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<u>Mental Health in Academic Settings</u>

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Abstract

For a country like India, who is the greatest contributor to the absolute number of suicide deaths in East-Asia, (List of Countries by Suicide Rate, 2020) we haven't asked ourselves enough- what are we doing to improve the Indian mental health system? India, in 2019, reported 381 deaths every single day (2020). So much so, that the most common cause of death in the age groups of 15–29 was of suicide ("Suicide in India," 2020). This research talks about the integration of education and mental health in academic settings; the role of schools in promoting and adopting programmes to include mental well being, life skills and psycho-education and moving towards a framework that supports a healthier way of living for school-going adolescents. The paper analyses the existing education system in India through comparative analysis, while examining existing mental health policies in different states of India through literature reviews. Recommending a new model framework to improve the on hand situation and towards an education system with integrated health policies that will not only destigmatize the taboo that is mental health, but help solve many intermediate goals.

Keywords: *Mental Health, education, psycho-social, mental well-being*

1.0 Introduction

Mental health is a major concern worldwide and India is not far behind in sharing this. If we evaluate developments in the field of mental health, the pace appears to be slow. ("Mental Health Awareness: The Indian Scenario," 2016, p. 1) Many factors go behind this exceptionally low progress, including the existing public health priorities and its influence on funding the mental health sector. The burden of mental disorders is likely to have been underestimated and uncared for because of inadequate appreciation of the interplay between mental illness and other health disorders, as well as, challenges faced to deliver mental health care in primary care settings; the low numbers of those trained in mental health care; and the lack of mental health perspective in public health leadership. ("Mental Health Awareness: The Indian Scenario," 2016, p. 1)The number of psychiatrists in India currently is about 9000 and counting. Added to this, about 700 psychiatrists graduate every year. Going by this figure, India has 0.75 Psychiatrists per 100,000 populations, while the desirable number is anything above 3 Psychiatrists per 100,000 ("Number of Psychiatrists in India: Baby Steps Forward, But a Long Way to Go," 2019, p. 1). There haven't been many calls taken to enhance the advocacy and break down the stigma against mental health. Thus, it becomes
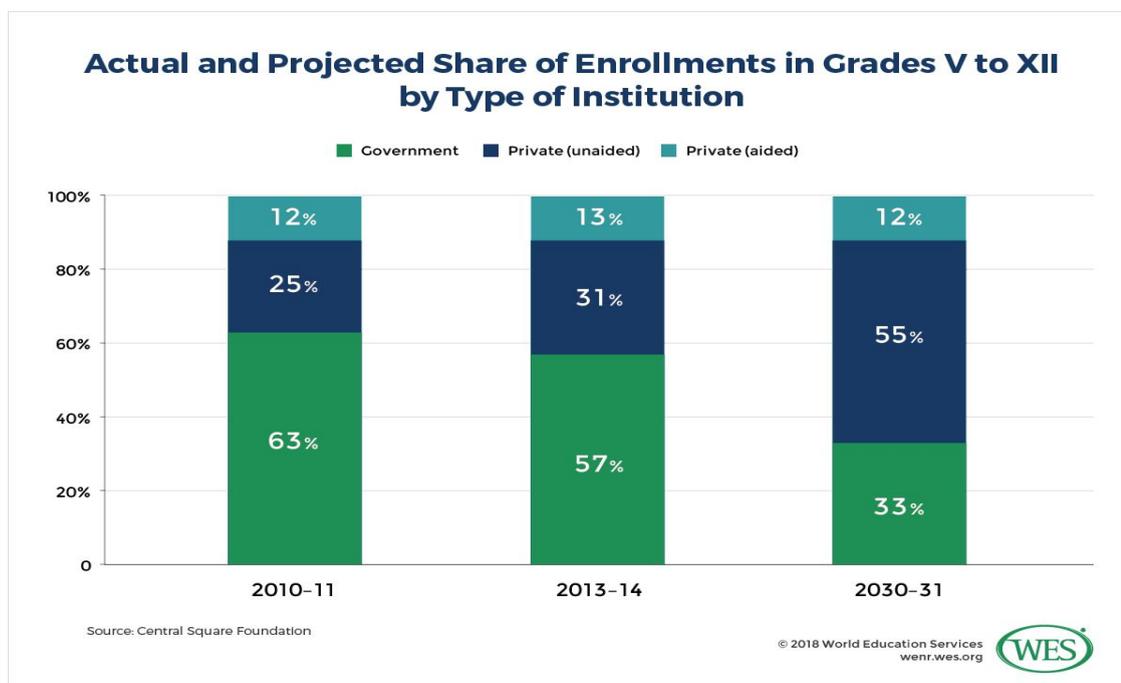
essential to explore the paradigm of mental health awareness as a means of combating stigma, enhancing prevention, ensuring early recognition, and also stimulating simple and practical interventions within the community. Given the dire shortage in numbers of psychiatrists, psychologists, psychiatric nurses, and social workers who work in mental health, its immediate response, leads to 7.5 per cent of Indians suffering from some mental disorder- where 9 in 10 people go untreated. So, the question here is, what are we doing with this information and what does it have to do with our education system?

