

GOVERNMENT INITIATIVES IN SCHOOL MENTAL HEALTH IN INDIA: A LANDSCAPE REPORT

September 2024

Acknowledgements

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About the School Initiative for Mental Health Advocacy (SIMHA), TISS Mumbai

The **School Initiative for Mental Health Advocacy (SIMHA)** is a field action project of the Tata Institute of Social Sciences (TISS), Mumbai. SIMHA envisions establishing mental health friendly educational systems through advocacy, research and capacity-building. Through its on-field research and multiple stakeholder interactions, SIMHA has established a contextually relevant framework for whole-school mental health practices. Embedded in the core values of integrity, collaboration, diversity, intersectionality, equity, and social justice, SIMHA operates through a strengths-based approach to establish schools as communities of care for all school stakeholders.

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Abbreviations

ADHD	:	Attention Deficit Hyperactivity Disorder
AFHC	:	Adolescent Friendly Health Clinics
AHC	:	Alternative Healing Centres
ASHA	:	Accredited Social Health Activists
ANM	:	Auxiliary Nurse Midwives
BSE	:	Board of Secondary Education
CBSE	:	Central Board of Secondary Education
CHC	:	Community Health Centre
DEIC	:	District Early Intervention Centres
DHFW	:	Department of Health And Family Welfare
DIET	:	District Institute of Education and Training
DMHLP	:	District Mental Health Leadership Programme
DMHP	:	District Mental Health Programme
DH	:	District Hospital
HIV	:	Human Immunodeficiency Virus
HPD	:	High Priority Districts
HWC	:	Health and Wellness Centres
IHBAS	:	Institute of Human Behaviour and Allied Sciences
IEC	:	Information Education and Communication
M-AFHC	:	Model Adolescent Friendly Health Centres
MDG	:	Millennium Development Goals
MH	:	Maternal Health
MHE	:	Mental Health Establishments
MMHU	:	Mobile Mental Health Units
MO	:	Medical Officers
MoE	:	Ministry of Education
MoHFW	:	Ministry of Health and Family Welfare
NCERT	:	National Council of Educational Research and Training
NGO	:	Non Governmental Organisation
NIMHANS	:	National Institute of Mental Health and Neurosciences
NMHP	:	National Mental Health Programme
NHM	:	National Health Mission
ORC	:	Our Responsibility to Children
PDO	:	Panchayat Development Officers
PHC	:	Primary Health Centre
RBSK	:	Rashtriya Bal Swasthya Karyakram
RKSK	:	Rashtriya Kishor Swasthya Karyakram
RPWD	:	Rights of Persons with Disabilities
SABLA	:	Scheme for Empowerment of Adolescent Girls
SAATHI	:	Sikkim Against Addiction Towards Healthy India
SCERT	:	State Council of Educational Research and Training

SDG	:	Sustainable Development Goals
SEL	:	Social and Emotional Learning
SEEL	:	Social, Emotional and Ethical Learning
SHWP	:	School Health and Wellness Programme
SIMHA	:	School Initiative for Mental Health Advocacy
SPAN	:	Suicide Prevention Action Network
SRG	:	State Resource Group
SSA	:	Sarva Shiksha Abhiyan
ST	:	Scheduled Tribe
TISS	:	Tata Institute of Social Sciences
TDD	:	Tribal Development Department
Tele-MANAS	:	Tele Mental Health Assistance and Networking Across States
TMREIS	:	Telangana Minority Residential Schools
UHC	:	Urban Health Centre
UN	:	United Nations
UNICEF	:	United Nation's Children's Fund
UT	:	Union Territory
WCD	:	Women and Child Development
WHO	:	World Health Organization

Executive Summary

India faces a critical challenge in addressing mental health, as prevalence rates indicate significant mental health morbidity among children and adolescents, emphasising a need for holistic care. The burden of mental health needs among school-going adolescents is exacerbated by factors such as exposure to violence, poverty, and digital technology, with the COVID-19 pandemic further underscoring the necessity for comprehensive intervention within the educational system.

Schools are emerging as crucial spaces for mental health care and support, with global research demonstrating the effectiveness of educational institute-based interventions. Additionally, they can ensure an equitable delivery of mental health interventions. India's vast educational landscape presents opportunities for addressing the diverse mental health needs of children and adolescents, including needs of those at risk for self-harm and suicide. Recognising these needs, the Government of India has introduced national policies in recognition of mental health as an integral facet of overall well-being. School mental health has emerged as a priority in national programmes such as the Rashtriya Kishor Swasthya Karyakram (RKSK) and the Ayushman Bharat School Health and Wellness Programme (AB-SHWP).

This report aims to shed light on existing governmental initiatives in school mental health in India, analyse their scope, impact, implementation strategies and highlight exemplary practices within the field. By covering information on 33 programmes across states, it seeks to enable cross-learning and collaboration, ultimately contributing to a better understanding of school mental health initiatives in India and improving outcomes for its young population.

The Key Findings chapter presents a summary of insights across state-led initiatives on mental health in schools categorised across promotive and preventive programmes, and multi-tiered programmes. Multi-tiered programmes include components of promotion, prevention and intervention. The report found 21 promotive and preventive programmes and 12 multi-tiered programmes. Insights shed light on diversity of approaches, interministerial and interdepartmental coordination, policy alignment, referral systems and linkages, year of inception, beneficiaries and multi-stakeholder engagement. The chapter on Case Studies provides detailed insights on initiatives across states.

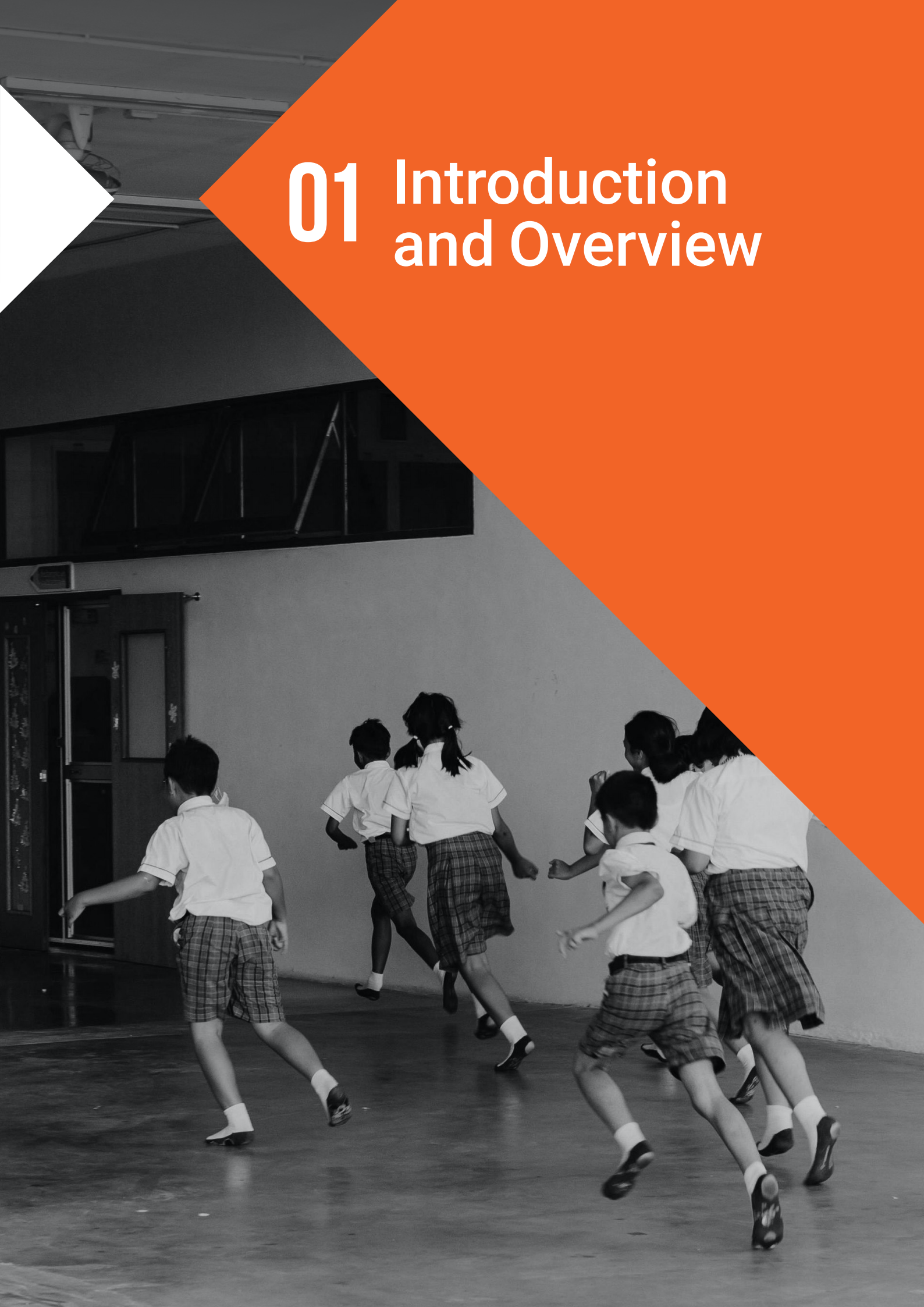
List of Programmes Covered in the Report

Programmes below have been listed alphabetically, across national and state initiatives. Details can be accessed in the [Case Studies](#) chapter.¹

S. No.	Name of the Programme	National/State
1.	Ayushman Bharat School Health and Wellness Programme	National
2.	District Mental Health Programme (DMHP)	National
3.	Rashtriya Kishor Swasthya Karyakram (RKSK)	National
4.	Rashtriya Bal Swasthya Karyakram (RBSK)	National
5.	Anandam Pathyacharya, Uttarakhand	State
6.	Awareness Programme for Adolescent Children, Kerala	State
7.	Balsakha-Guidance and Counseling Programme, Uttarakhand	State
8.	Enhancing Mental Health and Well-being of Residential School Students, Maharashtra	State
9.	Holistic Child Development Programme, Meghalaya	State
10.	NALSA (Legal Services to the Mentally Ill and Mentally Disabled Persons) Scheme, Sikkim	State
11.	Our Responsibility towards Children programme, Kerala	State
12.	SAATHI (Sikkim Against Addiction Towards Healthy India) Programme, Sikkim	State
13.	Saharsh, Tripura	State
14.	Samagra Shiksha Abhiyan, Kerala	State
15.	Samagra Shiksha Scheme, Nagaland	State
16.	School Mental Health and Wellness Initiative, Sikkim	State
17.	School Mental Health Initiative, Delhi	State
18.	School Mental Health Programme, Telangana	State
19.	Screening & Promotion of Mental Health, Sikkim	State
20.	SEEL (Social, Emotional, and Ethical Learning) Programme, Rajasthan	State
21.	Souhrida Clubs, Kerala	State
22.	Student Club, Kridangan programme, Odisha	State
23.	Take it Eazy, Tamil Nadu	State
24.	Tamil Nadu's MaNaM Thittam – Mana Nala Nallaatharavu Mandram, Tamil Nadu	State
25.	Telangana Minority Residential Schools, Telangana	State
26.	The Adolescent Health Programme, Kerala	State
27.	The Happiness Curriculum, Delhi	State
28.	The Pularkalam Program, Kerala	State
29.	The Prakash Initiative, Uttarakhand	State
30.	The Tribal Mental Health Project (TMHP), Kerala	State
31.	UNARV, Kerala	State
32.	Workshop in Collaboration with Telangana Police and NIMHANS, Telangana	State
33.	Youth First, Bihar	State

¹ **Note:** Relevant information about Tele-MANAS under the National Tele Mental Health Programme has been presented through case studies since data shows that various states have leveraged it to provide psychological support to school-going students. Tele-MANAS is not currently listed as an interventional programme in the report since it is not directly a school mental health-focused programme.

01 Introduction and Overview



Background and Context Setting

Adolescent and youth well-being as a global imperative

The world is home to 1.3 billion adolescents (10-19 years old), who make up 16 per cent of the global population – marking an unprecedented demographic presence.¹ This demographic is expected to grow until 2050, the rate particularly pronounced in low- and middle-income nations, which currently accommodate nearly 90% of all individuals aged 10 to 19 years.² Given their developmental and demographic significance, prioritising and investing in the health and well-being of adolescents is a global imperative.

The Millennium Development Goals (MDGs) and the subsequent Sustainable Development Goals (SDGs) have recognised this need and committed to adolescent and youth well-being. Although the MDGs did not explicitly identify mental health as a goal, the impact of mental disorders on achieving broader socio-economic goals was recognised. In contrast, SDG 3 explicitly acknowledges the importance of mental health and well-being, emphasising the prevalence of mental disorders and the need for suicide prevention. However, specific mandates addressing the mental health needs of adolescents and youth within the SDG framework are notably absent.

The Fundamental SDG global initiative was established to emphasise mental health within the SDGs, advocating for the incorporation of mental health in the new development goals, targets, and indicators by the UN.³ Nevertheless, even with the inclusion of mental health in the SDGs, only 25% of World Health Organization (WHO) members have integrated mental health into their healthcare systems.⁴

Adolescent and youth mental health and well-being in india

A fifth of the world's adolescent and youth population resides in India.⁵ India's adolescents and youth constitute approximately 30% of its population. However, the mental health and well-being statistics for this group are concerning, with the pooled prevalence of mental health morbidity in adolescents at 7.3%,⁶ and school-based estimates indicating 23.3% prevalence of child and adolescent psychiatric disorders.⁷ This underscores the need to prioritise and address the mental health challenges faced by India's vast youth population, ensuring equitable access to mental healthcare and holistic development.

Indian policies on child and adolescent mental health

Existing policies reflect a strong commitment to addressing mental health concerns and promoting well-being among different segments of the population, including children and adolescents. They provide a strong impetus to integrate mental health and well-being

with the educational system, promoting a healthier and more supportive environment for students in schools.

- **Adolescent and child mental health in national policies**

National policies, such as the National Mental Health Policy of 2014, the National Youth Policy of 2014, and the National Education Policy of 2020 highlight the mental health and emotional well-being of children and adolescents as integral components of holistic development.

Other initiatives have also played a crucial role in creating an enabling environment for mental health in India. Initiatives like the Rights of Persons with Disabilities (RPWD) Act of 2016, and the Mental Healthcare Act of 2017 have contributed to a more comprehensive approach to mental health support across various age groups and demographics.

