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Counseling in the Service of Society: Positive Mental Health Help-Seeking for Students in Schools in Post-COVID-19 with Abuse, Neglect, Trauma in Children and Adolescents

Abstract

This article explores the provision of counseling services to promote positive mental health help-seeking behaviors among students in schools in the post-COVID-19 where issues of abuse, neglect, and trauma are prevalent among children and adolescents. Through a qualitative inquiry involving panel discussions, focus groups, and in-depth interviews with psychological researchers, mental health practitioners, educators and school psychologists, this study identifies critical themes related to counseling in schools. The inquiry process consisted of three interrelated phases. First, expert panels summarized study reports, identifying themes such as the professional counseling objectives, training requirements, and the dissemination of counseling/mental health awareness in both rural and urban areas. Second, focus groups further explored these themes, highlighting the necessity for specialized training in child/adolescent counseling psychology, and the implementation of a cross-cultural framework suited to bridge the theory-practice-policy gap in counseling faced by developing countries. Third, an evaluative study assessed the adequacy of current counseling services, specialization, and training programs in addressing the mental health needs of students post-COVID-19. Several key themes emerged from the qualitative analysis including the disparities to accessible counseling services, the effectiveness of school-based mental health programs, the impact of socio-cultural factors on help-seeking behaviors, the necessity for specialized training for counseling psychologists and discusses perpetuating, precipitating, predisposing and protective factors of mental health in students in the wake of abuse, maltreatment, neglect and trauma. Moreover, the study reveals that these students exhibit distinct help-seeking patterns, often hindered by stigma, lack of awareness, and limited access to mental health resources. This research proposed to enhance the provision of counseling services in schools, advocating for specialized trauma-informed counseling practices and the establishment of robust support networks to support the mental health of students.

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1.   Introduction

The COVID-19 pandemic had precipitated unprecedented disruptions across the globe, significantly impacting the mental health of populations, particularly among children and adolescents. The closure of schools, physical and social isolation, and economic instability heightened the incidence of abuse, neglect, and trauma, creating a pressing need for effective mental health interventions even after the school reentering. When educational institutions reopened, the role of school-based counseling services in promoting positive mental health help-seeking behaviors became increasingly significant. Children and adolescents were chiefly vulnerable to the adverse effects of COVID-19 due to their developmental stage and reliance on structured environments such as schools for social, educational and emotional support. Schools, traditionally seen as safe havens, are now essential in the early identification and intervention of mental health issues, in cases of violence, abuse, neglect, trauma and maltreatment towards children and adolescents. Counseling services within schools could provide a safe space for students to express their concerns, process their experiences, and develop coping strategies.

1.1.   Post-COVID-19 Mental Health Challenges in Students

It has become apparent that the impact of COVID-19 pandemic (2019-2022) is long-term in nature, proving sustained challenges to mental health. The psychological issues have been reported including various symptoms of psychological trauma, emotional distress, depression, anxiety, stress, mood swings, irritability, insomnia, posttraumatic stress, anger and addiction (Rana et al., 2020; Mukhtar, 2020). A wide range of mental health outcomes have been observed not only during the virus outbreak but the post-affects too at the individual, community, and global level. Mental healthcare professionals providing care to school-age children in a pk-12 setting noted severe impulsivity, increased challenges with higher order cognitive functioning, and significant delays in socialization and academic performance after reentering schools post-COVID-19 pandemic. Mental health experts witness high expected levels of depression, substance abuse, posttraumatic stress disorder, and suicide in students returning to school post-COVID-19 lockdowns (Wan, 2020; Rana et al., 2021; Qadri et al., 2021; Mukhtar et al., 2022). The concern among experts have proven right after student reentering schools demonstrated/reported experiencing or witnessing Adverse Childhood Experiences (ACEs) including child abuse (physical, emotional or physical in nature) along with aggressive and violent behaviors. To provide a common understanding of abuse, the following definitions of abuse and neglect are taken from the American School Counselor Association's Position Statement: Child Abuse (ASCA, 1999):

Abuse: The infliction of physical harm upon the body of a child by other than accidental means, continual psychological damage or denial of emotional needs (e.g., extensive bruises/patterns; burns/patterns; lacerations, welts or abrasions; injuries inconsistent with information offered; sexual abuse involving molestation or exploitation, including but not limited to rape, carnal knowledge, sodomy or unnatural sexual practices; emotional disturbance caused by continuous friction in the home, marital discord or mentally ill parents; cruel treatment).