Most chronic and debilitating mental illnesses have their onset before 24 years of age when most are a part of the educational system. From including mental health narratives in curricula toward, de-stigmatization, removing discrimination and early detection, to empowering stakeholders for early detection and simple interventions; the educational system yields myriad opportunities for enhancing mental health awareness ("Mental Health Awareness: The Indian Scenario," 2016, p. 1). Schools can play a consistent role in children's lives and meet their social-emotional needs, through professional co-operation between educators and mental health specialists. Schools that recognize how social-emotional development impacts academic outcomes can identify students with social-emotional difficulties and provide services that will address these issues, potentially mediating and/or improving academic outcomes (Aviles et al., 2006, p. 33). Not only this but combating the mental health problem at a school level will create a vicious cycle of mental well being which will not only destigmatize the notion but also create awareness and literacy among the population which India so desperately needs. This will also help solve many intermediate goals and result in progress in both, our education system and the health sector. For the large Indian population to be involved in its mental health, the only way forward is through enhancing mental health awareness which will then generate its demand. With rising awareness, early recognition and access to treatment must follow, as well as the adoption of preventive measures.

This paper aims to explore mental well being and social-emotional development in adolescents, why it's important to build a framework to support and build awareness of the same; while also exploring the role schools play in working with children and youth and how advocacy of mental health impacts on their academic outcomes, their mental well being and how it also works to end the marginalization and fragmentation of mental illnesses in India.

2.0 Indian School System

Education is provided by government-owned schools, fee-charging private schools, and so-called private-aided schools, which are privately managed schools that receive government grants and are mostly bound by the same curricular and administrative regulations as public schools ("Education in India," 2018, p. 1). The fact that parents opt to send their children to unrecognized, fee-charging private schools even though study at these institutions opens much narrower pathways to further education is a striking testimony to the scarcity of public schools in underserved areas and low public confidence in government schools. ("Education in India," 2018, p. 1) The following diagram showcases the enrolment level of students by it's by ownership- Government (public), Private (unaided), and Private (Aided) ("Education in India," 2018, p. 1)

Actual and Projected Share of Enrollments in Grades V to XII by Type of Institution

Source: Central Square Foundation

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("Education in India," 2018, p. 1)

To ensure conformity in learning outcomes in India's heterogeneous school landscape, state and federal boards of education conduct external examinations at the end of grades 10 and 12; these exams serve as formal benchmark qualifications. Schools need to affiliate with one of these boards and teach curricula that prepare students for the external examinations. India also has a National Curriculum Framework that seeks to harmonize curricula in public schools nationwide, even though only half of India's states had adopted the framework as of 2013. Students at unlicensed schools may sometimes be allowed to sit for board examinations as external candidates, but face much more precarious and uncertain prospects for further education. ("Education in India," 2018, p. 1)

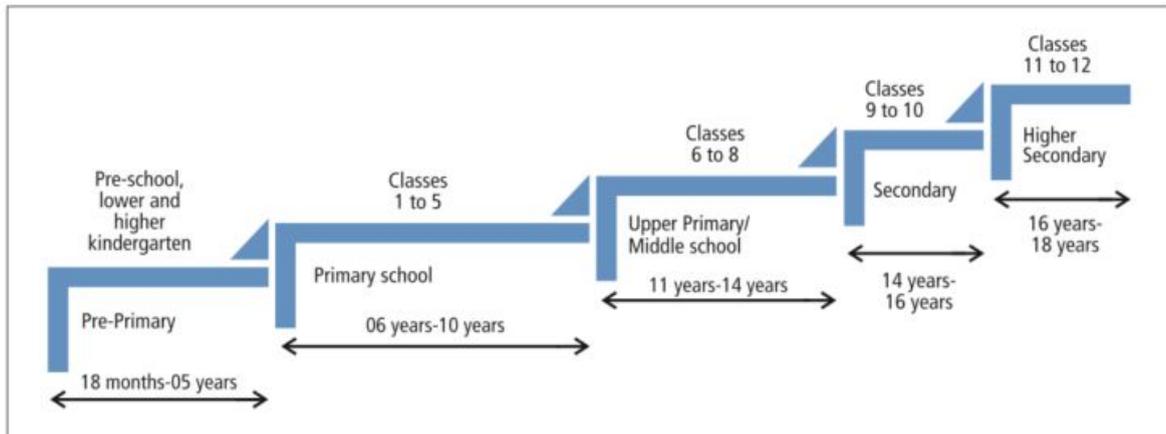**2.1 Segmentation Of Schools Using Level Of Education**

Figure 7: Segmentation of Indian schools by means of level of education

(*Discovering Jesuit Schools in India*, 2017)

2.1.1 Pre-school System In India

Various types of pre-primary schools are there in India and more children are now attending Preschools, indicating an increase in demand for education at this stage. In India, preschool education is provided by private schools and government ICDS (Anganwadi) centres. Besides, there are some ECCE (Early Childhood Care and Education) centres running under SSA (Sarva Shiksha Abhiyan) ("Indian School Education System An Overview," 2014, p. 1)