- **Adolescent and child mental health in state policies**

In addition to implementing national policies and initiatives, states are also undertaking unique, independent initiatives, often aligned with policies, to promote the mental and emotional well-being of children and adolescents. For example, the State Mental Health and Social Care Policy of Meghalaya outlines plans to train Community Health Centre (CHC) and school staff to provide support, specifically to children and adolescents.⁸ Similarly, the Mental Healthcare policy of Tamil Nadu calls for initiation of a school mental health programme that will include teacher training, promotion of positive mental well-being and screening for age-group specific concerns.⁹

The emphasis on comprehensive, accessible support to children and adolescents highlights the key role that schools can play as sites of care and support. Further discussion on the roles of counsellors, support systems, and budget allocations and delivery of mental health in states is likely to help translate the vision of these policies into action.

The burden of mental health needs in school-going adolescents

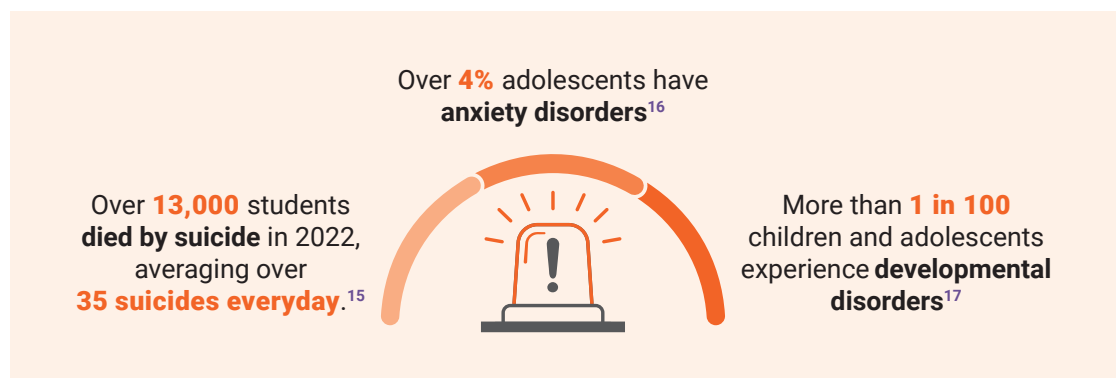
Globally, one in seven 10-19-year-olds experience a mental disorder, accounting for 13% of the global burden of disease in this age group. Half of all such disorders start by age 14 years, but most are undetected and untreated.¹⁰ Factors such as exposure to violence, poverty, stigma, and the use of digital technology contribute to mental health challenges, with potential long-term consequences if issues are unaddressed. The COVID-19 pandemic has further emphasised the role of schools beyond education, underscoring the need for global investments in adolescent health, well-being, and rights.¹¹

The surge in mental health issues among children and adolescents demands immediate, comprehensive intervention within the educational system. Research shows nearly half of

all mental disorders manifest by age 14.¹² Before the COVID-19 pandemic, an estimated 50 million children in India struggled with mental health issues¹³, with 1 in 14 adolescents requiring care.¹¹ During and before the pandemic, students exhibited mood changes, extreme emotions, and heightened levels of anxiety and developmental disorders.

A National Council of Educational Research and Training (NCERT) survey identified academics as a key cause of anxiety.¹⁴

Figure 1: Child and adolescent mental health statistics at a glance



These trends underscore the need for early intervention, prevention programmes, and targeted support services to address the mental health crisis effectively.

Schools as sites for mental healthcare and support

Globally, research over the last few decades has consistently demonstrated that educational institute-based mental health interventions are effective in promoting of well-being, prevention, early identification, diagnosis, and treatment of mental health concerns among adolescents and youth.¹⁸ Mental health care services have been found to be more effective when provided in students' natural environments, such as schools, and when integrated with their learning environment.¹⁹

India has one of the largest higher education systems globally.²⁰ According to the 2018-19 All India Survey on Higher Education, there are 993 universities and an average of 28 colleges per one-tenth of a million of the eligible youth population; about 37.4 million youth are enrolled in institutes of higher education in India.²¹ This scenario presents several opportunities for addressing adolescent and youth mental health needs, including those related to adolescent and youth suicides.

Overview of central governmental initiatives addressing mental health in schools in India

Targeted initiatives have emerged to focus on the mental health needs of children and adolescents, and mental health has been integrated into various key governmental programmes focused on adolescent health. For instance, the **Rashtriya Kishor Swasthya Karyakram (RKSK)** of 2014 identified strategic priorities for adolescent health, recognising mental health as a critical component of their development. In 2020, the **Ayushman Bharat School Health and Wellness Programme** was launched as part of the Ayushman Bharat Programme, wherein mental health is one of the twelve focus areas under health. The programme aims to establish Health and Wellness Ambassadors in schools and integrate mental health into educational institutions.

The **District Mental Health Programme (DMHP)** in India, implemented under the National Mental Health Programme (NMHP), focuses on providing community mental health services and integrating mental health with general health services. School-based and college-based outreach and activities focused on mental health are highlighted under the DMHP, including a focus on suicide prevention.

The **National Council of Educational Research & Training (NCERT)** initiated various measures in 2022 to further enhance mental health support in educational settings. These include setting up advisory panels, implementing school-based programmes, and providing pedagogical support. The **Manodarpan** initiative was launched by the Ministry of Education in 2020 as part of the Atmanirbhar Bharat Abhiyan, aiming to provide psychosocial support to students, teachers, and families for mental and emotional well-being during the pandemic and beyond. It includes a national toll-free helpline for tele-counselling, webinars, and interactive sessions to address mental health concerns and promote positive psychology. Telephonic support for mental health related concerns is also available to students through avenues such as the Government of India's centralised toll-free Tele Mental Health Assistance and Networking Across States (**Tele-MANAS**) helpline and the **Central Board of Secondary Education's (CBSE)** pre- and post-examination tele-counselling facilities.

Details on implementation of national programmes, by states, as well as state specific initiatives are covered in this report in the chapters on Key Findings and Case Studies.

About the Report

A. Need for the report

Despite the multitude of governmental programmes and policies on child and adolescent mental health, information about relevant initiatives in the context of schools is limited. Hence, this report intends to serve as a valuable resource by shedding light on the existing school mental health initiatives by states and the central government in India, by showcasing their impact and discussing their implementation.

B. Aim of the report

The principal aim of this report is to thoroughly explore and document government-led child and adolescent mental health initiatives within the school setting in India. It aims to analyse existing programmes, their scope, and implementation strategies. This report intends to identify and showcase the impact of these initiatives, while also highlighting practices that can serve as models for future endeavours. By doing so, this report contributes to a better understanding of the landscape of school mental health initiatives in India.

C. Envisioned outcome

The report seeks to enable greater visibility of government efforts and impact to enable outcomes of cross-learning, opportunities for collaboration and future action.

D. Scope and limitations

- **Data availability**

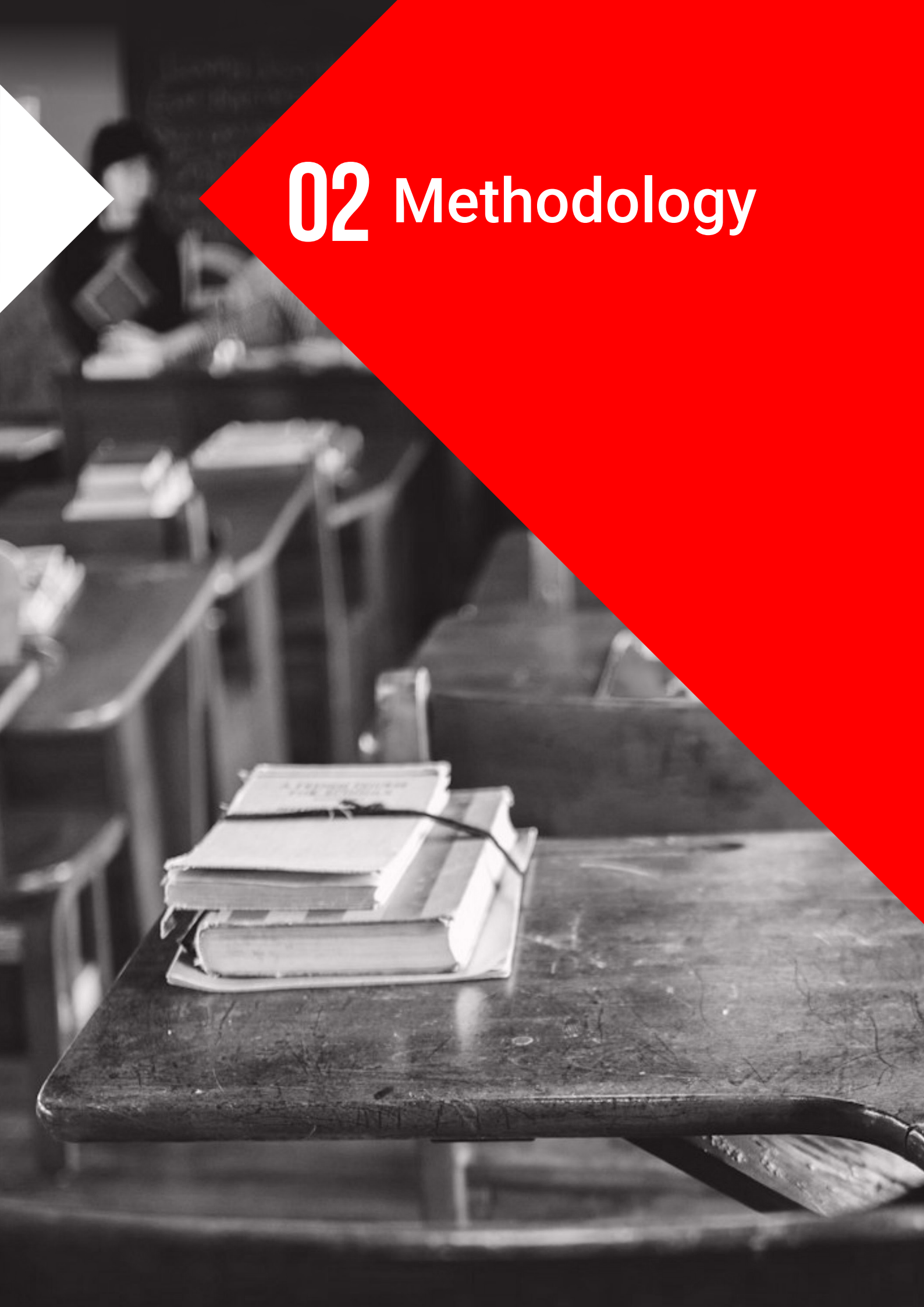
This report relies on the availability and accessibility of accurate and up-to-date published data about government-led initiatives, which may present challenges due to potential gaps or lack of public access to data.

- **Scope constraints**

This report may not thoroughly cover every aspect of government-led initiatives, considering the vastness and complexity of the subject. For primary research, the report was bound by voluntary participation from states and the nature of information shared by them. For secondary data, the scope was limited to data available online for public access. Certain specific initiatives or nuances may not be present due to practical constraints.

This report focuses exclusively on governmental mental health initiatives within schools in India. It is important to acknowledge that numerous NGOs, consortiums, organisations, and even other government departments are actively engaged in school mental health efforts across the country. Due to the scope of this report, only government-led initiatives are covered, and some programs may not be included due to limited availability of information. This report is limited in its scope, and a more comprehensive review might be necessary to fully capture the extensive work being done in this field. The great work happening across various sectors is vital and deserves thorough documentation, which we hope to address in future efforts.

02 Methodology



A. Design

This descriptive report used both qualitative and quantitative data collection methods. Research for this report was undertaken from June 2023 to June 2024.

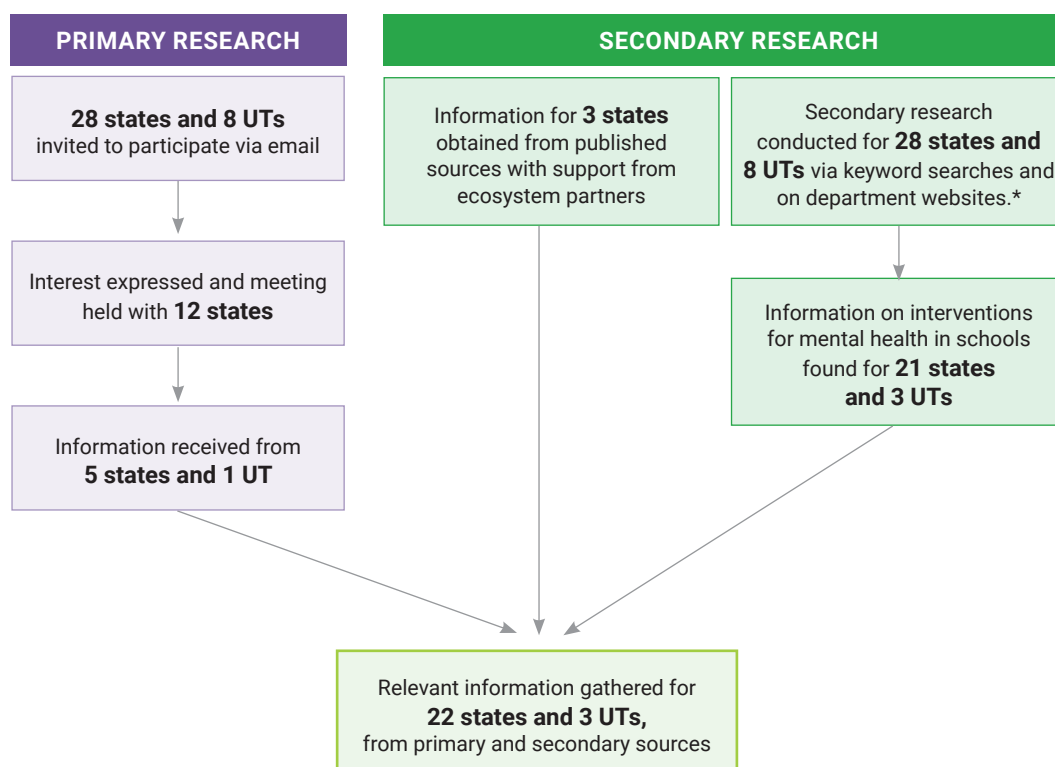
Inclusion criteria:

- Government-owned/led programmes at the national and state levels.
- Programmes that had interventions at any tier of the whole school approach, across the continuum of care.
- Programmes with schools as the site of delivery of the interventions, including those which included outreach to students in schools as part of their mandate.
- Programmes with students as key beneficiaries.

Exclusion criteria:

- State mental health initiatives that provided services as part of broader public healthcare, such as through primary care facilities.
- Non-governmental programmes.

Figure 2: Data collection methods



* In most cases, both health (NHM) and education (SCERT) stakeholders were contacted. However, for 1 state, NHM could not be contacted, and for education, 3 states and 1 UT couldn't be contacted, of which 2 were due to non-availability of contacts. There was no state where neither health nor education stakeholders were contacted.

