

ROUNDTABLE ON
Catalysing Philanthropic
Action Towards Children
and Adolescent Mental
Well-being & Health

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Acknowledgements

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Executive Summary

On October 20, 2023, Sattva organised a closed-door roundtable, comprising 22 participants from fifteen philanthropic organisations and two non-profit organisations, its discussions centred on leveraging and reinforcing school systems for effective mental health delivery. Key considerations included **integrating mental health into existing and new school interventions, fostering collaboration, and outlining tangible pathways for action**. This platform aimed to facilitate dialogue, ideation, and the collaborative creation of concrete strategies to accomplish the ambitious goal of embedding mental health within the framework of all Indian schools through a comprehensive, whole-school approach.

In the realm of mental health for children and adolescents in India, there's an evolving landscape of policy support, though implementation is still in its early stages and data is limited. National policies prioritise mental well-being, while programmatic efforts, including state-level initiatives, vary widely – from State Mental Health Policies to innovative state-led programmes. Despite this diversity, **challenges persist in fragmented implementation, lack of evidence, and the need for outcome-focused strategies**. Non-profit organisations are also implementing various interventions, collaborating with governments in promising cross-sectoral partnerships. The landscape is seeing a growing momentum in mainstream dialogue, media attention, and philanthropic interest in the space. However, structural and systemic challenges – including stigma, poor health-seeking behaviour, and a shortage of mental health professionals – hinder effective intervention delivery. While it evolves, the mental health sector also faces challenges such as the lack of uniform vocabulary, lack of evidence, and limited collaboration across stakeholder interventions.

The roundtable participants noted that the **mental health ecosystem in India is in nascent to emerging stages of maturity**. While there is consensus on the importance of the issue and presence of law, policies and programmes in mental health for children and adolescents – characterising an emerging sector – there is a dearth of evidence on solutioning approaches, measuring outcomes, principles, effective practices and context-specific solutions.

The round table discussion centred on a strong consensus to prioritise investments in system-level interventions, acknowledging the critical role of research and evidence as a pathway for effective action in the education sector. The agreed-upon **action pathways** include the **establishment of common metrics, tailored mental health curricula for teachers, student empowerment initiatives, accessible mental health resources through open data platforms, encouragement of positive language, and early intervention strategies**. The group emphasised collaboration with various stakeholders, including teachers, parents, students, and mental health professionals, to ensure a comprehensive and inclusive approach.

The establishment of common metrics and indices for measuring mental health outcomes in schools was identified as crucial, involving engagement with diverse perspectives and continuous monitoring of short-, medium-, and long-term outcomes. Teachers' education

on mental health issues and the incorporation of evidence-based curricula were deemed essential, along with empowering students through committees, peer support programmes, and awareness campaigns. The discussion emphasised the creation of open data platforms for sharing mental health resources, tailoring content to diverse demographics, and prioritising affordability and accessibility. Encouraging positive language in schools, correcting terminology, and fostering a supportive environment were highlighted as key elements of comprehensive mental health education. The importance of engaging parents in mental health discussions and providing resources and workshops to support their children's well-being was underscored.

The **key principles for action** derived from the discussion emphasised intersectionality, inclusivity, social justice, and holistic, multi-sectoral solutions. The need to consider factors such as gender, race, and socioeconomic status in mental health interventions was stressed, along with strategies addressing socioeconomic and environmental factors. The participants recommended outcome-focused strategies, large-scale collaboration through consortiums, and evidence-based approaches, emphasising adaptable curricula for impactful mental health education in diverse school contexts. Overall, the comprehensive approach outlined in the discussion aimed to create a supportive and inclusive school environment that prioritises the mental well-being of students.

About the Roundtable

Sattva organised a virtual, closed door roundtable on 20th October 2023, bringing together 22 participants representing 15 philanthropic funding organisations, and 2 non-profit organisations.

Key considerations at the roundtable:

- How can existing systems and structures in schools be effectively leveraged and strengthened to deliver mental health?
- What can enable philanthropy to integrate mental health for children and adolescents, as part of existing and new interventions in schools?
- How can collaboration be fostered?
- What are some tangible pathways for action?

The roundtable provided a platform to deliberate, ideate on and co-create definite pathways towards the ambitious vision of integrating mental health in all Indian schools, through a whole-school approach.

Summary of Discussions and Key Findings

Mental health issues are on the rise among children and adolescents.

Mental health concerns are pervasive across an individual's lifespan, ranging from minor stressors to severe disorders. Research shows that almost half of all mental disorders manifest by the age of 14, with three-quarters emerging by the mid-20s.¹ This underscores the importance of mental health interventions for this age group, with a focus on promoting positive mental health, early identification of risk factors, prevention, equipping children and adolescents with skills to cope effectively with life's stressors, and appropriate treatment.



