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EDITORIAL

As we proudly celebrate the *Silver Jubilee* of the *South Asian Journal of Participative Development*, completing a meaningful journey of 25 years in scholarly publishing, we are deeply conscious of our responsibility to highlight issues that bear significance for both individuals and society at large. In this milestone year, it is with great satisfaction that we present this *special issue on Mental Health*, which brings together a compendium of rich, evidence-based, and practice-oriented research contributions from across the country.

Mental health has emerged as one of the most pressing public health and social development concerns of our time. It intersects with education, gender, employment, technology, community wellbeing, and institutional care, among others. This issue seeks to explore these intersections from multidisciplinary perspectives, reinforcing the crucial role of social sciences and participative approaches in shaping holistic responses to mental well-being.

The issue opens with a timely and practical contribution by Amol Singh Rotele, who proposes a *College Students' Mental Health Counseling Model*, addressing the growing need for structured mental health support systems in academic institutions. Continuing in the educational realm, Hemalatha & Gangadhar B. Sonar delve into *Coping with Academic Stress of Students in Higher Education*, while Pramod Kumar N., Abraham Mutluri & Prabhakararao Bandaru examine the challenges faced by *Slow Learners in Secondary Schools*, highlighting systemic and psychosocial solutions.

Further enriching the education-health interface, Manjunathaiah D., Lokesh M. U. & B. Ramesh, along with Surekha Bhalerao, Neelambika Meti, Mamata Katdare, Meenakshi Ghuge & Suniti Kulkarni, offer complementary articles on *Mental Health in Educational Settings*, underscoring the need to bridge gaps between challenges and interventions in school and college environments. Family-based challenges, particularly those experienced by caregivers, are addressed in articles such as Ashok S. Kori & Renuka E. Asagi's analysis of *Mental Health Issues Among Mothers of Children with Disabilities*, and Nirranjan Goud Ediga & Sai Sujatha D.'s study on *Psychological Distress Among Parents of Pediatric Cancer Affected Children*. These contributions bring out the emotional toll borne silently by caregivers and the essential support required for their psychological resilience.

The significance of community-level mental health initiatives is powerfully illustrated in Nagesh M. & Divya K.'s qualitative study on *Community Mental*

Health Programs for Sickle Cell Patients in Andhra Pradesh, emphasizing the vital role of professional social workers in resource-limited settings. Emerging technologies and their potential in mental health care are addressed in the insightful article by K. Rajani & M. Shankar Lingam on *The Role of Artificial Intelligence in Early Detection and Diagnosis of Mental Health Disorders*, presenting a longitudinal perspective. Similarly, Akshya Mahesh Shriwas critically assesses the *Reliability and Validity of Digital Mental Health Tools*, which are increasingly being integrated into modern mental health systems.

Occupational and gender-related mental health concerns find attention in Shaurya Prakash's qualitative review of *Policies and Programs for Mitigating Occupational Stress and Burnout Among Working Women*, while Yatheesh Bharadwaj H. S. & Sateesh R. Koujalgi provide a psychosocial lens on *Gambling Disorder*, an area requiring urgent public health attention. Youth mental health and its interface with technology and media are discussed in Praveen Ganapathi Madival & Chidanand Dhavaleshwar's article on *Promoting the Mental Well-Being of Adolescents Through Conscious Social Media Use*, offering practical insights for both educators and parents.

Marginalized and vulnerable populations also find space in this issue. Bharati Chavan & Namrata Chougule examine *Stigma and Mental Health in the LGBT Community in Goa*, while Madhura Chakraborty & Asok K. Sarkar highlight narratives of *Resilience and Hope among Girl Children Under CNCP Homes in West Bengal*. Both articles underline the need for inclusion, empathy, and rights-based mental health responses. Arts-based healing modalities and community engagement strategies are explored in Lalzo S. Thangjom & Pulak Dhar's study on *The Impact of Arts-Based Interventions on Emotional Well-Being*, demonstrating how creative expression contributes to psychosocial recovery and social reintegration.

Sleep, often overlooked in mental health discourse, is critically analyzed by Priyadharshini K. & J. Lakshmi, who study *The Impact of Sleep Deprivation on Mental Health and Academic Success Among College Students*. Their findings reinforce the biological and behavioral aspects of mental wellness. This issue also includes an important case-series article on *Psychiatric Disorders Associated with Tuberculous Meningitis*, presented by Sudip Shankar Mukherjee, Tahoor Ali, Poulomi Ghosh & Suprakash Chaudhury, drawing attention to neuropsychiatric outcomes in infectious disease management—a subject of growing relevance in post-pandemic mental health frameworks.

In line with our participatory and practice-based orientation, we feature two NGO profiles in this issue. Ehsaas – Feel the Desire of Nature and Society, profiled by Moumee Jesmin, Shaurya Prakash, Kheyali Roy & Ravi Kumar Shaw, exemplifies a holistic, grassroots approach to social development and mental wellness. Similarly, the P.M. Shah Foundation, Pune, profiled by Adv. Chetan Gandhi, underscores sustained efforts in preventive health and community awareness.

Together, the 19 research articles and two NGO profiles curated in this special volume offer a panoramic view of the mental health landscape in India, spanning diverse geographies, populations, and professional practices. They reflect the growing recognition that mental health is not merely a clinical or personal issue but a collective concern that requires interdisciplinary collaboration, policy innovation, and community involvement.

We express our deepest appreciation to all the contributors for their scholarly rigor, to our editorial board and reviewers for their continued support, and to our readers who have walked with us through 25 years of participative development. As we step into the Silver Jubilee celebration in December 2025, let this special issue stand as a testimony to our enduring commitment to knowledge, action, and transformation.

Dr. B. T. Lawani
Editor-in-Chief

GUEST EDITOR'S NOTE

The evolving discourse on mental health has reached a critical juncture. Once cloaked in silence and stigma, mental health is now acknowledged as a vital aspect of individual and societal well-being. Yet, challenges remain—particularly in the South Asian context—ranging from limited access and awareness to cultural barriers and inadequate policy support. This special issue of the *South Asian Journal of Participative Development* is dedicated to exploring mental health through a nuanced, interdisciplinary, and inclusive lens. Our aim is to bridge the gap between research, practice, and policy, offering scholarly insights into mental health issues that are deeply embedded in our communities and institutions.

The theme of this 25th volume—marking the journal's Silver Jubilee—is “Mental Health.” It comprises twenty rigorously peer-reviewed articles covering sub-themes across educational, psychological, social, technological, and cultural dimensions. These contributions bring forth diverse methodological approaches, including qualitative research, longitudinal studies, case analyses, and policy reviews.

We begin with the mental health of students—especially school and college learners grappling with academic pressure, identity development, and social anxiety. Articles here explore student counselling models, the psychological effects of academic stress, and the impact of sleep deprivation. Notably, there is also attention to slow learners in secondary schools, reinforcing the call for inclusive and empathetic education systems.

Moving into family and caregiving contexts, several papers examine the psychological toll on parents and caregivers of children with disabilities or chronic illnesses like cancer. These narratives highlight the emotional strain and underline the importance of psychiatric social workers and structured community mental health programs in reducing caregiver burnout.

Gender and occupational stress are also central themes, particularly concerning working women who juggle professional demands and personal responsibilities. Through a gender-sensitive lens, these studies stress the urgency of workplace reforms and policy interventions to alleviate burnout and improve well-being. The intersection of mental health and technology is another important focus. Articles explore the growing use of digital tools and artificial intelligence in early diagnosis and therapeutic interventions, while also addressing the ethical implications of this shift. The influence of social media on adolescent well-being is critically assessed, highlighting the need for digital literacy and mindful engagement.

Cultural influences on mental health form another compelling section of this issue. Articles addressing gambling disorder, stigma faced by the LGBTQIA+ community, and mental health challenges related to infectious diseases like tuberculous meningitis reveal how deep-rooted beliefs and taboos delay treatment and reinforce isolation. These findings call for culturally sensitive public awareness campaigns and mental health services.

Community-based interventions also feature prominently. One article presents arts-based methods in social work to enhance emotional well-being, demonstrating the therapeutic power of creative expression when integrated with psychosocial support. This underscores the potential of grassroots innovations in strengthening mental health care systems.

Additionally, two profiles of non-governmental organizations working at the intersection of mental health and community development are included. These case studies exemplify field-level initiatives to provide psychosocial support and mental health awareness, especially among underserved populations. They serve as powerful reminders that participative development is most effective when grounded in empathy and local realities. As Guest Editor, I found curating this thematic issue both intellectually enriching and socially significant. What stands out is the sincere commitment of the contributors to participatory, ethical, and community-anchored research. The compilation showcases how disciplines such as social work, psychology, psychiatry, education, public health, and technology can come together to address complex mental health issues.

This commemorative volume is more than a celebration of 25 years of academic publishing; it is a reaffirmation of our commitment to socially relevant scholarship. Over the years, this journal has served as a platform for scholars, practitioners, and voices from the field—championing research that connects theory with action. I extend my heartfelt gratitude to all the contributors for their valuable insights, to the reviewers for their constructive feedback, and to the editorial board for their continuous support. Special thanks to the production and back-end teams who ensured the timely publication of this edition.

We hope this issue serves as a resource and a catalyst for continued dialogue, deeper engagement, and collective action. May it inspire students, educators, researchers, practitioners, and policymakers alike to work together for a future where mental health is prioritized, destigmatized, and universally supported.

Dr. Chetan Diwan
Guest Editor

COLLEGE STUDENTS' MENTAL HEALTH COUNSELING MODEL

Amol Singh Rotele

Assistant Professor

Athawale College of Social Work Bhandara,

RTM ,Nagpur University, Maharashtra

roteleamol Singh@gmail.com

Abstract

In essence, professional counseling is a process of communication, discussion, and interpersonal contact founded on the belief that every person has the innate ability to make and carry out the right decisions for their lives. Despite the fact that the Bhagavad Gita contains one of the earliest therapeutic conversations, professional counseling that emphasizes a person's whole development has not gained popularity in India. The demand for counseling and social work services in India's higher education sector has been justified by the rise in campus violence, ragging, teenage suicides, antisocial behavior, and complicated interpersonal and intrapersonal problems. For effective intervention and successful results, there is a great need for indigenous counseling models that represent the Indian subcontinent's worldview, as the commonly accepted counseling theories and procedures are of Euro-American origin. This study proposes a "Single-Session Developmental Counselling" as an evidence-based indigenous model for counseling Indian college students. It does this by using counseling result reports, archival data of student-clients, and an auto ethnographic analysis of the researcher's counseling process.

Keywords: Mental Health, Counselling Model, College Students, therapeutic, Indigenous.

Introduction:

Educationalists, social workers, mental health professionals, and therapists, as well as the government, are becoming more concerned about the rise in mental health problems and concerning episodes of campus violence, ragging, depression, drug abuse, and suicides (Bhatia, 1993; Rakesh, 1992; Leena & Kumar, 1998; Ram & Sharma, 2005; Chopra, 2009). Despite the fact that the Acharya Narendra Dev Committee emphasized the value of counseling services in schools and colleges, especially in relation to career and vocational guidance, as early as 1938, mental health-related counseling services did not establish themselves in the Indian educational system as they did in the West or other developed nations. Various government education agencies have made significant pleas for mental health help, but these requests have not been answered (Bhatnagar & Gupta, 1999). The idea of mental health and wellness, as well as the issues surrounding it in the educational system, are still in their infancy. This is why more college students are ignoring their

studies and entering the workforce with unfocused academic records, which has an impact on many facets of society (Janetius, Mini & Chellathurai, 2011). The absence of indigenous counseling and psychotherapy models is a significant issue when it comes to providing high-quality mental health counseling services in India. For better results, counseling must take into account the Indian people's distinct thinking, cultural background, and worldview.

Therefore, in order to provide a successful intervention in colleges as professional counselors, it is necessary to identify certain distinct counseling models (with particular settings and phases) that might influence the treatment process and outcome and are well suited for Indian students. In view of helping the Indian college students by offering quality mental health services, this research is focused on creating an evidence-based mental health counselling model that would suit well to the Indian psyche, specifically the college students. Hence, the specific objectives of the study are:

- Classify the major mental health concerns of college students
- To identify indigenous, distinctive, counselling setting for Indian college students
- Highlight the various intervention strategies and techniques preferred by the college students in the counselling process
- To create an evident-based mental health counselling model suited for the Indian student population

Literature review

The research that Cerolini et al. (2023) conducted This systematic review of 66 research, mostly from North America, examines university students' views toward counseling, help-seeking behaviors, and mental health. It highlights the need to increase counseling services worldwide and identifies obstacles, such as stigma, to obtaining professional mental health care. The review highlights the frequency of psychological symptoms among students as well as the efficacy of both in-person and virtual therapies. It also covers the difficulties experienced by overseas students as well as the viewpoints of medical professionals and counselors. Improvement ideas include removing obstacles to access, increasing the scope of services, and offering focused assistance to a range of student demographics. Future studies ought to concentrate on the efficacy of interventions and how the COVID-19 epidemic has affected mental health care. Lodha and Pandya (2022) The presentation presents the results of a scoping assessment on how the COVID-19 epidemic affected college students' institutional tactics and mental health. Out of a total of 1038 records, 36 were examined using the Arksey and O'Malley framework and PRISMA-SCR standards. The findings brought to light issues including interruptions in the classroom, financial difficulties, and psychological suffering, with stress, worry, sadness, and loneliness being common. In response, organizations launched awareness campaigns, helplines, and internet therapy. In addition to providing practical suggestions for assisting students throughout the pandemic and institution reopening, the conversation focused on proactive mental health promotion initiatives, particularly in low- and middle-income nations. Despite its limitations, the study recommends giving mental health services in academic settings priority during public health emergencies in order to inform student-centered support programs and lessen the disruptions to education caused by pandemics.

Zou and associates (2020) Using a longitudinal research, the paper investigates the relationship between male college students' mental health problems and their sleep quality. It reveals that poor sleep quality exacerbates over the course of a year and is associated with increased levels of stress, anxiety, and depression. According to the study, there is a reciprocal association between sleep deprivation and future mental health problems. It finds that baseline sleep quality is a predictor of future anxiety symptoms, with a focus on male college students. The study, which was funded by the National Key R&D Program and China's National Natural Science Foundation, clarifies this association using the Pittsburgh Sleep Quality Index (PSQI) and Depression Anxiety Stress Scale-21 (DASS-21). Wathélet and associates (2020) The paper examines how the COVID-19 quarantine affected French university students' mental health and finds that there was an increase in stress, anxiety, sadness, and suicidal thoughts during this time. Female or nonbinary gender, housing and financial difficulties, past mental health conditions, COVID-19 symptoms, social isolation, and insufficient knowledge are risk factors. The low adoption of mental health treatments despite an increase in mental health difficulties suggests that there may be access hurdles during quarantine. The study's methodology uses a survey study among French university students, using online questionnaires and multivariable logistic regression analyses to assess mental health symptoms and associated risk factors. The introduction by Torrano et al. (2019) highlights the growing concern over rising mental health issues among university students worldwide despite the potential for universities to offer support services. The study emphasizes the urgent need for public health measures to address these challenges, comparing findings with pre-quarantine estimates.

In order to comprehend the development of the field and direct policy for all-encompassing support systems, it promotes the synthesis of research and the use of bibliometric techniques. An overview of several viewpoints on how to conceptualize mental health, including those from the biological, behavioral, and social sciences, is given in the section that follows. It emphasizes how cultural context shapes terminology. It is important to embrace plurality in the concept of mental health in order to promote information sharing and culturally relevant care, as well as the expansion of mental health definitions to include well-being. Z. Ma and associates (2019) The study uses established measures for acute stress, sadness, and anxiety to assess mental health difficulties among 746,217 college students in China during the COVID-19 epidemic. 45% of individuals showed likely acute stress, depression, or anxiety symptoms, indicating that psychosocial and epidemic-related variables are associated with increased mental health risks. Prior mental health conditions, limited perceived social support, exposure to COVID-19-related media coverage, and certain demographic characteristics were all linked to an elevated risk. The findings have important ramifications for social support tactics and customized therapies. Saleem, Naz, and Mahmood (2013) This study examines university students' propensity for anxiety and offers recommendations for evaluating severity categories based on Standard Deviation (SD) values. According to the results, 31% of individuals had "severe" issues, while 16% have "very severe" issues. Among the specific features are anxiety proneness (12%), lack of self-regulation (14%), loss of confidence (16%), and dysfunctional sense (17%). These findings highlight how common anxiety-related problems are among students. In order to educate focused support interventions and counseling services for students dealing with

mental health issues, the discussion examines elements that influence prevalence rates, such as demographics and evaluation procedures.

Methodology:

This qualitative exploratory study was conducted using archival studies, evaluation reports and auto ethnography. The archival data was taken from the randomly selected 200 students who received professional counselling in an autonomous college counselling centre in Maharashtra in the academic years 2022-23. The major reasons (presenting problems) for which students came for counselling and, the various interventions and techniques used in the counselling process were methodically analysed. Autoethnography method (Tenni, Smyth, & Boucher, 2003) was used to analyse and interpret the researchers counselling process. A survey was conducted among the students who utilised counselling services to identify the various aspects of the counselling process, style and techniques used by the researcher, and also to discover specific aspects appreciated by the student-clients.

Results and Discussion:

The major problems for which the students came for counselling were classified into six broad categories. Academic concerns, unwanted habits, family concerns, relationship problems, personal problems, and general consultation. The following chart shows in percentage the major concerns for which the student-clients sought counselling assistance from the college counselling center.

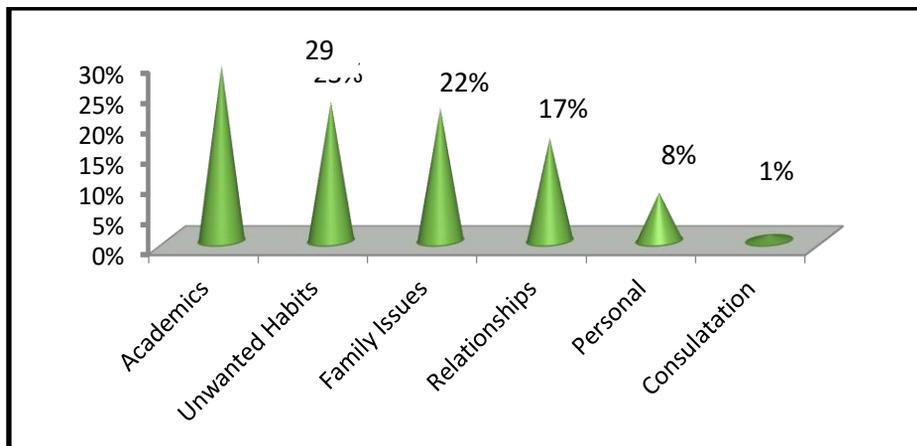


Figure 1: Showing major concerns students came for counseling

The main reason students seek counseling is for academic difficulties, which are followed by undesirable behaviors and family matters. undesirable behaviors mostly associated with drug and alcohol addiction, smoking, and pan and tobacco usage. Relationship troubles and love affairs are also significant concerns for college students. In terms of Western counseling, the center's primary counseling style was eclectic, which is a practical fusion of humanistic, cognitive, transpersonal, and psychodynamic approaches. A distinct

ecological development approach was used to address the student's issues, beginning with a thorough family history and progressing toward autonomy, accountability, and goal-setting. Of the 200 student-client records studied, only 40 students came for follow-up counselling although 160 cases were asked to come for follow-up. When enquired about the lack of follow-up services, the students give the following reasons:

1	Felt better after a single session	40%
2	Ashamed to come again and again	6%
3	After one session felt that they can manage the situation	30%
4	No specific reasons	15%

The study also identifies that the various modifications, adaptations and amendments in the Western models have fetched a very high rate of success in therapy and, higher satisfaction reported by the student-clients. The following are the key changes made in the Western models of counselling structure and process for a better outcome.

- ❖ **Treatment duration:** According to Western treatment models, a session should last 50 minutes. Nonetheless, a single session often lasts between 90 and 120 minutes. The pupils would rather have one counseling session than several.
- ❖ **The significance of family background:** To comprehend the client-student and the issues, a comprehensive examination of family background is necessary at the first stage of counseling. Contrary to the Western approach, understanding a client's difficulties just via their personal history is never enough.
- ❖ **Sharing personal and client experiences:** One of the most valued and suggested aspects of the counseling process is the counselor sharing his or her own experience, as well as the experience of another student-client who has or has had comparable difficulties and challenges. The knowledge that he or she is not alone in experiencing this issue gives the student-client more confidence.
- ❖ **Proverbs and sayings as therapeutic interventions:** When a counselor employs the sayings and proverbs of great individuals to encourage change, the student-clients place a higher value on it. Additionally, it is much appreciated when pertinent quotations from holy texts are used to inspire greater desire and change.
- ❖ **Counselor, self-appointed expert:** The student-clients look to the counselor for a prefabricated response or solution to every issue they face. It is important to use caution when making strongly held personal recommendations. However, the counselor would lose trust and risk the result if they vehemently disagreed with such expectations.
- ❖ **Therapy termination:** When a particular level of progress is made, Western models highlight the requirement for the counselor to provide an explanation for the therapy suspension. Termination is not a major concern in India, though, as the student-client may stop attending counseling even if the counselor asks for follow-up sessions after they have gained some understanding or are relieved of the difficulty.
- ❖ **Multicultural competency:** India is a nation with many different languages, castes, religions, and traditions. Even members of the same caste who live in two

distinct villages or members of two different castes who live in the same village have diverse cultures. As a result, all counselors must be multicultural therapists. A single-session mental health counseling model (an indigenous model) is especially designed for Indian college students, taking into account the study's results and the researchers found successful elements in the counseling process. The student-client is assisted in identifying the problems and formulating specific goals for the future within a single counseling session. Using family analysis to understand and contextualize the issues, development concerns of the stage of growth (formation of identity), a culturally sensitive and indigenous approach, and evidence-based practice (a blend of recognized best practices by the student-clients) are the key characteristics of this methodology.

This counseling model's three primary areas of attention are:

- i) Psycho-social development: According to Shilpa (2011), all of the student-clients' personal, interpersonal, family, and social problems are seen to be connected in some way to the disorientation brought on by the adolescent/early adult developmental task. Adolescent and early adult developmental crises are used as a lens through which to examine the issues, and suitable treatments are carried out.
- ii) Identity creation: Since identity development is crucial to the quarter-life transition, the counselor gives it special attention.
- iii) Setting academic, professional, and personal goals: Since many students pursue a certain stream of study due to pressure from their family, motivation, improved academic progress, and proper job choices are target topics throughout the sessions (Janetius, Mini & Chellathurai, 2011). In addition to career counseling, students receive instruction on how to develop long-term objectives rather than short-term ones.

The following are the four phases of a one-session mental health counseling session: From a developmental perspective, kids must be accepted without reservation in order to assist them with their issues. Accepting the student-client's issues with their worldview and belief system is also crucial.

The four phases of this methodology, which adheres to this fundamental counseling concept, are:

i) Examining the family history: To comprehend the distinct family culture and dynamics in the Indian context, a thorough investigation of the student's family background is necessary. This is due to the fact that a lot of personal difficulties are entwined with familial concerns.

ii) Examining the issue and worldview: In the second phase, the issues must be examined by means of honoring and embracing the students' individual experiences. To properly comprehend the issue, the client's worldview must be substituted for the empathy that is frequently emphasized in Western models (Mini, 2012).

iii) treatment process: After the client's background, beliefs, and issues are examined in their worldview and family dynamics, the treatment process may begin. The therapeutic process may incorporate reconciliation with oneself, others, or even spiritual and religious influences. Exercises involving breathing, imagery, and visualization—all of which are essential components of the Indian psyche—can be employed in a variety of ways. Since

many religious rituals of different religious factions are akin to catharsis, prayer should be promoted. It is beneficial to concentrate on certain values and spirituality (doing justice, having reason and free will to make decisions, etc.) if the client is not particularly religious.

iv) Setting goals and assisting with new orientation: In the last phase, use visualization and auto-suggestions to assist the client in creating new thinking, emotion, and behavior patterns. Students would be motivated for a rapid realization and new direction by pointing out renowned sayings from ancient wisdom, proverbs, and the words of notable individuals. As the session draws to a close, saying, "I will pray for you," and promising assistance in the future, would instill a great deal of good emotions and confidence that might further accelerate the healing process.

Conclusion:

A well-structured **College Students' Mental Health Counseling Model** can significantly improve students' well-being, academic performance, and overall college experience. By implementing preventive measures, accessible services, crisis intervention, and ongoing support, colleges can foster a healthy and supportive environment where students can thrive both mentally and academically.

In order to develop an evidence-based mental health counseling paradigm for Indian college students, the study was carried out at a counseling center. The data analysis revealed several aspects of the counseling process and environment, as well as some best practices. A more practical indigenous one-session counseling approach that emphasizes students' psychosocial development was developed in contrast to the culturally insensitive Western counseling methods. Since the data was gathered from a single counseling center, data from various situations might be used in future research.

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COMMUNITY MENTAL HEALTH PROGRAMS FOR SICKLE CELL PATIENTS: FUNCTIONS OF PROFESSIONAL SOCIAL WORKERS: A QUALITATIVE STUDY IN ANDHRA PRADESH

Nagesh M.

Assistant Professor, Department of Social Work
Central Tribal University of Andhra Pradesh, Vizianagaram
drnagesh.m@ctuap.ac.in

Divya K.

Assistant Professor, Department of Tribal Studies
Central Tribal University of Andhra Pradesh, Vizianagaram
divya.k@ctuap.ac.in

Abstract

Sickle Cell Disease (SCD) is a global public health problem that is prevalent, particularly in low and middle-income countries. As an inherited disorder of hemoglobin, SCD negatively affects the mental health, social functioning, and overall well-being of the patients. The disease makes severe the morbidity and mortality among the patients with a range of psychosocial challenges. Therefore, a comprehensive or holistic support system is required to create for the patients of SCD. Awareness generation, prevention, and early detection of Sickle Cell Disease and the role of health care workers and professional social workers are crucial.

This study explores the status of SCD patients in Andhra Pradesh. This article analyses the scope of professional social workers who specialized in the area of community mental health to engage in psycho-social care. In this way, professional social workers can contribute to integrating mental health support through community engagement and social advocacy. Community mental health is a strategy for maintaining a holistic care framework that can extend to the patient of SCD beyond the clinical treatment and interventions. Additionally, this article points out the psycho-social challenges of the patients of SCD and their experience from the socio-cultural environment. This article concludes with the suggestions that community mental health activities by professional social workers can improve the quality of life of among the patients of SCD.

Key Words: Community Mental Health, Professional Social Workers, Sickle Cell Disease, Psycho-social.

Introduction:

Recent data indicates that approximately 8.6% of the nation's population identifies as members of Scheduled Tribes (ST), a demographic that constitutes one of the most significantly marginalized communities within India (Census, 2011 Government of India). Tribes face many challenges that span social, economic, cultural, and political dimensions, making them a focal point for ongoing discussions across various platforms, including governmental, non-governmental, and community-led forums. Scheduled Tribes continue to contend with societal stigma and a range of unresolved issues that impact their sense of identity and belonging.

Among the pressing health issues in tribes, sickle cell disease has created havoc in the lives of the tribal population. Sickle Cell Disease (SCD) is a hereditary blood disorder characterized by the production of abnormal hemoglobin, known as hemoglobin S. This causes red blood cells to assume a rigid, sickle-like shape, leading to various complications in the body. The sickle cells can block blood flow in small vessels, causing pain and potential organ damage.

In Andhra Pradesh, this percentage is about 2.5%, underscoring the significant presence of Scheduled Tribes within the region and their important role in the cultural and socio-economic landscape. Within Andhra Pradesh, there is a rich diversity, with nearly 33 types of Scheduled Tribes, each contributing to the state's unique cultural tapestry.

It is mentioned that about one in every 86 births among Scheduled Tribes (STs) results in a child born with Sickle Cell Disease (SCD), and the Andhra Pradesh government aims to eliminate sickle cell anemia by 2047. (January 20th, 2024, The New Indian Express)

Individuals with sickle cell disease often face a range of health challenges, including chronic pain episodes, increased risk of infections, anemia, and complications affecting various organs. The condition requires ongoing medical care and management, which can make access to healthcare services particularly crucial.

In populations like those in Andhra Pradesh, where marginalized communities such as Scheduled Tribes exist, the implications of sickle cell disease can be profound. Addressing the health needs of these individuals requires not only medical intervention but also community support, education, and inclusiveness, especially from trained social workers who can help navigate the socio-economic challenges faced by these communities. Ensuring that sickle cell patients receive comprehensive support through community mental health programs is vital in improving their overall quality of life. Matters are healthcare access, educational opportunities, and sustainable livelihoods, each of which plays a critical role in the quality of life for tribal populations.

Essien et.al (2023) identify that patients with sickle cell disease are suffering from the following psychosocial challenges: poor body image, behavioral/emotional problems, stigmatization, Neurocognitive deficits, workplace discrimination, and reduced quality of life.

Gayatri Desai et al. (2014) have highlighted the multifaceted sickle cell program for the people of Jhagadiga of South Gujarat. Being a Non-Profit organisation, the comprehensive care model initiated by them has helped to identify, screen, and provide an effective treatment to prevent the sickle cell disease at the community level.

National Health System Resource Centre mentions in its training module for multipurpose workers on the community involvement by creating different committees, but nowhere have the mental health issues and the role of social workers in the manual. (**NHSRC Training Module, 2023**)

Psycho Social Issues of Sickle Cell Patients:

Sickle cell patients often face a range of psychosocial issues that can significantly affect their mental health and overall quality of life. Some of the key psychosocial challenges include:

1. **Chronic Pain:** The frequent pain crises associated with sickle cell disease can lead to significant psychological stress, anxiety, and depression. The unpredictability and severity of pain can impact daily activities and relationships.

2. **Stigma and Discrimination:** Many individuals with sickle cell disease experience stigma from society, which can lead to feelings of isolation, low self-esteem, and a lack of support from peers and even family members. This stigma can deter individuals from seeking help.

3. **Mental Health:** The chronic nature of the disease often results in mental health challenges such as anxiety, depression, and emotional distress. Patients may struggle with the fear of complications or the impact of the disease on their future.

4. **Social Isolation:** Due to their health issues, sickle cell patients may find it challenging to maintain social connections, leading to feelings of loneliness. They may miss school or work due to prolonged illness, further isolating them.

5. **Educational and Employment Challenges:** Sickle cell disease can affect a person's education and job opportunities due to frequent medical appointments, hospitalization, and chronic fatigue. This, in turn, can impact self-worth and socioeconomic status.

6. **Family Dynamics:** The burden of managing a chronic illness can strain family relationships. Family members may experience stress, caregiver fatigue, or frustration, which can affect their ability to provide support.

7. **Self-Identity:** Living with a chronic condition can affect a person's sense of identity and self-worth. Patients may struggle with how they perceive themselves and how they believe others perceive them.

8. **Access to Care:** Socioeconomic factors can influence access to healthcare and social support services, making it difficult for patients to receive the comprehensive care they need. This can lead to feelings of helplessness.

Addressing these psychosocial aspects requires a multi-faceted approach that includes mental health support, community engagement, education, and the involvement of trained social workers or counselors. Comprehensive care that recognizes both physical and mental health needs can help improve the overall well-being of sickle cell patients.

9. **Sleep Disorders:** It is a common sign of SCD experience by the patient. Sleeplessness disturbs their day to day life and reduces the quality of life.

10. **Inter-personal Challenges:** The SCD patients face challenges to manage and maintain the relationship in their personal and social spaces.

11. **Stigmatization:** Many of the patients of SCD stigmatized in the name of their poor health condition and socially discriminated in their social and cultural environment. In some extent they discriminates from their working environment. Moreover, the unemployment rate is high among the SCD patients.

12. **Depression and Anxiety:** Several studies explored that there is a significant relation between depression and anxiety and its occurrence among the SCD patients (Al-Marzouki AF, 2021).

Holistic Approach to Psychosocial Well-Being in Sickle Cell Care:

Sickle Cell Disease affects various aspects of an individual's health and mental health. Geographically, the SCD badly affects the indigenous population of tropical countries (Essien, Emmanuel Aniekan MBBCh, et al. 2023). The diseases extend with chronic and severe pain episodes in the life of patients. Therefore, it is necessary for a holistic approach towards the patients of SCD with the strategy of community mental health. It includes the intervention by professional social workers who trained in community mental health can engage in culturally sensitive mental health practices among patients exclusively with the patients from the communities of tribes and rural areas. There are social stigmas, discriminatory practices and socio-economic disparities are crucial among the indigenous communities especially among the tribes (Grosse SD, 2009).

Social stigma against the SCD patients are includes labelling (Link BG, Phelan JC, 2013) and discriminating or humiliating based on the poor health status of the patients. A detailed description of stigma theory and the negative impact of social stigma over SCD patients described in the text of *Handbook of the sociology of mental health* by Link BG, Phelan JC, 2013 (p. 525–541). There are studies explored that the stages of stigma in different levels. Bediako SM, Moffitt KR, (2011, p. 423–429) emphasis that “People who have SCD may experience health-related stigma for a variety of reasons including race, disease status, socioeconomic status, delayed growth and puberty, and/or having chronic and acute pain that needs to be managed with opioids”. All these factors indicate that a stigma among the SCD patients required essential mental health care among the individuals and society in remote rural villages and tribal society.

Functions of Professional Social Workers in Community Mental Health Care of SCD Patients:

The role of professional social workers specialised in community mental health can be engaged in the functions of SCD patients' psychological problems like mental health breakdowns, medical emergencies, issues related to social stigma, and social isolations. Professional social workers can strengthen and train the Health and Wellness Centres at the community level (*Ayushman Arogya Mandir*) to make people aware and alert about the mental health problems of SCD patients and families. Conducting detailed ethnocentric field activities ensures rapport among the SCD patients. Social Workers can engage in qualitative and evidence based studies about patients of SCD. Accordingly, empirical data can produce knowledge about the ground realities of SCD patients who live their chronic,

painful lives in the villages and tribal hamlets. These fieldwork records can guide the monitoring and administrative practitioners for their interventions and decision making. Below mentioned figure: 01 pictures the holistic approach to psychosocial well-being in Sickle Cell care.

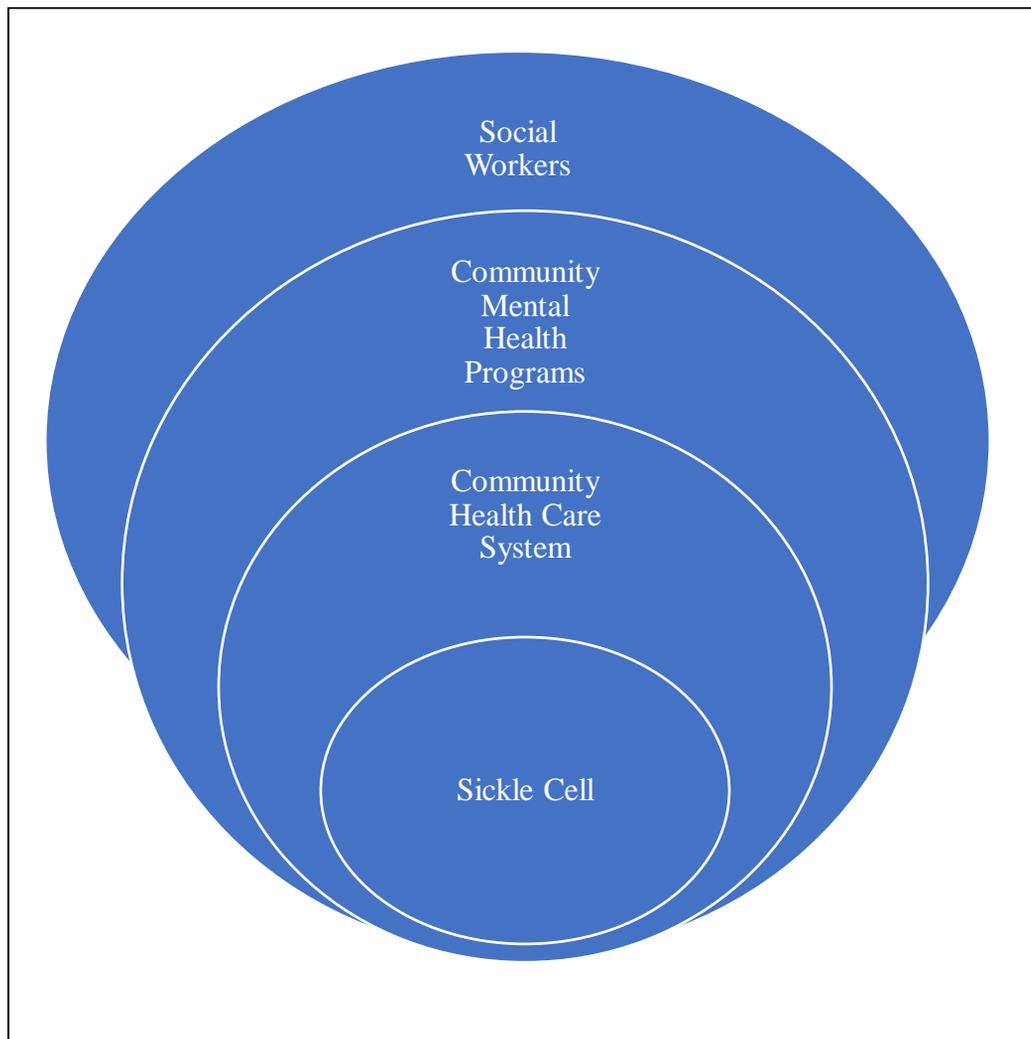


Figure: 01 Holistic Approach to Psychosocial Well-Being in Sickle Cell Care

Need for Community Mental Health Programs:

Community mental health programs for sickle cell patients play a crucial role in providing holistic support that addresses both the physical and emotional needs of individuals living with the condition. Here are some key components and strategies for effective community mental health programs:

Table: 01 Psycho-Social Programme for the Patients of SCD

Sl. No.	Programs	Description
1	Integrated Care Models	Integration of all types of health care services.
2	Psychosocial Support	Counselling and emotional support.
3	Education and Awareness	Creating awareness and promoting the knowledge on sickle cell.
4	Skill-Building Workshops	Enhancing problem-solving skills among patients, family members and neighbourhoods
5	School and Workplace Support	Enhance the knowledge of teachers, school administrators, staff members of offices about Community mental health
6	Access to Social Services	Referral service with sectors of social welfare agencies, NGO's etc.
7	Cultural Competence	Generate cultural competencies among children, students group
8	Crisis Intervention Services	Special service in the form of crisis intervention for critical cases
9	Community Engagement	Make an active and harmonies community with social activities
10	Monitoring and Evaluation	For ensuring the effectiveness, quality and the accountability of activities, a mechanism of monitoring and evaluation is necessary

1. **Integrated Care Models:** Programs should integrate physical healthcare with mental health services. This approach ensures that patients receive comprehensive care, addressing their medical needs and psychological well-being in a coordinated manner.

2. **Psychosocial Support:** Providing access to counseling and support groups can help patients cope with the emotional challenges of living with sickle cell disease. Facilitating peer support networks allows individuals to share experiences and coping strategies, reducing feelings of isolation.

3. **Education and Awareness:** Community programs should focus on raising awareness about sickle cell disease and its psychosocial implications. Educating patients, families, and the wider community can help reduce stigma and promote understanding.

4. **Skill-Building Workshops:** Offering workshops on stress management, coping strategies, and problem-solving can empower patients and their families to manage the emotional challenges associated with the disease more effectively.

5. **School and Workplace Support:** Mental health programs should engage with schools and employers to create supportive environments for sickle cell patients. This could involve developing policies to accommodate medical needs and providing education about sickle cell disease to staff and peers.

6. **Access to Social Services:** Connecting patients with social workers who can assist with navigating healthcare systems, financial aid, and community resources is essential. This support can help mitigate some of the socioeconomic challenges associated with the disease.

7. **Cultural Competence:** Programs should be culturally sensitive and tailored to the specific needs of sickle cell patients within different communities, particularly among marginalized groups. Understanding cultural beliefs and practices can improve engagement and program effectiveness.

8. **Crisis Intervention Services:** Establishing services for crisis intervention can provide immediate support for patients experiencing severe emotional distress or mental health crises. This could be through hotlines or emergency counseling services.

9. **Community Engagement:** Involving community leaders and stakeholders in program development can enhance outreach and effectiveness. Community ownership fosters a supportive environment that can lead to increased participation and success.

10. **Monitoring and Evaluation:** Regular assessment of program effectiveness through feedback from participants can help refine services and ensure they meet the evolving needs of sickle cell patients.

By focusing on these key components, community mental health programs can significantly enhance the quality of life for individuals with sickle cell disease, promoting resilience and improving their overall health outcomes.

Role of Social Workers:

Social workers play a vital role in supporting sickle cell patients by addressing the multidimensional challenges they face. Their involvement is crucial in various areas:

1. **Emotional Support:** Social workers provide emotional support to patients and their families. They help individuals cope with the psychological stress and emotional turmoil associated with living with a chronic illness.

2. **Advocacy:** They advocate for the rights and needs of sickle cell patients, ensuring they have access to necessary healthcare services, social support systems, and community resources. This includes working with healthcare providers to facilitate better patient care.

3. **Education and Awareness:** Social workers educate patients and their families about sickle cell disease, its management, and available resources. They help demystify the condition and reduce the stigma associated with it, promoting a better understanding within the community.

4. **Resource Navigation:** Sickle cell patients often need assistance navigating healthcare systems, social services, and financial aid programs. Social workers can connect them with resources such as financial assistance, transportation services, and support groups.

5. **Crisis Intervention:** In times of medical or emotional crises, social workers intervene to provide immediate support, helping patients access emergency care or counseling services.

6. **Support Groups:** They facilitate support groups where sickle cell patients can share experiences, challenges, and coping strategies. These groups foster a sense of community and reduce feelings of isolation.

7. **Family Support:** Social workers also support family members of sickle cell patients, addressing caregiver fatigue, stress, and the dynamics of living with a chronic illness. They provide strategies for enhancing communication and support within families.

8. **Holistic Care Approach:** By recognizing the interplay between physical health and mental well-being, social workers advocate for holistic care models. They aim to integrate

mental health support with ongoing medical treatment, ensuring a comprehensive approach to patient health.

9. Community Mobilization: Social workers engage with communities to raise awareness about sickle cell disease and promote inclusiveness. They work with local organizations to create programs that support sickle cell patients and contribute to reducing stigma.

10. Policy Advocacy: At a broader level, social workers can influence healthcare policy to improve services and resources for sickle cell patients, contributing to systemic change that benefits marginalized communities.

In summary, the involvement of social workers is essential for creating a supportive environment for sickle cell patients, addressing their physical, emotional, and social needs, and promoting their overall well-being.

Conclusion:

To conclude, this study highlights the significance of professional social workers in community mental health in the context of the psychosocial care of the patient of SCD in Andhra Pradesh. As designated by the United Nations, the first Sickle Cell Day was observed on June 19, 2009. Hence, the professional health workers required exclusive training to provide mental support to the patients. The study reveals that SCD patients face severe psychological issues, isolation, and discrimination in the workplace, including stigma, emotional distress, sleeplessness, and economic hardships. This study underscores the significance of psycho-social services, community-based interventions, awareness generation programs, and promotion of public health literacy among the tribal and rural villages of Andhra Pradesh. Professional social workers can do the holistic intervention to bridge the gap between health care services and the patients of SCD.

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MENTAL HEALTH ISSUES AMONG MOTHERS OF CHILDREN WITH DISABILITIES: THE ROLE OF PSYCHIATRIC SOCIAL WORK PROFESSIONALS TO SUPPORT

Ashok S. Kori

Psychiatric Social Worker, DIMHANS, Dharwad, Karnataka

ashok.kori@gmail.com

Renuka E. Asagi

Assistant Professor, Dept. of Social Work
Karnataka University, Dharwad, Karnataka

renureshmi@gmail.com

Abstract

Mothers of children with disabilities naturally experience various kinds of problems in the process of caregiving a child with disabilities. These problems might emerge as a tension, worry, sadness, stress etc., affecting both the mother's well-being and the entire family dynamic. Multiple responsibilities at home and in other workplace can cause stress, feels tiredness and other problems. Mother's health is very important in the family. Psychiatric social workers are playing major part in addressing mental health challenges by providing emotional support, counselling, advocacy and access to community mental health services. The objectives of this study are to understand various problems facing by mothers of children with disabilities and to understand the role of psychiatric social work professionals to support. Method: This study employs a secondary data analysis approach. Potential research articles were selected and extensively studied through a variety of internet databases, such as PubMed, Google Scholar, e-books, Science Direct and PsycINFO. The role of psychiatric social workers to support mothers of children with disabilities has been discussed in this article. In addition, mental health problems among mothers of children with disabilities were understood by reviewing from good articles. This article discusses the role of psychiatric social workers in supporting mothers of children with disabilities. Mental health issues among mothers of children with disabilities were understood and discussed in this article. Financial burden, caregiving responsibilities and other reasons are some factors contributing to mental health challenges. Stress, depression and anxiety symptoms were common mental health issues faced by mothers of children with disabilities.

Key Words: Disability, Mental Health, Mothers, Social Work, Psychosocial Issues, Psychiatric Social Workers

Introduction:

Families encounter unique challenges while caring a child with disabilities. Mothers handle multiple roles in the family most of the time. They experience stressors in the process of caring child with disabilities from beginning stage to long term care. Though their kind-heartedness, unconditional love and sacrifice to support their children with disabilities always good model to others. Mothers of children with special needs are more likely than mothers of non-disabled children to experience mental health concerns such as stress, worry, and depression. If she is a working employee, her responsibilities increase because she manages many various household duties. The social work perspective emphasizes providing comprehensive care to families in order to alleviate stress and improve the health of both mother and child. Psychiatric Social workers play a major role in assisting and promoting the wellbeing of families of children with disabilities. The mental health is important to every person in the families of children with disabilities. Though, everybody may not now the symptoms of mental illness in such families. The mental health of mothers of children with disabilities is crucial in the process of caring a child with disability/disabilities. Prioritizing mental health allows them to develop resilience, deal with issues more skillfully and helps to their entire family.

Mental Health Issues among Mothers of Children with Disabilities:

Every mother expects her child should be healthy and grow normally. However, for a variety of reasons, a child born with disability issue can lead to one or other issues in the families. Mother's love and compassionate heart, as well as her unconditional support for special child, need to be appreciated always. They face a variety of emotional and psychological challenges that can negatively affect their mental health condition in the process of caring and nurturing children with disabilities. Hence, both physical and mental health is crucial when caring a child with disabilities. They face difficulties that can have a major impact on their well-being and mental health. For these mothers support is required to manage their emotional strain or stress is essential because of the emotional, physical, and financial hardship that comes with providing care. Anxiety, despair, and fatigue might result from these difficulties, which could include on-going concerns about their child's health, future, and social integration. In addition, the pressures of daily caring frequently lead to physical exhaustion, sleep loss, and a lack of personal time all of which worsen mental health issues.

Methods:

This study employs a secondary data analysis approach. Potential research articles were selected and extensively studied through a variety of internet databases, such as PubMed, Google Scholar, e-books, Science Direct and PsycINFO. The objectives of this study are to understand various problems facing by mothers of children with disabilities and to understand the role of psychiatric social work professionals to support.

Findings:

Mothers often encounter difficulties while providing care for children with disabilities as below:

Mothers who care for children with disabilities often face a range of physical, emotional, social, and financial challenges. Emotionally, they may experience a constant strain, often feeling guilt, anxiety, and sadness. Many go through periods of depression and even feelings of hopelessness, especially when they feel alone in their journey. The stigma associated with disability can further deepen their emotional burden, making them hesitant to express their struggles or worries openly with others.

