Conceptual article

School-based Mental Health Promotion for Urban Adolescents in India

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Abstract

The mental health of adolescents is influenced by developmental changes inherent in adolescence and by their socio-cultural milieu. Existing literature indicates that well-planned school-based interventions to promote the mental health of adolescents are effective in helping adolescents cope with the many changes within and around them. This article presents SPEAR™- a school-based model for universal mental health promotion among urban adolescents that emphasizes the need for focus on the individual and intuition. This model builds on evidence-based research on school-based socio-emotional learning and ancient Indian concepts of education to create a safe space for adolescents to develop clarity about themselves and their mental health. Elements of the program are discussed to present the potential prospects and consequences of this approach to school-based mental health promotion for adolescents.

Keywords: Mental health promotion, Adolescent, School-based, Urban

Introduction

Youth aged 10 to 24 years constitute approximately 28% of the Indian population [1], and in 2011, India's adolescents constituted 20% of the world's adolescents [2]. Adolescence is recognized as a stage of development and change in multiple domains. There is increasing

awareness that adolescents' developmental trajectories into adulthood are significantly influenced by their experiences during adolescence and their social background.

Children and adolescents in low- and middle-income countries (LMIC) constitute 35–50% of the population. India has 30% of its population living in urban areas. By 2050, seven in ten people are likely to live in urban areas [3]. Although the population in many such countries is predominantly rural, rapid urbanisation and social change are prevalent, with an increase in urban poverty and unemployment, which are risk factors for poor child and adolescent mental health [4]. While urban often has the connotation of being better-developed greater quality of life, there are several challenges inherent to growing up in an urban settlement now. High number of nuclear families with dual working parents and consequent low availability of adult support and supervision accompanies urbanization. This, combined with greater access to addictive entertainment options and substances, challenges the decision-making abilities of urbanites, adolescents included. Urban society also reflects stark disparities in wealth that seems to contribute to the challenges to the decision-making skills of youngsters. This challenge has enormous implications with 70% of mortality in adulthood being linked to habits such as eating, risk-taking behaviour, substance abuse, and conflict resolution, picked up during adolescence [5, 6].

Child and adolescent mental health promotion is a worldwide challenge and a bigger one for LMIC where considering a high proportion of children and adolescents in the population, scarce resources and ongoing demographic transition suggesting 'intervention today is likely to result in a decreased burden in the future' [7].

Psychiatric morbidity was more prevalent in middle-class urban areas in India compared to urban slums and rural areas [8]. Risky behaviour with regard to substance use and sexual intimacy was prevalent among adolescents in an Indian city [9]. Urban male adolescents had

a higher prevalence of consuming substances like alcohol and cannabis, engaging in aggressive behaviour and pre-marital sex compared to rural male adolescents [10].

Considering these findings, this article presents a school-based model for universal mental health promotion for urban adolescents, **S**park **P**ositive **E**motions **A**cademics and **R**elationships- SPEAR, in response to questions such as – Could adolescents have greater support for better decision-making? How could school-based programs provide adolescents a safe space to explore and address their dilemmas/ concerns and make informed choices to realize their potential?

Inspiration and lessons from past research

Growing evidence suggests that schools need to promote the holistic development of students and not merely focus on the academic pursuit. Representative school-based mental health programmes from across the globe chosen for the merit of their design, execution, and results are reviewed here.

Negotiating adequate time for activities promoting mental health amid a school's academic demands is a challenge that Mental Health Practitioners (MHP) face when designing school-based programmes. Facilitators often reduce activities to respect the school's academic schedule despite having a strong rationale for all that constitutes the envisaged programme. Sustaining positive changes in participants with the inputs of programme facilitator's alone is another challenge. Social Competence Promotion Programme for Young Adolescents (SCPP-YA) – a school-based programme in the USA addressed this issue by involving teachers to model social problem-solving skills in classrooms and to guide students to apply skills and strategies in various settings. SCPP-YA aimed to promote cognitive, affective, and behavioural skills to prevent behaviours such as substance use, high-risk sexual behaviour, and delinquency among junior and middle high school students using three modules spread

across 45 sessions. Results revealed improved adaptive stress management and problem-solving in participants [11].

Unlike most programme facilitators, teachers are regularly present within school premises which allow them to be a good source of support for students. The need for adolescent mental health programmes is high in India and support from school teachers would help facilitators promote adolescent mental health effectively. The spread of sessions over a stretch of time is a laudable aspect of this programme.

