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Sustainable Community-based Mental Health Interventions for Children and Adolescents in South 24 Parganas District

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In Partnership with
**Institute of Psychiatry
(Centre of Excellence)**

Implementing Partner
Jayaprakash Institute of Social Change

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List of Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ADM	Additional District Magistrate
AFHC	Adolescent-Friendly Health Clinic
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BDM	Block Data Manager
BDO	Block Development Officer
BMOH	Block Medical Officer of Health
BPL	Below Poverty Line
BWO	Block Welfare Officer
CBMH	Community-based Mental Health
CBO	Community-Based Organisation
CD	Conduct Disorder
CDPO	Child Development Project Officer
CMOH	Chief Medical Officer of Health
CPC	Child Protection Committee
CSO	Civil Society Organisation
DCPU	District Child Protection Unit
DM	District Magistrate
DMDC	Deputy Magistrate and Deputy Collector
DMHP	District Mental Health Programme
DSWO	District Social Welfare Officer
FLW	Frontline Workers
GDMO	General Duty Medical Officer
ICDS	Integrated Child Development Scheme
IEC	Information, Education and Communication
IOP	Institute of Psychiatry
JPISC	Jayaprakash Institute of Social Change
KP	Kanyashree Prakalpa
MHFA	Mental Health First Aid
MHPSS	Mental Health and Psychosocial Support
MO	Medical Officer
NCC	National Cadet Corps
NGO	Non-Governmental Organisation
NIMHANS	National Institute of Mental Health and Neurosciences
NMHP	National Mental Health Programme
NSS	National Service Scheme
OCD	Obsessive-compulsive Disorder
PHC	Primary Health Centre
PRI	Panchayati Raj Institution
PTA	Parent Teacher Association
PTSD	Post-Traumatic Stress Disorder
RBSK	Rashtriya Bal Swasthya Karyakram
RKSK	Rashtriya Kishor Swasthya Karyakram
RMP	Rural Medical Practitioner
SHG	Self-Help Group
SMC	School Management Committee
SSM	Sarva Shiksha Mission

SUD	Substance Use Disorder
TLM	Teaching, Learning Material
UGC	University Grants Commission
UNICEF	United Nations Children's Fund
VRP	Village Resource Person
WHO	World Health Organization

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1. Introduction

The World Health Organization (WHO) defines mental health as “*A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*”¹. The World Mental Health Report² for the year 2022 depicts that 1 in 8 people are living with mental health conditions. The report states that 970 million people worldwide were living with mental difficulties in the pre-pandemic year of 2019. It further explains that globally the need for mental health support significantly exceeds the current response system and this challenge could be addressed by “building the foundations for well-functioning mental health systems and services.”

Approximately 60 to 70 million people in India are said to be facing difficulties related to mental health in India³. The West Bengal overview of Mental Health states that about 6% to 7% of the population has been facing mental and behavioural disorders⁴. The question is, how equipped and resilient are we, as a nation, when it comes to addressing and responding to mental health issues? The socio-cultural norms and traditions of different regions impact mental health. India's diverse population, including West Bengal, has experienced rapid growth in education, economy, and health. However, there is a gap between existing mental health facilities and the population with mental health issues. Addressing this gap is crucial.

Adolescents and youth in both rural and urban sectors of the state are burdened with the fast-paced and digital lifestyle and have been trying to balance it with multiple aspects such as education, career, financial advancement, chasing aspirations and ensuring a quality of life. Somewhere between the rapid changes in lifestyle and culture along with the advancement of technology-driven services, mental health and well-being have taken a backseat in society as a whole. Prevalent among all age groups in various forms, it is still a subject that needs to gain equal prominence as physical health in West Bengal. The COVID-19 pandemic has also brought a new stressor and significantly impacted children and adolescent's mental health, exacerbating existing issues and introducing new challenges. Social isolation, lockdowns, and remote learning have led to increased loneliness, anxiety, and mental health issues like depression and behavioural disorders.

This report presents a detailed account of the project ‘*Sustainable Community-based Mental Health Interventions for Children and Adolescents in South 24 Parganas District*’. Implemented in the remote vulnerable pockets of the Southernmost district of West Bengal, for mental health awareness and interventions. The intervention seeks to strengthen the District

¹ WHO definition of Mental Health <https://www.who.int/data/gho/data/themes/theme-details/GHO/mental-health>

² World Mental Health Report: Transforming Mental Health for All <https://www.who.int/publications/i/item/9789240049338>

³ The Economic Times <https://economictimes.indiatimes.com/magazines/panache/world-mental-health-day-60-70-mn-people-in-india-suffer-from-common-mental-disorders-stigmatisation-financial-barriers-prevent-timely-treatment/articleshow/104289268.cms?from=mdr>

⁴ https://www.wbhealth.gov.in/mental_health/

Mental Health Programme (DMHP)⁵ by providing technical support to the Department of Health and Family Welfare, thereby enhancing the capacities of the concerned departments, health workforce and stakeholders to provide quality mental health care and support. Another important aspect of this intervention is to generate community awareness and reinforce positive perceptions and attitudes towards mental health and well-being among children, adolescents, community members, caregivers and service providers across the intervention blocks. The project's interventions, conducted across schools and communities with children, parents, health workers, and block and sub-divisional level stakeholders, have been highlighted through activity descriptions, narratives, anecdotes and testimonials given in this report. Additionally, the activities have also aided in capturing the recommendations that advocate for the expansion or replicability of the programme across other districts and states. Adhering to UNICEF's Safeguarding Policy, the names of all children and persons mentioned in this report have been changed to protect their identities and prevent and reduce potential risks as a result of their contact with UNICEF or the work of the organisation.

2. Implementation Partner

Institute of Psychiatry (IOP) is the third-oldest mental health institute and psychiatric hospital in India and has more than 200 years of experience in treating people with mental difficulties, since its establishment in the year 1817 at Calcutta. In 1989, the institute opened up the psychiatry wing to focus on teaching and research on mental health. Since then, it has played a pivotal role in capacitating mental health professionals and operates both as a mental health facility and the general hospital psychiatry setup of a postgraduate medical education institution. As the lead implementing partner of this project, IOP, in coordination with UNICEF, has been providing the Department of Health and Family Welfare, Government of West Bengal with technical assistance to implement activities under the result statement I i.e. "Government has enhanced capacities for delivering inclusive and quality MHPSS across the primary health care, social welfare & child protection, and education systems".

In order to implement activities under the result statement II i.e. "Strengthened community awareness and positive behaviour change for children and adolescents and family/caregivers to promote mental health and psychosocial wellbeing rooted in a stigma and judgement-free environment", IOP selected Jayaprakash Institute of Social Change (JPISC), to implement the community mobilisation and interface aspects of the project across the selected intervention blocks, based on the organisation's experience in implementing a comprehensive mental health project across Howrah district to support the development and expansion of a coordinated system of care that integrates mental health services in the home, schools, and the community and also in running a UGC recognised post-graduate course on psychological counselling.

3. Project Overview

3.1 BACKGROUND OF MENTAL HEALTH IN INDIA

Adolescent mental health in India holds utmost importance since 22% of the population is comprised of those within the age group of 10-19 years⁶. Mental illnesses are prevalent within the age group of 13-17 years at a rate of 7.3% and nearly equal in both genders. An approximate

⁵ The National Mental Health Programme (NMHP) was launched in India in 1982. The DMHP was started under this initiative to provide mental health services at the community level by integrating it with general healthcare delivery system.

⁶ 2011 Census of India

number of 9.8 million young Indians aged 13-17 years are in dire need of active mental health interventions. The existence of mental ailments was nearly twice (13.5%) as much in urban metros as compared to rural (6.9%) regions⁷. Research suggests that in 2017, 14% of the Indian population suffered from mental illness, including 45.7 million from depressive disorders and 49 million from anxiety disorders⁸. Approximately 87% of the Indian youth were faced with moderate to high levels of psychological stress during the COVID-19 pandemic caused by self-isolation and quarantine⁹ (Deb et al., 2023).

In West Bengal, about 6% to 7% of the population is faced with mental and behavioural difficulties. There are probabilities of having at least one member with such mental and behavioural issues out of four families¹⁰. 13% of the state's population suffer from various issues relating to mental health such as neurotic stress-related disorder, high suicidal risk, schizophrenia, OCD and depressive and anxiety disorder¹¹.