50 million children in India were estimated to be struggling with mental health issues before the COVID-19 pandemic.²



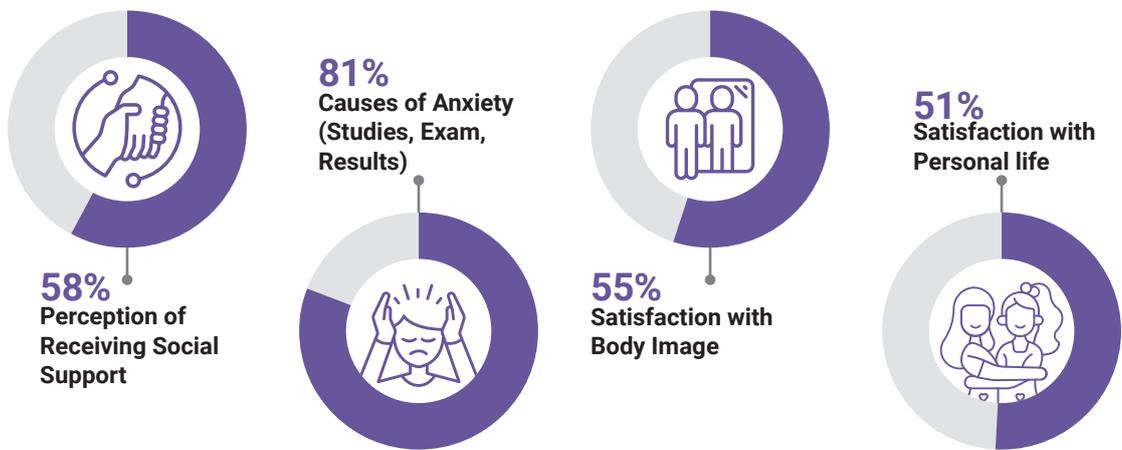
1 in 14 adolescents suffer from mental health conditions and require care.³

Before and during the pandemic, mood changes and extreme emotions were experienced by students across all age groups. Academic stressors have emerged as the top cause of anxiety among students in India. For this group, anxiety disorders and developmental disorders, among other mental health conditions, require special attention.

Figure 1: Prevalence of Mental health conditions and incidences ^{4,5,6}



Figure 2: Mental health and causes of distress in school children⁷



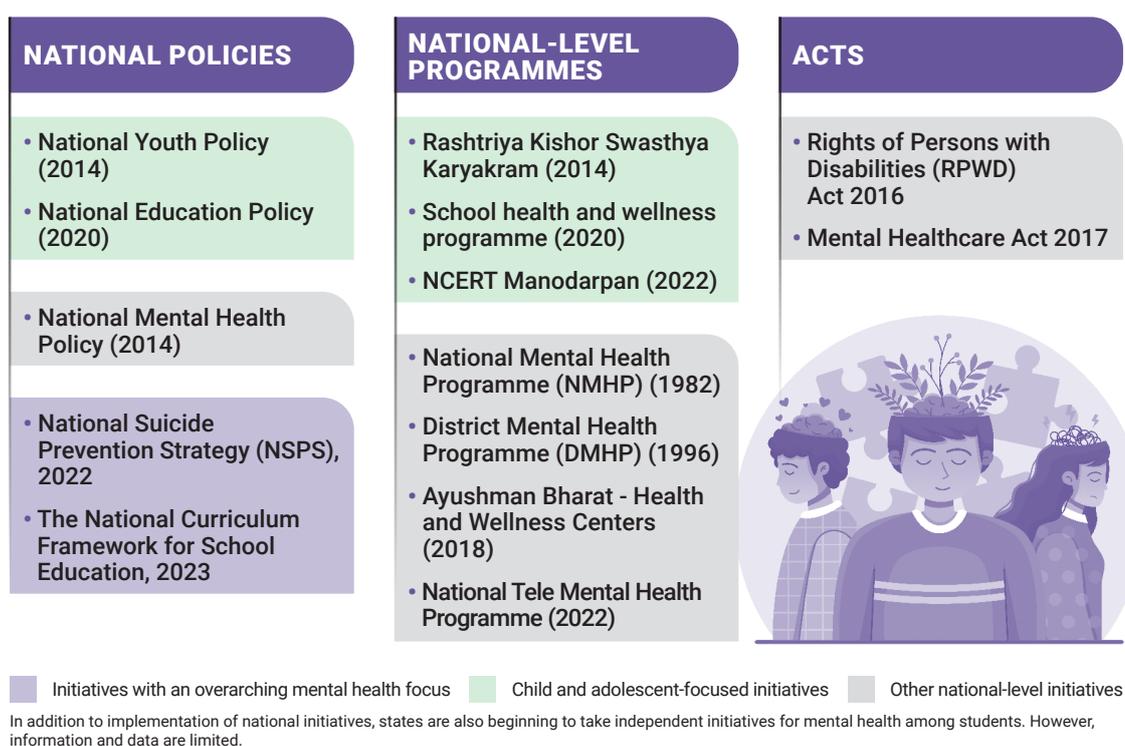
Deep-rooted systemic challenges such as a lack of awareness, pervasive social stigma, negative attitudes, and poor health-seeking behaviour for mental health support are critical challenges to addressing the high burden. Social, cultural, economic, environmental and biological factors, including education, livelihood, and gender act as determinants for mental health outcomes. Addressing mental health challenges requires recognising and addressing these determinants for individuals and communities at large.

