Society has been changed in numerous ways by the worldwide COVID-19 pandemic, with youths and teenagers likely to be affected in the long term. They have been physically and socially isolated, while many childhoods have been adversely affected. Parents have been under stress, while issues such as suicidal impulses and addictions to technology have been identified. Similarly, safety at school has been a concern as institutions try to readapt to normal conditions in the near future. Resolving this crisis requires coordination when assisting learners to return to their academic progress and addressing their previous and current traumatic experiences. Therefore, school counselling personnel could provide insights with which to comprehend more extensively the ways that students have been socially and emotionally affected by COVID-19. This could be achieved through collaboration with the administrators and an emphasis on the use of the school counsellor as a school-based provider of mental health assistance (1).

The National Health Morbidity Survey (2) reported that 1 in 5 adolescents in Malaysia were suffering from depression. Existing research suggests that Malaysian adolescents exhibit a high prevalence of depression-related symptoms (26.2% to 67.8%) (3). This alarming phenomenon is compounded by the fact that a big proportion of the population is of younger age groups, when they are meant to be at their most productive years. With the onset of the COVID-19 pandemic, the community is also even more vulnerable to mental health difficulties, since the pandemic brings with it a slew of psychological stresses such as loss of money, disruption in the educational process, health degradation, a lack of social activities, and much more. Even among university students and society are looking for psychological support during this trying period.

A study among 132 students at vocational colleges in Southern zone Malaysia found that 40.1% of them tended to have severe and extremely severe levels of depression (4). A study to identify factors influencing depression among secondary school students in Johor (5) conducted using Depression, Anxiety and Stress Scale (DASS-21). They found that the prevalence of moderate to extremely severe depression was 42.5%. Using a similar instrument (3) found a higher prevalence of depression among secondary school children in Hulu Langat, Selangor, which is 67.7%. A similar study in Kuching, Sarawak suggested a lower prevalence of depression among adolescents which is 26.2% (3).

The COVID-19 pandemic was reported as causing post-traumatic stress disorder (PTSD)
and depressive symptoms in 20.7% and 7.2% of children, respectively. In comparison to primary and day-school learners, those at middle and boarding schools exhibited considerably higher PTSD and SMFQ-P scores. One’s system of schooling and the province of one’s upbringing were two aspects with a significant association with the development of PTSD symptoms, according to multiple logistic regression analysis. For 44.3% of those responding to a survey, knowledge could be gained, while practical and communications skills could be improved, through internet-based education. Moreover, 78.0% recognised the efficiency of educational systems that used the internet, while 79.8% could accept that children would be able to acclimatise to this approach to education. At the time of the COVID-19 pandemic, PTSD was identified in 20% of children, while depressive symptoms were found in one in 14. To conclude, youngsters from China who were seven to 15 years old suffered from PTSD and depression symptoms due to the COVID-19 pandemic (6).

Various policy makers and stakeholders have regularly noted that a school could form a suitable universal platform for promoting and supporting positive mental health among every student. In schools, the emergence of mental health problems among learners could be identified early and managed, while those with more serious mental health issues could be targeted through specific intervention. Mental health support for students is most likely to be established through mental health services at schools (7).

In the US, research (8) was conducted into how COVID-19 had affected the mental health and behaviour of K-12 students after instructions had been issued to remain at home and after they had gone back to their physical schools. Schools could suffer from learners’ poor behaviour and students could be less academically motivated due to problems with mental health, like depressive feelings, lack of sleep and anxiety. These, in turn, were caused by official lockdowns, being socially isolated, domestic issues, deaths, illness and COVID-19-linked uncertainty (9,10). One of the issues identified is also the difficulty in recognising the causes of mental health issues among students. The variables may be affected by biological, psychological, and environmental factors. This is also coupled together with the stigma of persons with mental health issues which has caused some discrimination or prejudice against individuals with mental health issues in society (11).

Stigma associated with mental health issues has detrimental effects, therefore students with mental health issues do not seek therapy for fear of being labelled by society (11). Aside from that, they believe that "these individuals" are ill, highly emotional, and insane. Therefore, it is essential that the institution investigate innovative approaches to encourage students with mental health issues to seek help. As such equipping with school counsellor with the psychological tools in managing these symptoms and stigma associated with it can help curb the rise in mental health conditions among students.

Previous studies suggested that teachers (including school counsellors) should have greater awareness regarding depression among adolescents for early detection (3). To be able to intervene and detect mental health problems among school children and adolescents faster, counsellors and teachers involve should be prepared and equipped with adequate knowledge on mental health problems and skills on delivering Psychological First Aid to school students (PFA-S). This is in line with a study that found that teachers equipped with mental health literacy and psychological first aid skills resulted in students with improved mental health conditions (12).

Psychological First Aid for Schools (PFA-S) (13) is an evidence-informed intervention model to assist students, staff, and families in the immediate aftermath of an emergency and can be used by any trained staff member or community partner. Trauma-related distress can have a long-term impact. PFA-S uses brief interventions to produce positive results that last. PFA-S is designed to reduce the initial distress caused by emergencies, allows for the expression of difficult feelings, and assists students in developing coping strategies and constructive actions to deal with fear and anxiety.

A growing body of research shows that there are brief, effective interventions that have a long-lasting positive influence on trauma-
related distress. PFA-S is intended for students, school personnel, and families who have been exposed to a disaster or other emergency. Whether an emergency occurs on school grounds or in the community at large, schools serve as a central location for professionals to assist children, families, school personnel, and school partners. PFA-S is most effective immediately following or even during an incident. In some circumstances, assuming the safety of students and staff has been ensured, PFA-S can be initiated while an incident is still occurring, such as in shelter-in-place or lockdown situations.

Despite the importance of having knowledge and literacy on mental health problems and PFA-S, there is vague information on the training provided to school counsellors and the used of PFA-S in Malaysian schools. The latest PFA-S has been developed suitable for the current crisis related to COVID-19 pandemic, This Introduction to Psychological First Aid (PFA) for Schools: Listen Protect Connect/Model and Teach (14) is a resource document that provides more background information on the development and use of the “Sample Questions for Each Step: Listen Protect Connect Model and Teach During the World-Wide Pandemic” However, this brief overview does not substitute for in-person training for the PFA LPC-Model and Teach.

A brief study done by Kurniawan et al., (15) on the Psychological First Aid (PFA) Training for teachers in Indonesia and Malaysia via online medium. The finding shows that there were increased knowledge of Psychological First Aid (PFA) and how to apply it in the Education setting. Nevertheless, there is vague information on the implementation of PFA on the real students’ mental health problem and the long - term follow up and the effect of PFA on the cases.

Besides the above said studies, there is no other information obtained regarding the use of PFA-S in Malaysian schools. Knowing that counselling teachers would be the most appropriate or suitable person to deliver PFA-S to children and adolescent, thus PFA-S training workshop should be proposed at to school’s counsellors to assist them in handling stress reduction, identify crisis response strategy.

We need to be flexible to cater the changing needs of a community namely the children and adolescents and be mindful that the needs would differ across different communities. Everyone has the right to receive assistance regardless of race, religion, nationality, and gender in accordance with the ‘leave no one behind’ philosophy of sustainable development goals (SDG). Thus, implementation of Psychological First Aid for school (PFA- S) program that is an evidence-informed intervention model could assist the students, school staffs and families and produce positive result that last.

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