With more students enrolling in schools across India, the institutions are becoming the perfect setting for fostering adolescents' and children's mental well-being. The availability of mental health services for children and teenagers is constrained, though. According to a study conducted by NIMHANS, only 10% of people in India who suffer from mental illness receive treatment. The high percentage of underservicing for mental health patients in India can be attributed, in part, to the absence of sufficient public health facilities, mental health specialists in the medical community, and social workers. On average, there are 0.75 psychiatrists for every 100,000 persons¹². The problem has been aggravated by a lack of knowledge and understanding of mental health and mental diseases. The fact that people frequently do not seek help despite experiencing significant suffering is partly due to the prevalent stigma surrounding mental illness. The Covid-19 pandemic has intensified this mental health crisis, especially for the most vulnerable and marginalised groups of people as they have lost their jobs and faced persistent food insecurity and inadequate healthcare during the pandemic and post-pandemic phase. According to a 2022 study, over 23.3% of school children and adolescents in India experience extreme psychosocial stress or have mental health issues¹³. An alarming finding from another study suggests that globally, India has the highest rate of youth suicides¹⁴. Children and adolescents have experienced extreme social isolation as a result of educational institutions closing during the pandemic, which has had long-lasting effects on their health and social lives. Aside from having to deal with elevated anxiety, children and adolescents are more likely to witness or become victims of domestic abuse and violence because of domestic issues. In addition, a significant number of them have experienced the loss of one or both parents due to a Covid infection, which further adds to the high degree of psychological stress. The likelihood of child marriage, child labour, and teenage pregnancies has considerably increased due to higher school dropout rates brought on by school closures.

⁷ The National Mental Health Survey of India, 2015-16

⁸ India, I. F. (n.d.). Understanding India's mental health crisis. Ideas for India. <https://www.ideasforindia.in/topics/human-development/understanding-india-s-mental-health-crisis.html>

⁹ Deb, S., Dorji, N., Kar, S., Sunny, A. M., Deb, S., Ghosh, S., & Chakraborty, S. (2023). COVID-19 and stress of Indian youth: An association with background, on-line mode of teaching, resilience and hope. *Journal of Affective Disorders Reports*, 12, 100502. <https://doi.org/10.1016/j.jadr.2023.100502>

¹⁰ https://www.wbhealth.gov.in/mental_health/

¹¹ The National Mental Health Survey of India, 2015-16

¹² The National Mental Health Survey of India, 2015-16

¹³ Malhotra, S., & Patra, B. N. (2014). Prevalence of child and adolescent psychiatric disorders in India: a systematic review and meta-analysis. *Child and Adolescent Psychiatry and Mental Health*, 8(1). <https://doi.org/10.1186/1753-2000-8-22>

¹⁴ Dikshit, R., Gupta, P. C., Ramasundarahettige, C., Gajalakshmi, V., Aleksandrowicz, L., Badwe, R., Kumar, R., Roy, S., Suraweera, W., Bray, F., Mallath, M., Singh, P. K., Sinha, D. N., Shet, A. S., Gelband, H., & Jha, P. (2012). Suicide mortality in India: a nationally representative survey. *The Lancet*, 379(9834), 2343-2351. [https://doi.org/10.1016/s0140-6736\(12\)60606-0](https://doi.org/10.1016/s0140-6736(12)60606-0)

Particularly impacted by the societal institutions that are extremely patriarchal, are girls and young women who are facing the burden of early marriage, adolescent motherhood, and sexual and domestic violence, which has increased dramatically since the Covid-19 pandemic. The pandemic affected children the most, disrupting almost every aspect of their lives, including their health, development, learning, behaviour, and families' ability to protect them from abuse and violence. In such a situation, it is the primary duty of mental health service providers, parents, and other close caregivers to assist children and adolescents experiencing distress in overcoming mental health obstacles.

3.2 PROBLEM STATEMENT & RATIONALE

It is evident that the dearth of mental health care facilities in the state of West Bengal as a whole justifies the need for and importance of such an intervention as there are only 6 mental hospitals and 11 general hospitals with psychiatric units reaching out to less than 0.01 persons per 100,000 population respectively. Beds available for mental health inpatient services are 1.86 per 100,000 populations¹⁵. Mental health and psychosocial well-being are not prioritised as much as physical health issues and infrastructure. The National Mental Health Survey (2016) reports almost 150 million citizens of India need care and support for their mental health and wellbeing. Additionally, it was discovered that between 70% to 90% of these people have been unable to receive early, timely and quality intervention¹⁶.

Table 1.1: Mental Health Care Facilities in West Bengal¹⁷

	Types of Facilities	No.	Availability per 100,000 Population
MH Care Facilities	Mental Hospitals	6	<0.01
	Medical Colleges with Psychiatry Department	7	<0.01
	General hospital with psychiatric units	11	0.01
	Beds available for mental health inpatient services	1696	1.86
Human Resources for MH	Psychiatrists	506	0.55
	Clinical Psychologists	42	0.05
	Psychiatric Social Workers	110	0.12
	Rehabilitation Workers and Special Education Teachers	229	0.25
	Professional and Paraprofessional Psychosocial Counsellors	407	0.45
	Nurses with Diploma in Psychiatric Nursing	12	0.01

Table 1.1 depicts that the availability of mental health services in the state of West Bengal is insufficient to address the needs of mental health care in the region. The current state of mental health demonstrates the project's applicability and underlines the necessity of comprehensive interventions in mental health care to foster a culture of positive well-being via persistent advocacy, education, and sensitisation regarding mental health. The stigma associated with mental illness and the extremely restricted access to mental health care in West Bengal's district of South 24 Parganas, both reinforce the notion that many vulnerable children and adolescents endure ongoing anguish and require immediate professional assistance. In this context, the project provided technical support to the Department of Health and Family Welfare in order to strengthen the District Mental Health Program. With an emerging need to establish an allied workforce of localised barefoot counsellors, the intervention capacitated them in identifying mental health problems, destigmatisation, and providing initial MHFA and referrals

¹⁵ Fact Sheet, West Bengal, National Mental Health Survey, 2016

¹⁶ Mental Health and Wellbeing — A Perspective, Central Board of Secondary Education, P.8

¹⁷ Fact Sheet, West Bengal, National Mental Health Survey, 2016

from the community with a special focus on children and adolescents. This initiative would create a sustainable Mental Health Approach (MHA) in West Bengal with potential for replication across other districts as well.

3.3 GEOGRAPHICAL COVERAGE

Being the largest district within the state of West Bengal, South 24 Parganas is formed by fragments of islands that are prone to climatic and socio-economic vulnerabilities. The district lies between the urban fringes of Kolkata and the riverine hamlets of the Sundarbans – the largest mangrove forest in the world. The district is divided into 5 subdivisions including 29 blocks, 7 municipalities, 312 Gram Panchayats and 1996 villages. Spread across 9,960 square kilometres, this ecologically fragile and climate-vulnerable area serves as a home to a population of 81,61,961 people. According to state government data¹⁸ 37.21% of the population is comprised of BPL families. The fragments of land opening into the Bay of Bengal make this region susceptible to harsh cyclones every year, the after-effects of which are borne by the people in various forms.

The district has witnessed devastating cyclones such as Aila (2009), Hudhud (2014), Bulbul (2019), Fani (2019), Amphan (2020), Yaas (2021) and the most recent one being Remal (2024). These repeated instances of cyclones have visibly impacted the lives and livelihood of its inhabitants. Every year, a considerable portion of their income goes into rebuilding their houses that get damaged during the storms. The people are highly dependent on agriculture and fishing which are tremendously affected due to the inflow of saline water into agricultural lands thereby destroying crops. Fisherfolk face extensive losses due to the damage to fishing gears and trawlers during such cyclonic storms. The high rate of socio-economic vulnerability makes it extremely challenging and stressful for people to cope with the difficulties they face each year. In such circumstances, awareness of mental health and well-being takes a backseat in the lives of the people because they have to keep up with the climatic, infrastructural and financial challenges.

The available mental health facilities in the district comprise 6 staff under the DMHP, 495 community health officers, 15



Figure 1.1: The state of West Bengal in India (top left) and South 24 Parganas District in West Bengal

Table 1.2: Demographics of intervention blocks¹⁹

Demographics	Canning I	Canning II
Total Population	304,724	252,523
No. of Females	149,598 (49%)	124,085 (49%)
No. of Males	155,126 (51%)	128,438 (51%)
Rural Population	181,508	241,333
Urban Population	123,216	11,182
0-6 years	44,344	43,445
Literacy Rate	77.51	77.51

¹⁸ <https://s24pgs.gov.in/>

¹⁹ 2011 Census of India

BMOH, 136 GDMO, 19 AFHC Counsellors, 1920 RSK²⁰ peer leaders, 77 RBSK²¹ medical officers, and 40 TeleMANAS²² Counsellors. Records depict that the district has received 733 calls in the tele-counselling service and is third in the state next to Kolkata and North 24 Parganas²³. The health workers have been oriented on the DMHP. Considering these factors, two blocks in South 24 Parganas were selected for the first phase of this intervention.