B. Data collection methods

All data in the report was collected via the four methods mentioned below:



Primary research

The report outreach, for primary data, involved proposing collaboration with state authorities in the departments of education and health via email and inviting participation in the landscape study. Email addresses were sourced from state department websites and publicly available repositories. All primary data was collected using a Google form created to capture information in the report.

- **One-on-one conversations** with officials in state departments involved a discussion about the report and information shared directly by officials via the Google form. Alternatively, the team shared a completed form with details provided during the meeting, and the data edited and vetted by concerned officials in state and finalised.
- **Field visit findings:** Sattva team conducted field visits for a grassroots-level understanding of programme functioning. Insights from these visits were recorded in a Google form and reviewed by the state departments.



Secondary research

Secondary data was gathered via access to published literature online.

- **Literature shared by organisations:** NGOs and academic institutions, working in partnership with state programmes shared published literature about the relevant programmes by state governments. This information was transferred onto the Google form and recorded.
- **Online search results:** This involved three kinds of searches -
 - Websites of partner organisations working with states and reputable news sources were accessed.
 - State department websites, including the Department of Education, Department of Health and Family Welfare, and SCERTs, were visited to look for relevant information.
 - Targeted online searches for data and information, on identified relevant programmes. Search for published literature included keyword searches for all 28 states and 8 UTs. This was conducted using Google as the search engine and was limited to the first five pages of search results, to ensure relevance and uniformity of information accessed.

Keywords included "School health and wellness programme", "RKSK", "Rashtriya Kishor Swasthya Karyakram", "School Mental health programme", "Mental Wellbeing Programme", "Tele-MANAS" and "Manodarpan".

C. Data collection instruments

A Google form was designed to systematically gather information from the identified sources. The form included fields for information related to the programme vision, implementation, reach, impact, and other key areas of interventions. An interview guide was created to facilitate in-depth interviews.

D. Data validation

Published sources, by virtue of being publically accessible, were included directly. All information captured from secondary sources were reported as found. Case studies based on primary data were drafted and incorporated into a document containing the wireframe of the report and were sent to the respective states for review and approval.

E. Data storage

All information was securely stored on a secure, online drive, accessible only by the report team. Case studies, from primary research, were only shared with the concerned state-level officials via email. All information collected for the report was solely used for the purpose of the report.

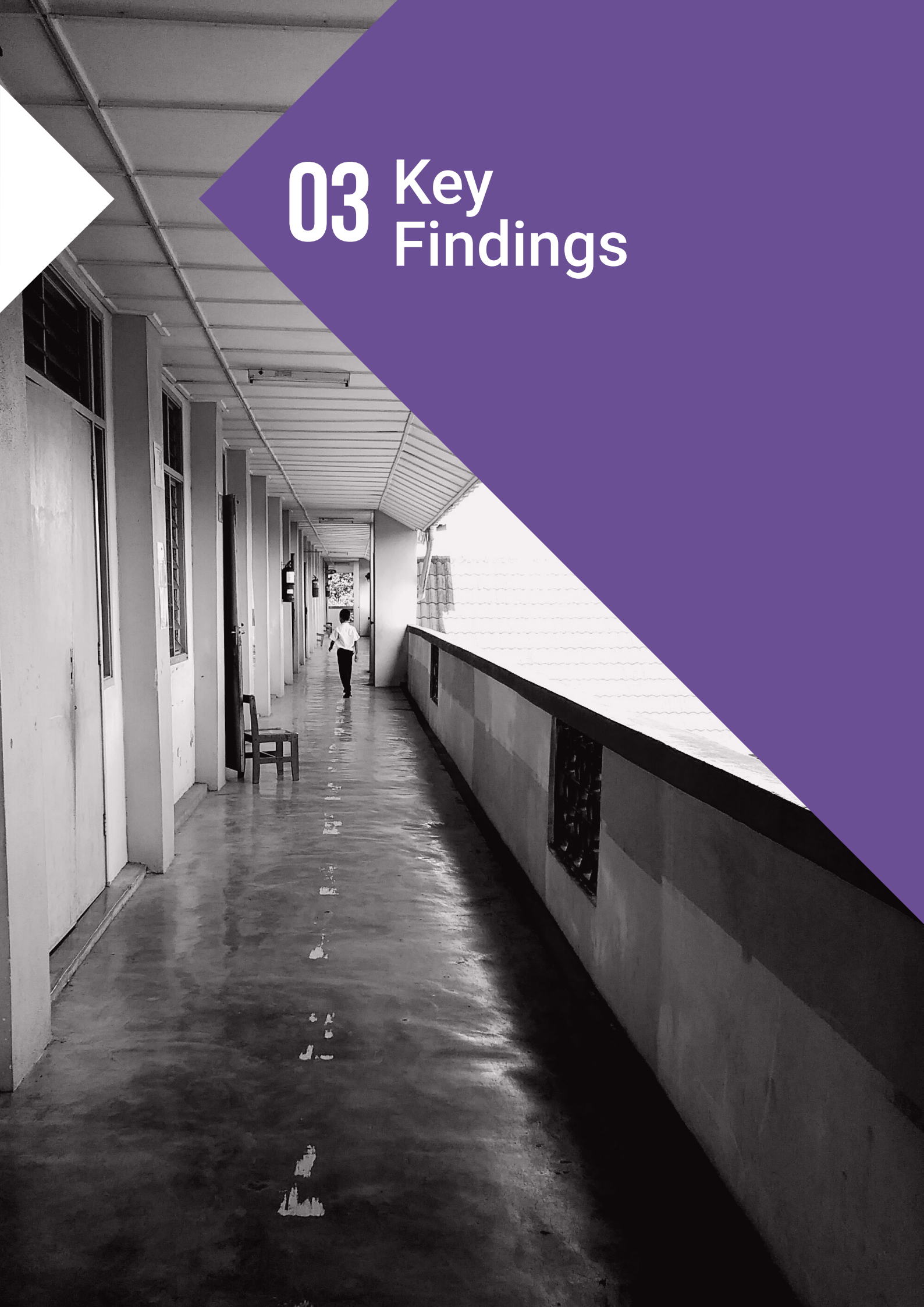
F. Data analysis

Content analysis was undertaken for the extracted data. This involved summarising the data, examining and documenting patterns and salient features to describe the characteristics and trends of government-led school mental health initiatives.

G. Ethical considerations

The research teams ensured informed consent from participants before conducting interviews. All primary data used in the report had explicit permission for publication by relevant authorities. Secondary data was presented as stated on the websites.

03 Key Findings



Overview: The Landscape of School Mental Health Initiatives

School mental health programmes operate through different approaches and with different focuses. Key differences in programmes include the extent of coverage or scope of the programme, with some programmes catering to all students in the school (universal programmes), others focusing on a subsection of at-risk students (targeted programmes) and yet others centring intensive intervention for students identified to be experiencing distress and concerns (selected programmes).²² Programmes also differ in whether they seek to bring routine mental health practice to school settings, facilitate collaborations between schools and mental healthcare systems, or focus on interventions specific to promoting mental health within school systems. Although school mental health programmes may employ diverse strategies to promote students' mental well-being, such as providing training to adult stakeholders within the school system, most programmes primarily centre on students. However, some programmes may also prioritise promoting the mental health of various or all stakeholders within the school community as an additional focus.

Mental health promotion and prevention activities operate as the foundational tiers in supporting students' well-being. These initiatives primarily target the entire student population, focusing on equipping them with skills, knowledge, and a conducive environment to foster mental well-being. **Promotion activities** are focused towards building strengths, resources, knowledge and assets for positive mental health; they are oriented towards well-being enhancement.²³ These activities significantly overlap with preventive activities,²⁴ which serve to avert mental health issues and foster early identification of potential mental health concerns. While **prevention activities** may be universal, they may also be more narrowly focused selectively on at-risk students at risk for developing mental health concerns. Mental health promotion and prevention broadly include activities focused on social and emotional learning (SEL) or life skills, mental health awareness and education, and enhancement of school climate. They also include early identification of psychosocial concerns and facilitation of referrals for support.

Intervention activities in mental health represent a targeted approach designed to address the specific needs of individuals facing mental health challenges. Unlike mental health promotion and prevention in schools, which are more broadly focused, interventions come into play when students require specialised support. Mental health intervention activities adopt a relatively more narrow scope, focusing either on students at risk, or those already experiencing distress and concerns.²⁵ **Targeted interventions** for at-risk students are typically delivered by school professionals and serve to provide timely psychosocial support and resources to prevent the escalation of challenges.²⁶ **Selected or intensive interventions** are typically delivered by trained mental health professionals and involve personalised support such as counselling, therapy, and specialised programmes tailored to meet the unique needs of each student.²⁷

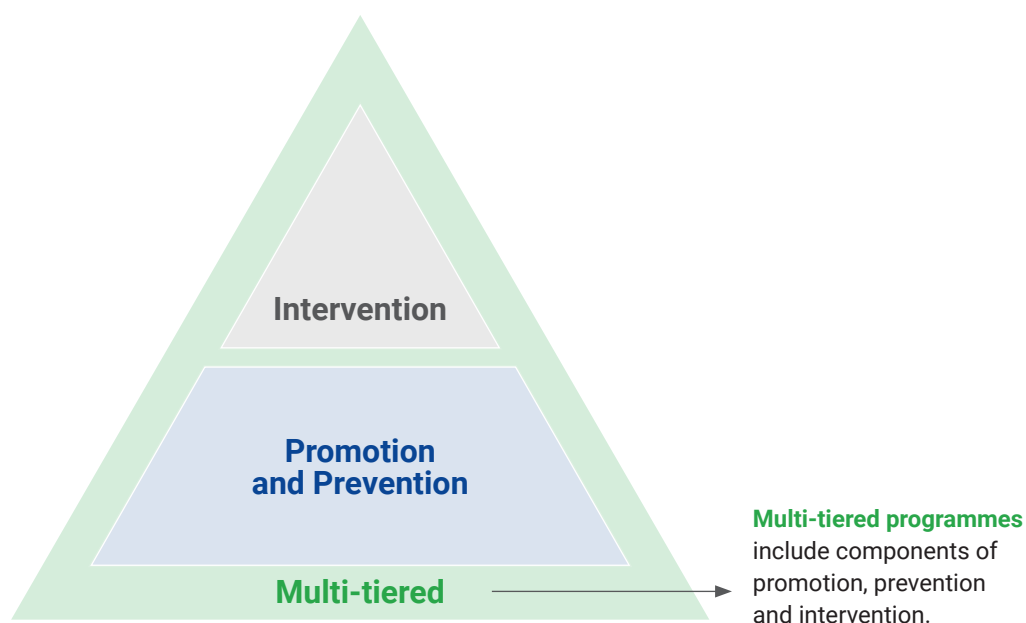
Multi-tiered programmes are extensive initiatives that cover the full range of mental health support, from promotion and prevention to intervention. These programmes include activities

aimed at promoting mental health universally in schools, identifying and addressing issues early on, providing treatment within school settings, and ensuring coordination between school-based mental health services and community mental health systems, as well as other services for children.²⁸

Overarching Insights Across Reviewed Programmes

A vast variety of programmes were reviewed in the present report, including both national and state-level programmes.

Figure 3: Categories of mental health programmes in this report



The programmes found in this report are categorised as –

a) Promotive and Preventive programmes

Those programmes which include components or promotive and/or preventive activities.

b) Interventive programmes

Those programmes or components of programmes which are designed to address the specific needs of individuals facing mental health challenges, typically delivered by trained professionals to provide timely psychosocial support.

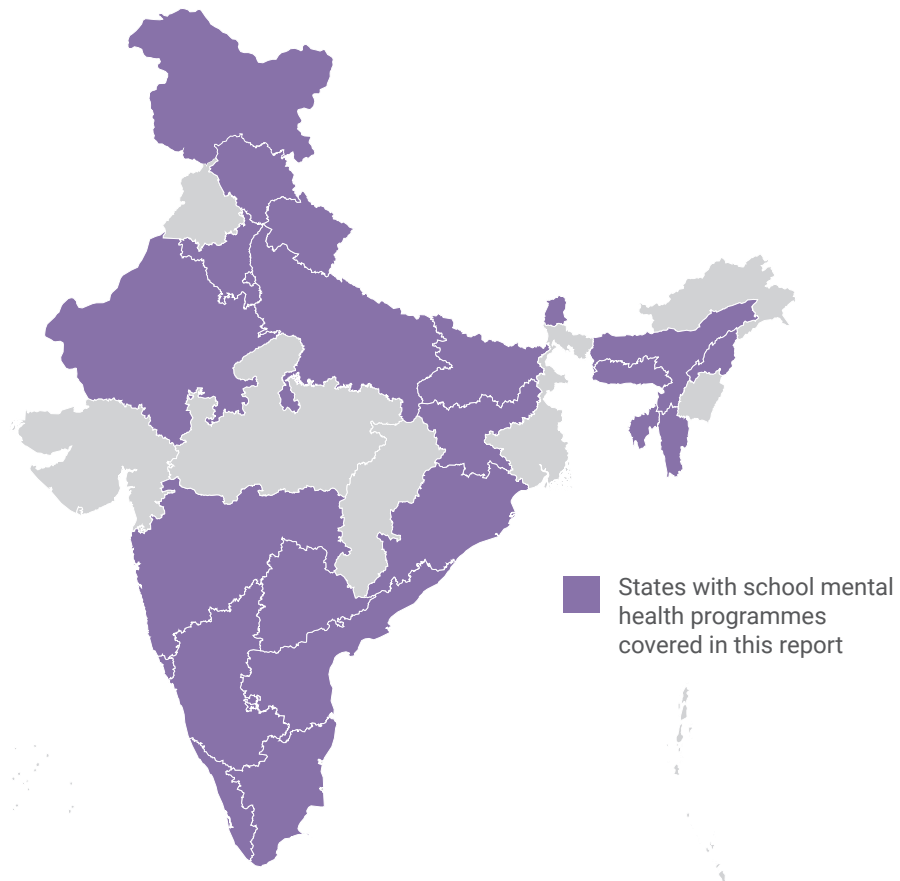
c) Multi-tiered programmes

Those programmes which include components of promotive, preventive and interventive activities.

33 programmes were identified in the present report. Primary data was obtained for 8 of these, and data for 28 programmes was obtained through secondary sources. (Data for 3 programmes was obtained through both primary and secondary sources.) Classification of programmes into tiers was done solely based on the available information.

