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Review Paper

School Based Mental Health Programme in India: A Review

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ABSTRACT

India is home to the largest population of adolescents in the world and thus school mental health is an important aspect to focus on to ensure the well-being of adolescents. This review paper is an attempt to highlight the need for comprehensive SMHP by examining the development, trajectory and existing practice of school based mental health interventions in India. **Methodology:** to review all available literature on school based mental health programmes in India, keywords such as school mental health programme, evidenced based practice, health programmes for adolescents and policies on mental health of students were used to carry searches from pubmed, science direct and google scholar. In addition, grey literature published by government agencies, educational institutions and non-governmental organisations were retrieved and downloaded. Relevant books and book chapters were also reviewed. Indian studies published from 2008 to 2021 pertaining to school mental health programmes and Indian policies and programmes from 1953 to 2020 related to school mental health are included in the review. **Results:** most of the SMHPs in India are universal in approach, short term and employed teachers as facilitators. These programmes cater mostly to urban population, operating only within certain places and schools of urban areas. The lack of regulating body at the centre results in the piecemeal operation of the programmes. **Conclusion:** the practice of school mental health programme (SMHP) prevailing in India is not sufficient to meet the mental health needs of adolescents. This is evident from the increasing rate of mental health concerns found among adolescents. It is thus understood that India needs a more progressive, large scale and centralised programme to meet the mental health needs of adolescents. Therefore, drawing the conclusion from the current standing of SMHP, proposal for a comprehensive nationalised SMHP is suggested to be established in India.

Keywords: *Adolescents, Mental Health, School Mental Health Programme, Government Programmes and Policies*

Mental disorders have been one of the leading causes of disability and burden of disease in the world. It contributes to 7% of global burden of disease and 19% of all years lived with disability (Rehm & Shield, 2019). As mental disorder is a public health concern, it affects all age groups including children and adolescents. Among adolescents in the age group of 10-19, the global disease burden of mental disorders accounts for 16%, with depression as the prominent cause of disability and illness and suicide being the third cause of death among adolescents aged 15-19 years (WHO, 2020). In

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an individual effort, Silva et al. (2020) concluded that the global prevalence of Common Mental Disorders (CMD) among children and adolescents were between 25-31%.

In the case of India, there are various studies examining the prevalence of mental disorders among adolescents but are not evenly distributed across regions. A major study in this regard which can represent the entire country is the National Mental Health Survey (2015-16) which reported the occurrence of mental disorders at rate of 7.3% for adolescents aged 13-17 years (Gururaj et al., 2016). These data at the national level indicate not just the alarming rate of mental disorders in this age group, but also the repercussion associated with these disorders. These disorders can challenge both physical and mental health of adolescents thereby disrupting their personal and social functions with a possibility of jeopardizing future stages of life. In addition, adolescence stage is a very critical period owing to the rapid physical, social, emotional and cognitive changes. Thus, with majority of mental disorders having an onset during adolescence period, this stage is even more crucial (Kessler et al., 2005). Therefore, this group requires special attention for which thorough mental health evaluation and intervention is warranted.

India is home to a largest number of adolescents and with near universal enrolment of children and adolescents (United Nations International Children's Emergency Fund, n.d. and United Nation, 2020), it is expected that the largest number of adolescents are in school. It is therefore pertinent that specific programme relevant to their needs be tailored in school. As in this case, mental health needs of students are prominent issues that require intervention from the state and thus comprehensive school mental health programme for school students should be designed at the national level.

School is a place of learning and it is this significant function that makes school an important institution. Learning or education is a health promoting mechanism as Bracke and colleagues (2014) argue that it enhances a sense of competence, mastery and efficacy that serves as guiding principle for a healthy lifestyle and wellbeing. Adding to this, school is not only a place for learning but also where students spend most of their time. This implies that school is vested with a responsibility of ensuring mental health and wellbeing besides academic achievement. Thus, learning in school is expected to train students in all round development but the educational system that exists today is more inclined to academic achievement that it often neglects other relevant aspect of development. Therefore, mental health intervention in school envisages to equip students with knowledge and skills enabling them to deal with life challenges more effectively.

In India, there is a realisation for mental health intervention in school as indicated in different policies; from Kothari Commission (1964-66) to the recent National Education Policy, 2020. However, school mental health programme (SMHP) has not achieved that status as an integral component of health to be implemented independently in schools (Srikala, & Kishore, 2010). Certain initiatives have been taken for the implementation of SMHP but these programmes are implemented only in few schools located mainly in cities. Therefore, there is a need for a comprehensive nationalised programme that would cater to the mental health needs of all school adolescents throughout the country.

