Sattva Knowledge Institute SKI perspective

INTEGRATING MENTAL HEALTH AND WELLNESS IN INDIAN SCHOOLS: INTERVENTIONS ACROSS THE CONTINUUM OF CARE

April 2023

Acknowledgements

Authors

This perspective has been written by **Yashasvi Murali** and **Disha Kouli** and the technical review was done by **Lakshmi Sethuraman**.

Technical Advisor

We thank **Dr. Chetna Duggal**, Associate Professor in the School of Human Ecology (SHE), Project Director, School Initiative for Mental Health Advocacy (SIMHA) & Rahbar, Tata Institute of Social Sciences (TISS) for her technical inputs and review of the report.

Contributors

Insights in this document are based on primary interviews with 12 implementation organisations and experts in the field of mental health and SEL to gain insights and understand what the integration of mental health in schools looks like today, best practices, challenges, and recommendations for action.

Ajaa Sharma
Learning Experience Specialist, Learning Experience, Schools Program, Quest Alliance

Anshu Dubey
Senior Program Director, Kaivalya Education Foundation (KEF) (Piramal foundation)

Deepika Singh
Associate Director, Learning Experience, Schools Program, Quest Alliance

Dhira Peer
Network Lead - Counseling and SEL, The Akanksha Foundation

Diana Cherian
Program Consultant, School Initiative for Mental Health Advocacy (SIMHA), Tata Institute of Social Sciences (TISS)

Gracy Andrew
Special Advisor, CorStone

Honey Singh
Content and Training Manager, Learning Experience, Schools Program, Quest Alliance

Monal Jayaram
Co-Founder, Director, Core Team Member, Kaivalya Education Foundation (KEF) (Piramal Foundation)

Nandita Bhatla
Country Director, CorStone

Dr Pavithra Arunachaleeswaran
Consultant Psychiatrist, Department of Youth Mental Health, Schizophrenia Research Foundation (SCARF)

Prachi Khandeparkar
Psychologist and Project Lead-Adolescence Health Promotion Programs, Sangath

Rachana Parikh
Senior Program Officer, PATH

Richa Gupta
CEO and Co-founder, Labhya Foundation

Rohit Kumar
CEO, Apni Shala Foundation

Dr Shiva Prakash Srinivasan
HOD (Clinical services and Training), Department of Youth Mental Health, Schizophrenia Research Foundation (SCARF)

Dr Soumitra Pathare
Director, Centre for Mental Health Law & Policy (CMHLP), Indian Law Society (ILS)

Swati Patel
Program Director, Kaivalya Education Foundation (KEF) (Piramal foundation)

Dr. Tasneem Raja
Head of Mental Health, Indira Foundation

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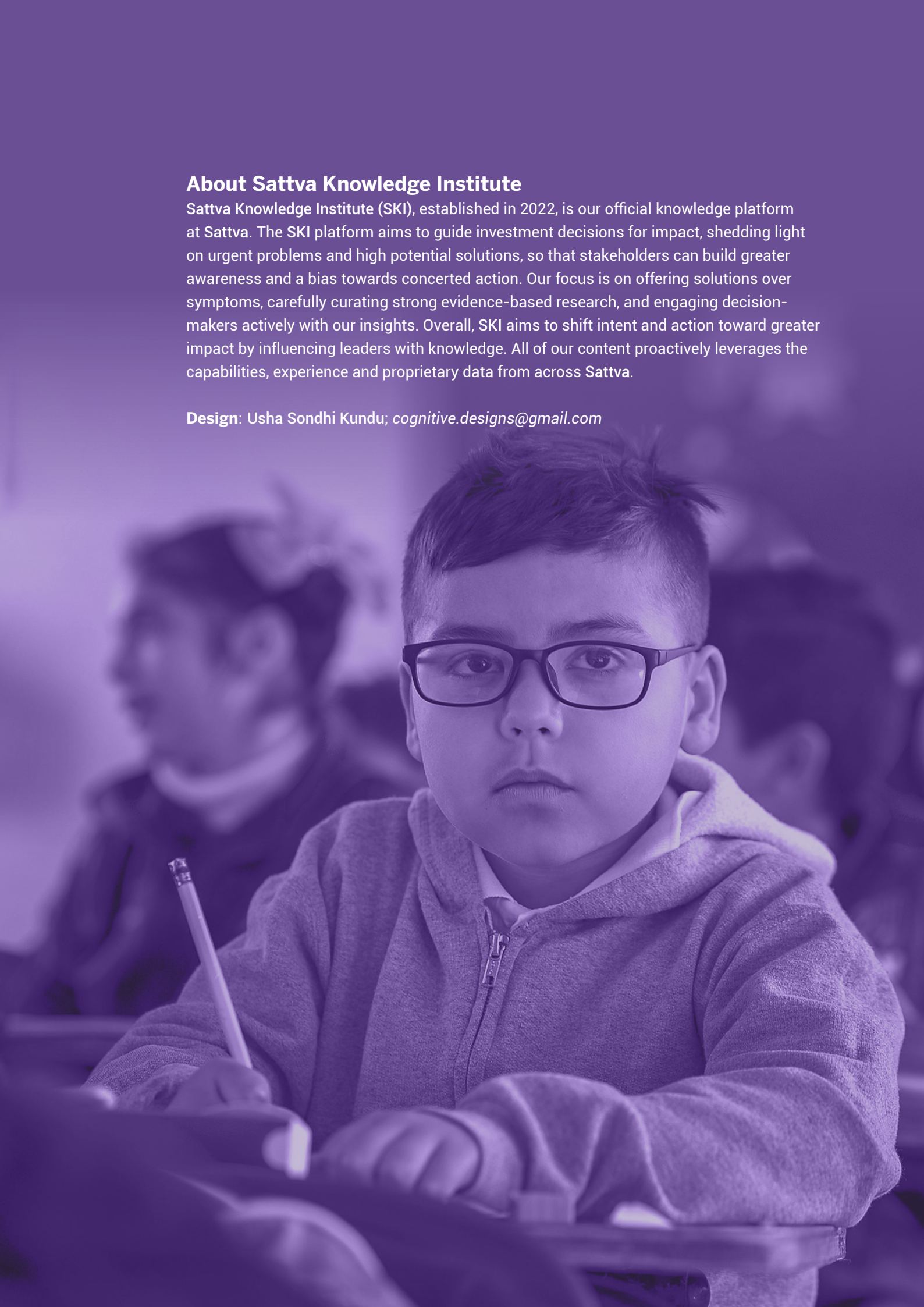
Design: **Usha Sondhi Kundu**; *cognitive.designs@gmail.com*



CONTENTS

Executive Summary

India has witnessed a significant rise in mental health concerns among children and adolescents, especially since the COVID-19 pandemic. Stigma and lack of awareness lead to low health-seeking behaviours and poor attitudes regarding mental health.

Policies such as the National Education Policy 2020, supported by overarching provisions of the National Mental Health Policy 2014, signal the prioritisation of mental health for children and adolescents. At a programmatic level, the School Health and Wellness Programme 2020 is a critical step towards providing a targeted curriculum on "Emotional Well-being and Mental Health", among ten other themes, to school students of all ages. However, state performance of the programme is varied and results are yet to be seen. The World Health Organization (WHO) recognises that Social Emotional Learning (SEL) and life skills are important ways of preventing health problems as well as promoting mental well-being in a positive and non-stigmatising way.

This perspective captures **insights from primary interviews with 12 non-governmental organisations and experts in the field of mental health and SEL among children and adolescents.** This includes existing solutions and approaches, challenges in integration at all levels, recommendations to enhance effectiveness of interventions and whitespaces and focus areas for evidence-generation and action by stakeholders.

Individual stakeholders are directly in contact with children and adolescents, and have a critical role to play. Limited capacity, motivation and time pose barriers to delivery by teachers. Interventions need to focus on integrating practical mental health concepts in training modules and in the process, enable mental well-being of teachers themselves. Efficient models for counsellors' engagement with multiple schools can reduce resource-intensivity in their engagement. Parents and caregivers can be engaged through community outreach, digital modes for engagement, home-based activities and school-based platforms. Peer educators as a safe and trusted support for students are critical, and should be trained and supported adequately.