The blocks, Canning I and Canning II were identified and finalised for the intervention, upon the suggestion of the district administration, in a joint discussion with UNICEF and IOP. These blocks are a mix of rural and urban areas and populations. The main occupations of the people residing in these blocks are agriculture, fisheries, van and rickshaw pulling, small businesses, and tea stalls. Although healthcare infrastructure is present across these blocks, however, one PHC serves a population of two lakh²⁴ people across these blocks. The prevalence of age-old beliefs and stigma related to mental health across these blocks limits the inhabitants from accessing the available mental health care facilities within their block. Since Canning Sub-Divisional Hospital falls under the purview of the DMHP, the blocks have an existing mental health workforce which justifies these blocks as intervention areas so that this workforce could be provided with technical support on mental health and well-being through our programme.

Another objective to choose these blocks for the intervention was that they are extremely close to Kolkata, thereby ensuring better communication, transport and more efficient supportive supervision to review and facilitate the corrective measures to achieve the expected results for the intervention within a short period of time.

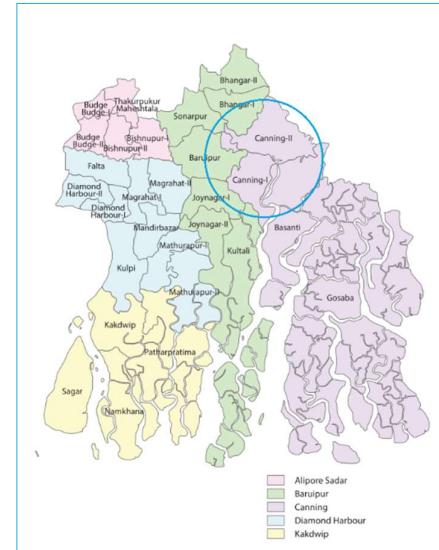


Figure 1.2: Sub-Divisional Map of South 24 Parganas District

²⁰ Adolescent health programme in India launched by the Ministry of Health and Family Welfare <https://nhm.gov.in/index4.php?lang=1&level=0&linkid=152&lid=173>

²¹ Child Health Screening and Early Intervention Services launched by the Ministry of Health and Family Welfare <https://rbsk.mohfw.gov.in/RBSK/>

²² National Tele-mental Health Programme of India <https://telemanas.mohfw.gov.in/telemanas-dashboard/#/>

²³Health & Family Welfare Dept., Govt. of West Bengal <https://www.wbhealth.gov.in/>

²⁴ Khatun, Y., & Ghosh, S. (2019). Spatial Disparities In Health Care Infrastructure In South 24 Parganas District Of West Bengal, India. International Journal of Research in Humanities, Arts and Literature, 7(3), 23218878. <https://oajj.net/articles/2019/488-1555411445.pdf>

3.4 OBJECTIVES

The project seeks to achieve six objectives that are divided into two main components,

Component I: Provide technical support to the Department of Health and Family Welfare	<p>Objective 1: <i>To conduct skill-based training on Mental Health First Aid for the existing workforce.</i></p> <p>Objective 2: <i>To develop a supportive supervision checklist for Mental Health program monitoring at the district and block levels on a real-time basis.</i></p> <p>Objective 3: <i>To review, finalise and roll out the existing training module on mental health awareness as a uniform module.</i></p>
Component II: Direct intervention for community-based mental health program	<p>Objective 4: <i>To build and strengthen the mental health workforce through identification of community volunteers and capacity building.</i></p> <p>Objective 5: <i>To expand the community-based mental health workforce and community outreach through capacity building of stakeholders and other community platforms such as Panchayat, self-help groups, child protection committees including child representatives, NSS & NCC volunteers, CSOs, Peer Educators (RKS), Child helpline & DCPU.</i></p> <p>Objective 6: <i>To orient the teachers, children, and adolescents in schools on physical and mental well-being, risk factors, and destigmatisation and link them to appropriate referral to specialised services wherever needed.</i></p>

4. Result-based Intervention

Result Statement I: Government has enhanced capacities for delivering inclusive and quality MHPSS across the primary health care, social welfare & child protection, and education systems.

- Number of health workforce trained on the promotion of mental health and psychosocial wellbeing.
- Number of blocks and districts implementing supportive supervision checklist for monitoring.
- Number of blocks and districts implemented training modules on mental health awareness.

4.1 CAPACITY-BUILDING OF EXISTING HEALTH WORKFORCE

The project capacitated the existing health workforce on mental health and well-being through 6 skill-based trainings. These trainings focused on important stakeholders such as ASHA workers through 4 workshops, ANM workers through 1 workshop, and a review meeting with DMHP stakeholders including the MO, AFHC and Welfare Officers.

1. Skills training with Frontline Workers (FLWs):

The FLWs comprise of ASHA, ANM and AWW who work at the grass-root level and are in regular touch with the community. They have access to households and therefore capacitating them on mental health and well-being and MHFA was a strategic move to increase mental health awareness among them which they would then percolate at the community level and also to recognise and identify mental health issues prevailing at the community level children and adolescents. Through these skill-based trainings, the FLWs were taught basic MHFA techniques. This empowered them to provide support to individuals experiencing mental distress. They were also trained to identify early signs of mental health problems and guide those in need towards appropriate professional help, such as the Mental Health Helpline (14416), Adolescent Friendly Health Clinics (AFHCs), and the District Mental Health Program (DMHP).

2. Workshop with DMHP, MO and AFHC:

A workshop was held with the 14 DMHP stakeholders which included the Medical Officer, AFHC Counsellors, Health Inspector, ASHA, AWW and Teacher-in-Charge, to discuss the status of mental health and well-being in the block and capacitate the participants on MHFA. At the end of the workshop, the attendees shared that through the learnings of the workshop, they felt confident to provide basic MHFA training to FLWs, teachers and community stakeholders.

Result

- A total of 584 frontline health stakeholders have received training through skill-based workshops focused on Mental Health First Aid (MHFA)
- The frontline health workforce has gained a deeper understanding of how to provide MHFA to children and adolescents in both community settings thereby enabling them to recognise the symptoms of mental health issues among children and adolescents and respond to their issues.

Profile of Health Workers

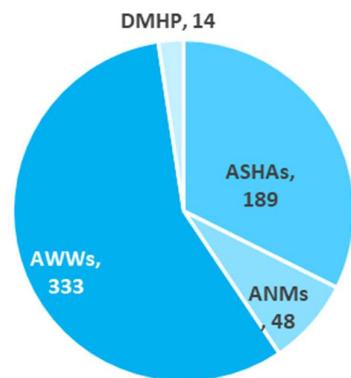


Figure 2.1: No of Health Workers Capacitated

"It is distressful for anyone facing mental health issues because we live in a society where the person who is facing these problems, tends to become a subject of judgement or ridicule, rather than being offered the support he or she needs. This is the reason why all of us need to be conscious of mental health and well-being and empathic towards those struggling with these issues. This kind of an awareness programme is essential at the communities that we work with so that people are able to develop sensitivity towards the issues of mental health." – ANM

- ICDS supervisors and AWWs have developed an increased understanding of mental health and well-being and common mental health issues among younger children (0-6 years).
- The frontline health workforce has increased awareness about the Mental Health Helpline (14416) and other relevant support services. They have not only disseminated this information to children, adolescents, and community members, but they have also encouraged them to utilize these services when necessary.

“We don’t prioritise mental health as much as we do so for our physical health. Through this training on MHFA, we have become more aware of the symptoms that hint towards mental health issues. This will help us identify those facing such issues in the community, especially among children and adolescents.” – ASHA

Recommendations

- Promote awareness, capacity-buildings and refresher trainings on mental health and well-being and MHFA for the frontline health workers.
- Include mental health awareness in the frontline health workforce's current training curricula and reporting formats. Incorporate child and adolescent mental health issues in the reporting checklist of ASHA/ANM workers so as to increase awareness and identification of child and adolescent mental health issues and to facilitate referrals to nearby mental health support services such as AFHCs and DMHP.

Catalysing Mental Health Awareness in Communities through Anganwadi Centre

The members of an AWC in an intervention community, who had received orientations on mental health and well-being and MHFA conducted by CBMH program supported by UNICEF, led the awareness discussions at the community meetings. They held workshops with community members, especially parents and focused on educating them on mental health and well-being among children and adolescents, addressing the issues by identifying them and information sharing on existing Mental Health Support systems in the community, block or district.