TRAJECTORY OF INDIAN POLICIES ON SCHOOL MENTAL HEALTH

In India, traces of school mental health can be seen in many policies although concrete school based mental health programme is still in its inception. The importance of students' mental health is highlighted through different programmes such as sex education, career

counselling and life skills education among many others, which are well articulated in the policies. Thus, the following policies are categorised based on their area of focus.

Career Counselling

The Mudaliar Commission (1952-1953) also known as the secondary education commission was appointed to examine the problems and suggest appropriate measures to be taken for secondary education. Thus, one of the vital recommendations that was made was the need for counselling and guidance. However, the emphasis here was given to educational and vocational guidance rather than emotional or psychological needs of students and the professional operating this activity was a career master and not a mental health professional (Ministry of Education, 1953). Thereby focusing only on career counselling this commission ignored the mental health needs of school students.

Counselling, Guidance and Mental Health

The Kothari Commission is more progressive than its predecessor by stressing on importance of guidance and counselling which are not restricted to educational and vocational assistance alone (Ministry of Education, 1966). The scope here is wider by expanding its focus to adjustment issues of students both in educational institution and at home along with the facilitation of developmental process relevant to their stage of development. This commission recommended that guidance and counselling should be treated as integral part of the school curriculum but not as a distinct programme and it should be operated through a universal approach. As a result, the National Policies on Education, 1968, 1986 and 1992 made recommendations for the incorporation of guidance and counselling in the education system.

Life Skills Education, Counselling and Training of Trainers in Mental Health

School council like the Central Board of School Education (CBSE) has also taken initiative by formally incorporating life skills training in its curriculum (CBSE, 2004). This training focuses on teaching students to confidently cope with life challenges encounter on day-to-day basis. Again, in 2008, CBSE has emphasized the need for counselling in schools owing to the importance of inculcating positive attitude during this formative stage. It had also instructed for the appointment of full-time counsellors for secondary and senior secondary schools who would facilitate students in building self-concept, self-image, acceptability, ability to withstand pressures, sense of enterprises and sportsmanship, which are integral part of the learning process (CBSE, 2008).

The National Mental Health Policy, 2014, among many recommendations, highlights the importance of Life Skills Education which is to be offered to students. In addition, it also suggested for the basic mental health training of teachers to enable them in identifying signs and symptoms of common mental disorders (Ministry of Health and Family Welfare, 2014).

Holistic and Comprehensive Wellbeing

The National Education Policy 2020, seeks to provide equitable highest quality education system by 2040 that can be accessed by everyone regardless of social and economic background (Ministry of Human Resource Development, 2020). By this, it means a system of education that focuses on cognitive capacities such as critical thinking and problem solving with the enrichment of social, ethical, and emotional capacities and dispositions. To attain this ambitious educational system, the policy realises that students should be physically and mentally healthy due to which mental health education and other health related interventions are to be incorporated in the school system. Thus, by striving for

holistic and comprehensive wellbeing, the policy vehemently suggests for the appointment of school social workers and counsellors in the school who can assist the physical and mental health needs of school students effectively and constructively.

National Education Policy 2020 is one of the most extensive, elaborative and exhaustive policy that India has. The importance of mental health has been well articulated in the form of emotional, social and ethical wellbeing. The reality is yet to be seen and if delivered as articulated, every school will have a school social worker or counsellor and every child will have access to quality education and access to services pertinent to wellbeing and mental health. Thus, we can say that mental health and overall well-being of school students is ensured under this policy.

APPROACHES TO MENTAL HEALTH INTERVENTIONS IN SCHOOLS

Mental health interventions refer to activities that are strategically designed to promote mental health, prevent development of mental illness and treat diagnosed disorders (Fazel & Kohrt, 2019). Thus, mental health intervention in schools could be promotive, preventive and curative. The interventions are implemented through different approaches in accordance with programme's objectives and target population. There are four types of approaches through which SMHP are implemented- universal, selective, indicative and multitier.

Universal approach is an all school or all class intervention. The programme through universal approach usually centres on promotion of mental health and to some extent prevention of mental health disorders (Salerno, 2016).

Selective approach is intended for students who are at risk of developing mental health problems. These students are usually identified through universal screening or by teachers who observed certain symptoms of social, emotional and behavioural disturbances (Macklem, 2011).