Driving ownership at the school administration level is critical in creating a safe environment in schools, integrating mental health systematically, formulating an approach for student engagement and establishing referral pathways. Addressing the lack of information and capacity building to implement such programmes is important. More evidence should be generated to evaluate long-term outcomes and enable stakeholders to use well-evidenced indicators to measure impact on an ongoing basis. Given the complex nature of mental health, **a multi-pronged approach is needed to design tools and evaluate long-term outcomes,** and there is scope for more work in this space. Concerted efforts should be made to ensure that curricula are developed involving students, adapted to local contexts and needs, and delivered in a participatory and relatable manner. These aspects make up one of many components of the overall systemic solution to integrate mental health in schools.

Mental Health: How do Indian Children and Adolescents Fare?

Mental health lies across a continuum of care encompassing prevention, promotion, treatment and rehabilitation and reintegration (Purgato et al. 2020). Across the continuum of care, Social Emotional Learning (SEL) and life skills form an integral part of the foundation for preventive and promotive mental health. Further along the continuum, common mental health concerns, severe mental illness, and neurodiversity (including learning disabilities) are prevalent among children and adolescents, and require targeted interventions.

The rising rates of poor mental health among children and adolescents, particularly in the aftermath of the COVID-19 pandemic, have made this a priority for action.

In India, over **4%** of adolescents had anxiety disorders, while nearly **1%** had depressive disorders in 2015. (NIMHANS 2016, xxv)

Before the COVID-19 pandemic, **50 million** children in India were estimated to be struggling with mental health issues. (UNICEF 2021)

Students accounted for **8%** of the total number of suicides in the country in 2021, amounting to **1.6 lakh** suicides. (NCRB 2022)

A survey conducted by the National Council of Educational Research and Training (NCERT) in 2022 further shed light on the extent of the mental health crisis, with **43%** of students reporting mood changes and **24%** of children reporting emotional changes in their families as a result of the pandemic. (NCERT 2022, p.17-18)

Further, **lack of awareness** and **social stigma** associated with mental health issues often leads to poor attitudes, behaviours, and decision-making regarding mental health, including the reluctance to seek treatment for mental health conditions. (PATH 2022)

At a policy level, national policies in mental health, youth and adolescent health and education have created enabling environments for interventions in preventive and promotive mental health. These include the National Mental Health Policy 2014 which recognises a holistic approach to mental health across the continuum of care (MoHFW 2014a), the National Youth Policy 2014 which recognises emotional and mental health as a priority area for action (MoYAS 2014) and the National Education Policy 2020 which emphasises students' mental health and well-being as part of their holistic development (MoE 2020**).**

Further, the Rights of Persons with Disabilities (RPWD) Act 2016 and Mental Healthcare Act 2017 recognised the rights of people with mental illness and established regulations and guidance for legislative action to support the policies.

At a programmatic level, several strides have been made over the years in all three aspects. In mental health, the National Mental Health Programme (NMHP) in 1982, the District Mental Health Programme (DMHP) in 1996, and the Tele Mental Health Assistance and Networking Across States (Tele-MANAS) as part of the National Tele Mental Health Programme in 2022, focus on provision of mental health services to the population at large, and include children and adolescents as part of the broader purview. These programmes aim to provide the necessary mental health systems in the country. Additionally, inclusion of mental health as an area of focus under Ayushman Bharat Health and Wellness Centres (HWCs), have also helped create an enabling environment for mental health at a primary health care level (MoE & MoHFW 2018).

In schools, the School Health and Wellness Programme 2020 under Ayushman Bharat, jointly rolled out by Ministries of Health & Family Welfare, and Education, is training Health and Wellness Ambassadors in schools to transact age-appropriate sessions on 11 thematic areas, including emotional well-being and mental health, in the form of interesting joyful interactive activities for one hour every week (MoE & MoHFW 2018; MoHFW 2020).

In 2022, the NCERT launched a modular handbook for teachers and allied stakeholders on 'Early Identification and intervention for mental health problems in school going children and adolescents' to enable schools to adopt a school-based mental health programme and set up of mental health advisory panels, with a pedagogical model for psycho-social support to students (MoE 2022).

In adolescent health, programmes have recognised mental health and well-being as a critical component for holistic development of children and adolescents. The Rashtriya Kishor Swasthya Karyakram (RKSK) 2014 includes mental health as one of the identified six strategic programme priorities for adolescent health and development needs in India (MoHFW 2014a). Further, the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls - SABLA 2010 under the Ministry of Women and Child Development provides life skills to adolescent girls, developing self awareness and self esteem, decision making and other key skills (Ministry of Women and Child Development 2010).

Mental health has been recognised at both policy and programmatic levels. Efforts are already being made to integrate mental health and well-being for students in schools.

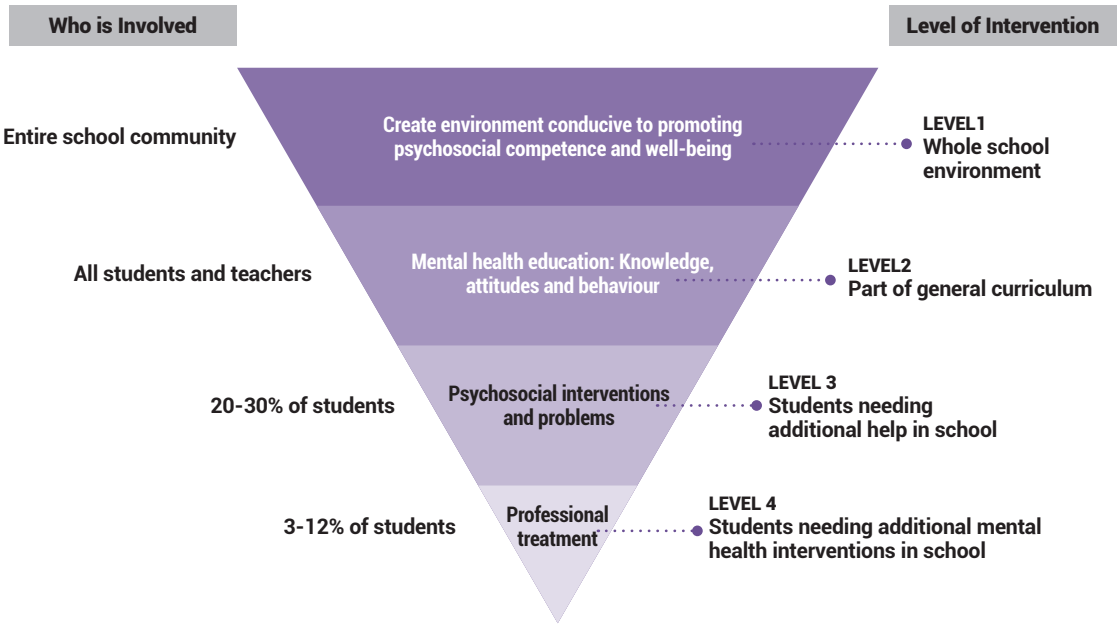
Understanding the Whole School Framework and Approach to Mental Health

The World Health Organization's whole school approach to mental health framework provides a conceptual understanding of the scope and synergies between mental health, life skills and SEL. It recommends that the aim of school-based interventions is to provide

an experience that will strengthen the children's coping abilities to counter environmental stress and disadvantages with which they have had to cope in growing up (Hendren, Weisen, & Orley 1994).

This framework has been adapted by organisations working in this space. Although organisations might choose to focus only on one or two levels at first, to ensure maximum effectiveness, an integrated programme at all four levels is required (Hendren, Weisen, & Orley 1994).

Figure 1: WHO's framework for mental health programmes in schools



(Source: Hendren, Weisen, & Orley 1994)

As stated by WHO, psychosocial competence is the person's ability to deal effectively with the demands and challenges of everyday life. **The most significant interventions for the promotion of psychosocial competence in schools are those which enhance the child's own coping resources and competencies.** This is most often done by the teaching of skills. Such skills are referred to as life skills. Although the exact definition of life skills is both culturally and situationally determined, an analysis of the interventions in this field indicates that there is a core set of life skills that cuts across different programmes (Hendren, Weisen & Orley 1994, pp. 7-9).