Through these meetings, the community members opened up about the common mental health issues that they have witnessed among young children and adolescents such as hyperactivity, withdrawal, signs of developmental delays, decline in academic performance etc. An AWW shared, “Mothers present in these meetings have highlighted the stress and anxiety affecting them due to factors such as poverty, domestic issues, and pregnancy.”

Along with the project team, the AWWs of the centre started mobilising the community members on concepts such as childhood mental health, stress, depression, and anxiety and seeking relevant support for these issues. They helped the team by distributing pamphlets with simple messages on recognising and managing mental health issues. They also conducted individual sessions where they would devote time to listen to children, adolescents and even mothers speak about mental health issues faced by them. The AWWs formed women's support groups where mothers could share their experiences and feelings in a safe and supportive environment. These groups met regularly at the AWC and helped to reduce the stigma around discussing mental health issues. They also induced art and play therapy for children to express their emotions and started identifying children who were at risk of developmental delays or emotional difficulties so that they could be provided with early intervention support.

The AWC collaborated with the AFHCs to provide periodic mental health check-ups and consultations, making it easier for children and adolescents to access professional help. The success of the interventions prompted the AWC to continue offering mental health-related activities as a regular part of its services.

Case Study: Frontline Worker Mobilises a Family to Access Mental Health Support

Anita (aged 36) is an ASHA in the intervention area of the project. She had been a part of orientations on MHFA organised by the CBMH programme supported by UNICEF. Through these orientations, she was able to learn about mental health and well-being, how to identify symptoms related to mental health, the stigma associated with it, and also, relevant support services in the community.

On one of her regular household visits, she came across a family who shared with her about their 13-year-old boy who had been displaying signs of emotional stress. These included issues such as mood swings, lack of interest in games and activities that he once liked, a decline in his academic performance as he was previously a diligent student and, now isolating himself from family and friends. The boy also complained of physical issues such as headaches, stomach aches and sleep disturbances but they were unable to find a definite cause of these issues. An in-depth discussion with the family helped Anita understand that the probable causes of the child's mental health struggles involved many factors such as the family's socio-economic condition, pubertal changes, and academic and peer pressure.

Anita decided to help the boy and his family with the knowledge that she had gained through the orientations. She suggested that he be taken to the AFHC for need-based counselling support. She stated, “I made his parents understand that having such mental health issues is not something to be ashamed of, and instead, they should be supportive of accessing mental health care services in order to help him.” She also shared with them the Mental Health Helpline number and informed them that they could contact the helpline for immediate support and assistance. Upon her suggestion, they approached the AFHC where the boy gained relief from the issues that he had been struggling with, through regular counselling support. Since then, Anita too has been following up with the family to ensure the child's mental well-being.



Top (L-R): ASHA Training at Matherdighi; AWW Workshop at BDO Office, Canning I
Middle (L-R): Review Meeting with DMHP; BDMO addresses participants at the Workshop
Below (L-R): AWW Workshop at BDO Office, Canning I; ANM Workshop at BDO, Canning I

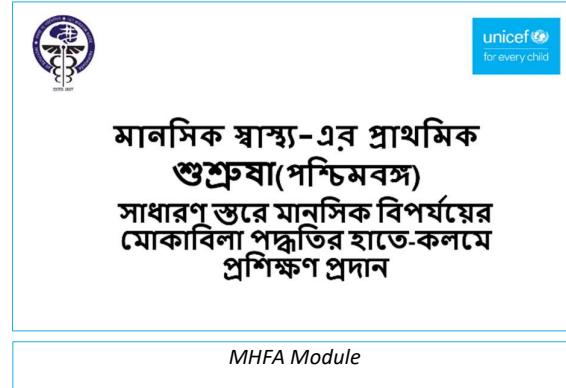
4.2 DEVELOPMENT OF KNOWLEDGE PRODUCTS & COMMUNICATION MATERIALS

The project involved the creation of diverse knowledge products and communication resources that were utilized to enhance the capability of stakeholders. In addition to these, a resource directory and checklist have been created for mental health practitioners to monitor and to share information about mental health services.

1. Supportive Supervision Checklist: The Supportive Supervision Checklist has been developed to serve as a monitoring tool for Government officials at the block level to monitor the progress of mental health program across the district and block. It is comprised of a set of standards that ensure the implementation of mental health interventions at the district and block levels while maintaining their quality. The checklist seeks to monitor various parameters such as infrastructure, human resources, reporting and documentation, training and awareness, service delivery, linkages, referrals and follow ups. It also provides a list of monitoring indicators for the DMHP.

2. Module on Mental Health First Aid:

A module on MHFA was prepared to capacitate the health workforce such as MOs, AFHCs, nodal teachers, ASHA workers to provide initial support and guidance during mental health crises with MHFA. The MFHA Module seeks to provide health workers with training on how to provide immediate support to cope with emotional distress among children/adolescents and at the community level. Its main objectives are to sensitise the health workforce on the diverse needs related to mental health, establish their roles as first responders in mental health in normal as well as emergency settings, develop their skills in early detection of mental health issues, and conduct proper need-based referrals to relevant mental health services.

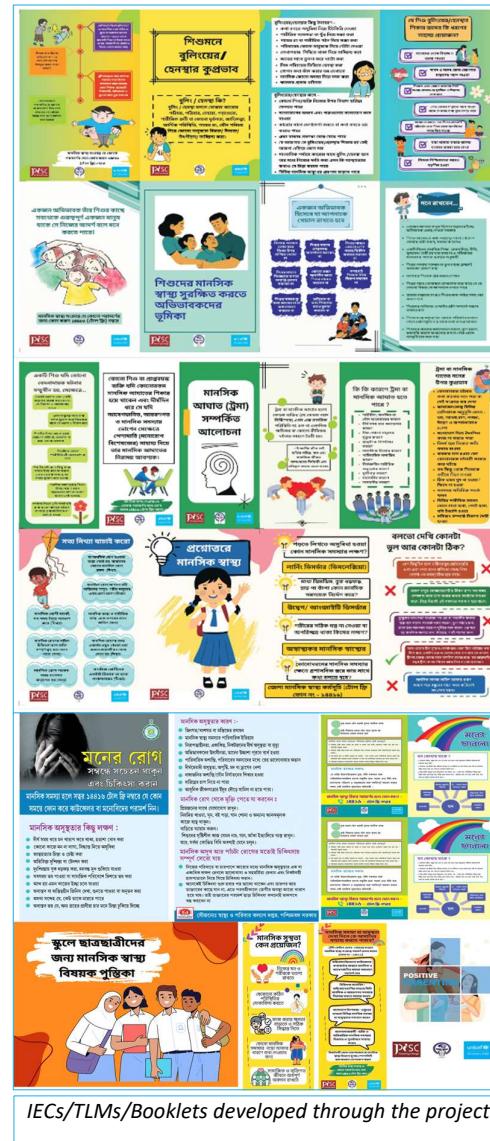


3. Module for ASHA Training: A module for capacitating the ASHA workers has been developed which was used for their skill-based training on mental health and well-being. The module contains information on common mental health symptoms, and how to identify them, causes of mental health disorders, misconceptions about mental health, types of mental health disorders, primary treatment and care methods and principles of MHFA. It was designed specifically for ASHA to assist the ASHA workers in recognising the signs and symptoms of mental health issues in children, adolescents, and community members. It equipped them with the necessary information to facilitate linkages between the community and the available mental health services.

4. IECs, TLMs and booklets: IECs, TLMs and booklets have been developed and used throughout sensitisation initiatives across schools and communities with children, adolescents, parents, teachers and health workers. These have also been used in mass awareness activities to disseminate information on mental health and well-being. Pamphlets were developed on (a) importance of mental well-being (b) effects of bullying and harassment on children and how to address them (c) parents' role in ensuring the mental

well-being of children (d) discussion on mental trauma (e) signs and symptoms of mental well-being (f) mental health awareness (g) basics of MHFA. Along with these, booklets have also been developed on (i) positive parenting and (ii) mental health handbook for school students.

5. Resource Directory: The Resource Directory on Mental Health has been developed as a comprehensive resource that contains information on block and district level resources related services for children, health and mental health. It includes address, contact details of the district administration including District Magistrate (DM), Additional District Magistrate (ADM), BDO, BWO, BDMO etc. Details of outreach clinics under the DMHP have been provided. Along with these, it contains the list of government and private psychiatric hospitals in West Bengal, Kolkata and South 24 Parganas. The details of Chief Medical Officer of Health (CMOH), Dy CMOH, BMoH and AFHC Counsellors of South 24 Parganas are present in the directory. A list of PHCs South 24 Parganas has also been included. It also contains information of clinical psychologists, special educators, rehabilitation counsellors and special schools across the district. Details of child protection functionaries such as DCPU, DSWO, CDPO, and District Legal Services Authority (DLSA), police and Special Juvenile Police Unit (SJP), NGOs, Child Care Institutes (CCIs), Cottage Homes for Destitute Children, Child Welfare Committees (CWC), Juvenile Justice Boards (JJB) and One Stop Centre (OSC) have also been included in this directory.