While there is growing national and state salience of mental health for children and adolescents, implementation is still in the early stages, and data is limited.

CHILDREN'S AND ADOLESCENTS' MENTAL WELL-BEING

At the policy level, India sees encouraging tailwinds for action. National policies have established supportive environments that highlight the mental health and well-being of children and adolescents as integral components of holistic development, recognising emotional and mental health as a priority area. At a programmatic level, alongside overarching mental health initiatives like the District Mental Health Programme (DMHP), there are targeted programmes such as the Ayushman Bharat - School Health and Wellness Programme (AB-SHWP), Rashtriya Kishor Swasthya Karyakram (RKSK), and others, which incorporate mental health as a priority within a comprehensive health agenda for children and adolescents. In addition, the launch of modular handbooks by the National Council of Educational Research and Training (NCERT) on early identification and intervention for mental health problems in school-going children, and other national strategies demonstrate concerted efforts in acknowledging the significance of psychological health and wellness of children and adolescents.

Figure 3: National-level policies, programmes and acts concerning mental health



States, in addition to implementing national initiatives, are also undertaking unique, independent state-level initiatives. A few examples include:

- The *State Mental Health Policy of Meghalaya*, which outlines plans to train the Community Health Centre (CHC) and school staff to provide support specifically to children and adolescents;
- The *Happiness Curriculum* developed by the Government of National Capital Territory, Delhi for students from Nursery to Grade 8, which includes integration of mindfulness, meditation, and values-based education into the school curriculum; and

- The *Our Responsibility to Children* initiative launched in Kozhikode, Kerala that includes teacher, peer and social mentoring, life skills education, professional care and support to children with special needs in schools.

Despite the growing policy and political prioritisation of mental health, it is important to recognise that:

- Current efforts at the national and state levels, with respect to mental health provision for students, are still in their nascent stages of implementation.
- Implementation on the ground remains fragmented, with mental health prioritisation in its early phases. A substantial gap exists in evidence and data regarding the implementation and impact of government-led initiatives.
- There is a pressing need to transition from *measuring inputs* to more *outcome-focused strategies to measure impact* in terms of positive mental health outcomes, on an ongoing basis.

The landscape of non-profit organisations in this space is growing and diverse, with an opportunity to cross-learn and generate evidence on effectiveness.

Mental health interventions by non-profit organisations have adopted certain or all aspects along the **continuum of care**, with a strong focus on promotion and prevention. The landscape is characterised by major constraints in the availability of trained counsellors and in establishing referral pathways outside schools for specialised care.

Interventions in the realm of mental health exhibit **diverse focuses and beneficiary profiles**. A few of these target only adolescents, and many others engage with students in all grades through age-appropriate interventions, while also involving caregivers, parents, educators, and communities as part of their approach. These interventions are equipping students with the necessary skills to cope with stressors, in the form of 21st-century life skills, Social Emotional Learning (SEL), Social, Emotional, and Ethical (SEE) learning, and mental well-being, enabling improved well-being outcomes.

The **delivery mechanisms vary**, encompassing traditional models such as textbooks and teacher-led classroom sessions, as well as innovative approaches like art-based, sports-based, theatre-based, and music-based curriculums. **Various stakeholders**, including teachers, counsellors, peers, and SEL facilitators—who may not be counsellors but are trained in SEL—are actively engaged in different capacities to contribute to the different facets of these interventions.⁸

Organisations are engaging in **collaborative efforts** in the form of partnerships with state governments, multilateral organisations, nonprofits, and technical experts. State governments like Tamil Nadu, Delhi, and Karnataka – to name a few – are collaborating with non-profit

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organisations on various aspects of designing and delivering mental health interventions. These collaborations extend beyond curriculum design to encompass comprehensive teacher training programmes, showcasing a commitment to enhancing the reach and effectiveness of mental health interventions in educational settings.

Tailwinds for Action include growing mainstream dialogue, focus across the continuum, mainstream media attention and philanthropic interest.

Growing interest from philanthropic funders and private capital, as well as growing government prioritisation, indicated in the form of policies, programmes and Acts are encouraging ecosystem action. A significant but emerging **paradigm shift towards a strengths-based approach to mental well-being**, and the promotion of mental well-being over a conventional focus on illness is also evident.