The following components of Life Skills and SEL Skills across interventions promote psychosocial competence:

1. Decision making and problem solving
2. Critical and creative thinking
3. Communication and interpersonal relationship skills
4. Self awareness and empathy
5. Skills for coping with emotions and stressors

Recognising the role of life skills in the promotion of mental well-being forms the conceptual basis for the teaching of life skills for a wide variety of promotion and prevention objectives.

Life skills are taught to enhance coping with life stresses and pressures that can otherwise give rise to negative health behaviours and social problems. Life skills teaching is an important way of preventing health problems, as well as promoting mental well-being in the most positive and non-stigmatising way.

Mental health education, including the value of positive mental health attitudes and the causes and effects of mental illness should be part of an overall school health education programme (Hendren, Weisen, & Orley 1994, pp. 7-9).

Note: WHO's model framework for School Mental Health Programmes through the **Whole School Approach** emphasises four levels of interventions that are required for an integrated approach to mental health with maximum effectiveness. The Whole School approach refers to a tiered approach to interventions at all four levels.

However, organisations in India often also use the term 'Whole School approach' to refer to interventions which engage with all stakeholders who are involved in the development of a child. These interventions may only be targeting the first or first two levels of the WHO framework, while delivering SEL and mental health curriculums.

Further, the Ministry of Education recognises the whole-school approach to involve a cohesive, collective, and collaborative engagement by a school community, which takes account of the wider social, environmental, and cultural needs of a community, including the school ethos and culture. In this regard, a whole-school approach involves all parts of the school working together and being committed to taking measures to create a health- promoting ward school environment.

In this document, the term 'Whole School Approach' is used in the context of WHO's tiered approach at all levels, across the continuum of care for mental health.

Building Blocks for a Systemic Solution

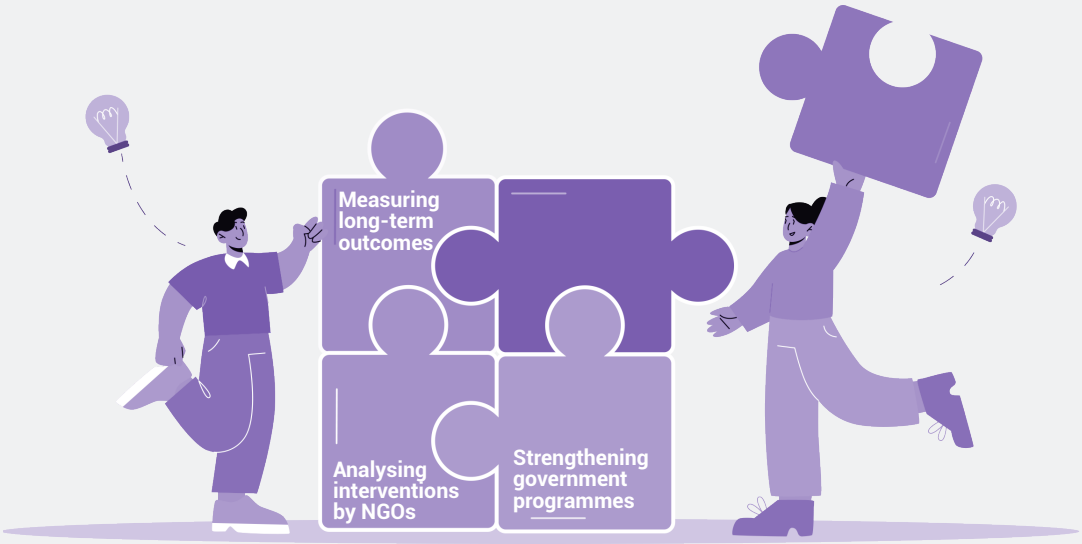
This perspective offers a foundation, through an analysis of select interventions across the continuum of care in India, and provides recommendations to philanthropic funders, governments, practitioners and others working in this space, for strengthened programme design and implementation for existing and new interventions in SEL, life skills and mental health in schools.

Insights from primary research with organisations and experts capture:
- Existing solutions and approaches to integrate mental health in schools, towards a whole school approach
- Challenges in integration at all levels
- Recommendations to enhance effectiveness of interventions
- Whitespaces and focus areas for evidence-generation and action by stakeholders

This has been captured for individual and systemic stakeholders who have a role to play in enabling mental health and wellbeing of children and adolescents.

The insights in this perspective form one component of the overall systemic solution to integrate mental health in schools. Subsequent knowledge products in this series will piece together other aspects such as governmental interventions, long-term outcome evaluation and so on, to present a comprehensive picture.

Figure 2: Components of a systemic solution for integrating mental health in schools



Intervention Landscape in India

Overview

In addition to efforts by state governments and central bodies, several non-governmental organisations (NGOs) focus on mental health and SEL interventions in schools. While some NGOs focus exclusively on delivering SEL curricula, others are focusing on integrating comprehensive

modules on health and mental health into school systems. Organisations are increasingly recognising the need to adopt a systemic approach for integrating mental health into schools, that are contextual and localised to specific needs, and based on evidence of effective practices. With a view to integrate mental health and wellness interventions in schools, this perspective aims to provide inputs to programme design based on the learnings and experiences of organisations. Please refer to *Annexure 1* for details of these organisations and their programmes.

All insights in this perspective are entirely based on inputs shared by experts and organisations working in life skills, SEL and mental health in schools in India.

All interventions recognised the importance of viewing mental health across the continuum of care, and moving away from a curative approach. Interventions adopted a whole-school and well-being-focused approach, with a strong emphasis on preventive and promotive mental health through SEL and life skills. Supporting structures for counselling and treatment have also been built into select interventions. However, in communities at large, mental health continues to be perceived with a predominant focus on treatment, which only looks at diagnosing and treating individuals. As part of interventions in schools, addressing this narrow view of mental health to enable a positive well-being approach and narrative continues to remain challenging.

Note: *The term 'mental health interventions' is used to encompass interventions focusing on preventive and promotive mental health, which include SEL and Life Skills.*

Reflections on Government Policies and Programmes

NOTE: *This perspective does not analyse government interventions or policies. Insights on government policies and programmes are limited to inputs shared by organisations and experts in this field, as part of primary interviews.*

At a national level, policies have been launched and programmes are being delivered to provide mental health in schools.

The National Education Policy (NEP) calls for an introduction of well-trained counsellors in schools to ensure physical, psychological and emotional well-being. The policy further states that counsellors and/or well-trained social workers will work with and connect with students, parents, schools, and teachers in order to improve attendance and learning outcomes. However, the policy does not have a mention of targetting suicides and self-harm among students (MoE 2020).

The School Health and Wellness Programme is synergising efforts between the Ministries of Health and Education and is in early stages of implementation, since its launch in 2020. The

curriculum is transacted by teachers designated as “Health and Wellness Ambassadors" and adopts an integrated approach to cover 11 themes, including "Emotional wellbeing and mental health" (MoHFW 2020).Since the programme is in early stages of implementation, the results of built capacities of teachers is yet to be seen. Moreover, state performance of the programme varies and is dependent on motivation of states to deliver the programme, the effectiveness and quality of training imparted and the capabilities of teachers to deliver the curriculum, among other factors

At a state level, delivery of mental health in schools is driven by political prioritisation and varies across states. Several states such as Delhi, Kerala, Tamil Nadu, Tripura, Jharkhand, Maharashtra, Chhattisgarh, Madhya Pradesh, Goa, Uttarakhand, Karnataka, and Rajasthan, among others, have prioritised the implementation of SEL and mental health programmes in schools.

However, **infrastructural challenges** such as inadequate existing mental health systems (DMHP), and scarcity of mental health professionals pose a barrier to establishing functional referral systems from schools. Limitations in established governance or accountability measures also pose a challenge to timely and effective implementation of programmes in schools.