The reviewed programmes highlight the diversity in the nature of programmes in the current landscape of school mental health in India. Existing programmes leverage existing resources within school, health and community systems. Promotion and prevention-focused programmes formed the essential bedrock upon which further initiatives focused on intervention could be integrated.

Figure 4: Overview of all states and UTs covered as part of the report²



Key Insights Across Programmes are Summarised Below:

- **Interministerial and interdepartmental convergence**

Most programmes are anchored by the Education and Health departments, either independently or jointly. More than half have inter-ministerial or interdepartmental convergence, demonstrating collaboration and a collective approach towards formulating interventions for mental health.

² Relevant governmental school mental health programmes may also be functional in states and union territories not covered in the present study.

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Additionally, programmes also collaborate with the Ministry of Women and Child Development, the Ministry of Social Justice and Empowerment, and the Ministry of Youth Affairs and Sports (or corresponding Departments at the state level). This integration signifies a holistic approach to interventions, since these interventions are conducted in schools for the adolescent and school-age groups.

- **Policy alignment**

Several of the documented programmes have activities and approaches that are aligned with national policy initiatives, such as the National Mental Health Policy (2014) and the National Education Policy (2020). In the case of the RKSK, it is noted that a policy initiative in the form of the National Adolescent Health Strategy (2014) was developed to guide the implementation of the programme.

- **Referral mechanisms**

Some of the documented programmes have clear referral pathways and protocols listed. This is more common for programmes that are multi-tiered, rather than those that are promotive and preventive only. Only limited cases of referral linkages to the DMHP were found within the programmes surveyed.

In cases where programmes have referral systems in place outside schools, at the primary level, these include services are delivered through Mobile Mental Health Units (MMHUs), Alternative Healing Centres (AHCs), and Ujjala clinics. At the secondary level, Mental Health Establishments (MHEs) are linked. At a district level, they are linked with District Early Intervention Centres (DEICs) and Adolescent Friendly Health Clinics (AFHC). At the tertiary level, services are provided by district mental hospitals, and similar institutions.

- **Implementation and funding**

National programmes are largely being implemented by states. Implementation of state owned programmes, in a few states, involves a collaboration between state governments, NGOs and academic institutions.

Information on funding for the programmes, in terms of quantum or source of funding, could not be obtained. A select few programmes received funding support from non-governmental sources, including philanthropic funding. There may be avenues for funding collaboration with state governments in school mental health initiatives.

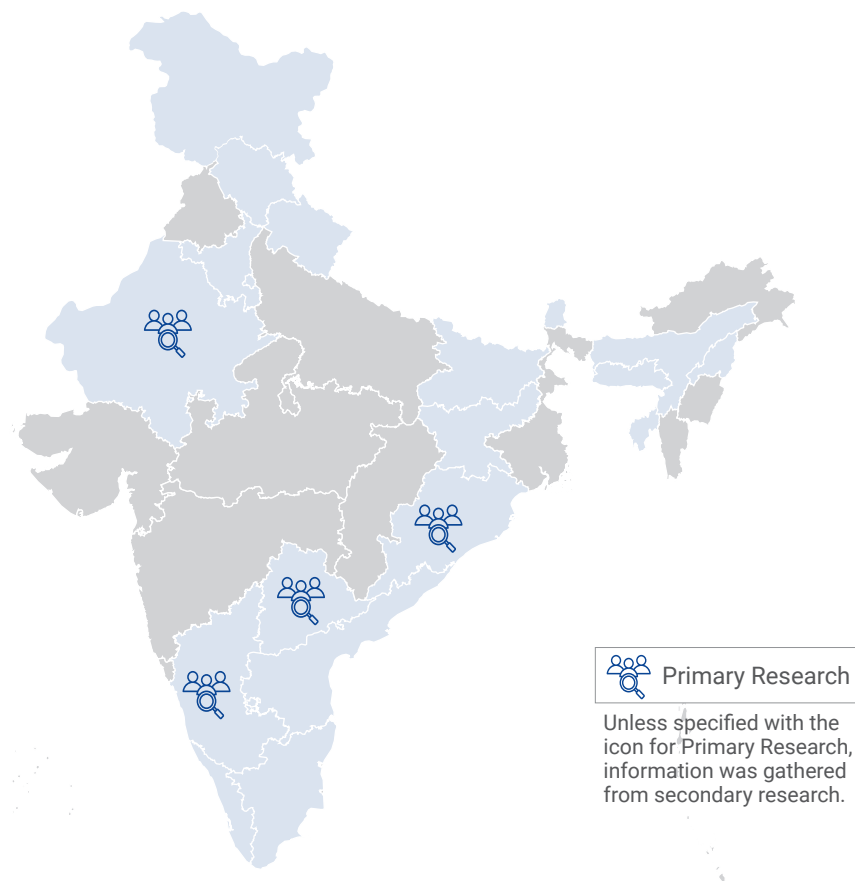
Tier-Wise Programme Analysis

1. Promotion and prevention-focused programmes

Mental health promotion and prevention activities in schools aim to enhance students' well-being by equipping them with the necessary skills, knowledge, and supportive environments to foster positive mental health and avert the development or exacerbation of mental health issues.

A summary of insights for the programmes under this tier are presented below. Comprehensive case studies with details of promotive and preventive programmes in states can be found in the [Case Studies chapter](#).

Figure 5: Overview of promotive and preventive programmes in states and UTs covered as part of the report



Summary of insights

Interministerial and interdepartmental coordination

The national programmes see interministerial collaboration across the Ministries of Health and Family Welfare and Education, and corresponding departments at the state level. A majority of state programmes are housed under the state Education departments, and many others under the state Health department. A few programmes are initiated and/or led by the Tribal Welfare Department.

Policy alignment

Activities under a few state-led initiatives mention an alignment with the broader vision of the National Mental Health Policy. A specific callout of alignment with policies was only found in a few programmes.

Referral mechanisms

No data related to explicit referral linkages and pathways could be found for the programmes reviewed under this tier.

Diversity in approaches

The programmes in this tier include activities centred on both promotion of well-being and prevention of mental health concerns. They exhibit a diverse range of focuses, which include:

- Lifeskills and social and emotional learning for adolescents,
- Capacity building of teachers through awareness and sensitisation as well as specialised support
- Support for parents for parenting adolescents and promoting their well-being
- Mental health advocacy and awareness activities for stakeholders

Beneficiaries

Children and adolescents are the primary beneficiaries across interventions. National programmes focus on all age groups of students, from grades 1 to 12. While some state programmes exclusively focus on secondary and senior secondary grades, others target students across all grades.

Teachers, counsellors and school administrations are engaged in the programmes to be able to facilitate engagement with students and are often not the end beneficiaries. Awareness and sensitisation, as well as other forms of training, are often the means through which capacity building of adult stakeholders in schools is done.

Multi-stakeholder engagement

State programmes under this tier were found to have strong ties for engagement with non-governmental stakeholders. More than half of the state programmes involve collaborative efforts with NGOs, philanthropic foundations as well as research and academic institutions,

contributing to curriculum, training and programme design. No documented information could be found about engagement with non-governmental stakeholders for national programmes in this tier.

Year of inception

The national programme in this tier, School Health and Wellness Programme, was launched in 2020. Across state programmes, a few were launched in 2018-19 and a majority of them were introduced during or after 2020.

Training and sensitisation

A large number of programmes feature teacher training as a recurrent theme, with an emphasis on sensitisation. A few programmes extend beyond schools, incorporating community awareness through outreach initiatives. In addition to schools, a few initiatives also actively conduct outreach programmes in communities.

Technology integration

Active technology integration is not a prominent feature across programmes at large.

2. Interventive programmes

Mental health intervention activities in schools aim to address the specific needs of individuals facing mental health challenges. These activities focus either on students at risk, or those already experiencing distress and concerns, and are often delivered by trained mental health professionals.

The report did not find any school-based mental health programmes that were purely intervention-focused. All programmes with an intervention focus in this report also included promotive and preventive activities, and hence have been showcased under multi-tiered programmes.³

Tele-MANAS is a national-level intervention focused programme with immense opportunity and demonstrated scope to cater to mental health needs of children and adolescents. While Tele-MANAS is not solely targeted towards this age group and is not specifically a school-based programme, states are recognising its potential to provide timely and accessible support to students, and leveraging it as student helplines. Tele-MANAS displays potential to play a significant role in providing interventive support to both students as well as stakeholders in the broader school ecosystem.

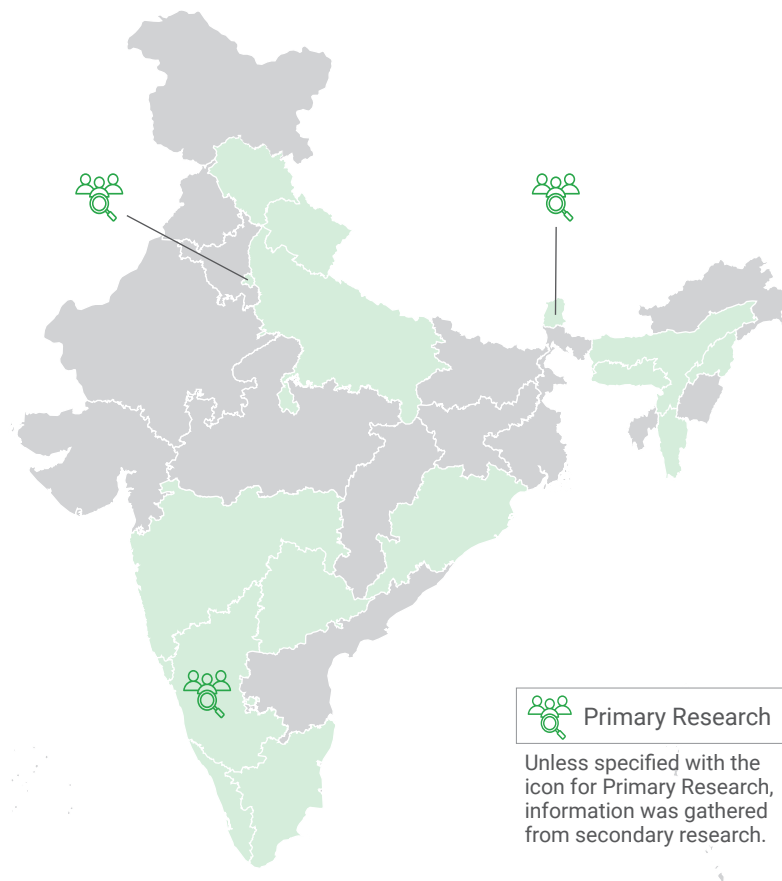
³Case studies of states leveraging Tele-MANAS for student support are available in the Case Studies chapter.

3. Multi-tiered programmes

Multi-tiered programmes in schools provide comprehensive support by combining mental health promotion, prevention, and intervention activities to address the diverse needs of the student population. A summary of insights for the programmes under this tier are presented below.

Comprehensive case studies with details of multi-tiered programmes in states can be found in the [Case Studies](#) chapter.

Figure 6: Overview of multi-tiered programmes in states and UTs covered as part of the report⁴



⁴ Relevant governmental school mental health programmes may also be functional in states and union territories not covered in the present report.

Summary of insights

Interministerial and interdepartmental coordination

Clear references to interdepartmental coordination could not be found for most national programmes under this tier, although the nature of activities undertaken strongly suggests collaborative effort may be involved. Only a handful of state programmes actively engage in interdepartmental collaboration. Among state programmes, Departments of Health and Family Welfare and Education are the most common departments under which programmes are housed. In addition, Departments of Women and Child Development, Youth Affairs and Sports and Minority Affairs are also engaged in select states.

Policy alignment

Most initiatives do not declare explicit alignment with specific policies. However, activities under initiatives are strategically aligned with national policies, such as the National Mental Health Policy, National Education Policy and National Adolescent Health Strategy. This alignment ensures a cohesive and integrated approach, leveraging existing frameworks for mental health promotion.

Referral mechanisms

Many national programmes have referrals integrated within the ambit of the programme's view and do not specify linkages specifically from school systems.

Many state programmes provide linkages and referral pathways with DMHPs and a few include referral networks with other state-run health units and tertiary care facilities. However, no details could be found regarding explicit referral pathways and protocols for several programmes.

Implementation and funding

Most programmes in this tier reported clear implementation structured with division of responsibilities across stakeholders. Several programmes reported data with respect to their reach and implementation. In most cases, recording of impact is limited to documenting the number of students and schools reached as well as number of individuals trained under the programme.

Information on funding for the programmes, in terms of quantum or source of funding, could not be obtained. A select few programmes received funding support from non-governmental sources, including philanthropic funding.

Diversity in approaches

The programmes demonstrate a comprehensive and multi-tiered approach, encompassing prevention, promotion, support, and treatment components, reflecting a holistic understanding of mental health. Diverse approaches include:

- Promoting lifeskills and social and emotional learning for children and adolescents

- Conducting mental health awareness and sensitisation events in schools, including through collaboration with mental health professionals and frontline health workers
- Integrating mental health into school curricula
- Observing adolescent health days
- Engaging with frontline health workers for mental health screening
- Instituting referral pathways and protocols

Engagement of peer educators and ambassadors was found to be prominent across national programmes in this tier. Also, early identification and referral is a key feature of several of the programmes. For screening activities, professionals from PHCs, CHCs, UHCs and DHs are being engaged.

Beneficiaries

Students – who are the primary direct beneficiaries of all programmes across states – are also engaged in the capacity of peer educators or health ambassadors in several programmes. Most programmes focus on students across all grades and age groups. A few national and state interventions focus exclusively on the adolescent age groups, from grade 5 onwards.

Medical staff, teachers and counsellors are also targeted in a large number of programmes to impart training towards engagement with students. Sensitisation of leaders in schools and the educational system are also covered in select programmes. Many interventions also engage with school administrators and school staff for sensitisation, and a few engage with communities at large.

Multi-stakeholder engagement

Engagement with non-governmental stakeholders was evident in data about several of the state programmes covered in the report. Only limited information could be obtained about such engagement in national level programmes. In more than half of the state programmes, programme development involved collaborative efforts with NGOs, philanthropic foundations, educational institutions and academic institutions. Training is facilitated by diverse entities, including NGOs and SCERTs.

Year of inception

Among national programmes, DMHP was launched in 1996, RBSK was launched in 2013, and RKSK in 2014. A majority of state programmes have been introduced in or after 2020.

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In summary, the landscape of governmental school mental health interventions in India is dynamic, marked by a growing recognition of the need for comprehensive support. The programmes reviewed demonstrate a diverse range of approaches, encompassing promotion, prevention, and intervention. A significant number are multi-tiered.