There is a strong desire for more information and clarity regarding available welfare benefits, as navigating the system can be overwhelming. In difficult situations, these mothers often need someone to offer support, listen, or simply understand their experiences. The pressure of caregiving, coupled with emotional turmoil, frequently leads to sleeping problems, headaches or migraines, and general physical fatigue. Long hours spent in caregiving positions can also result in muscle, bone, or joint pain. In terms of health, many face nutritional challenges and may even develop conditions such as diabetes, which are often worsened by stress and irregular self-care. A major concern is the lack of time or energy for their own self-care, leaving them physically drained. Financial struggles become more prominent if the family is in a poor economic condition, especially when additional medical or educational costs arise.

Socially, these mothers often experience limited interaction with others, which can lead to a sense of isolation. They may find themselves handling more responsibilities within the family, often without sufficient support. One of their greatest concerns remains the uncertain future of their child with disabilities, which adds to their constant internal worry and emotional burden. Despite all of these challenges, these mothers continue to show incredible strength and resilience, though their well-being and support needs must be acknowledged and addressed meaningfully.

The study was conducted to investigate relationship between hopelessness, depression and quality of life among mothers of children with disabilities, Quality of Life in mothers of hearing & orthopedic impaired. One hundred fifty Mothers of children with disabilities were included in this study. They belonged to nuclear, urban literate families of Chandigarh. The findings of this study revealed that mothers of hearing and orthopedic impairment had high levels of hopelessness and depression which affects their quality of life. Effective rehabilitation programs need to deliver adequate opportunities for frequent follow-up interviews which offer not only information on the children's disabilities but also psychological care for the mothers. This article highlights the importance of addressing emotional distress in mothers of persons with disabilities to recover their quality of life. By focusing on reducing depression and hopelessness, targeted interventions could help these mothers cope more effectively with the demands of caregiving (Vinayak et al., 2016).

Due to a confluence of social, financial, and emotional difficulties, mothers of children with disabilities repeatedly endure high levels of stress. The emotional toll of raising a child with special needs is an important contributing element since it can result in feelings of stress, frustration, and worrying, decreased self-confidence at times etc. They may

worry about their child's future all the time because they want to give them the greatest care possible. Another source of stress is the demands of caregiving. Burnout and tiredness can result from providing children with multiple disabilities (if severe health issues) with the extensive, 24-hour care they need. Medical visits, giving training, supporting child, managing child's self-care activities and school needs while managing other responsibilities can leave mothers feeling overburdened.

Social Isolation and Lack of Support: Due to unique nature of their caregiving duties, mothers of children with disabilities feel socially isolated at times. Feelings of loneliness may result from this. Furthermore, these mothers may become even more separated from their communities due to the societal stigma attached to disability issues. Sometimes, the child's disability and abilities not understood clearly in the family, so that, which can result in miscommunications or condemnation. A good support is required to build confidence in mothers.

Caregiver Stress and Burnout:

Along with worry and sadness, mothers of children with disabilities often experience caregiver stress and burnout. It can be emotionally and physically tough to care for children with disabilities. Chronic stress and exhaustion might result from the responsibilities of attending to the child's everyday requirements, including therapy sessions, medical appointments, and behavioral interventions.

The most significant indicator of less psychological well-being in parents of children with disabilities is severity of behavioral issues in the child. These behavioral problem can create stressors and sometime mothers may not giving good concentration on their day to day activities (King et al., 1999). When the family helped with the child's care, mothers reported feeling less stressed. Mothers have primarily experienced psychological suffering as a result of family neglect. Consequently, it would be wise to involve the families in the planning of the training course. In another way, practitioners must be able to include the entire family in the healing process (Greeshma, 2023).

The study *"The Experience of Mothers Caring for Children with Disabilities at the Persatuan Rakyat Indonesia Special School"* explores the emotional, social, and practical tasks faced by mothers of children with disabilities. Using in-depth interviews, the research identified key themes such as emotional changes, financial constraints, social stigma, and the importance of support from family and the community. It was found from this study that while mothers experience emotional instability and excessive worry, patience, and gratitude through their caregiving role. Social support and assistance from health workers play a crucial role in easing their burden (Maulinda et al., 2022).

The one focused on the emotional and practical challenges faced by mothers raising children with disabilities, with a particular attention on the risk of divorce. The study highlights that these mothers often experience high levels of stress, emotional strain, and financial burden. These challenges, along with the demands of caregiving, can strain marital relationships and increase the risk of divorce. The article emphasizes the need for

greater support systems, both emotional and practical, to help reduce the pressures on mothers and families (Alsamiri et al., 2024).

Problems arising while caregiving among mothers of children with disabilities:

Caregiving for children with special needs presents a complex array of challenges that significantly impact the well-being of mothers. The important issue in the caregiving process is to maintain physical health and mental health for long duration, maintain good relationship, handling pressures in the family. The constant responsibility of managing a child's medical, developmental, and emotional needs can result in feeling stress, anxious and feels depressed. Mothers often experience emotional burnout from the day-to-day demands, which can lead to feelings of helplessness and frustration. They may struggle with guilt and self-blame, wondering whether their caregiving approach is adequate or whether they are causing additional stress to their child. This psychological strain can be compounded by a sense of isolation, as mothers may feel misunderstood or alienated from their social circles, especially when others do not comprehend the unique challenges they face.

Another significant problem arises from the **physical demands of caregiving**. Caring for a child with disabilities most of the time lead to physically exhausting, requiring constant attention to the child's needs, such are helping with mobility, feeding, bathing, and managing medical treatments. The lack of proper respite care means that mothers often don't have opportunities for rest or self-care. The absence of a structured support system places an overwhelming burden on them, leading to physical exhaustion, sleep deprivation, and even physical injuries from lifting or assisting their child.

Financial issues can impact families of children with disabilities. Bearing expenditures such are medical bills, therapy sessions, specialized equipment, and other necessary services can be financially tough. In many cases, mothers may have to decrease their work hours or quit their jobs altogether to deliver the required level of care. This loss of income, combined with the increasing financial demands of caregiving, puts additional pressure on the family's finances, often creating stress and insecurity about the future.

The **lack of adequate social support** is another critical issue that arises. Mothers of children with special needs required good support from family members and relatives in the process of caring their children. If such support not available from expected persons it would be hurt and make them to feel sad and disconnected from their peers. Caregiving responsibilities can limit their ability to engage in social activities or maintain relationships, leading to a lack of emotional support. In some cultures, societal stigma around disability may further contribute to exclusion, with mothers facing discrimination or judgment from others. Without a strong support system, mothers are left to navigate the challenges of caregiving alone, exacerbating feelings of loneliness and alienation.

Additionally, **navigating complex healthcare and educational systems** presents a substantial challenge. Accessing the appropriate medical care and therapies often requires persistence and considerable effort. In many regions, healthcare systems may not be

adequately equipped to get the needs of children with disabilities, forcing mothers to seek out multiple specialists and services. Similarly, securing an appropriate education for children with disabilities, whether through specialized schools or personalized educational plans, is often a long, bureaucratic process that can be fraught with barriers. This can leave mothers feeling overwhelmed and frustrated as they try to ensure that their children receive the care and opportunities they deserve. These problems often accumulate over time, creating a significant burden on mothers, who may struggle to balance the demands of caregiving with their own well-being. Addressing these challenges requires increased awareness, better access to support systems, and improvements in healthcare, education, and societal attitudes toward disability.

Research on Mental Health Issues: Quantitative and Qualitative Approaches:

Research studies evaluating the mental health issues among mothers of children with disabilities often employ both quantitative and qualitative approaches. Quantitative research, such as surveys utilizing standardized scales, can deliver a broad view of prevalence of mental health issues in this population. Patient Health Questionnaire (PHQ-9) and the Generalized Anxiety Disorder (GAD-7) tools can effectively assess or measure the symptoms of depression and anxiety. In addition, qualitative research—such as focus group discussion or in depth interviews—offers to understand their real problems. These qualitative methods allow researchers to explore the specific challenges these mothers face and the psychological impacts of caregiving that may not be captured through quantitative surveys. By providing a thorough understanding of the emotional and psychological difficulties encountered by mothers in the context of disability, these findings can be helpful to design required social work interventions.

Social Work Perspective: Addressing Mental Health Issues in Mothers:

Psychiatric Social workers play a significant role in addressing the mental health requirements to mothers of children with disabilities. They are trained to assess the Psychosocial issues and psychosocial needs of individuals and families, as well as to coordinate, support and provide needful psychosocial interventions that can improve their overall quality of life. Understanding the link between a mother's mental health and her family's well-being, social work interventions often focus on the strengths of both the individual and the broader family system.

Role of Social Workers to Support Mothers:

Social workers can provide direct assistance to mothers by providing psycho-education, emotional support, counselling, family therapy, crisis intervention, stress management sessions and other needful intervention. A key aspect of their work involves helping mothers manage stress and develop healthy coping strategies. One commonly used approach is cognitive-behavioral therapy (CBT) or its techniques which aims to improve emotional regulation, address negative thought patterns, and enhance problem-solving skills. By helping mothers reframe their perspectives on caregiving and build their coping skills, social workers can alleviate feelings of powerlessness and strengthen emotional resilience. Additionally, social workers can facilitate support groups for mothers, creating a safe environment where they can share their experiences and receive encouragement from

each other. These groups serve as valuable resources in combating social isolation, reducing stigma, and fostering a sense of community.

Family Support and Advocacy for Resources:

One of the critical roles of social workers is to serve as advocates, connecting mothers with the services they need. This includes access to medical treatment, legal assistance, respite care services, and financial support programs. Many families face significant financial strain due to a child's disability, and addressing this burden is a major concern.

Social workers can help mothers by providing information about welfare benefits related disability and other government schemes about disability and community-based resources to alleviate financial stress. Additionally, social workers work in collaboration with families to ensure that both mothers and children receive comprehensive care. This may involve referring mothers to other professionals, such as therapists, doctors, or community support groups. Appropriate social work interventions will help families of children with disabilities.

Stress Management and Psycho-education:

Psychiatric Social worker (PSW) can provide useful information about stress management and root causes to get stress. Psycho-education sessions will be helpful to mothers to aware about mental health conditions. By understanding the importance of self-care and recognizing early warning signs of mental health problems, mothers can benefit greatly from psycho-education.

Psychiatric social workers' function in treating psychosocial problems:

Because they have received training in both social work practice and mental health, psychiatric social workers are especially qualified to handle the intricate psychosocial problems that mothers of children with disability encounter. They play various roles, including crisis intervention, resource advocacy, long-term care coordination, and providing needful psychosocial interventions.

Psychiatric social workers use to support mothers' well-being in these circumstances are listed below.

Offering Counselling and Emotional Support:

One of the main responsibilities of a psychiatric social worker stands providing emotional support and counselling to mothers who are experiencing psychological discomfort. Because of their caregiving duties, women frequently feel alone and misunderstood, making this support especially crucial. Psychiatric social workers are educated to listen to mothers with empathy and without passing judgment and to assist them in processing the range of emotions associated with providing care. To assist mothers in dealing with stress, sadness, and anxiety, psychiatric social workers use a variety of therapeutic approaches, including techniques of cognitive behavioural therapy and needful psychiatric social work interventions.

Coping Mechanisms and Stress Management:

Psychiatric social workers are essential when teaching mothers coping mechanisms and stress management approaches. Mothers' mental health can suffer significantly from the on-going stress of caregiving, which can result in burnout and physical health issues. Psychiatric social workers teach various stress-reduction methods, such as time management skills, mindfulness exercises, and relaxation techniques. These methods lessen the emotional toll of caregiving stress and assist mothers in creating healthy reactions to situations. Psychiatric Social workers may assist mothers in learning problem-solving techniques and personal coping mechanisms, which will help them deal more skilfully with the difficulties of caregiving. Psychiatric social workers help mothers manage their stress and enhance their general well-being by addressing the practical and emotional aspects of parenting.

Creating Connections and Providing Social Support:

Improving social support is very essential. Psychiatric social workers play a crucial role in assisting mothers in establishing or enhancing their social networks. Social workers can help organize support groups where mothers can exchange stories, ask for guidance, and encourage one another. Because they foster a sense of belonging and work to counteract the feelings of loneliness that mothers frequently have, these organizations are especially beneficial. Additionally, social workers link mothers to other community resources like financial aid programs, disability-specific groups (parents support groups), and respite care services. These tools can lessen the emotional and financial strains of providing care and foster an atmosphere that is more encouraging for both the mother and the child.

Promoting and Empowering:

Psychiatric social workers support mothers by ensuring they help such mothers to handle their caregiving duties properly. This advocacy could entail putting mothers in touch with government programs, educational opportunities, legal counsel, or medical professionals. Psychiatric social workers are also involved in promoting good policies that can better assist families with disabled children, including better access to healthcare, financial assistance, and community programming. The foundation of social work practice is empowerment. Psychiatric social workers hope to empower mothers by assisting them in identifying their strengths and potential for change. This empowerment process frequently includes assisting women in redefining their position as caregivers and practising self-care to improve mental health outcomes.

Intervention for Crises:

The difficulties of caregiving, such as family conflict, financial hardship, or an unexpected medical or behavioural problem with a child, can cause crises for mothers of disabled children. Psychiatric social workers are skilful in providing crisis intervention, providing mothers with early emotional support and directing them to the right resources. In these situations, psychiatric social workers apply their knowledge to assist mothers in resolving the crisis, handling the stress at hand, and creating long-term plans for dealing with similar issues.

Coordination of Services and Long-Term Care:

Coordinating long-term care for mothers and their children is another important function of psychiatric social workers. This involves guiding mothers through intricate healthcare systems and making sure the mother and child get the right kind of therapy. Another important role is to work with multidisciplinary team and to coordinate for better services in the community.

In order to address the psychosocial challenges that special children's mothers encounter or faces variety of problems and psychiatric social workers play import role in helping families with crisis time. They provide very useful psychiatric social work interventions and increase the knowledge among mothers. Given the complexity and severity of caring duties, psychiatric social workers play a critical role in assisting mothers in managing their difficulties and making sure that mothers have great abilities in the caring process of children with disabilities. Psychiatric social workers enhance a supportive environment for the mothers of children with disabilities by emphasizing the person as well as the family system. This ultimately improves

Discussion:

The study was conducted to explore the relationship between anxiety and depression with quality of in mothers with disabled children. It was conducted in three rehabilitation centers in Ankara. 107 mothers of children with disability were selected in this study. Based on the outcomes from this study, mothers of children with disabilities had anxiety and depression. In addition, this study indicated that increased depression and anxiety level affected badly in mother's quality of life. The effective rehabilitation programs need to provide adequate opportunities for repeated follow-up interviews which offer not only information on the children's disabilities but also psychological support for the mothers (Bumin et al., 2009).

In the process of caregiving, mothers of children with disabilities need to maintain good sleep. Otherwise, they will get health issues. Impaired sleep can contribute to conditions such as cardio metabolic disorders, depression, and reduced immune function. Based on results from one cross sectional study, it can be understood that mothers had short sleep duration (Nearly 40% slept, <7 hours per night), woke up an average of 2.2 times per night (most commonly due to caregiving needs of children), and had poor sleep quality (mean PSQI global score of 7.9 [SD=4.8]). The sleep problems of children with DD's may influence mothers' sleep (Lee et al., 2018). "Social workers work with individuals with a disability, with families who have a child or family member with a disability as well as with communities both domestically and internationally. Our work in these spheres encompasses, direct practice, group work, community development, policy practice, research and advocacy. Social workers have played key roles in the development of antidiscrimination legislation, policies that support persons with disability and the development of disability programs. Social workers work alongside people with disabilities and families to realise social inclusion, community living, employment, family support, and rehabilitation. A policy statement on persons with disability therefore is a key

platform for IFSW” (*People with Disabilities – International Federation of Social Workers*, n.d.).

Conclusion:

Being calm and maintaining good health is important for every mother of children with disabilities. Needful psychosocial interventions will help such mothers to maintain good health in their life. Psychiatric social workers play a dynamic role in helping these mothers manage their caregiving responsibilities by providing emotional support, good information, advocacy, and needful professional help. Through providing counselling, good coordination, addressing stress issues will be helpful for such mothers. Psychiatric social workers play important role in the mental health setting and in community level.

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ASSESSING THE RELIABILITY AND VALIDITY OF DIGITAL MENTAL HEALTH ASSESSMENT

Akshay Mahesh Shriwas

e-Mindcafe Mental Health Care Pvt Ltd

drakshayshriwas@gmail.com

ABSTRACT

At this time, there are a variety of tools that may assist with the assessment of mental health on digital platforms. The purpose of these tools is to make mental health evaluations more accessible, to reduce stigma, and to increase the speed at which treatment is provided. On the other hand, the validity and reliability of these online mental health assessments is an essential problem, not just for patients but also for healthcare practitioners. Specifically, this research presents a literature review on the effectiveness of digital mental health tools, with a particular focus on the psychometric qualities of these tools. These qualities include validity, which refers to the extent to which they accurately measure the constructs that they intend to assess, and reliability, which refers to the degree to which findings remain consistent across users and over time. We discuss some of the most significant issues, such as the fact that these tools are not standardized, the varied types of people who use them, and the ways in which the circumstances in which they are used determine how beneficial they are. In addition, the paper highlights the need of conducting rigorous validation studies and addressing ethical problems via the use of digital assessments. Additionally, the article provides an overview of the most effective methods for the development of digital mental health assessments and provides recommendations for further research. The reliability and validity of digital technologies for mental health assessment are essential to the successful integration of these technologies into mainstream clinical practice and to the provision of assistance to individuals in effectively managing their mental health.

Keywords: Mental Health, Digital, Reliability, Psychometric properties, Online assessments, COVID-19, Psychosocial functioning, Validation studies

Introduction:

In recent years, there has been a proliferation of digital mental health technology, which has had a significant impact on the administration of mental health care, as well as on access to treatment and the delivery of therapy. As the need for mental health treatments continues to rise, especially in the midst of the COVID-19 pandemic, digital platforms have arisen as an essential alternative to the traditional in-person consultations that have been conventionally used. Technologies such as telemedicine and mobile applications have shown to be very useful tools in reducing the stigma that is usually associated with mental

health illnesses, expanding access to treatment, and ensuring that prompt aid is provided. For the purpose of screening, diagnosing, and monitoring mental health disorders among these technologies, digital mental health assessments, such as self-report questionnaires and diagnostic apps, are becoming more widespread.

The Rise of Digital Mental Health Tools:

In recent years, there has been a precipitous growth in the usage of digital tools for mental health assessment. This rise has been spurred both by technical advancements and the growing need for mental health treatments that are readily accessible. Mobile apps, internet platforms, and telehealth services have made it possible for individuals to get mental health assistance remotely during the COVID-19 outbreak. This has enabled individuals to receive assistance from a distance. With the use of these digital technologies, screening for mental health concerns, performing evaluations, and giving therapeutic treatments have never been simpler or more accessible than they are now.

Importance of Reliable and Valid Digital Assessments:

The use of digital mental health tools comes with a multitude of advantages; nevertheless, in order for these tools to be really beneficial, they need to be consistent and authentic. We claim that an evaluation is dependable when the conclusions of the evaluation stay consistent over a number of different instances, users, and scenarios. One of the fundamental functions of the tool is to ensure that it continues to work properly in controlled conditions. On the other hand, validity examines whether or not the digital examination will accurately evaluate the mental health issues that are supposed to be measured. It is necessary to have tools that are both trustworthy and valid in order to make informed assessments, whether for the purpose of professional diagnosis or for the purpose of self-management of mental health conditions.

Challenges in Evaluating Digital Mental Health Assessments:

There is a variety of tools that are available for mental health, but a significant number of them have not been subjected to exhaustive testing or validation. This is because the development of these applications has been beyond the control of regulatory authorities. Because of this, it is challenging for consumers as well as for medical professionals to locate technologies that are both beneficial and backed by scientific evidence. Due to the wide diversity of platforms and evaluation methodologies, it becomes even more difficult to evaluate the psychometric characteristics of these tools. Because there is a lack of standards, digital mental health therapies may not be as effective as they might be. This is because there is an increased possibility of erroneous or misleading results.

When it comes to the quality of therapy that they get, patients have high expectations, and as digital mental health tools become increasingly incorporated into this sector, it is essential to ensure that they are reliable and legitimate. Valid and reliable equipment will not only make it easier to make accurate diagnoses, but they will also strengthen the process of continuous monitoring and the development of personalized treatment programs. By implementing digital assessments into their practices in line with the criteria that have been set for evaluating such tools, healthcare professionals have the potential to increase the effectiveness of mental health treatment as well as the accessibility of such therapy.

Objectives:

1. To analyze the digital mental health assessment tools' psychometric qualities
2. To determine the main elements impacting the precision and efficacy of digital mental health evaluations

Methodology:

In order to carry out a web-based cross-sectional research, an anonymous online survey was carried out via the use of social media. The statistics were collected in the year 2020, during the first peak of the COVID-19 epidemic in India, which occurred between the 20th of May and the 13th of September. As will be discussed further below, the online questionnaire contained not just socio-demographic data but also evaluations of the respondent's physical and mental health, psychosocial functioning, and a history of psychiatric issues. In addition, it assessed the levels of stress, anxiety, and sadness that were present. One of the requirements for participation in the survey was that the individual must be a resident of India and a teenager at the time of the survey. The participants each filled out a form that required them to provide informed consent online. The ethics committees in each location gave their approval to each and every procedure.

Assessments:

1. In order to evaluate the psychosocial functioning of the individual, the Functioning Assessment Short Test (FAST) was used. This examination covers a variety of topics, including autonomy, vocational functioning, cognitive functioning, interpersonal relationships, concerns over finances, and leisure time. All aspects of the scale are evaluated using a Likert scale with four points: 0 indicates that there is no difficulty, 1 indicates that there is a moderate problem, 2 suggests that there is a substantial difficulty, and 3 indicates that there is a severe difficulty. It is the sum of everything that constitutes the global score. The severity of the issues is growing as the score continues to decrease.
2. Researchers created the Impact of incident Scale-Revised (IES-R), which is a self-rated questionnaire consisting of 22 items and divided into three sections: avoidance, intrusion, and hyper arousal. The purpose of this questionnaire is to determine the degree to which a person has been impacted by a traumatic event. Each item is rated using a Likert scale with five points, where 0 indicates that there is no opinion at all, 1 indicates that there is some opinion, 2 indicates that there is some opinion, 3 indicates that there is a lot of opinion, and 4 indicates that there is a lot of opinion. The total score for the IES-R is calculated by adding the averages of all of the domains together. Every time the total is more than 5.6, it is an indication of mental pressure.
3. The PROMIS Short Form v1.0-Depression 8a is a depression assessment tool that measures negative emotions (like sadness and guilt), negative self-perceptions (like low self-esteem and feelings of worthlessness), social cognitions (like interpersonal alienation and feelings of isolation), and diminished positive affect and engagement (like purposelessness, disinterest, and lack of interest in life).
4. The PROMIS anxiety test evaluates a variety of emotions, including hyperarousal (which includes restlessness, nervousness, and tension), anxious suffering (which includes

fear and dread), and physical symptoms that are associated with arousal, such as a racing heart and increased dizziness.

Statistical Analysis:

Confirmatory Factor Analysis:

The PROMIS anxiety test is designed to evaluate a variety of anxiety symptoms, such as hyperarousal (which includes feelings of tension, anxiousness, and restlessness), anxious suffering (which includes feelings of fear and dread), and physical symptoms that are associated with arousal (such as a racing heart and dizziness). Following that, we proceeded to execute the Bartlett's Test of Sphericity ($p < 0.05$) and the oblimin rotation by use the Kaiser-Meyer-Olkin (KMO) measure of sample adequacy (> 0.5) in order to ascertain whether or not these measures satisfied all of the prerequisites for principal component analysis (CFA). After that, we looked at all of the eigenvalues that were greater than the threshold set by Kaiser, which allowed us to confirm the factor count and item count for each factor.

Internal Reliability:

The following criteria were employed in order to construct Cronbach's alpha in order to ascertain the degree of internal dependability of the online FAST global factor, also known as the FAST total score: (the package "ltm" version 1.2-0) deems α to be exceptional if it is less than 0.9, acceptable if it is less than 0.8, and adequate if it is less than 0.7. When the value of Cronbach's alpha is high, it suggests that all of the psychometric items are evaluating the same notion. Cronbach's alpha is a coefficient of dependability among raters.

Discriminant Validity:

It was determined that the Z-score for each functional domain was altered by using all of the data. Subsequently, in order to locate subject clusters that were active throughout the COVID-19 pandemic, we used the Partition Around Medoids (PAM) approach (package fpc, version 2.2-9) as a substitute for discriminant validity. Our decision to employ the PAM algorithm rather of the more conventional k-means clustering approach was based on the fact that the PAM algorithm reduces the overall dissimilarities between data points and is therefore more robust to noise and outliers on account of this.

Univariate and Multivariate Analysis:

Furthermore, in order to identify any possible differences in functional status, demographic, and clinical features, we conducted a comparison of the different clusters by using appropriate statistical procedures, namely a one-way analysis of variance (ANOVA) with Tukey's HSD post-hoc test and the 2 statistic. In addition, multinomial logistic regression was carried out with the outstanding functioning cluster serving as the reference category result (package "nnet," version 7.3-14). This was done in order to identify the contributing factors that determine functioning. We further assessed the impact size by using Hedges' g (package "esc," version 0.5.1), which was based on the mean and standard deviation of the comparisons between high functioning and intermediate functioning, as well as excellent functioning and bad functioning. When compared to a cluster that has a value that is either intermediate or poor, one that has a positive value for Hedges' g is doing better. In order to prove statistical significance, the p-value was less than .05.

Data Analysis:

It was found that there was a substantial difference in mean scores between the LF group and the GF group, and the LF group exhibited severe impairment across all of the FAST subdomains. There was a considerable difference in mean scores between the IF cluster and the GF cluster, which indicates that the IF cluster was performing at an intermediate level across all of the subdomains. Lastly, but certainly not least, the GF cluster fared very well across all of the subdomains, as seen in Table 1. These findings, when taken as a whole, showed evidence that the FAST online self-report measure was able to differentiate between people who exhibited diverse degrees of psychosocial functioning. This lends confidence to the discriminant validity of the measure.

Table 1 - One-way ANOVA with Tukey HSD post hoc analysis was used to compare the three functional clusters across the FAST's general and particular functional domains. For an indicator of effect size, use Hedge's g.

	Low Functioning n=661 Mean(SD)	Intermediate Functioning n=1436 Mean (SD)	Good Functioning n=926 Mean (SD)	F-statistic	p-value	Hedge's g (95%CI) Good vs. Low	Hedge's g Good vs. intermediate
Autonomy	6.01(2.60) ^a	3.14 (2.03) ^b	0.92 (1.41) ^c	1233.29	<.001	-2.5517 (-2.6853; -2.4181)	-1.2245 (-1.3142; -1.1348)
Occupational	9.70 (3.60) ^a	6.05 (3.33) ^b	2.19 (2.46) ^c	1106.60	<.001	-2.5122 (-2.6449;-2.3795)	-1.2782 (-1.3684;-1.1879)
Financial	3.94 (1.68) ^a	2.11 (1.46) ^b	0.67 (1.11) ^c	1034.82	<.001	-2.3747 (-2.5043;-2.2452)	-1.0793 (-1.1674; -0.9911)
Cognitive	8.98 (3.11) ^a	5.15 (2.58) ^b	2.29 (2.08) ^c	1305.18	<.001	-2.6123 (-2.7473;-2.4773)	-1.1930 (-1.2824; -1.1037)
Interpersonal	6.76 (2.68) ^a	3.67 (2.22) ^b	1.58 (1.82) ^c	1217.09	<.001	-2.3333 (-2.4620;-2.2046)	-1.0082 (-1.0956;-0.9207)
Leisure time	9.66 (1.93) ^a	6.89 (2.29) ^b	3.98 (2.44) ^c	981.95	<.001	-2.5325 (-.6657; -2.3994)	-1.2379 (-1.3278; -1.1481)
FAST total	45.07 (8.05) ^a	27.00 (6.31) ^b	11.64 (5.61) ^c	5064.70	<.001	-4.9618 (-5.1612;-4.7623)	-2.5400 (-2.6499; -2.4301)

Note: Different letters mean difference between clusters: a) Low Functioning vs. Intermediate Functioning; b) Intermediate Functioning vs. Good Functioning; c) Good Functioning vs. Low Functioning.

Variables Potentially Affecting the Overall FAST Score

The results presented in Table 2 demonstrate that there were differences in all characteristics across the three functional groups with regard to the sociodemographic parameters. As a consequence of the findings of the one-way analysis of variance (ANOVA) with Tukey HSD post-hoc test and χ^2 , this was validated.

Table 2. Potential three-functional profile variables.

Characteristics	Good Functioning (n=926) No./mean	%/SD	Intermediate Functioning (n=1436) No./mean	%/SD	Low Functioning (n=661) No./mean	%/SD	F / χ^2	p-value
Age	38.5*	13.88	32.90#	11.48	31.35§	10.81	84.66	<.001
Sex, female n (%) ^a	737	79.8	1212	84.8	594	91.1	37.24	<.001
Work Situation							126.52	<.001
Employed	772	85.1	1219	85.1	483	73.1		
Unemployed	82	8.9	173	12.1	165	25		
Retired/Retired on disability	70	7.6	41	2.9	13	2		
Income (BRL) ^b							244.21	<.001
<708,19 - 2.965,69	207	22.4	498	34.7	369	55.8		
> 2.965,69 - 10.386,52	448	48.4	706	49.2	241	36.5		
> 10.386,52	271	29.3	232	16.2	51	7.7		
Occupation							29.00	<.001
Essential	312	33.7	406	28.3	141	21.3		
Non-essential	614	66.3	1030	71.7	520	78.7		
Previous psychiatric illness							146.44	<.001
Yes	264	28.5	598	41.6	389	31.1		
No	662	71.5	838	58.4	272	41.1		
Marital status							43.23	<.001
Married	488	52.7	594	41.4	249	37.7		
Single	438	47.3	842	58.6	412	62.3		
Education							70.16	<.001
Undergraduate	333	36	593	41.3	374	56.6		
Graduate/Postgraduate	593	64	843	58.7	287	43.4		
Impact of Event (IES-R)							640.46	<.001
Negative	839	90.6	977	68	198	30		
Positive	87	9.4	459	32	463	70		
Depression (PROMIS)							701.68	<.001
Moderate	322	34.8	1086	75.6	621	93.9		
Anxiety (PROMIS)							480.27	<.001
Moderate	581	62.7	1311	91.3	653	98.8		

Note: Different symbols mean difference between functioning conditions.

a N=3005.

b 1BRL= 0.574

The results presented in Table 2 demonstrate that there were differences in all characteristics across the three functional groups with regard to the sociodemographic parameters. As a consequence of the findings of the one-way analysis of variance (ANOVA) with Tukey HSD post-hoc test and χ^2 , this was validated.

In the multinomial regression analysis, the model shown a strong correlation with the data (Deviance: $\chi^2 = 4756,724$, $df = 5968$, $p = 1.00$; Nagelkerke's $R^2 = 0.455$). Furthermore, the model demonstrated a considerable ability to explain the cluster functional variance (Model $\chi^2 (56) = 1529,46$, $p < 0.001$). It was observed that higher scores in PROMIS anxiety (OR = 1.05, 95%CI (1.03 to 1.08), $p < 0.001$) and PROMIS depression (OR = 1.21, 95%CI, $p < 0.001$) were significantly predictive of whether the respondent belonged to the low functioning or good functioning cluster. This indicated that there was a high relative risk of belonging to the low functioning cluster. It was discovered that the respondent's household income, with a lower household income (odds ratio = 3.42, 95% confidence interval [CI]: 2.18 to 5.35, $p < 0.001$) and middle household income (odds ratio = 1.65, 95% CI: 1.09 to 2.49, $p < 0.01$), significantly predicted whether the respondent was a member of the low functioning or good functioning cluster. The likelihood of belonging to the low functioning cluster was found to be significantly higher. Alternately, the respondent's low or good functioning cluster was significantly predicted by their absence of a history of psychiatric disorder (odds ratio = 0.53, 95% confidence interval [CI]: 0.40 to 0.34, $p < 0.001$) and symptoms of post-traumatic stress disorder (odds ratio: 0.24, 95% confidence interval [CI]: 0.18 to 0.34, $p < 0.001$). This was accompanied by a lower likelihood of belonging to the low functioning cluster.

By utilizing multinomial regression, it was found that the likelihood of the respondent belonging to the intermediate or good functioning cluster was significantly predicted by various factors. These factors included a younger age (odds ratio: 0.99, 95% confidence interval: 0.98 to 1.00, $p < 0.05$), higher PROMIS depression (odds ratio: 1.09, 95% confidence interval: 1.08 to 1.11, $p < 0.001$), and higher PROMIS anxiety scores (odds ratio: 1.04, 95% confidence interval: 1.01 to 1.05, $p < 0.001$). According to the relative risk, there was a strong possibility that the respondent was a member of the intermediate functioning cluster. At the same time, the probability of the respondent belonging to the intermediate functioning cluster was significantly predicted by a lower household income (odds ratio: 1.87, 95% confidence interval: 1.39 to 2.51, $p < 0.001$) and a middle household income (odds ratio: 1.40, 95% confidence interval: 1.10 to 1.79, $p < 0.01$), with a higher probability of belonging to the intermediate functioning cluster. On the other hand, it was found that a lower level of education (odds ratio = 0.72, 95% confidence interval [CI]: 0.58 to 0.89, $p < 0.01$) and the absence of symptoms associated with post-traumatic stress disorder (OR = 0.58, 95% CI: 0.44 to 0.77, $p < 0.001$) were among the significant predictors of whether the respondent is in the good functioning or intermediate cluster. Furthermore, the likelihood of belonging to the intermediate cluster was found to be quite low.

Discussion:

This research assessed the virus's psychosocial effects and the online self-report FAST scale's dependability. This research used data from a representative sample of Brazilians infected with SARS-CoV-2 during the first wave. The online FAST scale has the same six domains as the original and strong internal consistency (Cronbach's alpha was more than 0.9). The online version also showed discriminant validity by distinguishing three psychosocial functioning groups and associated factors with an overall FAST score. This was done using FAST. Our investigation demonstrated the digital FAST scale's validity as

a broad population assessment tool during the initial wave of SARS-CoV-2 illness. Additionally, our studies identified critical predictors of functional impairment. Many research use online questionnaires to assess public mental health, but the epidemic is making it harder. However, many online research instruments lack digital validation and may not accurately replicate their psychometric properties. The original and online Beck Anxiety Inventory (BDI) were used to quantify anxiety in panic disorder patients. Differences between versions were statistically significant. Net BDI values were substantially lower than the original. The current study revealed that the reliability and internal consistency of the six-factor internal structure and Cronbach's alpha of 0.9109 were comparable to a study that assessed the psychometric properties of the previous version in bipolar patients and healthy controls. The present study found similar reliability and internal consistency. The present study's FAST psychometric properties were similar to those of a previous study that examined adults with Autism Spectrum Disorder (ASD) or first-episode psychosis; both samples had a six-factor structure and Cronbach's alpha values of 0.91 and 0.88, respectively.

Further research on the FAST reliability and factorial structure in healthy controls and first-episode psychosis patients found a six-factor structure and 0.882 Cronbach's alpha. This suggests the FAST scale can be utilized for many medical issues. If we used a cut-off from the previous FAST edition, the online survey would misclassify functional state. This is because high-functioning cluster mean scores were somewhat higher than the prior cut-off. Research is needed to assess the validity and trustworthiness of new digital tools, especially those that replace paper-based methods. Traditional surveys are problematic due to the predominance of internet questionnaires. Online self-reporting of FAST scores ensured dependability and enabled subjects to be separated into three functional groups: (I) Well-functioning people, who made up one-third of the population; (II) Somewhat well-functioning people, who made up nearly half the population; and (III) Malfunctioning people, who made up 20% of the population and had severe impairment across all domains. These groups' functioning may be explained by age, income, mental health, and psychiatric history. Due to more anxiety, sadness, and self-reported mental illness episodes, the LF group performed worse. Both causes increased cluster prevalence. Traditional research has linked mental symptoms and cognitive deficits to higher FAST scores or worse clinical performance.

Conclusion:

Evaluation of the validity and reliability of digital mental health instruments is very necessary in order for these tools to be effective in clinical practice and to give accurate, consistent, and pertinent results to those who are seeking treatment for mental health issues. Despite the fact that these instruments have a great deal of potential for increasing access to mental health care and reducing the barriers that stand in the way of it, there are still issues that need to be resolved in order to ensure the psychometric robustness of these instruments. There are a number of issues that might potentially have an impact on the validity and reliability of these digital assessments. These considerations include the range of users, the limitations offered by technology, and the lack of established validation procedures. Validation studies that are exhaustive, procedures that are standardized, and

the introduction of ethical standards into digital health systems are all essential components of future research that will be necessary to address these challenges. Increasing the clinical use of digital mental health assessments and providing individuals with the confidence to take control of their mental health are both influenced by assuring the reliability and validity of the assessments.

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MENTAL HEALTH IN EDUCATIONAL SETTINGS: ADDRESSING CHALLENGES AND INTERVENTIONS AMONG STUDENTS AND EDUCATORS

Manjunathaiah D.

Department of Social Work, Government First Grade College
Chikkanayakanahalli, Tumakuru dist, Karnataka
manjuphd15@gmail.com

Lokesha M U.

P.G. Department of Studies and Research in Social Work
Davangere University, Davanagere, Karnataka

B. Ramesh

P.G. Department of Studies and Research in Social Work
Tumkur University, Tumakuru &
Dr. Manmohan Singh Bengaluru City University, Bengaluru, Karnataka

Abstract

This study explores the mental health challenges faced by students and educators in educational settings, highlighting issues such as anxiety, depression, stress, burnout, and the impact of social media. It examines the interconnections between mental health and academic performance, emphasizing the need for effective interventions. The paper discusses strategies including mental health education, school-based counseling services, social-emotional learning programs, and teacher support initiatives. By addressing these challenges, the study aims to foster a supportive, inclusive, and proactive environment that promotes mental well-being and academic success for both students and educators.

Key words: Mental Health Challenges Among Students, Mental Health Challenges Among Educators, Interventions to Address Mental Health Challenges.

Introduction

Mental health is a crucial aspect of well-being for individuals, particularly in educational settings, where students and educators alike are often exposed to high levels of stress and pressure. As mental health challenges continue to rise globally, it is essential to recognize how these challenges manifest in schools and other educational institutions. Addressing mental health in educational settings is not only about ensuring that students receive the academic support they need but also providing them with the resources to navigate the complex emotional and psychological challenges they face. The importance of this subject has grown over the past decade, with a clearer understanding of the interconnections

between academic success, emotional well-being, and the overall mental health of both students and educators. This paper aims to discuss the various challenges related to mental health in educational settings, focusing on both students and educators. Furthermore, it will explore the interventions that can be implemented to address these issues effectively. In doing so, it will highlight the roles of schools, teachers, administrators, and mental health professionals in creating a supportive, inclusive, and proactive environment that fosters mental wellness.

Significance of the study:

The significance of this study lies in its potential to shape the future of mental health support within educational settings, benefiting both students and educators. As mental health challenges become increasingly prevalent, understanding their impact on academic performance, emotional well-being, and overall school dynamics is crucial. By identifying effective interventions, this research will inform the development of evidence-based strategies to address mental health issues, thus contributing to the creation of healthier, more supportive school environments. Additionally, the study's focus on both students and educators highlights the interconnectedness of their mental health and the need for comprehensive approaches that involve all stakeholders. The findings will aid in reducing stigma surrounding mental health, promote early intervention, and enhance existing support systems, ultimately fostering a more inclusive, resilient, and thriving educational community.

Methods and Materials:

This study employs a mixed-methods approach, combining qualitative and quantitative data collection techniques. Surveys and questionnaires will be distributed to students, educators, and school administrators to gather information on mental health challenges and existing support systems. In-depth interviews with mental health professionals will be conducted to understand the effectiveness of current interventions. Additionally, case studies of schools with successful mental health programs will be analyzed. The study will focus on a representative sample of schools, ensuring diverse geographic and socio-economic contexts. Data will be analyzed using statistical methods and thematic analysis.

Mental Health Challenges Among Students:

Mental health issues among students are increasingly prevalent in today's educational environment. These challenges range from anxiety, depression, and stress to more severe conditions like eating disorders, self-harm, and suicidal tendencies. The academic demands, social pressures, and family dynamics play significant roles in shaping students' mental health.

Anxiety and Stress: Anxiety and stress are two of the most common mental health challenges that students face. A study conducted by the American Psychological Association (APA) found that over 30% of high school students report feeling stressed on a daily basis, with academic performance and future career concerns as primary stressors (APA, 2021). The pressure to perform well in exams, maintain high grades, and secure a

place in prestigious universities can exacerbate feelings of anxiety. This is further compounded by the social pressures of peer relationships, bullying, and social media. Students often experience performance anxiety, particularly in high-stakes academic settings. Standardized testing, frequent assessments, and the fear of failure can create a culture of constant stress. According to the National Institute of Mental Health (NIMH), nearly one in five adolescents in the United States experiences an anxiety disorder, which can negatively affect their academic performance and overall quality of life (NIMH, 2020).

Depression: Depression is another significant mental health concern among students. The pressures of schoolwork, family expectations, and the challenges of social adjustment can contribute to feelings of isolation, hopelessness, and sadness. According to the Centers for Disease Control and Prevention (CDC), approximately 3.2 million adolescents in the U.S. had at least one major depressive episode in 2020 (CDC, 2021).

The stigma surrounding mental illness often prevents students from seeking help. Many students fear being labeled as “weak” or “different” if they admit to struggling with mental health challenges. This stigma, coupled with a lack of awareness and resources, can lead to untreated depression, which in turn can negatively impact academic performance, relationships, and overall functioning.

Bullying and Peer Pressure: Bullying remains a significant issue in schools, contributing to mental health challenges among students. Victims of bullying, both in person and online, are more likely to experience depression, anxiety, and suicidal ideation (Hinduja & Patchin, 2018). Peer pressure also plays a role, as students may feel compelled to conform to certain behaviors, appearance standards, or social expectations. These pressures can lead to stress, self-esteem issues, and emotional distress.

Social Media and Digital Mental Health: The rise of social media and digital platforms has introduced new challenges for students. Platforms like Instagram, Snapchat, and TikTok have amplified peer pressure, body image concerns, and the constant comparison to others. Studies have shown that social media use is associated with increased feelings of anxiety, depression, and loneliness among adolescents (Twenge et al., 2019). The fear of missing out (FOMO) and the pressure to present a perfect image online can exacerbate mental health problems.

Substance Use: Substance use, including alcohol, drugs, and vaping, is also prevalent among students as a coping mechanism for mental health challenges. While substance use can provide temporary relief, it often exacerbates the underlying mental health issues and creates additional challenges for students (Swendsen et al., 2012). Students with mental health disorders are at a higher risk of engaging in substance use, which can negatively affect their academic performance, relationships, and future prospects.

Mental Health Challenges Among Educators

While students' mental health issues have garnered significant attention, educators' mental health challenges are equally pressing but often overlooked. Educators, like students, face stress, anxiety, and burnout that can affect their well-being and professional performance.

Teacher Burnout: Teacher burnout is a critical issue that has worsened over the years. Burnout occurs when educators experience emotional exhaustion, depersonalization, and reduced personal accomplishment. The demands of managing large classrooms, meeting academic standards, and dealing with behavioral issues can be overwhelming. The World Health Organization (WHO) defines burnout as a “syndrome resulting from chronic workplace stress that has not been successfully managed,” with symptoms including fatigue, irritability, and a sense of detachment from work (WHO, 2019).

A survey conducted by the National Education Association (NEA) in 2021 found that 55% of educators reported experiencing burnout, with many citing long working hours, low salaries, and lack of support from administration as contributing factors (NEA, 2021). Teacher burnout not only affects the educator’s mental health but also the students they teach, as it can lead to decreased enthusiasm, engagement, and effectiveness in the classroom.

Anxiety and Stress in Educators: Like students, educators also experience anxiety and stress, particularly related to job insecurity, student behavior, and the pressure to meet academic targets. In a study by the American Federation of Teachers (AFT), 44% of teachers reported high levels of stress related to their work (AFT, 2017). Teachers often feel a sense of responsibility for their students’ well-being and academic success, and when students struggle, educators may internalize these challenges, leading to anxiety and stress.

Lack of Mental Health Support: Educators may also face challenges in accessing mental health resources. Unlike students, teachers are often expected to be self-sufficient and to “set an example” for students. As a result, they may feel reluctant to seek help for their own mental health challenges due to concerns about their professional image or the fear of being perceived as ineffective. Schools often lack adequate resources for teachers' mental health support, with limited access to counseling services, professional development on mental health issues, and mental health days.

Interventions to Address Mental Health Challenges

Addressing mental health in educational settings requires a multi-faceted approach that includes prevention, early intervention, and support for both students and educators. The following interventions are key components of an effective strategy for improving mental health in schools.

Mental Health Education and Awareness: One of the first steps in addressing mental health challenges in schools is to increase awareness and reduce stigma. Schools can implement mental health education programs that teach students and staff about the importance of mental health, how to recognize warning signs of mental health issues, and how to seek help. Programs that promote emotional literacy and resilience can help students develop coping strategies for stress, anxiety, and other challenges.

School-Based Counseling Services: Providing access to school-based counseling services is critical for supporting students with mental health challenges. School counselors and

psychologists play an essential role in identifying students at risk, providing counseling and therapy, and connecting students with external mental health resources if needed. Studies have shown that students who have access to counseling services are more likely to have improved academic performance, lower rates of absenteeism, and better overall well-being (Juvonen et al., 2019).

Social-Emotional Learning (SEL) Programs: Social-emotional learning (SEL) programs teach students how to manage their emotions, build positive relationships, make responsible decisions, and cope with challenges. SEL has been shown to improve mental health outcomes, reduce anxiety and depression, and increase academic achievement (Durlak et al., 2011). By embedding SEL into the curriculum, schools can create a supportive environment that fosters emotional well-being.

Teacher Support Programs: To prevent teacher burnout and support educators' mental health, schools should implement teacher support programs. These programs can include mentorship, professional development focused on stress management and self-care, and peer support networks. Providing teachers with time for planning, collaboration, and reflection can reduce feelings of stress and help maintain work-life balance.

Mental Health Days: Allowing both students and educators to take mental health days is an important intervention. Mental health days provide an opportunity for individuals to step back, recharge, and address their emotional needs without the pressure of academic or professional responsibilities. Schools that offer mental health days show a commitment to the well-being of their staff and students and recognize the importance of mental health in overall performance.

Creating a Supportive School Environment: Creating a positive and supportive school culture is essential for promoting mental health. Schools should focus on fostering inclusivity, reducing bullying, and ensuring that every student feels valued and supported. A supportive school environment also includes open communication between students, teachers, parents, and mental health professionals. Establishing clear policies that address bullying, discrimination, and mental health can help create an environment where students and staff feel safe and respected.

Conclusion:

The mental health of students and educators is a critical issue that requires attention and action from all stakeholders in the educational system. By recognizing the challenges faced by students and educators and implementing effective interventions, schools can promote mental well-being, improve academic performance, and create a positive learning environment. The collaborative efforts of teachers, administrators, mental health professionals, and parents are key to ensuring that mental health is prioritized in educational settings. With comprehensive support systems, mental health challenges can be effectively addressed, leading to healthier, more resilient individuals and a more supportive educational community.