Well-established and recognised approaches to mental health, especially at a global level, have set the foundation for action and adaptation in country-specific contexts. The World Health Organization's (WHO) *Whole School Approach and Health Promoting Schools* strategy has garnered resonance in the Indian context, signifying an alignment with global best practices and a commitment to holistic approaches that prioritise the well-being of students. This includes the recognition that **life skills teaching promotes mental well-being** in a positive and non-stigmatising manner. Existing and new interventions in India can adopt these global approaches instead of building from the ground up.

In India, despite varied approaches to mental health and well-being across interventions, the **evidence of their effectiveness and impact is still insufficient.**

Structural and systemic challenges need attention.

Figure 4: Characteristics of the landscape as it is today: Where is more work needed?



Stigma and misconceptions serve as fundamental barriers, hindering open dialogue and positive behaviour. A pervasive issue is **poor health-seeking behaviour** – a striking 80-90% of Indian children and adolescents experiencing mental health issues refrain from seeking support.⁹ **Negative perceptions** compound the challenge – over two-thirds of youth believe that individuals with mental illnesses lack control over their problems and are likely to pose a danger.¹⁰

“A major challenge we are facing right now is exclusion. We treat children as a homogeneous group, but they’re not a homogeneous group. They come with a lot of intersectionalities – like caste-based intersectionalities, or children who have gone through abuse or violence – and the counselling services, the support mechanisms, the knowledge or the training that is needed to support them, as part of a school-based intervention, will vary based on these factors.”

– Sonya Fernandes, Chief Program Officer, Ashraya Hasta Trust

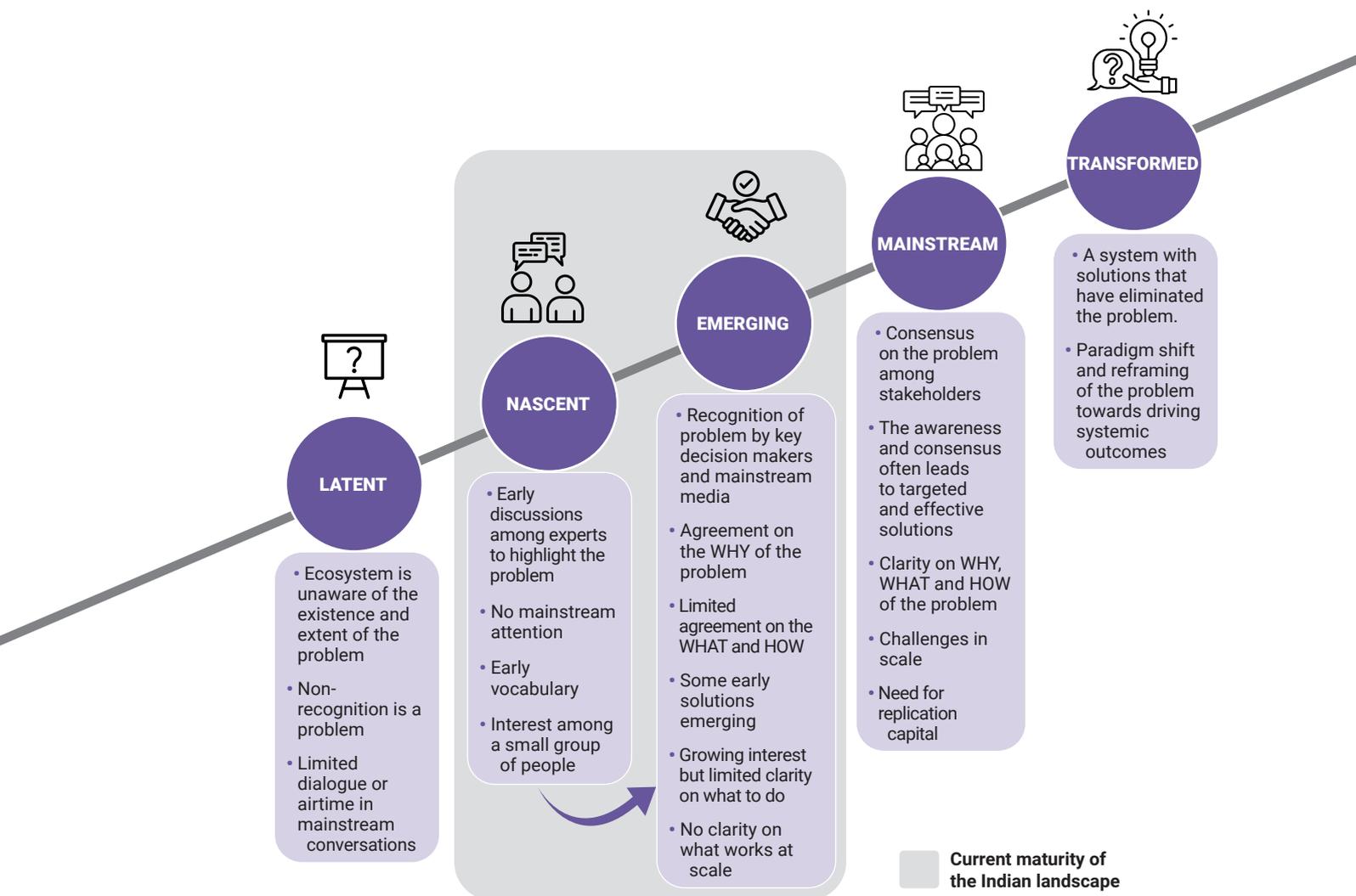
Substantial challenges within the **overarching ecosystem** pose significant barriers to the effective delivery of mental health interventions. A **shortage of trained professionals** impedes the successful implementation of mental health programmes in schools. India has only 1.93 mental health workers per 100,000 of the population,¹¹ against the global average of 9 per 100,000. **Inadequate infrastructure** within and beyond school premises further hinders the implementation of school-based mental health interventions. The **absence of established referral pathways** for care, stemming from limited interdepartmental coordination both within and outside schools, exacerbates these challenges. A **lack of robust government prioritisation** contributes to the limited sustainability of interventions. Additionally, there is **difficulty in the measurement of outcomes**, emphasising the need for appropriate metrics to accurately capture the impact on health outcomes. There is also a **lack of research and evidence** on the effectiveness of models, with evidence, focused largely on inputs and outputs. There is limited evidence on the quality of interventions in terms of content, curriculums, training, and care provided.