A robust framework of policies serves as a foundational pillar for programme development and implementation. The initiatives are made possible through the collaborative efforts of various ministries, departments, NGOs, and academic institutions, among other stakeholders. Children and adolescents emerge as key beneficiaries directly as well as indirectly, through engagement of diverse stakeholders such as teachers, parents, health workers, and community members. As the landscape of school mental health in India continues to evolve, these programmes provide valuable lessons and insights for building inclusive and comprehensive systems of support for India's children and adolescents.

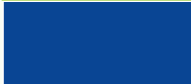
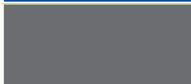








04 Case Studies



Navigating this Chapter

The chapter on Case Studies is divided into three parts, aligned with the three tiers of programmes - Promotion and Prevention, Intervention and Multi-tiered. Each tier has region wise maps that provide details on interventions across states. Icons against each case study indicate whether information was gathered from primary or secondary sources.

A key for reference is provided below:

Item	Description
	Promotion and Preventive Programmes
	Interventive Programmes
	Multi-tiered Programmes
	Case studies based on primary research
	Case studies based on secondary research
	Specifies the case studies that are included under the School Health and Wellness Programme (SHWP)
	Specifies the case studies that are included under the Rashtriya Kishor Swasthya Karyakram (RKSK)
	Specifies the case studies that are included under the Rashtriya Bal Swasthya Karyakram (RBSK)
	Specifies the case studies that are included under the District Mental Health Programme (DMHP)
	Specifies State Level Initiatives

Promotion & Prevention-focused Programmes

The School Health and Wellness Programme (SHWP) was launched in February 2020 as part of the Ayushman Bharat Programme. It aims to promote lifelong healthy behaviours among students. The programme integrates health promotion activities into the curriculum by designating Health and Wellness Ambassadors in government and government-aided schools, trained to engage students in interactive activities focused on **11 thematic areas**. These sessions, conducted for one hour per week, aim to impart health promotion and disease prevention information.

West and Central India

SHWP



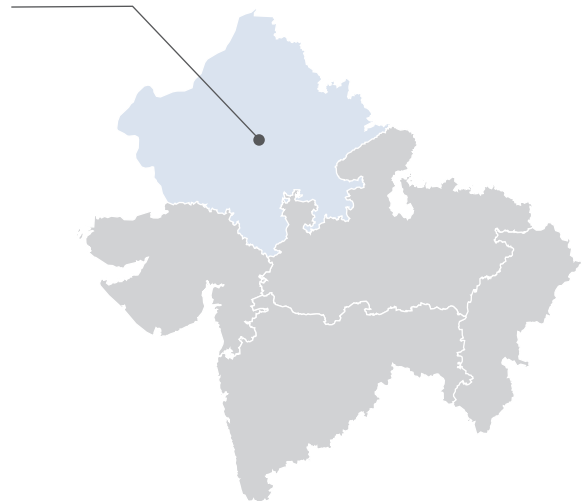
The **SHWP** in **Rajasthan** is entirely funded and implemented by the government, and is currently operational in 9 districts, with phased expansion planned.

SLI




Rajasthan's SEEL (Social, Emotional, and Ethical Learning Programme) focuses on mental health promotion for teachers.


Launched with support from the Ministry of Education, the initiative, implemented in partnership with Kaivalya Education Foundation (KEF), Piramal Foundation, emphasises mental health awareness and well-being of teachers, towards enabling better well-being of children. Conducted through 20 activities, the programme aims to equip teachers with tools to enhance their mental health and recognise its importance in classrooms. The programme is funded by the government and has trained 100 master facilitators who, in turn, will train other teachers.




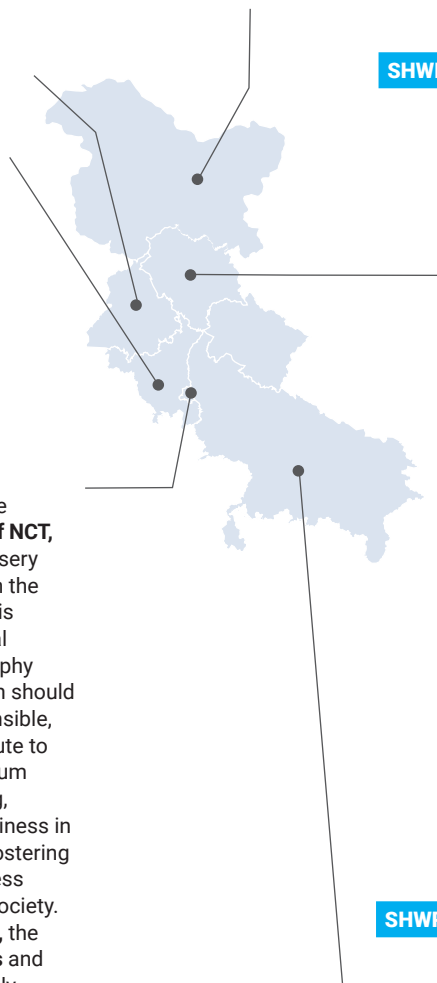
North India


SHWP  A four-day Capacity Building programme for Master Trainers of the **School Health and Wellness Programme (SHWP)** under the Ayushman Bharat scheme concluded at the Jammu & Kashmir Board of School Education campus in Srinagar. The workshop, organised by the National Council of Educational Research and Training (NCERT), focused on the successful implementation of SHWP in the Union Territory of **Jammu and Kashmir**. Approximately 50 Master Trainers from various departments representing all the 10 districts of Kashmir Division were trained to further instruct two teachers in each school as Health and Wellness Ambassadors. The training covered key aspects such as the implementation and monitoring of SHWP in alignment with the National Education Policy 2020, gender equality, nutrition, health and sanitation, responsible citizenship, promotion of a healthy lifestyle, safe use of the internet and social media, reproductive health, and HIV prevention.


SHWP  The State Resource Group (SRG) trained **226 teachers** from the Government Schools of UT **Chandigarh** as Health Ambassadors.

SHWP  The **SHWP** in **Haryana** has been implemented by the Government since FY 2020-21 in government and government-aided schools in all **22 districts** of Haryana.

SLI  The **Happiness Curriculum** is an educational programme implemented by the **Government of NCT, Delhi**, involving students from Nursery to Grade 8. Introduced in 2018 with the endorsement of the Dalai Lama, this curriculum challenges conventional teaching methods. Its core philosophy centres on the belief that education should cultivate confident, mindful, responsible, and happy individuals who contribute to a harmonious society. The curriculum aims to guide students in exploring, experiencing, and expressing happiness in both transient and lasting forms, fostering a deeper understanding of happiness within oneself, relationships, and society. Implemented across **1030 schools**, the curriculum reaches **8 lakh students** and **21,000 teachers** who engage in daily 40-minute happiness classes, benefiting both learners and educators alike.



SHWP  The **SHWP** in **Himachal Pradesh** was initially launched in six districts: Chamba, Bilaspur, Sirmaur, Una, Kangra, and Mandi. This programme targets middle schools, higher secondary, and senior secondary schools in its first phase, aiming to promote health and wellness among students. Through joint efforts and close coordination between the Department of Health, Samagra Shiksha Abhiyan, SCERT, and Education, health promotion activities are being implemented in all government schools. As part of the program, **6034 School Health & Wellness Ambassadors** are trained in **3017 schools**, with two teachers per school designated as "Health and Wellness Ambassadors" to conduct health promotion activities. In FY 2022-23, the programme is said to have expanded to the Shimla and Lahaul & Spiti districts, covering 758 schools.

SHWP  The **SHWP** in **Uttar Pradesh** has oriented **14,332 principals** and trained **25,067 Health and Wellness Ambassadors**.



SLI



Anandam Pathyacharya, is a state-level programme initiated in **Uttarakhand** in 2019. Focused on training teachers across government schools, the programme aims to enhance emotional well-being among children and adolescents. The happiness classes are customised for needs of three categories, which have different syllabi, depending on the age of the student. For grades 1 and 2, the programme focuses on poems, storytelling and some easy games in the happiness class. For grades 3 to 5, the syllabus includes drawing, recitation of moral stories as well as writing, etc. For grades 6 and 7, it includes games, painting and singing. Launched in over **18,000 government-run schools**, it covers grades 1 to 8, and is implemented in partnership with Labhya Foundation.

SLI



The **Balsakha-Guidance and Counseling Programme**, launched in 2017-18 by SCERT in **Uttarakhand**, enhances guidance and counselling services in schools. In the first phase, a Balsakha cell was formed in one government girls intermediate college and one government boys intermediate college in each district. The second phase extended the programme to 190 schools across 95 development blocks. In the third phase (2021-22), the programme was expanded to all government secondary schools in Uttarakhand. The Balsakha cell provides personal, academic, and career guidance to students, fostering life skills development and awareness about employment and livelihoods through various activities such as class discussions, career talks, group discussions, guided study, workshops, and individual and group sessions facilitated by coordinators, advocates, subject experts, and, when needed, psychologists and counsellors.

SLI



The **Prakash** (Planning for reviving the atmosphere and knowledge accompanying a student's health) **initiative** by SCERT **Uttarakhand** aims to improve the mental well-being of students, recognising the increase in stress among students and teachers since the COVID-19 pandemic. A guidebook has been created to enable teachers to create an environment in schools that promotes knowledge, twenty-first century life skills, and physical and psycho-social health of students. The guide offers activities and tips for mindfulness, stress management, time management, relaxation, positivity and goal setting.

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East India

SLI



Under the **NALSA** (Legal Services to the Mentally Ill and Mentally Disabled Persons) Scheme, launched in 2015, the **Sikkim** State Legal Services Authority organised a Training Programme for Teachers as Counsellors in 2023. The programme aimed to train teachers identified as counsellors in addressing students' mental health issues. One male and one female teacher are appointed as counsellors by the Education Department. A total of **420 teachers** have been trained from 210 secondary and senior secondary schools in Sikkim. A training programme for para-legal volunteers, counsellors, Accredited Social Health Activists (ASHA) and anganwadi workers was also organised for identification of children with Autism Spectrum Disorder and other mental illnesses in schools and villages.

SLI

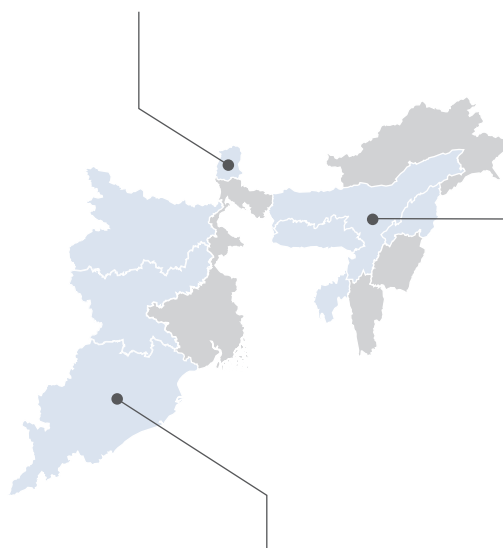


After achieving significant success in sensitising school children about the dangers of drug and alcohol abuse through its **SAATHI (Sikkim Against Addiction Towards Healthy India) programme**, in 2019, **Sikkim** shared its plan to extend the initiative across all 800 schools. This expansion reflects the commitment to address substance misuse among youth and promote healthier lifestyles across educational institutions. In its first phase, the programme focused on making the society vigilant and removing the social stigma related to drug and alcohol abuse. It inducted 500 teachers, more than 4,000 peer educators, over 16,000 parents, and close to 68,000 students since its inception. With 'SAATHI 2.0', the programme is planning to widen the net through parental counselling and mental health counselling for youth. The state's Education department has decided to embed the programme into the school curriculum.

SLI



Screening & Promotion of Mental Health among Students is a monthly initiative of the Department of Sociology in collaboration with Suicide Prevention Action Network (SPAN), under Department of Health & Family Welfare, Government of **Sikkim**. In 2023, the fifth screening programme was done, wherein 70 students from the School of Vocational Sciences, NBBGC Gangtok participated in the exercise. This was organised in partnership with the National Mental Health Programme and the screening process was conducted by third year student volunteers from the Department of Sociology under the guidance of counsellors from Gangtok and Ranipool Primary Health Centres (PHCs)



SHWP



The **SHWP** in **Assam** was launched on February 12, 2020, it is set to cover **7 aspirational districts** in Assam, namely Baksa, Barpeta, Darrang, Dhubri, Goalpara, Hailakandi, and Udalguri. This initiative targets an expected coverage of **2,726 schools** (Elementary and High Schools) and 686,796 students. A State Resource Group, comprising 55 resource persons, including school teachers, medical officers, and lecturers from DIET, has been formed and virtually trained to support the effective implementation of the programme.

SLI



The **Student Club, Kridangan programme** by the Department of School and Mass Education, Government of **Odisha** was established in 2023, with the aim of promoting **sports-integrated life skills** among students of grades 9 and 10. These skills include problem-solving, empathy, communication, and negotiation. The initiative is a collaboration between the Board of Secondary Education, Mo School, and Magic Bus India Foundation. The curriculum for the programme was developed in consultation with the state government, and has been vetted by the Board of Secondary Education (BSE). Activity-based sessions are conducted by teachers to incorporate different life skills, once a week (for assessment) and twice a month for application-based learning.

Mo School, Odisha in conjunction with Magic Bus India Foundation, designed a general monitoring tool for the programme, working in partnership with collaborators. The monitoring team gathers basic information from teachers, who serve as mentors in the programme. Field officers collect this data either virtually or in person and update it on a virtual dashboard. The programme is entirely implemented by the government and is set to be implemented in **8,500 schools** across all **30 districts** and **314 blocks** of the state. Clubs have been formed in most schools, both government and government-aided. As of October 4, 2023, training of **314 MTs** and block teachers had been completed, and schools had initiated sessions.

SHWP

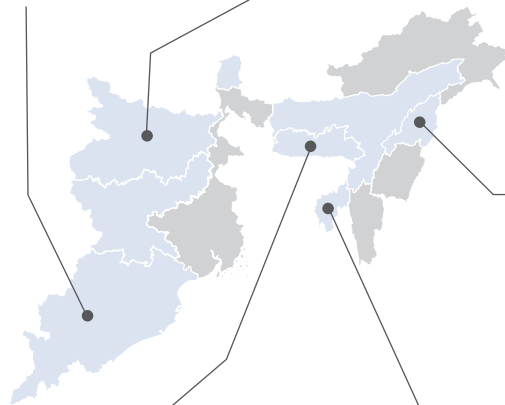


The SHWP in **Jharkhand** is actively engaging 21.94 lakh students from grades 6 to 10 through wellness classes. This initiative spans across **12,407 schools** in 19 districts, with **22,835 teachers** taking on the role of health ambassadors. In addition to the 11 things included in the programme, the state education department has added five more subjects to this curriculum. These include road safety, child marriage as a social scourge, dowry system, human trafficking, and social emotional skills.