IECs/TLMs/Booklets developed through the project

Result

- The MFHA module promoted increased understanding among health workers and nodal teachers on how they can respond to emotional crises faced by children, adolescents and community members.
- Although the target was to orient 100 ASHA workers through the ASHA training module, but a total of 189 ASHA workers were capacitated through the module and have developed increased awareness on mental health and well-being and MHFA.
- 7 engaging IECs/TLMs and 2 booklets have been developed and utilised to generate awareness on mental health, across schools, communities and the health workforce.

Recommendations

- Implementation of the supportive supervision checklist across the state to evaluate both the quantity and quality of mental health interventions in each district of West Bengal.
- Institutionalise and roll out the MHFA module across the state for dissemination among mental health and relevant stakeholders across all districts.
- Integrate tailored MHFA sessions for healthcare professionals into additional training programs.
- Institutionalise and roll out the ASHA module throughout the state to provide uniform training programs to ASHA workers to become first responders to mental health issues in the community.
- Integrate the utilisation of these IECs/TLMs within schools, AFHCs, and AWCs to assist service providers in educating children and community members about mental health, well-being, and positive parenting, thereby enhancing awareness of these critical issues.

Result Statement II: Strengthened community awareness and positive behaviour change for children and adolescents, and family/caregivers to promote mental health, and psychosocial well-being, rooted in a stigma- and judgment-free environment.

- Number of stakeholders such as Panchayat, self-help groups (SHGs), child protection committees including child representatives, NSS & NCC volunteers CSOs, Peer Educators (RKS), Child helpline & DCPU, have strengthened their knowledge of mental health and increased their capacity for early identification, provide initial mental health support and appropriate referrals to reduce treatment gaps.
- Number of community people who are aware of typical signs and symptoms of common psychosocial stress/mental illnesses (e.g. anxiety disorders, depression) in children and adolescents.
- Number of children and adolescents who are reached through school sensitisation programmes and aware of at least two forms of psychosocial stress/mental health problem.
- Number of KP clubs, teachers, SMCs, PTAs oriented on mental health and psychosocial wellbeing, mental health conditions, and primary care on MHFA of children and caregivers.
- Number of vulnerable children and adolescents supported through referral and linked with mental health services.

4.3 PROMOTION OF MENTAL HEALTH IN SCHOOLS

The project reached out to schools in the intervention blocks through school sensitisation workshops so as to capacitate students, school authorities and related stakeholders on mental health and well-being among children and adolescents.

1. Student sensitisation workshops:

Sensitisation programmes on mental health and well-being conducted across schools sought to raise awareness among students about mental health issues, enhance their understanding of mental well-being, and equip them with strategies to manage stress and emotional challenges. Additionally, the programme also aimed to improve concentration, alertness, and communication skills among students through interactive activities. The main issues discussed in these workshops were mental health and well-being, common mental health issues such as stress, anxiety and depression, identifying the signs and symptoms, coping strategies, stigma around mental health and encouraging students to seek help for issues related to mental health.

"We go through many things that disturb us such as examination pressure, keeping up with our friends, comparing ourselves with others, feeling conscious about our looks. These also create mental stresses within us. The meeting on mental health and well-being helped us understand a lot about these issues and how we can identify these within ourselves and our friends. We also learnt that this is not something that anyone should be ashamed of, but instead, it should be openly discussed to bring about awareness among people." - Student

- 2. Module and Handbook for School Sensitisation:** School sensitisation activities with students was conducted based on the module 'Understanding Mental Health and Mental Illness' which was developed for the purpose. It helped in guiding the team on the types of discussions they could facilitate with students and provided a set of activities to engage students during the workshops and also disseminate uniform and standard messages on mental health. As mentioned in the previous section, a Handbook on Mental Health for students has been developed through this project to aid students with understanding and identifying mental health issues, and seeking professional help when required.
- 3. Capacity-building & sensitisation workshops with teachers/SMC/PTA:** Sensitisation workshops, capacity-building sessions and review meetings with teachers, nodal teachers, SMCs, and PTAs enabled in generating awareness about the importance of mental health

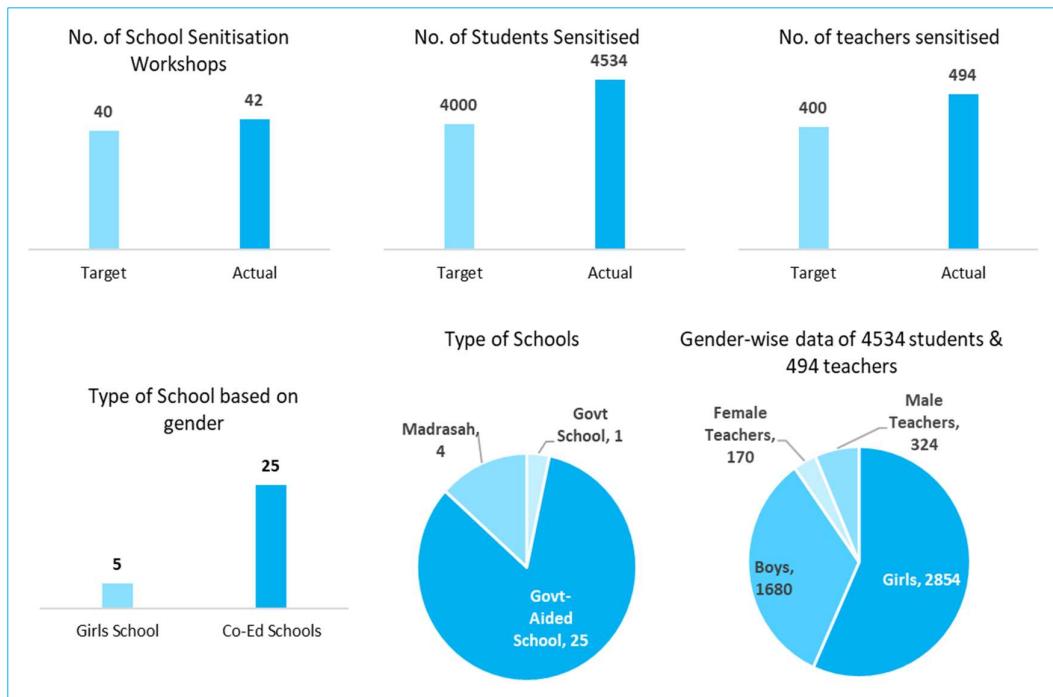


Figure 3.1: Reach through school sensitisation programmes

and well-being among young and adolescent students. These programmes helped in enhancing teachers' and parents' understanding and identifying mental health issues in students and equipped them with strategies to promote mental well-being in the classroom and also at home. The meetings also encouraged self-care and mental well-being practices among teachers and parents. Discussions focused on understanding mental health issues, identifying the symptoms among students, common mental health disorders such as ADHD, CD and Dyslexia found among students and establishing need-based referrals for students to support systems such as mental health helplines or AFHCs.

Result

- 4534 students and 494 teachers across 30 schools sensitised through 42 workshops. While 18 schools were reached once through the workshops on mental health and well-being, 12 schools were reached twice due to the need for in-depth discussions on mental health issues with adolescent students who had attended the sensitisation previously, along with new attendees during the second workshop, where they were provided with information on existing mental health services and Mental Health Helpline (14416).
- Students have been able to engage in open discussions regarding mental health issues of their own, family and peers. They are also aware of existing mental health support resources in their blocks.
- In the review meeting, the students shared feedback that the programme on mental health and well-being has helped them reduce examination stress and performance anxiety, and develop interpersonal communication.
- Teachers have acknowledged that mental health issues should be discussed rather than being treated as a taboo and are aware of mental health helpline numbers, and government and community-based support systems where school children can be referred to.

Recommendation

- Workshops should be organised at regular intervals that focus on mental health and well-being for students, teachers, school authorities, SMCs and PTAs.
- A nodal teacher should be designated as the mental health focal point as a point of contact for students with mental health issues.
- Promote the existing student clubs or groups and facilitate the sharing of experiences and mutual support, supervised by the designated teacher, for encouraging open discussions on mental health.

