of children of 5-12 years have suicidal thoughts or take attempts, and here in the present study 2 out 10 women witnessed suicide. UNICEF (2016) reports that 35% of the students are being bullied in school, and the present study found 3 cases⁽²⁶⁾. These are alarming for our communities.

Academic issues: The study showed that underachievement is one of the major psychological issues. From the FGD with parents, 2 out of 10 men and 4 out of 9 women reported underachievement similar to previous findings⁽¹³⁾. The study findings revealed the existence of learning disabilities among the children and are confirmed by the previous study⁽²²⁾. The existence of math phobia, intellectual delay, and neurodevelopmental delay was also similar to previous findings^(11,22,23).

Neurodevelopmental disorders: The study's findings revealed that a child psychologist deals with approximately 2 to 4 and a child psychiatrist with 3 to 5 ASD cases in a week. The prevalence of ASD is matched with other findings, where they diagnosed 4 ASD

cases out of 66 who were 18-36 months old⁽¹⁶⁾. Again, 1 out of 2 child psychologists and 2 out of 3 child psychiatrists, and 1 out of 3 assistant clinical psychologists mentioned that the students are suffering from ADD and ADHD. The researchers observed 2 learning disability cases during their observations. These findings are similar to some previous findings^(20,23,24).

Anxiety disorders: The most distressful OCD was found by the researchers through FGDs with assistant clinical psychologists and child psychiatrists. 2 out of 3 assistant clinical psychologists and 3 out of 3 child psychiatrists agreed that primary school going students are suffering from OCD. These findings are the same as other research⁽²⁷⁾. From the study, the researchers got two new uncharted issues. Emetophobia is a common issue among children, but it was always out of focus. In the same way, children are suffering from somatoform, but nothing is done with it. Moreover, there are stress, depression, blood, and medical instruments phobia, claustrophobia, trauma-related issues among the primary school going student.

Available resources and services: From the interviews, it has been found that psychologists and other mental health professionals are using child behavior modifications, Cognitive Behavior Therapy (CBT), mindfulness relaxations, counseling skills, empathetic listening, stress management, classroom management, emotion regulation, time management, To-Do List, social interaction, positive reward, appreciations, assertiveness skill and Saying No skill for preventing bullying, suicidal prevention workshops, awareness about healthy boundaries, play therapy, pleasure activities, and art therapy and prioritize on changing in curriculum and helping in policymaking.

There are some psychological assessment tools like WICS-IV, M-chat, WIPPSI-Junior and Senior, Strength and Difficulties Questionnaires (SDQ), ADOS-1,2,3, Stanford-Binnet IQ Test, WRAT, Baley Scales of Infant Development, IBAS for assessing and measuring mental health conditions of students. Among these, almost all the scales are translated and not validated according to Bangladeshi culture.

Noncooperation and absence of subject experts and enough budgets: The study's findings showed that there lies noncooperation among different branches of Psychology, mental health providing organizations and educational institutes, Bangladesh Govt. as well and it enhances the malpractices. Besides this noncooperation, the number of subject experts is very few because of less interest in psychology and research. The Bangladesh gov't. allocate a minimal amount for this sector, it also creates hindrances in establishing psychology, ensuring mental health services for all.

The findings of the present study reveal that most primary school-going children are suffered lots of psychological problems, but the issues are not considered much importantly by the parents, teachers, and other educational professionals. However, to better understand a student's strengths and weaknesses, identify potential problems, and

treat it is essential to assess the psychological needs of the students, and good mental health service is mandatory as well. Along with this, more research is necessary for this field to explore new knowledge for the psychologically healthy and well-adapted future generation.

Recommendations

To ensure better mental health among primary school going students and for provide the best psychological services, the following things are highly recommended.