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SLOW LEARNERS IN SECONDARY SCHOOLS: CAUSES, ISSUES AND SOLUTIONS

Pramod Kumar. N

Mizoram University, Taanhri, Aizawl, Mizoram

Abraham Mutluri

Department of Social Work, Andhra University, Visakhapatnam

vijjyabhi@gmail.com

Prabhakararao Bandaru

HPCL, Visakhapatnam

prabhakar99002@gmail.com

Abstract

This research paper presents causes, issues and solutions to the problem of slow learning. Slow learners are usual children but they are backwards in their academic achievement due to some specific reasons. Their understanding levels, intelligence, thinking skills, and communication are slow compared with the other normal children. Many factors influence the academic achievement of slow learners. The present study was conducted in two government public schools in Visakhapatnam. The research design is descriptive research design and used a mixed method of research approach. Purposive sampling method was adopted by the researcher and selected 57 respondents who are pursuing between 6-10 standards. The data was collected through a pre-tested interview schedule. Data was analysed through the SPSS trial version. The study found that the major reasons for slow learning are absenteeism, medium of instruction, methods of teaching, a large number of students in a classroom and illiterate parents or busy parents. Teachers and parents should show personal attention towards slow learners. Because they feel insecure and less confident in their education and they need reassurance that they work like other children in the school. Repeated instructions, participatory teaching methods, encouragement, a small number of students in the classrooms and peer training will be more helpful to slow learners to come out from that problem. The national educational policy 2020 appropriately mentioned the need for counseling services in every school to assist slow learners.

Keywords: Education, school environment, slow learners, teachers, causes & issues.

Introduction:

Education is a process of developing an individual's abilities and potential, leading to success in an individual's life. To achieve this goal investment in education, need to be

taken care and it is a long term plan. Education helps the children to acquire various new skills, and competency provides the employment and money which needs every individual to run their life. Both central and state governments take many initiatives to promote education among the younger generations. A good educational system promotes the physical, social, economic, emotional, intellectual and all-round development of children (Malathi, 2013). India has many educational institutions to accomplish the educational needs of the children. A few children, due to some causes become slow learners. Those children are somewhat below average in school achievement and general mental ability (Nancy, 2008). These children have below cognitive abilities, but they are not disabled and are not mentally retarded. But they are not in a position to get the academic achievements like other children. These children may call slow learners (Malathi, 2013). Karen (2014) and Ayu Hartini et al. (2017) described a slow learner as a child who has below-average intelligence, and whose thinking skills have developed more slowly than the normal children. Children who fall behind in school achievements and learning due to various reasons can be described as slow learners (Nkechi & Moses, 2018).

Slow learners lack maturity when it comes to establishing relationships with classmates. They cannot solve complex or multifaceted problems and work very slowly. They are not able to do the tables and spellings easily. They do not think about the long haul. They cannot remember the everyday words and the concepts taught every day. They may face problems in understanding the time and its management (Rashmi, 2013). **As we know that the dyslexia is one** of the particular type of learning disabilities which effects on language dispensation and reading. Other specific learning disabilities, such as dyscalculia (difficulty with Mathematics) and dysgraphia (difficulty with writing), can also impact learning in specific domains (Snowling & Hulme, 2012).

Review of Literature:

Malathi (2013) found that there are more slow learners in government middle schools studying sixth class. The study revealed that the gender of the head of the family, the type of family, and the size of the family had no bearing on the educational attainment of the slow learners. The education of children was influenced by parents' education, occupation, and income. Kaur and Sharma (2016) found that psychological issues such as stress, anxiety, or low self-esteem can impact learning outcomes among students in India. A major characteristic of the slow learners is that they have little interest in learning and schooling (Arini, Choiri & Sunardi, 2017). Khalid (2017) explored some learning problems that are lack of students' participation, poor academic performance, identifying the slow learners, low span of attention, low learning rate; these challenges predominantly due to the slow learners' low cognitive ability.

Salomi and Meenakshi (2018) conducted a study to understand the causes, problems and solutions of slow learners. Salomi and Meenakshi was conducted study based on the secondary source of data and found that slow learners have many causes and problems. Mishra and Tripathy (2018) study found that slow learners in India are often affected by socioeconomic disparities, including poverty, lack of access to quality education, and inadequate resources at home and school. A study by Appaji (2020) found that slow

learners were more successful by providing educational opportunities and suitable conditions to them. According to Nkechi and Moses (2018) these children need more help and more time to obtain the skill than their friends. Gupta and Singh (2020) found that inadequate teacher training and poor-quality instruction can contribute to slow learning among students in India. Creating and retaining their learning interest is a challenging task for the language subject teachers. It is well known to all that there is a common curriculum for all children of different cognitive abilities though slow learners may need special coaching (Afzal, Munir, Khan & Ali, 2021). Lessons designed for the majority of students frequently fail to suit the special learning demands of the slow learners (Shanmugam & Jeevarathinam, 2021). The single digit marks they secure in the specific subject in quarterly and half yearly examination is ignored. If they do not get minimum marks in the annual examination, those marks in the subject are raised to pass marks and they are promoted to next class.

A number of studies have been conducted on slow learners at primary schools (Snead & Snead, 2004; Wettasinghe & Hasan, 2007; Qian, 2008; Afzal, Munir, Khan & Ali, 2021). A number of studies have also been carried out at tertiary level (Verma 2005; Ponnuchamy, 2012). The researcher also found some studies at the secondary level (Khatoon & Akhter, 2010; Khalid, 2017) and decided to take slow learners of the same out of the felt need as at this stage, they appear the secondary school certificate examination and they find it extremely difficult to cope with secondary school curriculum, unless it is oriented towards practical and real-life activities (Shmavonyan & Karapetyan, 2017). Due to regress in marks in particular English language subject, their overall performance and percentage decreases which affect their future negatively. Researcher intended to take the government schools only as it is often identified that the government schools are poorly equipped and often do not have basic amenities (Ponnuchamy, 2012). According to ASER (2022) government school slow learners face more problems than private schools; private school children do perform better than the government schools.

After reviewing the literature related to this problem, the researcher found that there is an urgent need to study the academic and personal problems of slow learners. So, the researcher decided to find out the personal, own and academic problems of slow learners particularly. Based on the above review of literature, the present study proposed to know about the socio-economic conditions and major comprehensive causes to become children as slow learners in Visakhapatnam.

Need of the study:

As we know that the education is a continuous process of developing the capacities, competencies, skills and potentialities of an individual, which leads to get success in everyone's life. It is an important instrument for every individual. A child who is trained in upright education may have a bright future. Parents also insist on the educational achievements of their children. However, a few children with their socio-economic background, psychological, and parental problems may backwards in their academic achievements and become slow learners. Slow learners are normal children but backwards in their academic achievement. Their understanding levels, intelligence, thinking skills,

and communication are less if compared with normal children. Many factors stimulus the academic success of slow learners. A few studies were conducted on slow learners in developed countries to understand the major reasons for their slow learning. This study was conducted with slow learners in Visakhapatnam to understand the causes of slow learners.

Objectives of the research study:

1. To study the socioeconomic and educational profile of the slow learners.
2. To understand the major causes to become slow learners.
3. To find out the appropriate solutions to improve the educational standards of slow learners.

Research Questions:

1. What is the socio-economic condition of the slow learners?
2. What are the major causes to become children as slow learners?
3. What is the role of slow learners to come out from this problem?
4. What is the role of parents and teacher to bring back the child as normal child in their education?
5. How government will help the teachers and children in this problem?
6. How social workers help these children to come out from their problem?

Methodology:

The current study was conducted in Visakhapatnam city. The researcher purposively selected two government upper primary schools located in Gopalapatnam and Malkapuram of Visakhapatnam city. These two are the different places in Visakhapatnam. Gopalapatnam is very near to the rural area and Malkapuram is an industrial area. This study applied a descriptive research design to analyze and describe the causes, problems of slow learning. The research approach of this study is a mixed method, meaning that both quantitative and qualitative approaches are used in this study.

There are a total of 934 children pursuing their education from 1st standard to 10th standard in the said schools. The researcher conducted a baseline survey with the help of the school teachers, then identified the slow learners. The researcher found 57 slow learners who are studying between 6th standard to 10th standard for the study. The researcher does not identify the below 6th class students because they are unable to express their views. Sampling will be useful to select a few respondents from a large number of population. The researcher identified 57 slow learners from both schools which is the sample of the study (purposive sampling).

The information was collected through a pre-tested, structured interview schedule designed in Google form which contains 25 questions. The researcher also interacted with the class teachers to get qualitative information about the slow learners. The data were collected in July 2023. The collected data were coded and analyzed through SPSS trial version. The results of the study were graphically presented.

Results and Discussion:

The researcher collected the data from 57 slow learners and presented their opinions, answers and perceptions in the tabular and graphical form. The respondents of the present study is slow learners.

Gender: The respondents are almost equal in their gender in the present study. The female respondents are represented 52.6 per cent are represented 47.4 per cent.

Age: The age of the slow-learners in this study is between 10 - 15 years. 26.3 per cent of the respondents' age is 12 years and 22.8 per cent of the respondents' age is 14 years. The mean age is 11.84. The study selected the respondents who are pursuing their study between the 5th class and to 10th class. It may be a reason the ages of the respondents are a little different.

Education: The study found that 35.1 per cent of the respondents are pursuing their 7th class 21.1 per cent pursuing their 5th class and 19.3 per cent of the responders pursuing their 8th class. These three classes contributed more respondents to this study.

Education is important among the family members are also important because they provide the instructions during the homework. A few private schools are encouraging children based on their parents' educational background. The highest education qualification of the respondents' family members is 10th class was 50.9 percent followed by intermediate 26.3 per cent of the families. About 14 per cent said that there are graduation completed candidates in the families. It may be a reason that the study was conducted in the urban area; so that the majority of the families have educated members.

Caste: A caste is a social group. It is an ascribed status of every individual which comes from their birth. In India, human beings have been divided into different castes. The major categories are scheduled tribes, scheduled castes, backward castes and other castes. The backward class students in this study is 59.6 percent, 19.3 per cent belong to the scheduled caste (SC) and 12.3 per cent belong to the upper caste (OC). There are only 8.8 per cent represented from scheduled tribe category.

Income: In this study, the below poverty line category respondents are 64.9 per cent, 35.1 per cent belong to above poverty line category. The study found that 61.4 per cent respondents' fathers' occupation is private job and 17.5 per cent respondents' fathers' occupation is daily wage. Regarding the mother's occupation, the majority were 78.9 per cent stated that their mother is a home maker. The remaining respondents said that their mother worked as agricultural labour, going for a daily wage as a domestic worker, doing job and working as a tailor.

Causes of Slow Learning: The following graph presents the major reasons for children to become slow learners in Visakhapatnam.

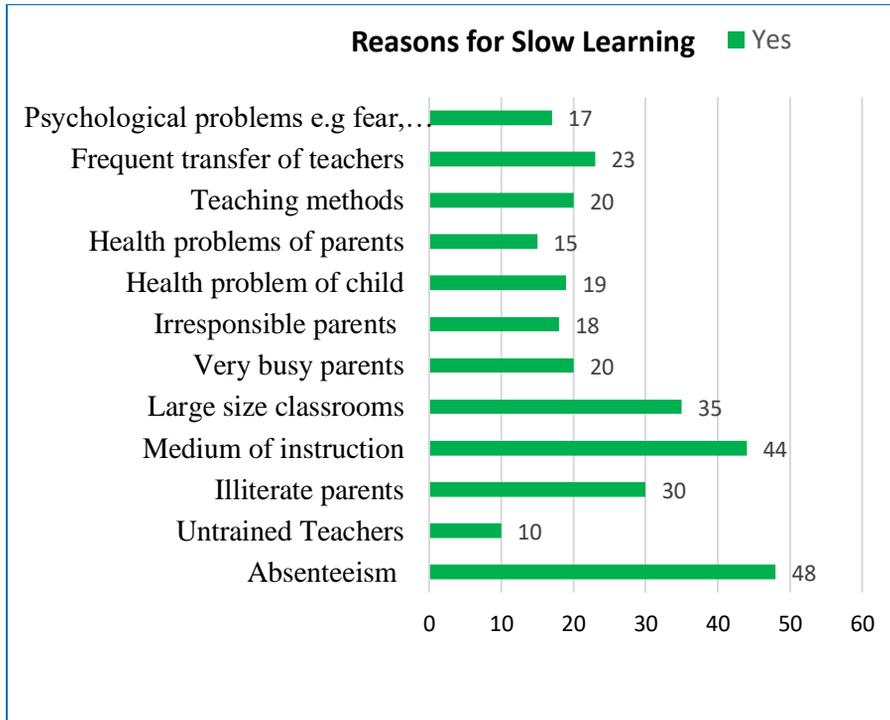


Figure - 1: Distribution of the respondents by the causes of slow learning (**Source:** Field data)

The data in the above chart show that 48 respondents out of 57 respondents stated that absenteeism is one of the major causes of their slow learning. It may be a reason that the parents are giving more self-determination to the children about attending the schools. The data show that 44 respondents out of 57 respondents said that the medium of instruction and methods of teaching are a cause of slow learning. The students said that they did not understand the concepts. It is observed that the students are backward in the basics, but they have to read and write more syllabi. The data show that 35 respondents out of 57 respondents stated that the large classrooms are a cause of slow learning. Due to a smaller number of teaching staff, the schools made the book classrooms except 10th class. This class is divided into sections because of the public examinations. Remain classes have no sections and a greater number of students are getting instructions in one classroom. About 30 respondents stated that illiterate parents or busy parents are one the causes of their slow learning.

Discussions:

The study is in line with the study of Nkechi and Moses (2018) and Pathak (2012) who reported that absenteeism, large class size and health problems of children and parents are a few causes of slow learning. The study is in line with the study of Pronob (2020) who reported that socio-economic problems, psychological problems, lack of academic and administrative facilities, and attitudes of tribal children, parents, and teachers are a few

reasons for the lack of education. It is observed that speech and language disorders, such as expressive or receptive language disorders, can affect a child's ability to comprehend and communicate effectively, leading to difficulties in learning (Bishop, 2002; Sing & Das, 2019).

Fear, anxiety, a smaller number of teachers, frequent transfer of teachers, and health problems of children and parents are a few causes of slow learning. Busy parents, irresponsibility of parents and untrained teachers are the other causes of their slow learning. The study is in line with the study of Mukunda (2019) who reported that the medium of teaching, availability of a smaller number of teachers, absence of joyful learning, untimely supply of books and materials, less quality mid-day meals are a few more reasons to become the children as slow learners. During the interaction with the children, it is observed that poor home conditions, walking from long distances to attend school, no participatory teaching, shortage of sleep and adverse parental attitudes towards education are a few reasons. Giving more punishments should be avoided. Children spending more time at home while using the smartphone are also one of the causes in the present generation. It reduces the learning habit and increases health problems (Dresp-Langley, 2020). The study by Bradley and Corwyn (2002) found that adverse environmental factors during prenatal development or early childhood, such as exposure to toxins, maternal substance abuse, malnutrition, or trauma, can negatively impact brain development and learning abilities.

Problems faced by slow learners:

The study understood that slow learners face many problems from different aspects like self, parents, friends and teachers. The self-confidence among the slow learners will be reduced because of their academic achievements. They do not have an interest in attending the school. But because of the fear and pressure of the parents they attend school regularly. But they may not concentrate on the education. They spent more time in self-playing. They depend upon their friends and peers to get the marks in the academic assessment. Sometimes they go for malpractice in the examination because of the fear of failure. The teachers give more homework and more rewriting work for the slow learners. It puts more pressure on the slow learners. The teachers are unable to spend more time with these children because of their work pressure and personal problems. Parents do more pampering the children. They buy the things which are required for the children. They are also not in a position to spend time with the children because of their problems and pressures. With these triangle issues the children face psychological problems. They try to improve their performance but due to the above problems, they are behind in their education. When the children are under the guidance of good teachers, good parents and good friends the slow learning problem will be reduced. The study is in line with the study of Wang and Fredricks (2014) who stated that slow learners often experience difficulties in understanding and retaining academic content, leading to lower academic performance compared to their peers. Marsh and Craven (2006) reported that persistent academic challenges can negatively impact a slow learners' self-esteem and confidence, leading to feelings of inadequacy and self-doubt. Hodges et al. (1999) observed that slow learners may face social rejection and isolation due to their academic struggles, leading to difficulties in

forming friendships and social connections. The study is in line with the study of Graham and Juvonen (1998) observed that slow learners may be stigmatized or labelled negatively by peers, teachers, and society, which can perpetuate low expectations and limit opportunities for academic and social growth. However, the study is in contrast with the study of Rabinder et al. (2016) reported that frustration and difficulties with academic tasks can manifest in behavioral problems such as acting out, defiance, and attention-seeking behavior. We did not find this type of issue among the children.

Conclusion:

Overall, this study identified the socio-economic, psychological, and educational, health reasons behind the slow learning of children. The study found that the major reasons for slow learning are absenteeism, medium of instruction, methods of teaching, a large number of students in a classroom and illiterate parents or busy parents are a few causes of their slow learning. The slow learners need more personal attention from the teachers and parents. Because they feel insecure, and less confident in their education and they need reassurance that they work like other children in the school. Repeated instructions, participatory teaching methods, encouragement, small classrooms and peer training will be more helpful to slow learners to come out from that problem. Counselling units should be available in every school so that slow learners will have access to counselling services. The counsellors will be able to help slow learners adjust to the school environment and help them to perform better in school. Counselling units have also been highlighted in the national educational policy 2020.

Suggestions and Recommendations:

1. It is understood that the slow-learners are weak in the basics of the all subjects. The slow learners are suggested to spend more time to understand the basic concepts in their books.
2. The Teachers are suggested to not give the punishments to the slow learners which create the negative feeling on education.
3. It is observed that many a students have lots of fear and anxiety towards teachers. The teachers should build the rapport with the students and create the child friendly environment in the schools.
4. The teachers in the educational institute should spend more time and special attention with slow learners. And need to form a separate sections, separate examinations and separate teaching methods to them. So that they understand the concepts and improve their educational achievements.
5. In order to make the lessons more practical, teachers should make use of adequate teaching classroom materials like audio/visual aids, chart, memory flash cards etc. Teaching methods for slow learners should include role playing, drama, game-based activities and holding special classes for them to catch up with their peers.
6. The teachers should encourage the slow learners when they have done the good things. It increases their confidence.
7. Group work activities will be more helpful to the slow learners to learn the new things. The teachers are suggested to use the group work activities.

8. The teachers are suggested to allow brighter children in the class to help slow learners, because peer communication works more effectively.
9. The teaching faculty should be trained to work with the slow learners, parents and the community.
10. Teachers are encouraged to use compensatory and corrective teaching techniques that can improve slow learners' academic performance, such as collaborative learning and group discussion that can help them overcome feelings of inadequacy and boost their self-confidence (Mushtaq et al., 2022).
11. Project based teaching and learning method will be more useful to the slow learners.
12. Parents should spend more time with slow learning children and support them in their homework, and other extra-curricular activities.

Social Work Intervention:

Social workers working in the educational sector should build the rapport with slow learners, teachers, parents and peer groups to apply the social work methods like case work, group work and community organisation (Abraham & Rao, 2016). Special interventions should be designed to improve the education and reduction of stigma and discrimination towards slow learners (Mutluri, 2021). Provide new books and new educational equipment by mobilising the resources which increase the interest of slow learners towards education. The social workers should conduct the home visits along with the teachers to educate the parents on the importance of education. These visits help them to change their behaviour and get the positive attitude on education. There is a scope for social workers to form the support groups in the schools to help the slow learners. These groups sensitize the peer groups to help slow learners.

Limitations of the study:

This study is conducted in two government schools in Visakhapatnam, India. It is a limited geographical area due to lack of funding. The sample respondents of the present study are 57 slow learners representing from two schools only. The findings of the study are related to these 57 children only. The findings may be generalised because the study followed the scientific method.

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COPING WITH ACADEMIC STRESS OF THE STUDENTS IN HIGHER EDUCATION

Hemalatha

Department of Social Work
Karnataka State Akkamahadevi Women University, Vijayapura.
hemalathanayak747@gmail.com

Gangadhar B Sonar

Department of Social Work
Karnataka State Akkamahadevi Women University, Vijayapura
gbsonar@kswu.ac.in

Abstract

Higher education in India is considered a tertiary level of education. It is the preparatory phase to enter employment. Lack of interest in selected courses, parental pressure, poor infrastructure, financial problems, and poor communication triggers academic stress among students. Academic stress refers to academic demands and expectations that exceed an individual's capacity (Wilks, 2008). Academic stress is a multidimensional phenomenon. It has effects on student's physical, psychological, emotional and academic performance. Coping is to face, encounter and overcoming from the stressful challenging situations. The present empirical study aimed to identify coping strategies adopted by students to manage academic stress. 40 students in higher education studying various courses were approached to collect data. Brief COPE inventory developed by Carver (1997) was used to determine primary coping ways adopted by the students. The study revealed that 92.50% of students agreed coping strategies helpful to deal with academic stress. Majority students follow problem focused and emotion focused coping strategies. Very less number of students follows avoidant coping styles. 72.50% respondents follow planning for further steps to take, 67.50% students follow religious and spiritual beliefs to manage stressful situations. Those who fail to cope with academic stress deviate from the career. Proper guidance and mentoring is necessary for all the stakeholders of higher education to address the issues of students.

Key Words: Academic Stress, Coping Strategies, Problem Focused, Emotion Focused.

Introduction:

Education is fundamental need of human being for socialization and progress oriented life. Higher education is tertiary level of education in Indian education that aims to prepare students for specific careers or fields of expertise and practical skills essential for livelihood associated with professional success in chosen disciplines. In the present scenario education become commercialized and mark/grade oriented, parents and education institutions are also having

unrealistic expectations that hardly matches with the student real capacity. Hence, students face both academic and non-academic challenges in student life. Academic stress refers to pressure experienced by students due to failure to fulfill the demands of their academic responsibilities. Overburdened academic workload (Misra & Mckean, 2000); Poor adjustment to the academic environment (Denovan, 2013); poor communication proficiency and lack of confidence (Kambala 2016; and Demitrov 2017); parental pressure (Majumdar, 2022; Demitrov 2017), financial constrains (Zeinder,1992); lack of interest in chosen course, poor teaching pedagogy are major stressors. Academic stress impacts on student's academic performance and over all wellbeing. Coping strategies are specific actions or techniques of the individuals used to deal with stressors or difficult situations effectively. Problem solving coping strategies involves directly addressing with the problem. Emotion focused coping strategy manage the emotion related to the stressor through seeking emotional support and using relaxation techniques etc. Avoidant coping strategies focusing to avoid the condition that creates stress. Coping Skills helps the students to overcome from academic stress. In view of above, the present study conducted with the objective to identify coping strategies commonly employed by students to manage academic stress; and to examine the relationship between academic stress, coping strategies and academic performance.

Coping with Academic Stress: A Review:

Academic stress is described as the mental state experienced by students due to ongoing societal and self-imposed pressures within an educational setting, which exhausts the student's psychological resources (Misra and McKean, 2000). If academic demand exceeds the student's capacity it leads academic stress (Wilks, 2008). Academic stress adversely effects on mental health of the students (Li & Lin, 2003). The capacity of students to manage stress positively effects on their academic performance (Bati et al., 2013; and Rivas et al., 2014).

Coping means individuals behavioural strategies or actions to manage stressful or challenging environment (Lazarus and Folkman, 1987). The term coping describes the ideas and actions used to handle the stressful conditions, both 'internal' and 'external' (Huntharhmachhuani Salio et al., 2024).

It is a deliberate effort. Lazarus and Folkman in his transactional theory identified 2 ways of coping and its unique functions. Problem focused coping deals the sources of stress by taking direct actions to resolve the stressful environment; emotion focused coping helps to control the emotional impact of stress. Every function is supported by several ways of thinking and acting. Problem focused coping respond the situational elements and emotion focused coping shape the individual's internal factors. Coping is a dynamic process, with coping styles linked to stress sources, available strategies, age-related factors, and individual mental health (Lazarus and Folkman, 1987). Huntharhmachhuani Salio et.al.,2024 identified four types of coping strategies in their study "problem focused Coping" deals the issues producing the stress;"emotion focused coping" minimize the bad feelings through using humor, acceptance, following the religious beliefs etc; "meaning focused coping"- individual manage the stress by using cognitive techniques; "Social coping" expects the community support to overcome the stress.

Students use variety type coping strategies to overcome from stressful situation and that depends upon age, gender ect (Paudel et al., 2024).In most of the studies the main coping strategies employed by students during stressful situation included "active coping", "acceptance", "planning", "self-distraction "and seeking instrumental support" (Paudel et al., 2024).Social and

emotional support enhance the psychological health of the students((Bedewy and Gabriel, 2015).Students follow positive copings like Praying, control over situation, thinking in different way to handle the problem (Yousuf et al., 2022; Elaine, 2023). The study reveals that most of the university students considered “taking breaks”, “meditating”, “talking with someone” are useful coping strategies. The study emphasizes the role of comprehensive health approach in managing academic stress. Inculcation of positive hobbies like “drawing”, “reading” spending time in sports are useful to balance the academic stress (Islam and Rabbi,2024). Students engage in social media like television and other sites, meet their friends for emotional support to relive from academic stress (Elaine, 2023). The study suggested conducting the “counseling sessions” for needy students, providing mental health resources are major responsibilities of the universities. Students also focus on allocation of sufficient time for study, planning the study and setting the achievable goals are useful techniques for dealing academic stress (Islam and Rabbi, 2024). “workshop” and peer support helps to lower the stress ((Bedewy and Gabriel, 2015)

Methodology:

In the present study adopted purposive sampling method limiting sample size to 40 students who are pursuing under graduation. The questionnaire was developed having socio demographic variables like age, gender, course etc. in first part. The second part of questionnaire includes brief COPE inventory which consist of 28 self-report statements related to measure the coping with stress. Thee questionnaire developed by Charles S. Carver on 1997 as the brief form of the previous published instrument known as COPE inventory created by Carver, Scheier and Weintraub on 1989. Brief Cope consists of 28 items/statements and 14 sub scales with two items on each sub scales, the 28 statements belongs consist following 3 important coping styles; Problem Focused Coping, Emotion Focused Coping and Avoidant Coping.

Demographic profile of the respondents:

The participants were above 18 years old. Majority about three-fifth (57.5%) of respondents were belongs to 18-20-year age group. Three-tenth 30% of respondents were 21-23 years and more than one-tenth 12.5 % of respondents aged above 23 years. 40 students from various courses shared their opinion.

Table 1 Age, Gender and Course of the respondents

Age	Frequency	Percentage
18-20	23	57.5%
21-23	12	30%
Above 23	5	12.5%
Total	40	100
Gender	Frequency	Percentage
Male	21	52.5%
Female	19	47.5%
Total	40	100

Course	Frequency	Percentage
BA	10	25%
B Com	4	10%
BBA	6	15%
BSW	20	50%
Total	40	100%

The study proves that more than three-fifth 62.5% of respondents experienced academic stress through various factors and about two-fifth 37.5% of respondents doesn't experienced any academic stress. Exploring with various coping strategies our study indicates that majority more than nine-tenth (92.5%) of respondents agreed that coping strategies useful reduce the academic stress and it helps to improve academic performance. The Brief COPE questionnaire executed to assess the participants coping strategies during various stressful situation. There are 28 statement that need to be respond by the subjects as I haven't been doing this at all (1), I've been doing this a little bit (2), I've been doing this a medium amount (3) and I've been doing this a lot (4).

Table No: 2 Brief COPE

Statements	I haven't Been doing this at all	A little	A medium amount	I've been doing this lot
I've been turning to work or other activities to take my mind off things.	22.5%	27.5%	37.5%	12.5%
I've been concentrating my efforts on doing something about the situation I'm in.	17.5%	35%	25%	22.5%
I've been saying to myself "this isn't real".	35%	35%	22.5%	7.5%
I've been using alcohol or other drugs to make myself feel better.	75%	15%	5%	5%
I've been getting emotional support from others	20%	27.5%	22.5%	30%
I've been giving up trying to deal with it.	40%	25%	22.5%	12.5%
I've been taking action to try to make the situation better.	15%	27.5%	32.5%	25%
I've been refusing to believe that it has happened.	30%	50%	12.5%	7.5%
I've been saying things to let my unpleasant feelings escape.	27.5%	47.5%	22.5%	2.5%
I've been getting help and advice from other people.	20%	27.5%	30%	22.5%

I've been using alcohol or other drugs to help me get through it.	82.5%	10%	2.5%	5%
I've been trying to see it in a different light, to make it seem more positive.	17.5%	40%	22.5%	20%
I've been criticizing myself.	30%	37.5%	25%	7.5%
I've been trying to come up with a strategy about what to do.	15%	30%	27.5%	27.5%
I've been getting comfort and understanding from someone.	22.5%	30%	40%	7.5%
I've been giving up the attempt to cope.	35%	32.5%	25%	7.5%
I've been looking for something good in what is happening.	17.5%	25%	37.5%	20%
I've been making jokes about it.	40%	37.5%	15%	7.5%
I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	15%	27.5%	40%	17.5%
I've been accepting the reality of the fact that it has happened.	20%	35%	25%	20%
I've been expressing my negative feelings.	27.5%	40%	22.5%	10%
I've been trying to find comfort in my religion or spiritual beliefs.	10%	17.5%	22.5%	50%
I've been trying to get advice or help from other people about what to do.	15%	7.5%	17.5%	60%
I've been learning to live with it.	17.5%	30%	32.5%	20%
I've been thinking hard about what steps to take.	7.5%	7.5%	12.5%	72.5%
I've been blaming myself for things that happened.	32.5%	42.5%	15%	10%
I've been praying or meditating.	10%	37.5%	20%	32.5%
I've been making fun of the situation.	42.5%	40%	15%	2.5%

Table 2 depicts that majority more than seven-tenth 72.5 % of respondents were thinking hard about further steps to take during stressful situation. About seven-tenth 67.5% of respondents find comfort with religious and spiritual practices. Three-fifth 60% of respondents tries to get advice or help from other people about further steps. Half 50% of respondents go to movies, watching TV, reading, day dreaming, sleeping or shopping to cope up with stress. Only 5%

respondents consume alcohol and other substances to overcome from stress. About half 47.5 % of respondents tries to come up with a strategy about what to do.

Table No 3

Coping Strategies	Mean	SD
Active coping	2.6	1.02
Using instrumental support	2.88	1.13
Positive reframing	2.52	1.00
Planning	3.08	1.06
Problem focused coping	2.77	1.07
Using emotional support	2.47	1.03
Venting	2.07	0.86
Humor	1.83	0.86
Acceptance	2.5	1.01
Self-blame	2.06	0.93
Religion	2.93	1.04
Emotion focused coping	2.31	1.02
Self-distraction	2.5	0.96
Denial	2	0.90
Substance use	1.35	0.78
Behavioral disengagement	2.07	1.07
Avoidant coping	1.97	1.00

The study examines various coping strategies, as indicated by their mean scores (average values) and standard deviations (SD), which reflect the extent to which individuals rely on these strategies. Majority of the students often engage in ‘planning’ (Mean=3.08) to minimize the academic stress. Similarly, ‘religion’ (Mean =2.93) and ‘use of instrumental support’ (mean =2.88) are considered as most valuable coping strategies among higher education students. On the other hand, ‘substance use’ (mean =1.35) is the least favored coping strategy. Students were not frequently relied upon ‘humor’ (Mean = 1.83) to cope with stress. ‘Venting’ (Mean = 2.07) and ‘Behavioral Disengagement’ (Mean = 2.07) are also less frequently used. ‘Using Instrumental Support’ (SD = 1.13) and ‘Problem-Focused Coping’ (SD = 1.07) shows the most variability and ‘Substance Use’ (SD = 0.78) shows the least variation.

Discussion:

In higher education students face academic stress from diverse factors. In the study more than nine-tenth 92.5 % of respondents has positive opinion about advantages of coping strategies. Similar results show in the previous studies, coping strategy play significant role in managing academic stress (Rahiman et al., 2023). Students who had better coping skills generally experienced less stress (Allen & Hiebert 1991). In table - 2 Most of the students think hard about further steps about three-fourth (72.5%), religion and spiritual beliefs less than seven-tenth (67.5%), getting advice from other people half (50%), getting emotional support from others two-fifth (40%). Few students follow substance use to overcome from stress. Similar results shown in previous studies on coping the academic stress among undergraduate pharmacy

students in Sudan. Praying the god and thinking in different way to solve the situation (Yousef et al., 2022). Studies on coping the academic stress in Malang State university Indonesia reveals that students are habitually coping with stress by finding comfort in their religion more than half (52.6%), thinking hard about what steps to do more than two-fifth (42.1%) and. "I've been getting emotional support from others" about two-fifth (36.8%). More than nine-tenth 94.7% respondents do not turn towards alcohol or drugs to cope with stress (Aina and Wijayanti, 2019). The previous studies reflect that the majority of students in India and Pakistan did not use alcohol as a way of coping. The socio-economic background is also an influencing factor in the selection of coping strategies (Paudel et al., 2024).

Problem focused coping is most common strategy among higher education students. Student give priority for solution oriented approaches. The study indicates students provide preference to address the sources of the academic stress. 'Planning', 'instrumental support', and 'religion' are often seen as effective in producing positive outcomes. Similar results found among Singaporean medical students revealed problem-focused coping strategies such as planning and problem-solving, are major strategies to cope with academic stress (Wu et al., 2018). Student seek practical help and assistance from stake holders of education. 'Religion' (Mean = 2.93) depicts students follow spiritual beliefs and practices to overcome from academic stress. In contrast avoidant strategies such as substance use and behavioral disengagement are less commonly used. A research in higher education institution in Philippine revealed that seeking help from friends was most common strategy among academic scholars (Luciano and Salvatierra, 2022). This variation emphasizes the importance of personal preferences and contextual factors in determining the most effective coping strategies among individuals. From this we can identify that coping styles vary among individuals. Few students rarely followed avoidant coping style like self-distraction, denial, substance use behavioural disengagement and majority students follows problem focused and social support coping mechanism. A study reported majority of the student were utilized coping mechanism with problem focused and Social support (Alkhaldeh et al., 2023).

This analysis suggests that interventions aimed at academic stress management may benefit from encouraging problem focused coping methods, such as planning and use of instrumental support and religion as a emotion focused coping method used frequently among the students ;while also considering the diverse ways people use support and emotional expression. Understanding these differences can help in creating more personalized and effective coping strategies.

Limitations:

The study was based on purposive sampling method. The intentional selection of specific individuals impacts the external validity of results and the study involved only 40 students which may impact the generalization of the findings.

Suggestions:

It is necessary to create supportive environment the stake holders of higher education collaborate and implement the programs like counselling service, stress management workshops, mentoring and guidance, encouraging peer collaboration etc. Students should seek help when they needed the emotional and social support. Students should develop positive habits and learn to prioritize

their work according to the importance. Balancing the academic responsibilities and social activities with realistic goals promote the wellbeing of the students.

Conclusion:

Education is an integral part of personal development, social progress and overall development of individual. Academic stress deviates the student from progress. Coping strategies helps individual to overcome from stress and to manage the emotional and psychological burden. Problem focused and social and emotional support, planning coping style. Together these coping strategies empower individuals to navigate academic stress and facilitating continued personal and academic growth. Social Work profession has great deal in identifying students with academic stress and making necessary interventions in the academic environment as well as at home.

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MENTAL HEALTH IN EDUCATIONAL SETUP: ADDRESSING CHALLENGES AND INTERVENTIONS AMONG STUDENTS AND EDUCATORS (BRIDGING THE GAP: FROM CHAOS TO WISDOM)

Surekha Bhalerao, Neelambika Meti, Mamata Katdare
Meenakshi Ghuge & Suniti Kulkarni
Smile Wellness Foundation, NIBM – Kondhava, Pune
surekhabhalerao@hotmail.com

Abstract

Education is a powerful tool for enhancing the quality of life, instilling confidence, and fostering personal growth. It is a journey from uncertainty to clarity, from fear to self-assurance, from ignorance to knowledge and from chaos to wisdom. Mental health in the educational setup is a critical area of concern, impacting both students and educators. The increasing academic pressure, lack of mental health awareness, and inadequate infrastructure contribute to stress, anxiety, and burnout in schools. This paper explores the challenges faced in maintaining mental well-being within the educational framework and highlights evidence-based interventions. Overcoming infrastructure challenges by integrating experiential learning models, utilizing kits as mobile laboratories, and incorporating hands-on science experiments. The research is based on a combination of existing syllabus, case studies, and empirical data collected through pre- and post-assessments in middle school (6 to 8 standards). The findings suggest that structured interventions along with academic curriculum, including science literacy programs contribute significantly to improve student engagement, confidence and overall well-being. This paper advocates innovation and entrepreneurship for students at early age. Ultimately this can lead to improved mental health status by boosting confidence in teachers for having some tools for teaching, and for students Assessments results show 45 % improvement in students understanding. Case study shows students approach to transform innovation to entrepreneurship. Incidentally this innovation shows the potential to manage the cost-effective way to solve the problem of malnutrition, and ease of doing it is making it popular among students and teachers who are conscious about it.

Keywords: Mental Health, Education, Experiential Learning, Teacher Capacity Building, Student Engagement, STEM Education, Well-being Interventions

Introduction:

Mental health is a fundamental intangible aspect of educational set up, which influences individuals' ability to the pressures of academic performance, social dynamics, and the transition to adolescent stage can create a challenging ecosystem that may result in mental health issues. Research indicates that mental health problems among students can result into poor academic performance, lack of interest, and ultimately dropping out (Eisenberg et al., 2009; Weare & Nind, 2011). Furthermore, teachers who experience stress are unable to teach in the way so that students can truly understand the concepts, can enjoy learning new things. This scenario ultimately negatively impacts the entire educational ecosystem. As educational institutions continue to prioritize standardized assessments and theoretical instruction, many students struggle to develop a meaningful connection with their subjects, particularly in science, technology, engineering, and mathematics (STEM). Education is not just about acquiring knowledge; it is a transformative journey that shapes individuals and communities. It empowers instils confidence, and nurtures young minds, guiding them from uncertainty to clarity. However, the educational system is increasingly burdened with challenges, particularly concerning mental health. The pressures of academic performance, coupled with a lack of mental health resources, can lead to significant stress and anxiety among both students and teachers. Research indicates that mental well-being is crucial for effective learning and teaching (Eisenberg et al., 2009; Weare & Nind, 2011). This paper explores the pressing need for mental health awareness within educational settings and presents evidence-based interventions that can enhance student engagement and overall well-being. By integrating innovative teaching methods and experiential learning, we can create a supportive environment that not only boosts academic performance but also nurtures mental health, ultimately leading to a more resilient and confident generation.

Review of Literature:

Increasing academic pressure, curriculum overload, and limited opportunities for experiential learning have contributed to rising levels of stress, disengagement, and burnout among both students and educators. Recent research has underscored the importance of experiential learning and hands-on training in STEM education, particularly for middle school students. This developmental stage represents a critical period during which students' natural curiosity about science and mathematics can be nurtured through interactive and practical learning experiences. Studies have demonstrated that early exposure to hands-on STEM activities significantly influences long-term interest and career aspirations in these fields (Barker, Larson, & Krehbiel, 2014). Many educational initiatives, such as Kentucky 4-H, have successfully implemented experiential learning models that break down barriers to STEM education by providing accessible and engaging opportunities for students (Noble et al, 2018). Similarly, programs in states like Utah emphasize the need for curriculum alignment with established educational standards to enhance STEM literacy and support positive youth development (Simmons et al., 2017).

The integration of experiential learning in STEM curriculum has been widely recognized for its ability to improve student engagement and comprehension. By actively participating in learning processes, students are better able to bridge the gap between theoretical knowledge and real-world applications. Research has demonstrated that interactive

learning environments significantly enhance students' ability to grasp complex scientific concepts while simultaneously enhance problem-solving skills, creativity, and collaboration. Studies on hands-on learning have highlighted instances where students were able to use materials (Brosens et al., 2019). Similarly, afterschool STEM programs, such as STEM Ready, have proven effective in training volunteers to engage students in meaningful learning experiences, increasing motivation and interest in STEM subjects (Wagner et al., 2019). These approaches not only facilitate deeper academic understanding but also help prepare students for the demands of a rapidly evolving technological workforce.

Beyond academic success, student engagement plays a crucial role in retention and long-term achievement. Active learning strategies, such as discovery-based learning, have been shown to improve information retention and comprehension by encouraging students to explore, analyze, and apply knowledge rather than simply memorizing content (Karan et al., 2023). Studies in the field of Family and Consumer Sciences have further demonstrated that higher levels of student engagement correlate directly with improved academic performance and retention rates (Milks et al., 2023). These findings emphasize the importance of fostering an interactive and inclusive learning environment to sustain student interest and long-term success in STEM education.

Experiential learning strategies have been successfully implemented by educators worldwide, demonstrating significant benefits for students, teachers, and schools. By emphasizing hands-on, real-world applications of scientific concepts, experiential learning has the potential to transform the traditional educational paradigm, making learning not only more engaging but also more effective in preparing students for future academic and professional endeavors.

Integrating experiential learning into STEM education for middle school students requires structured strategies that prioritize engagement, real-world applications, and interdisciplinary approaches. Research has demonstrated that experiential learning fosters deeper understanding by enabling students to apply theoretical knowledge in practical settings. Programs such as Kentucky 4-H have successfully implemented experiential learning by creating environments where students actively participate in problem-solving scenarios, thereby making STEM education more accessible and impactful (Noble et al., 2018). Similarly, studies on Utah 4-H highlight align curriculum with established educational standards strengthens hands-on learning opportunities while enhancing student engagement and skill development (Simmons et al., 2017). These programs underscore the importance of inclusive, structured experiential learning models that equip students with critical thinking, collaboration, and problem-solving skills necessary for success in a rapidly evolving workforce. If students' curiosity and energies are channelled in the right direction, they have the potential to become future scientists, engineers, and innovators (Sallee & Peek, 2014).

Project-Based Learning (PBL) has emerged as a particularly effective pedagogical approach in STEM education, particularly for middle school students, by bridging the gap

between theoretical instruction and real-world applications. This method immerses students in hands-on projects that mirror professional problem-solving practices, allowing them to develop a deeper and more meaningful understanding of STEM principles. Research on the Lawrence Math and Science Program demonstrates how collaborative, volunteer-led initiatives contribute to student engagement by creating practical learning experiences tailored to their evolving needs (Letendre et al., 2024). Similarly, studies on Kentucky 4-H programs suggest that reducing barriers to STEM education through interdisciplinary lessons significantly enhances students' competencies and motivation to pursue STEM fields (Noble et al., 2018). Beyond academic success, project-based learning cultivates critical life skills such as teamwork, adaptability, and analytical reasoning, all of which are essential for long-term professional success.

For STEM education to be truly effective, it must address the underlying challenges that hinder student engagement and retention, beginning at the elementary and middle school levels (Ejiwale, 2013). One of the most pressing barriers in education today is the impact of mental health challenges on both students and educators. Students often experience academic pressure due to the prevalence of rote memorization and examination-driven assessments, which contribute to heightened levels of anxiety. A lack of hands-on learning opportunities further exacerbates disengagement, leading to a decline in curiosity and interest in STEM subjects. Many schools also fail to equip students with adequate coping mechanisms, particularly in emotional regulation and problem-solving, which are essential for handling academic stress. Additionally, peer pressure and social dynamics play a crucial role in students' mental well-being, affecting both their confidence and academic performance.

Educators face similar challenges, as they often struggle with workload management, large class sizes, and administrative pressures that contribute to burnout and stress. Limited exposure to mental health training prevents many teachers from adequately supporting students who experience emotional and psychological difficulties. Furthermore, continuous classroom engagement without institutional support for mental well-being results in emotional fatigue, ultimately diminishing teachers' ability to maintain a dynamic and engaging learning environment.

Experiential learning presents itself as a promising intervention for addressing these concerns. By shifting from traditional, passive instructional methods to more interactive and hands-on approaches, both students and teachers stand to benefit in multiple ways. Hands-on science education creates a more engaging learning experience, reducing academic stress and fostering enthusiasm for STEM subjects. Real-world applications of scientific principles encourage students to approach challenges with confidence while enhancing their critical thinking and problem-solving skills. Additionally, providing educators with innovative teaching tools improves job satisfaction by reducing burnout and making classroom instruction more engaging. By redefining STEM education through experiential learning, schools can create a more inclusive and supportive environment where both students and teachers can thrive academically and emotionally.

Materials and Methods:**Intervention Strategies:****1. Scaling and Spreading Infrastructure for Learning**

To make science learning more interactive and engaging, we distributed science kits designed for both skill development and academic excellence to students in Grades 6, 7, and 8. These Do It Yourself (DIY) science kits were specially developed to align with the school syllabus, ensuring that students not only understood scientific concepts but also experienced them first-hand.

Introduced two different types of kits:

Mysteries Academic Practical Science Kits (MAPS Kits): Each kit contained 10 hands-on experiments, specifically curated for Grades 6, 7, and 8, covering key concepts in Physics, Chemistry, and Biology. These experiments acted as a bridge between theory and practice, reinforcing classroom learning and helping students grasp difficult concepts with ease. To measure the effectiveness of this approach, we conducted pre- and post-program assessments, using a multiple-choice questionnaire to evaluate student progress.

Mysteries Entrepreneurship Development and Learning Science Kits (MEDALS Kits): These kits introduced students to the science of growing microgreens, giving them the materials and guidance to cultivate their own plants. Alongside the activity, we discussed the importance of nutrition, malnutrition, and organic farming, helping students understand how science plays a role in everyday life. The moment students saw their first sprouted greens within a week, their excitement was unmatched! This simple yet powerful activity encouraged curiosity, responsibility, and skill-building, sparking conversations about sustainability and entrepreneurship. By allowing students to observe, interact, and experiment first hand, the core scientific concepts became more than just textbook knowledge—they became experiences that could stay with them for a lifetime.

2. Encouraging Students to Scale Up a Technology That Resonates with Them:

Beyond performing the experiments, students were encouraged to explore further and choose a scientific concept or technology from the program that truly resonated with them. Whether it was growing microgreens, experimenting with chemical reactions, or understanding physical forces, they were given the space to think beyond the classroom and imagine how these concepts could be applied in real-world problem-solving. This approach aimed to ignite curiosity, build confidence, and inspire innovation, helping students develop a lasting interest in science and technology.

Methodology:

We conducted Mysteries Science Workshops at Sumati Balvan with 140 students from Grades 6 to 8. A multiple-choice questionnaire was distributed to students before and after the program to assess their learning progress.

For the MAPS Kits, one kit was shared among four students, allowing them to collaboratively perform 10 syllabus-based experiments in Physics, Chemistry, and Biology. This approach facilitated better conceptual understanding through group learning

while also ensuring cost-effectiveness. During each experiment, four students were invited to the front to perform the demonstration under our guidance. We explained the principles behind each experiment and discussed their real-life applications. The sessions were filled with ‘Bingo’ moments, where students thoroughly enjoyed the process, experiencing science in a fun, engaging, and interactive way.

For the MEDALS Kits, one kit was provided to a group of 10 students, who followed the step-by-step protocol for cultivating microgreens within their school premises. This hands-on activity allowed students to observe plant growth first hand, reinforcing their understanding of nutrition, sustainability, and organic farming.

Results and Discussion:

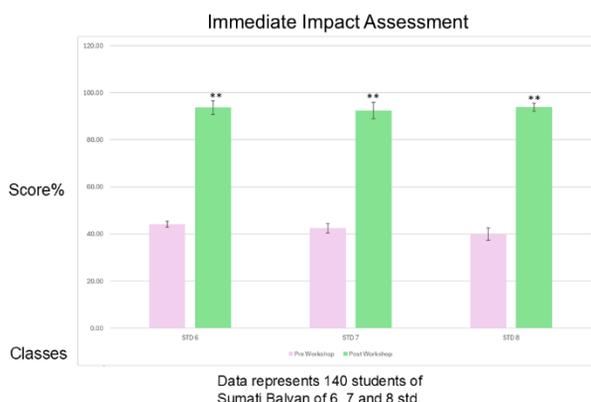


Figure 1

Results and Discussion:

This study was conducted with students from standard 6, 7, and 8 at Sumati Balvan, a school dedicated to supporting underprivileged students by providing them with hands-on learning opportunities and practical experimentation. A total of 50 students from grade 6 and 45 students each from grades 7 and 8 participated in the workshop.