Neglect: The failure to provide necessary food, care, clothing, shelter, supervision or medical attention for a child (e.g., malnourished, ill- clad, dirty, without proper shelter or sleeping arrangements, lacking appropriate health care; and lacking

essential medical attention; irregular/illegal absences from school; exploited, overworked; lacking essential psychological/ emotional nurturing; abandonment), (p. 1)

COVID-19 pandemic outbreak ensued quarantine, however well-intended, resulted in confinement of parents/caregivers and children to their homes without access to those who may be able to see the signs of child abuse and domestic violence, and/or obtain the assistance to escape violent situations. COVID-19 related misinfodemics, lockdown, financial instability, stress, childcare, anxiety, maladaptive coping strategies, and more, escalated abuse/violence towards youth who have previous experience of violence (Mukhtar, 2021; Rana et al., 2022). The startling prevalence of these victimization led 21 leaders of worldwide organizations, including the WHO, UN and UNICEF to release statements calling for action to protect children from violence (Joint Leaders' statement - Violence against children: A hidden crisis of the COVID-19 pandemic). The World Health Organization (WHO) postulated a third of world's population impacted with more than 1.5 million children (2020).

Pandemics expose children to all forms of abuse and violence. Research indicated 2 in very 3 children experience violence behavior from caregivers during the pandemic period (United Nations International Children's Emergency Fund, 2020). Past pandemic revealed an upsurge of child abuse, for instance, Ebola outbreak spiked in abuse, neglect, labor and child/teenage pregnancies. Pandemic experiences predicted rise in sexual offenses towards children, a 4.5% increase in sexual violence (Africa), twice as many rapes (France, Brazil, Germany), and a 30% increase in domestic (France) and child violence while child victimization peaked at 40-50% (Brazil) (Ahad et al., 2021).

The Washington Post directly reported cases of child maltreatment during the COVID-19 pandemic (Faiola & Herrero, 2020). The National Child Abuse Hotline in the USA observed 31% more reporting on child abuse, while the Rape, Abuse, and Incest National Network (RAINN) reported a 22% increase in abuse of children under 18 years during the lockdown period (Kamenetz, 2020). The National Crime Agency in UK revealed 300,000 children to have sexually abused in the month of April only (Grierson, 2020). During the pandemic child sexual abuse tripled with cases around 279,166 between March-May of 2020 (Handley, 2020). Furthermore, violence against children increased by 90% in China and more than 92,000 calls in first 11 days of lockdown were recorded in India (Devare, 2020). Social support plays a key role in well-being and social-distancing (isolation restriction) represented a threat for victims and survivors of child abuse. An upsurge in domestic and interpersonal violence especially male violence against women and girls (MVAWG) lead to increased risk of child victimization within the home. The US Child Maltreatment Report (USDHHS, 2020) estimated that parents and caregivers are the prime perpetrators in 77% of child abuse cases.

This paper also discusses the impact of perpetuated abuse including child sexual abuse (CSA) and child-on-child sexual abuse (COCSA) on the mental health of students during quarantine and post-COVID-19 school reentering. Child sexual abuse (CSA) and child-on-child sexual abuse (COCSA) is a pervasive issue, affecting one in eight children worldwide (12.7%) (UNICEF, 2020). However, the exact number of cases remains difficult to determine due to discrepancies in reporting influenced by diverse legal, political, and cultural contexts, as well as