2.1.2 Primary Schooling System In India

Primary education starts at approximately 5–6 years of the child and lasts for around 4–5 years. Primary school education gives students a sound basic education in reading, writing and mathematics along with an elementary understanding of social sciences. ("Indian School Education System An Overview," 2014, p. 1)

2.1.3 Upper Primary Schooling System In India

Upper primary education, also sometimes referred to as middle school (and middle 'stage' in the 2019 NEP), lasts three years from grades 6−8 (ages approximately 11−14). The number of subjects taught increases and becomes more specialist than at primary levels. According to India's Three Language Formula, three languages are taught: first language (often the state official language, rather than the child's first language, where these differ), English and a third language (usually

Hindi, except where this is the designated first language, where Sanskrit is often offered) ("The School Education System in India an Overview," 2019, p. 1). Social studies and general or environmental science are also key foci of the curriculum. Art and physical education may also be present, and computer studies/IT is becoming increasingly common particularly in urban schools

It is also seen that as the curriculum becomes more advanced, one might as well say ambitious- which results in the achievement gap between the higher and lower-achieving learners to become more evident. Such challenges are reflected in NSSO statistics (2014), which indicate that over 50 per cent of 'ever-enrolled persons' do not continue their education beyond the upper primary level due to lack of support. ("The School Education System in India an Overview," 2019, p. 1)

2.1.4 Lower Secondary Schooling System In India

Lower secondary education covers two grades, 9 and 10 (ages approximately 15−16), leading to the first major high-stakes exam, the All India Secondary School Examination (AISSE, also known as 'Board exams', leading to the Secondary School (Completion) Certificate, SSC). ("The School Education System in India an Overview," 2019, p. 1) Subjects become slightly more diverse at the lower secondary level, with greater local variation. As well as the three languages of upper primary, and mathematics, sciences tend to separate into 'physical' and 'biological/life' science, and social studies may separate into history and geography. Due to the pressure for students to perform well in the board exams, these core subjects remain the focus, particularly at Grade 10, which in practice frequently becomes an exam-preparation year. Students are expected to study harder, including in remedial (often after-school) classes with many families paying significant amounts of money for private tuition. The board exams are seen as key determiners of students' future education and career paths. In 2019, 91.1 per cent of candidates passed the exams. This often induces too much prenatal pressure and demands from school resulting in high levels of stress among the students. ("The School Education System in India an Overview," 2019, p. 1)

2.1.5 Higher Secondary Schooling System In India

Higher (also called 'senior') secondary education comprises two years from grades 11−12 (ages approximately 17−18), leading to a second high stakes exam. There is a noticeable drop in the enrolment rate at this level (gross enrolment ratio of 51.3 per cent, compared to 79.3 per cent at lower secondary in 2017). 67 A second high-stakes exam (the All India Senior School Certificate Examination, AISSCE) is taken at the end of Grade 12 that determines entrance into universities, colleges, or acceptance at a job interview for a number of career paths. ("The School Education System in India an Overview," 2019, p. 1) At the senior secondary level, subject choices diversify greatly, and students can choose particular subjects or vocations to pursue, depending on the desired career or academic path. However, concerns about streaming remain, especially the issue of students being pressured to take specific subjects based on their academic achievement, rather than personal choice. ("The School Education System in India an Overview," 2019, p. 1)

2.1.6 Problems In The Indian Education System

When talking about problems in the Indian education system, a lot of it comes down to its structure and syllabus. India seems to be following the same education system since independence, which focuses on covering basics, that too by rote learning. The ultimate goal of education in India is to get a job and innovation and creativity is mostly kept on the sidelines. Aside from this, most rural schools lack good infrastructure, including well-trained teachers. This leads to poor quality of education being imparted. Various studies have demonstrated a wide gap between rural and urban education. In urban areas, the number of schools per person is higher, as is the quality of education delivery—due to a relative lack of infrastructure, including reliable electricity. Also, it has been seen that schools in rural India have numerous non-academic issues to deal with, including staff and infrastructure, and thus are not fully capable of focusing on student development.

This raises questions for a need of new learning techniques for the betterment of rural education, where technology can help—for example, electricity shortage can be met by, say, solar power. Also, the need to rethink education delivery in the face of existing challenges- a curriculum more focused on conceptual learning and practical knowledge (going beyond the classroom) (Online, 2019).