SLI



Youth First, a state-level initiative in **Bihar**, integrates a school-based resilience and adolescent health training programme. Facilitated by trained school teachers, the programme addresses mental and physical well-being, gender inequities, and social skills, aiming to cultivate positive relationships among Bihar's youth. Implemented in partnership with WorldBeing, the programme is expected to reach approximately **35,000 government schools** and over **3.5 million students** annually. Monitoring involves training government Master Trainers and school teachers, with a focus on programme adoption and sustainability across all districts in Bihar.



SHWP



In **Phase I**, the **Ayushman Bharat: School Health and Wellness Programme (AB-SHWP)** is implemented in three districts of **Nagaland** - Kohima, Peren, and Kiphire. Among other health themes, mental wellbeing is a focus and as part of it, yoga and meditation will be promoted by Health & Wellness Ambassadors.

SLI



The Learning Links Foundation, in collaboration with Intel Technology India Pvt. Ltd. and the Directorate of School Education and Literacy, Government of **Meghalaya**, launched the **Holistic Child Development programme** as part of the "Adopt a School" initiative. The programme, implemented in 10 government schools in Meghalaya's Mawlai Block, targets the holistic development of **1000 students** in Grades I-V.

SLI



Under the **Samagra Shiksha scheme in Nagaland**, various initiatives have been implemented to enhance education. These include the establishment of an online evaluation portal, the creation of the DoSE Nagaland Youtube Channel with over 20,000 subscribers and the initiation of a Diploma Course on School Counselling by SCERT Nagaland. The Diploma, available to Government and private schools teachers, train them in methods of counselling and support children with anxiety and stress. This is aligned with the goal of ensuring that every child receives an education free of fear, trauma, stress, anxiety and without any corporal punishment.

Going beyond traditional education, the programme aims to enhance learning outcomes while focusing on health, wellness, physical development through sports, and appreciation of art. Key features include innovative teaching methods, focus on mental wellbeing, regular health check-ups, nutrition support, structured sports curriculum through Khelo India, and art education to stimulate creativity and cultural identity. The initiative seeks to create a nurturing environment for overall growth and well-being.

SHWP



The SHWP is being extended to 3,000 schools in **Meghalaya**. Originally piloted in **5 districts in 2022**, it is being implemented in all **11 districts in 2023**. For optimal and efficient use of resources, the existing initiatives in school education have been harmonised. Eleven themes have been finalised for the curriculum and includes six themes of RSKS.

SLI



Saharsh, a state-level Social and Emotional Learning programme in **Tripura** initiated in 2022, aims at empowering children to learn with happiness. The Saharsh programme seeks to foster social and emotional learning. The curriculum has been adopted in **204 schools**, with 30 headmasters from different districts in Tripura selected to work as Saharsh implementation ambassadors. Implemented in partnership with the Labhya Foundation, the programme contributes to the development of emotional and mental well-being among children and adolescents in Tripura. Selected assistant headmasters from various districts of Tripura have been appointed to serve as ambassadors for the implementation of Saharsh.

South India

SLI

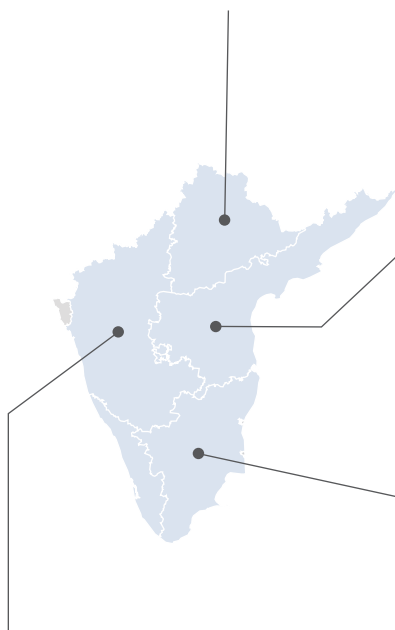


A **workshop for school counsellors** was conducted in July 2022 in **Telangana**, by the Women Safety Wing (WSW) in the **Telangana State Police working in collaboration with NIMHANS** on concerns among adolescents including trafficking, sexual offences and domestic violence, among others. The state will develop an awareness programme for adolescents based on findings from a rapid assessment of adolescents (age group 14-18 years) in select metropolitan corporate schools to understand their perspectives and how they make decisions in challenging or tough situations in association with SAMVAD, a National Initiative & Integrated Resource for Child Protection, Mental Health & Psychosocial Care (supported by the Ministry of Women and Child Development), Department of Child and Adolescent Psychiatry, NIMHANS, Bengaluru.

SLI



The **School Mental Health Programme** by the State Council of Educational Research and Training (SCERT), Department of School Education, **Telangana** in collaboration with the School Initiative for Mental Health Advocacy (SIMHA) was initiated in 2023. It is a capacity-building and advocacy initiative, which seeks to build foundational knowledge of mental health awareness and build capacities to provide psychosocial support to teachers. Trained teachers thereafter initiate conversations on mental health in schools, and advocate for the well-being of school students. The training of teachers, spanning three days, includes understanding mental health and well-being, mental health concerns in the classroom, understanding adolescent development, and providing psychosocial support to children and adolescents, with an emphasis on concerns of substance use and suicide. Content and resource materials for the programme are designed by the SIMHA team, which comprises mental health practitioners with backgrounds in clinical psychology, counselling psychology and educational psychology. Once teachers have undergone training conducted by SIMHA, they conduct mental health advocacy in schools in the state. The programme is implemented by SCERT, Department of School Education, Telangana in collaboration with SIMHA, and with partial funding support from the SBI Foundation. Monitoring and evaluation happen through quantitative and qualitative training feedback. Thus far, 109 teachers from 33 districts across the state have been trained, with 3 teachers per district and 10 DIET resource persons undergoing training.



SHWP



The **SHWP** in **Andhra Pradesh** was initially a pilot in four districts and was later expanded statewide. The programme successfully reached **12,533 schools** virtually during the pandemic. Implementation involved committees, stakeholder meetings, and the distribution of SHWP kits, with training reaching **14,502 teachers and 9,55,729 students**. Sessions were monitored by state-level mentors using standardised formats and some were reconducted based on feedback.

SLI



Take it Eazy is a project initiated by the Government of **Tamil Nadu** in collaboration with UNICEF, NalandaWay Foundation and CitiesRISE, designed to help disadvantaged teenagers destress through engaging in stories and art-based activities. The project commenced on May 17, 2020 and concluded on June 16, 2020, providing a 30-day period of stress relief for participants. Take it Eazy involved the delivery of daily stories, each lasting around 6 minutes, through an automated call-back system. Students participated by giving a missed call to a designated number. The project successfully reached 620,000 teenagers, offering them a creative outlet and helping them alleviate stress during the challenging period of the COVID-19 pandemic.

SHWP



The **SHWP** in **Karnataka** is operational in two districts, with plans for expansion in four more.

SLI



The **Pularkalam Programme** is set to launch in Kozhikode district in **Kerala** and aims to ensure physical and mental health of students from Classes 8 to 12. The four-year scheme aims to encourage teenagers to take up yoga, meditation, aerobics, or cycling early in the morning for an hour every day to keep them mentally and physically fit. 45 schools in the government sector and 35 schools in the aided sector would be covered in the first phase. Initially, fifty students from each school would be chosen in a year. Workshops would be held for the students and teachers going to be part of the scheme. Meetings would be held every month to review the progress of the scheme, and the physical and mental health along with the educational standards of the participants would be checked every six months.

SLI



The **Tribal Mental Health Project (TMHP) in Kerala** aims to cater to the unique mental health needs of tribal communities and aims to fulfil the NMHP objective of bringing mental health services to the doorstep of the tribal population. This includes mobile intervention teams comprising a mental health-trained general physician, psychiatric social worker, and community nurse providing diagnostic, therapeutic and counselling services to the tribal population. Mental health campaigns at residential schools catering to adolescents from tribal communities are undertaken, addressing mental health concerns and substance abuse. The Directorate of Scheduled Tribe Development, Government of Kerala, funds this project, working in collaboration with DMHP under the Health department.

SLI

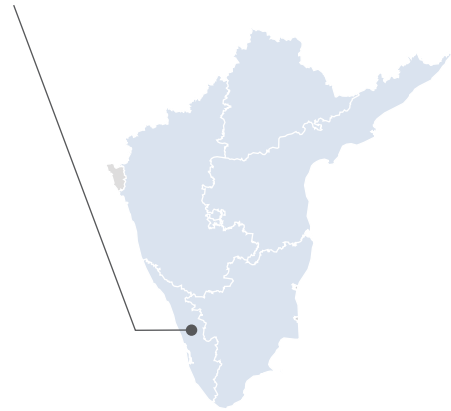


The **Awareness Programme for Adolescent Children in Kerala** aims to inculcate mental health in adolescent children and equip with necessary life skills to cope up with stress and strain. The programme envisages a system for mentoring and continuous support for adolescent children through diversified and effective activities in schools. Initiated in 2018-19 by the Education department, a budget of ₹165.50 lakh was proposed for the programme in the 2023-24 state Annual Plan.

*



The **Samagra Shiksha Abhiyan**, a centrally sponsored programme started as an integrated programme for school education. In **Kerala**, the programme will focus on promoting mental health of girls as a key component, in addition to other activities such as physical fitness and vocational education. This has been included in the state's annual plan for 2023-24.



*

This is a centrally sponsored scheme and not a state level initiative.

Interventive Programmes

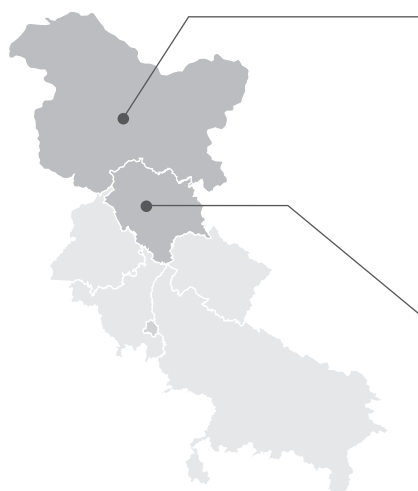
The report did not find any school-based mental health programmes that were purely intervention-focused. All programmes with an intervention focus in this report, also included promotive and preventive activities, and hence have been showcased under multi-tiered programmes.


A few states have leveraged Tele-MANAS to provide psychological support to school-going students and are captured below. While Tele-MANAS is not specifically a school-based intervention, these case studies point to a future potential and opportunity for it to provide support to school stakeholders and support student well-being.


National Tele Mental Health Programme (Tele Mental Health Assistance and Networking Across States: Tele-MANAS) launched by the Government of India in October 2022, aims to strengthen mental health service delivery in the country through a 24x7 toll free helpline. With 52 functioning Tele-MANAS cells in 31 states and union territories, the service is currently catering to an average of 3,500+ calls per day in 20 languages. Over 10 lakh calls have been received since its launch, and over 1900 counsellors have been trained to run first-line services.^{29 30} Based on the level of care required, the counsellor will either provide the care needed within their capabilities, or refer the caller for specialist care.³¹

While Tele-MANAS caters to the general population at large, it has seen a strong uptake by students, especially during exam season, across the country.³² This points towards the potential for the helpline to provide timely and anonymous support from trained counsellors for students in all parts of the country, not only for exam-related stress, but all kinds of mental health support.

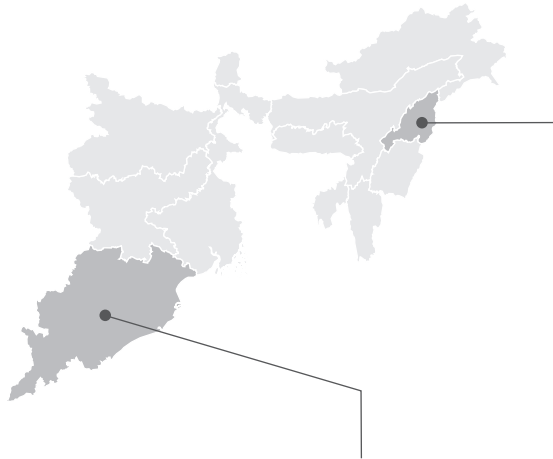
North India





 The programme received a record number of 26,743 calls, with over 12% categorised as emergency calls. Notably, more than 66% of calls were received in the 15 to 25 age group - adolescents and young people formed the largest share of callers in **Jammu and Kashmir**. Support was sought for various mental health concerns, including anxiety, reduced interest, sleep disturbances, and suicidal ideation or attempts. Additionally, the state has also introduced the Tele-MANAS chatbot for two-way chats with mental health counsellors on WhatsApp, with privacy and confidentiality. In 2023, the **Tele-MANAS programme** in the state was recognised as the top-ranking initiative among UTs, by Dr. V.K. Paul, a member of NITI Aayog.

 In 2023, **Himachal Pradesh** announced that adolescents in schools and colleges will be a key focus of **Tele-MANAS**. It recognised that younger generations are stressed about their performance in academics and at workplaces. With round-the-clock call centres in a public-private participation mode for the programme, eight counsellors have been appointed to provide counselling.

East India



 **Tele-MANAS** launched in 2023 at State Mental Institute in Kohima, **Nagaland**, aims to address exam stress, among other critical areas including addiction, and lack of family support, as top mental health challenges.

 In 2024, the Health and Family Welfare department in **Odisha** has issued a helpline number for students, who are facing exam-related mental health concerns. This helpline is managed by the Mental Health Institute under SCB Medical college and hospital in Cuttack. Two **Tele-MANAS** centres with 43 counsellors are available for round-the-clock support. This was launched preemptively by the state, ahead of several state and national-level examinations.³³

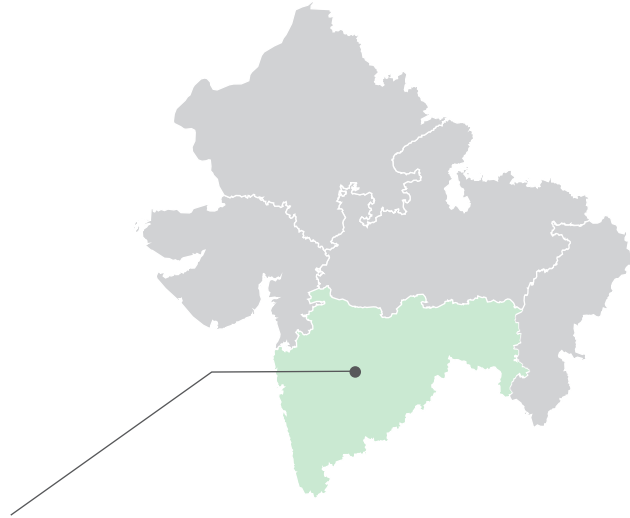
Multi-tiered Programmes

The **Rashtriya Kishor Swasthya Karyakram (RKSK)**, launched by the Ministry of Health and Family Welfare in 2014, aims to address the holistic development of India's adolescent population, including nutrition, injuries, violence (including gender-based violence), non-communicable diseases, mental health, and substance misuse. It emphasises a health promotion approach, shifting from clinic-based services to prevention and promotion efforts integrated into schools, families, and communities. Key components include community-based interventions such as outreach by counsellors, facility-based counselling, social and behaviour change communication, and the establishment of Adolescent Friendly Health Clinics. It aims to reorganise the public health system to better meet the needs of adolescents, offering a core package of services including preventive, promotive, curative, and counselling services, with routine check-ups provided at primary, secondary, and tertiary levels of care during clinic sessions for both married and unmarried adolescents.