Interventions often have **fragmented and siloed approaches**, leading to duplication of efforts and limited cross-learning. The **lack of common vocabulary** and understanding of mental health terms and approaches also deter collaboration. **Integrating technology** is also a double-edged sword, necessitating a balance between the threats and opportunities of usage of technology. While employing technology for access and scalability demands more evidence, addressing concerns such as technology addiction, privacy, and ethical considerations is equally imperative.

The mental health sector in India is in a nascent-to-emerging state of maturity.

An ecosystem's response to challenges evolves, marking its maturity in addressing systemic issues. The stages in the framework are guided by key principles, including the recognition that policy developments may not immediately translate into improved lived experiences.

Figure 5: System evolution framework in mental health, adapted from the ecosystem evolution framework¹² created by Sattva in collaboration with Omidyar Network in 2023



A critical criterion is inclusion – embracing both diverse communities and geographies. This underscores the nuanced and multifaceted nature of ecosystem responses to challenges.¹³

The mental health space in India is far from achieving mainstream maturity. Addressing these challenges will involve finding contextual solutions, not only regionally but also for various age groups. An inter-sectoral approach will be essential and identifying social, economic, and cultural determinants will be crucial in understanding the context of mental health issues.

Mainstream action will also be needed to unite various stakeholders, such as industries, workplaces, and civil society, to collaborate, with a focus on access and quality. Data and evidence should be leveraged effectively to drive meaningful action.

Aspects of the mental health sector are still in nascent stages, but there is a growing movement towards an emerging state.

Certain aspects of the mental health domain, including growing media dialogue, are relatively more mature than others. Social media dialogue around mental well-being is becoming more mainstream, but low societal acceptance, stigma around mental health and taboos continue to prevail, indicating a relatively immature space in India. The challenges in infrastructure and availability of inclusive services in mental health also point towards the nascency of the ecosystem, especially for children and adolescents.

The complexities of mental health issues in children and adolescents are not fully understood, and research and data in the Indian context are limited, hindering the development of effective solutions. The sector is beginning to recognise the diverse determinants of mental health outcomes among this age group. Addressing mental health and well-being will also require tackling the drivers – academic pressure, social acceptance, loneliness, and social isolation due to online classes after the COVID-19 pandemic and the impact of nuclear families among others - as contributing factors that require further understanding so that comprehensive solutions can be developed.

Most importantly, even among those actively engaged in this space and extensively exposed to research in the area, there is a notable absence of a common vocabulary.

"I think it's very important to have a clear vocabulary. Like in physical health, from a cold to a bronchitis, there is a clear definition of what the symptoms are and at what point one should move from home remedies to seek professional care. The same awareness is absent for mental health. Clear vocabulary is needed, both at the level of the user and at the level of service providers at different levels of decision-making."

– Lavanya Jayaram, Executive Director - South Asia, AVPN

The discussion highlighted that implementation of mental health interventions at the grassroots level is still in its initial phases. This is despite the presence of specific policies and frameworks addressing mental health.

However, the existence of laws, policies, and programmes indicates an

emerging sector.

The mental health ecosystem is marked by the presence of laws, acts, and policies addressing mental health issues, despite challenges in implementation, inclusion, and defining solutions. These legislative developments represent significant progress, and their existence reflects the hard work of mental health activists who have moved mental health from clinical settings to the broader society, including advocating for children's mental health and psychosocial support.