1. Including mental health issues in the textbooks and make it compulsory for all the primary school going students.
2. Increasing the working area of psychology and conducting more free awareness workshops, meetings, seminars among the local community.
3. Validated assessment tools need to be developed tailored for Bangladeshi students according to our culture and tradition.
4. Teaching every child to seek immediate help if they engage in unsafe behavior or talks about wanting to hurt him or herself or someone else.
5. Seeking help when a child's behavior or emotional difficulties last for more than a few weeks and are causing problems at school, at home, or with friends.
6. Early detection and interventions can help address a child's current difficulties and help prevent more serious problems in the future.
7. Developing the referral systems among the psychologists, counselors, doctors (medicine), and psychiatrists and increasing medical facilities should be prioritized.
8. Providing intervention tools or treatment plans which are suitable in the context of Bangladeshi society, culture, tradition, and religion need to be developed.
9. The mental health professional should be updated with the respective area of work and receiving continuous professional training.
10. Every mental health professional should be responsible for a particular professional organization to avoid malpractices and unethical issues and dispute of legal matters.
11. The mental health professional should practice under intensive and continuous supervision.
12. The mental health professional should work in the area where they have the professional expertise, feel confident and competent.
13. Every school should have a designated teacher with the training and competence in identifying and understanding the mental health needs of all their pupils who are looked after.
14. Ministers at the Department for Education and Department of Health should work together to ensure children in care and leaving care have access to their mental health and well-being services.

15. Increasing sharing of professional and subjective knowledge, culturally validated tools, and interventions among intra and inter streams of psychology.

Limitations

Since the study focused on different ages (class), and genders, it could have been better if the researchers could narrow down the population. Furthermore, the study has been done in four schools and focused on a specific period. There is another limitation that some of the interviews were conducted via the mobile phone/Zoom meeting due to the COVID-19 situation, it could lead to more success if it was done the in-person interview.

Acknowledgement

The study was conducted with a fund from the Dhaka University Biotechnology Research Centre.

References

1. Kizlik B. 2019. *Needs Assessment Information (Wants Determines Needs)*. Retrieved from: <http://www.adprima.com/needs.htm> November 17, 2020
2. Astramovich RL 2011. *Needs Assessment: A Key Evaluation Tool for Professional Counselors*. Retrieved from https://www.counseling.org/resources/library/vistas/2011-V-Online/Article_41.pdf November 17, 2020
3. Cohen E and Angeles J 2006. School-based prevalence assessment of the need for mental health services: Survey development and pilot study. *Research on Social Work Practice*. **16** (2):200-210.
4. Harrar WR, Affsprung EH and Long JC. 2010 Assessing campus counseling needs. *J. College Student Psychotherapy*. **24**(3): 233-240.
5. Daniel WC 2011. Systematic need assessment: A primer. *J. Counseling & Development* **67**(8): 462-464.
6. Laux JM, Calmes S, Moe JL *et al.* 2011. The clinical mental health counseling needs of mothers in the criminal justice system. *The Family Journal*. **19**(3): 291-298.
7. Kesici S. 2007. Middle school students' counseling and guidance needs. *Scholarly Journals. Istanbul*. **7**(3): 1325-1349.
8. Laurie AS, Rosemary M, Janet C, Paulina M and M Paula 2010. Assessing the needs of older gay, lesbian, bisexual, and transgender people: A service-learning and agency partnership approach. *J. Gerontol. Social Work*. **53**(5): 387-401.
9. Ministry of Primary and Mass Education-DPE. 2018. Annual Primary School Census 2018. Retrieved from [https://mopme.gov.bd/sites/default/files/files/mopme.portal.gov.bd/publications/4a81eee1_4fff_4c20_ab68_282c1db70caa/2.10.1%20APSC%20\(2\).pdf](https://mopme.gov.bd/sites/default/files/files/mopme.portal.gov.bd/publications/4a81eee1_4fff_4c20_ab68_282c1db70caa/2.10.1%20APSC%20(2).pdf) Nov. 17, 2020.