'Queensland Early Intervention and Prevention of Anxiety Project' from Australia is another noteworthy programme. It is designed for children between seven and fourteen years with clinical anxiety. The objective was to enhance protective factors such as coping skills, emotional resilience, and parental coping skills using a cognitive behavioural model. Group sessions for children were led by clinical psychologists and co-led by graduate students. Teachers and parents identified at-risk children. Parents were informed of inputs received by children and were trained to manage their children and their own anxiety. The intervention reduced anxiety symptoms and prevented the onset of new anxiety disorders considerably [12, 13].

The involvement of graduate students to co-lead sessions is noteworthy because co-facilitation by trainees introduces them to actual work and enhances human resources where trained MHP are scarce. This measure helps a country like India, where the scarcity of the adequate number of MHP has been noted. Training parents to manage their own anxiety is a highlight of this programme.

A programme in rural Pakistan aimed to increase knowledge about mental health problems among school-going children and aid their attitudinal changes pertaining to mental health. These children eventually acted as a source of information on issues pertaining to mental health for their families, friends, and neighbours. Results revealed that as children's

awareness and attitudes towards mental health problems improved, so did the community members' [14]. This illustrates the far-reaching influence of school-based mental health programmes.

While many programmes focus predominantly on issues that affect adolescents, an eight-week programme facilitated by school psychologists and teachers, designed to model and teach optimistic thinking to preadolescents is an example of a skill-centric programme. As compared to controls, participants had significant improvements in coping efficacy, reductions in depressive attributions, and the use of non-productive coping strategies [15]. The focus here was on enhancing optimistic thinking skill, which could influence coping and decision-making in multiple contexts.

A national level framework for mental health promotion in schools is conceivably more arduous to develop than an independent programme for schools. Mind Matters is a national level mental health promotion programme aiming to develop resources, facilitate best practices, and promote partnership among stakeholders in Australia. This initiative aimed to integrate several existing mental health promotion programmes. Teachers were the primary facilitators who were equipped with the necessary information and skills. The pilot study involved more than twenty-four schools before dissemination to the whole nation. This programme exceptionally recognized that a framework with adequate scope to customise a programme for context-specific needs would aid effectiveness, as the ethos and concerns of every school are different. Results indicate that the collaborative development of the programme by health and education experts, mental health education, and prevention professionals was effective [16]. Examination of this programme can offer insights on collaboration and co-ordination for national level mental health promotion programmes in India. The flexibility implied by the scope to customise a programme is highly relevant for India, recognizing the diverse school settings.

In India, the decision of the Central Board of Secondary Education (CBSE) to introduce Life Skills Education (LSE) to students aged 10 to 18 years requires mention. The decision recognizes identity development, peer pressure, managing emotions, building relationships, communication, and negotiation skills as key issues of adolescent development. Students receive grades on life skills introduced as co-scholastic skills in a participatory manner. If the implementation of the decision matches the spirit of its conception, it is sure to inspire other educational agencies to take similar steps.

Another programme in India that reached many adolescents is the NIMHANS LSE programme [17]. This programme used teachers as life skill educators to promote mental health with regard to coping, self-esteem, psychopathology, and adjustment in various areas. Results indicated improved self-esteem, perceived coping, better adjustment, especially with teachers in schools, and pro-social behaviour. The teachers observed significant positive changes in classroom behaviour and interaction among students. The study concluded that the empowerment of adolescents in India can be achieved by integrating LSE with school mental health programmes using available resources. The capacity building strategies used to train a large number of teachers for this programme is commendable.

Effectiveness of a programme intended to promote cognitive development, language, social and emotional development, creativity, and mental health status among students in rural India has been documented [18]. The study covered students studying in first to tenth standard. Results among eighth and ninth standard students indicated significant improvement in attention, intellectual functioning, arithmetic, vocabulary, and creativity among eighth standard students. There was a significant improvement in intelligence and creativity among ninth standard students. This programme and the NIMHANS LSE programme exemplify large-scale mental health interventions in India.