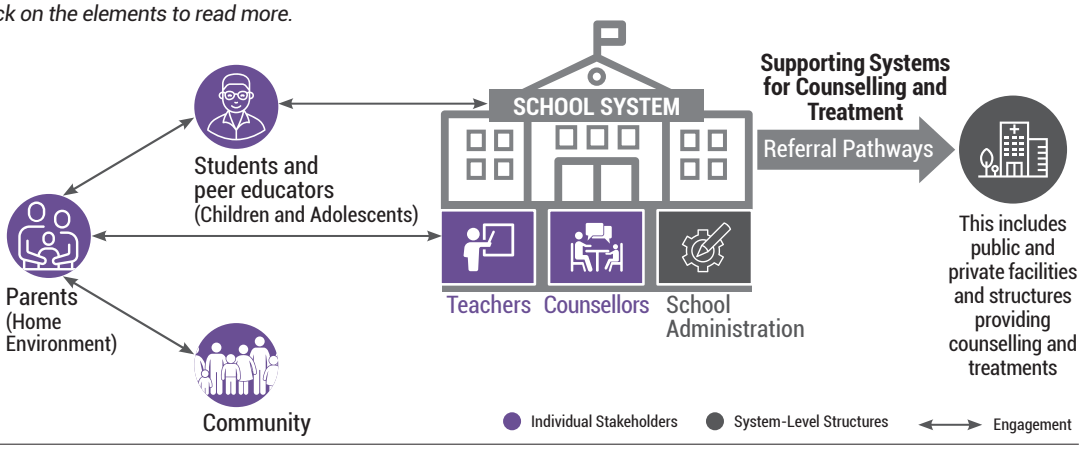
Collaborative efforts among stakeholders are needed to develop a shared understanding of mental health and establish clear roles and responsibilities across stakeholders for delivering mental well-being programmes with students.

Solutions for Key Stakeholders and Recommendations for Action

The perspective has mapped insights across all stakeholders, including teachers, parents, and counsellors in a school system. Each of these stakeholders plays an important role in ensuring that access to mental health services is provided seamlessly across the entire continuum of care (*Figure 3*).

Figure 3: Key stakeholders across the continuum of care in a School Mental Health Programme

Click on the elements to read more.



(Source: Hendren, Weisen, & Orley 1994)

Individual Stakeholders

TEACHERS

ROLE

Teachers play a crucial role in creating a safe and secure learning environment that can positively impact students' mental well-being. They are the primary touch-points for students in schools, and can directly influence their holistic development, beyond academics.

As they are often the first point of contact, they are best positioned to promote a common language for mental well-being in the classroom and deliver mental health interventions, particularly in hard-to-reach areas where access to other mental health professionals, counsellors and SEL facilitators may be limited.

SOLUTIONS

Solutions have largely focused on building the capacity of teachers to deliver curricula. Different models have been used for training including a training-of-trainers model, a three-four day induction model, annual training modules and refresher training modules.

Interventions have built the capacity of teachers towards the following:

1. **Delivery of SEL curricula:** Interventions have trained teachers to build understanding and language around SEL and development. Ongoing supportive supervision support is provided to enable effective delivery in classrooms, along with monthly diversity and inclusion training. This includes a platform for facilitators to share their own experiences on the week's theme, to be able to process and discuss the session curriculum in an experiential manner. Teachers are engaged and supported regularly with an aim to provide a space for reflection and discussion, identify what is working and what is not, and help them adjust the approach to better support students in their social and emotional development.

"We have not experienced difficulties with teachers because we communicate in a way that is easily understood by them. We avoid using mental health vocabulary such as depression and anxiety, instead, we talk to them using their own language such as stress, pressure, feeling emotionally strong etc.

We believe that teachers are not just means of transaction of concepts to students, but they themselves must go through experiential and reflection exercises to connect and apply these concepts to their own lives, and to their role as facilitators. We teach them skills, resulting in their engagement and understanding of the programme – they transform and become advocates. The language used is adapted to their level of understanding, and much of it has been refined over the years based on feedback from the teachers themselves. Government Master Trainers have worked with us to adapt examples and content to make it more relevant for the school system."

– **Gracy Andrew**, Special Advisor, CorStone

2. **Delivery of SEL and health curricula, including mental health:** Interventions have trained school teachers to deliver additional health curricula, including mental health and provided them with the necessary skills to become gatekeepers in identifying student who may be at risk of severe mental health issues, including suicides.

3. **Provision of first-response, trauma-informed care:** Interventions have also equipped teachers with trauma-informed knowledge and basic skills to respond to trauma, including how to recognise and respond to distress within the classroom. Using a stepped care model, teachers are trained to provide a first level of response for mental health needs, and refer cases that require specialised care to counsellors. This empowers teachers to provide immediate support to students in distress (including awareness on what not to do) and enable a more supportive learning environment.

"The First Response Training module is designed for any adult working with adolescents and youth, aiming to help them recognise signs of distress and know how to respond appropriately. It is important for educators to be able to identify distress among young people, recognise what distress can look like, and know what steps to take in response."

– **Dr. Chetna Duggal**, Associate Professor in the School of Human Ecology (SHE), Project Director, SIMHA & Rahbar

Interventions have also addressed the well-being of teachers themselves.

Building the capacity of teachers to deliver SEL while also building their own well-being: When teachers experience the positive transformation from the curricula themselves, they are more likely to have the buy-in and motivation to deliver it effectively to students. In the absence of this, teachers may view the curricula as an added burden, and may view their role solely as delivery agents.

In addition, focusing on this aspect enables an active recognition of the challenges experienced by teachers in terms of poor well-being and stress, and equips them with skills and knowledge to manage their emotions. This not only helps teachers, but also equips them to understand and manage the needs of students better.

CHALLENGES

Limited time and overburdened teachers: The institutional capacity of teachers, across the board, to deliver mental health and SEL interventions is a challenge in integration within existing systems, given significant capacity constraints. Public school teachers are often overburdened with tasks, such as supporting government functions like election duty, and find it challenging to take on additional responsibilities in the limited time. Training and provision of SEL can require additional time which teachers may find challenging to commit.

Risk of misdiagnosis due to limited skills and knowledge: Limited knowledge among teachers can pose a risk of incorrect diagnosis by teachers. For instance, teachers may identify

inattentive or naughty students and incorrectly diagnose the behaviour as symptoms of ADHD. in the absence of professionals to support the process further, this may result in adverse implications on the development of the student. Interventions have found that in such cases of misdiagnosis and label of the mental health issue, the well-being of the student and parents are impacted. As a result, the student-teacher relationships are impacted and the classroom environment may not be perceived as a safe one.

Perceived challenges in confidentiality and approachability: Anonymity and confidentiality are critical in creating environments where students feel comfortable raising concerns and seeking support. Teachers are often not perceived as approachable by students, who fear the information being passed on to their parents or other teachers. Students may hesitate to confide in their teachers about personal issues, such as relationships with classmates, due to concerns about confidentiality.

Limited time and focus for practical application theoretical concepts: While the B. Ed. curriculum does include concepts of child psychology, teachers lack practical understanding of the role they play in shaping a child's behaviour due to a disconnect between their theoretical training and actual classroom practices. As such, teachers often view their role limited to academics and not holistic development of students. Moreover, teachers who do receive training find it difficult to practise first-response skills in a safe environment before working with children due to lack of time. This can result in limited confidence among teachers in engaging with students on issues like mental health.

RECOMMENDATIONS

Capacity Building

- **Integrating mental health concepts within the B. Ed./M. Ed. curriculum:** Augmenting B. Ed. and M. Ed. curricula with aspects on the role of teachers in enabling holistic development, and mental health of students will help integrate capacity building of teachers at a systemic level.
- **Driving adoption through flexibility in delivery:** Programmes should integrate and balance SEL, mental well-being, and life skills, with the students' core curriculum, in a way that both students and teachers view this as part of their learning in schools, and not as an added class or burden. As such, allowing for flexibility in delivery, in terms of a separate class for SEL, practising mental well-being before classes, or starting the day with mindfulness exercises can help customising delivery as per needs.

"In Jhunjhunu, Rajasthan, we were able to request that the teachers spend ten minutes practising mental well-being before starting any classroom subject. During regular classroom sessions, the teachers were also asked to be more conscious of the children's well-being, such as demonstrating kindness, practising active listening and expressing gratitude. Such behavioural changes of not viewing the delivery of mental health curricula as an added task is slow and takes time."

– **Anshu Dubey**, Senior Programme Director, KEF (PF)

- **Focus on soft skills of teachers:** Promote practices like active listening, non-violent communication, other behavioural skills and leadership development processes to help them effectively engage with students.

