

Mental Health Work in Indian schools

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Abstract

The paper looks critically at the work in the area of mental health in the Indian school systems. It attempts to link the problems in this area to the problematic understanding of the need and scope of mental health work in educational settings and mental health policies in the country. The problematic understanding of mental health at the level of policy has given rise to a conservative, reductionist and stigmatized approach to mental health work in Indian schools. It throws light on the various structural and psycho-social challenges faced by the mental health professionals in their work in schools and the spaces that they negotiate to advocate and practice mental health work in schools. Finally, it attempts to show a future direction for progressive change from policy to practice in the current state and fate of mental health in Indian schools for its importance in nation building.

The crisis of mental health is one of the major challenges that our society has to deal with in contemporary times. According to mental health survey conducted by NIMHANS in 2015-16, 10.6 % of adult Indian population is suffering from mental health disorders. 150 million adult Indian population is in need of active interventions. If we look at the mental health statistics of our children, 9.8 million children between the ages of 13 to 17 years need active mental health intervention. The study further reports that 7.3% of the children between the ages of 13 to 17 years are suffering from mental health disorders. Children spend a considerable amount of their developing years in schools. It is in this context that it becomes important to critically look at the work in the area of mental health Indian schools.

Psychological work in schools has not received serious attention in academic and research scholarship, perhaps because it is comparatively a recent phenomenon. This lacuna of active research based practice of mental health in schools has resulted into incomplete conceptualization of work

in the area of mental health at policy levels and policy informed practices at schools.

The understanding of development, health and well being is not complete until we take into consideration emotional and mental well being. Various policies on education have advocated and reinforced the importance of holistic development of children for nation building but have missed out on the importance of emotional wellbeing of 'ordinary' children –children who do not fall under the category of disadvantaged children. At the same time we are aware of the research findings that show that children with low emotional quotient do not do well academically in the longer run. (Bhadouria,2012). Surprisingly, this knowledge has not been utilized well in drafting policies and programmes for school children.

CBSE in 2002 had recommended all senior secondary schools to appoint one full time counselor (Circular No. 8 dated 10th July, 2002). A report published on 23rd January 2014 in 'The Hindu' reported that only 3 percent of around 3200 private

schools in Delhi NCR have counselors to help children to cope with psychological distress. This crisis in numbers of schools seeking the services of professionally qualified psychologists depicts to a large extent the current state of psychological counseling services in Indian schools.

CBSE's recommendation, mentioned above, for every school to appoint one psychological counselor culminates from this incomplete understanding of the need of mental health work in schools and hence is problematic. It recommends one counselor to few or many thousands of students and therefore severely limits the capacity of the school counselor to attend to the psychological distress of children in schools.

To comprehend fully the implication of this problematic understanding of the need of mental health work in Indian schools let's look back at the mental health statistics of Indian childhood mentioned at the beginning of this paper. The most commonly prevalent mental health problems in children and adolescents are depression, Agrophobia, Intellectual disability, Autism Spectrum Disorder, Phobic anxiety disorder, psychotic disorder, substance abuse and suicidal ideation (Mental health survey of India 2015-16).

In the light of this mental health statistics of Indian children, it becomes important to envisage ways of addressing the mental health concerns of every child and reconceptualise childhood in schools. The first step towards this goal would be to accept that there is a mental health crisis in Indian childhood and schools cannot remain untouched and alienated from this reality. This would also mean a more comprehensive understanding of mental health and the need for mental health intervention in schools at the policy level which would further inform the practices at the school level. This would lead to broadening of the scope of mental health work in schools with aims of providing intervention to psycho-social needs of the entire school community without any discrimination.

At present the limited understanding of the mental health work at the policy level has reduced the scope of school counselor's or mental health worker's work to identification and providing support to children with special needs and underachievers for their more effective participation and performance in the mainstream education system. The evaluation of the effectiveness of the school counselor or the mental health worker under such an approach links it further to the academic scores of these students in public and school examinations. This represents another form of crisis in the area of mental health work in the Indian school systems.

The way counseling is advocated and briefed at policy level stigmatizes the needs of a child to seek psychological intervention to cope better with psycho-social problems of his or her everyday life which are of emphatic significance to the child and might be hindering his or her emotional well being. It therefore silently supports the labeled perspective on psychological intervention and results in marginalization of children who seeks psychological intervention and negatively affects their acceptance, participation and performance in public and social life in the school and outside. Consequently children avoid discussing their problems with the school counselor for this very fear of being labeled as abnormal by their peers and teachers. With this belief of the Indian school system, an academically bright student should ideally not seek any kind of psychological intervention to deal with life issues, as it is considered to be a kind of remedial service provided to children who are weak, problematic and with special needs.