Project MYTRI- A two-year, multi-component school based intervention programme intended to reduce tobacco use among adolescents in Delhi and Chennai showed that the intervened group of adolescents were significantly less likely to use tobacco based substances than those in the controls [19]. Another programme in parts of urban north India indicated that nutrition and lifestyle education programmes making use of the multi-component model was successful in improving the nutrition-related knowledge, eating habits, and lifestyle practices [20]. These programmes are indicative of ongoing efforts to evolve multi-year and multi-component models of school-based programmes in Urban India and their effectiveness. Non-school-based studies on adolescents offer insights to make school-based intervention more inclusive, accessible, and interesting. Personal counselling was used in one such programme to help students in the intermediate level preparing for entrance tests to professional courses cope with stress using techniques such as cognitive restructuring, relaxation activities and social support [21]. While school-based mental health interventions often address topics other than academics, it must be noted that schools impart knowledge and rarely, techniques of learning, remembering, and using knowledge. School-based mental health interventions could bridge this lacuna.

Swaasthya, an NGO for adolescent girls and young women in India, aimed to build life skills to improve adolescent girls' reproductive and sexual health [22]. Videos on communication were aired on local channels to improve interpersonal skills. Social support groups were created to help girls' network and to enhance the parent-child relationship. School-based intervention could consider the benefits of using videos to impart effective communication, interpersonal, and other skills.

The last decade has seen an increase in the efforts of the government, non-government organizations, and educational institutions to address issues confronting adolescents in India. However, most LSE programmes seem to address a large number of participants at a time.

While the overall result could be positive, more meaningful and sustainable outcomes could be expected if there are fewer participants per facilitator. There are few multi-year intervention programmes to assess sustainability of change observed after an intervention programme. Therefore, MHP could conduct longitudinal research to evaluate long-term benefits of school-based intervention. Finally, the need to customise programmes to address the psychosocial needs of adolescents in a particular milieu is reiterated.

Scaffolding for the Development of SPEAR

The National Youth Policy (2014) is the Indian Government's attempt to promote holistic development of the nation's youth [23]. The most recent national initiative to promote adolescent health 'Rashtriya Kishor Swasthya Karyakram' was launched in 2014. The programme's foci are mental health, nutrition, substance abuse, gender-based violence and non-communicable diseases [24].

The model described in this paper focuses on various developmental issues crucial for a successful transition from adolescence to adulthood and implicitly addresses the generic life skills outlined by the WHO [25]. As the school is the implementation field for a school-based mental health program, it is key to consider the philosophy of education on which schools are constructed and operated. Ancient Indian concept of education and the more recent Collaborative for Academic, Social and Emotional Learning (CASEL) have been used to develop the model.

Concepts from Ancient India

Even the novice can recognize the intrinsic holism of the ancient Indian system of education. Conversely, the current system of education has largely compartmentalized learning objectives with limited opportunities for learners to link various elements of learning and to recognize the applicability and relevance of their learning for daily living. This current system is considered the legacy of our Colonial past and we could "design for our children

something new that will give to them the best fruits of their heritage and also the best fruits of modern advancement" [26]. In this context 1) Focus on the individual and 2) Intuition are explored.

Focus on the Individual: There have been many reforms in the educational system of India with regard to the reach, curriculum and teaching methodology. However, the system is largely teacher-centric and fails to cater to the varied needs of learners. The student- teacher ratio in the majority of classrooms is considered a barrier for effective alternatives. The philosophy described below that focuses on the individual, could allow a different perspective to be considered:

"Education must aim at the integral development of personality and that we need to have complete education for the complete human being. Two further propositions are also added: first, that the personality develops best when the educational atmosphere provides to every student a good deal of freedom; — freedom in pursuing inner inclinations, freedom in regulating pace of progress, and freedom in determining directions of education; and secondly, that education should be so child-centred that it not only puts the child in the centre of the classroom but also in the centre of the society itself."[26 p 122]

Maria Montessori's (1949) philosophy of education mirrors the same:

"It is not acquired by listening to words, but in virtue of experiences in which the child acts on his environment. The teacher's task is not to talk, but to prepare and arrange a series of motives for cultural activity in a special environment made for the child."[27 p 6]

The role of the teacher was considered similarly in ancient India.

"The teacher looked upon his task as that of an observer, as a helper, as a guide, — not as that of a taskmaster..... He had no rigid or uniform methods, but he applied every possible method in a varying manner regarding every student......"[26 p 126]

The uniqueness of an individual and the benefits of nurturing the same in an integrated manner is explained further [26 p 130].

"Each individual has.... a predominant force which gives rise to a special tendency in the being, either of wisdom or heroism or harmony or skill. This predominant tendency is what is called swabhava and each individual needs to be given the freedom to develop on the lines of one's own swabhava.