Clarity on Role of Teachers

- **Set expectations on teacher involvement in SEL or mental health in job descriptions:** It ensures clarity in job expectations and reduces resistance among B. Ed. qualified teachers in fulfilling their responsibility to conduct well-being activities in their classrooms.
- **Recognise limitations in roles that teachers can play:** Interventions must recognise that even with training, teachers cannot and should not be expected to play the role of professionals or replace counsellors, in their absence. Their capacity should be recognised and their role limited accordingly to be active facilitators and gatekeepers of mental well-being of students. This clarity can also help teachers understand, recognise and demarcate the stages at which or concerns for which they need to involve counsellors and other trained mental health professionals, in providing the necessary support to students.

Engaging respected and recognised teaching professionals as master trainers: Engaging with well-regarded local professionals with extensive teaching experience or training as master trainers can help increase acceptability by teachers. When teachers understand that the curriculum was created by and is being delivered by seniors in the space with a strong understanding of their local language, cultures and contexts, they view the curriculum as a valuable resource, rather than a mandate from the government or a partner NGO.

WHITESPACES

There is currently not enough evidence and literature to suggest that teachers are the best cadre to deliver mental health interventions. While they are best positioned as the first point of contact with students in schools, and thereby enable scalable solutions, there are limitations to the role they can play.

While having counsellors or experts in schools can be helpful, it is important to avoid a one-size-fits-all approach and consider the potential perils of task sharing. Without ongoing training, monitoring and support, it may be difficult for a teacher, without a background in mental health, to effectively enable mental well-being in children. Beyond delivery of curricula, creating safe environments also requires considerable behavioural and attitudinal shifts among teachers, with unlearning of biases, stigma and violence to allow for learning of new approaches to teaching – which can be difficult to achieve.

PARENTS

ROLE

A child's healthy development depends on their parents — and other caregivers who act in the role of parents — who serve as their first sources of support in becoming independent, and leading healthy and successful lives. Behaviours, attitudes and practices of parents and family members in households directly influence those of their children. Parents and children may also experience shared risks, such as inherited vulnerabilities, living in unsafe environments, and facing discrimination or deprivation (CDC n.d.).

It is important to equip and sensitise parents on the importance of mental health and well-being of their children, and their role in supporting the same. Children spend a limited part of their lives in schools as students while the role of parents extends beyond this critical developmental phase as well.

SOLUTIONS

Engagement with parents via existing school activities or structures

- **Parent teacher meetings:** Established platforms such as Parent Teacher Meetings (PTMs) have been leveraged by programmes to engage with parents. Since these are ongoing, regular interactions, they provide a platform to counsel parents on their role and provide continued feedback on the child's development.
  - **Holistic agenda:** A critical learning to positively engage parents is to talk about the child's holistic development, including their soft skills and behaviours such as public speaking and empathy skills, and not limiting their performance solely to academics. Beginning conversations with parents about the positives of their child's development before discussing areas of improvement can help alleviate parents' resistance towards engaging with teachers and schools.
  - **Well-being sessions:** Interventions have used PTMs to conduct sessions on Social, Emotional, and Ethical (SEE) Learning and practices, such as mindfulness, with parents. This has helped them experience the benefits of such sessions, recognise the value of these interventions for their children and gain their support.
- **Annual events:** Annual showcases can become a platform for students to express their thoughts and feelings on the themes of SEL skills such as decision making and empathy. Interventions have supported students to conduct surveys, share the experiences of others, and use this information to inform their own understanding. Such platforms can help parents understand the experiences and development of their children.

Engagement with parents via technology

Interventions have found it useful to disseminate resources on mental health and well-being with parents, using digital platforms such as WhatsApp groups, to enable self-learning and education among parents. Equipping them with information they can access in their own time and space plays a critical role in developing their understanding of mental health and their role in the mental well-being of their children.

Engagement with parents via social workers

Interventions have found that beyond PTM and school settings, engagement with parents within communities via social workers is important to build an ongoing relationship and enable them to understand their role in the development of their children, as equal partners with schools. This can be especially useful to engage with parents who do not participate in PTMs, are unable to regularly attend other schools' platforms or who may see the development of their children solely based on academic performance.

Engagement with parents via children's activities

Including home-based practices in SEL curriculums is an effective way to encourage students to apply their classroom learning in their daily lives at home, while also creating an opportunity for indirect engagement with parents. These activities encourage students to engage with their parents by sharing prompts, asking questions, and observing and reflecting, thereby fostering a deeper connection between what they learn in class and their daily lives at home. SEL programmes have also received positive feedback from parents who have taken interest in these modules and observed positive improvements in their children's behaviours.

"One part of our curriculum includes a section called 'Ghar Pe Jaakar, Dekho, Poocho Aur Samjho.' After each of our lesson plans, students are prompted to go back home and observe small things like who cooks the food, who buys groceries, and discusses reflection questions with family members. This encourages them to share and discuss what they learn in the classroom. Some of our parent surveys indicate that the programme is very popular among parents because of this. This is one way of indirectly engaging with parents."

- **Richa Gupta**, CEO and Co-founder, Labhya Foundation

CHALLENGES

Limited engagement and resistance: Engagement with parents can be difficult due to their limited availability and lack of time to visit schools regularly. This could be a result of resistance to talking about their child's performance, taboo and stigma in discussing the child's growth especially in cases of poor academic performance, or time constraints due to loss of income or livelihood, especially in low-income households.

RECOMMENDATIONS

Link mental well-being to parents' aspirations for their children

Parents often express a desire for their children to be happy and successful while reflecting upon their aspirations for their children. Programmes can leverage this, enabling parents to see their role in creating a trusted, visible and safe support system for their children and contribute to their development. The role of SEL and mental health curricula in schools towards improving children's learning outcomes and building skills of decision-making, self-awareness and interpersonal relationships can be established.

Opt-out system for parental consent

Incorporating an opt-out system for parents to opt-out of their children's participation in sessions on mental health can be an easier way to seek consent, as a way to avoid delays or logistical concerns in obtaining one-on-one consent as a precondition to implement the programme. A broader communication can be made to all parents regarding the curriculum in schools, providing them the option to withdraw their children's participation.

WHITESPACES

Evidence generation

There is an opportunity to generate more evidence on:

- Approaches or best practices for platforms created or used to engage with parents outside of school.
- Effectiveness of parent engagement models, in particular the effectiveness of social workers in delivering mental health services in communities to engage with parents.

Interventions have also introduced a cadre of SEL facilitators, beyond teachers and counsellors. These facilitators are equipped with the language of SEL and mental health and deliver the SEL curriculums in schools. However they are not trained counsellors and cannot provide mental health support to students as part of interventions.

"Apni Shala has a year-long fellowship programme that builds fellows' capacity towards facilitating SEL curriculum. The fellows first undergo a rigorous training programme that helps them learn and unlearn their ideas about education and social emotional development and what it should entail. As SEL facilitators, they facilitate SEL with children in schools, conduct awareness campaigns with teachers, and hold meetings with caregivers. They also undertake a year-long action research on a theme they are passionate to explore in SEL and mental health. During the first few years, our focus is on partnering with teachers to build their understanding and language around SEL development and mental health, and experience well-being for themselves, instead of expecting them to immediately implement the curriculum."

– **Rohit Kumar**, CEO, Apni Shala Foundation

COUNSELLORS

ROLE

Counsellors are certified or licensed educators who are qualified to provide counselling or psychotherapy to students. They play an integral role in the implementation of a comprehensive school counselling programme.

Counsellors, as a cadre in schools in addition to teachers, can serve as an impartial and approachable person for students to reach out to. As part of continued engagement with students and teachers, their role is to create an environment in which everyone in the schools feels safe in seeking one-on-one counselling, trusting the counsellors to provide unbiased and confidential support. Counsellors can also identify students who require specialised mental health support and treatment via further referral.

SOLUTIONS

A large part of interventions in India have only focused on only the first two levels of the WHO comprehensive school mental health programme (Hendren, Weisen, & Orley 1994), thereby focused on enabling psychosocial competence and in some cases, mental health education.

Only a select number of solutions have adopted a whole school approach, by engaging with a cadre of trained counsellors who provide support required for levels three and four of the WHO framework, covering psychosocial support and professional treatment.