prevention interventions that vary by country. Globally, CSA predominantly affects female children, coupled with the shame and social stigma that hinder reporting (UNICEF, 2020) and in the presence of religious and cultural stigmas, alongside gender inequality, impede effective CSA and COCSA interventions. In patriarchal societies, addressing CSA is further complicated by legal, familial, state, religious, and gender barriers. When religion is used as a tool to control the lives of women and girls, it reinforces patriarchal structures and perpetuates CSA-related stigma. Children who experience abuse often speak in ambivalent terms where CSA and COCSA is taboo or confide in their parents, only to be dismissed, disbelieved, shamed, or blamed. This leads to feelings of shame, embarrassment, guilt, and self-blame, preventing them from sharing their experiences further. For example, in Pakistan, a patriarchal society, women and children face rape, honor killings, vani/sware (exchange of females to settle disputes), and forced marriages, with 21% of girl children marrying before the age of 18 (Human Rights Watch, 2019). In 2019, 156 children in Pakistan were reported to have been raped or sexually assaulted, with no prompt convictions (Human Rights Watch, 2019). One of the most significant incidents of child sexual abuse (CSA) globally is the Kasur Child Sexual Abuse scandal in Pakistan. The National Commission for Human Rights, Government of Pakistan (2018) continues to investigate in Kasur District, Punjab, where children have been sexually abused since 2010, which unfolded between 2006 and 2014 in Hussain Khanwala village, culminated in a major political scandal in 2015 which involved an organized crime ring that not only engaged in child pornography but also sold the illicit material to pornographic websites. The entire district, with 272 reported offenses (estimated more than 280 to 300 children), is implicated in entrapping children and involving them in acts of sexual abuse, with the majority of victims being between the ages of 5 and 9.The discovery of hundreds of video clips showing children being forced into sexual abuse (child sexual abuse, child-on-child sexual abuse) brought the case to the forefront and followed by the perpetrators blackmailing and extorting the relatives of the victims.

There is a direct correlation between male intimate partner violence towards their female counterpart and child abuse (neglect, child sexual abuse, child-on-child sexual abuse, maltreatment, physical violence, emotional control, molestation, exposure to intimate partner violence, and trauma and filicide). It is believed that the schools are more reliable sources of child abuse or maltreatment, but the prolonged closure limited access or reporting of child abuse incidences. In a review of 32 studies (30 cross-sectional and two longitudinal) from the first wave of the COVID-19 pandemic in nine European, three South American, three North American, five Asian-Pacific, and two African countries, found that male violence and abuse towards children and women surged globally (Kourti et al., 2023). Yet the rate of policy and social service reports of child abuse become substantially declined during the lockdown period. Most of the decline was due to school closures because schools are the source through which child abuse can be identified and reported. It is also observed that the child-protection medical referrals originating from school halved, thus the pandemic-induced school closure provided protective hiatus, the reopening of schools brought attention to the prevalence of abuse and its consequences among students post-COVID-19.

The consequences of abuse have become evident since the post-pandemic reopening of schools as the students' demonstrated multifaceted psycho-social impact. This

author argues that the emotional-behavioral problems students exhibit including truancy, multiple suspensions, mental health issues, peer conflicts, direct or relational aggression/bullying, academic problems, gang involvement could be the manifestation of dysfunctional/abusive family and milieu. The abuse students experienced during the lockdown (uncertainty and stressors about pandemic) exasperated pre-existing mental health conditions and triggered new ones. Two further studies found a significant association between adverse childhood experiences and poor mental health during and post-COVID-19 pandemic (Mukhtar, 2020). The research has indicated on how survivors of child abuse experienced during the COVID-19 pandemic found to be at higher risk of experiencing COVID-10 acute stress disorder as well as mediated by complex posttraumatic stress disorder (Tsur & Abu-Raiya, 2020).

Studies have indicated that children experienced separation anxiety and fear of physical injury, while adolescents experience social phobia, panic symptoms and generalized anxiety during COVID-19 (Duan et al., 2020; Rana et al., 2023). Research has also shown that children who experienced adverse childhood events have a higher risk of depression and anxiety across their lifespan (Toth & Manly, 2019). Research further indicates that children infected or survivors of the infection suffered from problematic coping behaviors, anxiety, post-traumatic stress, depressive disorders and suicide attempts (Fegert et al., 2020). Lack of social interactions and confinement with abusive family increased repetitive maltreatment which consequently exhibit through dysfunctional psychological and cognitive development including disruptive behavior in the school, deterioration of social skills and poor peer-relations (bullying or victimization). Dillard and Beaujolais (2019) found that the cycle of violence including "early sexual and physical victimization experiences are shown to be of etiological significance as pathways to adolescent engagement in sexually abusive behaviors" (p. 643).

1.2.   Rationale

The findings of this study will provide significant insights into the barriers and facilitators of counseling services and help-seeking behaviors among students. Through assessing the critical gaps in current mental health support systems and proposing tailor-made recommendations, this research aims to inform policymakers, educators, and mental health professionals about the necessary actions to improve the mental health and well-being of students in a post-pandemic world.

