



Mental Health Programs for the Wellbeing of Teenagers

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Abstract:

India is the home to the largest population of children and adolescents in the world and therefore for the well-being of this largest population, execution of School Mental Health programmes is important from this point of view. The aim of this research paper was to investigate possible practical solutions in maintaining mental health of children and adolescents. In order to fulfil this aim, this research paper implemented content analysis approach techniques. The content for analysis was government documents, reports or grey literature published by government and its authorities and other non-government institutions were retrieved. Some journals, articles, and other non-published literature were also taken into account. Key words like mental health programmes, school mental health programmes, health programme policies, adolescent health programme, and health programmes were at the centre for analysis of the content. Indian studies and reports published from 1982 to 2023 pertaining mental health and school mental health programmes and Indian policies regarding mental health programmes are included in this analytical study. Results show that most of programmes related to School Mental Health have universal approach as some of the programmes have universal background. Teacher's role while dealing with these programmes is as facilitators and not an instructor only. They cater both urban and rural population but urban at large scale as majority of schools are in urban areas. Operative, verbal and technological approaches are the areas of communicating with students and society.

Key Words: *Mental Health, Mental Health Programmes, Adolescent Students, School Mental Health Programme, Government policies.*



Introduction:

Indian society is in a period of change. Globalization, urbanization, rapid economic growth, the ever-increasing reach of mass media and technology have created strain in the Indian transformation process and have changed the reality of youth compared to the previous generation. However, social norms do not appear to be in sync with the changing circumstances. The ages of 10-19 are generally considered a relatively healthy stage of life. However, the special health needs and concern have not yet received adequate attention in policies and programs. Global evidence suggests that mental health disorders and road accidents are the leading causes of morbidity and mortality among youth. According to the Lancet Commission Report (2016) on Adolescence, the four main causes of health loss in the age group of 10-24 years in the country are suicide, road accidents, tuberculosis and depression. Whereas, the increasing burden on non-communicable diseases is a matter of grave concern for India. There is still a need to tackle communicable diseases and ill-health related malnutrition in the country. In India, about 54% girls and 29% boys in the age group of 15 to 19 years suffer from anaemia and mental illness.

Parikh, R. and his colleagues (2019), in their research article have discussed about the health related programs, especially mental health programs in India. According to them, India is having the largest number of children and adolescence in the world. In order avoid anxiety and depression of this age group, India has launched 'Ayushman Bharat' scheme and by it, it emphasises to developmental delays and developmental disorders as a part of School Health program. Different meditation-based programs and literacy programs are conducted at this level of learning to ensure proper health practice among the children. Focus of literacy program not only for school going students, but also for the families have been considered in developing health awareness have been targeted within it. Literacy in health related programs is important because in India under the title, Youth in India: Situation and Needs (2006-07) was a survey conducted which showed that 82% of young men and 18% of young women in the age group of 15 to 24 believed that family life education was important for them but only 15% had formally received it. Therefore, a large proportion of children did not have adequate information on many issues related to health, especially mental health, indicating that they were vulnerable.

In designing correlated policies and on international platform India, indeed, has been a frontrunner in having commitment towards adolescence health programs. Among various health programs, mental health program for this target group has its own policies and



characteristics. According to National Health Profile (2011), having reference to the data of Population Database of the United Nation Population Division, and as mentioned earlier that India is the largest population of age group from 10 to 24 and unfortunately it that country where the first and top cause of death among these youngsters is committing suicide. Therefore it is enough for this research paper to have to advocate programs being carried out in disseminating positive approaches in this population related to mental health.

Objectives and Methodology:

This research paper aims to investigate possible practical solutions in maintaining mental health. This research paper also aims to map out the terrain of national programs on mental health of young/adolescent students learning at different levels in India. A content analysis approach has been adopted in this study to map the literature on mental health. The units of content analysis were different published sources in the form of both primary and secondary sources. Reports of government associated to mental health programs were primary source of content, while articles, journals, news, and other literature were secondary source of content.

Analysis of Mental Health Programs:

In India, many institutions, including government department of education and health at the national and state levels and social service organizations are implementing different versions of adolescence programs to provide school-going children with better information and responsible decision-making on issues related to their health and well-being. An important objective of many of these programs was to make the school system more sensitive to the needs and concerns of children and to make schools as vibrant and positive learning places. Most of these initiatives reach students at the secondary level and also try to include components of teacher-training and classroom-based activities.

- In order to encourage application of mental health knowledge in general health care and in social development, as well as to promote community participation in the mental health service development also to stimulate efforts towards self in the community, National Mental Health Program (NMHP) was launched in 1982. In order to fulfil its goals, this program offers community mental health care facilities, financial and moral supports to the families, involves families in strengthening positive approach towards mental health, supports voluntary organizations, preventing approaches in misbalancing,
- According to NCERT 2020 program ‘Training and Resource Materials Health and Well-being of School Going Children under the aegis of Ayushyman Bharat’s School Health



Program, by executing SWAT technique and Activity based health care strategy, promotes mental health by understating emotions in different behavioural conditions. 'Knowing Your Feeling/ Emotions' is a program that works on self-awareness, emotion management and creative thinking. The purpose of this program is to build student's awareness of the emotions, it experiences in life. The program entails becoming familiar with the emotion listed and the specific words that are associated with the emotion, targeting it, and trying to project him/her through it.