CHALLENGES

Resource-intensive model: A model requiring one counsellor in every school is resource intensive. Interventions have found it challenging to implement and scale up such a model due to resource constraints.

Limited availability of trained professionals: There are a limited number of trained counsellors in India, leaving programmes with a small pool from which to engage professionals. Clinical mental health issues in adults are often traced back to incidents in childhood that may have been overlooked, and schools serve as a critical platform to identify symptoms of aggression, low mood, abuse etc. While teachers have limited skills, trained professionals have a critical role to play in this aspect.

Treatment-led clinical approach: Counsellors often approach their roles in schools from a clinical or pathological approach, often with a focus on detection and diagnosis of mental health issues. This is often detrimental and requires the need to emphasise on a different approach as part of whole-schools interventions focused on prevention and promotion.

Reorientation of approach with children and adolescents: Engagement of counsellors with students entails the recognition of sensitivities involved, recognition of the strengths of students and a reorientation of their role towards promoting mental well-being. Mental

health professionals without any experience of school settings may not always be equipped to deal with the different situations and needs of students at school, and may require support with reorienting their approach.

RECOMMENDATIONS

- **Active participation and involvement in schools:** Counsellors should ensure regular communication with teachers and students, and actively participate in school engagements, classes and activities. This can ensure their acceptance by students as part of the school, increase approachability through ongoing interactions and help in securing buy-in. Counsellors should use school platforms to clarify their roles and responsibilities and build trust among students and teachers.
- **Focus on promotive and preventive mental health:** Counsellors should have a clear view of their role in ensuring preventive and promotive mental well-being and enabling life skills among students through a strength-based approach, moving away from a deficit-based or pathology-based approach. This also includes providing counselling and specialised interventions only when required, with a greater focus on a more inclusive and holistic approach.

Counsellors' engagement in programmes

- **Modifying the "counsellor" designation to increase acceptability:** The term 'counsellor' can carry a stigma among students, implying that they should engage with them only if they are suffering from mental health issues. Interventions have found that using friendlier terms such as 'mitra' ("friend"), can create a more approachable environment for students to seek support and have conversations.
- **Students may perceive greater approachability with younger counsellors:** Students are seen to be more accepting of younger counsellors, who they feel may be able to relate to their situations, feelings, aspirations and challenges, vis-a-vis older teachers who may not have had similar experiences in their childhood or adolescence. Students are more likely to feel more comfortable sharing their experiences and building stronger connections with those they perceive will understand their difficulties.
- **Model to map one counsellor to multiple schools:** Based on student strength, capacity and need in varied settings, interventions have found it effective to map one counsellor visiting 2-3 schools depending on school enrollment, rather than one counsellor per school. This can ensure a less resource-intensive model while also ensuring that they can be present in all schools once or twice a week.

WHITESPACES

Within the education system, there is a cadre of special education professionals such as occupational therapists and counsellors who are required to be located at the block level and provide therapy and support sessions for children with special needs. Although their focus is on disability, they have a strong orientation towards mental health. It is unclear whether, or to what extent this system can be leveraged effectively to deliver mental health interventions. This component offers an opportunity for exploration and evidence generation.

PEER EDUCATORS

ROLE

Peer educators play an important role in delivering mental health and SEL interventions to their peers. They can serve as relatable and trusted sources of support and information, as they may have shared experiences and backgrounds with their peers. Through peer education, students can also develop leadership skills, and gain a sense of empowerment as they take an active role in promoting mental health and SEL within their school communities.

SOLUTIONS

- To increase acceptability and obtain buy-in of mental health interventions, peer networks can engage students in peer groups, facilitate open discussions about mental health topics with their classmates and provide an opportunity to generate ideas on different ways to solve the mental health issue. It can help reduce the stigma surrounding mental health and promote awareness and literacy.
- Peer networks can provide valuable guidance to counsellors or mental health specialists on which mental health topics are resonating with students, leading to a more effective use of counselling skills and a deeper understanding of the programme. This collaboration can result in better-informed decisions and a more tailored approach to mental health interventions.

"All players from the school are important for any programme to be successful, be it teachers, parents, management and the community as well. It is very important to involve students in the programmes through peer groups as self advocates as it's a programme for students. Hence their inputs are crucial, allowing them to discuss and generate new ideas. We have a cadre of peers who serve as the eyes and ears for the counsellors. The peers have chats and discussions among themselves regarding how they can better utilise the services offered including the counsellors' time. We have peers who inform counsellors about the areas where they require more information and assistance. It's a two-way channel where we get the adolescents' perspective, and the counsellors can also have relevant conversations with the students without any inhibitions."

– **Prachi Khandeparkar**, Psychologist and Project Lead-Adolescence Health Promotion Programmes, Sangath

CHALLENGES

- It is difficult to engage young people aged 13-15 as peer educators. During this age range, students face significant academic pressure, which makes it challenging for programmes to access, train and effectively engage with them. Additionally, schools prioritise academic curriculum for students during this period, making it difficult to prioritise these interventions.

Limited capacity of peers and youth facilitators

- Peer educators may have limited experience delivering mental health content. Therefore, it is important to explore the required amount of training and resources to ensure that they have the knowledge and skills necessary to effectively deliver mental health content and support their peers.
- While peer education is effective in promoting basic literacy about mental health, well-being, and health-seeking behaviour, there is a need for additional support from anchors or mental health specialists who can explain complex topics.

RECOMMENDATIONS

- Develop common language on mental health and well-being by leveraging existing school structures such as *bal sansad*s and student councils, which can serve as platforms for conversations on mental well-being even in the absence of a counsellor in school. Also, set up mental health clubs in schools to promote mental health literacy.

System-Level Structures

SCHOOL ADMINISTRATION

ROLE

- The school administration, including the school headmaster or headmistress and principal, drive the vision and implementation of the programme in schools. The administration is responsible for school-level adoption by allotting time for delivery, ensuring availability of required infrastructure and managing the role of teachers. In effect, their buy-in is critical in ensuring implementation via teachers and counsellors, coordination with parents, government officials and relevant stakeholders, and monitoring and governance of the interventions in the school.
- Hence, it is important for them to acknowledge the necessity of mental well-being interventions for students, recognise the value in ensuring that the schools are a safe and supportive ecosystem for students' mental well-being, and thereby align on the outcomes.

SOLUTIONS

Interventions have ensured an alignment on the vision and support from the school administrations, as a first step towards implementation.

- **Flexibility in the modalities of implementation:** Organisations have seen success in negotiating the details of implementation with the school administration, in a manner that is suitable to latter, while not compromising on the programme. Certain schools may be willing to hire more teachers or counsellors or to work around class timings each week or fortnight, or provide permanent slots in the schedule for delivery. This flexibility provides room to negotiate and secure buy-in from the administration.

"Although essential, school counsellors are not available in all schools at the moment. By making the interventions and the models dependent on school counsellors, we may be limiting the extent to which the school-based mental health initiatives can be implemented across the country. Similar challenges exist for engaging teachers, who may have limited time, capacity and even interest in playing a major role in improving access to mental health information and services. We need to develop knowledge that supports flexible models that can be tailored based on the priorities, resources and limitations of the school administration. Engaging with the school administration is therefore critical, right from the design phase, to understand what may be the preferred model for their school."

– **Rachana Parikh**, Senior Programme Officer, PATH

- **Government partnerships:** Organisations have partnered with state government ministries for interventions, which translate into directives to district and block level authorities as well as administrative bodies of public schools. In this manner, administrative support is secured via direct guidelines or mandates from government officials and the value and need for their support is established through direct engagement in schools.

CHALLENGES

- **Limited information:** School administrations may not have information about the need for mental health interventions or the approach to integrate these interventions in their school. Lack of awareness and access to resources or experts about delivery of mental health curricula in schools and advantages of adopting a whole-school approach may be a barrier in implementation.
- **Reluctance in adoption:** Schools administrations may be reluctant to adopt and implement the interventions when there is high stigma around mental health, resistance from parents in delivery of the programme or limited willingness for implementation among teachers.
- **Limited ownership:** The administration may see its role restricted to implementation of the programme through teachers, with limited ownership to drive student well-being outcomes. In such cases, the administration may play a limited role, or may not take ownership of efforts to secure the necessary support and resources for providing care to students who need specialised care or treatment, by coordinating with district authorities. For example, when students are identified as requiring specialised care, the onus of arranging and coordinating care for the child falls solely on the parents, in the absence of the administration's support. Moreover, parents may not have the required time, resources or capability to prioritise mental health treatment for their children. Without the school's intervention, the child would be altogether deprived of the necessary care.