The **Rashtriya Bal Swasthya Karyakram (RBSK)** is an early identification-focused programme aimed at enhancing the overall quality of life of children. It involves screening children from birth to 18 years old for four categories: defects at birth, diseases, deficiencies, and developmental delays. The screening encompasses 32 common health conditions to enable early detection and provide free treatment, including surgeries at tertiary-level facilities. Children with identified health issues receive early intervention services and follow-up care at the district level, provided at no cost to families, thus alleviating the financial burden of treatment expenses. Schools are key sites for the screening activities undertaken as part of the RBSK, including those for developmental delays and disabilities. RBSK hence represents a multi-tiered initiative, with screening and early identification as promotive-preventive initiatives, and service provision as an interventive initiative.

Under the National Mental Health Programme (NMHP), the **District Mental Health Programme (DMHP)** offers community-based mental health services and integrates mental health care with general health services by decentralising treatment from specialised mental hospitals to primary care facilities. School-based outreach, information education and communication (IEC) activities, and service provision for mental health are emphasised under the DMHP.

West and Central India



SLI



The Tribal Development Department in **Maharashtra** signed an MoU with NIMHANS in 2024 for **enhancing mental health and well-being of residential school students**. It aims to help the students excel in their studies and also find solutions to the problems they may face while living away from their families. Experts from NIMHANS will train master trainers in the tribal development department, who will further train the teachers on how to nurture students' mental health. Counselling will be provided to all students in all residential schools in the state.

North India

DMHP



The **DMHP** in **Jammu and Kashmir** consisted of a total of **600 students** who were screened for various mental health concerns by the **District Mental Health Programme** team Pulwama during their 36 visits to various schools and colleges in 2018-19.

RKSK

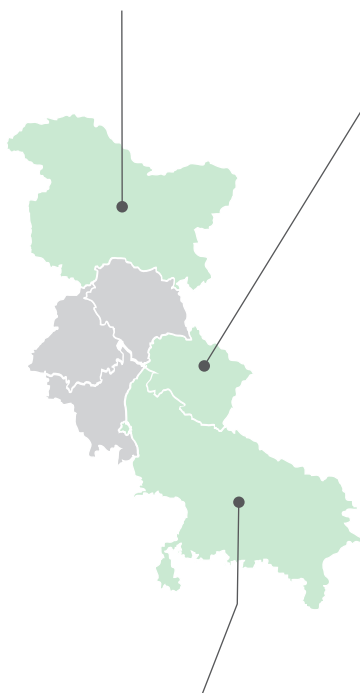


Since 2014-15, **Uttarakhand** has implemented **RKSK** in **six districts** – Dehradun, Haridwar, Pauri, Tehri, Udham Singh Nagar, and Nainital, benefiting **11 lakh adolescents**. The programme includes 62 block-level Adolescent Friendly Health Counseling Clinics, situated in various healthcare facilities such as Government Medical College Srinagar, Haldwani, district hospitals, sub-district hospitals, Block-level Community Health Centres, and Primary Health Centres. A total of **74 adolescent health counsellors** have been appointed across these counselling centres.

RBSK



The **RBSK** in **Uttarakhand** has **148 Mobile Health Teams** conducting health examinations for school and Anganwadi children. In the academic year 2016-17, a total of **12.22 lakh children** were enrolled in schools, and 8.26 lakh were targeted for health examinations under the RBSK.



RKSK



Kishor Swasthya Manch (KSM) was launched in **Uttar Pradesh** as an event for school-going adolescents (10-19 years) targeting their nutrition, reproductive and sexual health, mental health, gender violence and injuries, substance abuse, and other health-related issues. The one-day event is organised in 2 selected schools of all blocks including urban area of all 75 districts in the state. Activities from 2018 to 2022 have engaged 29.3 lakh adolescents. Over 45,000 teachers, including 6,000 college principals, have been sensitised to adolescent health (AH) issues. KSM has contributed to increased footfall at Sathiya Kendra (AH counselling centres) and the programme also supports the School Health Programme.

RKSK



In **Uttar Pradesh**, under **Adolescent Family Health Clinics**, 435 facilities have been set up, including CHCs, DHs, and Maternal Health centres. There are four Model Adolescent Friendly Health centres (M-AFHCs) staffed by 437 trained Medical Officers (MOs) and 5848 Auxiliary Nurse Midwives (ANM)/Staff Nurses (SN) proficient in Adolescent Friendly Health Services (AFHS). Additionally, there are 315 Adolescent Health Counsellors and 233 other counsellors providing services at AFHCs.

SLI



The School Mental Health Initiative in Delhi, was launched in 2022, in collaboration with the Departments of Health, Education, and Women and Child Development in the Govt of NCT Delhi.

The initiative aligns with national policies such as the National Mental Health Policy (2014), National Adolescent Health Strategy (2014), National Education Policy (2020), and Rashtriya Kishor Swasthya Karyakram (RKSK). The target audience for this initiative includes children, adolescents, teachers, counsellors, school administration, school leaders, and school management bodies.

The programme aims to equip students with tools to understand their emotions and feel confident enough to seek help for issues related to mental health. It adopts a multifaceted approach encompassing prevention, promotion, and support for mental health within schools. The components of the initiative include **Targeted Circle Times**, a daily platform for students in grades 6 to 12 to engage in discussions on pressing concerns through art and narrative therapy.

Complementing this, **Life Skills Group Sessions** offer a holistic education model to equip students with the necessary skills to navigate social and emotional challenges effectively.

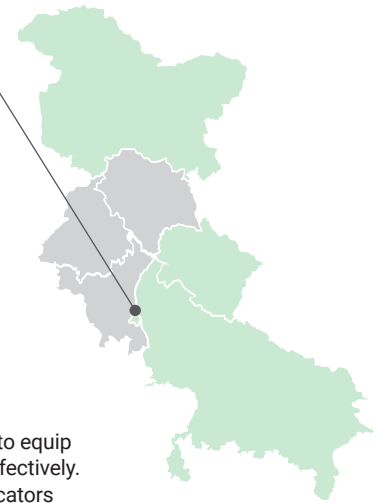
Teacher Sensitisation is a vital aspect of the initiative, focusing on providing educators and school heads with practical tools to navigate emotions and exhibit prosocial behaviour.

Simultaneously, **Sensitisation of School Authorities** involves dedicated training sessions for school heads, emphasising a holistic understanding of mental health within the school environment.

An **Early Identification and Referral Mechanism** ensures a proactive approach. Students identified during group sessions are referred through a structured system – primary care involves **Mobile Mental Health Units (MMHUs)** run by **Institute of Human Behaviour and Allied Sciences (IHBAS)**; secondary care includes Mental Health Establishments (district hospitals closest to the child), and tertiary care directs students to IHBAS. Additionally, students are referred to treatment centres, encompassing 11 identified facilities, primarily hospitals with psychiatric departments.

The project development was a collaborative effort, involving officers from the Department of Health, Department of Education, IHBAS professors, United Way Delhi team, School Initiative for Mental Health Advocacy (SIMHA), TISS Mumbai, and faculty from Tata Institute of Social Sciences (TISS). United Way Delhi oversees fundraising and implementation of the programme. Psychologists hired by United Way Delhi conduct group sessions, life skills sessions designed by Pravah are implemented by psychologists, and teacher sensitisation is carried out by trainers from SIMHA, TISS, and psychologists hired by United Way Delhi. The Early Identification and Referral Mechanism is executed collaboratively by both psychologists and IHBAS.

The programme has been implemented in **20 schools** across **7 districts**. With **410 teachers** trained, **20 heads of schools**, **12 educational and vocational guidance counsellors** and **19 counsellors** engaged, the programme reached **19,784 children**. For monitoring and evaluation, discussions with SAMVAD were explored.



RKSK



The facility-based component of **RKSK** in **Delhi** has led to the establishment of AFHCs, referred to as “DISHA” (Delhi Initiative for Safeguarding Health of Adolescents) Clinics, with almost 20 facilities spread across Northeast and Northwest Districts. These clinics are currently undergoing reinforcement to bolster their capacity to deliver adolescent-friendly services. Concurrently, the implementation of peer education programmes is in progress, with Master Trainers having completed their training at both State and District levels. Presently, 150 Peer Educators have been identified, and the training process is actively underway. In the Northeast district, one batch of Peer Educators has successfully completed their training, while two batches are currently undergoing training in the Northwest district. The initial goal, set by the middle of the fiscal year 2017-18, was to train and integrate **500 Peer Educators** into the system for outreach. To support these training efforts, expand knowledge, and facilitate interactive sessions among peers, Peer Educator Kits have been produced at the state level and distributed to RKSK districts in both Northeast and Northwest regions.

East India

RKSK



In **Odisha**, as of January 2023, the **peer education programme under RKSK** was implemented in 6 districts and provided a 6-day training to **39,259 peer educators**. Training was provided on mental health and substance misuse as part of 6 priority areas in health. Additionally, 58,732 adolescent health days were organised in 4 districts which provided information to adolescents on mental health, among other health issues.

RKSK



The **RKSK** programme in **Assam** is effectively operational in seven districts, with a focus on six High Priority Districts (HPDs) – Dhubri, Golaghat, Hailakandi, Karimganj, Kokrajhar, Nagaon – and District Goalpara, which was included in 2018-19 in Assam. Within these **7 RKSK districts**, a total of 21 blocks are covered under the programme, including areas like Raniganj, Golakganj, Halakura, Bokakhat, Saringia, Sarupathar, Algapur, Lala, Kachuadam, R. K. Nagar, Kachugaon, Gossaigaon, Jakhlabandha, Buragohain Than, Dhing, Kathiatoli, Jugijan, Singimari, Lakhipur, Matia, and Rangjuli. The state is home to 59 AFHCs at various levels, with 41 in HPDs and 18 in Non-HPDs. Of these, 36 AFHCs are fully operational and staffed with dedicated counsellors. A total of 13,432 Peer Educators, comprising 2 boys and 2 girls from each village per 1000 population, have been selected and deployed under each Accredited Social Health Activist (ASHA), in line with RKSK guidelines. Additionally, the programme includes the formation of Adolescent Health Clubs at the sub-centre level in the seven RKSK districts.

RKSK



The **RKSK** in **Meghalaya** was initiated in 2014 with the overarching goal of fostering the holistic development of adolescents, placing a strong emphasis on mental health and overall well-being. One of the distinctive features of RKSK in Meghalaya is its **extensive outreach programmes conducted in schools, communities, shelter homes, and churches**. These programmes, varying in duration from short sessions to full-day events, cover a spectrum of topics related to emotional, sexual and reproductive health. Adolescents are engaged through presentations, videos, and interactive discussions, encouraging them to ask questions and participate actively. **Emphasis is placed on life skills, sexual education, substance use awareness, and addressing issues like child sexual abuse**. As a result of awareness programmes, many young people now seek assistance at clinics and RKSK centres.

DMHP



The **District Mental Health Leadership Programme (DMHLP)** in **Nagaland** conducted comprehensive training sessions for 136 psychiatrists, 172 nurses, 100 psychologists, and social workers in Nagaland. The training focused on raising awareness of mental health issues, providing free 24x7 counselling services, promoting mental health awareness in various settings such as schools, churches, and colleges, and conducting meetings with family members to address mental health concerns effectively.

RBSK



In **Meghalaya**, the **RBSK's** implementation since 2013 focuses on early detection and management of health conditions in children and adolescents. The national programme includes screening through Mobile Teams and District Early Identification Centres, aiming to cover defects at birth, diseases, deficiencies, and developmental delays. While RBSK is not directly linked to a policy, it operates under the National Rural Health Mission. Implemented entirely by the government, the programme has been successful in reaching children and adolescents across **24 districts** in Meghalaya, offering comprehensive healthcare services and referrals.

RKSK



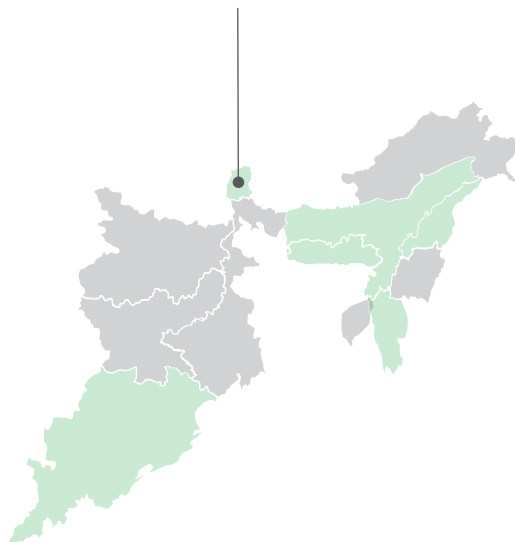
Under the **RKSK** in **Mizoram**, the **Peer Education Programme** focuses on adolescents aged 10-19 in **5 districts** (Champhai, Lawngtlai, Lunglei, Mamit, and Saha). In the fiscal year 2022-23, **2604 Peer Educators** were trained, and the Peer Educator Activity Kit (PE Cap) was printed and distributed. Under RKSK in the fiscal year 2020-2021, the Peer Education Programme covered five districts, celebrated Adolescent Health Day twice at 49 Youth Clinics, incentivised 1568 Peer Educators, and trained 1120 Peer Educators.

SLI



The **School Mental Health and Wellness Initiative** by SCERT **Sikkim**, in collaboration with SIMHA, was established in 2022. This initiative encompasses various initiatives, including some that are covered under the umbrella of SCERT Sikkim's National Population Education Programme (NPEP). The School Mental Health and Wellness Initiative is a comprehensive mental health promotion, prevention and psychosocial support initiative to support school leaders and teachers, parents, and community stakeholders, in developing an in-depth understanding of mental health-related topics and their implications to promote the well-being of students. The programme follows a previous collaboration in the form of a Wellness and Support Programme in 2021 to sensitise teachers on mental health and well-being during the pandemic and beyond, and to promote the well-being of all stakeholders within the school system, with a particular emphasis on building resilience.