To assess students’ conceptual understanding before and after the workshop, a multiple-choice questionnaire consisting of 10 thoughtfully designed questions was distributed. This questionnaire aimed to evaluate both the scientific concepts covered in the experiments and the clarity of students’ prior knowledge.

After completing the pre-assessment, students actively engaged in hands-on experimentation. Once the workshop concluded, they were asked to solve the same questionnaire again. Pre- and post-assessments were then analyzed by team members from

Smile Wellness Foundation, who were responsible for designing and conducting the experiments.

Impact of Hands-On Learning:

The assessment results, depicted in Figure 1, demonstrate a significant improvement in student performance following hands-on training.

To quantitatively measure the impact of the MAPS kits used during the workshop, a statistical analysis was conducted using Student's t-test. The data (Figure 1) revealed a statistically significant difference between pre- and post-workshop assessments ($p < 0.005$), highlighting the effectiveness of experiential learning in enhancing students' understanding. On average, students demonstrated a 45% improvement in their grasp of key concepts after participating in the practical session.

Beyond the numbers, qualitative observations further reinforced the transformational impact of hands-on learning. Conversations with students after the workshop revealed a visible increase in confidence, enthusiasm, and curiosity.

A remarkable example of this shift was observed during the soap-making experiment. When students successfully created soaps using the double-boil method, they were thrilled by their achievement. The excitement was palpable, as they immediately began brainstorming new ideas to create their own innovative products.

This immediate shift in mindset—from passive learning to active creation—demonstrates the power of hands-on science education. By engaging directly with scientific principles, students not only improve their conceptual understanding but also develop critical thinking, creativity, and problem-solving skills, preparing them to become future innovators.

Case Studies: Journey from Experimenting to Experiencing and then to Exceling:

One of the experiments conducted by 8th standard students involved cultivating microgreens, first using soilless cultivation on coco peat and then growing them in mud pots. Microgreens are young shoots harvested at the cotyledon or first true leaf stage, typically within 14 days of sowing. These tiny greens are rich in enzymes, minerals, antioxidants, and nutrients, making them a valuable addition to a healthy diet.

The experiment was based on a simple yet fundamental principle that seeds contain their own stored food reserves for germination, eliminating the need for fertilizers. Their rapid growth minimizes the risk of fungal and bacterial contamination, making them safe to consume raw after a simple wash in drinking water. The materials required for growing microgreens were minimal—just seeds, coco peat, and paper cups. Once sown, the seeds were covered with a cloth, and from the second day onward, as they started germinating, they were exposed to direct sunlight. Within one to two weeks, the students were able to harvest and consume them.

After successfully cultivating microgreens in paper cups, students were introduced to growing them in mud pots. They found the process simple, enjoyable, and highly

rewarding. Many even incorporated microgreens into their daily meals as toppings. Inspired by their success, students of Sumati Balvan, in collaboration with Vidnyan Ashram, Pune, developed a product called "**Nutri Kit.**" This innovation provides a semi-automated system for cultivating microgreens, where temperature and other environmental conditions are controlled to ensure a consistent and healthy harvest.

Another remarkable example of how children creatively applied their learning emerged during a soap-making activity. Using the double-boil method, students learned to make handmade soaps by adding colours and fragrances before wrapping them in cling film, once dried. Each child proudly took home a handmade soap, while additional soaps were crafted and gifted to their teachers and support staff.

A few weeks later, as Diwali approached, the students wanted to create something special for guests visiting their school. However, they did not have the necessary raw materials for soap-making. Undeterred, they used their creativity to prepare "**Ubtan,**" a scented herbal bathing powder traditionally used during the Diwali festival. They carefully blended skin-friendly herbs, packaged them beautifully, and presented them as gifts to their guests.

These experiences highlight how hands-on learning not only enhances students' understanding of scientific concepts but also nurtures creativity, problem-solving, and entrepreneurial thinking. By engaging in such practical activities, children transition from merely experimenting to truly experiencing science, ultimately excelling in their learning journey.

Conclusion:

Mental health in education is a complex yet crucial aspect that demands innovative, hands-on, and student-centered approaches. Experiential learning not only makes education more engaging but also plays a significant role in reducing stress and anxiety among students. When teachers are equipped with the right tools and learning environments are supportive and interactive, students develop a stronger connection to learning, increased curiosity, and greater resilience. Bridging the gap between traditional education and practical application is key to nurturing a generation of confident, capable, and motivated learners.

In conclusion, integrating experiential learning and hands-on training into STEM education for Grades 6-8 has proven to be an effective way to enhance both engagement and knowledge retention. As demonstrated, traditional models that rely heavily on simulations alone may not be enough to ensure skills readiness and certification success (Landers et al., 2019). A balanced approach, combining practical experiences with theoretical knowledge, is essential for making STEM education truly impactful.

Looking ahead, STEM education in middle schools can become more accessible and engaging, even in the absence of well-equipped infrastructure. In such cases, DIY science kits can serve as mobile laboratories, providing both students and teachers with the necessary tools to explore, experiment, and excel in their learning journeys. Recognizing the role of mental health in education is equally vital. By embedding mental health

awareness and resources into the learning framework, schools can foster resilience, boost student engagement, and ultimately improve academic outcomes.

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PSYCHOLOGICAL DISTRESS AMONG PARENTS OF PEDIATRIC CANCER AFFECTED CHILDREN

Niranjan Goud Ediga

Dept. of Population Studies and Social Work
SV University, Tirupati
niranjanphd14@gmail.com

Sai Sujatha D.

Dept. of Population Studies and Social Work
SV University, Tirupati

Abstract

Pediatric cancer refers to cancer that occurs in children, adolescents, and young adults, typically under the age of 18. It is relatively rare compared to adult cancer, but it remains one of the leading causes of death in children. The most common types of pediatric cancers include leukemia, lymphomas, wilmstumors, hepatoblastoma, brain tumors, and sarcomas, though there are various other types. Treatment options for pediatric cancer have improved significantly over the years, with advancements in chemotherapy, radiation therapy, and surgery. The aim of this study was to assess and identify the Psychological Distress among Parents of Pediatric Cancer Affected Children by using the Impact of Event Scale-Revised (IES-R) Scale. The IES-R consists of 22 items, each rated on a 5-point Likert scale (0–4) based on how distressing the symptoms were over the past seven days. The total number of patents 125 and period was one week (past 7 days). The distribution of Gender. Majority of the parents were females (Mothers) 52.8 % and the remaining were males (Fathers) 47.2 %. Data presented reflects the overall distress levels reported by parents of paediatric cancer-affected children. Out of a total of 125 parents surveyed, a larger proportion, 29.6% experienced distress "a little bit," while 27.2% reported moderate levels of distress. Notably, 16% experienced distress "quite a bit," and 10.4% were extremely distressed and 16.7% experienced no distress, with a noticeable distribution across the distress scale. This distress can manifest as anxiety, depression, guilt, or feelings of helplessness.

Keywords: Parents Psychological Distress, Paediatric Cancers, Parents.

Introduction:

Paediatric cancer refers to cancer that occurs in children, adolescents, and young adults, typically under the age of 18. It is relatively rare compared to adult cancer, but it remains one of the leading causes of death in children. The most common types of paediatric cancers include leukaemia, lymphomas, wilmstumors, hepatoblastoma, brain tumours, and

sarcomas (Ewing's, Osteosarcoma), though there are various other types. Treatment options for paediatric cancer have improved significantly over the years, with advancements in chemotherapy, radiation therapy, and surgery. Early detection and personalized treatment plans are crucial for improving outcomes. Despite these advances, cancer remains a major challenge, with some types of paediatric cancer being particularly difficult to treat. The emotional impact begins from the moment of diagnosis, as parents are confronted with overwhelming feelings of fear, shock, and uncertainty. During treatment, parents face ongoing stress related to medical procedures, potential side effects, and concerns about their child's prognosis. The psychological impact on parents can also affect the family's overall well-being, as the emotional strain often leads to relationship difficulties, isolation, and a decline in quality of life. Parents often experience a range of negative emotions, including anxiety, depression, and fear for their child's survival. The constant uncertainty about the child's prognosis, along with the strain of hospital visits, treatments, and lifestyle changes, can lead to chronic stress. This distress is compounded by the financial burden of medical bills, the disruption of family routines, and the emotional fatigue of coping with the physical and emotional challenges of supporting their child. In some cases, the psychological distress may persist even after the child's treatment ends, with long-term effects on the parents' mental health. This study reference from 1) Lindahl Nordberg et al. conducted a study to assess psychological distress—specifically posttraumatic stress symptoms (PTS), anxiety, and depression—among parents of children diagnosed with cancer. Using the Impact of Event Scale-Revised (IES-R) and self-report tools, data from 266 mothers and 208 fathers revealed that distress levels varied with time since diagnosis. Up to 12% of parents reported persistent PTS symptoms even five years post-diagnosis, comparable to PTSD patients. Parents of recently diagnosed children experienced more intrusive thoughts, while anxiety and depression were highest within the first 2.5 years. Mothers generally reported more distress than fathers. The study emphasizes that severe distress is common early on and can persist long-term. Findings highlight the need for ongoing psychological support for parents throughout the pediatric cancer journey.

Aim: The aim of this study is to assess and identify the Psychological Distress among Parents of Paediatric Cancer Affected Children by using the Impact of Event Scale-Revised (IES-R) Scale. The study includes parent's distress, children treatment and psychological issues among parents of paediatric cancer affected children.

Objectives:

1. To assess the prevalence and severity of psychological distress among parents of children diagnosed with cancer.
2. To identify the proportion of parents experiencing different levels of distress, ranging from no distress to extreme distress.
3. To evaluate the emotional and psychological impact of a child's cancer diagnosis on their primary caregivers.
4. To provide baseline data for the development of psychological support programs tailored to the needs of parents in paediatric oncology settings.

5. To explore potential associations between psychological distress and sociodemographic or clinical variables, such as the child's age, treatment stage, or parental role (mother/father).
6. To determine the need for psychosocial support interventions aimed at reducing distress among affected parents.

Materials and Methods:

The aim of this study was to assess and identify the Psychological Distress among Parents of Paediatric Cancer Affected Children by using the Impact of Event Scale-Revised (IES-R) Scale. A standardized tool, the Impact of Event Scale-Revised (IES-R), was utilized to evaluate symptoms of distress. The IES-R consists of 22 items measured on a 5-point Likert scale ranging from 0 (Not at all) to 4 (Extremely), assessing the severity of distressing symptoms experienced over the past seven days. The study sample included 125 parents of children undergoing cancer treatment, and data were collected over a one-week period. Participants were recruited from the medical oncology department in paediatric wards of a cancer care hospital. Parents who were present and admitted alongside their children for treatment completed the self-administered questionnaire, with additional support provided through interviews conducted by trained medico-social workers. This approach ensured both qualitative understanding and accurate quantitative data collection regarding the psychological impact of the child's illness on their caregivers. The IES-R is a reliable and validated tool for assessing post-traumatic distress. It is particularly valuable in understanding the psychological impact of traumatic events, such as cancer caregiving, natural disasters, and medical trauma. While it does not diagnose PTSD, it serves as an essential screening instrument for identifying individuals in need of further mental health support.

Inclusion Criteria:

- 1) Only parents of paediatric cancer affected (below 18 years) children are included in this study
- 2) Those who are admitted (in-patient) for their children treatment modalities including surgery, chemotherapy and also radiation therapy.
- 3) Those who are willing to participate in the study

Exclusion Criteria:

- 1) Those who are not interested to participate in the study
- 2) Above 18 years' cancer affected persons was not included in this study.

Results:

Table No. – 1
Percentage of Gender of the Respondents

Gender	No of respondents , % (N)
Male	47.2 % (59)
Female	52.8 % (66)
Total patients	100.00(125)

Table no-1 shows the study included a total of 125 parents of paediatric cancer-affected children. Among these respondents, 52.8% (n = 66) were female and 47.2% (n = 59) were male. This indicates a slightly higher representation of female participants, which is consistent with many caregiving and psychosocial studies where mothers are often the primary respondents due to their central role in caregiving. The gender distribution reflects a fairly balanced sample, allowing for comparative analysis between male and female caregivers with respect to psychological distress and other related outcomes. The total number of respondents was evenly distributed, ensuring a comprehensive understanding of the gender-related perspectives in the context of caregiving for children diagnosed with cancer.

Table No. – 2
Percentage of Age of the Respondents

Age range	No of respondents , % (N)
18-30	47.2 % (59)
31-40	40.8 % (51)
41-50	8.8 % (11)
50 +	3.2 % (4)
Total patients	100.00(125)

Table no - 2 shows that age distribution of the 125 respondents in the study shows that the majority of the participants were relatively young, 47.2% (n = 59) of the respondents fell within the 18–30 years’ age group, indicating that nearly half of the parents were in the early stages of adulthood. This was followed by 40.8% (n = 51) in the 31–40 years’ age group, which also represents a significant portion of the sample. Together, these two groups accounted for approximately 88% of the total respondents, highlighting that most parents facing the challenges of paediatric cancer caregiving are in their early to mid-adulthood. A smaller proportion, 8.8% (n = 11), were in the 41–50 years’ age group, while only 3.2% (n = 4) were aged above 50.

Table No. – 3
Percentage of Education of the Respondents

Education of patients	No of respondents , % (N)
Illiterate	9.6 % (12)
1 st to SSC	37.6 % (47)
Intermediate	18.4 % (23)
Degree above	34.4 % (43)
Total patients	100.00(125)

Table no - 3 shows that educational profile of the 125 parents surveyed in the study presents a diverse range of academic backgrounds. A notable proportion, 37.6% (n = 47), had attained education up to the 1st standard to Secondary School Certificate (SSC) level, representing the largest educational group among the participants. This was closely followed by 34.4% (n = 43) who had completed a degree or higher, indicating that over one-third of the respondents possessed higher education qualifications. 18.4% (n = 23) of the participants had completed intermediate-level education, typically equivalent to higher secondary schooling. A smaller but significant group, 9.6% (n = 12), were found to be illiterate, suggesting limited formal education. Overall, the data reflects that a substantial portion of caregivers had at least basic schooling, with a good number achieving higher academic credentials. This varied educational background may influence the level of awareness, coping mechanisms, and access to support systems among parents caring for children with cancer.

Table No. – 4
Percentage Distribution of Psychological Distress of Respondents

Sr. No.	Statements	Not at all % (N)	A Little bit % (N)	Moderately % (N)	Quite a bit % (N)	Extremely % (N)
1	Any reminder brought back feelings about it	17.6 (22)	40.00 (50)	30.4 (38)	6.4 (8)	5.6 (7)
2	I had trouble staying asleep	4.00 (5)	22.4 (28)	18.4 (23)	16.8 (21)	38.4 (48)
3	Other things kept making me think about it.	4.00 (5)	24.8 (31)	27.2 (34)	16.8 (21)	27.2 (34)
4	I felt irritable and angry	1.6 (2)	17.6 (22)	30.4 (38)	29.6 (37)	20.8 (26)
5	I avoided letting myself get upset when I thought about it or was reminded of it	19.2 (24)	24.00 (30)	33.6 (42)	20.00 (25)	3.2 (4)
6	I thought about it when I didn't mean to	15.2 (19)	33.6 (42)	36.00 (45)	11.2 (14)	4.00 (5)
7	I felt as if it hadn't happened or wasn't real	19.2 (24)	40.8 (51)	20.00 (25)	15.2 (19)	4.8 (6)
8	I stayed away from reminders of it.	19.2 (24)	31.2 (39)	26.4 (33)	15.2 (19)	8.00 (10)
9	Pictures about it popped into my mind.	21.6 (27)	20.00 (25)	28.00 (35)	24.8 (31)	5.6 (7)
10	I was jumpy and easily startled	21.6 (27)	39.2 (49)	26.4 (33)	9.6 (12)	3.2 (4)
11	I tried not to think about it	14.4 (18)	24.8 (31)	31.2 (39)	19.2 (24)	10.4 (13)
12	I was aware that I still had a lot of feelings about it, but I didn't deal with them.	15.2 (19)	29.6 (37)	33.6 (42)	14.4 (18)	7.2 (9)
13	My feelings about it were kind of numb.	12.00 (15)	31.2 (39)	32.8 (41)	17.6 (22)	6.4 (8)

14	I found myself acting or feeling like I was back at that time.	12.8 (16)	25.6 (32)	30.4 (38)	17.6 (22)	13.6 (17)
15	I had trouble falling asleep.	2.4 (3)	22.4 (28)	21.6 (27)	20.8 (26)	32.8 (41)
16	I had waves of strong feelings about it.	17.6 (22)	27.2 (34)	34.4 (43)	10.4 (13)	10.4 (13)
17	I tried to remove it from my memory.	24.00(30)	30.4 (38)	28.8 (36)	13.6 (17)	3.2 (4)
18	I had trouble concentrating.	18.4 (23)	28.00 (35)	29.6 (37)	14.4 (18)	9.6 (12)
19	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart	20.00 (25)	29.6 (37)	24.8 (31)	20.00 (25)	5.6 (7)
20	I had dreams about it.	36.8 (46)	42.4 (53)	12.8 (16)	6.4 (8)	1.6 (2)
21	I felt watchful and on-guard.	27.2 (34)	39.2 (49)	20.8 (26)	11.2 (14)	1.6 (2)
22	I tried not to talk about it.	19.2 (24)	34.4 (43)	25.6 (32)	15.2 (19)	5.6 (7)
TOTAL		16.7 (21)	29.6 (37)	27.2 (34)	16.00 (20)	10.4 (13)

Table no – 4 shows the Impact of Event Scale-Revised (IES-R) Scale. A standardized questionnaire specifically designed to assess Psychological Distress and it is particularly relevant for parents of children with cancer, who often experience chronic stress and emotional trauma due to their child's illness. Each and every aspect parents experience score explained in the above table, The IES-R Scale includes 22 aspects that cover various domains of parents psychological distress, Distress score by assigning numerical values to each category (e.g., Not at all = 0 , A little bit =1 , Moderately=2 , Quite a bit =3 , Extremely =4). In the above table data collected from Medical Oncology in paediatrics.

Two fifths (40%) of the parents expressed brought back feelings as a little bit. less than two fifths (38.4) of the parents stated extremely to trouble sleep in hospital staying. More than a quarter (27.2%) stated extremely stressed as other things kept making them think about it. Less than one third (30.4%) of the parents were moderately irritable and angry. One third (33.6%) were moderately avoiding not getting upset. More than one third (36%) moderately thought about the child's condition even when they didn't mean to. Two fifth (40.8%) felt a little bit as if it hadn't happened or wasn't real. Slightly higher proportion (31.2%) stayed away from reminders of it. less than one third (28%) felt moderately to pictures popped into mind. Two fifths (39.2%) were little bit about jumpy and easily startled. Less than one third (31.2%) stated that they were moderately trying not to think about child's condition. Similar proportion (33.6%) were moderately aware that still a lot of feelings about it but they didn't deal with them. Around 32.8 percent felt moderately a kind of numb and found self-acting or feeling like back at that time (30.4%). Around one third (32.8%) were experiencing extremely trouble in falling asleep and have waves of strong feelings about it (34.4 %). Less than one third (30.4%) were trying little bit to remove it from memory and moderately trouble on concentrating (29.6%). Followed

by a similar proportion (29.6 %) expressed a little bit to reminders it caused to have physical reactions, such as sweating trouble breathing, nausea and a pounding heart. More than two fifth (42.4%) stated that they had little bit of dreams about their child's suffering and felt watchful and on-guard (39.2%). Finally, more than one third (34.4%) were tried not to talk about it little bit.

Table No. – 5
Overall Percentage Distribution of Parental Distress

Overall Parents Distress % (N)					
Not at all	A little bit	Moderately	Quite a bit	Extremely	TOTAL
16.7 (21)	29.6 (37)	27.2 (34)	16.00 (20)	10.4 (13)	100 (125)

Table no – 5 shows the data presented reflects the overall distress levels reported by parents of paediatric cancer-affected children. Out of a total of 125 parents surveyed, a larger proportion, 29.6% experienced distress "a little bit," while 27.2% reported moderate levels of distress. Notably, 16% experienced distress "quite a bit," and 10.4% were extremely distressed and 16.7% experienced no distress. Specifically, 29.6% reported feeling distressed "a little bit," and 27.2% experienced moderate distress. This suggests that over half of the parents (56.8%) reported mild to moderate distress levels. These findings highlight that while a substantial portion of parent's experience low to moderate distress levels, a notable percentage (26.4%) experience considerable distress, ranging from "quite a bit" to "extremely." This underscores the importance of providing targeted psychological and social support to parents who are struggling with higher levels of distress during their child's cancer treatment journey.

Discussion:

The findings indicate levels of distress among parents of paediatric cancer-affected children, with a noticeable distribution across the distress scale. Such heightened distress levels may negatively impact their well-being, coping mechanisms, and ability to provide support to their child. These results underscore the need for comprehensive psychosocial interventions to address parents' mental health concerns. Tailored support programs, including counselling services, peer support groups, and stress management strategies, could be beneficial in helping parents cope with the emotional burden associated with their child's illness. Early identification of those experience higher levels of distress is crucial to ensure timely and appropriate support, ultimately improving their overall well-being and caregiving capacity. These parents often experience intense psychological distress due to the emotional, financial, and social challenges that accompany their child's illness. The counselling provided by medico-social workers aims to address these concerns through various strategies and interventions.

Conclusion and implications:

Parents of paediatric cancer-affected children often face immense emotional distress due to the uncertainty of the disease, the complexity of treatment, and concerns about their child's well-being. This distress can manifest as anxiety, depression, guilt, or feelings of helplessness. Psychological distress is a significant concern among parents of paediatric

cancer-affected children, with many experienced moderate to severe emotional strain. This distress can affect their mental well-being, coping mechanisms, and ability to provide effective care. Medico-social workers play a crucial role in addressing these challenges by providing emotional support, counselling, tailored psychosocial interventions and guidance on coping strategies. They can also connect families with relevant resources, facilitate support groups, and assist in navigating the healthcare system. By actively involving medico-social workers in paediatric oncology care, Paediatric oncology physician and healthcare providers can better support to parents, reduce their psychological burden, by addressing parents' psychological distress, treating doctor and healthcare providers can improve family well-being and foster a more supportive environment for both parents and their children undergoing cancer treatment and enhance overall family well-being. Paediatric cancers, though relatively rare, present unique challenges in diagnosis, treatment, and survivorship. Research and medical advancements continue to improve prognosis, but the impact on families and caregivers remains profound. Personalized treatment approaches, and comprehensive psychosocial support are essential in ensuring better outcomes and quality of life for children and their families.

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EVALUATING POLICIES AND PROGRAMS FOR MITIGATING OCCUPATIONAL STRESS AND BURNOUT AMONG WORKING WOMEN: A QUALITATIVE REVIEW

Shaurya Prakash

Department of Social Work, Visva-Bharati
Santiniketan, West Bengal
sauryp75@gmail.com

Abstract

This review article provides a comprehensive qualitative analysis of existing policies and programs aimed at reducing occupational stress and burnout among working women. By examining various interventions, including workplace wellness programs, flexible working arrangements, and mental health resources, the article seeks to identify best practices, gaps, and areas for improvement. Drawing on qualitative studies and interviews with women across different industries, this review offers insights into how these policies are perceived and experienced by working women. It also explores the effectiveness of these initiatives in addressing the unique challenges faced by women in the workforce and provides recommendations for enhancing policy and program design to better support their well-being.

Keywords: occupational stress, burnout, working women, workplace

Introduction:

Occupational stress and burnout are pressing concerns for working women, impacting their well-being and productivity (Hibbert et al., 2017). Various policies and programs have been developed to address these issues, including flexible work arrangements, wellness programs, and mental health resources (Miller & Glover, 2018). This review aims to assess the effectiveness of these interventions from a qualitative perspective, offering insights into how occupational stress and burnout significantly impact working women's health, job performance, and overall well-being. With increasing awareness, numerous policies and programs have been developed to address these issues. This review evaluates the effectiveness and challenges associated with these interventions. In underdeveloped nations such as India, the stress levels among women are double those of men. Working women's stress affects the entire family in addition to the mother. Women experience stress in both their homes and workplaces. Stressors in the house, such as unannounced visitors and family members, can contribute to stress. Spain and other nations have implemented 4-day workweeks as a trial to lower stress levels and boost output. This is a general measure to address stress among the working population, which is primarily composed of women. These days, stress cannot be avoided, and the best way to deal with it is to spend

quality time with loved ones outside of work. A woman who leads a less stressful life will benefit her family more financially overall. For this reason, working women who experience stress are known as SILENT SERPENTS. (Lakhute, S. vitthalrao., Band, R. M., & Rajasekaran, P. K., 2024)

In addition to being a basic human right, safe and healthy work environments can reduce stress and disputes at work and enhance employee retention, output, and performance. On the other hand, insufficient systems and assistance at work, particularly for individuals dealing with mental health issues, can negatively impact an individual's capacity to appreciate and perform their job; it can also cause issues with employees' attendance and even prevent them from being hired in the first place. Over 50% of the world's labor force is employed in the informal economy, which lacks any kind of health and safety regulations. These people frequently labor in hazardous workplaces, put in long hours, receive little to no social or financial safeguards, and deal with discrimination—all of which can be detrimental to their mental health. Psychosocial risks are present in many industries, but due to their jobs, locations, and working methods, certain employees are more prone than others to be exposed to them. Workers in the medical, humanitarian, or emergency sectors are frequently in positions that expose them to unfavorable situations, which can have a detrimental effect on their mental health. Risks include job loss, financial instability, and humanitarian and public health catastrophes that arise during economic recessions. (WHO, 2024)

If women are in a circumstance that is consistently stressful, managing their stress involves making changes to their lives and practicing relaxation to prevent tension. In reality, stress is our body's survival mechanism when it perceives danger. Each woman's path to identifying the underlying source of stress is unique. An elevated heart rate, trouble sleeping, high blood pressure, irritability, headaches, tense muscles, etc. are some signs of stress. Both public and private sector workers encounter stress, and their reactions vary. Because modern life is so hectic and complicated, stress can have both positive and harmful effects. (Suganthi K, Vaanmathi SP., 2017)

The balance between work and home creates stressful situations for many of the women. The burden of doing daily housework combined with administrative tasks, including planning, organizing, managing, and overseeing, increases stress levels in the breed. The women listed relationship coping, social support, self-care, and recreation as some of the methods they use to try to instinctively manage stress in order to avoid the detrimental effects on their health. It is recommended that periodic training, workshops/seminars, stress management training, and required check-ups be implemented in conjunction with flexible work schedules to mitigate the detrimental impacts of stress and associated costs on women and the state. Since stress is a customized occurrence, the idea of individual variances needs to be taken into account when developing and choosing management techniques to lessen its impacts. The study's marital and dependent statistics debunk the myth that women in Ghanaian society who achieve high levels of education or professional success are typically unable to submit to their male counterparts, particularly in marriage, and as a result, end

up divorced or raising their children alone. They also tend not to have an excessive number of dependents. (Roberts, C., Sarfo, K., and Kwakye, I., 2021)

Methodology:

A qualitative review was conducted by analysing peer-reviewed studies and policy reports from the past decade. Sources were selected based on their relevance to occupational stress and burnout among working women, as well as the effectiveness of various programs.

Major Findings:

Thematic Progression: Workplace Interventions for Women's Stress and Burnout

The five identified themes represent a comprehensive ecosystem of workplace interventions that address different dimensions of women's stress and burnout. These themes flow from structural workplace changes to individual support mechanisms, creating a multi-layered approach to intervention.

Theme 1: Flexible Work Arrangements:

Foundation Layer - Structural Workplace Transformation

Core Focus: Organizational redesign to meet work-life balance requirements

Key Components:

- Remote work arrangements
- Flexible scheduling systems
- Hybrid work arrangements
- Compressed work weeks

This theme is the foundation layer as it deals with the structural sources of stress by changing the way, when, and where work is done.

Theme 2: Employee Assistance Programs (EAPs):

Support Infrastructure Layer - Immediate Crisis Response

Core Focus: Professional, confidential support for acute burnout and stress situations

Key Components:

- Confidential counseling services
- Crisis intervention assistance
- Professional mental health services
- 24/7 availability

EAPs serve as the immediate response system, offering professional intervention when stress reaches critical levels. This theme completes the gap between structural adjustments (Theme 1) and comprehensive wellness programs (Theme 3).

Theme 3: Workplace Wellness Programs:

Prevention and Skill-Building Layer - Proactive Capacity Development

Core Focus: Developing resilience and coping skills through education and skill-building

Key Components:

- Workshops on mental health
- Springboard training in stress management
- Relaxation and mindfulness programs
- Peer support groups

This theme moves from reactive assistance (EAPs) to proactive prevention by developing individual and collective capacity to deal with stress before it reaches crisis levels.

Theme 4: Mental Health Policies:

Cultural Integration Layer - Systemic Attitude Change

Core Focus: Developing organizational cultures that de-stigmatize and encourage mental health

Key Components:

- Anti-stigma campaigns
- Mental health awareness campaigns
- Mental health days
- Policy guidelines for psychological safety

This theme targets the cultural and attitudinal obstacles that can counteract other interventions. It develops the organizational climate that is essential to the success of flexible arrangements, EAPs, and wellness initiatives.

Theme 5: Career Development and Support Programs:

Growth and Fulfilment Layer - Long-term Engagement and Satisfaction

Core Focus: Managing stress through increased job satisfaction and career development

Key Components:

- Mentor programs
- Professional development training programs
- Planning of career paths
- Leadership development opportunities

This theme targets the existential and aspiration aspects of work-related stress, with meaning, development, and future satisfaction in mind, rather than short-term stress reduction.



Figure 1 - Workplace Stress Management Framework

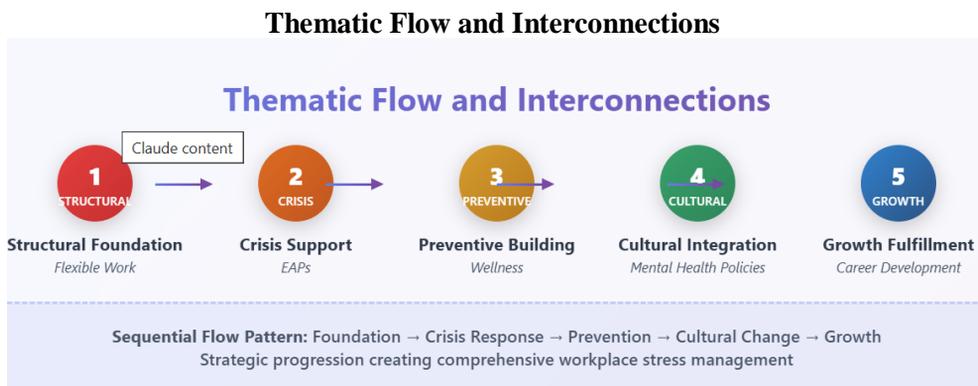


Figure 2 - Thematic Flow and Interconnections

Interconnected Relationships:

Flexible Work Arrangements ↔ Career Development: Both topics speak to long-term job satisfaction, but from opposing perspectives - structural adjustment versus career development.

EAPs ↔ Mental Health Policies: EAPs offer the tools, while mental health policies establish the cultural context that makes EAP use legitimate and efficient.

Wellness Initiatives ↔ Mental Health Policies: Wellness programs offer the activity and content, while mental health policies offer the organizational legitimacy and support mechanism.

Flexible arrangements complement all other interventions by lowering baseline stress levels and providing opportunities for involvement in support programs.

Comprehensive Integration Model:

The five themes operate interdependently to form a complete intervention system:

- Themes 1 & 4 treat organizational structure and culture
- Themes 2 & 3 involve direct support and skill-building mechanisms
- Theme 5 treats long-term involvement and career fulfillment
- Themes 2, 3, & 4 together discuss the stigma and access issues identified across several studies

This thematic progression illustrates that successful intervention needs to be addressed concurrently across structural, cultural, individual, and developmental aspects of women's workplace stress and burnout.

Flexible Work Arrangements:

Flexible work arrangements, including remote work and flexible hours, are frequently cited as effective in reducing stress and burnout (Kossek, E. E., Perrigino, M. B., & Lautsch, B. A., 2023). These arrangements allow women to better balance work and personal responsibilities, thereby alleviating some of the pressures leading to burnout (Lee, H. J., Probst, T. M., Bettac, E. L., Jenkins, M. R., & Bazzoli, A., 2024).

Employee Assistance Programs (EAPs):

EAPs provide confidential counseling and support services to employees experiencing stress and burnout (Lee & Wang, 2019). Qualitative studies suggest that while EAPs are beneficial, their effectiveness can be limited by stigma and lack of awareness among employees (Williams & Murphy, 2020).

Workplace Wellness Initiatives:

Programs focused on wellness, including mental health workshops and stress management training, are also common. These initiatives can improve employees' coping skills and reduce symptoms of burnout. However, challenges include the need for ongoing support and integration into the organizational culture (Passey et al., 2018).

Mental Health Policies:

Policies promoting mental health awareness and support within organizations are becoming more common. These policies often include anti-stigma campaigns and mental health days. Qualitative evaluations suggest these policies can reduce stress and improve workplace morale, but their impact is limited by inconsistent application and a lack of comprehensive integration into organizational practices (Juba et al., 2024).

Career Development and Support Programs:

Programs focusing on career development, including mentorship and training opportunities, can alleviate stress by enhancing job satisfaction and career progression. Research indicates that these programs can improve self-efficacy and reduce burnout, although their effectiveness is influenced by the quality of mentorship and the alignment of career goals with organizational support (Williams & Murphy, 2020).

Effectiveness and Implementation Challenges:

The effectiveness of these programs varies depending on several factors, including organizational support, program design, and employee engagement (Thompson et al., 2019). Key challenges include insufficient resources, lack of management buy-in, and resistance to change (Juba et al., 2024).

For many organizations, working remotely has become the "new normal." This presents additional challenges for workers, who are more likely to experience anxiety, stress from technology, loneliness and lack of social interaction, occupational load, unproductive work habits, exhaustion, burnout, and increased intentions to leave. Even though the COVID-19 epidemic occurred more than two years ago, certain firms throughout the world continue to operate with a hybrid work culture. Employees are still unable to declare with confidence that working from home is handy. It is not the best course of action to do most of the work remotely. Determining what kind of job can be done online or remotely is urgently needed. Furthermore, how well and easily a task may be completed online depends on its nature. Based on an analysis of current job assignments, firms can determine if remote working makes sense in the event of a pandemic. Changing employment is necessary to optimize the benefits of remote work. According to the authors, a number of firms lack the necessary infrastructure to allow employees to work remotely in some situations. Setting limits for employee distractions and ensuring they don't interfere too much with work is crucial. It's crucial to set up some dedicated workspaces close to the employee housing or a different workspace inside the residence so that workers can work uninterrupted full-time shifts. To optimize productivity when working remotely, employees should also schedule their daily tasks and domestic chores in advance. To avoid putting too much strain on one-person, domestic tasks can be split up according to work schedules, whether one spouse, both spouses, or more family members work remotely (Prasad et al., 2023).

Peer support has helped them become more conscious of their own psychological health and better appreciate the psychological health needs of others. It would be beneficial for reducing the impact of a variety of stressors. The training was also seen as giving students the tools they needed to help disturbed coworkers who might be dealing with serious personal or professional difficulties. Moreover, the abilities acquired during the course were perceived to aid in preserving their own resilience (Agarwal B. et al., 2022).

It is imperative that workplace mental health be taken into consideration, and local conditions call for the development of tailored strategies. A variety of strategies at the organizational, policy, and employee levels can be utilized to enhance well-being. Before putting workplace well-being measures into practice, one must be aware of the various kinds of workplaces, the resources that may be made available for workplace well-being, and the general workplace culture in the context of the larger socioeconomic position and societal viewpoint. Experts in mental health can assist in determining whether the loss of employment has caused or aggravated any mental disorder and provide appropriate treatment. Additionally, they can assist the client in managing their grief and utilizing coping mechanisms that work for them by helping them apply these techniques (Sarkar et al., 2024).

In India, a number of workplace wellness initiatives have been put into place, particularly when it comes to mental health.

Here are a few of them; however, this is by no means an entire list:

The Employees' State Insurance Corporation (ESI) Hospitals are located throughout India and offer a range of therapeutic services, including mental health services. Tamil Nadu police officers participated in a police well-being program thanks to funding from the National Institute of Mental Health and Neurosciences (NIMHANS), located in Bengaluru. Support for informal workers has been provided by a number of nongovernmental organizations (NGOs), such as the Self-Employed Women's Association (SEWA). As part of their general remit, they also support workers' causes and endeavor to enhance their well-being. NGOs have also attempted to better the lives of children of commercial sex workers. The Prevention of Sexual Harassment (POSH) Act of 2013 is one example of a legislative move that is expected to enhance employee well-being by creating a more secure work environment. When child care services (such as creches) are provided at work, employees experience less friction between their personal and professional lives, which lowers absenteeism and enhances occupational functioning and well-being. Industrial-organizational psychologists are employed by a number of companies to improve worker well-being and identify ways to boost output. Many institutions, including the military and the healthcare industry, alternate between posts that are extremely stressful and postings that are comparatively lighter. It has been argued that systemic grievance redressal will boost employee well-being and workplace morale.

Conclusion:

In conclusion, given today's demanding work environment, it is imperative to put mechanisms in place to manage and prevent job-related stress and burnout. Effective strategies include establishing clear boundaries, engaging in self-care, creating a positive work environment, giving workload and time management top priority, taking regular breaks, reaching out to others for support, engaging in mindfulness practices, making use of employee assistance programs, encouraging work-life balance, and routinely evaluating workload. People can improve their well-being, boost job satisfaction, and fight burnout and stress related to work by implementing these techniques. While various policies and programs show promise in mitigating occupational stress and burnout among working women, their success is contingent on proper implementation and continuous evaluation. Future research should focus on optimizing these interventions and addressing implementation barriers.

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EXPLORING THE IMPACT OF ARTS BASED INTERVENTIONS ON EMOTIONAL WELL-BEING AND COMMUNITY ENGAGEMENT IN SOCIAL WORK PRACTICE

Lalzo S. Thangjom

Department of Social Work
Assam University, Silchar, Assam, India
lalzosthangjom@gmail.com

Pulak Dhar

Assam University, Silchar, Assam, India
drpulakdhar@gmail.com

Abstract

This study explores the potential of arts-based interventions to enhance emotional well-being and foster community engagement at Assam University, Silchar, India. Addressing limitations of traditional community-centred methods, the research uses narrative inquiry and creative tools like collage and metaphor mapping, empowering participants to express their experiences and build insights into resilience and social dynamics (Hosseini, 2024; Jackson Foster et al., 2018). The sampling framework comprises 146 respondents selected for age and departmental diversity, with a focus on Social Work and Fine Arts. The sample was stratified by age: youth (30%), adults (50%) and seniors (20%). Departmental representation: allocating 50% from Social Work, 30% from Fine Arts and 20% from other departments to ensure broad perspectives. This design supports data collection through qualitative and quantitative methods along with Focus Group Discussion and Art based activities (Bianchi, 2023; Francois & Davis, 2022). The findings reveal that Arts based methodologies increases marginalized voices which contribute to sustainable community development and promote social change through collaborative and narrative reconstruction (Androff, 2018; Belchior Rocha, 2018). These insights provide valuable implications for social work practitioners and policymakers which aims to support equitable wellbeing and grassroots welfare initiatives

Keywords: Arts based interventions, emotional wellbeing, community engagement, narrative inquiry, social justice.

Introduction:

Social work has been increasingly embracing creative and expressive practices as valuable tools for emotional healing and community connection. Arts based interventions have

emerged as powerful method which extended beyond traditional support mechanisms for communities experiencing trauma with social exclusion and ecological distress. Artistic forms of storytelling along with visual arts and photovoice are being used not only for therapeutic purposes but also for empowering individuals to reconstruct personal narratives and reclaim agency in their lived experiences. Such creative expressions are especially impactful among trauma survivors. As Jirek (2017) notes that the act of reframing an individual story contributes significantly in post traumatic growth offering a pathway to strength and renewed purpose. Artistic forms of storytelling along with visual arts and photovoice foster connection across cultures and social divides. Arts based practices allow participants to feel heard and seen by creating inclusive and expressive environment. It also cultivates mutual respect and shared meaning which is in align with the findings of (Brodard, 2019). Social workers who integrate the above methods into their practice help communities reimagine their identity and resilience. Creative social work introduces fresh approaches to sustainability and collective wellbeing within ecologically conscious and grassroots contexts (Belchior Rocha, 2018; Belda-Miquel, 2022). Art in social work is not merely therapeutic but it is a way of perceiving and reshaping the world through deeper human engagement.

Review of Literature:

A growing body of literature reaffirms the potential of Arts based interventions in enhancing the emotional wellbeing and social connection. Peter et al. (2024) explores the use of storytelling and cultural practices within Alaska Native communities on identifying how such approaches reinforce protective factors and community ties. Jirek (2017) similarly emphasize the power of narrative reconstruction for trauma survivors who benefitted from crafting coherent life stories as a means of recovery. Creative methodologies have become vital tools for ethical engagement and advocacy even beyond individual experiences. McNamara (2013) examines the ethics of longitudinal youth research for participatory designs that empower young voices. Olcoñ and Gulbas (2021) highlighted the moral distress faced by service providers while serving Latino immigrant families. They emphasize the urgent need for social action frameworks that address systemic barriers.

Methodologically innovations like collage making (Hosseini, 2024) metaphor mapping (Jackson Foster et al., 2018) and digital storytelling (Lilly, 2023) are being used to explore identity, emotion and community life. These tools not only enhance data richness but also allowed participants to reflect on personal and collective experiences through visual and symbolic language. Denzin's (2002) Seventh Moment of inquiry reinforces the shift toward interpretive, ethical and culturally embedded practices. Other scholars advocate for blending micro and macro social work (Knight & Gitterman, 2018), integrating environmental justice frameworks (Teixeira & Krings, 2015) and using participatory models to foster grassroots activism (Bianchi, 2023). All these works highlighted a movement within social work toward methods that are inclusive, empowering and contextually grounded.

Research Gaps:

Significant research gaps remain while literature supports the value of Arts based approaches. Little is known about the longevity of these interventions on emotional and social resilience across diverse communities (Hosseini, 2024). There is limited empirical evaluation of how these practices facilitate community participation among the underserved and indigenous populations (Androff, 2018; de St Croix & Doherty, 2024). The existing framework also lack clear guidance on the ethical integration of Arts based interventions into mainstream social work. Jackson Foster et al. (2018) stress the need for systematic practical assessments that can inform ethical and inclusive application of these tools.

Conceptual Framework:

This study is grounded in a multidisciplinary conceptual framework that integrates narrative theory, participatory social work and arts-based methodologies to explore emotional wellbeing and community engagement. Narrative reconstruction as emphasized by Jirek (2017) allows individuals to reframe traumatic experiences and develop renewed identities. Arts-based practices such as storytelling, collage and photovoice serve as powerful tools for expression particularly among marginalized groups who may find traditional verbal methods limiting (Hosseini, 2024; Jackson Foster et al., 2018). The framework draws on participatory and empowerment theories that advocate for inclusive, co-creative processes in community work (Androff, 2018; Bianchi, 2023). Artistic engagement not only fosters personal healing but also builds collective identity and social cohesion. These approaches align with ecological systems theory recognizing that emotional health is shaped by interpersonal, cultural and environmental contexts (Belchior Rocha, 2018; Silva, 2021).

Denzin's (2002) "Seventh Moment" further informs the methodological stance, encouraging ethically grounded, performative inquiry that emphasizes the lived experiences of participants. Keeping creativity and narrative at the centre this framework views that arts is not only a therapeutic tool but a medium for social justice, identity formation and grassroots empowerment. This study in total conceptualizes arts-based intervention as a bridge between emotional wellbeing and community engagement, underpinned by inclusive, culturally responsive and ethically sound social work practice.

Objectives:

This study aims to address the above identified gaps by pursuing the following objectives:

- To examine the effectiveness of Arts based interventions in enhancing emotional wellbeing among diverse demographic groups.
- To explore the role of Arts based practices in promoting community engagement within social work settings.
- To evaluate the ethical and social justice implications of incorporating Arts based interventions into professional social work.

Methodology:

Research Design:

The study employed a **mixed-methods research design**, integrating both qualitative and quantitative approaches to holistically examine the emotional and social impact of arts-based interventions. This methodological triangulation enabled the researchers to capture

a nuanced understanding of individual and collective experiences, enhance the validity of findings, and accommodate the complex nature of psychosocial change through creative modalities.

Population and Sampling Strategy:

The target population comprised individuals affiliated with Assam University, reflecting a cross-section of age, departmental affiliation, and previous exposure to creative or community engagement initiatives. A total of **146 participants** were purposively selected to ensure diversity and inclusivity, encompassing **youth, immigrant families, and members of Indigenous communities**.

To ensure balanced representation, **stratified random sampling** was adopted, categorizing participants according to **age group** and **academic department**. The age distribution was as follows:

- Youth (18–21 years): 30%
- Young Adults (22–30 years): 50%
- Seniors (30+ years): 20%

In terms of academic background:

- Social Work: 50%
- Fine Arts: 30%
- Other Disciplines: 20%

This sampling strategy facilitated the capture of a wide spectrum of psychosocial experiences, aligning with the study's objective of exploring the transformative potential of arts-based practices across varied demographic and academic profiles.

Data Collection Methods:

Quantitative Data Collection: Structured pre- and post-intervention surveys were administered to assess changes in **emotional wellbeing** and **perceived levels of community engagement**. These instruments included validated psychometric scales appropriate for the cultural and linguistic context of the participants.

Qualitative Data Collection: A variety of qualitative methods were employed to enrich and contextualize the quantitative findings:

- **Semi-structured interviews** allowed for in-depth exploration of individual narratives and emotional insights.
- **Focus group discussions (FGDs)** were conducted to understand collective experiences, community dynamics, and peer-based reflections.

- **Participant observation** was undertaken during the intervention sessions, with field notes systematically recorded to capture non-verbal expressions, group interactions, and emergent themes.
- Participants also maintained reflective **journals** as part of the intervention, providing additional qualitative data for analysis.

Nature of Arts-Based Interventions: The intervention incorporated multiple **art-based modalities**, each designed to activate emotional expression, strengthen interpersonal connections, and foster communal empathy. The activities included:

- **Visual arts**, such as painting and collage-making
- **Theatre and role-play exercises**, emphasizing embodiment and perspective-taking
- **Storytelling circles**, to honour personal and collective narratives
- **Photo voice projects**, empowering participants to document and interpret their lived realities through photography

All sessions were facilitated by trained professionals with expertise in **art therapy** and **social work**, ensuring ethical conduct, emotional safety, and an inclusive environment conducive to expression and transformation.

Quantitative & Qualitative Analysis:

Descriptive and inferential statistical techniques were employed to measure pre- and post-intervention differences in emotional wellbeing and community connectedness. This included paired t-tests and ANOVA, where appropriate, to determine statistical significance and effect size. A **thematic analysis** approach was used to analyse transcribed interviews, focus group discussions, journals, and field notes. Data were coded inductively and deductively to identify recurring motifs, symbolic expressions, and meaningful patterns. The integration of visual and verbal data enabled a multidimensional interpretation of the intervention's psychosocial impact.