A multi-departmental approach at the government level has been adopted through mental health integration into primary healthcare and educational institutions, focusing on prevention, academic engagement, and peer relationships. These are characteristics of an emerging state of maturity in the mental health space, even as implementation is still nascent.

Schools provide an opportunity to integrate mental health into existing systems, augmenting prevailing structures.

Existing systems, structures and touch points with children and adolescents present an opportunity for integration of mental health. There are diverse touch points – including schools, the ICDS system, Anganwadis, Accredited Social Health Activist (ASHA) workers, and Primary Healthcare centres – through which service delivery options can be explored. Of these, while Anganwadis and the ICDS system are viable channels, their potential is weighed against the workload constraints of human resources.

However, day schools provide a unique opportunity, which include:

- 1. Tailwinds through government prioritisation:** Recent government prioritisation of mental health and wellness in schools signals commitment, offering financial support, policy frameworks, and legitimacy. This support ensures sustainable mental health programmes with active school participation.
- 2. Well-defined system structures and cadres:** Day schools operate within clear structures, facilitating smooth implementation. Existing staff, like teachers and counsellors, can play pivotal roles in ensuring a coordinated approach.
- 3. Integration with educational interventions:** Integrating mental health into academic curricula de-stigmatises discussions and makes well-being a core part of student education. This approach ensures a holistic focus on development.
- 4. Potential to scale nationally:** Covering India's 250+ million school-going children, day schools become efficient hubs for widespread mental health initiatives. This scalable model aligns with the goal of enhancing nationwide youth well-being.¹⁴

While integrating mental health in schools, it is paramount to acknowledge the successes and failures in the education and schooling system in India, and to understand what needs to be strengthened in the education space to incorporate mental health and well-being.

Improvement in quality of life can be established as a measure of the

Impact from prevention and promotive interventions.

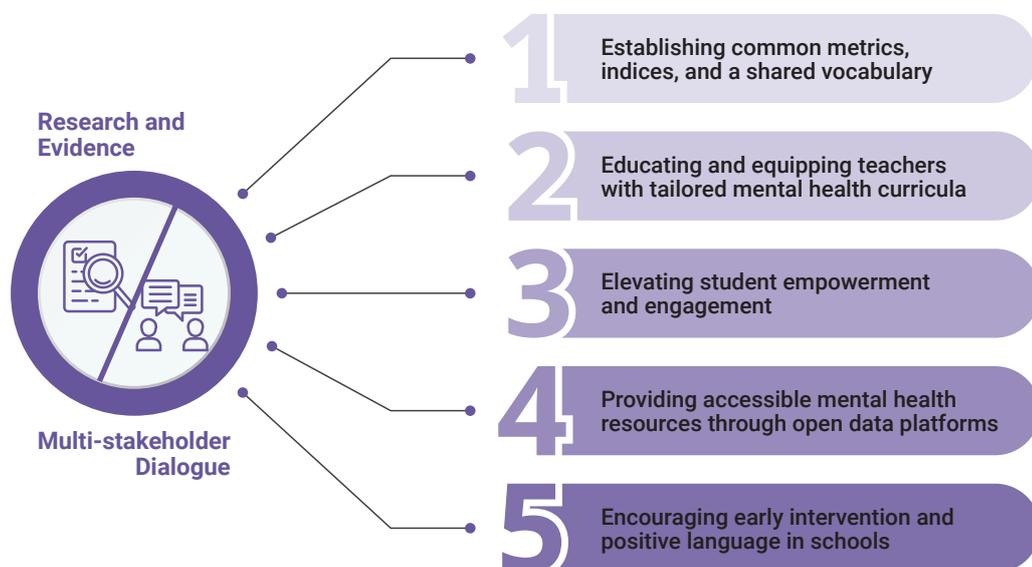
India is witnessing growth in initiatives such as SEL, SEE Learning, life skills, and resilience building that equip children and adolescents with the necessary skills to better cope with stressors in life, enabling positive mental health. This is aligned with WHO's recommendation that the aim of school-based interventions should be to provide an experience that will strengthen the children's abilities to counter environmental stress and disadvantages with which they have to cope while growing up.¹⁵

The discussion revealed that there is a crucial link between improved mental health and an overall better quality of life. An indicator, such as quality of life, holds significant value in its capacity to encompass a broad spectrum of life aspects, and intersect with various dimensions of life outcomes. Quality of life serves as a definitive outcome measure, with well-established pathways connecting it to mental health and well-being. It is critical to note that as risk factors accumulate, it becomes important to devise interventions that strengthen these pathways to enhance quality-of-life outcomes.