"This is now being increasingly acknowledged in the modern educational psychology, and this was already acknowledged and practised to a greater or a lesser degree in the ancient system of education."[26 p 135-136]

Current reality in today's schools differs vastly from the above views in terms of the teacher's roles and responsibilities, the teaching-learning environment and the attention directed towards identifying a learner's uniqueness and nurturing the same. School education is restricted largely to academic learning that is calibrated by a learner's ability to recall and write factual information. The school time-table restrains the natural analytic instinct of children and directs it toward specified activities at specified times. However, the minimum demands on typical school-going adolescents are- to be motivated to achieve academically; seek appropriate friendships; behave in safe, sanctioned ways in dealing with the dynamic social milieu, deal with puberty and handle their emotions effectively.

Adolescents are expected to successfully meet the above-mentioned demands after spending a significant time of a decade of their waking states in conditions which minimally facilitate self-awareness and independent thought and actions. Several such issues are considered in a chapter titled 'Are schools injurious to health?' [28]. The various implications of the desk-and-seat classroom on students' trust, harmony, the exercise of their will, individual initiative, attitudes toward thinking, and judgment of 'right' and 'wrong' are considered.

Intuition: This means 'knowing from within'. Statements defining intuition are presented below.

Safaya (1976) summarises that "Intuition presents the truth of first order, and reason and experience presents the truth of the second order....The reason is to be supplemented by intuition. Hence the hierarchy of philosophical method is intuition (aparokṣa), reason (parokṣa) and observation (Pratyakṣa)" [29].

Joshi (1991) mentions intuition as occurring on a plane of consciousness in which all senses are withdrawn and the thought process silenced and surpassed, "The knowledge derived by intuition is not only direct but it springs from the identity of the subject and the object which is related to each other in the process of knowledge" [30].

Rudolf Steiner (1905) in his essay on stages of higher knowledge, imagination, inspiration, and intuition states that "Intuition is not a mode of cognition which with regard to clarity lags behind intellectual knowledge, but one that far surpasses it" [31]. Rudolf Steiner initiated an educational approach that sought to nurture the whole child, which is well-known as the Waldorf School.

Steve Jobs, a revolutionary entrepreneur [32] said this:

"Intuition is a very powerful thing, more powerful than intellect, in my opinion. That has had a big impact on my work. Western rational thought is not an innate human characteristic, it is learned, and it is the great achievement of western civilization. In the villages of India, they never learned it. They learned something else, which is in some ways just as valuable but in other ways is not. That is the power of intuition and experiential wisdom."

Before deliberating whether we are prepared as a society to consider intuition in the sense presented above, we could deliberate whether self-awareness as a precursor to intuition could be facilitated among individuals of all ages and particularly in adolescents who are thrust head-long into the diverse currents of growing up. In the ancient Indian texts, self-awareness

has been considered in the contexts of consciousness and experience to facilitate awareness of oneself, the world and larger reality. This has been mentioned as the *MahaVakyas* or 'great sentences' of the Upanishads [33].

Concepts from recent research

CASEL is given exclusive focus in addition to the review of earlier research. Daniel Goleman along with a few associates founded CASEL in 1994 to advance the science and evidence-based practice of Social and Emotional Learning (SEL). The collaborative focuses on the development of social and emotional competencies along with academic competencies in school-going children. Five core social and emotional competencies are outlined by this collaborative- Self-awareness, Self-management, Social awareness, Relationship skills and Responsible decision-making [34].

Greenberg and colleagues [35] reviewed school-based prevention programmes and mentioned that to enhance school-based prevention work, efforts need to be coordinated, integrated into the school's efforts for providing academic inputs and implemented over multiple school years. To date, several states in the USA and over 18 countries worldwide have implemented SEL initiatives (http://www.ncflb.com/wp-content/uploads/2013/02/SEL-worldwide.pdf), and interested readers could access research on SEL (http://www.casel.org/research/). These sources demonstrate that SEL is a framework that has been commonly used across countries to develop customized programmes in each location. Contextual and cultural relevance have been considered while developing programmes in different countries. Therefore, a model for mental health promotion of school-going Indian adolescents has been conceptualized developed using the frameworks of CASEL and ancient Indian education as scaffolding.

Montessori and Waldorf philosophies that are congruent with this scaffolding are mostly only popular for preschool children. The current model is conceived for adolescents in high school

who in Eriksonian terms (1968) are expected to be emerging from the psychosocial crisis of industry versus inferiority and entering into the crisis of identity versus role confusion [36].