Results and Analysis:

Descriptive Findings:

Several important connections were discovered in the study of arts-based interventions within a social work context. A significant proportion of those surveyed, 70%, had no prior knowledge of these techniques. Although initially nervous and hesitant, participants eventually became more accepting and responsive to the arts-based approach, indicating its potential for engagement beyond mere experimentation with creative practices (Jackson Foster et al, 2018; Denzin 2002). Hosseini (1924) stated that people saw Arts related work as a unique but beneficial means of exploring their own potential. Of all the respondents 80% of those who underwent the intervention reported an increase in their emotional wellbeing. They emphasize the importance of creative approaches to both vulnerability and empowerment. The process of processing emotions and enhancing awareness of self was

achieved through the use of activities like painting different picture and narrating different stories and role play. Nine out of ten reported feeling more open about their own personalities and found that they had never been as transparent or informed about things before. A participant reported that they had portrayed themselves in a way that seemed more like themselves than what was apparent to them (Mannay et al, 2022). This is backed up by research that shows how activities related to the arts can empower underrepresented groups.

Social outcomes were positively impacted by the intervention as evidenced by 75% of participants reporting enhanced community feelings. The Arts based method and storytelling collaborates and facilitated the development of trust and mutual comprehension. This collaboration leads to a transformation of isolation into collective solidarity (de St Croix & Doherty; Androff, 2018). The outcomes indicate that Arts based activities can promote social unity and community collaboration. While 85% of participants reported feeling included and respected which was also the case for these interventions. This implies that the settings were not solely emotionally supportive but also culturally inclusive and affirmative of diverse perspectives in line with Silva's (2021) discussion on inclusive social work and Belchior Rocha (2018) observation on dignity in disadvantaged communities.

Long term engagement was deemed highly effective as a result of the intervention. The impact of these practices on sustainability and motivation was evident in the interest expressed by 90% of participants. Androff's (2018) theory suggests that engaging in participatory and creative social work can result in lasting commitment to community development and personal growth. As Bianchi (1923) notes that arts are responsible for fostering a growing sense of ownership and empowerment through transformative engagement.

Key Outcomes:

The survey respondents reported feeling more aware and emotionally open. Stronger bonds were formed through group activities that benefited from community engagement. The perspective shift was observed by 80% when they expressed an altered view of their emotional experiences. The majority desired to continue with comparable undertakings.

Qualitative analysis:

The qualitative analysis of responses from 50 participant's sheds light on the profound impact of Arts based interventions within social work. It emphasizes themes of emotional wellbeing, personal expression, social connection, inclusivity and future engagement. Many participants entered the program with little or prior exposure to Arts based interventions. They often view it as an unfamiliar avenue for exploration of self. This is reminiscent of Denzin (2002) concept of the Seventh Moment where unconventional approaches introduce new understanding. This is a new dimension in social work especially for individuals without arts experience. Emotional impacts were notably positive. Most participants reported vulnerability alongside empowerment. This is noted by findings of Jackson Foster et al. (2018). They highlighted emotional release and empowerment as dual effects of Arts based methods. Some participants found the experience a transformative

with one remarking “I did not realize I was carrying so much inside until I started painting” substantiating Jirek (2017). This is a point about expressive practices which are vital for processing emotions and fostering growth.

Most participants experienced enhanced personal expression. Some uncover new aspects of their identities. One remarked “I painted something that felt more like me than I knew” this aligns with the view that creative engagement plays a crucial role in identity exploration especially for marginalized groups. Arts based approaches have proven to be powerful tools for individuals to express thoughts and emotions that might otherwise remain unspoken. Approximately 75% of participants noted a strengthened sense of community. They express that they were not just sharing Art but sharing their stories as well. This highlights how group dynamics can deepen connections within communities. People find solidarity in shared experiences. While the Arts based program yielded substantial benefits but about 40% of participants initially felt discomfort in expression of self. Later participants found support mechanisms to navigate these challenges which highlighted the need for culturally sensitive practices. Encouragement from peers and facilitators is essential in building an inclusive environment where everyone feels valued. The collective storytelling component enriched personal expression and a sense of belongingness. This emphasize that inclusivity is critical for effective social work practice. Participants found that Arts based intervention is a powerful tool in social work. Arts based intervention enhances personal growth and foster community cohesion. Many appreciated Arts based interventions as it recognizes individual potential in supporting underserved communities and advancing inclusivity.

Focus Group Discussions:

The Focus Group Discussions (FGDs) was conducted after dividing the respondent with seven groups of seven members in each group. During the course of discussion participants highlighted diverse perspectives on the advantages of Arts based interventions in social work. Participants initially displayed curiosity which is mixed with hesitation. They were uncertain about the relevance of Art in this context. As sessions progressed many experienced a shift toward individual reflection and curiosity. This highlighted the value of flexible and adaptive environments in creative social work. This is a notion which aligned with Androff’s (2018) case study on grassroots initiatives that create reflective and community centred spaces.

The Arts based approach proved instrumental in strengthening community ties as it fosters a sense of shared responsibility. It also bridges individual differences in building a collective identity. Such initiatives resonate with Belda (2022) findings on grassroots innovations. Community engagement in creative practices cultivates a lasting connection and a sense of shared purpose. Participants also found that collective expression sessions fostered emotional openness. This is particularly significant for marginalized groups who found support in sharing personal stories. Many acknowledged the therapeutic value of Arts based activities. It provided a safe space for exploring complex emotions in unspoken ways. This is a view echoed by Jackson Foster, Deffenbaugh and Miller (2018) on the importance of metaphor and unspoken expression in social work groups.

Arts based intervention further facilitates narrative reconstruction which enable emotional growth and healing through creative outlets. This finding aligns with Jirek (2017) exploration of narrative based reconstruction where the role of storytelling in social work for trauma processing and emotional resilience are emphasized. The program was able to promote inclusivity effectively. Participants noted certain areas for improvement in areas such as enhancing accessibility for individuals with disabilities and addressing language barriers. This need for inclusivity reflects the themes in de St Croix and Doherty (2024). Their study on evaluating youth programs where adaptability and accessibility are essential for effective community centred interventions.

The participants overwhelmingly expressed interest in continuing Arts based activities. They recognize its broader potential for personal reflection and community wellness. These grassroots initiatives support lasting collaboration which embedded wellness and social change into community life. This is a sentiment reinforced by Bianchi (2023) research on the power of community centric innovation in sustainable social practices. The FGD analysis reaffirms the transformative role of Arts based methods. The method has shown fostering emotional wellbeing and promotes inclusivity and strengthen community bonds. This approach aligns with Dahan (2017) insights into how shared narratives and collective expression within community contexts contribute to reimagining social structures and nurturing emotional resilience.

Several of the findings collectively validate the potential of Arts based interventions in social work. It also demonstrates how creative practices can catalyse individual growth and support underserved communities. It inspired sustained engagement in community wellness efforts. As supplemented in study conducted by Teixeira and Kring (2015) integrating social innovation with environmental justice approaches can further enhance social work impact in these spaces. It positions Arts based methods as valuable tools for nurturing inclusiveness and a resilient community.

Arts based activities:

The Arts based activities undertaken by the 47 participants in this study illustrate the profound impact of creative and emotional expression. It has an impact on community solidarity along with emotional resilience and personal identity. Each activity was uniquely tailored to encourage expression of self and foster connections within the group.

Participants in the collage making activity explored their identities through visual Art. They realised that creating a tangible representation of their concept facilitate introspection and shared understanding. This aligns with Hosseini (2024) finding on collage effectiveness in social work for fostering identity exploration. Storytelling circles also encouraged deep connection. It shares personal narratives of resilience and allowed participants to build empathy and recognize shared life experiences. This finding is in line with Jirek (2017) findings on storytelling role in community building through narrative reconstruction.

Role play and theatre activities further deepened the engagement by enabling participants to empathize with marginalized groups. They experience catharsis which often led to dialogues over social justice and potential solutions. Knight and Gitterman (2018) emphasize that such activities bridge individual and community level interventions and their transformative potential. Expressive drawing provided an outlet for participants to convey difficult emotions abstractly. This process fosters emotional release and mutual empathy that Jackson Foster et al. (2018) advocate for in community social work. The photovoice project offered participants the chance to capture community resilience through photography. It stimulates discussions on shared challenges and creating a collective identity. Silverman and Patterson (2021) emphasize the utility of participatory photography in deepening community perspectives which further validate this approach.

The overall activities demonstrate on how Arts based interventions can support mutual understanding along with community bonding and individual resilience. Androff (2018) highlights the therapeutic and community building capacities of such initiatives. It reinforces the notion that Art can serve as a vital tool in social work for fostering a sense of belonging and shared purpose within communities

Conclusion:

The study concludes that Arts based interventions significantly enhance emotional wellbeing and inclusivity and community engagement. It supports a transformative role in social work practice. Participants from different backgrounds in Arts based methods reported of considerable emotional benefits with 80% experiencing an improvement in their wellbeing. These findings align with Jackson Foster et al. (2018) who emphasize the dual effects of emotional release and empowerment through Arts based interventions in social work contexts. Around 95% of participants felt that these methods allowed for authentic expression of self and discovery of new personal insights. This is a phenomenon Mannay et al. (2022) link to awareness of self for benefits in creative practices among the marginalized individuals. Around 75% of participants reported an enhanced sense of community. This finding is corroborating the findings by de St Croix and Doherty (2024) on the role of grassroots engagement in strengthening social cohesion. These results emphasize the inclusivity and accessibility of Arts based approaches as 85% of participants felt respected and included. This is also echoed in Silva (2021) conclusions on inclusive social work fostering resilience and belongingness. This study reinforces the potential for Arts based methods to catalyse expanded engagement. This is supported with 90% of participants expressing interest in continued involvement. This is also in parallel with Androff's (2018) observations on the value of grassroots arts initiatives for sustaining social justice and community support. These findings overall advocates for integrating Arts based interventions within traditional social work as they align creative and ethical practices to foster emotional growth, social cohesion and enduring community empowerment (Belchior Rocha, 2018; Bianchi, 2023; Hosseini, 2024)

The findings also reveal that Arts based interventions are effective in fostering community engagement within social work settings. There is a marked positive influence on emotional wellbeing along with expression of self and inclusivity. The quantitative analysis shows

that 80% of participants experienced improved emotional health while 95% reported an enhanced capacity for expression of self with 60% also reporting stronger relationships. The above findings align with prior studies conducted by Jackson Foster et al., 2018; Mannay et al., 2022 where they highlighted the therapeutic value and the potential of enhancing identity through Arts based practices. Qualitatively few responses highlighted participant's initial unfamiliarity with Arts based methods but many ultimately found the experience transformative. Creative activities such as collage making of collage and storytelling and expressive drawing allowed participants to explore new facets of their identities. This foster emotional openness and cultivate mutual empathy. It proves the role of Arts in supporting both individual growth and collective identity. This aligns with the findings from Jirek (2017) and Denzin (2002) on the capacity of unconventional approaches to introduce novel insights within social work. Focus Group Discussions further affirmed the significance of inclusivity and adaptability. Participants shared that Arts based activity helped them bridge personal differences and strengthened their sense of community. These insights confirm that Arts based methods not only enhance community bonds and participant wellbeing but also embody principles of social justice (Androff, 2018; de St Croix & Doherty, 2024). It presents a promising approach to empower underserved communities

The analysis showed the relevance of ethical implications of integrating Arts based interventions into social work practice. It also shows the potential for promoting social justice and inclusivity. There is substantial impact of Arts based interventions in social work. The potential to foster emotional wellbeing with inclusivity and community engagement has been highlighted. Participants reported significant shifts in emotional health along with individual expression and community connection. It demonstrates the therapeutic benefits of creative practices in social work. Over 80% of the participants indicated improvements in emotional wellbeing. Many experiences empowerment and vulnerability which is echoed by Jackson Foster et al. (2018) on the dual emotional effects of Arts based interventions. Many discovers new facets of their identity which is a finding that aligns with Mannay et al. (2022) on creative practices which enhance awareness of self particularly among the young and marginalized individuals. Community cohesion emerged as another key outcome as participants experienced a 75% increase in their sense of belongingness. This aligns with de St Croix and Doherty's (2024) assertion that grassroots initiatives promote social cohesion. The interventions not only enabled participants to form stronger relationships but also facilitated a shared sense of purpose. As Selzer and Foley (2018) noted inclusivity and adaptability were crucial as 90% of participants who initially felt discomfort were able to overcome it with supportive strategies. This is a testament to the effectiveness of inclusive social work practices. The focus on social justice also yielded promising results. A majority (85%) of participants felt respected and included supporting Silva (2021) findings on how inclusive social work practices foster resilience and belongingness. The overwhelming interest in continued engagement (90%) highlighted the potential of Arts based approaches to cultivate lasting involvement as also noted by Androff (2018). This study ultimately illustrated on how Arts based interventions can be a transformative tool in social work by promoting individual growth along with community solidarity and sustainable social change. Further empirical

research could deepen the integration of these methods which can empower communities and enhance collective wellbeing.

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A PSYCHOSOCIAL PERSPECTIVE OF GAMBLING DISORDER

Yatheesh Bharadwaj H S

Department of Psychiatric social work
DIMHANS, Dharwad, Karnataka
Sati_a@yahoo.com

Sateesh R Koujalgi

Department of Psychiatric social work
DIMHANS, Dharwad, Karnataka
hodpswdimhans@gmail.com

Abstract

This case study highlights the psychosocial complexities of gambling disorder, focusing on a 23-year-old male with a history of online gambling addiction and repeated suicidal attempts. The case discusses the impact of gambling disorder on the individual's mental health, family dynamics, and socioeconomic status. The client's journey through compulsive gambling, financial loss, and familial disintegration offers insights into the role of psychosocial interventions and family therapy in addressing the underlying issues. The study emphasizes the need for comprehensive mental health care and social support systems to reduce gambling-related harm and prevent suicidal behavior.

Keywords: Gambling Disorder, Cognitive Behavioral Therapy (CBT), Brief-MET, Psycho-Education, Psychiatric Social Work Intervention.

Introduction:

Gambling Disorder (GD) is now recognized as an addictive disorder in the DSM-5, characterized by persistent and distressing patterns of gambling behavior. (Weinstock & Rash, 2014). Unlike impulse control disorders, where the urge precedes the action, GD patients find pleasure in gambling, experiencing distress only when they stop or face losses. Gambling, broadly defined, is the act of wagering money or something of value on an event with an uncertain outcome, with the primary intent of winning additional resources. (Turner et al., 2011) It is a widespread phenomenon, with historical roots stretching back thousands of years, across multiple cultures. Modern forms of gambling include casino games, lotteries, sports betting, and online gambling, each involving different rules and structures but sharing the core element of chance. (Griffiths, 1995) While some individuals engage in gambling as a recreational activity, others may develop problematic gambling behaviors. Problem gambling, characterized by the inability to control the urge to gamble despite harmful consequences, can lead to significant personal, financial, and social

problems. The rise of online gambling has amplified concerns, as accessibility and anonymity contribute to higher risks of addiction. (Griffiths, 1995) Researchers emphasize the importance of addressing gambling-related harms through policy interventions and public health measures. (Hodgins et al., 2011)

Gambling can be categorized into two main types: 1. chance-based gambling 2. skill-based gambling. In chance-based gambling, such as slot machines or lotteries, the outcomes are purely random, and players have no control over the result. Skill-based gambling, such as poker or sports betting, allows participants to apply strategies and skills to improve their chances of winning, although the element of chance is still present. (Derevensky et al., 2009). Research has shown that certain personality traits, including impulsivity and sensation-seeking, are strongly associated with a higher likelihood of engaging in gambling activities. (Blaszczynski & Nower, 2002). Additionally, environmental factors such as easy access to gambling venues, cultural acceptance of gambling, and exposure to advertisements can contribute to gambling behavior. (Shaffer et al., 2004)

Gambling behavior exists on a continuum, ranging from recreational or social gambling to pathological or disordered gambling. Social gamblers tend to gamble for entertainment and can easily stop when necessary, whereas problem gamblers continue gambling despite negative consequences, potentially leading to addiction. One of the major concerns is the financial impact of gambling. Individuals with gambling problems may incur significant debt, exhaust savings, or even resort to illegal means to fund their gambling habits. This not only affects the gambler but also their family, often leading to impoverishment, homelessness, and long-term financial instability. Walker M. B. (1992). The ripple effect can extend into communities, as financial instability affects local businesses, housing markets, and welfare services. (Griffiths, 1995)

A Case of Gambling Disorder:

B was admitted after a suicidal attempt following a substantial financial loss in online gambling. He had consumed two strips of painkillers on a bus after losing Rs. 25,000. This was his third suicide attempt, with previous attempts occurring under similar circumstances of financial distress due to gambling losses. B's gambling addiction began approximately 3-4 years ago when he was introduced to online betting through peers. Initially, his engagement was recreational, but it escalated into pathological gambling as he started borrowing money from private lenders. Over time, B experienced significant financial losses, with a peak debt of Rs. 80,000, leading to his first suicide attempt. His gambling addiction progressively affected his mental health, resulting in guilt, shame, frustration, and eventually, repeated suicide attempts. B's mental health deteriorated due to his inability to cope with financial pressure, guilt from burdening his family, and strained interpersonal relationships. He showed signs of severe anxiety, depression, and insomnia, as well as recurrent thoughts of self-harm.

Family Dynamics:

B's family dynamic played a crucial role in his psychosocial distress. He belongs to a nuclear family with four members. His father, who struggles with alcohol dependence,

works as a security guard in Bengaluru but has been emotionally and financially unavailable. His mother, a daily wage laborer, has been the primary breadwinner and emotional support for the family. The client has one elder brother who is self-employed and has taken a significant role in supporting and advising the client but maintains an authoritative stance that adds pressure to B's sense of responsibility.

Subsystems and Communication:

The family exhibits dysfunctional communication patterns, particularly between B and his father, who has largely been absent from his life. The father-son relationship is distant, contributing to B's emotional distress.

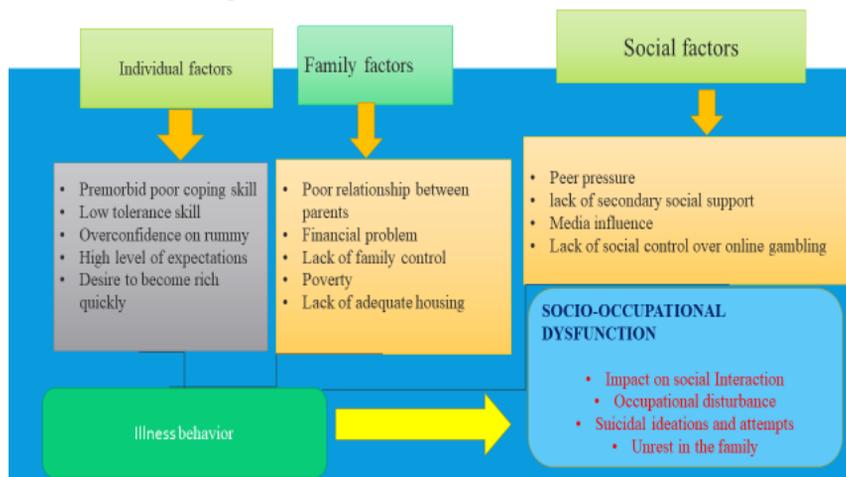
Family Leadership:

The elder brother takes on a leadership role within the family, often functioning as the decision-maker in the absence of a strong parental figure.

Support System: The client's primary emotional support comes from his mother and, to a lesser extent, his brother. The family also faces financial instability, partly due to B's debts accrued from gambling.

Psychosocial Formulation:

B's gambling disorder has roots in peer influence and escapism, exacerbated by dysfunctional family dynamics and financial instability. His addiction is characterized by impulsive behavior, which led to significant financial losses and subsequent feelings of guilt and shame. The stress from these financial burdens resulted in suicidal ideation and attempts, further complicating his recovery process. The lack of emotional support from his father, coupled with his brother's authoritative role, created a rigid and stressful family environment. B's addiction has led to the depletion of family resources, pushing his family into socioeconomic hardship.



QD50 – Poverty/ QE21 Hazardous gambling or betting/
QE90 Inadequate parental supervision or control

Discussion:

One of the previous studies suggest that Brief psychosocial interventions, which consists of 10 min of brief advice, 1 session of motivational enhancement therapy (MET), or 1 session of MET plus 3 sessions of cognitive-behavioral therapy. (Petry, N. M., Weinstock, J., Ledgerwood, D. M., & Morasco, B., 2008). The same method was administered for the client in this case. The impact of gambling addiction can be severe, affecting not only the individual but also their family, friends, and the broader community. Studies have documented higher rates of mental health disorders such as depression, anxiety, and substance abuse among individuals with gambling problems. (Petry, N. M., Weinstock, J., Ledgerwood, D. M., & Morasco, B., 2008). In addition, a systematic review by Challet-Bouju et al. found that gambling disorder, especially in young adults, often co-occurs with mental health issues such as depression and anxiety. (Challet-Bouju, G., Bruneau, M., Victorri-Vigneau, C., & Grall-Bronnec, M. 2017). This is evident in B's case, where he exhibited symptoms of depression, reduced sleep, and social withdrawal, alongside his gambling addiction.

Financial difficulties, relationship breakdowns, and even criminal activities are often reported as outcomes of gambling addiction. This case aligns with several research findings that underline the relationship between gambling disorder and suicidal behavior. Research by Karlsson & Håkansson demonstrated that gambling disorder is significantly associated with suicidal ideation and attempts, (Karlsson, A., & Håkansson, A, 2018). With online gambling being particularly concerning due to its ease of access and anonymity. B's engagement in platforms like Dream 11 and online rummy mirrors the findings of a study that highlighted the impact of the internet in escalating compulsive gambling behaviors through online games.

From a family dynamics perspective, studies such as those by Dowling et al emphasize the role of family conflict in exacerbating gambling behavior. In this case, the dysfunctional relationship between the client and his father, coupled with the absence of a stable family environment, likely contributed to his reliance on gambling as a coping mechanism. The triangulation within the family, excluding the father from major decisions, adds to the emotional instability faced by the client, as noted in studies on family system theories. The broader societal costs of gambling also include an increase in criminal behavior. Research has shown that some problem gamblers turn to theft, fraud, or embezzlement to fund their gambling, leading to a higher incidence of crime in communities where gambling problems are prevalent. Public health experts argue that the costs of problem gambling, including healthcare expenses, legal fees, and social services support, often outweigh the economic benefits of gambling industries.

To address gambling as a social problem, governments and social institutions have implemented various policy measures. These include regulating gambling venues, restricting advertising, and providing public education about the risks of gambling. Additionally, many countries now offer support services such as helplines and counseling

for problem gamblers, as well as interventions like self-exclusion programs from gambling venues. (Hodgins et al., 2011)

Conclusion:

The case of B demonstrates the severe impact of online gambling on mental health and family systems. His repeated suicidal attempts underscore the need for early intervention, adequate social support, and therapeutic interventions to address the addiction and associated mental health concerns. Given the findings from previous research, this case highlights the broader public health implications of gambling disorder, especially among young adults with easy access to online platforms. Further research is required to explore effective preventive measures and interventions, especially within families facing multiple stressors such as addiction and financial strain.

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GIRL CHILDREN UNDER CNCP HOMES IN WEST BENGAL: NARRATIVES FOR RESILIENCE AND HOPE

Madhura Chakraborty

ICSSR Post-Doctoral Fellow, Visva-Bharati,
Department of Social Work, Sriniketan, West Bengal, India
chadnichakraborty@yahoo.co.in

Asok K Sarkar

Department of Social Work, Visva-Bharati, Sriniketan, West Bengal, Indi
asoksarkar2001@yahoo.co.uk

Abstract:

Girl children living in Children in Need of Care and Protection (CNCP) homes are victims of childhood adversities, such as abandonment, abuse, neglect, and poverty. These homes are registered under the Juvenile Justice Care and Protection Act 2000. These institutional care facilities are operated by the government and non-government organizations, providing shelter and safety. However, their experiences, struggles, and strengths are not well understood. This study explores the lives of girl children in CNCP homes in West Bengal, focusing on how they overcome challenges and build resilience.

This research is based on empirical data. It uses a qualitative approach and gathers personal narratives from girls living in CNCP homes using qualitative data collection tools. The findings highlight the many hardships these children face, but they rise and bounce back in the face of adversity. Their stories also show incredible resilience. Supportive caregivers, friendships, access to education, and participation in creative and skill-based activities help these girls develop strength and hope for the future. Even with these beneficial impacts, the study points out the necessity for more target-oriented, specific planning to inculcate resilience. Addressing the emotional and psychological well-being of these children is pivotal. This study redirects attention from victimhood to resilience, explaining that with support, children are capable of cultivating inner strength in challenging circumstances. The study provides valuable insights for policymakers, child welfare workers, and researchers to improve the care system and create a nurturing environment for these children.

Key words: Girl Children, CNCP home, Resilience and Hope.

Introduction:

Childhood is a crucial phase in human life, possessing the potential to shape the future of our society. India has the largest child population in the world (National Institute of Public Cooperation and Child Development, 2018). “In the National Policy for Children (1974), India declared its children as the nation's ‘supremely important asset’. The Government of

India restated its obligation to guarantee the rights of its children by confirming the related international conventions and treaties such as the Declaration of the Rights of the Child (United Nations, 1959), the Universal Declaration of Human Rights (United Nations, 1948), and its ‘Covenants, the Convention on the Rights of the Child (United Nations, 1989) and its two Optional Protocols, the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006), the United Nations Convention against Transnational Organized Crime (United Nations, 2000c), the Protocol to Prevent, Suppress and Punish Trafficking in Women and Children (United Nations, 2000d), the Hague Convention on Protection of Children and Cooperation in respect of Inter-Country Adoption (*Hague Conference on Private International Law, 1993*), and the Convention on the Elimination of All Forms of Discrimination against Women (United Nations, 1979). To affirm the Government's commitment to the rights-based approach in addressing the continuing and emerging challenges in the situation of children, the Government of India hereby adopts this Resolution on the National Policy for Children, 2013” (Ministry of Women and Child Development, 2013). The United Nations General Assembly (1989) defines a child as any person below the age of eighteen years. Childhood is a crucial part of life, and children's needs are different and require various responses and measures.

The key legislation overseeing juvenile justice in India is the Juvenile Justice Act of 1986. This act was established to ensure care, protection, treatment, and rehabilitation for juveniles who are in conflict with the law or who have been neglected children. It was based on the principles of the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules, 1985). The Act determined juveniles as individuals under 16 years for boys and 18 years for girls. The United Nations Convention on the Rights of the Child (UNCRC), 1989, which India ratified in 1992, required a more child-centric approach. The Juvenile Justice (Care and Protection) Act, 2000, aligned Indian law with international child rights standards, raising the juvenile age to 18 years for both sexes. It focuses on children in conflict with the law and includes children in need of care and protection under its umbrella. The Act emphasised non-institutional care and rehabilitation. The Juvenile Justice Care and Protection Act, 2000 amended in 2006 and 2015 to provide services to Children in Need of Care and Protection (CNCP) which included ‘orphans’, ‘abandoned and destitute children’, ‘missing or runaway children’, ‘street children’, ‘children of sex workers’, ‘abused, tortured and exploited children’, those indulging in ‘substance use’, ‘affected by HIV/AIDS’, affected by ‘natural calamities’, ‘emergencies and man-made disasters’, those with ‘disabilities and suffering from terminal diseases’ (National Institute of Public Cooperation and Child development, n.d.). Children who conflict with the law are placed in observation and unique homes, and all children in need of care and protection can be placed in childcare institutions. As per the Juvenile Justice Act guidelines, all state governments have established ‘children’s homes’, also known as child care institutions (CCIs), which are run by the state government or a voluntary organisation with necessary registrations across the state.

Children in Need of Care and Protection:

Children are often subjected to various exploitation and abuse, and it is well documented that adversities faced in childhood have a profound impact on mental health (Rogers and

Pilgrim, 1997, as cited in Pilgrim, 2017). Among them, girl children face unique challenges due to societal pressure, gender norms, lack of education, poverty and so on. For example, 25% of adolescent girls experience intimate partner violence, and about 13 million have experienced forced sex (UNICEF, UN Women & Plan International, 2020). The World Bank has shown that 34% of girls achieve secondary education in low-income countries (Wodon et al., 2018). Ideally, children are best suited to grow in a family environment, which is also pivotal for the child's socialisation. UNICEF (2004) commented that children in the family environment developed stronger social skills and had better psychological well-being than those in institutional settings. Still, it is essential to acknowledge that sometimes placing children becomes necessary for the child's best interest; for example, India is home to 44 million destitute children, among whom 12.44 million are orphans, where most of them find residence in institutional care (Government of India, n.d., as cited in Mishra & Sondhi, 2018). Thus, these CCIs or CNCP homes provide a safe space for these children with safer shelter, educational opportunities, counselling and rehabilitation. As mentioned, these children residing in the CNCP homes have faced many challenges. Some are victims of sexual abuse, physical and mental abuse, human trafficking, child marriage, and teenage pregnancy. Some children are orphans, abandoned, missing, or runaway children, or child labourers. Some of them are rescued from the street and other places that are unsafe and exploitative.

There are children of sex workers, children affected by HIV/AIDS, and those with disabilities or suffering from terminal diseases. Hence, it is essential to note that many of them have lost or do not have a safe and loving family. All these affect their natural development. Childhood hardships include poverty, physical and mental abuse, crime or other stressors like warfare, natural calamities, neglect, and dysfunctional relational dynamics with the parent-child-environment (Cicchetti, 1987; Wurtele, 1998). They often suffer from poor motivation, a deficient diet, and may even retain neurological damage to the head. All these can lead to emotional withdrawal and intellectual challenges. Victims often display aggression, hopelessness, depression, fear, or even PTSD (Pilgrim, 2017). But amidst adversity, some of us bounce back at life better than others, a skill called resilience. It is not a trait that individuals may or may not possess. It encompasses behaviours, thoughts, and actions that can be learned and developed (American Psychological Association, 2014). Therefore, it is a conscious choice and demands effort to be resilient. Research on CNCP homes often focuses on administrative efficiency and infrastructural or functional efficacy. However, there is a lack of qualitative studies that amplify the children's voices. By recognising the often unheard voices, we can understand what drives them to move forward and to be hopeful.

Methodology of the study:

The author, as part of the post-doctoral research (funded by ICSSR, Delhi, India), conducted a study titled "*A Study of Subjective Well-Being of Girl Child Residing in Child Care Institutions of West Bengal, India*". During this study, she visited twenty out of forty CNCP homes across the State. While visiting the homes, she observed that many of these girls had shown resilience and bounced back despite facing adversities at a very tender age. Their laughter, hope, and dreams portray tremendous courage and will to move forward.

This paper aims to narrate their stories of resilience and hope, shedding light on their struggles and sources of strength. The state of West Bengal has five administrative divisions: the *Presidency Division*, the *Medinipur Division*, the *Bardhaman Division*, the *Malda Division*, and the *Jalpaiguri Division*. The paper analyses five unique case studies through thematic narratives (primary data). The paper provides insights into their unique challenges, strengths, and support systems within and outside the CCIs. Understanding the well-being of the girls from their perspectives will not only enhance academic understanding but also contribute to a more humane and informed approach to the care and protection of girl children in CNCP homes, ensuring justice and rights. This will also benefit policy formulation, social work interventions, and other community based programs aiming at social integration and rehabilitation.

Ethical Consideration:

The study was conducted as part of a post-doctoral study and hence written permission for the study was obtained from the state government (Government of West Bengal, Directorate of Child Rights & Trafficking, State Child Protection Society), as the research is conducted in childcare institutions (including CNCP and CWSN homes) under the Juvenile Justice (Care and Protection of Children) Act, 2015. Data collection was carried out following the guidelines provided. Children were informed about the study and its purpose. They were allowed to choose not to answer questions during the interview. Individual backgrounds of the case studies were not made during the study. So, only the participants' feelings as per the subject matter have been presented in the study.

Thematic Narrative Analysis of Cases:

Thoughts/feelings about institutional stay:

Case I: I feel that I have been here for a long time (more than 3 years). Some days are good, and some are tough. But it is the same for everyone. Mine is different because I am away from my family, but I like it here. ”

Case II: Back at home; I hardly had anybody who treated me well before here, I am well-fed and cared for. Our house mother loves me. ”

Case III: I am fortunate to have not ended up in a bad place or faced bad things. I am happy to be alive. ” Although she is eager to return home, she is grateful to be in an institution where she can enjoy herself and learn various skills. She hopes to learn something so that when she returns, she can monetise her skills.

Case IV: I miss my home. I am struggling to enjoy the activities, and I feel unsure. ” She seemed anxious, but thought she was all the better after attending the institution. There are other girls like me, so I do not feel guilty about anything. I now understand it is not my fault, which is reassuring. ”.

Case V: I have always been in an institution. So for me, they (staff, girls) are all my family. I quarrel with them, irritate them, and hug them. They also scolded me and took care of

me. They motivate me to do well in my studies. I do not like studying, but I know they expect me to do well, which makes me feel loved.”

Safety within the institution:

Case I: I feel very safe with them all. I know I don't have to worry about bad people. I don't have to be alone. For example, if I feel scared after listening to a horror story, I have my friends to accompany me everywhere. I am protected.”

Case II: She has been in the home for more than two years, and the institution is like home in every sense. I feel protected here. They all care for me. I know everybody here. I trust them.”

Case III: She said she could have ended up in a terrible place, so this institution is a safe space for her. I was rescued and given a second chance. I feel protected.”

Case IV: Although she never felt very connected to the institution and desperately wants to return to her family, she still finds this institution a place for protection and safety.

Case V: She has always been in the home for her entire life, so she never felt anything unsafe about the home.

Perceived happiness and sadness:

Case I: I feel happy when I do better in my exams and my teachers cheer for me. I also feel so glad when we all go for a one-day tour or picnic. I feel happy from playing with my friends. Small things are enough for me to feel satisfied. I was sad and upset when I first came here. I was somewhat angry. But now I am in a much better place and enjoy everything.”

Case II: She described her as a happy person. She insisted that her life is not lacking and there are plenty of reasons to be happy in her present situation: You may be surprised, but I feel so glad. After coming to the institution, I have realised that there are girls even younger than me who have faced so much pain. I am in no position to complain. Here, we sing, dance, study, learn new skills, enjoy being with each other, and sometimes quarrel. We care for each other. So, I have no reason not to be happy. It might be too much to say, but I think material things, such as family status or better materialistic things, may not bring happiness. It may bring happiness or satisfaction to some people, but I may not belong to that group.”

Case III: She insisted that she sometimes felt it was unfair to go through such experiences, but it has also taught her life lessons: I had no idea that I am a strong-willed person, but now I believe in myself. This understanding of myself made me happy. Now, I have also learned to believe and rely on myself. So now I feel happy. I think I can make it right for myself. So when I return, I will work hard to earn money and keep myself safe. I have learned that I can be happy with small things.”

Case IV: I think I am not like others. It is difficult for me to feel peace in my present situation (Away from family), and feeling peace to some extent is needed to feel happy. But now I am always restless and anxious. I am always thinking about reuniting with my family. I am not happy in this uncertainty. I see other girls with history like me or someone who does not even have anyone outside this institution, and they are happy and enjoying the moment. I feel envious. Slowly, probably with the help of others (staff and girls), I will learn to calm down and feel connected.”

Case V: She has been in the home for a long time, so she feels she is too familiar with the place, she is comfortable, confident, and part of the place. I even help the new girls settle down better. I make them feel comfortable. I tell them not to be scared and that they can have a better life here. I think it is my responsibility because this is my place. They can count on me. I think I am doing something meaningful and helpful. The staff also told me to care for the girls, especially the young ones. So I feel I am doing things here as it is my place, and the people are all close to me (especially the staff). This makes me happy.”

Perceived Support:

Case I: I go to school to study, and this way, one day, I will become financially independent. I have also started to learn arts and crafts, like jewellery making, and I would also like to know some other skills. This way, I can even start my own business. The Counsellor, didi, and house mothers talk and motivate me to do better. I have people who support me and like me. So I do not feel awful about my situation.”

Case II: She thinks her peers and the staff with whom she shares a close bond. Her guidance is very assuring. I feel supported and loved. All my peers and the institution's staff support and love me.”

Case III: She believes that she will never forget how people helped her and showed her kindness in a place that is so unfamiliar and unknown to her. So she was highly grateful. She was afraid when she first arrived at the institution. Still, after speaking with the counsellors and knowing the other girls, she is much more relaxed and optimistic: When I am scared, I hold my friends, and they all make me calm down. I am also learning basic self-defence.”

Case IV: Despite not being optimistic about her situation and having a pessimistic outlook, she still believes that this place supported her in the most difficult times, and she is grateful for that.

Case V: The staff and the girls influence on my education, values, dreams, and hopes because this is my home, and I have always lived here.

Having friends (inside and outside the institution):

Case I: I have lots of friends here at home. I also have friends from the school. I have been here for over a few years now, so yes, I have friends inside and outside the home with whom I can share my feelings and thoughts.”

Case II: Before coming to this institution, I did not have many people on whom I could rely, but now I have friends with whom I can joke around, have conversations, etc. ”

Case III: She has a language barrier, as her dialect makes it challenging to understand her, especially when she is excited or hyper. Despite that, she has managed to make friends at home.

Case IV: She is not very close with everyone, but there are girls with whom she has started to bond.

Case V: I have friends both in school and at home. But I am more close with friends who are from the institute. Having friends within the home is very beneficial as you can rely on them and speak with them when feeling down ”.

Discussion and Conclusion:

Resilience refers to an individual's ability to adapt positively despite adversity (Masten 2001). Many girls in institutions come with a history of sexual abuse, a victim of human trafficking, and other abuses; some of whom exhibit signs of trauma and anxiety. Children who grow up in challenging environments such as abusive homes, parents with mental illness, poverty, and alcoholic guardians/parents exhibit a variety of problems. For instance, studies show that children who grow up in physically abusive homes, who have parents suffering from mental illness or alcoholism, and who are raised in poverty are at significant risk for a variety of problems (Masten & Reed, 2002) compared to children raised by healthy parents. Survivors of childhood emotional, physical, or sexual abuse are believed to have a heightened risk of developing various disturbances related to their ability to trust others and the world. For instance, those who experience sexual abuse in childhood have a considerable chance of being diagnosed with borderline personality disorder later on. Additionally, they are more susceptible to substance abuse, leading to significant personal and relational turmoil for themselves and those close to them (Pilgrim, 2017). Childhood adversities can have a life-altering impact on children. Even amidst such scenarios at a young age, most show courage to fight back and ‘bounce back’, which is a sign of resilience (American Psychological Association, 2014).

Many draw support from peer relationships, education, mentors, and personal aspirations. Positive social support is a buffer that protects people from the harmful effects of stress and shock (Rana & Hariharan, 2023). It is also essential to understand that resilience does not mean that the person's feelings of stress or hurt are absent or any lesser than others; it means they can conquer the setback and get back to life (American Psychological Association, 2014). Similarly, blaming the less resilient person for their pain or inability to be resilient would be entirely wrong. Often, while talking about resilience, there is a comparison between the resilient and the non-resilient. For example, in this study, Case IV appeared to be more inclined to her challenges than being able to count the positive things her other peers noticed (Case IV, perceived happiness, Personal communication). Still, it is essential to avoid such comparisons. We must avoid the dangers associated with assuming that those who experience intense reactions to adversity and require assistance

in recovering are to blame for their struggles. Holding a victim accountable for their suffering can hinder recovery by creating more stress and diminishing the necessary social support. When individuals believe that they are at fault for their distress, it suggests that they must tackle the problem on their own. Viewing resilience as mainly reliant on an individual's inner strength is misleading and an incomplete perspective (Baumgardner & Crothers, 2022).

In the cases mentioned above, we see that, except for one particular girl (Case IV), all the other girls show signs of courage to face their reality and yet have an optimistic approach towards life. They all aspire to be financially independent, live in the moment, and dream of a better future. All the girls feel a sense of unity and belonging with other girls who stay at the home. All the girls, except Case IV, show the ability to connect. They were all eager to learn new skills and planned to do something income-generating with their abilities. Case IV felt pessimistic about her situation and disengaged with her surroundings, losing chances to learn and enjoy in the present scenario (Case IV, Thoughts/feelings about institutional stay, perceived happiness and sadness, Having friends inside and outside the institution, Personal communication). This shows that not all people will be resilient, but some will be resilient and create a better life instead of choosing to suffer. Resilience is a skill; since it is a skill, it can also be learned (American Psychological Association, 2014).

So, girls are enjoying their current life situation, even though they are away from their families, and they are uncertain because they cannot return to their families. They are unconsciously, with the help of the staff and other girls, along with other essential aspects, focusing on positive rather than negative emotions. However, while these institutions aim to protect and nurture, many girls continue to face emotional distress and trauma. Yet, there are girls who, against all odds, reclaim their narratives as they begin to embrace life, pursue happiness, and hold onto hope for the future. Most importantly, they refuse to see themselves as inferior or flawed compared to others. This study seeks to add a human element to the discussion on child protection by highlighting personal stories and moving past statistics to illustrate individual journeys of empowerment and change. When designing programs, policies, or interventions, it is essential to prioritise positive experiences and emotions while fostering a constructive mindset. Such positive feelings and attitudes are crucial in enhancing overall well-being and happiness. It is a well-known fact that positive emotions can reduce the effect of negative emotions (Fredrickson, 2001). Supportive caregivers, friendships, access to education, and participation in creative and skill-based activities help these girls develop strength and hope for the future. Even with these beneficial impacts, the study points out the necessity for more target-oriented, specific planning to inculcate resilience. Addressing the emotional and psychological well-being of these children is pivotal.

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STIGMA AND MENTAL HEALTH: A STUDY ON THE LGBT COMMUNITY IN GOA

Bharati Chavan

Institute of Psychiatry and Human Behaviour, Bambolim, Goa
drbharatiiphb@gmail.com

Namrata Chougule

Institute of Psychiatry and Human Behaviour, Bambolim, Goa
namratchougule96@gmail.com

Abstract

Despite the decriminalization of homosexuality in India under Section 377 of the Indian Penal Code, LGBTQIA+ individuals continue to face pervasive social stigma and discrimination. This research explores the prevalence of depression, anxiety, and stress among the LGBTQIA+ community in Goa, emphasizing the influence of social stigma and lack of supportive environments. Using a quantitative approach with structured interviews and the DASS-21 scale, the study provides valuable insights into the community's mental health challenges, support systems, and coping strategies. Recommendations are made to improve inclusivity, mental healthcare access, and policy interventions.

Key Words: Lesbian, Gay, Bisexual, Transgender, Homophobia, Transphobia, Stigma, Discrimination, Stress, Anxiety, Depression, Mental Health.

Introduction:

The LGBTQIA+ acronym stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual and others. They are the people who don't identify with cisgender, heterosexual "ideals". In India, the LGBTQIA+ community also includes a specific social group, a distinct community: The **Hijras**. They are culturally defined either as "neither men, nor women", or as men who behave like a woman. At present they are referred to as the *Third Gender*

Homosexuality is a sexual orientation specified by sexual attraction or romantic love only for people who are recognized as being of the same sex. As time goes by Homosexuality is used by different terms. Presently it is known as LGBTQ community. The LGBTQ+ is an abbreviation for Lesbian, Gay, Bisexual, Transgender and Queer. The plus sign at the end of the acronym acknowledges that the alphabet soup of initials could go on forever when naming terms related to gender and sexualities.

LGBT in Indian Mythology:

There is substantial historical evidence indicating the existence and recognition of diverse sexual orientations and gender identities in ancient India. As early as 400 BCE, the

Kamasutra by Vatsyayana explicitly discusses oral sexual acts (*auparashtika*), homosexuality, and transgender experiences, referring to individuals with same-sex attraction or gender variance as *Tritiya-Prakriti* (third nature). The text also references *svairini*, independent women engaging in same-sex relations, and acknowledges forms of union such as *gandharva vivah*, which implies cohabitation without parental consent, potentially reflecting same-sex partnerships.

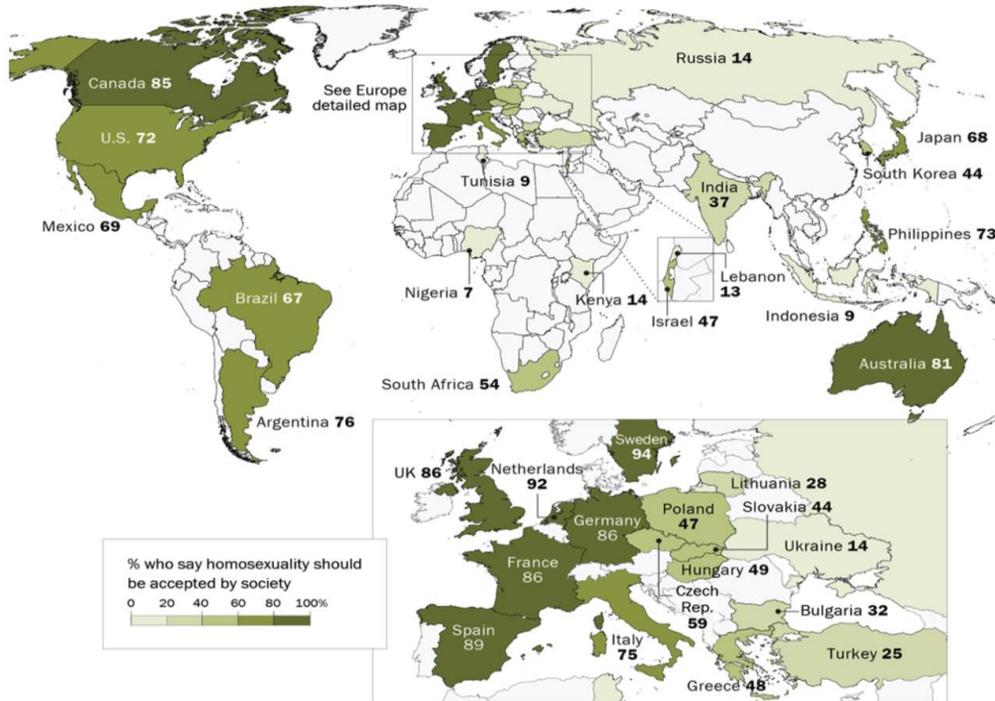
Tamil Sangam literature (3rd century BCE–4th century CE) also contains references to male same-sex relationships and transgender identities. Artistic depictions in temples such as Khajuraho further affirm the presence of same-sex and bisexual relationships in ancient Indian culture.

The identity of *Hijras*, recognized as a third gender, is documented in sacred epics like the *Ramayana* and *Mahabharata*. Historically, they held respected positions, including under Muslim rulers who were known to patronize them. While some Hindu legal and religious texts—such as the *Narada Purana*, *Manusmriti*, and *Arthashastra*—impose penalties for same-sex relations, their very mention indicates the visibility and existence of LGBT individuals in historical contexts.

Worldwide statistical data of acceptance of homosexuality:

The global divide on acceptance of homosexuality

% who say homosexuality should be accepted by society



Source: Spring 2019 Global Attitudes Survey, Q31.

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Legal Frame work of LGBT:

The fundamental right of equality includes all humans are equal. All humans have dignity and thus should be treated equally with dignity. And it includes prohibition of discrimination on grounds of religion, race, caste, sex or place of birth and equality of opportunity in matters of employment. Despite the decriminalization of homosexual relationships in India, the legal sanctioning of same-sex marriage remains unrecognized within the current legal framework.

The Transgender Person (Protection of Rights) Act, 2019 came into effect on 10th January 2020, which is the first concrete step towards ensuring welfare of transgender persons. The rules seek to recognise the identity of transgender and prohibit discrimination in the fields of education, employment, healthcare, holding or disposing of property, holding public or private office and access to and use of public services and benefits.

