



## **Preventive Mental Health Care in Indian Education System**

**Meenakshi**

Asst. Professor, SSR College of Arts, Commerce & Science

Silvassa, Dadra & Nagar Haveli

&

**S. Lakshmi Narayana**

Principal, Kendriya Vidyalaya, Digaru, Assam

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### **Abstract**

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*Aim of education is holistic development of students which currently prevalent achievement oriented education system in our country is unable to attain, resulting in deteriorating mental health of adolescents. School mental health programme which is not yet given much importance should be compulsory component throughout schooling and should be followed up even afterwards. SMHP can be founded at four levels in which first two levels aim at prevention whereas next two levels aim at remediation. Focus should be more on prevention although remediation should also be ensured. For implementation of SMHP there are certain prerequisites to be fulfilled.*

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**Key words:** *Mental health, adolescents, SMHP, Prevention, Remediation*

### **Preventive mental health care in Indian education system**

Education in the broadest sense is a process of helping the child to develop all aspects of personality- intellectual, physical, moral, social and aesthetic In ancient India our educational philosophy was based on ' Gurukul' system in which guru was responsible for the holistic development of the student. However, currently prevalent education system in our country is achievement oriented and does not address the needs of all the children who need to be empowered to live efficiently in this world. The mental health and well-being of our children

requires our attention. According to the WHO papers on mental health, 'nearly one in five children will have an emotional/behavioural disorder at some time during their youth regardless of where they live or how well to do they are' ((Hendren, Weisen B. and Orley, 1994, p.1). Our youth today is facing the problems like substance abuse, depression, delinquency, examination stress and lost sense of right and wrong which is resulting in suicides and series of crimes committed by teenagers. According to National Crime Records Bureau 1640 boys and 1490 girls of below 14 years of age, 26387 males and 21238 female of 15-29 yrs age group committed suicide in year 2010 itself. Juvenile IPC Crime Incidence increased from 9267 to 22740 in between 2000 – 2010. Brutality of 'Nirbhaya rape' case on 16<sup>th</sup> December 2012 set entire world in a shock and there too a minor was involved. This all puts a question mark on the mental health of adolescents today. The situation is alarming and we need to think of a balanced education system which takes care of mental health of the youth and academics by implementation of school mental health programme. This education system further should be followed up till the individual gets into a job and starts family life.

All over the world School Mental Health Programme (SMHP) is an essential component of education but in India it is limited to the counselling services provided by limited number of mental health professionals individually. In India, the SMHP is yet to be recognized and initiated as a part of the health component in schools (Kapur, M. 1997). In current scenario we need to empower our youth with the help of available resources 'the teachers' and mental health promoting activities need to be included in the syllabus itself so that we can achieve preventive measures through curriculum itself .

### **Intervention programme in schools**

Children of school-going age spend a significant amount of their time in school. Thus, school has a major influence on children not only during school hours but also throughout their lives. School is the best place to develop a mental health programme because it is the strongest social and educational institution in society and teachers working there have received some sort of training in child development. Hence with some additional training they can help in identification and remediation of mental health problems and with their help interventions can reach to the masses.

A successful intervention programme in schools can be founded at four level suggests (Hendren, Weisen, B. and Orley, 1994, p. 6):

**Table 1: Levels of intervention of mental health programme.**

<b>Comprehensive school mental health Programme</b>	<b>Level of intervention</b>
Promoting psychosocial competence	I. Integrated into school curriculum
Mental health education	II. Part of general health curriculum
Psychosocial intervention	III. Students needing additional help in school
Professional treatment	IV. Students needing additional mental health intervention

Levels I and II are preventive in nature and are for the entire school population. Next two levels are remedial in nature. Level III targets high-risk students who are having higher probability of onset of disorders whereas level IV aims to aid students who have already developed a disorder. For level three and four we need the help of school counsellors and mental health professionals.

#### **Promoting psychosocial competence**

A person's ability to deal with the demands and challenges of life is referred as psychosocial competence. 'The improvement of mental health of children and prevention of childhood emotional problems is a very important part of any mental health programme. This can partly be done by teaching the school children the essentials of mental health and giving training in life skills' (Srinivasa, Murthy and Wig, 2003 as cited in Rawal, S., 2006 p.74). Life skills are not academic skills but the application of knowledge, values and skills leading to optimal development of an individual. Life skills are a set of abilities that pave the way for positive and useful behaviour. These capabilities enable a person to accept his/her social responsibility and to handle the demands, expectations and daily problems, especially in interpersonal relationships in an effective manner (Taromian, 1999).

Life skills training promote the areas of academic performance, personal, and interpersonal relationships with peers. In education, this effect is in the form of the promotion of increased school attendance. It improves attention, reduces academic failure, and in individual areas increases confidence and coping skills, reduces aggression and depression. In interrelationships, it reinforces the family communication and reduces interpersonal conflict with peers and teachers to improve results and reduces the negative impact on relations with neighbours (Nabors & Reynold, 2000).