3.0 The Case of Kerala

The state of Kerala has been different from the rest of the country in many ways for the last few decades. It has, for instance, the highest literacy rate among all states, and was declared the first fully literate state about a decade back. Life expectancy, both male and female, is very high, close to that of the developed world (*The Education System in India - GNU Project - Free Software Foundation*, 2011)   Kerala has also always shown interest in trying out ways of improving its school education system. Every time the NCERT came up with new ideas, it was Kerala that tried it out first. The state experimented with the District Primary Education Programme (DPEP) with gusto, though there was opposition to it from various quarters, and even took it beyond primary classes. The state was the first in the country to move from the traditional behaviourist way of teaching to a social constructivist paradigm. It was mentioned in the National Curriculum Framework of NCERT in the year 2000, and Kerala started trying it out the next year. (The Education System in India - GNU Project - Free Software Foundation, 2011) The framework suggested a revaluation of the existing methodology. Instead of direct questions that needed rote learning and memorisation of the lessons or textbooks, schools were asked to ask more indirect, open and to a point, subjective questions that required more cognitive abilities than before. This meant that the students had to digest what they studied and had to be able to use their knowledge in a specific situation to answer the questions. At the same time, the new method took away a lot of pressure and the children began to find examinations interesting and enjoyable instead of being stressful. (The Education System in India - GNU Project - Free Software Foundation, 2011)

4.0 Academic Stress, Parental Pressure and Lack Of Mental Well Being

Focussing on a more academic based issue, students of the Indian education system are a victim of extreme academic stress, parental pressure and lack of concern for mental well being. The impact of academic stress not only leads to poor academic outcomes but lack of physical and psychological health- making students more prone to developing mental illnesses and engaging in substance abuse. The Indian school education system is textbook-oriented that focuses on rote memorisation of lessons and demands long hours of systematic study every day. The elaborate study routines that are expected by high school students span from the morning till late evening hours, leaving little time for socialisation and recreation. In India, the school education ("Academic Stress, Parental Pressure, Anxiety and Mental Health among Indian High School Students," 2015, p. 1)

5.0 Anxiety And Stress In School Children

Psychiatrists have expressed concern at the emergence of education as a serious source of stress for school-going children - causing a high incidence of deaths by suicide. Many adolescents in India are referred to hospital psychiatric units for school-related distress – exhibiting symptoms of depression, high anxiety, frequent school refusal, phobia, physical complaints, irritability, weeping spells, and decreased interest in school work. Fear of school failure is reinforced by both the teachers and the parents, causing children to lose interest in studies. ("Academic Stress, Parental Pressure, Anxiety and Mental Health among Indian High School Students," 2015, p. 1)

There are instances of mental health problems in secondary school students (10th-grade final examination) and senior high school students (12th-grade final examination). Pushed by the parents to 'be the best' in art or music lessons and under pressure to score well in school, some students cannot cope with the demands anymore and emotionally collapse when the stress is high. Constantly pushed to perform better in both academic and extracurricular activities, some children develop deep-rooted nervous disorders in early childhood. ("Academic Stress, Parental Pressure, Anxiety and Mental Health among Indian High School Students," 2015, p. 1) The fact that self-worth of students in the Indian society is mostly determined by good academic performance, and not by vocational and/or other individual qualities worsen the situation. Indian parents report removing their TV cable connections and vastly cutting down on their own social lives in order to monitor their children's homework. Because of academic stress and failure in examination, every day 6.23 Indian students commit suicide – which raises questions regarding the effects of the school system on the wellbeing of young people. But the more important question here is, what is the schooling system doing to handle the situation and what else can be done? ("Academic Stress, Parental Pressure, Anxiety and Mental Health among Indian High School Students," 2015, p. 1)

Going back to the Kerala case study, it suggests that a lot of stress and pressure could simply be reduced through a re-evaluation of structure and syllabus. Other than that, it is estimated that worldwide, 10%–20% of adolescents' experience mental health conditions, yet the majority of times; it remains underdiagnosed and undertreated. Signs of poor mental health are overlooked for several reasons, such a lack of knowledge or awareness of mental health among health workers and also the stigma that prevents them from seeking

help. According to the 2011 census, around one-fourth of the Indian population is adolescent (253 million). As per the National Mental Health Survey of India (2015–2016), the prevalence of psychiatric disorders among adolescents (13–17 years) is reported around 7.3%. Yet, very little attention has been paid to the mental health issues of this age group (Nebhinani & Jain, 2019, p. 4). To solve and develop our education system in such a way, that it becomes more inclusive and incorporate mental well being, a lot of it depends on mental health literacy among both, educators and students, a proper framework that includes preventions and interventions, and awareness/ directed education- for breaking down the stigmas and promoting mental well being.

6.0 Mental Health Literacy

The term "Mental Health Literacy" was defined by Anthony FJorm.1The concept of mental health literacy implies that it is crucial to increase the knowledge of people about mental health aspects and mental disorders since it is a prerequisite for early recognition and seeking treatment. In spite of significant developments in India's healthcare systems, studies have rarely focused on literacy about mental illness (*Awareness of Mental Disorders among Youth in Delhi*, 2017). The definition restricts mental health literacy to a medical model. However, mental literacy is also about the ability to gain access to, understand and use information in ways that promote and maintain good mental health. Despite these drawbacks, the concept is comprehensive and inclusive of the essential factors that would determine mental health care ("The Need for Assessing Mental Health Literacy among Teachers: An Overview," 2019, p. 1).