SPEAR: A universal mental health promotion program was designed as an outreach program of the higher educational institute to which the authors were affiliated. Four MHP- a clinical psychologist, counselling psychologist, industrial psychologist, and social worker identified the foci of SPEAR using the following steps.

1. Identification of Probe - 'What are important issues to address with urban Indian adolescents today?

2. Brainstorming for responses to the probe.

3. Reviewing results of brainstorming against existing research literature including that related to LSE and against media reports of events related to adolescents.

4. Identification of foci based on resultant observations and naming domains.

5. Domains finalized upon ensuring a match with competencies of potential facilitators.

The brainstorming exercise preceded the review of the literature to facilitate original observations and limit bias due to knowledge of previous research and literature. Components within each domain were identified by considering common psychosocial issues faced by adolescents, skills necessary for effectively managing emotional, academic and relationship demands, and common high-risk behaviour.
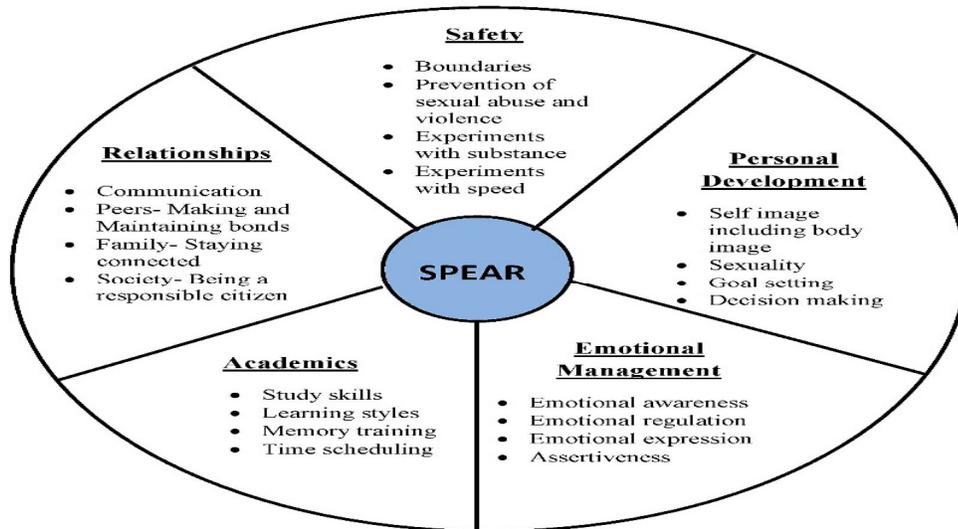
Figure 1: Domains and Components of SPEAR

Safety aims to facilitate thought and discussion of issues related to interpersonal boundaries, sexual abuse and violence, and experimentation with substances and reckless driving. *Personal development* focuses on the exploration of self-image, sexuality, goal-setting, and decision-making. *Emotional management* includes exploration of emotional awareness, emotional expression, emotional regulation, and assertiveness. Study skills, learning styles, memory training, and time schedules are anchor points for *Academics*. *Relationships* focuses on the role of interpersonal communication for optimal functioning and various interpersonal contexts such as with peers, family, and society. Each of these components inherently draws upon the core competencies of CASEL. *Relationships* and *Safety* draw upon all the five core competencies of CASEL - self-awareness, self- management, social awareness, relationship

skills, and responsible decision-making. *Personal development* draws upon self-awareness, social awareness, self-management, and responsible decision making; *Emotional management* draws upon self-awareness, self-management, and relationship skills; *Academics* draws upon self-awareness and self-management. Hence focus on the individual and self-awareness as a precursor to intuition are prominent components in SPEAR.

Program development: SPEAR was developed as an outreach program of the higher educational institute to which the authors were affiliated. Eight faculty members at the affiliating institute were involved in developing activities with didactic, experiential and reflective components for each anchor point of every domain of SPEAR. A key aim of the activities was to increase self-awareness in each anchor point. The activities were subjected to a two-stage review process involving an internal reviewer and subsequently, an external reviewer. The activities were graded in complexity and were compiled day-wise for the six-days of intervention for the first year. A facilitator manual and student workbook were developed and discussed day-wise by the team of facilitators before every session to address intervention fidelity. Facts and key points for discussion were presented through activities supplemented with fables, stories from epics, anecdotes, video clips, news snippets and fact sheets. Reflection and discussion were encouraged at the individual, small group (4 to 6 adolescents) and large group (14- 16 adolescents) levels. Agreements about expression, safety, respect, freedom, confidentiality, communication and quiet space were created to facilitate group interactions and were reiterated every session. *Quiet space* was a part of the room that could be voluntarily used by participants or facilitators when they felt out of synchrony with the ongoing activities. The program delivery and experience of participants and facilitators were reviewed at the end of each year to contribute to the program design for the subsequent year. As an outreach program the intent was to sow seeds of wellness among