RECOMMENDATIONS

Institutionalise the vision at a school level

- School administrators need to recognise the importance of creating a safe environment for children at school. They should also acknowledge the school's role in further engaging with parents to raise awareness about the students' mental well-being. This will require advocacy to ensure that the attitudes and practices of teachers and school staff contribute to this environment constructively.
- School administrators must encourage the integration of mental well-being curricula as part of students' overall development. They must ensure that these interventions are given equal importance as academics. This can be demonstrated by committing school spaces (galleries, staircases, or classrooms) or one dedicated period every day, towards the delivery of mental well-being modules.

REFERRAL PATHWAYS FOR SPECIALISED CARE

ROLE

School mental health referral pathways are the processes and procedures used to identify student mental health needs, and connect students with the appropriate support and resources. These pathways exist within a multi-level support system. Clearly defined referral pathways are an essential part of meeting the needs of every learner because they:

- Provide next steps for the staff when they identify a student in need;
- Coordinate support within schools, and between schools and outside organisations;
- Improve student outcomes through provision of necessary and timely care, following early identification and intervention (Wisconsin Department of Public Instruction n.d.).

SOLUTIONS

Across interventions, these have taken the form of referrals with:

- District Mental Health Programme (DMHP)
- RKSK - Adolescent Friendly Health Clinics (AFHCs)
- Tertiary healthcare facilities like district hospitals or Centres of Excellence (CoE)
- NGOs providing counselling services and helplines
- Neurological facilities

CHALLENGES

- **Shortage of professionals:** The shortage of mental health professional poses a barrier to the establishment of referral pathways. Schools find it challenging to enable treatment as they are unclear about whom to refer to, when a student is identified as having mental health issues. In such cases, despite an effective school system to ensure awareness and identification of needs, the necessary care may not be delivered to the student in time.
- **Resource constraints:** Due to resource constraints, NGOs providing counselling can have long waiting times, even where there is a referral mechanism in place. Students may have to wait up to a month or sometimes three months to receive specialised services and treatment.
- **Lack of central databases to access information on providers:** In the absence of databases of mental healthcare providers for all regions, schools willing to take ownership to establish pathways often cannot access the information to identify professionals. As a result, the process of care provision can be further delayed.

RECOMMENDATIONS

- **Stepped care model for psychosocial support within schools:** A stepped care model for psychosocial support ensures a cadre acting as a middle layer between teachers and specialists. This cadre of trained counsellors can support students whose concerns can be addressed with individual counselling and psychosocial interventions. This can help reduce the load on specialists substantially, by ensuring that only students requiring advanced professional treatment are referred to the next level.
- **Systematise elements of referral pathways to inform action:** In order to ensure effective referral pathways, various elements of the referral system should function efficiently.

Documenting and establishing all aspects of referrals can ensure effective pathways. The system should include:

- » Defined roles and responsibilities of all partners;
- » Clearly articulated procedures for managing referrals within and between partners;
- » Sharing of information across partners in an efficient manner;
- » Monitoring the effectiveness of evidence-based interventions provided by all parties in the system; and
- » Intervention decisions made collaboratively, prioritising the students' and their families' best interests.

"We have implemented a referral system in the areas where we work. For individuals who need assistance, we ensure that students and stakeholders can access the appropriate resources they need, from SCARF, or the appropriate mental health services."

– **Dr. Shiva Prakash Srinivasan**, HOD (Clinical services and Training), Department of Youth Mental Health, SCARF

- **Generate evidence on models of effective referral mechanisms with schools:** Documenting good practices, learnings and considerations across established referral mechanisms with schools can help replication and adoption by schooling systems in other contexts and regions. This can help the intervening bodies learn from these programmes and avoid duplication of efforts.

Programmatic Elements

CURRICULA

ROLE

The scope of mental health and SEL curricula varies across interventions, and is designed to meet the different needs of students across age groups. The curriculum may be integrated within the school's curriculum to allow for effective integration, and cover psychosocial education and mental health education (per the WHO framework), and also include other important elements of gender, health, sanitation etc.

The mode of delivery, such as classroom instruction by facilitators, online platforms, and experiential learning activities like role-playing and group discussions, varies across interventions.

SOLUTIONS

Programmes have designed, adapted and contextualised their curriculum content from well-recognised global frameworks such as:

- **Cognitive-Based Compassion Training** focuses on developing cognitive processes to build compassion for others, and make well-being a part of children's daily lives (Emory University n.d.)
- **Social, Emotional and Ethical (SEE) Learning Framework** is an educational framework for compassion-based ethics designed to guide the development and implementation of social, emotional, and ethical learning programmes for K-12 and higher education (Emory University n.d.)
- **The Collaborative for Academic, Social, and Emotional Learning (CASEL) Framework** is a set of guidelines that provides a foundation for applying evidence-based social and emotional learning (SEL) strategies in schools and educational settings (CASEL n.d.)
- **WHO's model framework for School Mental Health Programmes (Whole School approach)** emphasises four levels of interventions that are required for an integrated approach to mental health with maximum effectiveness. This is based on the thinking that issues of well-being and psychosocial competence affect the entire school community, including students, teachers, school administrators and members of the surrounding community (Hendren, Weisen & Orley 1994).

Other curricula such as the Mental Health and High School Curriculum Guide by Teen Mental Health Organisation, Canada, and First Responder Training Module by the School Initiatives for Mental Health Advocacy (SIMHA) in India have also been used.

CHALLENGES

- **Limited applicability of global curricula in Indian contexts:** Interventions have seen that globally effective and recognised curricula may not yield desired results, despite contextualisation and adaptation to local contexts. In such cases, there is a need to work from the ground up to create and deliver an appropriate curriculum for the local context.

- **Challenge in incorporating aspects from multiple frameworks in curricula:** Since there are several aspects within SEL or Life Skills, it can be difficult to prioritise certain elements without overwhelming the curriculum with too much content. Incorporating multiple frameworks into the curriculum is challenging, because the unique needs of each student need to be aligned with the various available frameworks.
- **Limited evidence on the effectiveness of customised frameworks:** There is limited evidence of the effectiveness and applicability of global frameworks which have been customised for implementation in the Indian context. There is a need for efforts to redesign and rethink the adaption of frameworks in varied Indian contexts and generate evidence of their efficacy.

RECOMMENDATIONS

Design of curricula

- **Delivering health and intersectional aspects of a curriculum could lead to better outcomes for adolescents:** Programmes develop life skills and coping mechanisms in students, while also including overall health and intersectional themes like gender and violence, as part of the curricula.Research by CorStone has shown that incorporating gender from a life skills approach has been more impactful on students, than incorporating gender from a purely health lens. As such, a comprehensive approach to life skills followed by health could be useful in enabling a deeper impact in promoting overall well-being and mental health in students.
- **Engage government stakeholders while designing curricula:** It is important to engage with the relevant government bodies and stakeholders, such as experts in the NCERT and CBSE, to inform design and delivery of curricula, to ensure buy-in, adoption, credibility and scalability.
- **Counsellors to support with management of neuro-developmental concerns:** Mental health concerns also include neuro-developmental concerns, and teachers are not best positioned or equipped to identify symptoms accurately. As such, this should fall under the purview of mental health professionals, and not necessarily part of the SEL curricula.
- **Engage adolescents with clear, concise messages focused on positive actions:** When working with adolescents, focusing on 'dos' instead of 'don'ts' can increase interest and uptake among adolescents. They may be more receptive to language that informs them about what they should do, instead of focusing on what they should avoid. It is also important to avoid overwhelming them with too much literature, keeping the actions and takeaway limited to concise messages.
- **Address specific mental health needs of each age group during different stages of development:** For example, in middle school, the focus should be on topics such as puberty, body image, and relationships, while in high school, the focus should shift towards complicated and serious topics such as career awareness and gender sensitisation. This shift in focus should address issues like academic pressure of studies and suicidal ideation.