There was a definite consensus among stakeholders that there is a need for robust measures for mental health outcomes, and that improvement in quality of life can be linked. **Quality of life can be used as a metric to measure the impact of mental health interventions.** It is important to look at psychosocial aspects such as resilience, well-being and peer relationships while defining the metrics.¹⁶

Some interventions need specific indicators, but the need for some common indicators is pertinent since mental health is an open and intangible space and there is limited knowledge and evidence. For example - Self-reporting of reduction in distress and improvement in well-being can be an immediate measurable outcome and a valid metric of measurement for the

Figure 6: Pathways to action



impact of interventions. Quality of life becomes a useful metric as other compound indexes like disability-adjusted life years target specific conditions, in preventive and promotive interventions the end goal is not disease-specific and can be used to measure well-being.

There is strong consensus to prioritise investments in system-level interventions, recognising the importance of research and evidence, as a critical pathway for action.

The suggested pathways aim to guide philanthropic funders on the most effective courses of action. When implemented on the ground, all stakeholders in the schooling system – including teachers, students, parents, school administrators, mental health professionals, counsellors, programme designers and other facilitators – will need to be engaged for effective implementation.

Pathways to Action

1. Establishing common metrics, indices, and a shared vocabulary.

Engage with teachers, parents, students, and mental health professionals to ensure their perspectives are considered in the development of metrics and vocabulary. This ensures a comprehensive approach and increases adoption. Facilitate collaborative discussions to define a set of common metrics and indices for measuring mental health and well-being in schools. This may include indicators such as behavioural changes, and self-reported well-being. While doing so acknowledging the slow and gradual nature of mental health outcomes, create indices that can measure short-term, medium-term and long-term outcomes so the impact can be continuously monitored.

2. Educate and equip teachers with tailored mental health curricula and training on issues faced by students.

Teachers, mental health professionals, and curriculum specialists need to collaboratively work to develop evidence-based mental health curricula for students, teachers, and parents. Simultaneously teacher training programmes must be implemented within existing in-school and Bachelor of Education programmes, focusing on equipping educators to address students' mental health issues without overburdening them with work. Conduct sensitisation sessions and interactive

“We are trying to include metrics and indices, especially for promotion and prevention of mental health, as a key focus of our work while simultaneously also exploring relational well-being approaches. Developing evidence in these spaces is important and exciting.”

**– Dr. Aline Cossy-Gantner,
Chief Development Officer,
Fondation Botnar**

workshops to enhance teachers' awareness of contemporary challenges faced by today's children and adolescents, fostering a nuanced understanding of the determinants of mental health of students in India.

3. Elevate student empowerment and engagement to ensure student-centric interventions.

Establish a student-led committee to actively participate in decision-making processes related to mental health initiatives, enhance student empowerment and engagement in addressing school mental health challenges, and implement a multifaceted approach. Develop and integrate peer support programmes within the curriculum, fostering a sense of community and equipping students with essential skills. Encourage student-led awareness campaigns to promote mental health education and reduce stigma. Designate safe spaces for open discussions, and provide training for student advocates to become mental health champions. Establish a feedback mechanism for continuous improvement, and implement recognition and reward programmes to celebrate students actively contributing to a positive mental health culture within the school. This comprehensive strategy ensures that students play a pivotal role in fostering a supportive and inclusive school environment.

4. Enable access to mental health resources through open data platforms.

Invest in and create open data platforms dedicated to sharing mental health resources, research, and tools for all stakeholders in the school system including parents, educators, school administration, peers and counsellors. The resources should focus on addressing current challenges in accessing materials for teacher training, peer education, self-help, student books and learning material and parent engagement modules. Create age-appropriate learning systems and mechanisms. Design the platforms with inclusivity in mind, accommodating the needs of diverse student populations and fostering collaboration with stakeholders. Tailor these platforms to suit the diverse social and demographic conditions of different states, prioritising affordability and accessibility for a broad audience of students and educators.

"The sector has successfully shifted the narrative from 'committed' suicide to 'died by' suicide, illustrating the profound influence of language on shaping perceptions. By consistently employing this revised terminology, we witnessed a transformation in what is considered acceptable. In the same vein, fostering a shift in the mental health vocabulary used in schools, especially among children, holds the potential for significant positive impact. Moving away from derogatory terms and embracing language that is compassionate can play a crucial role in destigmatising mental health issues and encouraging open conversations."

– Parveen Shaikh, VP: Operations, MPower Foundation

5. Encourage early intervention and positive language in schools to promote comprehensive mental health and well-being.

Integrate mental health education into school curricula, ensuring age-appropriate and comprehensive content that fosters awareness, understanding, and proactive coping strategies.

Encourage the use of positive and sensitive language when discussing mental health to foster a supportive and inclusive environment, reducing stigma and facilitating open dialogue. Providing professional development opportunities for educators is essential to enhance their understanding of mental health and equip them with tools for early intervention, including creating a positive classroom environment and recognising signs of distress. Collaborate with mental health professionals to establish a holistic approach to early intervention, ensuring timely support for students. Engage parents and caregivers in mental health discussions, extend the collaborative network beyond the school environment, and provide resources and workshops to empower them with knowledge, vocabulary and skills to support their children's mental well-being.

