

# Educational Institutions: A Vital Cog in Youth Mental Health

Mental well-being is indispensable for the overall health and well-being of an individual and society at large. As India struggles to match the educational standards of other universities across the world, what has been overlooked is the mental health of young people and the role of educational institutions in promoting their mental health and well-being.

Three-fourth of all mental health conditions (disorders that affect mood, thinking, and behavior) manifesting throughout a lifetime begin by the mid-twenties. It is important to address youth mental health and well-being systematically so that individuals requiring support and care are identified early, appropriately, adequately, and efficiently. In India, one in 14 adolescents and one in nine young adults suffer from mental health conditions requiring care. Urban metros have a two-to-three-fold higher prevalence.

Mental health programs in schools and colleges are yet to be fully implemented in most parts of the country. As a result, appropriate and timely mental health resources and care are not available or accessible for most young people. The current national policies and programs on adolescents and education emphasize mental health and sustainable and comprehensive school mental health programs.

The COVID-19 pandemic and closure of schools and colleges led to an abrupt shift to online schooling. Amidst a wide digital divide in the country, this shift put several young individuals in challenging situations as they struggled with their education and endured a disruption in access to schools, which also provided a considerable proportion of adolescents from the lower socioeconomic strata with food, health care, protection from child labor, and physical security.

With support from Fondation Botnar, PATH recently completed a multi-pronged landscape analysis titled **Stakeholder-led Advancement of Mental Health of Young People (SAMYP)**, entailing an environmental scan of rapidly evolving multisectoral policies, programs, and services addressing the mental health needs of young Indians aged 15–24 years.

## SAMYP Approach



Primary focus on mental health of young people (15-24 years) living in low-income urban communities in India



stakeholders, policies, public and private sector initiatives, and legislations review and analyses of enablers and challenges



Comprehensive needs assessment, identification of enablers and barriers for digital mental health interventions



Technical Advisory Group, Youth Advisory Groups including young people with lived experience of mental health problems



Employ human-centered design principles and stakeholder-led co-creation process for developing interventions

*“Authentic and appropriate information on mental health needs to be complemented by developing avenues where such information can be discussed further and acted upon.” – Senior School Teacher*



## What do Young People Need and Want



**Mental health information** - accurate, reliable, in local language, gender inclusive and freely available



**Specific skills and tools** - for managing stress, anxiety, low moods, distraction, loneliness, sleep management, addiction prevention, interpersonal communication, exercise, improving quality of life



**Actual support in crisis** - active listening, counselling, specialist referral and financially affordable care



**Nonjudgmental and safe spaces** - to vent out, gain support from parents, teachers and peers and seek mental healthcare

The three top priorities for educational institutes in advancing youth mental health should be –

## 1. Improving mental health literacy and promoting self-care skills among youth

Mental health and self-care are not frequently discussed in schools and colleges. There is a need to provide adolescents a reliable access to accurate and comprehensive information on mental health. In addition, promoting self-care for mental health is also a key priority.

Educational institutions can be instrumental in promoting a clearer understanding about mental health conditions, self-care, and promoting healthy attitudes and behaviors, by including mental health in their curricula. There is a need to expound upon the notion of self-care for mental health among young people.

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***“We can do psychotherapy to improve young people's mental health, but the part that should be inculcated in the education itself to develop their skills to deal with their problems is missing. The National Education Policy (NEP) has many provisions to address this and promote a holistic approach to the health of students.” – Senior Psychologist, Bhubaneswar***

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Including mental health education in the education curricula, especially in schools, can increase awareness and recognition of mental health conditions and associated experiences and symptoms, and provide opportunities for early detection and early interventions. This can reduce overall suffering and the adverse impact of mental health conditions, promote better outcomes by supporting development of life skills and coping skills to deal with emotional distress, and promote healthy attitudes and behaviors towards mental health and mental health conditions by promoting de-stigmatization and normalization. A sustainable approach is needed that provides avenues for sharing this knowledge to promote behavior change and platforms to practice the new learnt behaviors. Such avenues could employ the principles of experiential learning and can be integrated with ongoing value-based education.