"With kindergarten students, we work directly with parents rather than with the children. Kindergarten is when the primary foundational years begin for children. For example, setting up routines is extremely important for mental health. We work with parents to help them understand the significance of routines for the development and well-being of their children, without using the term 'mental health', to enable acceptance."

– **Dhira Peer**, Network Lead - Counseling and SEL, The Akanksha Foundation

- **Design content to be reflective of local needs across states:** The content needs to be changed by contextualising and customising it with real-life examples or case studies that are specific to each state, so that children from that particular state can refer to and relate with those examples.

Delivery of curricula

- **Providing practical examples and real-life case studies to engage students and increase relatability:** For instance, a role-play exercise could involve an adolescent being bullied to try an intoxicant or cigarette, to demonstrate how they can respectfully refuse and handle the situation. Using real-life situations that children and adolescents face on a daily basis and can relate to, even with respect to health, gender, violence, discrimination, relationships and emotions can improve the effectiveness of the curriculum.
- **Engaging students in the form of peer leaders or groups, encouraging them to discuss mental health topics with their classmates:** This can ensure that peers actively discuss topics beyond the designated classes or sessions, and can help generate ideas and increase buy-in. Interventions have found that peer leaders can be valuable in providing feedback and inputs from the students, and help customise the content and delivery to their needs and interests.

WHITESPACES

- **Repository or guide to existing curricula in India:** There is a need to map and collate existing school curricula on SEL and mental health being delivered across Indian states, to reduce the duplication of efforts and resources by organisations entering this space or expanding their existing interventions. This can help programmes to make informed decisions about what has been effective and highlighting areas where further efforts are needed.
- **Need for more robust evidence on efficacy of curricula:** More evidence needs to be gathered on the effectiveness of curricula implemented across the country, to understand their impact, outcomes and readiness for scale.
- **Flexibility on the right cadre to deliver curricula in low-resource settings:** While there is a need for a curriculum that is contextual, appropriate, and acceptable to the Indian population, there is need for more evidence on the right cadre for delivery. In marginalised and remote geographies, schools face challenges with respect to infrastructure, limited resources and availability of teachers. The effective delivery of curricula in such settings need to be explored.

Measuring Impact and Outcomes

It is challenging to measure the impact of preventive and promotive mental health interventions. Interventions have used output indicators and surveys with teachers and parents, which may not provide an accurate view of impact on improved well-being among students. Preventive outcomes, such as measuring the number of suicides prevented, are not easy to quantify. Many long-term positive outcomes are realised when students transition into adulthood. As such, the long-term benefits of investing in preventive and promotive mental health interventions may take a significant amount of time to demonstrate.

"In India, we have limited documentation on mental health problems and issues reported in schools. We only have data on the rates of suicide among students and some qualitative insights from the recent NCERT survey. There is meagre literature and information on all aspects of mental health in schools and the need for concerted efforts to generate this."

– **Deepika Singh**, Associate Director, Learning Experience, Schools Programme, Quest Alliance

Today, organisations implementing SEL, life skills and mental health programmes are finding their unique solutions and ways to assess impact, both immediately and long term. Practitioners have used the following indicators, among others, to measure impact of mental well-being interventions in schools:

- Self-reported questionnaires and facilitated group discussions with students to assess health knowledge, self-esteem and ability to identify emotions.
- Attendance rate of students, retention rate and number of students who have dropped out of schools (this draws from research which shows a positive relationship between SEL interventions and attendance and retention).
- The number of children who reach out to facilitators after mental health sessions as an indicator to measure improvements in health-seeking behaviour.
- The number of children who were identified with symptoms of, or diagnosed with mental health issues, and who received early interventions.

However, effective measurement of long-term impact is needed for mental health interventions in schools. **There are multiple considerations in measuring impact and outcomes of SEL and mental health interventions:**

- **Limited evidence on long-term outcomes:** There has to be a long engagement to see positive shifts in emotional well-being. Global literature suggests that there is immediate improvement in emotional well-being and that in the long term, people stay in careers and have better academic outcomes. But there is limited evidence and tracking of these outcomes.
- **Complexity of evaluation:** The landscape of evaluation is complex. Impact evaluation of SEL, mental health interventions, including mental health literacy, has multiple different dimensions to consider and each of them require a different way of evaluation. For instance, for a programme working in preventive and promotive mental health, impact will

be seen in the form of reduction of stigma or improvement in health-seeking behaviour or reduction in risk. Each of these aspects have very different outcomes, making their evaluation a very complex process. Another outcome is early identification or timely support provision to people who are at risk, or more vulnerable to mental health issues, to prevent self harm. A simple evaluation method cannot measure these complex outcomes.

- **Ethics of gathering evidence:** Ethics, protocol and requirements on collecting data from children and adolescents on sensitive issues like mental health is an added layer of complexity. These need to be recognised and integrated into monitoring and evaluation (M&E) of interventions.

Thus, evaluating long-term impact of varied outcomes of preventive and promotive mental health interventions, is very complex. It requires a multi-pronged approach and a nuanced M&E programme. Concerted efforts are needed to generate this evidence in the Indian context.

Technology

Technology should be viewed as a tool to deliver the solution and curriculum, rather than a solution in itself. It should complement, and not substitute in-person interventions. Face-to-face interaction is essential in promoting social connectedness and addressing mental health concerns among students, and technology cannot replace this.

For instance, schools have an AV system that can be used to showcase engaging content on mental health, but having interactive conversations about well-being is essential. Providing a forum or opportunity for students to process and reflect on their learnings is important to enable impact. **Teacher training can be integrated with the Digital Infrastructure for Knowledge Sharing (DIKSHA)**, which is a national platform for school education developed under the aegis of the Ministry of Education (DIKSHA n.d.). Through this platform, teachers can access a wealth of material and guides to support their professional development.

Way Forward for Stakeholders

NGOs are increasingly acknowledging the need for a comprehensive approach to incorporating mental health in schools. This entails garnering evidence on best practices, and creating customised approaches that are scalable and also appropriate for specific contexts and locations.

Capital should be directed towards **capacity building of teachers** by integrating practical mental health concepts in training modules and in the process, enabling mental well-being of teachers themselves. Another important area of intervention is facilitating the adoption of a stepped care model to support preventive and promotive interventions in schools and enable care across the continuum of mental health. This includes **efficient utilisation of counsellors** in schools to reduce resource-intensivity, and the training of peer educators as a continued point of contact for students.

Investments can be made to enable **greater participation of parents and caregivers** in children's holistic development through community outreach and digital modes. To enable this, ownership by school administration is critical to focus on holistic development of children, beyond academic performance.

School administrations should recognise their role in creating a safe environment in schools and be equipped to bring about these integrations, and form systematic referral pathways for effective care provision. They should also be empowered to rethink curriculum design, create school forums for continued dialogue and leverage technology to complement its delivery.

For **measuring impact and outcome,** more evidence should be generated to evaluate long-term outcomes and enable stakeholders to use well-evidenced indicators to measure impact on an ongoing basis. Concerted efforts should be made to ensure that **curriculums** are developed involving students and delivered in a participatory and relatable manner.

Annexure 1

Details of Organisations and their Programmes

Organisation	Programme	States (Programmes currently active)
Apni Shala Foundation	• *Khoj* (Apni Shala's SEL-Integrated School Initiative model school) • *School SEL*	Maharashtra
CorStone	• *Girls First* • *Youth First*	Bihar
Kaivalya Education Foundation (KEF)	• *Future-Ready Schools* • *Project Sampoorna*	Rajasthan and Jharkhand
Labhya Foundation	• *Happiness Curriculum* • *Anandam Pathyacharya* • *Saharsh*	Delhi, Tripura and Uttarakhand
Quest Alliance	• *Anandshala programme* • *Project Sampoorna*	Bihar and Jharkhand
Sangath	• *School Mental Health Promotion Programme (SMHPP)*	Maharashtra
Schizophrenia Research Foundation (SCARF)	• *Youth Mental Health Programme*	Tamil Nadu
Tata Institute of Social Sciences (TISS)	• *Project Sampoorna* • *School Initiatives for Mental Health Advocacy (SIMHA)*	Jharkhand
The Akanksha Foundation	• *The School Project*	Maharashtra

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