1.3.   Purpose

The purpose of this study was to assess how counseling services can effectively promote positive mental health help-seeking behaviors among students in a post-pandemic world exacerbated during the quarantine and isolation during the COVID-19 pandemic. Specifically, this research aims to understand the impact of school-based counseling on students who have experienced abuse, neglect, maltreatment and trauma. By identifying key factors that influence help-seeking behaviors and evaluating the accessibility and effectiveness of current counseling programs, this study aimed at providing findings for improving mental health support in schools.

1.4.   Aims and Objectives

The primary objective of this study was to investigate how counseling services can be integrated to promote positive mental health help-seeking behaviors among students, particularly those affected by abuse, neglect, and trauma in the post-COVID-19 context. The study aims to:

1. To identify key factors influencing help-seeking behaviors among students in schools.

2. To examine school-based mental health programs in addressing trauma-related issues.

3. To evaluate accessibility and effectiveness of counseling services in urban and rural school settings.

4. To propose recommendations for improving the provision of mental health services in schools.

1.5.   Research Questions

This study aimed to explored by the following research questions:

1. What are the key factors influencing help-seeking behaviors among students in post-COVID-19 educational settings?

2. How do school-based mental health programs address issues of abuse, neglect, and trauma among children and adolescents?

3. What are the barriers to accessing effective counseling services in both urban and rural school environments?

4. What strategies can be implemented to enhance the provision of mental health services in schools?

2. Method

2.1.   Research Design

This study employed a qualitative research design to investigate the role of counseling services in promoting positive mental health help-seeking behaviors among students in schools, particularly in the context of post-COVID-19 environments where issues of abuse, neglect, and trauma are prevalent. The qualitative approach was selected for its ability to provide in-depth understanding and detailed phenomenology into the experiences and perspectives of participants, allowing for a comprehensive exploration of the research questions.

2.2.   Participants

Participants in this study included a diverse group of individuals involved in school-based counseling and mental health support, including psychological researchers, mental health professionals, counseling service providers, school psychologists and educators. Participants were selected from a variety of urban and rural school settings to ensure a comprehensive understanding of the issues across different contexts. A total of 35 participants contributed to this study, including 10 psychological researchers, 10 mental health practitioners, 10 school psychologists, and 5 educators. The selection was aimed for the diversity in terms of age, gender,

socioeconomic background, and geographical location to capture a wide range of perspectives and experiences.

2.3.   Procedure

This study employed a qualitative research methodology to gain an in-depth understanding of the mental health challenges faced by students and the effectiveness of counseling interventions. The research involved a series of in-depth interviews, focus groups, and thematic analysis with psychological researchers, mental health practitioners, school psychologists, and educators. Participants were selected from diverse backgrounds and educational settings to ensure a comprehensive perspective on the issues. The research procedure involved several key steps: sample selection, study, data collection and data analysis. To conduct this research, ethical considerations were strictly followed including identifying, addressing and briefing the study participants, informed consent, assurance of anonymity, privacy, and confidentiality. Ethical subjects related to the anonymity and privacy of the research participants' data were handled in a way which could not compromise the confidentiality, privacy and voluntary nature of the study participants.

3.   Results

The study was conducted through in-depth interviews and focus groups with psychological researchers, mental health practitioners, school psychologists, and educators to investigate the role of counseling services in promoting positive mental health help-seeking behaviors among students in schools, particularly in the post-COVID-19 context where issues of abuse, neglect, and trauma. The data collected from in-depth interviews and focus groups have been analyzed using thematic analysis, leading to the identification of several key themes and sub-themes. These themes provide a comprehensive understanding of the factors influencing help-seeking behaviors and the effectiveness of school-based counseling programs.