## 2. Creating a Safe and Supportive Space for Discussing Mental Health in Educational Institutions

Young people shared that parents and teachers were often unable to extend adequate support when discussing mental health problems, including seeking professional support. This led to feelings of abandonment, isolation, and loneliness that added to their distress. Frequently, young people experienced feeling judged, ridiculed, or dismissed when discussing their mental health conditions. A need for reliable guidance to deal with life problems was additionally identified.

### Key Imperatives From SAMYP SPOTLIGHT Report

- There exists a high treatment gap and limited data on treatment coverage among adolescents and young adults specifically, posing a huge challenge for India.
- There is a need to reimagine the scope of current mental healthcare programs and provide a spotlight on mental well-being as compared with mental disorders or illnesses.
- Parents, teachers, healthcare workers, and policies need to be supported to enable creation of safe spaces to promote safe and frank discussions on mental health with young people in their care.
- There are systemic barriers such as poor implementation of policies and acts, less publicization of mental health unlike other competent health programs, minimal and un-sustained efforts to address the dearth of skilled workforce and sustained funding.
- Stakeholder actions are fragmented with lack of national and state level platforms to convene dialogue between key stakeholders, including youth engagement. A collective push leveraging innovative solutions is warranted to foster these learnings into tangible actions.



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*“There should be one person who can listen and not just dismiss our emotional concerns. They should help us understand our situation and help us cope with it and stop us from following bad paths due to bad decisions. It may or may not be a counselor.” – Young Advisor*

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Young individuals require a trusting, supporting, and comfortable environment for an open discussion on mental health. Educational systems can focus on providing such a safe space where young individuals can talk about their mental health concerns openly. The need for such safe and empathic conversations was not restricted to psychosocial interventions and counseling alone but was mentioned by young people as an overarching need. Schools need to create an enabling environment for young people to flourish and adopt policies that can address detrimental factors such as bullying, while modeling a more balanced approach to overall development in addition to academics.

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*“I believe that the teacher’s involvement with children is more important. Talking and sharing thoughts with them is important. Human contact, time, and efforts of their teachers, family, and peers are valuable to the young people.” – Senior School Teacher*

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### 3. Early Identification and Treatment through Programs in Educational Systems

In addition to normalizing mental health conditions and improving access to resources, it is important to provide an improved access to mental healthcare services in schools. This will eventually lead to a reduced burden on mental health services. Evidence-based interventions are now known for addressing psychological distress, anxiety, depression, post-traumatic stress disorders, conduct problems, substance use problems (alcohol, tobacco, and cannabis), behavioral problems, attention-deficit/hyperactivity disorder in young people and within school settings for mild to moderate conditions. Frequently, brief therapies provided by trained counsellors can be helpful. More evidence is however needed in the Indian settings to develop resource efficient models.

## Opportunities

Opportunities exist to advance young people's access to mental health within the current initiatives across the government programs for health, education, youth development, and women and child development.

Within the education sector, promotion of life skills and psychosocial well-being of young people is already being emphasized. The Ministry of Youth Affairs promotes holistic youth development as it engages with young people.

More urgently, a convergence framework with clear demarcation of responsibilities and task-sharing is needed to link school- and college-based mental health programs with primary health care and promote screening and early detection by undertaking youth focused campaigns for awareness generation and behavior change for help-seeking, in addition to destigmatizing campaigns.

### School's Role in Promoting Mental Wellbeing



Initiation of conversations on mental health, for example student-led peer-to-peer programs, include discussing emotional needs of children in parent-teacher meetings.



Introduction of a student wellness center manned with skilled counsellor.



Promote school policies to prevent bullying and ragging.



Introduction of the concept of second attempt examination to address stress triggered due to failure in academic examinations.



Ensure a complete ban on advertisement and sale of substances such as tobacco, alcohol etc.