At the heart of life skills education is the learning of life skills. Life skills are 'abilities for adaptive behaviour that enable individuals to deal effectively with the demands and



challenges of everyday life'. The core set of skills that follow the above description are (WHO, 1997, p.1):

- Problem solving
- Critical Thinking
- Communication
- Self Awareness
- Coping with emotion
- Decision-making
- Creative thinking
- Interpersonal skills
- Empathy
- Coping with stress

WHO (1999) considered that life skills are essential for the promotion of healthy child and adolescent development; primary prevention of some key causes of child and adolescent death, disease and disability; socialization; preparing young people for changing social circumstances. It also concluded that life skills education contributes to basic education; gender equality; democracy; good citizenship; child care and protection; quality and efficiency of the education system; the promotion of lifelong learning; quality of life; the promotion of peace. It was also suggested that the learning of life skills might contribute to the utilization of appropriate health services by young people.

Areas of primary prevention for which life skills are considered essential include adolescent pregnancy; HIV/AIDS; violence; child abuse; suicide; problems related to the use of alcohol, tobacco and other psychoactive substances, injuries, accidents, racism, conflict and environmental issues.

“In the present day context, it is not enough for teachers to merely give information and knowledge to students ...human beings need wisdom. They need character. Life skills must become a central focus of educational efforts,” (Sibbal, K. 2012).

For a successful life skill education programme following objectives has to be fulfilled-

- Recognition of role life skills in promotion of mental health and awareness about the same amongst teachers, parents, principals and administrators.
- Development of level wise lessons and activities. CBSE, NCERT and Lions Quest International have already proposed various activities which we can select and arrange as per requirement.
- Allotment of timing in the timetable so that it can be carried out as a regular activity, not as a special and occasional activity.
- Teaching of life skills using series of small steps to facilitate understanding of students and demonstration of skills by the teacher so that student gets the opportunity of modelling.

### **Mental health education**

Comprehensive health education should be provided to the students so that they know effect of biological social and environmental factors on health. Healthy mind lives in healthy body. Awareness should be created about importance of good nutrition and physical fitness promoting activities like Yoga, drill, marching, martial arts, gymnastics, swimming, sports etc. Awareness about health hazards like adulteration, environmental issues and our responsibility for the same can also be inculcated. Specific topic areas to be covered in the overall curriculum throughout the school years can include (Hendren, Weisen, B.and Orley, 1994, p. 6)-

- The brain and the behaviour
- Psychological and emotional development.
- The effects of stress
- Successful coping strategies ideally linked to life skills classes
- Common psychological problems in youth and family
- Risk factors
- How and where to seek assistance
- Healthy relationship between sexes ( including sex education as appropriate)

By ensuring psychosocial competence and mental health education to a great extent we can prevent development of mental disorders in adolescents.

### **Psychosocial intervention and professional treatment**

In Indian school setting specifically, counsellors are not available in most of the schools. Wherever they are, pupil counsellor ratio is high.( Dandpani S., Gupta N., 1999).

In this condition teachers should be made aware about various types of mental disorders and they should be trained in screening of students suffering with various problems so that they can be identified early and can be referred for treatment. Teachers should be informed about various mental health professionals and organizations to which referrals can be made. For high risk students and for students who have already developed symptoms we need expert help. Ideally it should be compulsory for every school to have a counsellor so that low intensity psychosocial interventions can be given at school level. As per requirement students can be also referred for drug therapy or psychotherapy. There should be a proper system of maintenance of mental health record which should be kept confidential and can be accessed only by restricted no. of individual. After leaving school there should be a provision of follow-up in college level as well so that remediation remains uninterrupted.

### **Pre requisites of school mental health programme**

To implement school mental health programme teachers should be well trained and for this purpose pre service and in service training programmes should include-

- Life skill Education
- HIV & Adolescence education
- Knowledge of psychosocial and mental health disorders and their identification
- Knowledge of minimum testing programme, error analysis and curriculum based assessment
- Mental health interventions like counselling and stress & anger management techniques
- Minimum Guidance programme
- Classroom management of psychosocial problems
- Awareness of community resources for referral

School mental health committee should be formed which should include Principal, Counsellor or Guidance teacher, primary teacher, secondary and senior secondary teacher, sports teacher representative from PTA and mental health professional in community. Every school should compulsorily have a counsellor and roles and responsibilities of the counsellor should be clearly defined otherwise in many places they are treated as a teacher without workload hence keep doing every work other than counselling. Ideally counsellor pupil ratio should be 1:800. If number of students is more than 800, there should be more than one counsellor.

Basic infrastructure like a separate room where the students can come for counselling and provisions for maintaining the confidentiality of records should be there. Essential standardized test like personality test, interest test, aptitude test, I.Q. test and behaviour checklist should be there in the schools. Records should be maintained and carried forward so that even after school in higher education as well follow up can be made. Colleges should have counselling centres to help the adolescents to face adult life and issues like ragging, harassment etc. Overall as a system we need to create awareness about the importance of mental health and mental health services.

By ensuring this all to a great extent we will be able to ensure good mental health of our youth and will be able to create a more responsible and sensitive generation who is ready to face the obstacles of life in positive manner and will be an asset to society and nation.



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