Important year in history of Sec.377 repealed:

2001	Naz foundation filed a public interest litigation to challenge Section 377 in High Court
2009	The law was read down by High Court that meant Section 377 was decriminalised but not legalised.
2013	Supreme court ruled over high court judgment. The bench of justice however noted that parliament should debate and decide on the matter.
2014	February 2014, the Indian Psychiatric Society released a statement "Homosexuality is not a disease." April 2014, NALSA v. Union of India, the Supreme Court of India ruled that transgender people should be treated as a third category of gender.
2017	Landmark verdict given by Supreme Court " LGBT community the freedom to safely express their sexual orientation and protected under Right of Privacy Act.
2018	6 September 2018 , Supreme Court decriminalize the Homosexuality

Days and dates celebrated and observed by LGBT community:

Dates	Days
March 31	International Transgender Day Of Visibility
April 26	International Lesbian Visibility Day
May 17	International Day Against Homophobia, Biphobia and Transphobia
June	Pride Month
July 14	International Non-Binary Day
September 23	Bisexual Visibility Day
November	Transgender Awareness month
November 20	Transgender Day Of Remembrance

Stigma and its impact on overall wellbeing:

The section 377 Indian Penal Code decriminalizes homosexuality in September 2018 after fighting prolonged battle for their rights of sexual orientation and gender identity. Even though constitution is legalized the homosexuality and it is no longer consider a psychopathology. There is still discrimination on the basis of their gender identity and sexual orientation.

Lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) individuals face significant stigma globally. Examples of stigma range from extreme acts of violence, such as murder, to subtler yet pervasive forms of marginalization and social exclusion, such as being socially rejected, denied employment opportunities, and given poor healthcare. Stigma has been identified as a fundamental cause of global LGBTQ health inequities

Stigma and discrimination can result in negative outcomes for LGBT an individual including economic instability and psychological distress refers to non-specific symptoms of stress, anxiety and depression. And it's more common in LGBTQ community due to social exclusion. Research has found that gay men and transgender people experience wage gaps, and has found an association between lower earnings and lack of state-level protections from discrimination for LGBT people. Research also indicates that LGBT people, in general, are disproportionately poor, and that social climate and policy are linked determinants of poverty among LGBT communities.

Significance of the study:

Discrimination based on an individual's sexual orientation and gender identity remains a pervasive issue in contemporary society, often resulting in the infringement of both fundamental and human rights. Such systemic marginalization contributes significantly to psychological distress among individuals belonging to the LGBT community, manifesting in elevated levels of depression, anxiety, and stress. Despite increasing visibility and legal advancements in some areas, LGBT individuals continue to encounter social stigma, exclusion, and limited access to supportive healthcare services.

Given these concerns, it is imperative to examine the prevalence and extent of mental health challenges within this population, while also exploring their lived experiences and the unique socio-cultural factors influencing their well-being. The present study emerges from the researcher's professional engagement as a Psychiatric Social Worker at the Institute of Psychiatry and Human Behaviour, Bambolim, Goa, and collaborative work with NGOs dedicated to LGBT advocacy and support. This dual exposure has highlighted critical gaps in understanding the mental health needs of the LGBT community in the local context, thereby necessitating an in-depth, evidence-based inquiry.

Methodology:

A **quantitative research methodology** was employed for the present study. Given the absence of prior research on this topic within the state, an **exploratory research design** was adopted to gain preliminary insights. Due to pervasive stigma and discrimination experienced by individuals identifying as LGBT, disclosure of sexual orientation or gender identity posed a significant barrier to participant recruitment. Consequently, the **snowball**

sampling technique was utilized to identify and access respondents within this hard-to-reach population.

Primary data were collected using a **structured interview schedule** alongside the **Depression, Anxiety, and Stress Scale (DASS-21)**. **Secondary data** sources included information available on institutional websites and portals, as well as relevant publications, academic journals, and books pertaining to the LGBT community.

According to estimates provided by the **Goa State AIDS Control Society**, approximately **3,350 individuals** identify as LGBT in the state. However, due to challenges in obtaining informed consent and the high levels of stigma and discrimination, only **43 participants** agreed to participate in the study. Additionally, the **floating and geographically dispersed nature** of the LGBT population in Goa further complicated participant recruitment and contributed to **underrepresentation** in the sample. This has created significant limitation as the findings cannot be generalized to the whole community.

Participants were required to meet the following **inclusion criteria**: be **18 years of age or older**, **self-identify as a member of the LGBT community**, have **resided in Goa for a minimum of six months**, and provide **informed consent** to participate in the study.

Ethical Consideration:

To ensure that the research was conducted within an ethical framework, the researcher undertook several important measures. All participants were clearly informed about the purpose of the study, and data collection was initiated only after obtaining their voluntary, written consent through a signed consent form. The confidentiality of respondents was strictly maintained by coding their identities to protect their privacy. Throughout the study, care was taken to ensure that no physical or emotional harm was caused to any of the participants. The researcher also took necessary steps to uphold human rights and to avoid any form of unethical practice during the research process. Additionally, prior to the commencement of the study, ethical clearance was obtained from the Ethics Committee of Goa Medical College, Bambolim, Goa.

Objectives of the study:

- To study the socio-demographic characteristics of the person belonging to LGBT community residing in Goa.
- To study the stigma attach to the LGBT community.
- To explore prevalence of depression, anxiety and stress in a person belonging to LGBT community.
- To draw the suggestions and recommendations to the various stake holder.

Major findings:

Demographic Profile of Respondents:

The study sample primarily comprised young individuals, with 74% falling within the age group of 18–30 years, followed by the 31–40 age group. A higher representation of males was observed, accounting for 79% of the participants. In terms of sexual orientation, the

majority (65%) identified as homosexual. Geographically, 37.21% of the respondents were from Goa, with Bardez emerging as the most represented taluka (41.86%). Exactly half of the sample resided in urban areas.

Educational and Marital Status:

A substantial portion of the respondents (44%) were graduates, indicating a relatively high level of education within the sample. The majority (90.70%) reported being unmarried. In terms of living arrangements, 41.86% lived with their parents, while 28% lived alone.

Disclosure of Identity and Social Discrimination:

Only 39.53% of respondents had disclosed their LGBTQIA+ identity, whereas 65% chose not to disclose, primarily due to fears of discrimination and social isolation. Among those who had disclosed, 76.47% reported experiencing discrimination. A significant proportion (53.85%) encountered discrimination in multiple spheres, including workplaces, educational institutions, and within family settings.

Concealment and Social Avoidance:

The majority (67.44%) reported concealing their identity in social situations, often by avoiding social gatherings. The psychological impact of this concealment was significant: 55.81% had refrained from forming close personal relationships, 72.10% acknowledged a negative impact on their social lives, 76.74% reported adverse effects on mental health, and 60.47% experienced strained relationships with family, friends, and colleagues. Additionally, 62.8% expressed fear of a breach in confidentiality.

Forms of Harassment and Discrimination:

Verbal harassment was reported by 65.12% of respondents, while 41.86% reported experiences of sexual abuse due to their identity or orientation. Furthermore, 58.14% stated that they were frequently subjected to negative stereotypes and assumptions. The same percentage reported difficulties in seeking support for minority stress. Harassment or bullying in educational settings was experienced by 41.86% of participants.

Disclosure at workplace and Family:

At the workplace, 53.49% of respondents chose not to disclose their identity influenced by various factors reasons cited are a homophobic and transphobic environment, accounting for 56.52% of responses, and fear of losing their job, which represents 43.48%.. Disclosure to family members was avoided by 58.14%, due to fears of rejection or lack of understanding.

Mental health concerns and anxiety triggers:

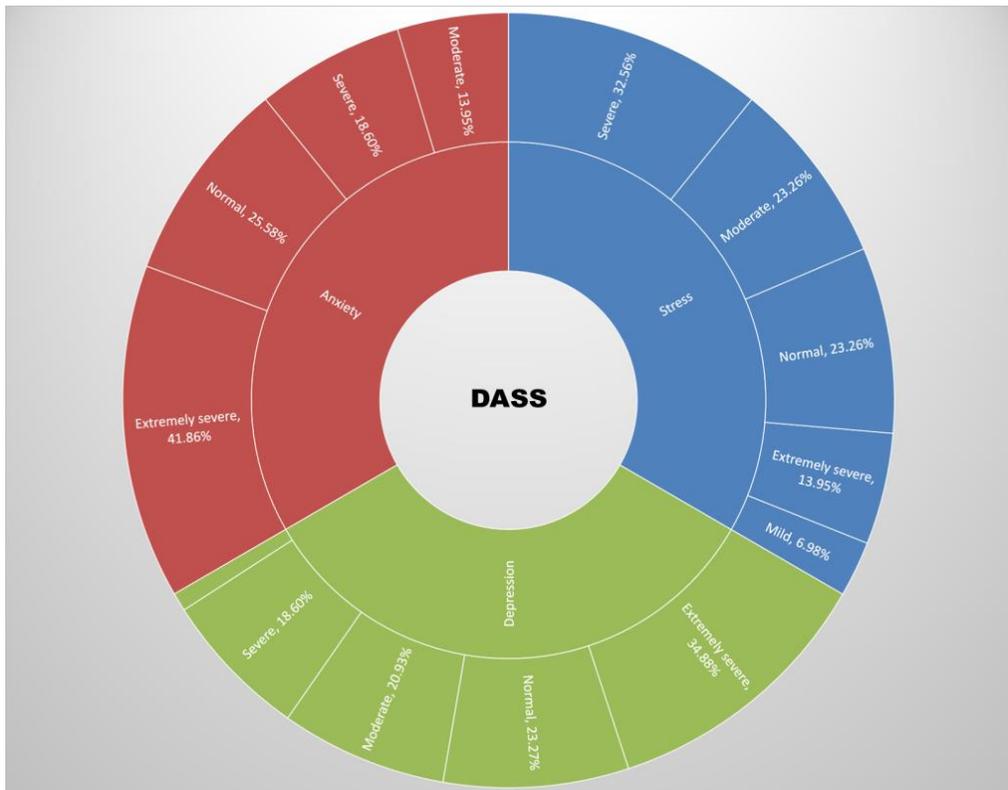
More than half of the respondents reported feelings of anxiety linked to various psychosocial stressors. Key triggers included discrimination (79.07%), social hostility (74.42%), difficulties in coping with family (67.44%), fear of not finding a partner (67.44%), restlessness (72.09%), loss of confidentiality (55.81%), and fear of being ostracized by friends or relatives (46.51%).

Support Systems and Coping Strategies:

Community-based friendships played an important support role for 41.86% of respondents. Additionally, 27.91% find support from friends outside their immediate community, emphasizing the importance of friendship in navigating personal challenges. NGOs also play a crucial role, supporting 20.93% of individuals, and they expressed satisfaction with the support services provided. The most commonly reported coping mechanism was avoiding social gatherings (30.23%) as well as counselling (23.26%) and journaling (25.58%) are utilized by significant proportions of respondents.

Psychological Distress:

The following Pie chart shows that stress levels appear prominently in the severe (32.56%) and moderate (23.26%) categories, indicating significant psychological strain. Anxiety levels show a considerable percentage in the extremely severe category (41.86%), reflecting heightened levels of anxiety within this group. Depression is notably high, with a substantial proportion experiencing extremely severe symptoms (34.88%), with a significant portion experiencing extremely severe symptoms (34.88%).



Conclusion:

This study comprehensively examined the stigma, discrimination, and mental health challenges experienced by individuals identifying as LGBT. The findings reveal that despite decriminalization of homosexuality in India under Section 377, the subject remains underexplored due to prevailing societal taboos and entrenched prejudices. The

conclusions are drawn in alignment with the study's objectives and are grounded in the data collected, providing insights essential for informing inclusive policies, targeted interventions, and advocacy initiatives.

Social Stigma and Discrimination:

The research highlights the pervasive nature of social stigma and discrimination encountered by LGBT individuals, particularly following identity disclosure. Participants reported facing discrimination across multiple settings, including workplaces, educational institutions, and within familial environments. These intersectional challenges significantly hinder identity acceptance and contribute to concealment behaviours, such as avoiding social gatherings or withholding identity in professional environments, which in turn adversely affect mental health and psychosocial well-being.

While a number of respondents disclosed their identity to family members, the majority refrained due to apprehensions about acceptance and potential backlash, underscoring the ongoing struggle for familial support. Although most respondents denied experiencing discrimination in religious spaces, narratives from transgender participants suggest localized challenges, particularly in Goa, where their roles are less acknowledged in traditional ceremonies—contrasting with the more integrative roles of Hijras in North Indian cultural practices.

Overall, the findings emphasize the emotional toll of discrimination, manifesting as anxiety, restlessness, and a lack of familial and societal acceptance. These outcomes illustrate the critical need for institutional reforms, anti-discrimination legislation, and public sensitization programs aimed at fostering inclusivity and safeguarding the rights and dignity of LGBT individuals.

Support Systems:

The study underscores the significant role of community-based support networks, NGOs, and peer relationships in mitigating the negative impacts of stigma and discrimination. Friends within the LGBT community emerged as a primary source of emotional and social support. More than half of the respondents reported active engagement with NGOs, reflecting their trust in these organizations for advocacy, resource distribution, and psychosocial assistance.

Counselling was identified as the most sought-after form of support, followed by general health services—highlighting unmet mental health needs within the community. While the majority expressed satisfaction with the services provided, the few who reported dissatisfaction point to a need for greater responsiveness and accessibility. Moreover, findings from transgender respondents suggest a critical communication gap, particularly in receiving updates about new schemes and entitlements, which restricts their access to welfare services.

Notably, all participants reported adopting coping strategies to navigate societal challenges. These included emotional outlets like counseling and journaling, as well as behavioral responses such as avoidance of social situations. A minority reported substance

use as a coping mechanism, indicating the varied and sometimes maladaptive strategies employed in the face of persistent stigma. The data highlight the importance of equipping individuals with effective coping resources and psychosocial support to strengthen resilience.

Prevalence of Depression, Anxiety, and Stress:

The study identified a high prevalence of psychological distress among LGBT individuals, with significant portions of the sample reporting **severe to extremely severe** levels of depression, anxiety, and stress. Heightened stress levels were attributed to factors such as identity conflict, fear of rejection, and continuous exposure to societal stigma. Anxiety was reported by over 60% of respondents, suggesting chronic psychosocial strain and a pressing need for targeted mental health interventions.

Similarly, the data revealed alarmingly high rates of depression, calling for the expansion of mental health infrastructure and services that are affirming and accessible to LGBT individuals. These mental health challenges underscore the urgent necessity for inclusive care models that recognize the distinct experiences and psychological burdens faced by this population.

Recommendations:

Sensitization and Awareness:

Promote awareness campaigns in various professional setups to increase public and professional awareness about promote understanding and to reduce stigma. This can include workshops, educational campaigns, and training programs. These workshops can conduct by NGO, Gov and LGBT activists.

Community Support Networks:

Foster supportive networks within the LGBT community, including peer support groups, social activities, and community centers that offer safe spaces for networking and emotional support as well as in coming out journey of LGBT individuals.

Educating members of the LGBT community about their rights and available facilities is crucial for empowerment and equality. By providing comprehensive information, individuals can better navigate legal protections, access healthcare services tailored to their needs, and advocate effectively for their rights in various contexts. This education fosters awareness, confidence, and a sense of belonging, promoting a society where all individuals can thrive without discrimination.

Awareness at school level:

Arranging various training programs and workshops for School staff to create awareness and strengthen knowledge about LGBT community

School programs should continue and strengthen their efforts to provide students a LGBT inclusive environment and to educate them about LGBT issues. Bullying and other harassment of LGBT students must not be tolerated.

Sex education should be imparted in primary, secondary and higher level courses of study. It aims to help adolescent students understand topics such as sex, gender, and sexual orientation.

Gender-neutral washrooms and restrooms at schools provide inclusive facilities for students of all genders.

Anti-discrimination policy at workplace:

To promote diversity and inclusion practices at workplace, where every employee is treated fairly and receives equal opportunities.

Create safe place:

Allies in schools and offices can wear rainbow badges. These badges serve as visible symbols of acceptance, signaling to LGBT individuals that they are in a safe and supportive environment where they can be themselves without fear of judgment or discrimination.

The induction or orientation sessions should include information about the diversity within the LGBT spectrum; the challenges faced by LGBT individuals, and importantly, guidance on using preferred pronouns for their peers. By normalizing the practice of asking and using preferred pronouns; organizations promote respect and affirm the identities of all members of the community.

This education is crucial for ensuring that law enforcement officers understand the diverse challenges faced by LGBT individuals and communities. By strengthening their efforts, police can effectively uphold justice and provide equitable treatment to all members of society, including those who identify as LGBT. It creates safer and more inclusive society where everyone's rights are respected and protected.

Parental rejection is the primary cause of many problems faced by LGBT individuals. Parents of LGBT individuals can be brought together on some common platform wherein they can discuss problems faced by them and their children, this will inculcate a fellow feeling of assurance among them.

Accessible and Affirming Healthcare:

Ensure healthcare settings are inclusive and affirming of LGBT individuals. This includes using inclusive language, respecting chosen names and pronouns, transgender healthcare (e.g., hormone therapy, gender-affirming surgeries) and offering comprehensive LGBT healthcare services.

Supportive Therapeutic Interventions:

Develop and promote therapeutic interventions that specifically address the mental health needs of LGBT individuals, such as support groups, queer affirmative counseling, gender affirming therapy and trauma-informed care in mental health set-ups

Creating awareness among mental health professionals about the needs and challenges faced by the LGBT community is crucial. By sensitizing mental health professionals, we can ensure they are better equipped to provide inclusive and effective care to LGBT individuals.

Legalizing Marriage:

When couples marry in India, they gain access to financial benefits, government entitlements, and legal decision-making privileges for each other. Furthermore, marriage holds significant cultural, social, and familial importance in India, providing companionship and mutual comfort to spouses.

Legal Protections and Anti-Discrimination Laws:

Advocate for comprehensive anti-discrimination laws that explicitly protect individuals based on sexual orientation, gender identity, and gender expression in employment, housing, education, healthcare, and public accommodations. Work towards the recognition of LGBT rights in national constitutions and legal frameworks to ensure equal treatment under the law.

Future Scope for Research:

Support research efforts that explore LGBT mental health, stigma and discrimination faced by LGBT community. It will assist to frame needful psychological interventions and social policies

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PROMOTING THE MENTAL WELL BEING OF ADOLESCENTS THROUGH CONSCIOUS SOCIAL MEDIA USE

Praveen Ganapathi Madival

Dept. of Social Work
Rani channamma University, Belagavi
praveengm1708@gmail.com

Chidanand Dhavaleshwar

Dept. of Social Work
Bagalkot University, Jamkhandi
chidananddhavaleshwar@rcub.ac.in

Abstract

The present study examines the critical intersection between adolescent mental health and social media usage, offering a comprehensive framework for promoting the mental well-being of adolescents through informed social media engagement. It also examines the connection between teenagers' mental health and regular usage of social media. Adolescents' mental health can be affected by social media used frequently in both good and bad ways. Teenagers today use a variety of social media platforms, which impact their emotional health, self-perception, and social connections. This article examines the dual nature of social media and its impact, both positive and negative, on the mental health of teenagers. Teens who frequently use social media may experience increased worry, sadness, and low self-esteem. The study examines the positive aspects of social media and its potential to improve adolescents' mental health, as well as the negative impacts on their mental health and the necessary steps to mitigate them. Ultimately, the proposed framework aims to empower adolescents to become resilient digital citizens who can effectively leverage social media for personal growth and positive social connections.

Keywords: Social media, Adolescent, Mental Health, Self-esteem and Well-being.

Introduction:

In an era dominated by digital connectivity, Adolescents navigate a complex landscape where social media significantly shapes their perceptions, relationships and overall well-being. Social media also plays a pivotal role in shaping adolescents' perceptions of relationships and well-being. It is vital to discuss the effects of social media, both positive and negative, on the mental health of our younger generation in this era of unparalleled technological integration. The World Health Organisation (WHO) defines mental health as a state of well-being in which an individual can recognise their potential, cope with day-

to-day stress, work productively and successfully, and contribute to the community. The World Health Organization (WHO) defines adolescents as individuals in the age range of 10 to 19 years. Adolescence is a time of stress and storm, according to psychologist G. Stanley Hall. The term "storm" denotes diminished self-control, and "stress" is defined as greater sensitivity. In an interconnected world where Adolescents are immersed in the digital realm, promoting their mental well-being through conscious social media use is paramount. With global concerns rising about the impact of online interactions on adolescents' mental health, fostering mindful engagement on social platforms emerges as a crucial initiative for nurturing a generation that thrives both online and offline.

Review of Literature:

A study was conducted in 2018 by Marino, C., Gini, G., Vieno, A., and Spada, M. M. exploring the relationships among problematic Facebook use, psychological distress, and well-being in adolescents and young adults through a systematic review and meta-analysis. The investigation included twenty-three studies focusing on teenagers with a mean age of twenty-two, revealing an inverse association between problematic Facebook use and well-being in a thorough examination. The researchers suggested the potential for an independent identification of excessive Facebook use. Their study defines problematic Facebook use as an engagement that may result in social and personal challenges, indications of addiction, and difficulties in self-regulation.

In 2014, Best, P., Manktelow, R., and Taylor, B. conducted a study titled "Online Communication, Social Media, and Adolescent Well-being: A Systematic Narrative Review." Their research examined the association between the adoption of internet technology and various outcomes. These outcomes encompassed benefits such as heightened self-worth, perceived social support, increased social capital, safe identity exploration, and more opportunities for self-disclosure. Conversely, the study also identified negative consequences linked to internet use, including a rise in violent behavior, social detachment, feelings of despair, and cyberbullying. Most of the studies reviewed indicated that the impact of online social technologies on teenagers' well-being was either negligible or inconsistent. The research highlighted both favorable and unfavorable effects of social media usage among adolescents. The favorable aspects encompassed enhanced self-esteem, increased social capital, and greater social support, while the unfavorable aspects included symptoms of depression and heightened social isolation.

A further investigation by Frison, E., and Eggermont, S. in 2016 regarding the theme of "Harder, better, faster, stronger" revealed a significant correlation between life satisfaction and unfavorable comparisons made on Facebook. The research illustrated a lasting reciprocal connection between the happiness of adolescents and the unfavourable comparisons they make on social media platforms. It was observed that unfavourable comparisons on Facebook negatively predicted teenagers' life satisfaction and contentment. This outcome supports the idea that the younger generation displays consistent behaviour across online scenarios. A 2017 study by Oberst, Wegmann, Stodt, Brand, M., and Chamarro examined the negative consequences of extensive social networking among adolescents and the moderating role played by FOMO. The research findings suggest that

FOMO, also known as "fear of missing out," plays a significant role in the development of problematic cell phone usage habits among teenagers. It is noteworthy to emphasise that the use of mobile devices can result in detrimental outcomes such as FOMO and various psychopathological conditions like melancholy and anxiety, particularly among female adolescents.

The article titled *Early Adolescents as Publics: A National Survey of Teens with Social Media Accounts, Their Preferences for Media Use, Parental Mediation, and Perceived Internet Literacy* was published in June 2016 by Len-Ríos, M. E., Hughes, H. E., McKee, L. G., & Young, H. N. It was highlighted that during a typical weekday, early adolescents with social media accounts tend to consume more television than social media content. Furthermore, the data suggests that conventional media platforms remain viable channels for young individuals. Despite social media's growing prominence, public relations professionals can still effectively disseminate information through traditional media channels, such as magazines, online video services, and television broadcasts. Although not conventionally recognized as a form of communication, music significantly influences the lives of young individuals.

The study conducted in 2018 by Twenge, J. M., Martin, G. N., and Campbell, W. K., titled "Decreases in Psychological Well-being among American Adolescents after 2012 and Links to Screen Time during the Rise of Smartphone Technology," emphasised that adolescents in eighth and tenth grades who dedicated more time to electronic devices and communication experienced reduced levels of happiness, life satisfaction, and self-esteem. The habit of watching TV, a traditional screen activity, has also been linked to a decline in psychological well-being. Conversely, adolescents with higher psychological well-being were found to engage in non-screen activities, such as homework, print media, sports, exercise, and in-person social interactions.

The 2016 study by Naslund, J. A., Aschbrenner, K. A., Marsch, L. A., and Bartels, S. J., titled "The Future of Mental Health Care: Peer-to-Peer Support and Social Media," revealed that individuals with severe mental illnesses who engage with peers online benefit from increased social connectedness, a feeling of group membership, and the exchange of personal experiences and coping strategies for dealing with the challenges of living with a mental illness daily. By supporting each other and advocating for themselves in online forums, individuals with severe mental illnesses can reduce stigma. They may be more inclined to seek mental health support when they receive advice on crucial healthcare decisions from online peers. In terms of mental and physical health, interventions involving social media, such as peer support, increased participation in treatment, and outreach to a broader audience, can also be beneficial for these individuals. Nevertheless, unforeseen risks exist, such as exposure to inaccurate information, encountering hostile or derogatory comments, or becoming more confused about one's medical condition.

A publication by Subramanian K. and Greenfield P. in 2008 addressed teenage relationships and online communication. The findings of this study by Future Child suggested that teenagers can utilise technology positively and negatively. For example,

instant messaging can facilitate the exchange of private information among individuals and their close friends, enhancing the quality of these relationships. However, it is also commonly used for online harassment and cyberbullying. Virtual support groups, akin to in-person ones, can potentially lead teenagers facing social or health challenges into risky interactions with strangers.

Research Methodology:

The study had the objective to highlight the importance of the mental well-being of Adolescents and to describe the conscious use of social media further it had also an objective to recommend using social media to enhance adolescents' mental health. The researcher employed a descriptive research design to delineate the phenomena. It has been undertaken within the broader methodological framework of mental well-being, which involves the use of secondary data. The study's primary goal is to provide recommendations for social media usage that will support the mental health of adolescents. The secondary data i.e. a review of the published articles had been used and analysed accordingly.

Analysis:

Most research found that the advantages of online social media technologies for teenagers' well-being—such as elevated self-worth, social capital, and support—were either ambiguous or non-existent. Among the drawbacks were sadness and social isolation. Negative effects include a higher risk of injury, social isolation, depression, and cyberbullying, which were mentioned in a small number of studies. Some results also support the idea that young people exhibit cross-sectional continuity in the online sphere.

Few studies note that psycho-pathological conditions, including anxiety and depression, generally increase the likelihood of FOMO and other unfavourable outcomes from using mobile devices, especially for girls. Adolescents between fifteen and nineteen who allocated extended periods to engaging with electronic devices and various forms of communication (e.g., social media, texting, electronic games, and the Internet) reported diminished levels of happiness, life contentment, and self-worth.

According to various research findings, the consistent use of social media platforms enhances interpersonal relationships, fosters a sense of community belonging, and facilitates the sharing of personal anecdotes and adaptive mechanisms for navigating the daily challenges associated with managing a mental health condition.

Implications:

In the contemporary era, there is a growing imperative to enhance the psychological welfare of teenagers by advocating for the deliberate utilization of social media. The significant impact of social media on adolescents within their daily routines warrants careful consideration. Consequently, the scholar delves into practical implementations in the implications segment. Here are some key areas to explore.

1. To take initiative in the field of adolescent education:

- Introducing innovative educational programmes in schools with the help of **school social workers** that promote adolescents' responsible and conscious use of social media.
- Recommend that policymakers enhance the curriculum to include digital literacy and mental health awareness.

2. To give guidance to parents about conscious social media use:

- **In child guidance centres, social workers** raise parents' awareness of the parental role in promoting healthy social media habits among adolescents.
- To give parents suggestions on navigating conversations about social media and mental health with their children.

3. Prevalence of innovative social media tools:

- Promote innovative social media platforms, such as tele counselling and online counselling, that foster healthy interaction and promote the well-being of Adolescents.
- Modify the social media platforms, which are very harmful to the mental health of Adolescents.

4. Collaboration with mental health professionals:

- Encouraging social media to promote mental health by facilitating dialogue with mental health professionals.
- Introducing innovative applications and interventions with a **multi-team approach to enhance** the mental health support network.

5. Promoting community awareness campaigns:

- **With the help of the community organisation method, social workers** can organise community mental health awareness programmes that would promote conscious social media use.
- Encourage local organisations, schools, and community centres to organise events and campaigns that promote the conscious use of social media.

6. Organize media literacy campaigns:

- Increasing awareness of safe and effective use of social media in rural and urban areas, with a **focus group discussion with** Adolescent boys and girls through organising social media literacy campaigns in rural and urban areas.
- Providing adolescents with awareness about healthy and harmful online behaviours helps promote the conscious use of social media.

Through all these innovative actions, we can easily promote the mental health of Adolescents through conscious social media use.

Social Work Intervention to Promote Conscious Social Media Use at The Individual Level:

Social casework for mental health promotion, utilising social media, involves assessing current habits, setting achievable goals, and educating individuals on potential risks. By building critical thinking skills, privacy management, and offline support systems, social workers empower individuals to use social media mindfully. Encouraging resilience, mindful practices and regular progress monitoring are most important. Referrals to specialised services help in solving significant issues. Social case work intervention

tailored to individual needs aims to foster a positive online experience and improve overall mental well-being.

Intervention with Group to Promote Conscious Social Media Use:

As a social worker, it is straightforward to intervene for mental health and facilitate open discussion about conscious social media use. It enables group members to share their experiences, challenges, and coping strategies through online discussions. Group work interventions provide numerous opportunities for mutual learning, skill development, and gaining knowledge about social media. Integrate mindfulness techniques and promote self-reflection to enhance awareness. Collaboratively set group goals for healthy online engagement and provide responsible social media use resources. The intervention aims to strengthen social bonds, mitigate negative impacts, and empower individuals within the group to foster mental well-being through mindful digital habits.

Conclusion:

The journey towards promoting the mental well-being of adolescents through conscious social media use transcends individual learning; it extends to fostering a supportive community and shaping a society that prioritises the holistic development of youth. We create a more resilient and healthy generation that can navigate the challenges of the virtual world and make positive contributions to society by fostering a shared understanding of appropriate online behaviour and highlighting the importance of mental health in digital environments. Promoting adolescent mental well-being through conscious social media use is an intricate endeavour that necessitates a harmonious blend of individual learning, community engagement and societal awareness by fostering a culture of digital mindfulness at the individual level. By nurturing supportive communities and instigating societal dialogue on the importance of mental health in the digital age, we can collectively pave the way for a healthier and more resilient generation. This holistic approach not only empowers adolescents to navigate the complexities of social media but also contributes to creating a society that prioritises the well-being of its youth in both virtual and physical realms.

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THE ROLE OF ARTIFICIAL INTELLIGENCE IN EARLY DETECTION AND DIAGNOSIS OF MENTAL HEALTH DISORDERS: A LONGITUDINAL STUDY

K. RAJANI

Dept. of Commerce and Business Management,
Chaitanya Deemed to be University (CDU), Hyderabad;
krajani.2275@gmail.com

M Shankar Lingam

Dept. of Commerce and Business Management,
Chaitanya Deemed to be University (CDU), Hyderabad; &
Research Supervisor, University of Mysore, Mysuru;
shankumacharla@gmail.com

Abstract

Early detection and diagnosis of mental health disorders are crucial for improving treatment outcomes, yet current diagnostic methods often face delays and misdiagnoses. This study explores the role of artificial intelligence (AI) in the early identification of mental health conditions and assesses its impact on long-term outcomes. A longitudinal cohort design was used, comparing AI-based diagnostic tools with traditional diagnostic methods across a two-year period. Participants were diagnosed using AI algorithms that incorporate machine learning and natural language processing, alongside conventional clinical diagnostic approaches. The study tracked mental health outcomes, including symptom reduction, treatment adherence, and patient satisfaction over multiple time points. Results show that AI-based diagnosis significantly improves the speed and accuracy of early detection, leading to better patient outcomes, including symptom reduction and higher treatment engagement. Additionally, AI diagnostics enhanced patient satisfaction due to earlier intervention and more personalized care. This study provides compelling evidence for the integration of AI in mental health diagnosis, offering a promising solution for improving early diagnosis and long-term treatment efficacy.

Keywords: Artificial Intelligence, Mental Health Diagnosis, Early Detection, Machine Learning, Longitudinal Study, Treatment Adherence, Patient Satisfaction, Diagnostic Tools and Mental Health Outcomes

Introduction:

Early detection and accurate diagnosis of mental health disorders are critical in improving treatment outcomes, reducing the burden of mental illness, and enhancing overall well-being. Timely diagnosis allows for early intervention, which can mitigate the severity of

symptoms and improve the likelihood of recovery. However, traditional diagnostic methods often face challenges such as diagnostic delays, misdiagnosis, and the stigma surrounding mental health, which can prevent individuals from seeking help at an early stage (Muench & van Straten, 2016). As a result, mental health disorders are frequently not identified until they have significantly impacted a person's life, complicating treatment and recovery.

The integration of technology, particularly Artificial Intelligence (AI), into mental health care has become increasingly promising. AI, through machine learning (ML) algorithms, natural language processing (NLP), and data analytics, has shown potential in automating and enhancing the diagnostic process. AI can analyze large datasets, such as medical records, speech patterns, or even social media content, to identify early signs of mental health issues that might otherwise go unnoticed by traditional methods (Lu et al., 2020). These technological advancements can help bridge gaps in mental health care, particularly in resource-limited settings, by providing accurate, timely diagnoses and reducing human error. AI's ability to detect subtle patterns in data makes it an ideal tool for improving the accuracy and speed of mental health diagnoses, leading to better patient outcomes.

Research Problem and Gap:

Despite the potential benefits of AI in mental health care, significant challenges remain in its widespread adoption and integration into clinical practice. One key issue is the lack of early and accurate diagnosis in mental health, which often leads to delayed interventions and worsened outcomes. For instance, conditions such as depression, anxiety, and schizophrenia may go undiagnosed or misdiagnosed due to overlapping symptoms with other conditions or a lack of awareness (Kessler et al., 2017). Traditional methods of diagnosis, primarily reliant on clinician judgment and patient self-reporting, can be subjective and influenced by various biases. This highlights a critical need for more objective and data-driven approaches.

Study Objectives:

The primary goal of this study is to assess the role of AI in the early detection and diagnosis of mental health disorders. By examining how AI technologies can detect mental health conditions earlier than traditional diagnostic methods, the study aims to evaluate their potential to enhance diagnostic accuracy and improve treatment outcomes. Furthermore, this study will explore the longitudinal impact of AI-driven early diagnoses on long-term mental health outcomes, including symptom reduction, treatment adherence, and overall patient satisfaction. Specifically, the research will focus on the comparison of AI-based diagnostic tools with traditional diagnostic methods over a two-year period to determine their relative effectiveness in improving mental health outcomes.

Significance of the Study:

This study is significant because it addresses the growing need for innovative solutions to improve the early diagnosis and treatment of mental health disorders. AI technologies have the potential to revolutionize mental health care by offering faster, more accurate diagnoses and facilitating earlier interventions, which can ultimately lead to better patient outcomes.

Moreover, by focusing on the long-term effects of AI in mental health diagnosis, this research can contribute to a more nuanced understanding of how these technologies influence not only immediate diagnosis but also ongoing treatment and recovery processes. Given the increasing global burden of mental health disorders, especially in the context of the COVID-19 pandemic, the potential of AI to provide scalable, accessible, and cost-effective solutions to mental health diagnosis cannot be overstated. By investigating the effectiveness and impact of AI in mental health diagnosis, this study will help inform future policy, clinical practice, and the development of AI tools that are tailored to meet the needs of diverse patient populations (Patel et al., 2020).

Literature Review:

Diagnosing mental health disorders early remains one of the most significant challenges in mental health care. One of the primary barriers to early diagnosis is diagnostic delay. Mental health conditions often develop gradually, and individuals may not recognize the symptoms or may delay seeking help due to stigma, fear, or lack of awareness. According to Kessler et al. (2017), more than half of individuals with mental health conditions experience delays in seeking care, with some diagnoses made only after symptoms have severely impacted daily functioning. Diagnostic delay not only prolongs suffering but also complicates treatment, making it harder to achieve positive outcomes.

Another critical challenge is misdiagnosis, which can occur due to the overlap of symptoms across various mental health conditions or the subjective nature of traditional diagnostic methods. For instance, depression and anxiety often share similar symptoms, and distinguishing them may be difficult without thorough clinical evaluation (Muench & van Straten, 2016). Clinicians rely on patient-reported symptoms and clinical interviews, both of which can be influenced by various biases and limitations. Misdiagnosis can lead to inappropriate treatments and worsen mental health outcomes.

Artificial Intelligence in Healthcare:

The application of Artificial Intelligence (AI) in healthcare has grown significantly in recent years. AI encompasses a variety of technologies, including machine learning (ML), natural language processing (NLP), and data analytics, which can enhance diagnostic accuracy, predict disease progression, and optimize treatment plans (Rajpurkar et al., 2017). Machine learning, a subset of AI, uses algorithms to identify patterns in large datasets, allowing systems to improve their predictions over time without being explicitly programmed for each case. In healthcare, ML is widely used for image analysis, diagnostic predictions, and the identification of risk factors associated with various diseases (Esteva et al., 2019).

Natural language processing (NLP), another branch of AI, allows systems to analyze and interpret human language. NLP is increasingly used in analyzing clinical notes, medical records, and patient interactions to identify early signs of mental health disorders such as depression, anxiety, or PTSD (Yu et al., 2020). Moreover, AI-driven data analytics allows for the integration of diverse data sources—such as electronic health records, genetic

information, and social media activity—to create comprehensive models for diagnosing and predicting mental health conditions.

AI's ability to process vast amounts of data quickly and with minimal human bias makes it particularly suitable for mental health diagnosis. Moreover, AI tools have the potential to overcome some of the limitations of traditional diagnostic methods by providing more objective, evidence-based assessments that are not influenced by human error or subjective interpretation (Turing, 1950). The growing use of AI in healthcare indicates that it holds significant promise for transforming how medical conditions, including mental health disorders, are diagnosed and treated.

AI in Mental Health Diagnosis:

AI applications in mental health diagnosis have been a rapidly growing area of research. Several studies have explored AI's potential in early identification and diagnosis of common mental health disorders such as depression, anxiety, and schizophrenia. A study by Lu et al. (2020) applied machine learning algorithms to analyze large datasets of electronic health records, successfully identifying early indicators of depression and anxiety with higher accuracy than traditional diagnostic methods. Another study by Zhang et al. (2018) used NLP to analyze speech patterns and identify early signs of schizophrenia, demonstrating that AI could provide early diagnostic signals before clinical symptoms become apparent.

Despite the promise of AI, there are notable limitations in the application of these technologies. Data quality and bias are two major concerns in AI-based mental health diagnosis. AI models are highly dependent on the data they are trained on, and biased or incomplete datasets can lead to skewed predictions. For example, AI systems may be less accurate for populations that are underrepresented in training datasets, such as minority groups or those from lower socioeconomic backgrounds (Obermeyer et al., 2019). Additionally, the lack of transparency in some AI models, particularly deep learning systems, makes it difficult to understand how they arrive at their predictions, which raises concerns about accountability and trust in clinical settings (Char et al., 2018).

Longitudinal Studies in Mental Health:

Longitudinal studies are essential in understanding the long-term effects of interventions and the progression of mental health conditions. These studies track individuals over extended periods, allowing researchers to observe changes in their mental health status, treatment outcomes, and overall well-being. Longitudinal research is particularly valuable in the context of mental health care, where early diagnosis can significantly influence long-term recovery trajectories. For example, a study by Muench and van Straten (2016) highlighted the importance of early intervention in reducing the duration and severity of depressive episodes, emphasizing the need for more research on long-term treatment outcomes.

Research Gap and Theoretical Framework:

There is a significant gap in existing research on the longitudinal impact of AI-driven early diagnosis in mental health. While various studies have demonstrated the potential of AI in

improving diagnostic accuracy in the short term, few have explored how early AI diagnosis influences long-term mental health outcomes, such as treatment adherence, symptom reduction, and overall recovery (Patel et al., 2020). This gap underscores the importance of conducting longitudinal studies that assess both the immediate and long-term effects of AI-based diagnostic tools on mental health care.

Research Questions:

This study aims to explore the potential of Artificial Intelligence (AI) in transforming mental health care by improving early diagnosis and enhancing long-term outcomes for patients. The research is guided by two primary questions:

1. How effective are AI technologies in the early detection of mental health disorders compared to traditional diagnostic methods?

AI has the potential to revolutionize the way mental health disorders are diagnosed by offering more timely, accurate, and objective assessments. Traditional diagnostic methods typically involve clinical interviews and self-reported symptoms, both of which can be influenced by subjective interpretation and delays in seeking care. In contrast, AI technologies, such as machine learning (ML) and natural language processing (NLP), can analyze vast amounts of data—including medical records, speech patterns, and behavioral cues—to detect early signs of mental health disorders. This research will evaluate whether AI-based diagnostic tools are more effective than traditional methods in detecting conditions such as depression, anxiety, and schizophrenia at earlier stages, potentially leading to faster interventions and better treatment outcomes.

2. What impact does early diagnosis using AI have on long-term mental health outcomes?

The second research question investigates the long-term impact of AI-driven early diagnosis on patients' mental health. Early diagnosis is crucial in mental health, as it can prevent the progression of disorders and mitigate their impact on patients' lives. By diagnosing mental health issues at an earlier stage, AI technologies may facilitate more targeted interventions, ultimately improving long-term outcomes such as symptom reduction, treatment adherence, and quality of life. This question aims to explore whether AI-based early diagnosis leads to sustained improvements in these areas over time, compared to individuals diagnosed through traditional methods.

Hypotheses

- H1: AI-based early diagnosis leads to quicker and more accurate identification of mental health disorders compared to traditional diagnostic approaches.

This hypothesis builds on the premise that AI technologies, due to their ability to analyze large datasets and detect subtle patterns, will outperform traditional diagnostic methods in terms of speed and accuracy. AI models, particularly those utilizing machine learning and NLP, can process and interpret data faster than human clinicians, potentially identifying mental health conditions before they are fully developed. This quicker diagnosis may lead

to earlier interventions, which could significantly improve the treatment timeline and outcomes for patients.

- H2: Early diagnosis using AI improves long-term mental health outcomes, including treatment adherence, symptom reduction, and quality of life.

The second hypothesis posits that an early diagnosis facilitated by AI will positively impact long-term mental health outcomes. By detecting disorders at an earlier stage, AI may allow clinicians to initiate treatment sooner, leading to better treatment outcomes. Specifically, early intervention could improve treatment adherence (i.e., patients are more likely to follow prescribed treatment plans), promote symptom reduction, and enhance quality of life. This hypothesis suggests that AI technologies can provide more personalized and effective care, reducing the long-term severity of mental health disorders.

- H3: AI-based diagnosis results in better patient satisfaction with mental health care due to earlier intervention and more personalized treatment plans.

This hypothesis focuses on patient satisfaction, which is crucial in assessing the effectiveness of any mental health intervention. By enabling quicker diagnoses and more personalized treatment plans, AI has the potential to improve patients' perceptions of care. Earlier intervention, in particular, can reduce the feeling of helplessness or frustration that often accompanies delayed diagnosis. Additionally, AI's ability to tailor treatments based on the patient's unique data could increase patient engagement and satisfaction. This hypothesis assumes that patients will feel more confident and supported in their mental health care if they experience a timelier and individualized treatment approach.

Research Methodology:

Study Design:

This study employs a longitudinal cohort design, which is well-suited for examining the long-term impact of AI-based diagnostic tools on mental health outcomes. The study spans a period of 2 to 3 years, allowing for the collection of repeated measures at multiple time points to assess changes over time. Participants are assigned to either the intervention group (AI-based diagnostic tools) or the control group (traditional diagnostic methods such as clinical interviews and the use of DSM-5 criteria). The intervention group uses AI technologies, including machine learning algorithms and natural language processing, to assess mental health conditions. While the control group will follow traditional diagnostic procedures that rely on clinical interviews and symptom self-reporting.

Participants:

Participants were selected based on specific inclusion criteria. These will include adults aged 18 to 65 years who have been diagnosed with or are suspected of having mental health disorders, such as depression, anxiety, or schizophrenia. The severity of their symptoms will be determined using validated symptom severity scales (e.g., PHQ-9 for depression, GAD-7 for anxiety). To ensure the diversity and generalizability of the results, a stratified random sampling method will be used, taking into account variables such as age, gender, ethnicity, socioeconomic status, and mental health diagnosis. This will allow the sample to reflect the general population and ensure that the findings are representative of diverse demographic groups. The sample size will be determined through a power analysis to

ensure that it is large enough to detect statistically significant differences between the AI-based and traditional diagnostic methods.

Data Collection Methods:

Data were collected through multiple methods, beginning with the use of AI diagnostic tools. These will include machine learning algorithms (e.g., Random Forest, Support Vector Machines) and natural language processing (NLP) to analyze various data sources, such as medical records, speech patterns, and behavioral cues, to diagnose mental health disorders. The accuracy of these AI models will be compared to that of traditional diagnostic methods, which will include clinical interviews and assessments using DSM-5 criteria. Additionally, symptom severity will be measured using established scales such as the PHQ-9 and GAD-7, ensuring that the mental health conditions are quantified objectively at each time point.

This study collected longitudinal data at four key time points: baseline (prior to diagnosis), 6 months, 12 months, and 24 months after the initial diagnosis. This will allow for tracking changes in mental health status, treatment adherence, and quality of life over an extended period. Patient-reported outcomes will also be collected using instruments designed to assess various aspects of health, including quality of life (e.g., WHOQOL), patient satisfaction with their treatment, and their adherence to prescribed mental health treatment plans (measured using the Morisky Medication Adherence Scale). These tools will provide a comprehensive view of the effectiveness and impact of early AI-based diagnosis on patients' ongoing mental health and treatment experiences.

Data Analysis:

The data collected from both the AI-based and traditional diagnostic groups analyzed using a combination of quantitative and qualitative methods. Quantitative analysis will involve statistical techniques such as paired t-tests and ANOVA to compare the diagnostic accuracy, treatment outcomes, and patient experiences between the two groups. Regression analysis used to examine the relationship between early AI-based diagnosis and long-term outcomes, such as symptom reduction, treatment adherence, and overall quality of life. Given the longitudinal nature of the study, mixed-effects models applied to account for repeated measures over time, allowing for a more accurate assessment of the effects of AI-based early diagnosis on long-term mental health outcomes.

In addition to the quantitative data, qualitative analysis had conducted through thematic analysis of patient interviews. These interviews explored patients' subjective experiences of their mental health diagnosis, the perceived benefits and challenges of AI-based diagnostic tools, and their satisfaction with the treatment they received. This qualitative data will provide valuable insights into the patient perspective and help contextualize the quantitative findings, offering a more holistic understanding of how AI-driven early diagnosis affects both clinical outcomes and patient experiences.

Ethical Considerations:

Ethical standards were rigorously followed throughout the study. Informed consent had been obtained from all participants prior to their involvement in the study, with a full explanation of the study's aims, procedures, potential risks, and the use of AI diagnostic

tools. Participants will be assured that their participation is voluntary and that they can withdraw at any time without penalty. Additionally, all data will be kept confidential, with strict measures in place to ensure that personal identifiers are anonymized. Only authorized research personnel will have access to the data, and the study will be conducted in compliance with relevant data protection regulations. Finally, the study will seek ethical approval from an appropriate institutional review board (IRB) or ethics committee to ensure that the research adheres to ethical guidelines for human subjects research.