In India, the reason for the lack of mental health services is the direct reason for the treatment gap for people with mental disorders exceeds, which 50% in all countries of the world, approaching astonishingly high rates of 90% in the least resourced countries, even for serious mental disorders associated with significant role impairments. However, Indian mental healthcare also has to deal with major barriers to mental health service, such as scarcity of resources, unequal distribution, inefficient use, non-medical explanations, and the most important is lack of awareness, accessibility, and availability of healthcare services. Stigma and discrimination also drastically contribute to the treatment gap in India; which is why it is vital and necessary to have a mutual understanding about mental well being and literacy among Indians for us to achieve or cover the treatment gap.

7.0 Need For Mental Health Literacy Among Teachers/ Educators

While discussing the promotion of mental health literacy, it is imperial to understand the role of educators and teachers in implementing the policies simply by acquiring mental health literacy. Sensitization and training of teachers and counsellors to handle adolescent mental health issues help in early identification of mental health problems, but also creates an environment of support and healthy relationships that have been identified as contributors to better mental health outcomes and reduction in help-seeking barriers in their children. With the devotion of special to children with scholastic difficulties or poor academic achievements will create an encouraging and supportive approach. Resilience-focused interventions such as capacity building strategies, and coping skills may be designed to enhance resilience thereby positively influencing mental health. Not only this, but early identification can address and potentially decrease the level of severity of adolescent depression. Early identification helps to avoid disruption and many negative consequences that adolescents may experience due to depression. Langeveld et al, indicated that there should be as little time as possible between the identification of symptoms and the time services are received. The sooner an adolescent receives services, the fewer negative effects he or she will encounter. Adolescents who have depressive symptoms are more likely to struggle academically and have poor behaviour in school, and they are at greater risk for completed suicide later in life. Vogel conducted a study that concluded that early identification and intervention may reduce the impact of depression on all facets of an adolescent's life. Reduction of stress in the family, social and academic settings is among the benefits of early identification and treatment for depression. This could be easily possible if educators and teachers have a certain level of psychoeducation to include the delivery of the classroom-based programme to students and the reinforcement of the content of these programmes to generate positive and sustained effects and intervene in cases that require external or professional help. In addition, research suggests that school teachers often unknowingly provide role models for students on mental health-related attitudes and behaviours. In cases where students actively seek help, they may approach teachers for mental health information, crisis support or signposting to other services. In these instances, the perceptions and knowledge of staff will be crucial in helping to determine whether these children access mental health services and receive the help they require.

Teachers are not fully aware of their role when it comes to children in their classrooms who present with symptoms related to depression. Researches indicate that the general mental health knowledge of school staff is variable and that some teachers

unintentionally give potentially harmful advice and reinforce negative media stereotypes. Teachers have admitted that they are focused on behaviour management, not identifying symptoms related to depression, and internalizing behaviours. If teachers are not acknowledging issues related to depression or other concerning behaviour, students will not be able to access services to address their mental health needs. The likelihood of changing levels of symptom management in people with mental illness can be increased by improving the levels of mental health literacy of professionals that interact with people with mental illness frequently.

In India, there is no separate comprehensive policy to deal with child mental health issues. The existing policies such as the National Health Policy, Integrated Child Development Scheme and National Mental Health Programme for India stress the need for developing comprehensive child mental health programmes and services at various levels. However, in reality, much work needs to be done as the existing programme is restricted to urban settings where it addresses the psychiatric needs of adolescents in government hospital settings. Many of the mental, behavioural and psychological problems, among children and adolescents can be prevented if it is intervened at an early stage. School-based interventions possess great potential in reducing the risk factors and increasing the protective factors to promote the mental health and well-being of children and adolescents. ("The Need for Assessing Mental Health Literacy among Teachers: An Overview," 2019, p. 1)

8.0 School-Based Mental Health Practice

Analyzing Indian mental health systems: Reflecting, learning, and working towards a better future" Research paper- Department of Community Medicine: A Review

The review article talks about the various policies adopted by India regarding mental health, including WHO's mental health action plan (MHAP) 2013-2020, and its implementation in India and towards a better-integrated plan for the future. MHAP was one of the first comprehensive action plans towards mental health and India being one of the first developing countries to adopt it, expectedly faced a series of setbacks and implementation failures, which collectively led to its underperformance. The mental health action plan mainly talked about changing the attitudes that perpetuated stigma, expansion of services, and efficient use of scarce resources in promoting mental well‑being, preventing mental disorders, and protecting rights of people suffering from mental illnesses. It focused on four key objectives: "to strengthen effective leadership and governance for mental health; provide comprehensive,

integrated, and responsive mental health and social care services in community-based settings; implement strategies for promotion and prevention in mental health; and strengthen information systems, evidence, and research for mental health (Mahajan et al., 2019, p. 4). Irrespective of India's setback with MAHP, since then, India has been witnessing a great push for mental health with revamping of its MHP, framing of its first mental health policy fully in line with human rights covenants, and enactment of mental health legislation. Underlying principles of the newly rolled out District MHP (DMHP) was based on six key perspectives, namely life course, recovery, equity, evidence-based, health systems, and right based. (Mahajan et al., 2019, p. 4)