"Students deal with multiple issues such as parental pressure, comparison with others for academic excellence, peer pressure, overexposure to the digital world, neglect or familial issues, and socio-economic conditions, which have a negative impact on their mental health. In times like these, they need someone to speak to or at least hear them out. We as teachers, may not be professionally trained to provide our students with counselling support, but through these sensitisation initiatives on mental health, we are becoming more aware of the issues faced by our students and we are being able to identify those problems early on and connect them with relevant support services such as AFHCs or Tele Mental Health Helpline." - Teacher-in-Charge

- Regular workshops and activities for teachers focusing on mental health should be conducted which would encompass meditation, stress management, and strategies for addressing mental health challenges in children and adolescents
- MHFA training should be organised for teachers to equip them with the skills necessary to support students requiring mental health support.

"In our school, we have children coming from extremely remote areas, many of whom are also first-generation learners. Adolescent girls and boys have their own set of issues which tend to affect them mentally. As much as we want to engage in discussions with them on mental health and well-being, there is not much scope for us to do so because of the academic pressure and time constraints. However, the training programme on mental health issues, has guided us on how we can incorporate these discussions with students within our daily schedule. It has also helped us understand how we can link them to relevant mental health support services whenever needed. Such initiatives should be undertaken within all schools." - Assistant Teacher



Convergent Actions in Addressing Mental Health Issues in an Adolescent

Sumon (aged 15) studies in class X in one of the intervention schools under the project area. He had a history of behavioural issues that affected his relations with his peers and teachers. In addition to these concerns, his parents shared that he displayed signs of OCD. He felt excessively unclean and would take prolonged showers, lasting for three to four hours. Sumon's teachers, aware of his difficulties and academic struggles, implemented strategies to create a structured and predictable classroom environment. This included establishing clear rules, consistent routines, and behavioural expectations. However, these efforts were insufficient in addressing the concerns.

The school had been one of the intervention schools of the CBMH programme supported by UNICEF, through which its teachers received orientations on MHFA and available mental health support services within their block. The training helped them recognise and acknowledge Sumon's mental health concerns. They then conducted a need-based assessment and referred him to the AFHC where he received counselling and was diagnosed with a combination of Conduct Disorder and OCD. The ASHA workers who received a similar orientation, guided his parents, thereby helping them to understand the importance of addressing both behavioural and mental health concerns that their son was dealing with.

With continued support from the school, AFHC, and his family, Sumon began attending regular therapy sessions, which focused on anger management, social skills development, and addressing his OCD. The community stakeholders, including the ANM and AWW, played a pivotal role in monitoring his progress and ensuring that his family adhered to the treatment plan. The AFHC counsellor shared, "A comprehensive approach, involving structured school environment, community support, and specialised care, proved successful in addressing Sumon's mental health issues and improving his overall well-being."

Parents and Teachers overcome Stigma to become Mental Well-being Champions

Mamoni (aged 14) studies at class IX in an intervention school under the CBMH programme supported by UNICEF. She had several mental health concerns and overall well-being issues. She was struggling with physical signs of distress, including excessive hair fall, decreased appetite, and a dull appearance throughout the day. During classes, her classmates and teachers witnessed her constantly mumbling to herself and avoiding eye contact. She also faced significant challenges in understanding both verbal and non-verbal cues, as well as difficulties in reading and writing. She faced difficulties in comprehending the lessons taught in class. Her teachers tried to help her, but despite their efforts, it was difficult for them to go ahead with any support because her parents were unable to accept the issues that Mamoni was dealing with.

The teachers of the school had participated in capacity-building and sensitisation programmes conducted by the CBMH intervention at their school. The learnings imparted through the sessions helped teachers become aware of mental health issues among students. They were able to identify the signs of mental health concerns displayed by Mamoni, following which, they referred her to an AFHC counsellor. An initial assessment was conducted by the counsellor, who suggested that Mamoni's condition should be evaluated by a child psychologist. This referral was vital in ensuring that she received appropriate mental health support.

Through persistent efforts by the school, Mamoni's parents were gradually engaged in the process and accepted her situation. The awareness campaign helped them understand the importance of addressing mental health issues and overcoming the stigma around mental health. "We have been able to overcome our hesitation and consult a psychological counsellor for our daughter", her parents stated.

After the orientation on mental health from the CBMH program, and learning from Mamoni's case, the school started a campaign to reduce stigma and promote open talks about mental health. This led to more students and parents sharing their mental health worries.

Rising Above Social Stigma to Address Substance Use Disorder

Debu (aged 13) resides at an intervention block of the CBMH programme supported by UNICEF. From a tender age, he had been battling the issues of substance use disorder (SUD), which deeply affected every aspect of his life. Initially, what might have started as a coping mechanism for stress or a means to fit in with his peers had escalated into a significant problem, impacting his academic performance, social interactions, and overall well-being. His family's financial difficulties contributed to Debu's increasing reliance on substances as an escape. At school, he struggled with concentration and lacked motivation, leading to a decline in grades and disengagement from activities and games he once enjoyed.

Through sensitisation initiatives on mental health and well-being, and training on MHFA provided to the school teachers by the CBMH programme, the teachers were able to recognize the signs of mental health issues displayed by Debu, such as a decline in academic performance and withdrawal from friends and peers. They learned to approach him with empathy, which was essential in establishing a supportive environment for him. They coordinated with the AFHC to provide Debu with need-based counselling support. He was referred to counselling services that specifically addressed both his issues with substance use and the emotional factors that were causing him to seek solace in drugs. One of his teachers shared, "This process of referral was significant in providing him with the professional help he needed, and we were empowered with the knowledge of doing so by the sensitisation activities on mental health."

Through sensitisation initiatives and training on mental health and well-being, teachers recognised his signs and provided need-based counselling support. The intervention helped Debu regain control over his life and sparked broader awareness of mental health issues. The school became a safer space for students seeking help without fear of judgment, contributing to their overall well-being.



Top (L-R): Review Meeting with Students at New Integrated Government High School; Sensitisation Workshop at Changdona High School

Middle (L-R): Students of Tangrakhali PJP High School Hold TLMs; Workshop at Sangraminagar Vidyapith High School

Below(L-R): Nodal Teacher's Workshop; Workshop at Mathergidhi Atharabanki Siddiqi High Madrasa

4.4 COMMUNITY MOBILISATION & OUTREACH

The project conducted community sensitisation and outreach programmes in both the intervention blocks.

1. Community Mobilisation meetings:

Community members were introduced to mental health issues and well-being through the sensitisation meetings which held across AWCs in the intervention communities. The main attendees of the meeting were women, community parents, especially mothers, adolescents, ASHA, ANM and AWWs. They were oriented on mental health and well-being, common mental health issues affecting children, adolescents and even pregnant/lactating mothers, identifying early signs such as change in behaviour, mood swings or withdrawal, prioritising mental health issues as much as physical health and not treating it as a taboo, and emphasising the importance of seeking help and also reaching out to basic service providers for support.

2. Mass awareness:

Mass sensitisation was conducted at Canning I and II through community-level announcements, pamphlet distribution street plays and folklore performances in public spaces such as marts and near religious shrines where people gather in huge numbers. The Announcements consisted of information on common mental health issues and recognizing them through symptoms, the need for prioritizing and addressing those issues, approaching existing mental health services at the block level or reaching out to the Tele-Mental Health service (14416). IECs displaying information on Mental Health Outreach Clinics across the district were also displayed.

Result

- A total of 1376 community members involving parents and family members were directly sensitised on mental health and well-being through community meetings and a population of 7399 was reached through mass awareness programmes across both intervention blocks.
- Community members, many of whom did not know about mental health issues have gained awareness of mental health challenges faced by children and adolescents.