- **School Mental Health Programme (SMH):** A programme was decided to make the mental health of school going children having a priority under the programmed titled 'Mental Health and Well-being: A Perspective' by the Central Board of Education (CBSE) in 2018. According to the report, family is the first socialization structure in which children are introduced to the world. This is an important role model for children because attachments, emotions, personality traits, behaviour, originate from the family. From food preferences to interests and social interactions, everything depends on this unit. The next structure of socialization of school going students is school. It provides formal opportunities and psychological scope for overall development. If we look at children from development point of view, the children are a large part of the community who develop their own personality with the social support provided by families and neighbourhood and from school, the child comes into contact with every relationship. This program aims in making adolescents to think of social life as gradual step of their lives. This mental health programme run by CBSE looks at mental health in schools under a holistic approach.

A one-day programme on Mental Health of Adolescent or school going children was conducted in Maharashtra in 2008 by the Psychiatric and CGS department of Yashwantrao Chavan Memorial Hospital. The rationale behind the programme was to create awareness among local secondary school teachers and local public about children's mental health. Through this one-day programme, people from different parts of the hospital exhibited poster presentation and conducted workshop specially guided by ophthalmologists and experienced people with their key notes. The SMH reports of YCMH 2008, 2009, and 2010 reveal that the goal follow-up rate helps in exploring comorbidities and in arriving at specific diagnosis on learning disorders, anxiety, depression, stuttering, behavioural disorder and many more.

National Institute of Mental Health and Neurosciences (NIMHNS) of Bengaluru is called the first institute that deals with Teacher Orientation Programme. This institute train



teachers to cope with students having imbalanced approaches towards life. This institute targets teachers who teach students from 7 to 15 years of age. In 1990s, this institute also introduced a programme for students having title of 'Student Enrichment Program.' This programme focuses on rural area students and their mental health. 'Life Skill Facilitators' is another programme of NIMHNS associated to secondary teachers. This module of activities is associated to life skill of adolescent students also cope with their mental health.

There is an NGO in India, called as 'Expressions', which offers a programmed called 'Life Skill Education and Mental Health.' There are two different modules in this health related program out of which first module covers students from 7th to 11th years age and adolescent students, while the second module is for teachers to know life skills.

Ramkumar (2015) laments in his works about the absence of any kind of programmes for adolescent students at the national level in India, there are many organizations and NGOs that organize various programmes at the school health of adolescent students. To have an example of this, Lifestyle Education and Awareness Programme (LEAP) targets illness of this age group and conduct counselling at psychological level. In order to overcome anxiety and stress related to study and examination, and alleviate students to face exam with no fear, DISHA (Direct Intervention System for Health Awareness) provides different tools of communication. Started from 2013, this system follows Tele Medical Health Helpline. By 2014, DISHA introduced its phase of working called DIAL-A-DOCTOR. Started in Kerala, this institute is functioning almost 14 states of India.

School Mental Health Programmes in India are not only associated to students learning at different levels, but also offers programmes for teachers to cope with these programmes so that they can successfully be executed in schools. Murthy R S (2022) in his work 'Mental Health Care in India' discussed about the role of teachers in awareness of Mental Health causes and possibilities and also suggested approaches for teachers in working mental health programmes.

The Indian Psychiatric Society's Kerala Branch in 2021 introduced Sneha Kavacham training program for teachers and adolescent students and also some parents. The aim of this programme is to address and reduce digital addiction of students as many of the studies have found this addiction as one of the causes of mental health problems.

In order to reduce suicidal thoughts of youths in India, especially in the state of GOA, YUVA MITR, a community programme is structured. Peer to peer learning strategy of this programme promotes youth health and also spreads awareness in youths regarding mental



health. Implemented both at rural and urban area, this programme has succeeded in showing more openness towards seeking help for mental health issues.

Findings:

It is with reference to the analysis of different cited works and reports related to Mental Health Programmes in India, following findings are revealed.

1. Mental Health Programme has become likewise other major concerns for Indian government as in 1980 it has established working committee on this and by 1982 National Mental Health Programme was carried out.
2. Maharashtra and Kerala states have shown significant concern for School Mental Health Programme. There is no National level programme for Adolescent's Mental Health, different non-government and NGOs institutes are doing excellent for this age group.
3. Ayushyaman Bharat School Health Programme is a recent programme being conducted at national level and has also deals with Mental Health of students of 10 to 21,
4. Majority of programmes associated with School Mental Health of Students also takes active participation society and parents. They also conduct training programmes for parents and teachers. The duration of training programmes goes from a single day to a week.
5. Coping with Life Skill in the programmes like DISHA, Expression, and NIMHNS association with emotions, feelings, liking, and attitude of students.
6. Utility of technology in modern era has become a primary concern of these programmes as Dial A Doctor, one of the parts of DISHA programme applies telecommunication gadgets.

Conclusion:

If such programmes are selected and developed in a unified manner with the view of creating appropriate awareness regarding mental health among school-age or adolescent students, they will get a better opportunity to develop mental health equally. It is because mental health is not only a part that is connected with intellectual, social, and emotional areas, but many factors are also responsible for this and has been demonstrated through mentioned programmes. Therefore, in order to achieve the goals of mental health at all sphere of life, it will be important for all segments of the society to contribute positively. In countries like India with huge youth population, the purpose cannot be fulfilled by the work of certain institutions and organizations.



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