In 2016, India carried out the National Mental Health Survey (NMHS‑2016) in 12 states (first phase). Whose results showed that nearly 150 million Indians (urban > rural) were in need of active interventions posing a formidable challenge to our insufficient, inequitably distributed, and inefficient mental health system. The overall weighted lifetime prevalence and current prevalence for any mental morbidity were 13.7% and 10.6%, respectively. People from 40 to 49 years were predominantly affected (psychotic disorders, bipolar affective disorders (BPADs), depressive disorders, and neurotic and stress-related disorders). (Mahajan et al., 2019, p. 4) Government facility was the most common source of care and the median monthly amount spent on care and treatment was sufficient enough to plunge many families into poverty spirals.

Healthcare utilization depends on robust information, education, and communication (IEC) efforts. However, IEC activities were merely restricted to preparing posters and distributing pamphlets at most places, rather than being population-centric, targeted toward local situations, uniform in coverage, highly visible, and continuous over time. Thus, stigma prevailed resulting in poor utilization of whatever services available and perpetuating problems. (Mahajan et al., 2019, p. 4) However, for a more community and public targeted policy, the researcher suggests for more engagement from civil society. It mentions- At present, 69 such organizations are prominently functioning in mental health, and how more of these could contribute to mental health advocacy, service delivery, and research for the same. Furthermore, it suggested having continual supervision, a follow‑up to check the effectiveness of training of primary care workers in mental health, and for preventing the frequent drug shortages; in entirety to fill the gap between operational at policy, implementation, and utilization level that India faced before. It also talked about how

Integration of mental health services with primary health care is bound to pose insurmountable challenges. Similar situations exist in other low‑income countries as well. Cross‑cultural learning and sharing of solutions could be a worthwhile exercise. (Mahajan et al., 2019, p. 4)

Secondly, it spoke of the need to plan to immediately adopt mental health-related indicators in HMIS, so to not delay the progress further in this important area, and urgent policy negotiations for effective integration- and following of situation analysis by policy reforms to strengthen this weak link.

In conclusion, the review article looked at the various setbacks of the already existing policies and availability of evidence-based interventions/healthcare delivery models that could possibly be adopted while designing and scaling up culture‑ and context-specific MHAPs across different states of India.

Referring back to the research article, implications of health system assessment findings (National Mental Health Survey‑2016) displayed that systems approach in mental health delivery needs to be more strengthening and more uniform, at a national level- since most states do not have a mental health policy. It also implies that the lack of information and awareness about the topic results in weak links when it comes to private's sector participation or even governments funding for that matter. Moreover, existing mental health policies are more of standalone policies, which if are to be integrated with other mental health services, will help in the engagement of health professionals and workers; furthermore creating more alternatives for mental health services as the existing services and resources are very limited. This brings us back to schools' and Indian education system's participation in decreasing the burden by creating an environment of mental health education and literacy among the students and educators- managing to work through a lot of these intermediate goals.

**9.0 School's Potential For Promoting Mental Health**

Adolescence is a transition phase from childhood to adulthood, which is marked by several biological, cognitive, and psychosocial changes. The characteristics which emerge during adolescence involve a tendency to experiment and seek novel experiences, a heightened sense of vulnerability, a low-risk perception, an intense desire for independence, and an inner search for self-identity which gradually shape up their personality throughout the developing years. It is a critical period characterized by neurobiological and physical maturation leading to enhanced psychological awareness and a higher level of social and

emotional interactions with peers and adults. From a neurobiological perspective also, adolescents can be viewed as "works in progress," with academic, interpersonal, and emotional challenges, and exploring new territories using their talents, and experimenting with social identities. (Nebhinani & Jain, 2019, p. 4) That is exactly why it is so important to look into the mental and physical well being of adolescents and help them live more productive and fulfilling lives. And provide them with space for healthy development both, physically and psychologically. While, the Indian community also lacks efficient delivery of physical health to all populations, mental health, while as important as physical, is often disregarded. Which has, over the years leading to a drastic increase in suicide rates and engagement in unhealthy activities- so much so that India reported an average 381 deaths by suicide daily in 2019, totalling 1,39,123 fatalities over the year, according to the latest National Crime Records Bureau (NCRB) data (2020a). Thus, it is imperative to understand Indian schooling and the education system's potential to promote mental well being and literacy.

Schools have an unprecedented opportunity to improve the lives of young people ("Mental Health Programs in Schools," 1994, p. 1). And doing so at a national level so as to have a comprehensive approach towards the mental well being of adolescents all over India that all states could adapt and develop. While India's literacy rate is lower than wanted- the stress and pressure created by the Indian education system only worsen the situation, by an evident number of dropouts every year. Thus, since schools have a profound influence on students, their families and the community. Young people's ability and motivation to stay in school, to learn, and to utilize what they learn is affected by their mental well being. And by creating various programmes and interventions we are creating a safety net for them, protecting them from hazards which affect their learning, development and psychological well being. In addition to the family, schools are often the strongest social and educational institution available for intervention and are crucial in building or undermining self-esteem and a sense of competence. ("Mental Health Programs in Schools," 1994, p. 1) Thus, being the best institution to expand and provide mental health services that can reach generations- solving not only the suicide pandemic at hand but destigmatizing the notion of mental illnesses and provide a better and more comprehensive service in the mental health sector- initially reducing the untreated or undiagnosed population of India.

