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“Current Solutions to Bullying Against Alternative Solutions Proposed by Experts”

According to Lila C. Fleming and Kathryn H. Jacobsen, members of the Department of Global and Community Health, schools in countries that have lower income are more prone to have cases in bullying, and the Philippines is no exception. Furthermore, Fleming and Jacobsen later point out that the key factor of the rapidly growing rate of reported bullying cases in low income countries would be the lack of Mental Health Literacy of school administrators and teachers alike. Mental Health Literacy is defined as one’s ability to cope with mental health disorders. Since bullying is categorized as a mental health disorder for the one committing the act, having a rich level of Mental Health Literacy is considered to be a key component to effective in the two of the major types of bullying intervention: Curriculum Interventions and training teachers in Mental Health Literacy. In an effort to prove which method is more effective, this paper aims to compare, contrast, and identify the strengths and weaknesses of Curriculum Interventions, a commonly used practice of bully intervention, with training teachers in Mental Health Literacy, an alternative solution proposed by experts. Both curriculum interventions and training teachers in mental health literacy can address bullying, but training teachers in Mental Health Literacy would more effective in terms of bullying prevention.

As of the moment, schools are implementing simple bully prevention and intervention programs known as Curriculum Interventions. In terms of the Mental Health Literacy, Curriculum Interventions are often used and implemented by school administrators and teachers with low levels of Mental Health Literacy because it requires fewer amounts of skills and knowledge with handling cases of bullying. These include simple methods like lectures and video tapes to be shown to the class with regards to bullying. However, just as little is given, little is expected. While this type of intervention program provides exposure to the causes and effects of bullying, they are often ignored and dismissed by the student body, and therefore proven ineffective.

Based from the minimal effectiveness of Curriculum Interventions, researchers have been able to find the root causes of why such programs don't quite make the cut. Based the results of the surveys conducted by Dorothy Espelage of the University along with Joshua Palonin and Therese Pigott of the Loyola University Chicago, the main reason of the insufficiency of these programs would be the lack of face-to-face interaction and counselling between teachers and the student body. As most teachers who follow these programs aren't experienced with handling the mental health disorders of the students personally, they are distancing themselves from the student body. As a result, students began to lose faith in their teachers, up to the point where they no longer report any on-going cases of bullying.

On the other side of the argument, Tanya Beran, a professor in the Department of Community Health Sciences, explains that having high levels of mental health literacy is the most important thing to develop in order to decrease risks of bullying. With this in mind, one bullying intervention program being proposed by many schools is to train the staff members who are closest or have the most interaction with the student body: the teacher in increasing mental health literacy.

Given the enhanced devising of strategies shown by those who are properly trained, schools that have already instated mental health literacy training for teachers have shown a steady decrease in the frequency of reported cases of bullying. To support this claim, a research conducted by Education Canada found positive results being found in every Canadian school wherein the Mental Health Literacy training programs have been implemented.

Based on the overwhelming number of positive results, they later on addressed Mental Health Literacy as the “foundation for mental health promotion, prevention and care in teachers and students.” Students whose teachers were trained experienced more face-to-face interaction with their teachers, and were more open to admittance of being bullied. Furthermore, there were fewer reported cases of bullying within the student body.

Even if both solutions were able to tackle aspects of bullying, training teachers in mental health literacy was able to address bullying on a wholly different level than curriculum interventions. On one hand, school administrators that have low levels of Mental Health Literacy are not quite sure of how to effectively handle bullying, and therefore result in making use of simple, ineffective programs that fall under curriculum intervention. Students’ trust in their teachers become less and less, so they begin to distance themselves from them, resulting in an increase in both reported and unreported cases of bullying. On the other hand, training teachers in mental health literacy not only enhances their ability to handle cases of bullying, but also develops the relationship between them and their students. By keeping a healthy relationship with their teachers, students become more open to counselling and admittance of being bullied, resulting in overall fewer cases of bullying. With this in mind, it would be more constructive for schools to go through the effort of equipping their teachers with the right knowledge on how to manage bullying rather than simply providing videos for them to show to students so that society can take the next step in finally put a stop to bullying.

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