In an **Indicated approach** interventions are provided to those identified with mental disorder or behavioural problem. Emphasising on early intervention, the goal in this approach is to reduce the symptomatic behaviour and to prevent the progression of the disorder.

In an **Integrated or multitier approach** all the components of previous approaches are included in a single programme. This approach seeks to address the need of every child depending on the degree of need and severity of the problem. Concisely, in a multi-tiered approach, all students receive universal support, which usually include mental health promotion as well as those strategies design to prevent development of mental health problems. Those who are at risk of developing mental disorders receive selective intervention where efforts are made to prevent problematic behaviours from intensifying and preventing conditions that maintain it. Those identified with mental disorders, receive indicated support where intense services are provided to manage moderate to severe mental health problems (Lean & Colucci, 2013). Thus, multi-tiered approach envisages promotion of mental health, prevention of development of mental disorders and improvement of prognosis with early intervention. This is nonetheless the model of public health i.e., promotive, preventive and early intervention (PPEI].

SCHOOL MENTAL HEALTH PROGRAMME INITIATIVES IN INDIA

The felt need for school mental health has been emphasised in different policies but there is a failure in almost all these policies in transforming this recognised need into action. Thus, with the inability of States and Union government to take school mental health under its wing, SMHP in India is the result of individual efforts of few non-governmental organisations and institutions. Therefore, with the absence of state intervention, each SMHP operates independently with differing objectives, approaches and areas of concentration.

Initiatives Taken by NGOs and Institutions

NIMHANS in Bangalore was the first to initiate school mental health programme with its project called 'Teachers' Orientation Program' that took place in 1976 (Bharath et al., 2008). This programme focused on educating teachers on common mental health issues of school adolescents. Several other orientation programmes, skills training programme, student enrichment programme, life skills education and promotion of mental health and wellbeing among many others were being carried out by NIMHANS and continue to do so today (Bharath et al., 2008; Vranda, 2015).

'Expressions India', a school-based project has contributed immensely to school mental health in Delhi. Various programmes such as enriching skills for health, behaviour and wellbeing in schools, adolescent health education and counselling, life skills education and training among many others have been conducted by expressions. Teachers, peer educators and counsellors are trained as facilitators in most of their programmes (Expressions India n.d). However, there is lack of publication for which most of these programmes go unnoticed and are not known to the public.

In Ranchi, SMHP was spearheaded by Central Institute of Psychiatry. It initiated a 'multidisciplinary cost-effective school based mental health care model' consisting of mental health professionals from discipline of Clinical Psychology, Psychiatric Social Work and MD in Psychiatry (Sinha et al., 2003). The professionals make a monthly visit to the schools and provided interventions predominantly based on psychoeducation and cognitive behavioural principles to students identified with issues. Parents of such students are also involved in the intervention process when necessary. To fill in the gaps of services, teachers are trained to identify emotional and behavioural problems and to provide basic counselling to students when required. Other students in general are being provided with awareness programme on substance use and sexually transmitted diseases.

'Unarv' a school model was initiated in Thiruvananthapuram district of Kerala and was implemented during 2007 to 2012 (Jayaprakash & Jayaprakash, 2017). Through a retrospective record based descriptive study, 2432 students of class viii-xii, studying in government and government aided schools were included in the study. Further, 78 high schools and 55 higher secondary schools participated in the testing of the model where 2 teachers who were referred as primary counsellors were selected from each school. Two workshops of two days duration were conducted in every academic year on various issues of mental health. Students identified with issues such as learning difficulties, behavioural problems, smoking, alcohol and other substance use, examination fear, and other teachers in the school referred other similar concerns to respective primary counsellors. Other stakeholders such as principals, teachers, and parents were involved in a one-day sensitization programme which was aimed to strengthen the referral system. Parents of children with problems were given psycho education and a weekly review for students,

maintained by the primary counsellors. Those with no satisfactory improvement were referred to Unarv clinic.

In Goa, School Health Promotion and Empowerment (SHAPE) was developed and implemented by Sangath NGO from 2009-2011 (Rajaraman et al., 2012). The programme's central idea was promotion of adolescents' mental and sexual health, which trained teachers and alumni in basic service deliveries such as counselling. SHAPE was based on WHO's Health Promoting Schools (HPS) and included activities such as visual assessment and nutritional screening camps, Speak Out Box (an anonymous letter box for students to voice their concerns), classroom-based life skills training and individual counselling.