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. Comprehensive school health initiatives are available resulting in higher school attendance rates, enhanced academic success, less school dropout and reduced criminal behaviour. Mental health and life skill education have been demonstrated to reduce drug use, alcohol consumption, and cigarette smoking in children and adolescents. ("Mental Health Programs in Schools," 1994, p. 1)

10.0 New Model Framework
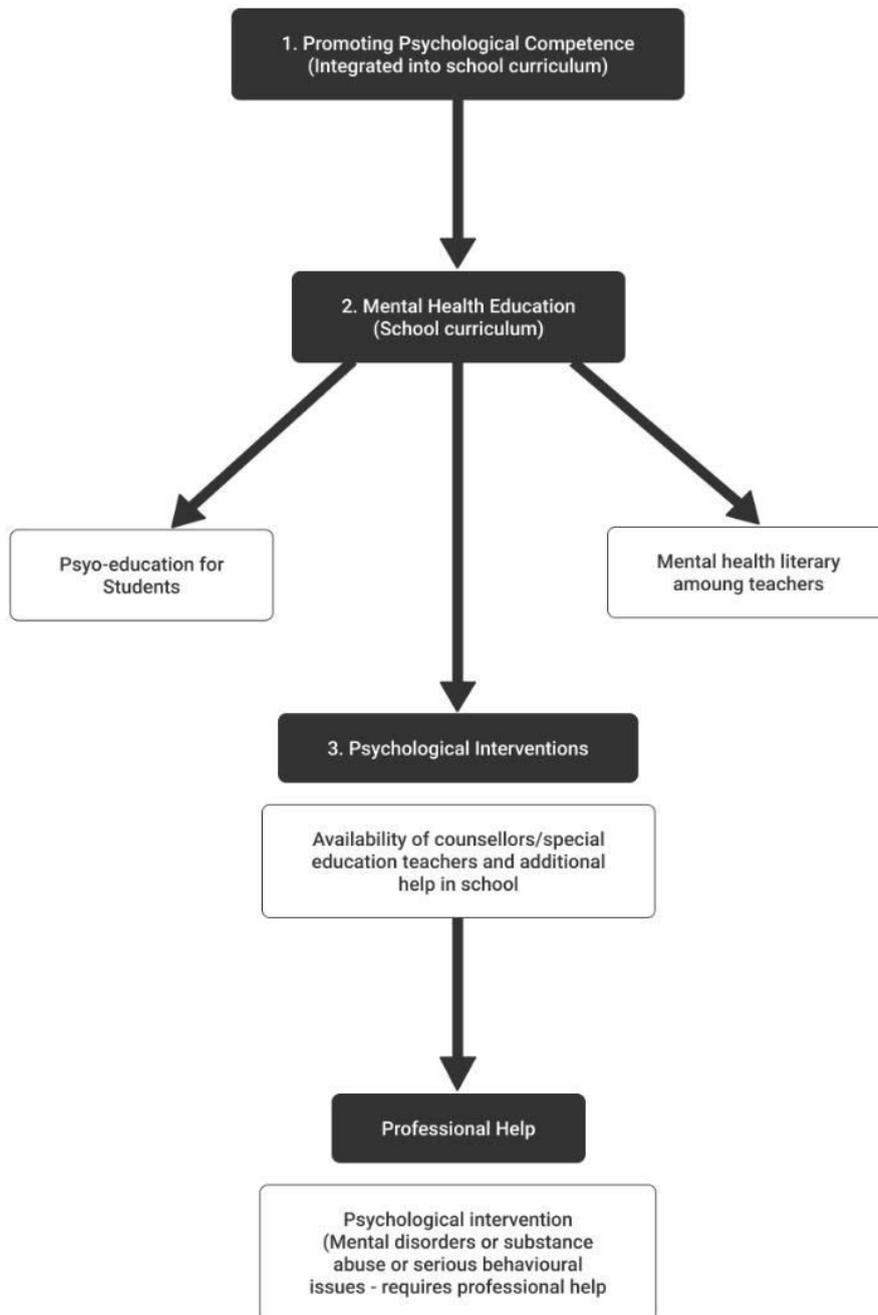
10.1 Promoting Psychosocial Competence

Psychosocial competence is a 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 can be done by the teaching of life skills; such as decision making and problem-solving: critical and creative thinking: communication and interpersonal relationship skills: self-awareness and empathy; and skills for coping with emotions and stress. ("Mental Health Programs in Schools," 1994, p. 1) Variety of topics like health education, peace education, drug abuse prevention, sex education, prevention of bullying, self-identity and gender etc will be covered in these programmes that will indirectly help solve a lot of intermediate problems. Like cyberbullying, teen pregnancy or better academic results etc. This will create an environment of self-help and build interpersonal relationships among the students and educators; which will help children gain self-esteem, confidence and help them evaluate different situations and foster student's social and behavioural aspects.