10. Bangladesh Bureau of Educational Information and Statistics (BANBEIS). 2016. Bangladesh Education Statistics 2015, Publications 440. Retrieved from http://lib.banbeis.gov.bd/BANBEIS_PDF/Bangladesh%20Education%20Statistics%202016.pdf Nov. 17, 2020
11. Nur RE, Imran MA and Islam S 2019. *Information about psycho-social support*. Element Printers: Dhaka.
12. Anam M 2019, November 8. Adult Populations: 2.25cr Suffer from Mental Disorders. The Daily Star. Retrieved from <https://www.thedailystar.net/backpage/news/adult-population-225cr-suffer-mental-disorders-182453518th-November-2020>
13. Pavel O 2017. A study to assess the knowledge pattern regarding mental health among students in Bangladesh.
14. Rahman MS. 2015, October 12. State of Mental Health in Bangladesh. the independent. Retrieved from <http://m.theindependentbd.com/arcprint/details/18865/2015-10-12> 18th November 2020
15. Rahman W, Mullick M, Pathan M, Chowdhury N, Shahidullah M, Ahmed H, Roy S, Mazumder A and Rahman F 2012. Prevalence of behavioral and emotional disorders among the orphans and factors associated with these disorders. *Bangabandhu Sheikh Mujib Medical University Journal*. **5**(1): 29-34.
16. Akhter S., AHM Hussain E, Shefa J, Kundu GK, Rahman F and Biswash A 2018. Prevalence of autism spectrum disorder (ASD) among the children aged 18-36 months in a rural community of Bangladesh: A cross-sectional study. *PMC*. **1**(7): 424.
17. Kessler R, Berglund P, Demler O, Jin R, Merikangas K and Walters EE 2005. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arc Gen Psychiatry* **62**(7): 593-602.
18. Sangma S 2018. Psychological support for refugee children of Myanmar in Bangladesh. *World Vision Bangladesh*.
19. Hossain MD, Ahmed HU, Chowdhury WA *et al.* 2014. Mental disorders in Bangladesh: a systematic review. *BMC Psychiatry* **14**(2014): 216.
20. Alam F. 2019. National Mental Health Survey of Bangladesh 2018-2019. Retrieved from https://www.who.int/docs/default-source/searo/bangladesh/pdf-reports/cat-2/nimh-fact-sheet-5-11-19.pdf?sfvrsn=3e62d4b0_2
21. Plemmons G, Hall M, Douplik S and Others 2018. Hospitalization for suicide ideation or attempt: 200-2015. *PadiatricsJun*. **141** (6): 2017-2426.
22. Schulte-KG 2016. Mental health problems in a school setting in children and adolescents. *Deutsches Arzteblatt International*. **113**(11): 183-190.
23. Hamiza NH, Sakinah BR, Bakar RS and Nur FS 2017. Prevalence and risk factors associated with malnutrition among children with learning disabilities: A scoping review. *Malaysian J. Nutrition*. **23**(1): 65-80.
24. Jesmin A, Mullick MSI, Rahman KMZ and Muntasir MM 2016. Psychiatric disorders in children and adolescents attending pediatric out patient departments of tertiary hospitals. *Oman Med J*. **31**(4): 258-262.
25. Naila ZK, Ferdous S, Islam R, Sultana A, Durkin M and Helen M 2009. behavior problems in young children in rural Bangladesh. *J. Trop. Pediatrics*. **55**(3): 177-82.

26. UNICEF and Bangladesh Bureau of Statistics (BBS). February 2018. Child well being survey in urban area of Bangladesh-2016. Retrieved from <https://www.unicef.org/bangladesh/en/reports/child-well-being-survey-urban-areas-bangladesh-2016-0>
27. Chowdhury HR, Mullick MS and Arafat SMY. 2016. Clinical profile and comorbidity of obsessive-compulsive disorder among children and adolescents: A cross-sectional observation in Bangladesh, Psychiatry Journal. p. 7.

(Manuscript received: 22 April, 2021; accepted: 30 May, 2021)