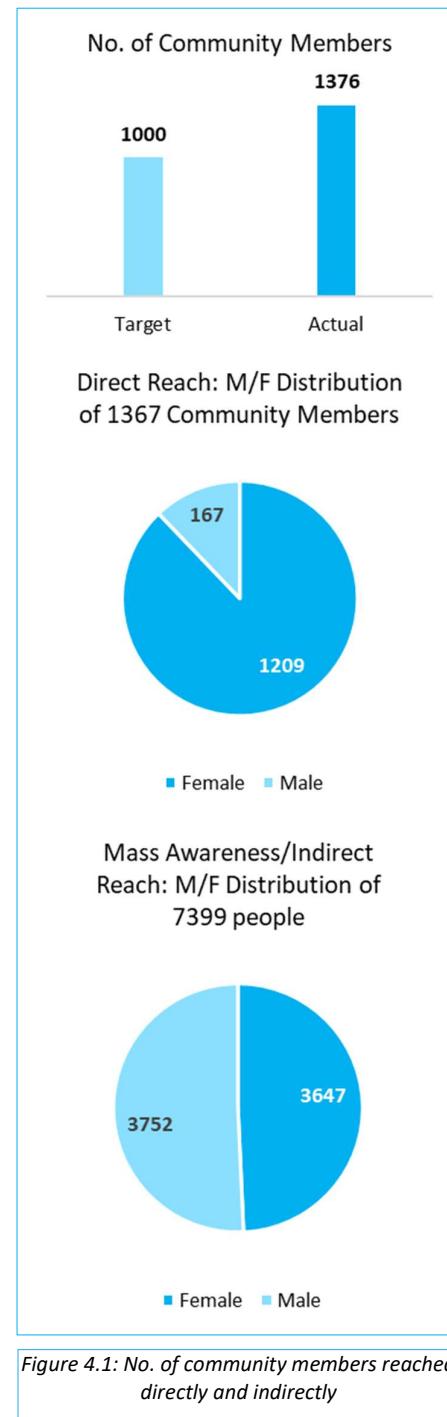
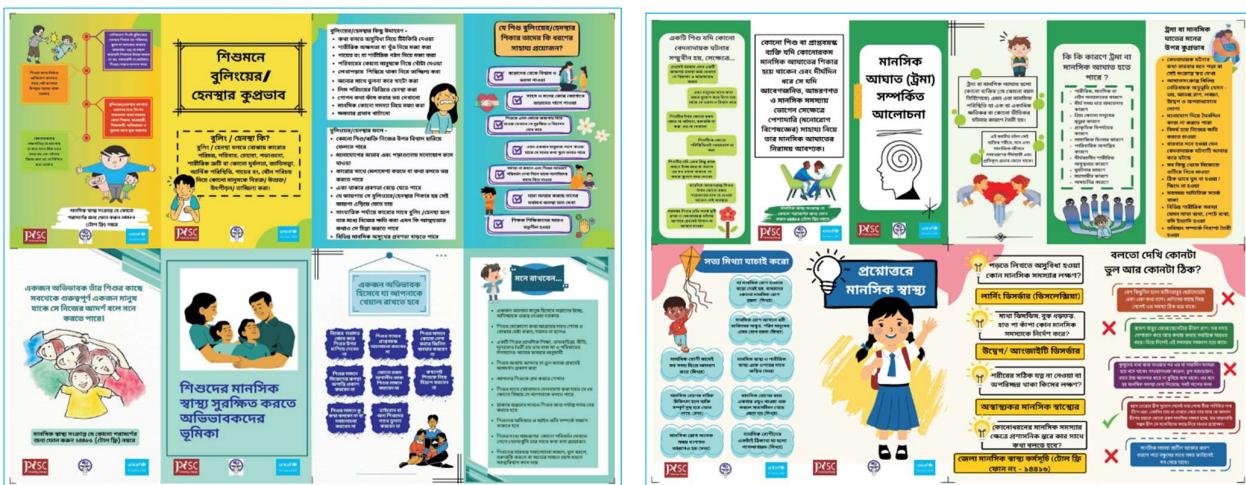


Figure 4.1: No. of community members reached directly and indirectly

- They openly spoke about the common issues impacting their children's mental well-being, including phone addiction and peer pressure, indicating their progress in addressing the stigma associated with mental health.
- AWCs have been made more aware and equipped to provide support to both children and parents in the community.
- Through mass sensitisation, a large group of people such as youth, vendors, daily commuters, service providers etc. were informed about common mental health issues and their symptoms.
- Community members are aware of Tele-Mental Health service (14416) for mental health support.
- Community members are aware of the schedule of Mental Health Outreach Clinics in their respective districts.

Recommendation

- Identify and acknowledge mental health concerns in children and adolescents during routine visits by ICDS centres, ensuring that referrals to appropriate mental health services are made based on individual needs.
- Fostering open dialogues about mental health issues in community meetings by ICDS centres, in meetings of self-help group in eliminating the associated stigmas, achieved through active listening and the acceptance of existing mental health challenges within the community.
- Organize regular sensitization initiatives within the community to disseminate information regarding mental health services, while also addressing prevalent myths, misconceptions, and social taboos.



Pamphlets used for community sensitisation and mass awareness

Mental Health Support for a Survivor

Amit (aged 43) is a survivor of a train accident which deeply impacted him with Post-Traumatic Stress Disorder (PTSD). He developed symptoms such as intense shivering, insomnia, persistent fear related to the accident, excessive sweating, and profound difficulties in communication and performing daily activities which affected his quality of life.

A fellow community member had suggested he attend a sensitisation programme in his community on mental health and well-being, conducted by CBMH program supported by UNICEF. Amit was informed that it would be helpful to him as this program aimed to improve awareness of mental health issues, offer early intervention, and reduce the stigma surrounding mental health. After attending a few sessions of the programme, Amit was able to speak up about the issues he was dealing with. With the support of local health workers, community members and even teachers, oriented through the MFHA training, Amit was provided with the MHFA by health workers and referrals to counselling support that he needed. The programme also empowered his family and community members to identify his struggles and understand the need for timely intervention and referrals. Through these sensitisation meetings, Amit's family was able to recognise his issues and were able to seek appropriate help.

Gradually, he began reintegrating into daily activities through structured therapy and counselling sessions at the block's sub-divisional hospital which runs programmes under the DMHP. He was referred to the hospital by health workers who had learnt about the programme in a capacity-building session conducted by the project. His progress demonstrated the program's effectiveness in addressing severe mental health issues and improving daily functioning. He reported a reduction in the severity of his symptoms, including less shivering and improved sleep patterns. Amit shared, "My ability to communicate with my family has improved, and I have gradually regained confidence in performing daily tasks."

Transitioning Community Perceptions Towards Mental Health

In a remote intervention village, UNICEF's CBMH program conducted sensitization meetings on mental health, revealing a lack of awareness among the community, who viewed mental health issues as paranormal.

Sabia (aged 12) resides in this community with her parents and three siblings. She had been depicting symptoms such as being withdrawn from family and friends, disrupted sleep patterns, loss of appetite, crying without any reason, expressing feelings of worthlessness and talking to herself, which were possible signs of mental stress and difficulties. She was subjected to stigmatisation after members of her community saw her engaging in such behaviours. They were worried about her, but they also thought that her symptoms might have otherworldly origins. Her parents ultimately took her to a spiritual healer, although in vain, at the advice of the community members.

The team had conducted a community outreach programme through which locals, including Sabia's parents, were sensitized on mental health issues, their signs and symptoms and the common stigma around mental health. Initially, due to deeply rooted cultural beliefs, Sabia's parents were hesitant to accept that she might need psychological help. However, with constant mobilisation and follow up, the team was able to convince her parents to reach out to support services such as the Mental Health Helpline and the AFHC. Additionally, her school teachers were also sensitised through meetings on mental health and well-being and they played a part in encouraging Sabia's parents to get her treated through the help of professional services. Her parents shared, "We thought our daughter was facing something that is incurable and we had almost lost hope, but with proper awareness on mental health, we have been able to seek proper treatment and care for her". A gradual change could be seen in the perception of the community regarding mental health issues and seeking professional help for the same, rather than perceiving it as a paranormal condition.

Adolescent Prioritises Her Mental Well-Being

The age of adolescence is a fragile period in an individual's life which is characterised by physical and mental developments thereby causing heightened emotions. It is a common occurrence for adolescents to develop feelings and enter into relationships at this stage in life. Alena (aged 15), a girl from the intervention area, was going through a similar stage where all her focus was directed towards a relation that she had formed with a boy from a neighbouring school. She found herself struggling with the highs and lows of a relationship and it began to affect her academic performance and overall well-being. This academic decline further fuelled her stress and anxiety.

She was able to recognise her difficulties due to the school sensitisation programme on mental health organised by CBMH program supported by UNICEF at her school. She came forward to share her issues with the team members who acknowledged her problems and also appreciated her for the courage she had shown by owning her problems and speaking about them. The team provided her with information on outreach and AFHC clinics within her block. They also encouraged her to seek support from the Mental Health Helpline (14416) whenever she needed to talk to a counsellor. Her teachers had been a part of training workshops on MHFA through which they were able to provide need-based support to her and other students as well.

During a follow-up session with her teachers, they shared that Alena had started showing academic progress. She had become a regular attendee at the AFHC and it seemed to have considerably helped her. "I was able to recognise my issues and decided to address them. I am now able to balance my education and personal life.", shared Alena. She was also an active participant in activities such as meditation and mind exercises that were conducted by the school teachers after the orientations. Most importantly, she was able to cope with the stress of the adolescence phase and take charge of her life.



Top (L-R): Mass Awareness through street play BDO Office, Canning I
 Below(L-R): Community sensitisation meetings at ICDS Nos. 448, 4 and 450

4.5 STAKEHOLDER CONSULTATIONS

Multi-stakeholder consultations were held with relevant and essential stakeholders across the district, sub-divisional and block levels, the details of which have been elucidated below.