adolescents and to encourage them to nurture those practices that they deemed most important implicitly or explicitly thus respecting their swabhava.

The following features of SPEAR differentiates it from existing LSE programs. A scaffolding of the ancient Indian system of education and recent research is used. It is a multi-year programme, beginning at [eighth] standard and concluding at 10th standard, that could be custom designed for a given school within the general framework of the five key components. The decreasing number of sessions over the years have been recommended to accommodate the time available with increasing academic demands.

In terms of program delivery, SPEAR has been anchored in Rogerian (1961) principles of genuineness, unconditional positive regard, and empathic understanding [37]. A facilitator-participant ratio of 1:15 is recommended to ensure optimal participation. It has the potential for Masters level students of higher educational institutes for Psychology and Social Work to be involved in program delivery as part of their internship/ practicum. This could contribute to the sustainability of the program in schools. In schools where the turnover of teachers is low, and the motivation of the school administrator and teachers is high, the option of training teachers to deliver the program could also be explored. Delivery options such as these would be useful for LMIC were availability of professional expertise is highly limited.

Pilot study: SPEAR has been piloted as an outreach program of the higher educational institute to which the authors were affiliated. A school located in Bengaluru catering to children from middle to higher-income families was chosen as the school administration was motivated to implement the program. Parents were oriented to the program by the school. Written informed assent was sought from the adolescents after they were oriented to the program. 95 adolescents studying in VIII standard were engaged in six intervention sessions in year one of the program, four intervention sessions in year two (IX standard) and two intervention sessions in year three (X standard) of the program. Each session was planned for

a duration of three hours including orientations, transitions, breaks, and scheduled activities. Though the sessions were planned once a month between July and October, actual frequency varied due to various factors that were unpredictable and uncontrollable such as emergency holidays, urgent priorities of school, etc.

Assessment of perceived stress, depressive symptoms, optimistic thinking and assertiveness was included to establish an evidence-base even though the assessment may not be completely reflective of the process or outcome of the programme. Qualitative assessment (immediate session feedback, experiences, and perceived outcomes) of participants was also done, which was valued more than the quantitative measures when revising content for subsequent years. Preliminary participant feedback highlighted the usefulness of experiential activities involving whole-body movement and, patience, kindness, and acceptance of facilitators in understanding themselves and in making choices. The feedback reflected that SPEAR sessions had created a novel, safe, and joyous space for adolescents to consider important developmental issues with the freedom to use that space in a manner they deem most appropriate.

The program aimed to assist the teacher by providing inputs on normative adolescent development; typical adolescent issues, effective ways to relate with adolescents and for their own stress management. Due to time constraints, only a workshop on stress management was conducted with 18 teachers involved in teaching 8th, 9th and 10th standard students. Teachers expressed a high need for such workshops to be held often.

Implications: While a detailed analysis of the available multi-year data would be essential to comment upon the effectiveness of the intervention, the model is presented with its conceptual background to highlight the need for existing adolescent mental health to consider active inclusion of the elements of valuing the swabhava of individual participants. Intervention components that value intuition and innate wisdom of adolescent participants

would also influence program content and delivery that could otherwise remain didactic from adult to adolescent. One of the significant challenges in scaling up such an intervention is clarity on one's position on whether adults would be more useful to adolescents as facilitators rather than didactic instructors. Identifying time, human resources, and financial support to offer sessions to teachers and students over three years of schooling would be other major challenges in the sustainability of such an intervention. While the pilot study has been conducted in Bengaluru, SPEAR is a culturally-informed model that could be used elsewhere in Urban India. It is a potential model for MHP working with adolescents in schools across India who can view adults as facilitators who can follow the adolescents' lead within its framework to begin with. Each program using this model could then evaluate how these changes influence program design and delivery, participant experience, quantitative and qualitative outcomes, and the extent to which age-appropriate developmental outcomes are facilitated.

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