Key Principles for Action

The roundtable discussion yielded key principles for action, emphasising the importance of acknowledging intersectionality, designing inclusive interventions, prioritising social justice, and ensuring holistic, multi-sectoral solutions. The participants recommended outcome-focused strategies, collaboration through consortiums, and evidence-based approaches, with a focus on making adaptable curricula for impactful mental health education in diverse school contexts.

Figure 7: Key principles to designing solutions



1. Multi-sectoral and Interdisciplinary approaches

Acknowledge the importance of intersectionality, considering factors like gender, race, and socioeconomic status and how they impact mental health outcomes. Design curriculum and interventions with inclusivity, especially for children, youth with disabilities, and LGBTQIA individuals. Develop strategies addressing socio-economic and environmental factors alongside mental health for overall well-being. Recognise the need for holistic, multi-sectoral solutions within a broader context. Ensure mental health programmes go beyond individual well-being, considering broader social and systemic factors contributing to disparities. Prioritise social justice and inclusivity in intervention design, emphasising a child-centric perspective and advocating for systemic accountability, particularly concerning mental health issues related to war, climate change, and historical marginalisation.

2. Outcome Focus

To enhance mental health initiatives, prioritise outcomes with strategic investments in both cost and resources. Implement robust monitoring and evaluation techniques for effective impact measurement and continuous improvement. Interventions need to be specific and measurable, especially as the sector is in its early stages and findings will form a critical base for future work. Resources should be utilised to ensure maximum benefit and technology could have a role to play.

3. Collaboration

Fostering large-scale collaboration through dedicated consortiums for sharing successful mental health models, conducting test pilots, and exchanging innovative approaches. This collaboration serves as a powerful mechanism for pooling resources, knowledge, and experiences from diverse organisations, creating a comprehensive platform for advancing mental health initiatives. To maximise impact, actively leverage the rich expertise and experiences of different organisations, ensuring a holistic perspective and enhancing the overall effectiveness and sustainability of mental health programmes.

"I'd love to witness organisations collaborating with each other to tackle different aspects of the problem comprehensively, ensuring a streamlined approach. Currently, many organisations operate independently, resulting in significant overlaps. I recognise this as a major problem, and I believe an effective solution could emerge through collective efforts."

– Shrutee Khurana, Director,
Infosys Foundation

4. Evidence-based approaches

Designing inclusive mental health interventions for children and youth with multiple marginalised identities. Simultaneously, focus on crafting adaptable curricula to enhance the effectiveness of mental health education across diverse school contexts. This ensures tailored and impactful initiatives within the educational landscape. For emerging areas, for example on the use of Artificial intelligence to reduce the cost of mental health care models without compromising on the quality of care, new evidence is needed to inform approaches and should be demonstrated and tested to inform future work.

Philanthropy should support innovation, new solutions, and evidence in this space in a collaborative fashion, recognising the needs of a nascent-to-emerging sector.

The mental health sector in India is currently in a developmental phase, moving from a nascent to an emerging stage. This transition underscores the need for strategic investments in system-level

interventions. The discussion highlights the importance of prioritising research and evidence as essential pathways for developing actionable strategies.

“School mental health is important, doable, and even more importantly I think it’s measurable. But right now, I think as a key pathway for action – we need principles – that a nonprofit, or a hybrid model, or any model in mental health, should be kept in mind when building the solution not only in mental health but in any related sector including education, health, child protection etc. We need a lot of evidence on how we are solutioning such that you’re able to achieve certain outcomes because you’ve done certain things with certain principles of solution formulation. As such, I don’t think sectoral prescription is the way to go, to allow room for innovation.”

– Jyothi Ravichandran,
Programme Specialist-
Mental Health & Psychosocial
Support, UNICEF India

At this pivotal juncture, it is imperative for philanthropy to adopt a democratic and flexible funding approach. Philanthropic entities should acknowledge the necessity for diverse strategies in addressing the complex challenges within emerging sectors. To encourage innovation, it is crucial not to prescribe programme details and models too rigidly, as this can stifle creativity. Instead, the emphasis should be on establishing guiding principles for programme design and implementation.

Collaboration between funders and Civil Society Organisations (CSOs) is crucial for determining outcome measures for interventions. This collaborative approach ensures that success metrics align with the goals of all stakeholders, enhancing the impact of philanthropic initiatives. Recognising the resource-intensive nature of mental health interventions, funders should **prioritise substantial investments from the beginning, avoiding attempts to achieve maximum benefit with minimal funding.**

For lasting impact, **philanthropy should be involved beyond financial contributions to play a catalytic role in sustainable impact.** The role of philanthropy is not to limit work in the space through prescribed and narrow interventions but to actively participate in the implementation and design of projects, including setting outcome expectations. A collaborative, flexible, and evidence-driven approach to philanthropy can effectively shape innovative solutions and contribute significantly to the evolution of emerging sectors.

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