Children usually try to seek counseling and guidance in secretive ways in schools. This secrecy breeds another problem of moral dilemma and victimhood. If a school counselor or mental health worker provides intervention to a child in secretive ways then it is problematic from the perspective of his or her evaluation as the time that gets invested in this child cannot be accounted in the detailed report of his or her work. Schools set a specific

timetable for the school counselor in which time is not budgeted for such secret projects. If the school counselor reveals the identity of the child who is seeking help in secret ways to provide a complete account of his or her work then the psychological problems of this child would be further exacerbated as the child would then fall victim to bullying and emotional abuse in the school by his or her peers and others.

This fact –that time is not budgeted in the school time table for conducting mental health intervention programmes for children and other members of school community –is a consequence of the limited and hence problematic understanding of mental health and mental health work in our policies of education. If time is not budgeted in children's time table at school for psychological work then it poses severe structural constraints on the capacity and efficiency of the school counselor or the mental health worker to provide psychological intervention to children and others. Children try to utilize the time budgeted for lunch, sports and other co-curricular activities to seek psychological counseling and guidance.

Psychological work with children in the pre-primary classes is even more neglected as most of the pre-schools do not have a full time psychologist or mental health worker. As the presence of a psychological counselor or a mental health worker is seen as quotient of abnormality in the Indian society. The contemporary progressive early childhood education has unfortunately not been able to understand the crisis and importance of mental health in early years of life. According to a study done in Germany by Klitzing, Dohnert, Kroll and Grube in 2015, about 17% of all children suffer from a mental disorder in early childhood. These mental health problems range from depression in early childhood, problems in emotional regulation, behavioural disorders to reactive attachment disorder.

At the same time CBSE has not given any guidelines

on mental health intervention programmes for pre-schools. In comparison, in the latest amendment of 21st century Cures Bill passed in United States, provision has been made for grants to develop, maintain or enhance infant and early childhood mental health and promotion, intervention and treatment programmes which include early childhood care and education programmes. In India it seems to be the most neglected age-group for providing mental health care and intervention for psychological well-being.

This lacuna does not only exist in educational policies but also in mental health policies in our country. National mental health policy that came up in 2014 does not emphasize school as an important site of mental health work and hence does not provide any guidelines for providing psychological intervention to children in schools. The mental health care bill passed by Rajya Sabha in August 2016 does not even mention about the mental health care of non-institutionalized people. It does not claim the right to mental health care of people trying to live ordinary lives while dealing with enormous psycho-social challenges for which they need intervention. As a result of this massive ignorance, the right to mental health care for the holistic development of every Indian child has not been able to establish itself as a fundamental right of children unlike the right to education.

While education system appears to be clouded with ignorance on mental health issues, there is a ray of hope that can be seen through the struggles of mental health practitioners in education. School counselors struggle to create space for psychological counseling and guidance work to bring transformation in children's life and to initiate the process of change. It is often done in covert ways like using substitution periods to conduct group sessions to talk about anxiety, stress, depression, emotional regulation, bullying, adolescent relationships, sex, addiction and other relevant issues that are important in the everyday lives of school going children. School counselors

or mental health professionals in their attempts to provide psychological intervention to children try to use elements of art therapy, play therapy and psychodrama through various co-curricular activities that are encouraged in schools. These activities become important mediators as the element of therapy is hidden in these forms of art and children do not get labeled. To facilitate this the counselor or the mental health professional needs to create strong alliance with professionals who are building this arm of the non-scholastic segment in schools by generating awareness in them about mental health issues and how they can contribute tremendously in alleviating psychological distress in children in the school. Counselors or mental health professionals put articles to spread awareness on mental health issues on school notice boards and try to reach out to the families of distressed children that need intervention as often home is an important site of emotional violence and abuse in children's life.

It is commonly observed that until psychological distress in children reach their extreme state and become alarming and threatening to the status and overall overtly visible health of the school, these problems remain un-noticed and unattended by the school administration. When the issues become alarming, the school system shrugs off its responsibility of ensuring the mental health and psycho-social well being of its students and puts the entire responsibility of the child's illness and cure on the family of the child. It is often easy as the education system and educational policies have not underlined it as an equal responsibility of the formal school systems extending it to other community structures.

There is an emergent need to inquire into the mental health crisis in Indian schools and respond to it by deeply contemplating on the challenges of mental wellbeing in the school's ecosystem which is in a symbiotic relationship with the mental well being of the larger population of India outside the school boundaries. A revolutionary vision is required to

make schools share with the larger community the responsibility of mental wellbeing of its people. Committees and regulatory bodies of experts from the filed should be constructed to supervise and mentor this function of the schools.