A similar programme, 'SEHER' was again initiated by Sangath in Nalanda District of Bihar and was implemented on trial basis from 2015-2016 (Shinde et al., 2018). Like SHAPE, SEHER was implemented based on WHO's Health Promoting School and covered 74 government-run secondary and higher secondary schools. Through a universal approach, topics including hygiene, bullying, mental health, substance use, reproductive and sexual health, gender and violence, rights and responsibilities, and study skills were imparted to students with an aim to promote adolescents' health. Group based activities and workshops were also organised and individual intervention in the form of counselling was provided to students with health-related issues, social difficulties, nutritional problems, and academic difficulties. Students with serious physical, emotional and behavioural problems are referred to specialists for further intervention.

State and Central School based Mental Health Programmes

SMHP as demonstrated are the initiatives of institutions and NGOs operated in a piecemeal approach with the absence of national regulating body. However, there are certain national and state level programmes which are not concrete mental health programmes but consist some of its relevant components. Notable among them are School Health Programme incorporated in Health and Wellness component of the Ayushman Bharat Programme that stress on prevention of disease and promotion of health at school level (Ministry of Health & Family Welfare and Ministry of Human Resource & Development, 2018). The programme besides other focused areas give special attention to emerging social morbidities such as injuries, violence, substance abuse, risky sexual behaviours, psychological and emotional disorders prevalent among adolescents. To operate this programme, two teachers in each school are appointed as 'Health and Wellness Ambassadors' and are trained to impart health promotion and disease prevention information in the form of activities once a week for a duration of one hour. The module consisting of activities on health promotion and disease prevention is developed by NCERT and 'Health and Wellness Ambassadors' are trained to deliver the activities as per the module.

Adolescent Reproductive and Sexual Health Programme (ARSH) established as part of RCH-II (Reproductive Child Health) is another notable programme (Ministry of Health and Family Welfare, 2006). ARSH aims to influence treatment-seeking behaviour of adolescents concerning reproductive and sexual health.

State like Kerala has made much progress in school based mental health programme. One of its programmes, DISHA (Direct Intervention System for Health Awareness) is a tele medical health helpline with an aim to promote healthy lifestyle and wellbeing including social, physical and mental wellbeing of people in general (National Health Mission and Department of Health, Kerala (n.d.). DISHA is a joint venture by National Health Mission

and trained Social Work professionals and doctors who provide tele counselling, emotional support, guidance and information on health-related issues including mental health. Special provision of tele counselling is made for students who experience exam stress.

A slow progress is seen in the state of Meghalaya with 'Aspire Meghalaya', a state government's initiative that focuses on communication, clarity of thought, wellbeing, aspiration levels and talent discovery among school adolescents (Government of Meghalaya, 2020). The programme was initially launched in 2019 and had impacted 5,229 youth across 21 campuses in 8 districts of Meghalaya. Witnessing the plight of students resulting from COVID 19, the second phase, 2020-2021 that was launched on 2nd December 2020 focuses on enhancement of confidence, soft skills, life coaching, cultural awareness and talent identification opportunities in a way to break the shackle of mental and emotional turmoil brought about by the pandemic.

As elaborated above, most of the SMHPs in India are universal in approach and employed teachers as facilitators. The programmes are initiated and developed by professionals outside the school system who then trained teachers and peer educators to fill in the gaps of services. This indicates the lack of mental health professionals working in schools which is detrimental as the mental health needs of school students particularly adolescents are genuinely high. Despite the lack of mental health professionals, these programmes as per their reports have proven to be effective in promoting mental health and reducing risk of mental health problems. However, the sustainability of these programmes despite being cost effective is doubtful as most of them are short term and are not known to have been replicated in other parts of the country nor follow up is done. Another drawback for SMHP in India is its concentration in cities that exclude school adolescents from rural areas from availing its services. Additionally, the fragmentation in its operation in which each programme operates independently with differing approaches and methodology and without a standard system of monitoring and assessment raises question on efficacy of these programmes.

There are several central and state governmental programmes dedicated to adolescents' health, some of which have already been discussed above. These programmes are relevant to adolescents but are not sufficient to cater to the mental health needs of students. Therefore, a programme dedicated to the mental health needs of students should be devised and implemented in the school.