- Promotive and preventive activities under the programme include **mental health awareness and education** for nodal teachers in the state as well as parents and community members. Themes covered focus on adolescent mental health, foundations of mental health, the role of schools as sites for mental health support, and psychosocial support and treatment. Sensitisation modules were initially delivered by mental health practitioners from the SIMHA team, but have more recently been translated using a trainer-of-trainer model wherein SCERT resource persons facilitate training for community members and nodal teachers.
- Activities for psychosocial support include **Mental Health First Response** and **Mental Health Peer Support**. The former, a manual-based training, focuses on equipping teachers with skills to aid students in mental health crises. It enables teachers to identify emotional crisis signs and offer immediate support, with trained responders providing subsequent assistance. The latter trains Indian secondary school students to recognise distress and support their peers' mental well-being. The training covers understanding emotions, active listening, mental health promotion, providing peer support during distress, and self-care for peer supporters. Trained peer supporters then offer mental health assistance to fellow students.
- Content and resource materials for the programme are designed by the SIMHA team, which comprises mental health practitioners with backgrounds in clinical psychology, counselling psychology and educational psychology. Implementation is jointly conducted by SCERT Sikkim and SIMHA, with funding support from the SBI Foundation.
- Monitoring and evaluation happen through documenting participant details for each training, in addition to qualitative and quantitative feedback for all training programmes as well as pre- and post-training assessments in some cases. Thus far, 61 teachers from districts across the state have been certified as First Responders, 104 students certified as Peer Supporters, 62 parents and community members sensitised, and 13 resource persons trained through a trainer-of-trainer model to sensitise community members and nodal teachers. The 2021 Wellness and Support programme had 110 teachers as direct beneficiaries from various districts in the state. Through a cascading training-of-trainer model, the programme is planned to be scaled up across districts in the state.



South India

RKSK



Under the **RKSK** in **Telangana**, **185 Adolescent Friendly Health Clinics**, also known as Yuva Clinics, were established in Telangana to cater to the health needs of this age group. There are 4863 Sub-centres, 661 Primary Health centres, 114 Community Health centres, 42 Area Hospitals, 8 District Hospitals, 5 Mother and Child Care hospitals and 5 Teaching hospitals apart from 55 Urban Family Welfare centres, 11 Urban Health Posts in Hyderabad and 87 Urban Health centres to provide maternal health care, child health care and family welfare services to the people of the state.

SLI



Minority Residential Schools (TMREIS), under the Department of Minority Affairs in **Telangana**, launched a comprehensive mental health programme for **over 1.3 lakh** students in **200-plus schools and colleges** across the state, in 2022. In collaboration with the healthcare NGO Helping Hand Foundation (HHF), TMREIS aims to build capacity and launch a helpline service as part of this initiative. The mental health programme focuses on capacity building, establishing a helpline, placing suggestion boxes in each school, and regularly conducting life-skills sessions. These sessions are designed to help students manage exam-related stress, anxiety, and hopelessness, and provide feedback to the helpline every two weeks on students' mental health. After an extensive selection process, approximately 250 teachers have been identified as counsellors.

RKSK

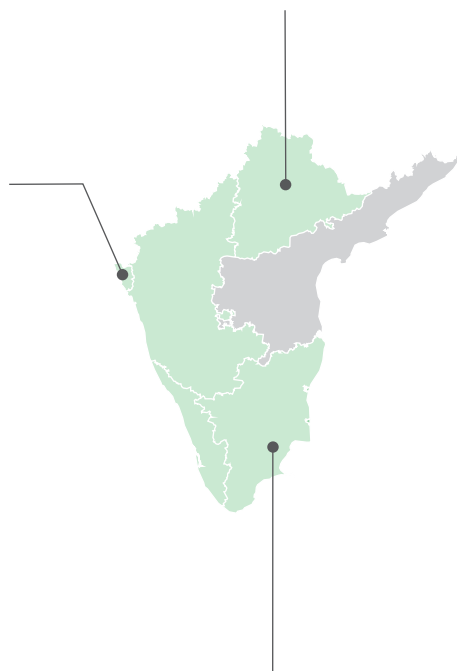


The **RKSK** in the state of **Goa** focuses on enhancing adolescent health services through the establishment of **Youth Clinics (Yuva clinics)** in various healthcare facilities. These clinics, located at CHC/PHC/UHC/District Hospitals and Goa Medical College, aim to address adolescent issues. Between April and November 2019, **24,399 adolescents** accessed clinical services, **13,127 received counselling**, and **43,358 benefited** from outreach services across **33 Yuva clinics**.

RBSK



Under the **RBSK** in **Goa**, screening is conducted twice a year in Anganwadis and once a year in schools. In the 2019-20 period (up to November 2019), 3,59,928 children underwent screening. Of these, 8,370 were identified with one of the 4Ds, and 8,229 were referred for treatment. Additionally, 5,085 children received secondary/tertiary care services.



RKSK



Since 2014, the **RKSK** programme in **Tamil Nadu** has addressed various health issues, including mental health promotion and support. It involves facility-based interventions like AFHCs and community-based interventions through Peer Educators and Adolescent Health Club meetings. The initiative aligns with the National Adolescent Health Strategy, 2014, and is implemented entirely by the government. With a widespread reach in **24 districts**, RKSK serves as a comprehensive effort to improve the overall health and well-being of adolescents in Tamil Nadu.

SLI



Tamil Nadu's MaNaM Thittam – Mana Nala Nallaatharavu Mandram, initiated in 2022, targets the mental health promotion and well-being of students. The programme's primary objective is to promote the mental health and well-being of students through **awareness generation activities, training and well-being programmes** for the teachers and students. The members of this mandram act as Peer Support Groups and help in the dissemination of scientific information on mental health. They also offer psychological first aid to students in psychological distress, and guide them for further care and support.

The programme is not linked to a specific policy. It collaborates with the National Adolescent Health Strategy, 2014, and the initiative supports services like teleconsultation and DMHP Clinics. Entirely implemented and funded by the government, MaNaM Thittam aims to create a supportive and mentally healthy school environment for children and adolescents in Tamil Nadu.

RKSK



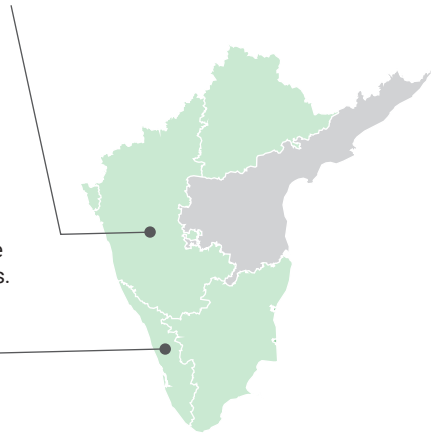
In **Karnataka**, the **RKSK** programme involves Adolescent Health Days and Monthly Prayer Days, providing platforms for students to discuss and inquire about adolescent issues. Sensitisation sessions are also held for teachers and headmasters to emphasise the programme's significance. Entirely funded and implemented by the government, RKSK operates in **22 districts**, featuring **512 adolescent-friendly clinics** and **204 counsellors** across healthcare facilities.

DMHP



Established in 2016 in the Bangalore Rural district, **DMHP** in **Karnataka** operates across Nelamangala, Devanahalli, Doddaballapur, and Hoskote. The programme's core focus lies in preventing mental and psychosocial distress, promoting mental health, providing support and treatment, and facilitating referrals. With a team comprising a clinical psychologist, a consultant psychiatrist, a psychiatry-trained social worker, and four counsellors, the initiative aims to address the mental health treatment gap and train health staff at various levels for the early identification and treatment of mental illnesses.

- The programme's multifaceted approach encompasses several components and activities. Taluka Counsellors conduct three weekly visits, offering initial assessments, basic counselling, and necessary referrals. Life Skills Training sessions are integrated into the curriculum of government and aided schools, covering activities like problem-solving and critical thinking. The initiative has successfully trained **700 teachers** on adolescent and child psychiatric disorders, basic counselling skills, and the identification of ADHD and autism. Information, Education, and Communication (IEC) activities include suicide management sessions and awareness programmes engaging a wide audience.
- Camp activities involve the treatment of referred individuals, basic counselling, and assessments for disabilities. Community engagement is fostered through the training of Accredited Social Health Activists (ASHAs), Panchayat Development Officers (PDO), and Auxiliary Nurse Midwives (ANM). The programme, implemented by the Karnataka health department, spans all **31 districts** and encompasses government and government-aided schools. The initiative has led to a reduction in referral time, increased camp participation, and gained valuable insights into the prevalence of mental health conditions across different age groups.



DMHP



The **DMHP** in Thiruvananthapuram, **Kerala**, across 2016 to 2021, reached **24,320 students** through screenings and interventions. This initiative led to a reduction in hospital admissions related to mental health issues and significantly improved access to mental health care services. Key stakeholders involved in the programme's success include the Health Department, Accredited Social Health Activists (ASHA) and Anganwadi workers, and mental health professionals.

SLI



In **Kerala**, The **Adolescent Health programme**, part of the **National Health Mission (NHM)**, has reached over 100,000 students through screenings, workshops, and support groups between 2020 and 2023. This initiative significantly reduced the stigma surrounding mental health issues and facilitated early identification of concerns. Collaboration among stakeholders including the Health Department, Education Department, Accredited Social Health Activists (ASHA), Anganwadi workers, and NGOs has been instrumental in its success.

SLI



Souhrida Clubs, under the Department of Higher Secondary Education in **Kerala**, aims to improve the physical, academic, social and interpersonal skills of adolescents and lead them towards a successful adulthood. The Know Thyself programme under the club includes awareness classes which cover life skills and stress management, and reproductive health. **130 Souhrida coordinators** trained at NIMHANS, Bengaluru will conduct the mental health classes using a module prepared by NIMHANS.

- Parents are also sensitised on these issues to enable effective adolescent parenting. A drop box is also arranged at school for students to drop their grievances/problems in their home, class or any other area. The programme also undertakes indicated interventions like counselling for children in distress by Souhrida coordinators in their capacity as teachers and referral to mental health professionals.
- The Adolescent counselling and Health Care Programme is implemented in schools in Kerala through **Souhrida Clubs** that empower adolescents through self-development and self-expression. As of 2019, **1387 clubs** were functioning in the state.

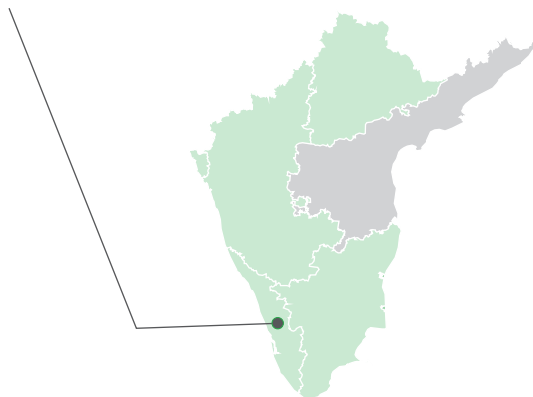
GOVERNMENT INITIATIVES IN SCHOOL MENTAL HEALTH

SLI



UNARV, or 'Unarvu' is a school-based adolescent mental health programme in Thiruvananthapuram, Kerala. Launched in 2007-08, the project conducts awareness programmes for one teacher each from all the government and aided schools in the district. It functions through a number of selected teachers trained by the Unarvu trainers. They act as the primary counsellors in each school. One-day camps are conducted for the headmasters and principals. Group counselling and parent counselling programmes are also conducted in schools as part of the programme. While recent data on reach and impact are limited, the programme advocates for standardised approaches to address adolescent mental health issues.

- Child and Adolescent Development Centres known as **Unarvu Clinics**, deal with serious mental health issues that cannot be solved with only counselling. The involvement of stakeholders in the State Health Departments and mental health professionals highlights a coordinated effort at level to enable mental well-being among adolescents.
- The Thiruvananthapuram district panchayat funded a descriptive study of adolescents referred from schools, seen at UNARV clinic over a period of 5 years (2007–2012) and made recommendations for the programme as a District Model for Adolescent School Mental Health Programme in Kerala.



SLI



The **Our Responsibility towards Children programme**, led by the Women and Child Development (WCD) Department in Kozhikode, Kerala, aims to ensure care and protection to children facing various behavioural, emotional, learning, social and other mental health issues.

The project is currently operational in **304** selected government/aided schools across the state. It includes identification and management of behavioural, emotional, learning, social and mental health issues of children, building capacity of teachers and parents, and mentoring to children, imparting life skills to those facing psycho-social challenges. The programme seeks to “create an invisible wall of protection around school to ensure care and protection of children especially when they spend their time around the vicinity of the school.” Selective interventions are provided for high-risk children with referrals to specialists, as needed. The programme demonstrates a solution focused partnership model through the collective synergy of Departments of Women and Child Development, Police, Education, Health, Local Self Government and Civil Society.

The programme has so far reached **3,39,828 children, 15,941 teachers, 631 ORC nodal teachers, 186 school counsellors and 3,639 parents**. ORC trained **353 selected personnel** to set up a district-level trainers panel to support the various capacity development programmes. This includes school-level individualised attention for **44,407 children** facing moderate level issues and **expert care for 1,023 children** identified with severe behavioural/emotional/ learning/ social issues with the support of experts and institutions mapped by the programme at the district level.

“Ullasaparavakal” Health Education and Life Skill Programme - HELP was introduced in **93 schools** throughout Kerala as part of the activities of the ORC (Our Responsibility to Children) Project of the academic year 2016-17. This initiative aims to equip children (Grades 1 to 12) with the skills for adaptive and positive behaviour, enabling them to effectively manage the demands and challenges of everyday life. It also seeks to foster supportive attitudes for developing healthy habits and responsible behaviour, including gender sensitivity, through the participatory Life Skill Education Programme. Life skills under the programme are viewed as essential abilities that promote mental and social well-being in real-life situations.

As part of the package of learning materials, workbook for students and handbook for teachers for all classes were developed by SCERT in consultation with experts, physicians, practising teachers, faculty from DIETs and representatives from SSA Kerala. Activities mentioned in the handbook aim to be in accordance with the age and cognitive capabilities of the students. In 2021, an assessment of the handbook and workbook was undertaken, under which learning outcomes were assessed and feedback and suggestions from teachers were taken.

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