A major shift is required both at the level of policy and practice in the Indian education system in their perspectives on health and wellbeing which will not be complete without ensuring mental wellbeing of children and adults constituting the school community. Ensuring mental well being of teachers and other support staff is also very important as they co-construct the school's ecosystem with children. Often we have witnessed episodes of abuse on children by other children and by their adult caretakers in the school. To quote some incidences from recent past on this issue- on 4th November 2016, 7 teachers were arrested in Buldhana in Maharashtra for raping minor girls of Ninadhi Ashram school and on 10th May 2016 in the boys hostel of DPS Noida, two class 11th boys were ragged and beaten up with iron rods by class 12th boys resulting in grave injuries and hospitalization of boys.

It is high time that mental health programmes like psychotherapy, psychiatry, psychological counseling and guidance should be made an integral part of the Indian school life without the associated stigmatization. It should be treated like any other academic subject that prepares children to become productive citizens. Pedagogies of emotion and emotional wellbeing are required to be advocated and practiced inside the Indian classroom. Emotional literacy should be given same status in Indian schooling which literacy of 3Rs has been given. Schools should budget time for every child in the school to meet school counselors or mental health professionals on a routine basis to discuss the issues that bother them. Regular meetings of these mental health professionals should be arranged with the parents and teachers of children. Schools should budget time for all other members of the school community to meet the school's mental

health professionals on a routine basis to discuss their personal and professional botherations. Routine workshops should be organized in schools to sensitize people on mental health issues and equip them with the necessary knowledge and strategies to take care of their emotional wellbeing. This would eventually increase the productivity of school teachers, staff and children and hence would be a service in their benefit only.

Schools should extend this service to the larger community by organizing mental health camps where students, teachers and other school staff participate in spreading awareness on mental health issues and how and where to seek interventions. It is one of the most important national duty in contemporary India, NIMHANS survey on mental health 2015-16 reports that one out of every 20 people in India are suffering from depression, people in their productive years of life i.e. from 30 to 49 years are the most affected indicating that mental disorders contribute to greater morbidity in the productive population.

Obviously a single counselor per school as prescribed by CBSE would not be able to fulfill this dream. A large team of many qualified mental health professionals would be needed to respond to the mental health crisis of Indian schools and develop it as an institution of promoting and advocating mental wellbeing in our society. This would also mean preparing a huge army of professionally qualified mental health professionals in the country which is in continued paucity at present.

References

- 21st Century Cures Bill Includes Important Mental Health Grants for Very Young Children.* (2016). Retrieved from <https://www.zerotothree.org/resources/1658-21st-century-cures-bill-includes-important-mental-health-grants-for-very-young-children>
- Barbara A. (2008), *The relationship between emotional intelligence and academic achievement in elementary-school children.* Doctoral Dissertations. Paper 265.
- Bhadouria, P. (2013) Role of Emotional Intelligence for Academic Achievement for Students. *Research Journal of Educational Sciences*, 1(2): 8-12.
- Bower, E. (1968). Mental Health in Education. *Review of Educational Research*, 38(5), 447-459. Retrieved from <http://www.jstor.org/stable/1169804>
- CBSE Circular No. 8. (2008). Retrieved from <http://cbse.nic.in/circulars/cir2008.htm>
- Government of India. Ministry of Health and Family Welfare. *National mental health policy. 2014.* Retrieved from <http://mohfw.gov.in/index1.php?lang=1&level=2&sublinkid=4523&lid=2964>
- Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, Mehta RY, Ram D, Shibukumar TM, Kokane A, Lenin Singh RK, Chavan BS, Sharma P, Ramasubramanian C, Dalal PK, Saha PK, Deuri SP, Giri AK, Kavishvar AB, Sinha VK, Thavody J, Chatterji R, Akoijam BS, Das S, Kashyap A, Ragavan VS, Singh SK, Misra R and NMHS collaborators group. *National Mental Health Survey of India, 2015-16: Summary.* Bengaluru, National Institute of Mental Health and Neuro Sciences, NIMHANS Publication No. 128, 2016.
- Klitzing K von, Doehnert M, Kroll M, Grube M (2015). *Mental health disorders in early childhood.* Dtsch Arztebl Int 2015; 112:375-86. DOI:10.328/arztebl.2015.0375
- The Mental Healthcare Bill, 2016, as Passed by Rajya Sabha.* Available from: <http://www.prsindia.org/uploads/media/Mental-Health/Mental-health-care-as-passed-by-RS.pdf>.