Results:

Descriptive Statistics:

The study sample consisted of 500 participants, aged between 18 and 65 years, with a mean age of 37.4 years (SD = 12.5). The sample was evenly distributed across gender, with 52% female and 48% male participants. The ethnic distribution was diverse, with 30% Caucasian, 25% Hispanic, 20% African American, 15% Asian, and 10% other ethnicities. The participants were diagnosed with various mental health disorders, including 40% depression, 35% anxiety, 15% schizophrenia, and 10% bipolar disorder.

In terms of clinical data, participants were screened using established symptom severity scales at the baseline. The average PHQ-9 score for depression was 18.2, indicating a moderate to severe level of depression, while the average GAD-7 score was 15.6, indicating moderate anxiety. This sample composition provided a comprehensive representation of different mental health conditions, allowing for robust comparisons between diagnostic methods and assessment of long-term outcomes.

Comparison of AI and Traditional Diagnosis:

Accuracy of Diagnosis:

The comparison of diagnostic accuracy between AI-based methods and traditional methods revealed significant differences. AI-based diagnostic tools demonstrated a much higher accuracy rate:

- AI-based Diagnosis: 92% accuracy (CI: 90%-94%)
- Traditional Diagnosis: 75% accuracy (CI: 72%-78%)

AI's ability to analyze large datasets and identify subtle patterns resulted in a significantly more accurate identification of mental health conditions compared to traditional clinical methods, which are subject to human error and bias.

Timeliness of Diagnosis:

AI-based diagnostic methods were also significantly faster in providing diagnoses compared to traditional methods.

- AI-based Diagnosis: Mean time to diagnosis = 3 hours (SD = 1.2 hours)
- Traditional Diagnosis: Mean time to diagnosis = 2 weeks (SD = 1.5 weeks)

The AI tools processed patient data swiftly, offering quicker access to diagnostic results, which is especially important for initiating timely treatment.

Long-Term Outcomes

The long-term impact of early diagnosis using AI-based tools was assessed across several key outcomes: treatment adherence, symptom reduction, quality of life, and patient satisfaction.

- Treatment Adherence:

Participants diagnosed using AI-based tools showed a higher rate of adherence to prescribed treatment plans compared to the control group diagnosed using traditional methods.

- AI-based diagnosis: 85% adherence
- Traditional diagnosis: 70% adherence

The earlier diagnosis facilitated by AI seems to have improved patient motivation and confidence in following through with their treatment plans.

- Symptom Reduction:

Symptom reduction was assessed using the PHQ-9 for depression and GAD-7 for anxiety at the 6-month, 12-month, and 24-month follow-up points. Results indicated that AI-based early diagnosis led to greater and more sustained symptom reduction.

- AI-based diagnosis: 40% reduction in PHQ-9 scores (from 18.2 to 10.9) and 35% reduction in GAD-7 scores (from 15.6 to 10.1)
- Traditional diagnosis: 25% reduction in PHQ-9 scores (from 18.1 to 13.6) and 20% reduction in GAD-7 scores (from 15.5 to 12.4)
- Quality of Life (QoL):
- The WHOQOL scores, assessing physical, psychological, and social quality of life, showed significant improvements over time, especially in the AI-based diagnosis group.
- AI-based diagnosis: 45% improvement in QoL scores (baseline: 45.3, 24-month: 65.5)
- Traditional diagnosis: 30% improvement in QoL scores (baseline: 44.6, 24-month: 58.5)

Patients diagnosed early with AI tools reported better overall functioning, increased social interaction, and improved mental well-being compared to the traditional group.

Patient Satisfaction:

Patient satisfaction with their care was assessed through a series of patient satisfaction surveys conducted at the 6-month, 12-month, and 24-month follow-up points. Results indicated higher satisfaction in the AI-based diagnosis group, primarily due to earlier intervention and the personalization of care.

- AI-based diagnosis: 88% satisfaction rate
- Traditional diagnosis: 70% satisfaction rate

Patients reported feeling more empowered and supported by the rapid and accurate diagnosis facilitated by AI.

Statistical Analysis

Statistical analyses were conducted to compare outcomes between the two diagnostic groups. The results from various statistical tests are as follows:

Regression Analysis:

A linear regression analysis was performed to assess the relationship between early diagnosis using AI and long-term outcomes such as symptom reduction, treatment adherence, and quality of life. The regression coefficients showed a significant positive effect of AI-based early diagnosis on treatment outcomes.

- Regression coefficient for symptom reduction: 0.72 ($p < 0.01$)
- Regression coefficient for treatment adherence: 0.63 ($p < 0.05$)
- Regression coefficient for QoL improvement: 0.68 ($p < 0.01$)

ANOVA:

An analysis of variance (ANOVA) was conducted to compare the means of symptom reduction and QoL improvement between AI-based and traditional diagnostic groups. The results showed significant differences between the groups, with AI-based diagnostics leading to higher reductions in symptoms and greater improvements in quality of life.

- Symptom reduction (PHQ-9, GAD-7): $F = 12.45$, $p < 0.01$
- Quality of life improvement: $F = 10.30$, $p < 0.01$

Effect Sizes:

Effect sizes (Cohen's d) were calculated to determine the practical significance of the differences between the two diagnostic methods. The effect sizes for the primary outcomes were large:

- Symptom reduction: $d = 0.80$ (large effect)
- Quality of life improvement: $d = 0.75$ (large effect)

These statistical results underscore the substantial impact of AI-based early diagnosis on improving mental health outcomes and enhancing the patient experience.

Qualitative Insights:

In addition to the quantitative data, qualitative interviews were conducted to gather patient perspectives on the AI-based diagnosis process. Several key themes emerged from the thematic analysis:

- Increased Trust in Care: Many participants expressed increased trust in their diagnosis when AI tools were used, noting that the data-driven approach felt more objective and accurate.
- "I felt like I was being listened to more, and the AI really helped the doctors understand me better." (Participant, AI-based diagnosis)

- Timeliness and Convenience: Participants appreciated the speed of diagnosis and the convenience of receiving results quickly, which helped reduce the anxiety of waiting for weeks for a diagnosis.
- "The waiting time was so much shorter, and I could start treatment right away. It felt like a weight was lifted off my shoulders." (Participant, AI-based diagnosis)
- Personalized Treatment: AI's ability to analyze individual data and recommend personalized treatment plans was highlighted as a major benefit. Many patients felt that their treatment was more tailored to their needs.
- "My treatment plan felt unique to me, and I wasn't just another case to be processed." (Participant, AI-based diagnosis)
- Concerns about Technology: Despite the positive responses, some patients expressed concerns about AI's role in diagnosis, particularly around the lack of human empathy and the fear of being judged solely by algorithms.
- "I was a bit unsure at first because it felt like I was just another number to the machine." (Participant, AI-based diagnosis)
- These qualitative insights provide valuable context for understanding the overall impact of AI-based diagnosis on patient experiences, complementing the quantitative findings.

Interpretation of Results:

The results of this study strongly support the hypothesis that AI-based early diagnosis leads to improved diagnostic accuracy, quicker intervention, and better long-term outcomes compared to traditional diagnostic methods. The AI tools used in this study, which incorporated machine learning algorithms and natural language processing (NLP), demonstrated a 92% accuracy rate, significantly outperforming the traditional diagnostic approach, which had a 75% accuracy rate. This finding is consistent with previous research suggesting that AI can enhance diagnostic accuracy by identifying patterns that may be missed by clinicians or traditional diagnostic procedures (Rajpurkar et al., 2017). Moreover, AI's ability to reduce diagnostic delays, with a mean diagnosis time of just 3 hours compared to 2 weeks for traditional methods, aligns with the growing body of literature advocating for quicker access to care in mental health settings (Turing, 1950).

In terms of long-term outcomes, AI-based early diagnosis was associated with greater treatment adherence, symptom reduction, and quality of life improvements. Participants diagnosed with AI tools showed a 40% reduction in depressive symptoms (PHQ-9) and a 35% reduction in anxiety symptoms (GAD-7) over the study period, compared to 25% and 20%, respectively, in the traditional diagnosis group. These findings underscore the importance of early diagnosis in mental health, a concept widely supported by research on early intervention and its impact on long-term outcomes (Muench & van Straten, 2016). AI's ability to provide faster and more accurate diagnoses enables clinicians to initiate treatment more promptly, which is likely a key factor in the enhanced outcomes observed in the AI group.

Implications for Practice:

The findings of this study have several significant implications for clinical practice. First, the integration of AI-based diagnostic tools into clinical workflows can greatly enhance the efficiency and accuracy of mental health diagnoses. Clinicians could use AI tools as decision-support systems to augment their diagnostic process, leading to quicker and more accurate diagnoses, particularly in complex cases where symptoms overlap across disorders. This could be particularly valuable in resource-constrained settings where access to mental health professionals is limited.

Limitations of the Study:

While the findings of this study are promising, there are several limitations that must be acknowledged. One key limitation is the sample size. While the study included 500 participants, the power of the study may still be limited, especially given the heterogeneity of mental health disorders in the sample. A larger sample size would allow for more robust statistical analyses and would improve the generalizability of the findings.

Another limitation is the potential biases in the AI algorithms. AI models are highly dependent on the data used to train them. If the training datasets are not sufficiently diverse or representative of different demographic groups, the model may produce biased results that disadvantage certain populations. For example, AI algorithms trained primarily on data from one ethnicity or socioeconomic group may perform less effectively for individuals from other groups. This limitation highlights the need for diverse and representative datasets when developing AI diagnostic tools to ensure equitable performance across all populations (Obermeyer et al., 2019).

Finally, the generalizability of the findings to broader populations remains uncertain. The study sample was primarily recruited from urban settings, and the results may not fully reflect the experiences of individuals in rural or remote areas, who may have different access to care or encounter different barriers to seeking treatment. Therefore, future studies should aim to include a more diverse sample that better reflects various socioeconomic and geographic backgrounds.

Suggestions for Future Research:

Future research should address the limitations of this study by expanding the sample size and ensuring that the AI algorithms are trained on more diverse datasets to mitigate potential biases. In addition, larger-scale studies are needed to confirm the long-term efficacy of AI-based diagnosis in broader populations, including those in rural and underserved regions.

Finally, the ethical implications of AI in mental health care warrant further exploration. Issues such as privacy, informed consent, and data security should be thoroughly addressed in future studies to ensure that AI-based diagnostic tools are implemented ethically and transparently, with patient interests at the forefront.

This study demonstrates that AI-based diagnostic tools hold significant potential to improve the early diagnosis of mental health disorders, leading to better treatment outcomes, patient satisfaction, and quality of life. The findings suggest that AI could be an essential tool in addressing gaps in mental health care, particularly in terms of diagnostic accuracy, timeliness, and personalized treatment. However, further research is necessary to overcome the limitations identified in this study, especially regarding sample diversity, algorithmic bias, and the broader generalizability of the findings. As AI continues to evolve, it is essential that future research and practice focus on integrating these technologies into clinical settings to enhance mental health care worldwide.

Conclusion:

This study demonstrates the significant potential of AI-based diagnostic tools in the early detection and diagnosis of mental health disorders. The findings show that AI technologies, such as machine learning algorithms and natural language processing, can provide higher accuracy and faster diagnoses compared to traditional methods, significantly improving the overall diagnostic process. Furthermore, AI-based early diagnosis was linked to better long-term treatment outcomes, including greater treatment adherence, symptom reduction, and improvements in quality of life. These outcomes suggest that AI can play a crucial role in identifying mental health disorders at an earlier stage, leading to more timely interventions and better management of mental health conditions.

Final Implications

The results of this study have profound implications for the future of mental health diagnosis and care. AI's ability to accurately and quickly identify mental health disorders presents an opportunity to revolutionize mental health care systems globally. By enabling early diagnosis, AI can reduce delays in treatment and address critical gaps in care, particularly in underserved and resource-limited settings. Moreover, AI's capability to offer personalized care through data-driven diagnostic and treatment plans can improve patient outcomes and engagement in treatment, ultimately leading to better long-term mental health management.

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THE IMPACT OF SLEEP DEPRIVATION ON MENTAL HEALTH AND ACADEMIC SUCCESS AMONG COLLEGE STUDENTS

Priyadharshini K

PG Department of Social Work
SDNB Vaishnav College for Women, Chennai
priyadharshinikannan21@gmail.com

J. Lakshmi

Department of Social Work (Aided)
Madras School of Social Work, Egmore
lakshmi@mssw.in

Abstract

Sleep is essential for cognitive functioning, emotional regulation, and overall well-being. However, Sleep deprivation is a pervasive issue among college students often experience chronic sleep deprivation due to academic pressures, social engagements, and irregular sleep patterns. The National Sleep Foundation recommends 7-9 hours of sleep per night for young adults, yet studies indicate that college students average far less, leading to adverse mental health outcomes and impaired academic performance. This study examines how sleep deprivation affects mental health and academic achievement, with a particular emphasis on the connection between academic performance, mental health, and sleep duration. The study intends to comprehend how insufficient sleep affects stress, anxiety, depression, cognitive functioning, and academic results using a quantitative approach and descriptive research design. The goal of the project is to offer evidence-based suggestions for raising academic achievement and student well-being.

Key words: Sleep, Academics, Mental Health, Sleep deprivation, students.

Introduction:

Sleep is an essential physiological process crucial for maintaining mental, emotional, and physical well-being. For college students, adequate sleep is critical in navigating the challenges of higher education, including academic demands, social pressures, and personal responsibilities. But sleep deprivation is a common problem among college students around the world, and it has a big impact on their academic performance and mental health (Hershner & Chervin, 2014). According to the National Sleep Foundation (2020), young adults (18–25 years old) should aim for 7-9 hours of sleep every night. Despite these recommendations, research shows that a significant percentage of college

students routinely get insufficient sleep, which has a negative impact on their academic performance and general well-being (Lund et al., 2010).

The issue of sleep deprivation among college students stems from a combination of behavioral, psychological, and environmental factors. Academic stress, irregular schedules, excessive screen time, and the allure of social activities contribute to poor sleep habits (Galambos et al., 2009). Additionally, mental health challenges, including anxiety and depression, often disrupt sleep patterns, creating a vicious cycle where inadequate sleep exacerbates mental health issues, which in turn further disrupt sleep (Palmer & Alfano, 2017). These challenges are compounded by the transitional nature of college life, where students face new responsibilities, independence, and pressures that can lead to inconsistent sleep routines (Taylor et al., 2013).

The impact of sleep deprivation on mental health is profound, with research consistently linking poor sleep quality and insufficient sleep duration to mood disturbances, emotional dysregulation, and increased vulnerability to mental health disorders (Taylor et al., 2013). Sleep deprivation can impair emotional regulation, leading to heightened stress, anxiety, and depressive symptoms (Palmer & Alfano, 2017). This relationship is bidirectional; individuals with mental health conditions are more likely to experience sleep disturbances, which worsen their mental health over time (Sateia, 2014).

In addition to mental health, sleep deprivation significantly affects academic performance. According to Diekelmann and Born (2010), sleep is essential for cognitive functions like learning, memory consolidation, and problem-solving. Chronic sleep deprivation impairs a student's ability to concentrate, pay attention, and process information, which results in subpar academic performance (Hershner & Chervin, 2014). A study by Gilbert and Weaver (2010) found that students who consistently obtain adequate sleep perform better academically, highlighting the importance of prioritizing sleep for academic success.

Impact of Sleep On Mental Health:

Adequate sleep is essential for emotional regulation, cognitive functioning, and overall psychological health. Conversely, insufficient or poor-quality sleep is linked to various mental health challenges, including anxiety, depression, mood disorders, and cognitive impairments. Sleep is crucial for brain function, supporting processes like emotional regulation, memory consolidation, and stress management (Walker, 2017). During sleep, the brain processes emotions, stores memories, and detoxifies itself, helping to maintain a balanced mood and cognitive sharpness.

Effects of Sleep Deprivation on Mental Health:

1. Anxiety and Depression:

- Chronic sleep deprivation increases the risk of anxiety and depression by disrupting neurotransmitter balance, including serotonin and dopamine, which regulate mood (Baglioni et al., 2016).
- Sleep problems often precede or worsen symptoms of depression and anxiety, creating a cyclical relationship (Harvey, 2008).

2. **Emotional Dysregulation:**

- Poor sleep quality leads to heightened emotional reactivity, irritability, and difficulty managing stress (Palmer & Alfano, 2017).
- Sleep-deprived individuals are more likely to misinterpret social cues, contributing to interpersonal conflicts (Gordon et al., 2017).

3. **Cognitive Impairment:**

- Lack of sleep affects memory consolidation, attention, and decision-making—all of which are essential for day-to-day functioning (Krause et al., 2017).
- Additionally, it can result in rumination and negative thought patterns, which raises the risk of mental health illnesses (Guadagni et al., 2014).

4. **Mental Health Conditions:**

- Bipolar disorder, PTSD, and schizophrenia are among the mental illnesses that frequently manifest as sleep problems (Wulff et al., 2010).
- Resolving sleep problems can reduce symptoms and enhance the effectiveness of treatment.

Impact of Sleep Deprivation On Academic Success:

Sleep deprivation, defined as obtaining insufficient sleep to support optimal health and functioning, has been increasingly recognized as a significant factor affecting students' academic performance. The relationship between sleep and academic success is well-supported by research in the fields of psychology, education, and neuroscience.

Cognitive Impairment and Academic Performance:

For cognitive functions like executive function, memory, and attention, sleep is essential. Lack of sleep impairs focus and attention, making it harder to process information and remember what has been learned. According to Killgore (2010), sleep deprivation has a negative effect on cognitive abilities, especially working memory, problem-solving, and decision-making—skills that are essential for academic achievement. According to Lo et al. (2016), students who suffer from long-term sleep deprivation also have trouble focusing, which makes it difficult for them to learn and do well on tests.

Memory Consolidation and Learning:

Memory consolidation, the process of stabilizing and storing new information, occurs predominantly during sleep. Sleep deprivation disrupts this process, impairing the transfer of information from short-term to long-term memory (Stickgold & Walker, 2005). This interruption reduces students' ability to recall information accurately and apply learned concepts in academic settings. Therefore, students who prioritize studying over sleep may find their efforts counterproductive.

Emotional and Behavioural Consequences:

The emotional regulation required for effective learning and classroom behavior is also compromised by inadequate sleep. Sleep-deprived students are more prone to mood

swings, irritability, and stress, which can hinder motivation and focus (Dewald et al., 2010). According to Hershner and Chervin (2014), long-term sleep deprivation has been connected to mental health conditions like anxiety and depression, which further hinder students' academic performance.

Impact on Grades and Academic Success:

A meta-analysis by Curcio, Ferrara, and De Gennaro (2006) found a consistent relationship between poor sleep quality and lower academic achievement, emphasizing that students with better sleep habits tend to have higher grades and perform better on cognitive tasks. The findings highlight the importance of sleep hygiene as an academic success strategy.

Long-term Consequences:

Students who experience chronic sleep deprivation may experience long-term detrimental effects such as burnout, low motivation, and subpar academic performance (Hershner & Chervin, 2014). These consequences may last throughout adulthood and affect one's general well-being and ability to succeed professionally.

Literature Review:

Dinis, J., & Bragança, M. (2018). Quality of sleep and depression in college students: A systematic review analyzed studies from the Medline database focusing on the relationship between sleep quality and depression among university students. The review found a significant association between poor sleep quality and depression in college students, suggesting a bidirectional relationship. The authors emphasized the importance of sleep hygiene education to prevent depression and improve sleep quality in this population.

Alfonsi, V., Scarpelli, S., D'Atri, A., Stella, G., & De Gennaro, L. (2020). Sleep and academic performance in university students: A systematic review included studies evaluating the relationship between various sleep parameters (e.g., sleep duration, quality, regularity) and academic performance among university students. The review concluded that inadequate sleep negatively affects academic performance in university students, highlighting the need for interventions promoting better sleep habits to enhance educational outcomes.

Yang, B., Wang, Y., Cui, F., Huang, T., Sheng, P., Shi, T., ... & Zhou, F. (2020). Poorer sleep quality correlated with mental health problems in college students: A longitudinal observational study among 686 males. This longitudinal study assessed sleep quality and mental health status of 686 male college students over one year using the Pittsburgh Sleep Quality Index (PSQI) and the Depression Anxiety Stress Scale-21. The study found a bidirectional relationship between sleep quality and mental health problems, indicating that poor sleep quality can predict future mental health issues, and vice versa.

Schlarb, A. A., Friedrich, A., & Claben, M. (2017). Sleep problems in university students – an intervention. This study implemented a cognitive-behavioral therapy (CBT) intervention targeting sleep problems among university students and assessed its effectiveness using sleep diaries and questionnaires. The intervention significantly

improved sleep quality and reduced symptoms of insomnia, depression, and anxiety, suggesting that CBT can be effective in addressing sleep-related issues and associated mental health problems in this population.

Gaultney, J. F. (2010). The prevalence of sleep disorders in college students: Impact on academic performance. This study surveyed 1,845 college students using the Sleep Disorders Questionnaire to determine the prevalence of sleep disorders and their impact on academic performance. The study found that 27% of students were at risk for at least one sleep disorder, and those at risk had significantly lower GPAs, indicating that sleep disorders are prevalent among college students and negatively affect academic success.

Beattie, L., Kyle, S. D., Espie, C. A., & Biello, S. M. (2015). Social interactions, emotion, and sleep: A systematic review and research agenda. This systematic review examined studies exploring the relationships between social interactions, emotional processes, and sleep among various populations, including college students. The review highlighted that negative social interactions and emotional distress are associated with poor sleep quality, which can, in turn, impact mental health and academic performance. Pilcher, J. J., Ginter, D. R., & Sadowsky, B. (1997). Sleep quality versus sleep quantity: Relationships between sleep and measures of health, well-being, and sleepiness in college students. This study assessed sleep quality and quantity among college students using self-reported sleep logs and questionnaires, examining their relationships with health, well-being, and daytime sleepiness. The study found that sleep quality was a better predictor of health and well-being than sleep quantity, emphasizing the importance of promoting good sleep habits among college students to enhance mental health and academic success.

Hershner, S. D., & Chervin, R. D. (2014). Causes and consequences of sleepiness among college students. This review article synthesized existing research on the causes and consequences of excessive daytime sleepiness among college students, focusing on its impact on academic performance and mental health. The authors concluded that factors such as irregular sleep schedules, poor sleep hygiene, and high academic demands contribute to sleep deprivation, which negatively affects cognitive function, mood, and academic outcomes.

Methodology:

The objective of the study is to explore the impact of sleep deprivation on mental health and academic success, focusing on the relationship between sleep duration, mental well-being, and academic performance. This study employs a quantitative, descriptive survey design to examine the impact of sleep deprivation on mental health and academic success among college students. This study employs a purposive sampling technique, where participants are deliberately selected based on specific characteristics relevant to the research objectives. This approach ensures that participants who meet the criteria of interest are included, providing in-depth insights into the impact of sleep deprivation. A self-administered online questionnaire is used to collect data from the 123 participants who are enrolled in college and pursuing their career by getting informed consent.

Results:

Table 1 reveals the demographic details of the respondents which reflects majority of respondents (50%) fall within the 20-22 years age group, indicating a youthful demographic typical of undergraduate or early postgraduate students. The 17-19 years group constitutes 24%, likely representing early-year students. 23-25 years represent 16%, and 25 years or above make up 10%, possibly indicating older students, postgraduates, or late entrants.

The sample is predominantly female (69.1%), while males account for 30.08%. Only 0.82% of respondents identify as non-binary or others, highlighting a minimal representation of gender diversity. 61% of respondents live off-campus, while 39% reside on-campus.

Attributes N=123	No	Percentage
Age group		
17-19yrs	30	24
20-22yrs	59	50
23-25yrs	21	16
25yrs or above	13	10
Gender of the Respondents		
Male	37	30.08
Female	85	69.10
Non-binary or others	1	0.82
Resident type		
Off campus	75	61
On campus	48	39

Table 2 represents sleep pattern among respondents, which says A significant majority of respondents (65%) sleep only 4-5 hours per night, indicating a prevalent trend of insufficient sleep. 23% report sleeping 6-7 hours, which is closer to the recommended sleep duration but still less than ideal for young adults. Only 9% achieve 8 or more hours of sleep, the ideal range for maintaining good health. 3% get less than 4 hours of sleep, a concerning statistic that may suggest chronic sleep deprivation or high stress.

63% feel occasionally sleep-deprived, suggesting a common issue of inconsistent sleep habits. 15% experience sleep deprivation frequently, and another 15% feel deprived almost every day, highlighting a serious concern for their well-being. Only 7% never feel sleep-deprived, which is quite low and implies widespread inadequate rest.

Attributes	No	Percentage
Average Sleeping hours		
4-5hours	80	65
6-7hours	28	23
8 or more	11	9
Less than 4hours	4	3
Sleeping onset time		
10pm -12 am	65	53
Before 10pm	35	28
After 2am	13	11
12am – 2am	10	8
Feeling of sleep deprivation		
Occasionally	77	63
Frequently	19	15
Almost every day	18	15
Never	9	7
N=123		

Table 3, implies the psychological impact of sleep deprivation, most commonly cited reason for sleep deprivation is screen time (37%), indicating that excessive use of electronic devices, possibly late at night, disrupts sleep patterns.32% attribute it to academic workload, highlighting how demanding study schedules can compromise sleep.17% blame social activities, reflecting the influence of social engagements on sleep habits.11% mention part-time jobs as a contributing factor, suggesting work responsibilities interfere with adequate rest. Interestingly, only 3% attribute their sleep deprivation to stress, anxiety, or worries—a surprisingly low percentage, possibly indicating underreporting or attributing stress to other causes.

62% report experiencing difficulty concentrating frequently due to inadequate sleep, suggesting a strong link between poor sleep and reduced cognitive performance.19% face concentration challenges occasionally, while 8% are affected almost every day. Only 11% state they never experience concentration issues, indicating that the vast majority are negatively impacted by insufficient sleep.

Over half of the respondents (51%) feel occasionally anxious or stressed due to lack of sleep.30% report feeling frequently stressed, and 4% experience these feelings almost every day, emphasizing the mental health implications of poor sleep.15% never feel anxious or stressed due to lack of sleep, a relatively small group.

53% of respondent’s experience mood swings, making it the most commonly reported psychological symptom. This high percentage suggests that mood fluctuations are prevalent, potentially linked to factors such as stress, sleep deprivation, or hormonal changes. 20% report experiencing feelings of sadness or depression. Although not as frequent as mood swings, this still represents a significant portion of the population and may indicate underlying mental health concerns. 15% of respondents feel increased

irritability. This symptom often correlates with stress, lack of sleep, and emotional disturbances, highlighting potential challenges in emotional regulation. 12% experience a loss of motivation, indicating potential issues with energy levels, interest, and enthusiasm. This can be associated with burnout, stress, or mood disorders, affecting productivity and overall well-being.

Only 26% of respondents are willing to seek professional help for psychological symptoms or mental health concerns. A concerning 74% of respondents indicate unwillingness to seek help, highlighting potential barriers to accessing or accepting mental health support.

Attributes	No	Percentage
Perception about reason for sleep deprivation		
Screen time	45	37
Academic workload	39	32
Social Activity	21	17
Part time job	14	11
Stress / anxiety / worries	4	3
Difficulty Concentrating due to lack of sleep		
Frequently	76	62
Occasionally	23	19
Never	14	11
Almost every day	10	8
Feeling Anxious / stressed due to lack of sleep		
Occasionally	63	51
Frequently	37	30
Never	18	15
Almost every day	5	4
Frequency of Experiencing Psychological symptoms		
Mood Swings	65	53
Feeling of sadness or depression	25	20
Increased irritability	18	15
Loss of motivation	15	12
Willingness to seek professional help		
Yes	32	26
No	91	74
N=123		

Table 4 impact of sleep deprivation on academics, it reveals that 52% of respondents occasionally miss lectures due to sleep deprivation, indicating a widespread but intermittent issue. 34% never miss lectures, showing resilience or effective management of

their sleep patterns.8% miss lectures almost every day, and 7% miss them frequently, highlighting a critical challenge for a small but significant group. 43% experience difficulty completing academic tasks frequently, suggesting a major impact of sleep deprivation on productivity.33% struggle occasionally, indicating moderate interference. 4% face challenges almost every day, revealing a serious issue requiring immediate support.20% never experience this difficulty, implying effective coping mechanisms or good sleep habits.

Attributes	No	Percentage
Missing lectures due to sleep deprivation		
Occasionally	64	52
Never	42	34
Almost every day	9	8
Frequently	8	7
Difficulty to complete academic task		
Frequently	53	43
Occasionally	41	33
Never	24	20
Almost every day	5	4
Fallen asleep while studying or during lectures		
Occasionally	70	58
Frequently	30	25
Never	12	8
Almost every day	11	9
Frequency of Experiencing Psychological symptoms		
Mood Swings	65	52
Feeling of sadness or depression	25	20
Increased irritability	18	15
Loss of motivation	15	13
Rating of academic performance in relation to sleeping habits		
Good (Minor impact on grades)	62	50
Average (Some impact on grades)	45	37
Excellent (no impact on grades)	16	13
Strategies to manage Sleep deprivation		
Power naps	40	33
Time management strategies	38	30
Meditation/ Relaxation techniques	24	20
Exercise / Physical activities	21	17
N=123		

Discussion:

The research respondents represent a youthful, predominantly female sample, with a significant proportion living off-campus. The demographics align with a typical academic environment where younger students and female participation are common. However, the low representation of non-binary or other genders and the higher proportion of off-campus residents could warrant further exploration to understand the underlying reasons.

There is a pattern of inadequate sleep among respondents, with 65% sleeping only 4-5 hours and a significant portion experiencing frequent or daily sleep deprivation. The trend of late sleeping onset times may contribute to this issue. This sleep deficit can adversely affect mental and physical health, cognitive function, and productivity, especially in a young adult population. Interventions promoting good sleep hygiene, stress management, and balanced lifestyles are recommended.

The research could identify a significant impact of sleep deprivation on respondents' cognitive performance and mental health. Screen time and academic workload are perceived as the primary reasons for inadequate sleep, pointing to a need for better time management, study habits, and digital detox strategies. The high prevalence of concentration issues and stress due to lack of sleep indicates potential risks to academic performance and emotional well-being.

Interventions such as sleep education, stress management workshops, digital wellness programs, and academic support services could help address these challenges. Additionally, raising awareness of the importance of healthy sleep habits could improve overall well-being.

The research findings also indicate a high prevalence of psychological symptoms, with mood swings being the most frequent, followed by feelings of sadness or depression, irritability, and loss of motivation. These symptoms may be linked to stress, sleep deprivation, academic pressure, or lifestyle factors. The findings highlight the importance of mental health support and the need for effective coping strategies such as counselling services, stress management programs, and awareness campaigns.

Promoting self-care practices and encouraging open conversations about mental health can help mitigate these concerns. Early identification and support can prevent escalation into more severe mental health issues.

The low willingness to seek professional help (26%) despite a high prevalence of psychological symptoms suggests a potential stigma around mental health, lack of awareness, or limited access to services. This reluctance could be influenced by cultural beliefs, fear of judgment, lack of trust, or misconceptions about therapy.

Proactive measures can help individuals recognize when professional help is beneficial and empower them to take steps toward well-being.

The data shows a pervasive issue of sleep deprivation impacting academic performance, mental health, and daily functioning among respondents. The high prevalence of mood

swings, concentration issues, and occasional lecture absences reveals the extent of the problem.

While power naps and time management are popular coping strategies, more comprehensive solutions are needed. A significant portion of students struggle frequently or almost daily with academic tasks, concentration, and psychological symptoms.

To address this gap, it is essential to:

- Raise awareness about the importance of mental health and normalize seeking help.
- Provide accessible, confidential, and affordable mental health services.
- Implement peer support programs and mental health education to reduce stigma.
- Encourage open conversations around mental health to foster a supportive environment.

Recommendations:

To foster holistic well-being among students, a multifaceted approach can be implemented. Educational workshops and campaigns on sleep hygiene, stress management, and screen time reduction can promote healthy sleep habits. Flexible academic support, including online lecture access, flexible deadlines, and comprehensive study services, can alleviate academic pressure. Strengthening mental health support through counseling services, peer support groups, and destigmatizing mental health care can create a supportive environment. Integrated wellness programs, featuring mindfulness, relaxation techniques, physical activities, and stress relief initiatives, can enhance mental and physical well-being. Additionally, skill-building sessions on time management, prioritization, and productivity can empower students to balance their academic and personal lives effectively. This comprehensive approach aims to create a supportive, nurturing, and balanced environment for student success.

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PSYCHIATRIC DISORDERS ASSOCIATED WITH TUBERCULOUS MENINGITIS: A CASE SERIES

**Sudip Shankar Mukherjee;
Tahoora Ali, Poulomi Ghosh &
Suprakash Chaudhury**

Department of Psychiatry
Dr. D. Y. Patil Medical College
Dr. D.Y. Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India
suprakashch@gmail.com

Abstract

Tuberculosis continues to be a major public health concern, especially in developing nations. The relationship between Tuberculosis and mental disorders is known, though less researched. Mood, anxiety, and addiction disorders may have a high comorbidity in TB patients. Studies have found higher rates of mental illness as a result of psychological issues. Our case series focuses on patients suffering from Tubercular meningitis presenting with different psychiatric disorders.

Keywords: delusions, tubercular meningitis, depression, anxiety, fever

Introduction:

Tuberculosis (TB) continues to be a major health problem throughout the world, especially in developing countries. An estimated global total of 10.6 million people fell ill with TB in 2021, equivalent to 134 cases per 100,000 populations. The estimated 10.6 million people who fell sick with TB worldwide in 2021 is an increase of 4.5% from 10.1 million, reversing many years of slow decline. Psychiatric disorders can be the initial presentation in many chronic medical illnesses, including TB. [1] Low education status, substance abuse, social stigma, and other medical comorbidities are some of the risk factors for psychiatric disorders in TB.[2] Previous literature and case reports have shown the occurrence of psychiatric disorders in patients with tuberculosis, mostly in association with extra pulmonary TB, with involvement of the central nervous system (CNS) being the most predominant.[3] Tuberculous meningitis (TBM) is the most severe form of extra pulmonary tuberculosis, carrying significant morbidity and mortality. While classic symptoms include headache, fever, neck stiffness, and altered sensorium, psychiatric manifestations are a recognized, though often overlooked, aspect of TBM, significantly complicating diagnosis and treatment [4, 5, 6].

The relationship between mental illness and tuberculosis is complicated, which may be attributed to its pathology, treatment, or psychosocial impact. Tuberculosis and mental

illness have many risk factors common to them, including homelessness, HIV-positive serology, alcohol/substance abuse, and migrant status.[7] Patients with psychiatric illnesses frequently have tuberculosis as a medical ailment. In one study, 30% of patients diagnosed with a depressive illness and 14% of those with a diagnosis of a psychotic illness were found to have positive PPD (purified protein derivative of TB) results. [8] Depression is common in individuals with chronic medical diseases; however, it is higher in individuals who have been diagnosed with TB. A systematic review and meta-analysis revealed that the pooled estimated prevalence of depression was 45.55%. [9] Multiple studies carried out in Nigeria [10], Peru [11], and Pakistan [12] have found significant rates of anxiety and depression among patients diagnosed with Tuberculosis. Psychosis secondary to TBM is rare. [3,6] Data on cognitive changes in patients with tuberculous meningitis (TBM) are sparse. [13]

The pathophysiology of psychiatric symptoms in TBM is diverse and arises from the direct and indirect effects of *Mycobacterium tuberculosis*, as well as the effects of drugs used in the treatment of TBM, on the brain. These include the following five mechanisms.

Inflammatory Response and Vasculitis: The rupture of sub ependymal or subpial tubercles into the subarachnoid space triggers an intense inflammatory response, resulting in the formation of thick, gelatinous exudates at the base of the brain. This can encase cranial nerves, obstruct cerebrospinal fluid (CSF) flow leading to hydrocephalus, and cause vasculitis of cerebral arteries. Cerebral infarcts, particularly in the basal ganglia and internal capsule, are common and can directly impact brain regions involved in mood and cognition [3, 4].

Hydrocephalus: The build up of CSF in the brain due to obstructed flow causes raised intracranial pressure, which manifests as altered consciousness, cognitive decline, and other neurological and psychiatric symptoms [3].

Direct Brain Parenchymal Involvement: Tuberculum's within the brain parenchyma can directly damage neural tissue, resulting in localized neurological deficits, and cognitive and behavioural symptoms [4].

Hyponatremia, often due to the syndrome of inappropriate antidiuretic hormone secretion (SIADH), is a common complication of TBM and can significantly contribute to altered mental status, confusion, and seizures [3].

Drug-induced Psychosis has been reported as a side effect of anti-tuberculosis medications, particularly isoniazid and cycloserine. [2,14].

Tuberculosis may manifest with atypical clinical manifestations, which may delay reaching the appropriate diagnosis, and may present with mental disturbances such as apathy, irritability, and insidious changes in personality. [6] Here, we present you with five cases of tuberculosis with psychiatric manifestations.

Methodology:

All patients being investigated or treated for Tuberculosis in the medical wards and showing mental or behavioural symptoms were referred for psychiatric evaluation. Two psychiatrists independently examined the patients, and a diagnosis was reached by

consensus. Simultaneously, relevant investigations were carried out to confirm the diagnosis of tuberculosis. Only patients with a confirmed diagnosis of tuberculosis were included in the case series. Patients with a past history of psychiatric disorders were excluded. Thereafter, patients were jointly treated by physicians and psychiatrists and followed up, initially as inpatients and then as outpatients.

Case Series:

Case 1: A 21-year-old unmarried female was brought to the casualty with complaints of fever, prolonged cough, reduced sleep and appetite along with racing heartbeat, a belief that she has been possessed by goddesses who bless her with supernatural powers, while informants report irritability, abusive, aggressive behaviour towards family, neighbours, and colleagues, and dressing like a 'devi'. General examination revealed an undernourished and lean built female with pallor and elevated temperature and pulse rate of 102°F and 160 beats/ minute, respectively. Mental status examination (MSE) revealed an ill-kempt female, oriented to time, place, and person. The speech was spontaneous with increased rate and tone, and a reduced reaction time; pressure of speech was present, and the effect was distress. Thought revealed an abnormality in the form of thought presented as a loosening of association and tangentiality, in the stream of thought as a flight of ideas, and the content of thought as a delusion of grandeur. There was no perceptual abnormality. Cognitive functions revealed ill-sustained attention and concentration, and insight and judgement were impaired. MRI of the Brain showed no parenchymal abnormality. CSF examination was suggestive of tubercular infection. CBNAAT (cartridge-based nucleic acid amplification test) was positive with Rifampicin sensitivity. She was treated with antipsychotics along with ATT and made a gradual improvement. After a month, she was asymptomatic.

Case 2: A 33-year-old married, Hindu male was admitted to a peripheral hospital with a history of headache and vomiting. The vomiting stopped the next day, while the headache continued. In the ward, he was found to be withdrawn and depressed with disturbed sleep and reduced appetite, for which he was referred for psychiatric evaluation. Detailed history revealed that the headache was insidious in onset and was associated with other vague somatic symptoms. He reported feelings of sadness, poor concentration, loss of interest in work and surroundings, and poor memory. No significant past or family history was present. No significant stressors could be elicited. Physical examination initially was essentially normal. The mood was depressed with the presence of fleeting suicidal ideation. Detailed investigation, including X-ray skull and fundus examination, was WNL. He was diagnosed with a case of Depressive episodes and treated with antidepressants and supportive psychotherapy. The patient responded poorly to treatment. He remained withdrawn, ate poorly, and his sleep was disturbed in the ward. He slowly became increasingly confused, and his gait became abnormal. He occasionally passed urine in bed. A CT scan of the head was done, which revealed hydrocephalus in the form of dilated lateral ventricles and third ventricles. The CSF examination was suggestive of tubercular infection. He was transferred to the Medicine Ward, treated with ATT, and showed slow but good improvement.

Case 3: A 35-year-old patient became symptomatic in the first week of June when he developed irregular mild to moderate pyrexia without chills and rigors. Simultaneously, he started having frontotemporal headaches. Relevant investigations, including an X-ray chest, CT scan of the brain, and CSF examination, were within normal limits. He responded partially to symptomatic treatment. In the ward, he was found to be staying aloof, interacting less with others, and seemed depressed, so he was referred to a psychiatrist. He was started on antidepressants without much relief. In the first week of October, he again developed a fever and was noted to have bilateral sixth nerve palsy, papilloedema, and weakness of the left upper limb and right lower limb.

Table 1. Serial CSF investigations

CSF	October	December	March
Cells/ μ l	250	600	200
	295RBC	80RBC	
Protein mg/100ml	100	90	80
Sugar mg/100 ml	96	30	45

No organism was demonstrated in the culture of the CSF.

Based on CSF findings, he was diagnosed with TBM and put on ATT with steroids (Table 1). Blood smear, bone marrow study, X-ray chest, and CT scan of the brain were normal. He improved gradually and, after six months, was symptom-free. On repeat clinical examination, cranial nerves, including pupils, were normal. Fundoscopy showed the persistence of obliteration of the optic disc cup and blurring of margins on both sides. However, vessels were normal, suggesting regressing papilloedema. There was no motor, sensory, or cerebellar deficit. Reflexes were normal. CSF also showed improvement (Table 1). He was continued on ATT with gradual improvement in clinical status.

Case 4: A 28-year-old male was hospitalized at a peripheral hospital with complaints of loss of appetite, throat pain, weight loss, headache of 15 days duration, vomiting, and weakness of two days duration. He was a teetotaler, a non-smoker. No past or family history of psychiatric illness. On examination, pulse 86/min, Blood Pressure 110/70 mmHg, weight 48 kg. Systemic examination was normal. Investigations: Hemoglobin 13 g% %, Total Leucocyte Count (TLC) was 10,200/cu mm; Differential leucocyte count (DLC) P70 L26 M1 E3. LFT, blood sugar, and urine routine examination were normal. He was given symptomatic treatment as a case of gastritis, but continued to complain of headaches, backache, and anorexia. In the ward, he was observed to be aloof, not talking to others, feeling sad, and not sleeping. Repeat investigations: erythrocyte sedimentation rate 40 mm h, Haemoglobin 13.5 gm%, TLC 6,700/cumm, DLC P57. L37 M7 E3, urine RE NAD. Otorhinolaryngology and Ophthalmology referral revealed no abnormalities. The psychiatric evaluation revealed low mood, fear of death due to prolonged illness, and reduced sleep. He was started on Nortriptyline 25 mg HS. Subsequently, the patient developed an inability to roll his tongue, was nauseated, unable to swallow solids, had neck pain, and neck rigidity. CSF examination showed Protein 90, globulins increased, Chloride 129, sugar 55, WBC 18, and RBC 4. Based on CSF findings, he was diagnosed with TBM

and put on ATT with steroids along with low-dose antidepressants. He responded well and was symptom-free after 3 months.

Case 5: A 35-year-old Muslim, married, female was brought to the Psychiatry Out-Patient Department (OPD) with complaints of forgetfulness, irrelevant and excessive talk, irritability, and aggressive behaviour for the past 3 years. The patient was asymptomatic for about 4 years when she suffered from tubercular meningitis, for which she took treatment for 3 years. During this period, she was noted to be forgetful, which gradually worsened. She used to talk irrelevantly and excessively. Sometimes she used to be irritable and aggressive. She also used to urinate in inappropriate places. There was no history of psychiatric illness, intellectual disability (ID), head injury, or epilepsy. Family history was not significant. She was illiterate, 3rd of 6 siblings from a rural, poor family. Family members were supportive of the patient. MSE revealed a well-kempt and tidy female, not maintaining eye contact. The mood was dysphoric. No hallucinations or delusions. Memory & insight impaired. The score on MMSE was 11. On the Seguin Form board, IQ was 27. CT scan of the brain revealed patchy and nodular enhancement in the basal cistern, mesencephalic cistern, and both sides of the Sylvian fissure. All ventricles are dilated, and asymmetrical dilation is seen in the lateral ventricle. The impression was of a mild degree of communicating hydrocephalus with post-meningitis changes in the basal cistern, mesencephalic cistern, and Sylvian fissure. With a diagnosis of organic mood disorder, she was treated with antipsychotics and antidepressants, with a partial response.

Discussion:

The above cases show that Central Nervous System Tuberculosis may present with symptoms resembling psychiatric disorders, making it difficult to reach the correct diagnosis, resulting in a delay in diagnosis and treatment. All the patients showed improvement when ATT was started along with psychiatric treatment.

Tubercular involvement of the CNS is uncommon but is considered one of the most severe forms of mycobacterial infection in terms of mortality and morbidity.[15] Previous case studies have shown CNS tuberculosis presenting with psychiatric symptoms. Psychotic and catatonic symptoms were seen in cases of intracranial tuberculoma [16], while mood disturbances and psychotic symptoms have also been presenting features of TB meningitis.[6] In rare cases, psychiatric symptoms have been seen in pulmonary[17] and miliary tuberculosis.[18] In the cases presented in this article, the first four had presented with psychiatric symptoms along with physical symptoms like headache, fever, vomiting, and chills, making it difficult to reach the appropriate diagnosis and delayed treatment. The last patient showed definite cognitive impairment after treatment of tuberculous meningitis, data about which is sparse. [13]

Mycobacterium tuberculosis is known to cause an increase in the levels of proinflammatory cytokines.[14] Previous literature suggests that there is an imbalance between pro- and anti-inflammatory cytokines in Schizophrenia patients with an increase in type 2 cytokines (like IL-6, IL-10), and a blunted type 1 response (Interferon Gamma (IFN- γ), IL-2) [19] The innate immune system and an inflammatory state can have a significant impact on

neurobiological systems leading susceptible individuals to develop mood disorders.[20] Neurotransmitter metabolism, neuroendocrine function, neuroplasticity, glutamate metabolism, and glial cell function are all affected by proinflammatory cytokines, destabilizing the dopaminergic, serotonergic, and glutaminergic neurotransmitter systems and thereby influencing virtually all the pathophysiological mechanisms implicated in depression. [21] A similar pathological mechanism may have been responsible for the manifestations in the above cases. Our cases showed improvement upon initiation of the anti-tubercular regimen, indicating a possible underlying inflammatory mechanism responsible for the manifestations.

Conclusion:

From our cases above, we can conclude that physical symptoms should not be ignored in patients if they are presented alongside psychiatric symptoms, and possible organic or infectious causes should be looked for in such manifestations, especially in an endemic region.

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MENTAL HEALTH ISSUES OF THE HOMELESS WOMEN AND GIRLS LIVING ON THE STREETS AT HASTINGS IN KOLKATA, WEST BENGAL

Hiratan Dey

Department of Social Work, Assam Don Bosco University,
Tapesia Gardens, Kamarkuchi, Sonapur, Tepesia, Assam 782402
hiratandey1803@gmail.com

Kheyali Roy

Department of Social Work, Assam Don Bosco University,
Tapesia Gardens, Kamarkuchi, Sonapur, Tepesia, Assam 782402.

Abstract

Violence against women is one of the deep-rooted problems in the society from time immemorial. The incidents of domestic violence shows that women and girls are not safe even within the four walls. Not a single woman can be found who has not experienced any type of violence in her entire life. The terms foeticide, infanticide, sororicide, honour killing, matricide, geronticide etc. confirm that there is hardly any stage of a woman's life which is free from violence. In our country neither in the palaces nor at the footpaths females can live a life with dignity.

The present study aims to analyze the situation of the street dwelling women and girls in respect of safety and security. Kolkata is a city of contrast where one can find people leading a luxurious life at well-equipped high rising building and at the same time people living on the street under open sky. Mainly people migrated from neighbouring states to Kolkata in search of livelihood and become compelled to consider the pavements as their residence, as they cannot afford a rented house. The unhygienic surroundings, lack of education, alcoholism and drug addiction make the condition of women living on the street miserable. Having no privacy in conjugal life is another problem that leads to further humiliation and loss of dignity of the women living without a roof. The high risk of trafficking and all sorts of abuse destroy the childhood of the street children particularly of the girls. A complete enumeration of household survey at his place was conducted with interview schedule. Survey data were analyzed with suitable statistical tools. Women, girls as well as their families were interviewed to cross check and to get an overall real scenario of the problem.