Given the potential of teaching life skills in schools for all spheres of health, physical, mental and social life skill, teaching should be included in the school curriculum and made available to all children- across all schools. This also implies that for programmes and workshops like these to happen, the school will need persons with effective teacher training in these methods. ("Mental Health Programs in Schools," 1994, p. 1)

10.2 Mental Health Education

Mental health education should provide information to both students and educators, about mental well being and illnesses. Students will have a better understanding of their attitude and values and recognize their behaviours and emotions as they apply to mental health and mental illness. ("Mental Health Programs in Schools," 1994, p. 1) While teachers will have a better idea about students behaviours and will be better equipped to deal with it. In addition, Psycho educators believe that this positive behaviour change is more likely to occur when the teacher is able to develop and maintain a positive and mutually respectful interaction with the student. Interventions based on the Psycho-Educational model rely heavily on the teacher's ability to develop a trusting and accepting relationship with the student. The teacher's style is empathetic and supportive, while still maintaining appropriate boundaries in the relationship. Limits are also placed on the student's behaviour. Consequences occur when the student displays unacceptable behaviour. However, the teacher

continues to encourage the pupil and works closely with him/her to develop more socially acceptable (re)actions. While expressing displeasure with the behaviour, the teacher continues to express confidence in the student's ability to change for the better (*What Is "PsychoEd"?* , 2020).

The curriculum for mental health education and psychoeducation should cover areas like physical, social, mental and environmental aspects while covering specific content like-he brain and behaviour, psychological and emotional development, the effects of stress, successful coping strategies (ideally linked to life skills classes), common psychological problems in youth and families, risk factors, how and where to seek assistance, healthy relationships between the sexes (including sex education as appropriate). And efforts should also be made to foster tolerance of disability and difference and to destigmatize illness. Providing knowledge about an illness, accompanied by examples and stories from individuals who have the disease or disability. ("Mental Health Programs in Schools," 1994, p. 1)

10.3 Psychological Intervention

Mental health problems range from relatively minor and transient disturbances to serious and long term disorders. Schools are often places where mental health problems are identified as early as needing special attention. If children with mental illnesses are identified early and appropriate interventions are made, the problems are more likely to improve. ("Mental Health Programs in Schools," 1994, p. 1) That being said, depending on the severity of situations, interventions like seeking professional help or even additional support in academics could be provided. Situations such as substance abuse, conduct disorder or PTSD from unhealthy home environments- children would require a professional psychiatrist or counsellor to guide them through the circumstances. This will require an evaluation from the teachers, through the identification of serious mental problems to minor difficulties and assessing when to intervene. This will help with early identification of mental disorders or even help cope with minor difficulties that might become more serious later, if not treated to. In entirety, the new model framework would require a re-evaluation of the educators' curriculum; to extend and add psycho-education, life skills and knowledge about mental health and literacy that will help identify problems and bring a positive approach in classrooms: and re-evaluation of students' curriculum to add these programmes and interventions.

11.0 Conclusion

In India, there is no separate comprehensive policy to deal with child mental health issues. The existing policies stress the need for developing comprehensive child mental health programmes and services at various levels. However, in reality, we need to do a lot of work. The existing programmes restrict themselves to urban settings without addressing the psychiatric needs of adolescents in government hospital settings. Rural India makes up 69 % of the nation. However, it continues to struggle for adequate mental health services as a result of lack of awareness and resources. Early intervention is essential when it comes to any illness, psychological, behavioural, or common and severe mental health disorders. School-based interventions can reduce risk factors to promote the mental health and well-being of children and adolescents ("Why Indian Schools Are Providing Mental Health Counselling for Their Students," 2017, p. 1). Adolescent mental health is a shared responsibility. For any interventions to be effective there is a need for synergy between different stakeholders. Adolescents having mental health problems and disorders, need to have access to timely, integrated, high-quality, multi-disciplinary mental health services to ensure effective assessment, treatment, and support. The new model framework in this research suggests ways in which mental health services can be accessible to all adolescents and help achieve destigmatization of mental illnesses and a much safer and healthier environment for the students.

To conclude, the research talks about advocacy of expression of emotions, versus suppression and schools' and education system's role in achieving promotion of mental well being. Developing a comprehensive and integrated mental health plan and policy for schools will require establishment of a team, cooperation between many different stakeholders and services- public health services, education services and a lot of resources and evaluation. However, that being said, the burden of mental illness in India with respect to DALY's is on an alarming rise with children and adolescents being the vulnerable groups- ("The Need for Assessing Mental Health Literacy among Teachers: An Overview," 2019, p. 1) and India is in need of an immediate plan to help overcome the growing problems.

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