i.   Theme 1: Accessibility of Counseling Services

•   Availability of Counselors

•   Barriers to Help-seeking

o   Stigma and shame

o   Lack of awareness

•   Accessibility of counseling in rural areas

ii.   Theme 2: Impact of abuse, neglect and trauma

•   Emotional and behavioral manifestations

•   World-view/perspective-taking

•   Coping mechanisms

iii.   Theme 3: Impact of Socio-Cultural Factors on Help-Seeking Behaviors

- Cultural Perceptions of Mental Health

- Family Influence

- Peer Views

iv.   Theme 4: Effectiveness of School-Based Mental Health Programs

- Comprehensive Support Systems

- Training and Specialization of Counselors

- Integration of educational programs

- Resource allocations

v.   Theme 5: Students' Experiences with Counseling

- Positive Outcomes

- Challenges in the Counseling Process

vi.   Theme 6: Recommendations for Improving Mental Health Support

- Increasing Accessibility and Awareness

- Enhancing Training and Specialization

- Integrating Mental Health Education

- Reducing Stigma and Shame

- Expanding access to Services

4.   Discussion

The aim of this study was to investigate the role of counseling services in promoting positive mental health help-seeking behaviors among students in the post-COVID-19 context, especially in cases of abuse, neglect, and trauma. Through qualitative analysis, several key themes emerged, highlighting the current state of school-based counseling services, the barriers to access, the influence of socio-cultural factors, the effectiveness of existing programs, and recommendations for improvement. This chapter discusses these findings in relation to existing literature, theoretical frameworks, and practical implications.

Social stigma in the context of COVID-19 is the negative association between a person or group of people who share certain characteristics and a specific disease by labelling, stereotyping, criminalizing/dehumanizing terminology, discriminating against, or experiencing loss of status due to a perceived link with screening, testing and treatment. Teachers and educators could address misconceptions, rumors and misinformation contributing to stigma and discrimination through correcting

misconceptions, acknowledging subsequent behavior and the outcome, share sympathetic narrative or tell stories that humanize the experiences and struggles of individuals (Mukhtar, 2019). Stigma could lead to high stress and health disparities, while inducing post-traumatic stress and depressive symptoms among children.

The preventive measures of masks and gloves permeate a feeling of shame, self-blame, self-harm and social stigma among children. Children infected with COVID-19 remained at risk of mental problems, without any need of social stressors. The stigma related itself to the contagious disease, apart from the stigma attached to mental health issues and help-seeking remaining intact. Research postulates that children ostracized/bullied by their peers and neglected by family internalized negative behaviors and self-stigma including poor inter-personal relationships and social withdrawal (Wang, & Guan, 2018; Mukhtar & Mahmood, 2018). compromising their social and cognitive development. Children reported feelings of social stigma associated loss of social dignity and honor resulting in adverse psychological effects on children (Bennett et al., 2010). Labelling children could lead to interpersonal discrimination and violence. Schools have seen a parallel rise in the school shooting in the incidence of bullying and hate speech which could be identified and managed by educators with strategic vigilance. Implicit bias and explicit racist harassment on students of color under the guise of prevention could also be prevented.

This paper suggests that the school's strategies for prevention and responding should distinguish that the emotional-behavioral challenges which arise from stress, frustration, and emotional dysregulation could be the manifestation of deep-rooted issues. Teachers/educators engage with large proportion of students with mental health difficulties and if they lack training in mental health issues, they could easily jump to conclusions about the students and/or the problems they face. It is recommended to avoid saying ''what does not kill you make you stronger'' because children do not need to be stronger, they need to be protected or ''time heals all wounds'' since the impact of childhood abuse can last a lifetime. This implies that the process of facing traumatic experiences during childhood inadvertently contributed to greater psychological, physical and emotional wellbeing. The impact of traumatic events on children and youth is often minimized in this way. Additionally, early childhood relationships are internalized and formulate an internal working mode of the self, other, and relationships, and thus, difficulties associated with abuse-related attachment interact the child's biopsychosocial development and reflected in relationships across lifespan. The intergenerational transmission of violence summed up in the saying 'violence begets violence' that is experience of childhood abuse, violence, neglect and trauma increases the probability pf perpetrating violence in later life. Victims of child abuse are vulnerable to hyper-arousal which makes tolerating uncertainty difficult, to avoid novelty of new social settings/relationships, to regulate emotions and scare away other children – consequently child abuse not only traumatize children but also deny them of their healing interaction.

Apart from the professional school counseling, a simple support from the peers or educators or counselors, could help reduce the stigma surround seeking professional help including COVID-19 relates stressors, abuse related confiding and/or psycho-social-emotional difficulties. School-based mental health professionals could play a