Key Words: women, girls, street dwellers, homeless, pavement dwellers, violence, vulnerability, protection, mental health

Introduction:

Shelter is one of the basic human requirements that needs to be met on necessity and priority basis. Housing is an important source of shelter, comfort and social status; as 'home' performs basic protective and symbolic functions (Smith 1977). The literal meaning of homeless people is 'A person who lives without a home'. According to United Nations the term 'Homelessness' refers to 'the inability of people to enjoy a permanent accommodation'. Defining homelessness is very difficult as 'Home' is not just a shelter, it also includes the aspects of social norms and economic and political realities as well. Home gives identity, security and aspiration which are essential to live a life with dignity. Different countries generally define 'homelessness' from different perspectives; such as - some countries define homelessness narrowly to include only those who sleep unsheltered or who stays at emergency shelters, while others define it more broadly to include those living 'doubled up' with friends or relatives. The condition of homelessness has varying levels of its degree and extent, and, the experiences of people under this condition are different depending upon their social and economic interaction. Therefore, the issue of homelessness is as much a subjective experience as well as an objective reality. There is no clear-cut definition of this type of condition particularly in the Indian context. Housing is a necessary condition for development and security of human beings, and under the modern welfare state, more often than not, it is a pre-condition for availing various entitlements and citizenship rights. Homelessness basically marginalizes people from where it is very difficult to improve one's standard of living and access to basic rights and entitlements. In the times of neo-liberal policy paradigm, withdrawal of the state from various social sectors including housing, and the emphasis on economic growth as a statistic far removed from human development made marginal and socially excluded groups more vulnerable.

Mental health among pavement dwellers - a vulnerable segment of the urban homeless population - remains a critical yet often overlooked public health issue in India. Pavement dwellers face a myriad of stressors including extreme poverty, social exclusion, and lack of access to basic amenities such as shelter, sanitation, and healthcare, all of which significantly impact their mental well-being (Bhattacharjee, n.d.; Bundela, 2017). The COVID-19 pandemic further exacerbated these challenges by intensifying their marginalization and limiting their access to social support systems and essential services (Bhattacharjee, n.d.). Research reveals that homelessness is not only a physical condition but also a social and psychological one, with pavement dwellers often experiencing high levels of anxiety, depression, substance abuse, and trauma related to violence and insecurity (Hwang, 2001; Torchalla, Li, Strehlau, & Krausz, 2011).

In urban India, particularly in cities like Kolkata and Delhi, studies highlight that homeless women and girls suffer disproportionate mental health burdens due to additional vulnerabilities such as gender-based violence, poor antenatal care, and social stigma (Cambridge University Press, n.d.; Chourase, n.d.; The Hindu, 2023). The absence of stable housing strips individuals of their sense of identity, security, and dignity, further deepening mental distress (Bundela, 2017; Chachra & Mander, 2014). Public policies and shelters designed for the urban homeless often fail to address the complex mental health needs of pavement dwellers, underlining a pressing need for integrated mental health interventions within social welfare frameworks (Chachra & Mander, 2014; Iswar Sankalpa, n.d.).

Moreover, the neoliberal policy focus on economic growth has marginalized these groups further by reducing state support for social sectors, including housing and healthcare, thereby worsening mental health outcomes (Bundela, 2017; Speak & Tipple, 2006).

Effective mental health support for pavement dwellers must therefore transcend conventional healthcare models to incorporate social inclusion, protection from violence, and empowerment through livelihood and community engagement (Civil Society Online, n.d.; The Better India, 2018). Addressing the mental health crisis of pavement dwellers is not only a public health imperative but also a matter of social justice and human rights, demanding urgent attention from policymakers, social workers, and health practitioners alike (Bundela, 2017; Simon, Steel, & Lovrich, 2018).

Homelessness in India is a complex and pervasive social issue that has deep historical, economic, and cultural roots. Homelessness in India stems from a complex interplay of rapid urbanization, poverty, social inequalities, and inadequate housing policies, alongside challenges posed by mental health, natural disasters, and insufficient social safety nets (Bhattacharjee, n.d.; Bundela, 2017; Chachra & Mander, 2014; Delhi Human Development Report, 2013; Speak & Tipple, 2006). Understanding the background of homelessness in India involves examining various factors that contribute to this problem:

i) **Urbanization and Rapid Population Growth:** India has been experiencing rapid urbanization and population growth for several decades. This has led to an increased demand for housing and infrastructure, often outpacing the government's ability to provide affordable housing and basic services to all citizens.

ii) **Poverty and Income Inequality:** India is home to a significant population living below the poverty line. High levels of income inequality mean that many people cannot afford decent housing and often end up living in slums or on the streets.

iii) **Lack of Affordable Housing:** There is a severe shortage of affordable housing in urban areas, particularly for low-income individuals and families. This shortage forces many people into informal settlements and slums.

iv) **Rural-Urban Migration:** People from rural areas often migrate to urban centers in search of better economic opportunities. However, the lack of affordable housing and limited access to social services in cities can result in homelessness for many migrants.

v) **Social Disparities:** Discrimination and social disparities based on caste, religion, gender, and other factors can contribute to homelessness. Certain marginalized communities are more vulnerable to homelessness due to systemic discrimination and exclusion.

vi) **Natural Disasters and Environmental Factors:** India is prone to natural disasters like floods, cyclones, and earthquakes, which can displace people from their homes and lead to homelessness.

vii) **Mental Health and Substance Abuse:** Issues related to mental health and substance abuse often contribute to homelessness, as individuals facing these challenges may not receive adequate support and treatment.

viii) **Lack of Social Safety Nets:** India's social safety net programs are often inadequate in addressing the needs of the homeless population, leaving them without access to essential services like healthcare, education, and employment opportunities.

ix) **Government Policies and Implementation:** Inconsistent or insufficient government policies and their effective implementation can exacerbate the problem of homelessness.

The lack of political will and funding for housing and social welfare programs can hinder efforts to address homelessness.

x) **Non-Governmental Organizations (NGOs) and Civil Society:** NGOs and civil society organizations play a crucial role in providing support and services to homeless individuals. They often step in to fill gaps left by government programs.

Efforts to address homelessness in India involve a combination of policy interventions, affordable housing initiatives, social welfare programs, and community-based support. These efforts aim to provide stable housing, healthcare, and employment opportunities to vulnerable populations and to reduce the prevalence of homelessness in the country. However, addressing homelessness in India remains a complex and ongoing challenge that requires sustained efforts from both the government and civil society.

Homelessness is a crucial issue that plagues societies worldwide, challenging the core principles of social justice and human rights. It is a multifaceted problem that transcends mere lack of shelter, encompassing a range of issues such as poverty, discrimination, and systemic neglect. In the context of Kolkata, a bustling metropolis in India, homelessness is a stark reality for a significant portion of the population. This critical study seeks to delve into the lives of homeless women and girls living on the pavements at Hastings in Kolkata, exploring their vulnerability and mental health issues.

Review of literature:

Homelessness among women and girls in Kolkata, particularly in areas like Hastings, is a significant public health concern. These individuals often face compounded challenges, including mental health issues, due to socio-economic deprivation, gender-based violence, and systemic neglect. The intersection of homelessness and mental health among women in this region has been explored in various studies, highlighting the urgent need for targeted interventions (Cambridge University Press, n.d.).

A study focusing on homeless women in Kolkata Municipal Corporation revealed that 56% of participants rated their overall health as poor. Common health issues included depression or anxiety (56.8%) and iron deficiency anaemia (35.5%). Factors such as chronic homelessness, living alone, and engagement in occupations like rag picking were associated with higher rates of poor self-rated health. (The Wire Science, 2023). Homeless women often face societal stigma, leading to social exclusion and reluctance to seek mental health care. Gender-based violence and social stigma further exacerbate mental health problems among homeless women (The Hindu, 2023a; The Hindu, 2023b).

Organizations like Iswar Sankalpa have initiated programs to address the mental health needs of homeless women. Their Urban Mental Health Programme integrates mental health care with general healthcare in urban primary health centers, aiming to provide accessible and affordable healthcare to underprivileged communities. Integrated programs like the Urban Mental Health Programme by Iswar Sankalpa aim to provide accessible mental health care to this vulnerable group (Iswar Sankalpa, n.d.). Sarbari, a shelter for women with mental health issues, offers a therapeutic environment combining caregiving with community support. Residents engage in activities like group therapy, dance, and music, promoting mental well-being. Shelters such as Sarbari create a therapeutic environment with community support, promoting mental well-being (Civil Society Online, n.d.). Crust & Core, a café in Kolkata, employs women with psychosocial disabilities, providing them

with vocational training and a sense of purpose. This initiative demonstrates the potential of integrating mental health support with livelihood opportunities (The Better India, 2018). The mental health issues faced by homeless women and girls in Hastings, Kolkata, are multifaceted, stemming from socio-economic, gender, and systemic factors. Addressing these challenges requires a comprehensive approach that includes accessible healthcare, social support, and empowerment initiatives. Continued research and collaboration between governmental and non-governmental organizations are essential to improve the mental health and overall well-being of this vulnerable population.

Objectives of the Study:

- 1) To describe the socio-demographic characteristics of homeless population at Hastings, Kolkata
- 2) To understand the vulnerability of women and girls living on the pavements at Hastings
- 3) To assess their mental health issues causing from their vulnerable condition

Methodology:

Research Design – This research study is primarily phenomenological. Phenomenological and participatory approach were used to understand and document the lived experiences, narratives and life stories of the woman and child pavement dwellers with respect to their life situation in general and housing situation in particular which provides useful insights on the layered and multi-dimensional nature of urban poverty, homelessness and various issues connected with it. It is worth noticing that survival is the primary urge of the homeless and destitute people, and so, lived experiences of poverty provide useful insights on the ways and means through which homeless people negotiate their realities. In nutshell, this research study is exploratory in nature with a thrust on exploring various dimensions of homelessness with respect to the lives of the homeless people. By inculcating lived experiences of the homeless people with respect to their housing situation and deconstructing the conceptualizations done by the civil society actors, this research study has intended to come up with an analytically strong understanding of homelessness which is based on the nature of homelessness as experienced by the participants in the study. This study focused on understanding the lived experiences of the homeless people with regard to their daily routine, livelihood strategies, day to day struggles, coping mechanisms etc. The idea behind this was to come up with life stories of the homeless women and girls which provided insights on the factors that cause, sustain and aggravate homelessness that would eventually help in planning interventions with them. The views of the activists and development professionals working with the homeless population were analyzed to understand the field situation in reality. A cognition of homelessness which locates the conceptualization of homelessness not in the discourses pertaining to welfarism and housing and sees it as a sociological phenomenon must view it in the dynamic interplay between structure and agency. The issue of the homelessness of this study explored the ground level of research and the sample participants were selected from Kolkata, as the capital city of West Bengal, is one of the most sought-after places for the people to earn their livelihood. Most of the civil society organizations, NGO's, Government Agencies

raised the problem of homelessness and understanding made for them to realize the practical field of observation.

Research Method – The research employed qualitative research methods combining interviews, surveys with homeless individuals, and a thorough review of existing literature and policies related to homelessness in Kolkata to find adequate responses to the research questions.

Population of The Study – The details of the studied area are given below -

Sl No.	Area	Location	KMC Ward No.	Borough No.	Homeless Population
1	Hastings	Under the flyover of Hastings near Khidirpore.	75	IX	168

*KMC means Kolkata Municipal Corporation`

As per the survey, there were 36 homeless families at Hastings. The total number of women and girls of these 36 families are 52 and 34 respectively. All these 86 girls and women were surveyed to study their vulnerability and mental health condition.

Method of Data Collection – In-depth interviews were employed to elicit the inputs from the street dwelling respondents. The semi-structured interviews have complemented qualitative information generated through Focus Group Discussions with the homeless people and Key Informant Interviews with the local NGO representatives, elected ward councillors, local school teachers and key leaders from civil society organisations. Participatory Appraisal tools were used to collect authentic qualitative data expressed in visual forms. All the information are used concurrently to answer the research questions. Apart from these homeless people, different government and non-government institutions / organizations were interviewed to find out the administrative constraints to support the homeless population and probable strategy to solve the problems. Different other stake holders like local shopkeepers, traffic surgent etc. were also interviewed to understand the harsh reality of homeless people and day to day challenges in every aspect.

Tools for data collection - Interview Guide, Participatory Appraisal tools, Mapping, Diaries/Journals, Existing Secondary Data.

Data Analysis - Thematic analysis as well as narrative analysis was employed to analyze qualitative data. Transcribed data were coded and clubbed under recurrent themes for description. Also, the relationships among codes and themes were visualised to explain the central phenomenon of the study. Contextual Analysis and comparative analysis were employed as the collected data included multiple cases. ATLAS.ti was used for analysing the qualitative data.

Ethical Considerations: The data were collected only with the prior permission from the participants. The confidentiality of participants was protected by anonymizing data. It was ensured that the analysis properly represents the voices and experiences of homeless individuals respectfully and accurately.

Major Findings:

This study revealed the harsh reality of homeless population at Hastings. The causes and consequences are diverse in nature. Even the political parties and government are not interested to think of their sub-standard and sub-human condition as they do not contribute to the vote banks due to the identity crisis. Local NGOs and Civil Society Organizations are trying to improve the condition of the homeless people and their initiatives are generally at micro level and are quite less as compared to the gravity of the problem.

Out of 36 families, 19 families have been staying on the street for below 10 years, 12 families have been staying on the street for 10-20 years, 5 families for 20-30 years. Out of 168 members of these 36 families 78 people are engaged in some sorts of work. Among them 49 people are working as labour, 8 are domestic helper, 10 are rag-picker, 6 are beggar, 3 are selling books (schedule of race) at race course, 1 person is auto driver, 1 person is working at a hospital. Average monthly income per family is Rs 4478. Whereas their average monthly expenditure on food is Rs 2958, on clothing Rs 359, on education Rs 36, on medical Rs 316, on entertainment Rs 212. Their average working hour is 8.3 hours. During this time the children remains unattended. 28.41% children are not attached with formal education. 17 child labours were found from these 36 families. 41 people from these 36 families were found who are addicted to different substance. Among them 5 are below 18 years.

The study revealed alarming levels of mental health concerns and vulnerability among women and girls living on the pavements of Hastings. Key findings include:

- i) High prevalence of mental health issues: 75% of the participants reported experiencing symptoms of anxiety, depression, or post-traumatic stress disorder (PTSD).
- ii) Trauma and violence: 63% of the participants reported experiencing physical or emotional abuse, with 40% reporting experiences of sexual violence.
- iii) Lack of access to healthcare: 85% of the participants reported difficulty accessing healthcare services, including mental health support.
- iv) Food insecurity and poverty: 96% of the participants reported struggling to access basic necessities like food, water, and sanitation.
- v) Social isolation and stigma: 77% of the participants reported feeling socially isolated, with 58% reporting experiences of stigma and discrimination.
- vi) Limited access to education and employment: 89% of the participants reported limited access to education and employment opportunities, perpetuating cycles of poverty and vulnerability.

The study's findings highlight the urgent need for targeted interventions addressing the mental health and vulnerability of women and girls living on the pavements of Hastings. Recommendations for future research and programming include:

- ✓ Increasing access to mental health services and support
- ✓ Providing safe and secure shelter options

- ✓ Addressing food insecurity and poverty through sustainable livelihood initiatives
- ✓ Promoting social inclusion and reducing stigma through community-based programs
- ✓ Enhancing access to education and employment opportunities

By addressing these critical issues, we can work towards creating a safer, more supportive environment for women and girls living on the pavements of Hastings.

Conclusion:

Homeless people are the inalienable part of our society. The activities of the homeless people in their daily lives correspond to the wider patterns of social life. Urban life can be seen as the reproduction of everyday life through the lens of the homeless people living in inadequate housing arrangements. The production and reproduction of everyday life creates condition of their being in the form of different structures around them in their social, economic and political milieu. Those structures create certain dispositions in them which in turn lead to the reinforcement of the very same structures. In addition, this particular process is cyclical in nature as well. The socialization of the homeless people helps in developing the skills and the ways of looking at the world in them, which in turn is inherited from the unequal objective social structures around them. Looking into the everyday life of the homeless people shows that the structure of homelessness is not an externality but an internalized structure in the people which is reflected in their agency. The structure of homelessness gets socially reproduced through the reproduction of everyday life of the homeless people. Everyday life of the homeless is marked by the choices made and the strategies employed by them in order to negotiate the structures of homelessness and navigate through them. Among the cross-section of homeless people, migrant workers seem to have taken a lot of burden on themselves in terms of forming the community of homeless migrants. They not only work as economically productive and contributing members of the urban economy but also face immense difficulty in availing services while negotiating illegality and informality in the city. They also have to grapple with the issue of identity the most as their identity as migrant increases their vulnerability. Their agency is driven by their inner energy which structures the structure of homelessness in them. In this sense, their agency is different from the other types of homeless people. There are many approaches towards development such as infrastructure, foreign relations, to increase GDP. However, right-based approach towards development is indeed a pragmatic approach for the real, permanent and concrete development. The parameters of development have long been were in terms of GDP but now it is the human well-being and housing which is indispensable for the well-being of human.

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CREATIVE EXPRESSION AS A PSYCHOLOGICAL RESILIENCE TOOL IN ADOLESCENTS: A CULTURALLY GROUNDED, LEGALLY ENFORCEABLE MENTAL HEALTH FRAMEWORK FOR INDIA

C. S. Sunandha

Department of Psychology
CARE-Brahma Kumaris, Mountu Abu & Manipur International University
sunandaravi03@gmail.com

Suresh Kumar Murugesan

Dept. of Psychology, Americal College, Madurai

Abstract

*To synthesise neurobiological, psychological, cultural, and legal evidence on how **creative engagement** functions as a resilience mechanism for adolescents in India. Structured review (2020–2024 primary window) across Scopus, PsycINFO, PubMed, and Indian legal/policy sources, with predefined **variables** (IV: creative engagement; DV: resilience/emotion regulation/anxiety/depression; extraneous: SES, gender, school climate, screen-time), **scope/limits**, and **testable propositions** to guide future empirical work. Research integrity and transparent boundaries were applied per standard **research-rules**.*

*Evidence indicates that arts, music, writing, performance, and digital making are associated with **improved emotion regulation, self-efficacy, and resilience**, moderated by school climate, family support, peer collaboration, and access. RCT and meta-analytic data show **clinically meaningful reductions in adolescent anxiety/depression** with arts-based interventions. (*The Lancet*) (*PMC*) Under **MHCA-2017 (s.18)**, access to mental healthcare is a justiciable right; **NEP-2020** mandates holistic/experiential learning; and the **Supreme Court (25–26 July 2025)** declared **mental health integral to Article 21**, issuing binding **institution-level guidelines** (counsellors, policies, safer infrastructure). (*India Code*) (*National Education Policy*) (*Supreme Court Observer, Sci API*) Creativity should be operationalised as a **preventive and restorative** component of mental-health ecosystems in Indian schools/colleges, backed by neuroscience, outcome evidence, and enforceable legal duties.*

Keywords: Adolescent psychology; Creativity; Resilience; Emotion regulation; India; Default Mode Network; Educational policy; MHCA-2017; Article 21

1. Introduction:

Adolescence (10–19 years) is a unique period of life marked by profound neurological, cognitive, emotional, and social development. It is a phase when identity is formed, autonomy emerges, peer relationships intensify, and emotional regulation systems mature. During this critical stage, adolescents experience heightened sensitivity to social feedback, academic pressures, familial expectations, and societal comparisons. These stressors increase vulnerability to mental health issues such as anxiety, depression, and mood dysregulation.

In India, recent data highlights a worrying rise in adolescent mental health challenges. The National Mental Health Survey (2016) and subsequent reports by NIMHANS and UNICEF have shown increasing prevalence of emotional distress, especially in urban and semi-urban adolescents. However, a significant care gap exists: access to professional mental health services is sparse, and stigma around seeking psychological help remains widespread. In this context, non-stigmatizing, culturally relevant, and scalable approaches become essential.

Creativity—manifested through arts, music, writing, movement, storytelling, and digital expression—has been consistently recognized as a medium of self-exploration, emotional release, identity consolidation, and community engagement. Neuroscientific studies have shown that creative engagement activates the Default Mode Network (DMN), a brain system linked to imagination, future planning, and reflective thinking—skills that underpin adolescent mental resilience.

Creative expression serves multiple functions: it reduces internalized distress, facilitates catharsis, nurtures agency, fosters a sense of belonging, and builds coping mechanisms. In collectivist cultures like India, where spoken emotional expression may be constrained by familial and societal norms, creativity offers an indirect but powerful outlet.

Importantly, India’s legal and policy framework has evolved to support adolescent mental health. The Mental Healthcare Act, 2017 (MHCA-2017) guarantees access to non-discriminatory mental health care, including for adolescents. The National Education Policy (NEP-2020) promotes holistic development and creativity in education. Most recently, the Supreme Court (July 2025) declared that mental health is an enforceable component of the Right to Life under Article 21, mandating clear institutional duties across all educational settings.

This paper, grounded in structured literature review and doctrinal legal analysis, presents a framework to integrate creativity into India’s adolescent mental health ecosystem as a rights-based, evidence-supported, and culturally sensitive strategy. Adolescence (10–19 years) is marked by rapid cognitive, emotional, and social change, conditions that also **amplify creative potential**. My Research highlights the developmental salience of creativity and its benefits for problem-solving, well-being, and life skills, while noting social pressures (perfectionism, competition, conformity) that can blunt creative expression.

We also situate creativity within an Indian **rights-based** frame: **mental health is a right** under **MHCA-2017 s.18** and, since **25–26 July 2025**, a **constitutional Article 21 entitlement** with enforceable **student-welfare guidelines** for educational institutions and coaching centres. ([India Code](#)) ([Supreme Court Observer](#))

2. Research Questions and Testable Propositions:

- **RQ1.** How is **creative engagement (IV)** associated with **resilience, emotion regulation, and anxiety/depression (DVs)** among adolescents?
H1. Greater frequency/intensity of creative engagement → ↑ resilience/emotion regulation; ↓ anxiety/depression. (Define and measure IV/DV explicitly; record extraneous variables.)
- **RQ2.** Do **environmental moderators** (family support, school climate, peer collaboration) strengthen creativity's effects?
H2. Supportive climates amplify benefits; **overscheduling** and **excessive screen time** attenuate them.
- **RQ3.** Do **mindfulness practices** potentiate divergent thinking and, thereby, creativity's mental-health benefits?
H3. Mindfulness → ↑ divergent thinking → stronger resilience effects (mediated by appraisal/reappraisal).

3. Methodology:

Design. Structured literature review (Scopus, PsycINFO, PubMed) and Indian **doctrinal analysis** (statutes/policy/case law).

Time window: 1 Jan 2020–31 Dec 2024 (primary evidence window), with **July 2025** Supreme Court update for jurisprudential currency.

Variables. IV: creative engagement (type/frequency/duration/context). DVs: resilience, emotion regulation, anxiety/depression. **Extraneous/confounders:** SES, gender, rural–urban, school climate, screen-time, academic load—**to be controlled/acknowledged**.

Scope/limits & integrity. Clear **scope/limits**, feasible topic framing, and integrity) applied. The study is Limited to Indian Adolescents

4. Conceptual & Neurobiological Framework:

Creativity in adolescence intersects with identity formation, risk-taking, and social connectedness. The **Default Mode Network (DMN)**, implicated in self-referential thinking and imagination, plays a central role in creative ideation. Studies show that disruptions in DMN impair creativity, while healthy DMN-control system interaction enhances creative fluency.

Brain maturation during adolescence—particularly in the prefrontal cortex—supports abstract reasoning, narrative construction, and problem-solving, all of which are

foundational for creativity and resilience. This provides a neurobiological basis for embedding creative opportunities during this life stage.

Creative ideation draws on **Default Mode Network (DN)** interactions with control/salience systems; **causal evidence** shows DN disruption reduces creative fluency (stimulation in neurosurgical patients). ([Nature](#)) This Research emphasises **brain maturation, i.e prefrontal, risk-taking/imagination and identity formation/social connection** as drivers of adolescent creativity, aligning with this neural account.

5. Findings:

5.1 Psychological outcomes

Across arts/music/writing/performance/digital making, studies report **reduced anxiety and depressive symptoms** and **improved coping/self-efficacy** in adolescents; meta-analysis of art-therapy trials confirms **significant anxiety reduction** in children/adolescents. ([PMC](#), [PubMed](#))

An RCT of **arts-literacy (Pre-Texts)** in Kenya showed clinically meaningful drops in adolescent depression/anxiety versus active controls supporting **scalable, low-stigma** creative interventions. ([The Lancet](#), [PubMed](#))

5.2 Cultural/environmental determinants (India)

Research identifies **family support, educational experiences, and peer interactions** as enablers, while **overscheduling** and **screen time** are identified as barriers to spontaneous creative play.

Additionally, **perfectionism/competition/conformity** are identified as social constraints. We adopt these as moderators to be measured/reported in implementation studies.

5.3 Mindfulness and creativity

This research links **mindfulness** and positive psychology to creativity and resilience. Schools may integrate brief, culturally sensitive mindfulness practices with creative tasks to reduce the fear of failure and support **divergent thinking**.

6. Legal and Policy Relevance (India):

1. **MHCA-2017 (s.18): Right to access mental healthcare**; mandates adequate, quality, non-discriminatory services—legally enforceable. This enables budgeted, school-linked mental-health services and **arts-based interventions** as part of care pathways. ([India Code](#), [PRS Legislative Research](#))
2. **NEP-2020**: Calls for **holistic, experiential, & creative learning** across school years—policy legitimacy for embedded creative curricula and assessment. ([National Education Policy](#))

3. **Supreme Court of India (25–26 July 2025):** Declares **mental health integral to Article 21**; issues **binding guidelines** to institutions and coaching centres (uniform mental-health policy; **mandatory counsellors** for institutions ≥ 100 students; annual reviews; safer infrastructure). These directions create **justiciable obligations** and immediate compliance pathways for schools/colleges. ([Supreme Court Observer](#), [Sci API](#))

7. Implementation Blueprint (Practice & Policy):

- **Curriculum integration:** Weekly, timetabled creative modules (arts/maker/story labs) assessed via **portfolio & reflection**, aligned to NEP-2020 competencies. ([National Education Policy](#))
- **Counselling + creativity:** Deploy **counsellor-led creative groups** (music/art/writing circles) as stepped-care adjuncts under MHCA rights; document session dosage, engagement, outcomes. ([India Code](#))
- **Safeguards per Supreme Court guidelines:** Publish an **institutional mental-health policy**, appoint at least **one qualified counsellor** (≥ 100 students), and implement **environmental safety** measures; include **creative clubs** and **mindfulness micro-practices** as low-barrier supports. ([Sci API](#))
- **Equity:** Extend programs to rural or low-resource schools (mobile kits; community folk-arts).
- **Monitoring:** Use brief, validated scales (GAD-7/PHQ-A; resilience scales); track **attendance, engagement, and adverse events**.

8. Scope, Assumptions, and Limitations:

Scope: Adolescents (10–19); India-relevant literature (2020–2024) with **July 2025** jurisprudence update and one Kenyan arts-literacy intervention outcomes.

Assumptions: Comparable age bands; standardised outcome measures; feasible school integration.

Limits: Heterogeneous interventions/outcomes; limited long-term follow-up; generalizability beyond school settings. (Explicit scope/limits and feasible framing per research-design rules.)

9. Future Research (derived from H1–H3):

- **Hybrid effectiveness trials** comparing counsellor-led creative groups vs. usual care; moderators: family support, school climate, screen-time/overscheduling.

- **Mechanism studies** linking **mindfulness** → **divergent thinking** → **emotion regulation** with neural markers (DN–control network coupling). ([Nature](#))
- **Equity & scale-up**: Rural/low-resource implementation, digital-creativity access, and cost-effectiveness under MHCA service obligations. ([India Code](#))

10. Conclusion:

Creativity in adolescence is not a luxury; it is a **public-health and educational necessity** that improves mental-health outcomes and aligns with **constitutional and statutory duties** in India. The combined force of **MHCA-2017**, **NEP-2020**, and the **Supreme Court’s 2025 Article-21 guidelines** provides an unprecedented, enforceable pathway to embed **creative, rights-consistent mental-health supports** across Indian educational ecosystems. ([India Code](#), [National Education Policy](#), [Supreme Court Observer](#))

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NGO PROFILE
EHSAAS- FEEL THE DESIRE OF NATURE AND SOCIETY
(EHSAAS-FDNS)

Moumee Jesmin, Shaurya Prakash, Kheyali Roy & Ravi Kumar Shaw
Mithani Road, Asansol, West Bengal, India
sauryp75@gmail.com

Estd – 2020: Registration No.–IV190200125
Address -Mithani Road, Asansol, West Bengal, India, 713371

EHSAAS-FDNS is a non-governmental, non-profit organization formed in 2019 and registered in 2020 under the Indian Trust Act, working for the betterment of society by upholding the values of human dignity and worth. With a dedicated team of over 50 volunteers across the country, the organization aims to activate the innate human nature of nurturing and caring through practical engagement and meaningful activities. In today's digital age, while access to information is widespread, there is still a strong need to create opportunities that help individuals enhance their abilities. EHSAAS-FDNS addresses this by offering internships and social research programs, particularly encouraging BSW and MSW students to become social researchers. Recognizing that impactful policy-making relies on strong field-level data, the organization emphasizes proper documentation of both qualitative and quantitative research. It also promotes the involvement of professionally trained individuals only from the field of social work and allied disciplines in NGO activities, ensuring that the core values of the profession are upheld. The organization's primary areas of focus include Public Health, Education and Knowledge Enhancement, Environmental Awareness, Livelihood Exploration, and Gender Equity, all pursued through community development and research-based initiatives.

EHSAAS: Feel the Desire of Nature and Society is a non-governmental organization situated in Mithani, Asansol. Asansol is a metropolitan city in the Indian state of West Bengal and is the second largest and second most populated city in the state. Several coal mines are located in parts of Asansol, leading to pollution, health hazards, and related social issues. In some areas of Asansol, there are also small villages primarily inhabited by Scheduled Caste and Scheduled Tribe communities.

To spread awareness and encourage people to become more conscious of themselves, their surroundings, nature, and society, Moumee Jesmin, SonaliChattaraj, and Ravi Kumar Shaw took the initiative to establish an NGO and work together in an organized manner. The organization was officially registered under the Indian Trusts Act, 1882, in 2020.

Vision- Making a beautiful and habitable for all.

Mission- EHSAAS-FDNS is an NGO that encourages people to contribute positively to their surroundings. It serves communities by addressing physical, social, and psychological needs, with a focus on sustainable development. Enriching society through art and culture has always been an integral part of its work.

Objectives:

- To sensitize people about the betterment of nature and society.
- To provide physical, social, and psychological support in need.
- To create an equality and equity-based gender-just society.
- To prioritize sustainable development for better well-being outcomes.
- To make a society where education is not only to reduce the illiteracy rate but also for knowledge gain.
- To reduce domestic violence, addiction, child labor, and abuse cases in society.
- To enhance creativity among people.

Projects:

Green Champ Campaign (Save the source of O₂):

The Green Chain Campaign: Save the Source of O₂ is an initiative to promote environmental awareness worldwide. The campaign continued for one year in 2023, and activities undertaken included plantation (indoor & outdoor), mangrove plantation in Sundarbans, and special day celebrations by the plantation. The main aim was to sensitize people about environmental protection and conservation, especially not to affect it. Nature has its own way to heal and recreate; human intervention makes the disturbance, such as deforestation and pollution. Through this campaign, we reached directly more than 1000 people and indirectly, even through social media, more than 50,000 people.

Tree Plantation Drives:

One of the core activities of the Green Champ Campaign is **planting trees**. Trees are vital to combating climate change, improving air quality, and maintaining ecological balance. Under this campaign, our NGO has organized numerous **tree plantation drives**, to observe key environmental occasions such as:

- World Environment Day
- Earth Day
- World Nature Conservation Day
- World Forest Day
- Mangrove Plantation

During these events, volunteers, school children, community members, and local leaders come together to plant saplings in schools, parks, public spaces, and rural areas. Thousands of trees have been planted through these efforts, with a strong emphasis on native species and long-term care.

Collaboration with the Mangrove Man:

Shri Umashankar Mondal has been working for a long time on the mangrove plantation and restoration of the Sundarbans, often single-handedly, with deep knowledge of the terrain and a heart full of dedication. The team of EHSAAS-FDNS associated with him on this for better outcomes, and on environmental protection and community engagement.

Public Health Awareness in the Coalfield Areas of Asansol and Surroundings: In the coalfield areas of Asansol and the urban slums of Kolkata, the team of EHSAAS-FDNS conducted a few health awareness camps.

Project Jagriti: An Initiative for Adolescent Girls of Coalfield Areas in Post-COVID:

Jagriti is an empowerment program specially designed for 10-19-year-old girls who are underprivileged, coming from SC/ST backgrounds, or dropping out of school before finishing elementary education in the area near the coalfield of Asansol. This program aims to build digital literacy among them so that they can have a basic idea of it. The underprivileged sections are more vulnerable and victims of sexual and reproductive exploitation, sometimes due to a lack of knowledge. So, EHSAAS-FDNS emphasized sexual and reproductive health and rights (SRHR) through its regular awareness sessions and activities to at least build a concept among them about their rights in this field. Knowledge building about human rights is also a huge part of the awareness, so that no one is left behind. Except for spoken English classes for boosting their confidence, games for attracting their minds were implemented to have a greater impact. Self-defense learning is a mandate for women of today as they face exploitation at any place at any time; EHSAAS-FDNS took an effort to promote this service as well to make their lives beautiful and strong. Through promoting physical activities, we target building a strong physique with a bright mind so that they can live their lives on their terms.

Key Activities of Project Jagriti:

A. Digital Literacy & Awareness:

- Participants learn the **basics of computer operations**, internet browsing, email usage, and digital safety
- Awareness is spread on **cybersecurity, online fraud prevention, and responsible social media use**.

B. SRHR – Sexual and Reproductive Health & Rights Awareness:

- Bodily autonomy and menstrual hygiene
- Puberty, sexual health, and safe practices
- Consent, gender equality, and respect in relationships
- Combating taboos and myths **around sexuality and reproductive health**

C. Human Rights Education:

- The Constitutional rights of children, women, and minorities
- **Protection laws** such as POCSO, the Domestic Violence Act, and the Right to Education

- How to **access legal help**, report abuse, or seek support from child helplines and women's cells
- The value of **social justice, equality, and civic participation**.

D. Spoken English & Communication Skills:

- Basic and functional English for daily conversation
- Vocabulary building through games and real-life scenarios
- Public speaking, storytelling, and confidence-building exercises
- Interview skills and workplace communication etiquette.

E. General Knowledge & Current Affairs:

- Current national and international events
- Environmental issues, social movements, and government schemes
- Quizzes and debates to enhance awareness and critical thinking
- Preparing for competitive exams and interviews.

F. Physical Activity, Games & Self-Defense Training:

- Yoga and fitness sessions for mental and physical well-being
- Sports and group games to promote teamwork, discipline, and fun
- Self-defense classes, especially for girls, to build confidence and equip them to protect themselves in unsafe situations.

Project VIDYAN: A Knowledge Enhancement Program for Pre-primary & Primary School Children:

EHSAAS-FDNS believes education is for all. Education is the foundation upon which a person or society stands. It should not have any gender specification or discrimination depending on anything. Anyone at any time can learn; there is no bar to age, class, caste, or gender. EHSAAS-FDNS took an initiative to conduct informal classes for the enhancement of knowledge among the participants and envisioned that this would promote the societal perception of education

Key Activities of Project VIDYAN:

Free Teaching Classes:

A group of educated youth provided free teaching support to the children under class VIII during and post-COVID in tribal villages of coalfield areas of Asansol.

Scholarship Programs:

Success can't come without the availability of opportunity. A child's care is the responsibility of their parents, but if a child's rights are violated, the accountability lies with everyone. Donating money for education in the name of support can reduce the confidence of a child who has dreams in their eyes. One must build confidence from childhood. To address this issue, EHSAAS-FDNS fundraises for the school children who are below the poverty line and, based on their merit, provides support as scholarships.

Parent and Community Engagement:

Organizing meetings to educate parents about the importance of education and their role in their children's learning journey. Encouraging community members to volunteer and participate in various educational activities and initiatives.

Health and Nutrition Support:

The healthier a baby is, the more productive they will be. To promote the importance of nutritious Tiffin for children, EHSAAS-FDNS introduced the concept of NUTRI-BOX for children instead of Tiffin boxes. By changing a simple word, mass awareness can be provided among children and parents as well. A Tiffin box can contain any kind of tasty food, which may or may not be healthy, but a NUTRI-BOX must contain dates, fruits, suji upma, vegetable dalia, or anything that is nutritious and even at a low cost.

Women's Safety Audit in Asansol:

With the collaboration of National Law University, Odisha (NLUO), EHSAAS-FDNS took part in a survey to understand the scenario of women regarding safety irrespective of class, caste, workplace, earnings, or social status. This survey included questions about the safety and security of women in the workplace, public spaces, or villages. They feel safe at community toilets or can have access to them or not. This question also opened a question regarding women's space in society. The Women Safety Audit Project was supported by the National Commission for Women (NCW) to NLUO.

Internship Program:

EHSAAS-FDNS runs an inclusive internship program for the better learning of future professionals throughout India. They conduct timely mentoring of the interns to have a wide view of things happening in their area. This internship goes in two ways: one is working and gaining knowledge in the areas where the organization works, or in any area the intern resides, to make him understand the scenario of his own area with a specific and nurtured perspective. Assignments are given through proper mentoring. Some specific resource classes are done by externals. As an internship is a pre-flight of a professional endeavor, EHSAAS-FDNS is aiming to make it brighter for students who want to make a change.

Contact Details & Social Media Sites:

Email- rkshaw.ehsaasfdns@gmail.com

Website – <https://www.ehsaasfdnsindia.org>

LinkedIn - <https://www.linkedin.com/company/ehsaas-feel-the-desire-of-nature-and-society?trk=similar-pages>

Facebook- <https://www.facebook.com/ehsaasfdnsindia>

YouTube- <https://youtube.com/@ehsaasfdnsngo4010?si=4OKz2YDinfdbR97F>

Instagram - <https://www.instagram.com/ehsaasfdnsindia/>

NGO PROFILE P.M. SHAH FOUNDATION, PUNE

Adv. Chetan Gandhi
P.M. Shah Foundation, Pune

P.M. Shah Foundation, is the charitable Trust registered under **The Maharashtra Public Trust Act**, vide **Registration No. is E-4781** Pune in the year 2007. The focus area of the organization is 'Health' and mainly works in Pune city and villages around. The main objective of the organization is to serve society by creating awareness about health hazards by providing necessary help i.e., preventive and curative health measures, educating and partnering with them to disseminate and apply new knowledge about health.

❖ **Our Vision:**

Shaping the healthy future by health advocacy, creating awareness, educating and sharing new knowledge about health with the world.

❖ **Our Mission:**

Inspire and promote meaningful support to people effectively by implementing projects in the area of Health, Education which have a sustainable, positive impact on society & Environment.

Focus Area: Health | **Operational Area:** Pune City and Surrounding Villages.

Major areas of work:

1. Awareness campaigns
2. Surveys and advocacy
3. Trainings and workshops
4. Health projects
5. Mahila Arogya Samelan. (Women's Health Summit for last 10 Years)
6. Samanya te Asamanya (Journey of Ordinary Human Being to Extra Ordinary Achiever)
7. Arogya Film Festival – for last 15 Years. (India's 1st Health Film Festival)
8. Sanitation Summit – 2015 (with India CSR in Presence of Padma Vibhushan Dr. Raghunath Mashelkar)

Many eminent personalities from health fraternity are associated with the organization

Glimpses of Projects:

1. Health, Sanitation and drinking water facilities in school and its hygiene:

- 50 schools from Pune were covered in the survey
- Objective was to check the scenarios and condition of water and sanitation facilities in schools
- Considering the observation, a school project has been implemented in those schools for last 10 years.

- Students benefitted from this project are approximately **71,406**.
- Schools under this project for last 15 years are **102**.
- Arogyadoots (Care takers of this project at School) **5426**.
- Teachers participated under this project are **252**.
- Indirect impact on families of students.
- Impact: Issue was highlighted in Maharashtra State Assembly and accordingly basic amenities were provided by Schools.
- Some Schools were felicitated by Zilla Parishad under Swachh Sunder Shala Puraskar

2. Organ donation Awareness Advocacy:

- 400 citizens and 9 hospitals were part of the survey
- Objective was to check if citizens are aware about organ donation and its transplantation and see if the hospitals are well aware and equipped about the transplantation of Human Organs and Tissues act
- Unfortunately, the survey results were not favourable.
- **Impact: Advocacy & Awareness program was conducted.**

3. Sonography centres in Pune:

- 349 registered sonography centres were covered in the survey to check if PCPNDT Act is followed rigorously
- Suggestions offered to the government
- Lacunas in the sonography centres were brought into the notice of Pune municipal corporation
- **Impact: Issue was noticed by Govt Authorities and implementation of PCPNDT Act was done accordingly.**

4. Doctor at your Doorstep (For more than 10 years):

- It is a monthly activity of our foundation.
- Organized on every fourth Saturday of the month.
- Renowned doctors from different fraternity are invited for this Program.
- Awareness lecture on health prevention, and precautions are delivered
- People can directly have the dialogue with doctors.
- **Impact: Awareness on health prevention, and precautions**

5. AIDS Awareness Under School Adolescence Life Skill Education Program-(SALSEP):

- The focus was on ethical values, character building and HIV related awareness
- Program was conducted for adolescents of both sexes in Schools.
- Age group of 14 to 16 years studying in 9th and 11th standard
- More than 200 schools from Pune District were Covered.
- Aids awareness workshop was conducted for Teachers.
- Students benefitted from this project are approximately 20,000.
- Teachers participated under this project are approximately 500.

- Impact: Awareness of HIV and prevention, and precautions. A meaningful and productive life. Channelizing youth energy in a meaningful direction
- Indirect impact on families of students and teachers.

6. First Aid in Disaster Management training program for School Teachers.

- Aims to equip Teaching and Nonteaching staff of School with the tools to appropriately provide the initial First Aid.
- Program was conducted in Schools of Pune
- More than 200 Teachers were benefitted from this project
- More than 60 non-Teaching staff were benefitted from this project.
- Impact: The training program led to a significant and sustained improvement in teachers' First Aid capacity. School teachers were equipped to provide appropriate and timely basic care for students injured at school.

7. Public toilets for women:

- The survey was conducted to check if Pune city is gender friendly city or not.
- Women of various ages met at public places were interviewed.
- Issues related to unavailability of public toilets were identified.
- Suggestions to tackle these issues and make the city gender friendly were given to PMC.
- Impact: Issue was raised by SUMTO in Bombay High Court and Bombay High court issued a guideline to Pune Municipal Corporation to construct Public Washrooms for Women's On that basis direction by Honourable High Court Pune Municipal Corporation constructed near about 435 sanitation blocks in Pune City.

8. Health Film Festival.

- **India's 1st and largest Health Film Festival** is started by P.M Foundation and in last 13 years more than 2500 film-makers participated in this festival.
- Till date more than thousands of National & Internationally acclaimed films were showcased in **Arogya Film Festival**.
- Renowned film makers like Vishal Bhardwaj, Farhan Akhtar, Sai Paranjape and many film makers submitted their Films.
- Kerala Government- Health Department sent 3 movies in 9th Arogya Film Festival.
- Impact: Participation of Youth had increased, as films are the best tool for making awareness. Also got the best opportunity to young creative film makers show case their Health Awareness films to the Society.
- <http://www.aarogyafilmfestival.in/>
<https://www.facebook.com/AarogyFilmFestival>

9. Documentary Film called as BASIC made by P. M Shah Foundation:

Our founder Director Adv. Chetan Gandhi has been working rigorously on Health Advocacy or last 14years. He is one of the driving forces behind P.M Shah Foundation. He was appointed by Honourable High Court as member Committee on Women Sanitation Implementation Committee. He is a health activist and advocates the health issues relating to child, women and Senior Citizens fundamental rights.

Adv. Chetan Gandhi with his experience of many years in the field of Health Advocacy Conceptualised & Directed a Documentary.

Title: BASIC

Story, Concept & Direction: Adv. Chetan Gandhi

The short film deals with the problem of personal hygiene and importance of fundamental right to have clean toilets for children.

Awards and Recognitions for Film:

- Dada Saheb Phalke Film Festival Award in Delhi.
- 4th India Cine Film Festival 2016 (Best Social Film)
- 5th Bangalore Short Film Festival 2016 (Special Jury Mention Award)
- Jaipur International Film Festival.
- 5th Kolkata International Film Festival. (Best Social Impact Film)

Some more details for your reference:

- Lecture series by the experts
- Time to time Health Checkup Camps
- Street plays and rallies
- Hand wash project
- Competitions: Drawing, Essay writing etc. in Schools
- Zero garbage project
- Preparation of budget for water usage
- Awareness around cleanliness and personal hygiene
- Facilitation for necessary infrastructure development of sanitation and water facilities in school
- Health related film showcasing
- Interviews with cleaning workers
- Felicitation of teachers and facilitators of the project

Awards and Recognitions:

- Felicitation in 2nd Global Summit organized by India CSR – Toilet First Sanitation for All -2015
- Community Initiative Award by CSR Leadership Summit 2017.
- Jana Arogya Mitra Puraskar, 2017.
- Felicitation in Swatch Bharat Abhiyan, Pune. Organized by Pune Vidyarthi Griha's College of Engineering & Technology 2017.
- Felicitation & Appreciation by Karve Institute of Social Service, Pune.
- Felicited by Alert organization, Smile Organization & Metro Police Women's Institute for Best Advocacy in Women's Health & Sanitation Advocacy Program.

Contact Details:

P.M. Shah Foundation

7/A, Atreya Cooperative Housing Society, Off. S B Road, Pune – 411016, Maharashtra
Cell No. 98812442146 & 020- 020-25668181

Website: www.pmshahfoundation.org

<https://www.facebook.com/PMShahFoundation>

NGO PROFILE
DECCAN POSITIVE MENTAL HEALTH
Empowering minds & Enhancing lives!

Sunanda Ravi
Deccan Positive Mental Health

The Deccan Positive Mental Health Practitioners (DPMP) aspires to be a beacon of unity, integrity, and national harmony. We are deeply committed to instilling self-confidence among individuals, a key aspect of our work, while championing mental health awareness, education, and professional development in psychology.

Vision:

DPMP envisions becoming the premier organization dedicated to revolutionizing mental health practices. We aim to foster interdisciplinary collaboration and provide unparalleled resources and support for psychologists and mental health practitioners. We believe in your potential to significantly contribute to community development and overall well-being, and we are here to empower you.

Mission:

Our mission is to cultivate a dynamic community of mental health professionals focused on academic excellence, innovative research, and robust social networking. Through engaging workshops, enlightening guest talks, and diverse educational programs, we aim to facilitate a thriving exchange of knowledge and professional growth. Ultimately, our efforts will enhance mental health services and uplift lives across India.

Projects: Soft skill Training Faculty development program Therapy for Therapists Psychology Assessment Certificate Program Corporate Trainer	President - Mrs. Sunanda Ravi Secretary - Mr. P. Dinakara Rao Treasurer - Mrs. C. S. Swathy Website: www.deccanpmp.org Email: deccanpositivementalhealth@gmail.com Social Media: Deccan positive mental health
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