TOWARDS A NATIONALISED SCHOOL MENTAL HEALTH PROGRAMME

SMHP in India as it exists today needs a shift from this piecemeal to a long-term comprehensive approach (Kumar, 2021). Most of the programmes as indicated above followed a universal approach. Although promotion of mental health through universal approach have proven to be effective but in the context of current scenario, a multitier approach as suggested by WHO would be appropriate as all students would be fairly attended to as per their needs. This implies that SMHP has to incorporate all levels-universal, selective and indicated and tailor its activities and interventions under the public health model of promotion, prevention and early intervention (PPEI). In this manner, the programme envisages to maximize healthy living and wellbeing by providing a safe environment to all students regardless of the presence of mental health issues.

Another important aspect of SMHP to consider is the multi-sectoral approach. In India there are different disciplines offering courses in the field of mental health for instance Psychiatry,

Social Work, Psychology and Psychiatric nursing besides some diploma and short-term courses. To strengthen the programme and make the best use of human resources, SMHP should employ this multi-sectoral approach by tapping this wide range of expertise from mental health professionals of various disciplines. In addition, the involvement of other stakeholders including teachers, family and policy makers are warranted in a multi-sectoral approach. Despite the different disciplines offering courses in mental health, the number of trained mental health professionals in India is insufficient to meet the mental health needs of its population. This is one reason that the existing practice of SMHP in India relies heavily on teachers who act as facilitators and counsellors. Although the service of teachers has proven to be effective, for a large scale and long term national SMHP the additional responsibility as 'counsellors' or 'facilitators' would be a burden for teachers. Thus, workforce has to be strengthened by employing existing trained mental health professionals and expanding the training in mental health. In addition, networking and coordination with various government and non-governmental organisations working directly or indirectly in the field of mental health would expand the resources required for a comprehensive SMHP.

To have a nationwide programme, guidelines on interventions, protocols and approaches should be specified at the national level so there could be uniformity and standardised functioning and assessment of outcome. However, having a nationwide SMHP in a country like India, which is marked by its diversity, is a challenging task. Hence, careful considerations of the socioeconomic and geographical differences have to be kept in mind while planning for SMHP. An example of MindMatters; a successful evidenced based programme developed in Australia can be taken in this regard. In this programme, a 'framework' related to structure, guidance and support is formulated at the central level while allowing flexibility for schools to implement the programme as per their unique circumstances (Wyn et al., 2000). In this manner, SMHP at the national level can provide a framework and relevant resources required for the implementation of the programme while the schools can tailor the programme as per their needs. Thus, top-down as well as bottom-up approach must take place in a nationalised SMHP. Stressing on diversity and India being a quasi-federal state, it would be beneficial for both the central and state government to share the responsibility of planning, implementing and monitoring of SMHP in the country.

CONCLUSION

Indian education as we can see today is achievement oriented where the focus is given more on grades rather than on overall development. Although school is vested with the responsibility of grooming the child in all spheres, it does not really address the needs of students with varied learning competence. The increasing demand for academic excellence, the challenging psychological and environmental factors and the complexity of adolescence stage contribute to vulnerability of adolescents to mental health problems. Subsequently, in addition to the lack of recognition of mental health as an important aspect of health, mental health of adolescents is not the focus of current mental health intervention. Thus, adolescents trapped in this cycle of challenges are often left to fend for themselves.

The educational policies have failed to act in defence of students' mental health needs with 'guidance and counselling' remaining merely a recommendation from one policy to the other. Thus, mental health in school is sparingly operated with the existence of few counsellors in few schools and with the incorporation of life skills education (component of mental health) in the school curriculum. Government have introduced various programmes on adolescents that cover certain components of mental health in addition to the individual initiatives of NGOs and mental health institutions. However, this is insufficient to meet the mental health needs of adolescents. Thus, reiterating on this, school based mental health

programme needs a paradigm shift from a piecemeal approach to a more systematic, multi-sectoral and nationalised programme.

One may argue that the mental health needs of school adolescents have been well specified in the current education policy of 2020. Unlike the previous policies, undoubtedly there is a progressive move in school mental health under this current policy. The need for mental health intervention in schools and the roles required by counsellors and social workers to play have been well specified. However, counsellors should not be left alone for the management and operation of mental health-based interventions in school- all stakeholders particularly the government must take responsibility. As the need for mental health intervention in school is felt strongly, management of school mental health has to be a national-state responsibility. This goes beyond the specification of roles and appointment of mental health professionals in schools. Therefore, guidelines, protocols, approaches and monitoring of SMHP must be carried out at the national level.

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