key role in supporting students' positive mental health and wellbeing within the school environment through counselling and therapy, capacity building and skill development, assessment and testing, as well as developing anti-bullying policies and supporting vulnerable students. Additionally, exacerbated disparities have contributed to the increased exposure of marginalized students to abuse, amplifying the need for tailored interventions (Mukhtar & Mahmood, 2019; Mukhtar & Mahmood, 2022). Meeting the trauma-informed and trauma-focused mental health needs of racial and ethnic minorities in particular will take more than just increasing access to mental health services and early identification. A tailor-made intervention requires critical evaluation of the practices and models being used to assess and manage mental health concerns. A diversity-inclusive framework the author established which integrate a positive, strengths-based, culturally appropriate approach in working with youth victimization across all. School-based mental health clinics, wellness centers, and using peers as first responders will not only improve the mental health status but also eliminate the stigma attached to it. Early identification and addressing abuse-related mental health issues among students by the interventions from educators and school counselors/psychologists can mitigate the potential escalation of mental health concerns among victims of abuse. Equal important is the involvement of community liaisons and social workers which can provide a supportive environment for students to disclose their experiences. Collaborative efforts between educational institutions, educators, social workers, mental health professionals, community organizations and policymakers are critical to create a holistic support system post-pandemic.

Mental health in terms of prevention and improvement of wellbeing in school does not simply mean the absence of mental illness but a positive state followed by resilience, productivity and happiness. The most suited approach dealing with abuse apart from reporting it is the efficient and effective framework for organizing mental health services through a multitiered system of support. In stage 1, user-friendly interventions are designed for all students regardless of their experience with mental health difficulties; stage 2 focused on interventions formulated for students at risk for developing emotional-behavioral concerns; and in stage 3 tailormade interventions are executed with students at very high risk of developing/experiencing intense mental health problems. School mental health professionals can identify the stage enact the following steps depending: 1) ensuring their safety, 2) maintaining confidentiality and privacy (besides reporting), 3) empowering self-awareness of their strengths, 4) self-management and independent decision making, 5) building support system through teamwork and conflict resolution, 6) healthy coping strategies, 7) fostering empathy and emotional-behavioral self-control.

The findings of this study have significant implications for practice and policy. Schools need to prioritize mental health support by allocating resources for hiring and training counselors, implementing comprehensive mental health programs, and integrating mental health education into the curriculum. Policymakers should consider these recommendations when designing and funding mental health initiatives for schools. Community engagement and education campaigns are also necessary to address cultural barriers and promote positive attitudes toward mental health help-seeking.

5.   Conclusion

This study examined the role of counseling services in fostering positive mental health help-seeking behaviors among students in the context of post-COVID-19 environments where issues of abuse, neglect, and trauma are prevalent. The findings showed the significance of accessible, well-implemented counseling programs in schools, particularly in addressing the unique challenges faced by students during these unprecedented times. Several key themes emerged from the qualitative analysis, including the disparities in access to counseling services, the impact of socio-cultural factors on help-seeking behaviors, the effectiveness of comprehensive mental health programs, and the specific experiences and challenges faced by students seeking counseling. The study highlights the significant barriers to accessing mental health services, particularly in rural areas and stigma and logistical challenges further hinder help-seeking behaviors. Sociocultural perceptions of mental health and family attitudes play a crucial role in shaping students' willingness to seek help, emphasizing the need for community education and robust engagement to address these barriers. Effective school-based mental health programs that integrate comprehensive support systems and tailor-made trauma-informed training for counselors are essential for promoting positive help-seeking behaviors.

## 6.	Recommendations

Comprehensive efforts should be made to engage more counseling service professionals, particularly in rural areas, to ensure that all students have access to mental health support and for that schools should actively promote the availability of counseling services and address logistical barriers to accessibility. For the counseling service providers, ongoing professional development and specialized training in trauma-informed care about child and adolescent psychology as well as the cultural competence are essential for counselors to effectively support students dealing with abuse, neglect, maltreatment and trauma. Mental health education should be incorporated into the school curriculum to normalize discussions about mental health, reduce stigma and shame, and empower students to seek help when needed. Integrated mental health educational campaigns targeting students, families, and communities can further raise awareness about the importance of mental health. Schools should implement integrated mental health programs that include frequent counseling sessions, mental health education, peer support groups, and other supportive interventions to create a supportive environment that encourages help-seeking behaviors. Engaging families and communities in mental health initiatives is crucial for addressing cultural barriers and fostering a supportive environment for youth. Schools should work collaboratively with parents, community leaders, and mental health organizations to promote positive attitudes toward mental health and help-seeking. By addressing these recommendations, schools and policymakers can create a supportive environment that fosters resilience and well-being among students who have experienced abuse, neglect, and trauma. Enhancing the accessibility, effectiveness, and cultural relevance of counseling services is essential for promoting positive mental health help-seeking behaviors and ensuring that all students have the opportunity to thrive both academically and emotionally.

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