- 1. Block Level consultation:** The consultation included key stakeholders from the block who discussed important insights on the need for mental health intervention in the blocks. The Associate Aggregate Development Officer, Canning I applauded the effort and exclaimed that it would be successful with the joint efforts of all stakeholders present. The Panchayat Samiti Karmadhyaksha (Public Health) expressed that a healthy society cannot be built without a fertile and fresh mind. It is the responsibility of block-level stakeholders to join hands with FLWs such as ASHA, AWW, teachers, and parents to ensure the mental well-being of children and adolescents. The Vice President of the Panchayat Samiti highlighted the neglect of the needs of the children in the block and also said that a letterbox could be kept in every school so that students would be able to express their thoughts without the fear of judgement. The Block Data Manager (BDM) encouraged the practice of open discussion on mental health among stakeholders. He also said that parents should be aware and sensitive about their children's, adolescent distress and difficulties in order to help them. The BMOH highlighted the medical problems of patients suffering from mental health issues and how early identification would help in effective intervention.
- 2. Sub-Divisional Level consultation:** The consultation aimed to bring together key stakeholders to discuss, strategize, and enhance the understanding of mental health disorders affecting children and adolescents, and to develop a collaborative approach for effective intervention and support. The sub-divisional Officer of Canning I emphasised the significance of mental health awareness in educational settings and the urgent need for interventions to support affected students. The Deputy Magistrate and Deputy Collector (DMDC) of Canning I highlighted the role of district administration in facilitating mental health programs and assured of continued support in implementing necessary measures. The Women Development Officer (WDO), addressed the social factors contributing to mental health issues, including poverty, family stress, and lack of access to mental health resources. The Sub-inspector of Canning I, discussed the importance of creating a safe and secure environment for children, free from bullying and other forms of abuse.

“Children are as sensitive as saplings, even the slightest problems can impact their mental health. A very important and positive initiative taken up by this intervention is that it is capacitating teachers, ASHA, ANM and AWW who are in touch with children and adolescents almost every day, to identify mental health issues and provide them with immediate support. We are extremely supportive of this initiative and would want more people from our block to be sensitised on issues related to mental health and well-being.” – Block Disaster Management Officer, Canning I

Result

- A total of 149 stakeholders including BWO, BDMO, WDO, CDPO, PRI members, Teachers, frontline health workers, self help group members have demonstrated increased awareness of mental health and well-being and available mental health services such as mental health helplines and outreach clinics at the district level during post-training discussions and Q&A sessions.
- The consultation meetings highlighted the prevailing mental health issues across schools and communities in the intervention areas, and barriers to accessing them were highlighted

thereby focusing on the need to implement a programme on mental health and well-being across these areas.

Recommendation

- Capacitate teachers, ICDS supervisors and AWW to mobilize and strengthen school and community awareness on mental health issues and impart information on mental health support services to families with young children.
- Equip teachers and health workers on providing MFHA to address mental health crisis among children and adolescents.
- Comprehensive public awareness campaigns to educate the community about mental health, reduce stigma, and promote the importance of early intervention.
- Dissemination of information on AFHCs, toll-free numbers and district hospitals by block-level officials.
- Incorporate mental health awareness and observe Mental Health Day in annual calendar.
- Mobilize stakeholders to promote awareness of mental health and well-being and related services across district and block level through regular awareness drives, and display of information on mental health support services across public spaces.
- Enhance collaboration between the district administration, schools, healthcare providers, and community organizations is essential to ensure the successful implementation of mental health initiatives.
- Establish follow-up mechanisms with grass-root level stakeholders to understand the mental health scenario of the community and conduct need-based referrals.

M/F Distribution of 149 Stakeholders

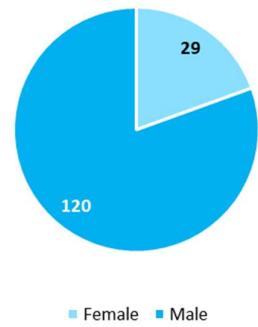


Figure 5.1: No. of stakeholders reached through consultations

"This initiative is proving to be helpful in generating awareness on mental health issues in a remote block such as Canning. Indeed, we cannot bring an overnight change in the mindset and attitudes of people towards mental health and the stigma associated with it. However, with regular sensitisations and capacity-building initiatives that this intervention is conducting, it will definitely have an impact in creating more awareness on mental health and well-being and sensitivity towards those dealing with these issues. It is a praiseworthy effort as you are not only reaching out to community members but also adolescents, who are being able to develop an understanding of the importance of this matter." – Block Welfare Officer, Canning I

“Children and adolescents, are dealing with many issues within their homes and resort to overuse of smartphones, develop virtual relationships through social media as an escapade from their problems. Those aren’t solutions as they too have repercussions which affect adolescents mentally. To mitigate these issues, they should have someone to listen to them, someone whom they can confide in and would not be judged. Through initiatives like yours, our grass-root workers can be sensitised through monthly or quarterly orientations on identifying mental health issues among children and adolescents. Personally, I feel that it would go a long way in addressing mental health issues among the children and adolescents of the community.” – Child Development Project Officer, Canning I



Top (L-R): SDO, Canning I and Dr. Prasanta Kr. Roy addresses attendees of the Sub-Divisional Level Stakeholder Consultation
 Middle (L-R): PRI members at the Block-Level Consultation; Mr. Samapta Maity addresses participants at the Block-Level Consultation
 Below (L-R): Attendees of the Block-Level Consultation; Dr. Prasanta Kr. Roy commences the block-level consultation

4.6 ORIENTATION OF PROJECT TEAM

Before the commencement of the project, the project team were provided with a detailed orientation on the project's components, mental health and well-being and MHFA by IOP and UNICEF. Additionally, the workshop addressed the dissemination of information related to mental health issues among students, community members, and stakeholders. Participants collaboratively developed a strategy for raising awareness about mental health and well-being within schools.

It was a two-day workshop which involved the following discussions and activities,

1. Introduction with project team, followed by in-depth discussions led by skilled clinical psychologists from IOP about mental health and wellbeing.
2. The structure and functions of the DMHP and the existing mental health workforce in the block.
3. Technical Sessions on clarifying the basic concepts of MHPSS, PFA, mental health and well-being, mental illness, early detection, Adverse Childhood Experiences (ACEs), Stigma etc.
4. The five steps of MHFA which involve (i) Behavioural and suicidal assessment (A) (ii) Active listening and non-judgmental attitude (L), (iii) Giving information and re-assurance (G), (iv) Social support system (E), and (v) Encouraging professional help (E).
5. The components of community and school-based mental health programmes, the role of parents, teachers and FLWs in identifying and preventing mental health issues among children and adolescents and promoting mental health and well-being.
6. Mobilisation of stakeholders for focused care including early detection of psychological distress, primary care.
7. Development of school-specific and community-specific action plans and timelines for the intervention phase.

Result: Two frameworks were developed based on the participatory discussion in the training and learning experiences of promoting mental health in schools in other districts not part of this intervention. The frameworks defined outline for the School Sensitization Program and community awareness focused on mental health and well-being. These were collaboratively developed by the facilitators and the project team.



Dr. Doyel Ghosh takes a session during the training of project team

Recommendation: The frameworks designed for school sensitisation and community awareness can be replicated for mental health interventions across schools and communities in other blocks and even districts in West Bengal.

5. Challenges & Learnings

In the journey towards mental well-being, navigating the challenges that arise can be as complex as it is crucial. This chapter delves into the multifaceted obstacles across the community, schools and block levels that people encounter, from the internal struggles of self-doubt and stigma to the external barriers of inadequate support systems and societal pressures. Understanding these challenges is not merely about identifying problems but about framing them within the broader context of resilience and recovery. By examining these hurdles, we aim to shed light on the often-unseen difficulties and explore effective strategies for overcoming them, ultimately paving the way for a more comprehensive approach to mental health and well-being.

Community level Challenges

- Issues such as early marriage, adolescent motherhood, child abuse and gender discrimination are very common occurrences which contribute to mental health problems among children, adolescents and women.
- Lack of participation from the male members of the community during community sensitisation meetings. The meetings were mostly attended by women, children and adolescents.
- Community members do not have much awareness and are also not very keen to upgrade their knowledge of mental health issues. They do not want to go to the local counsellor because for them it would mean losing out on an entire day as they have to wait in long queues to get to the doctor or mental health professional.
- They are highly dependent on RMPs and spiritual healers whenever faced with any health-related issues, which leaves most of their problems unchecked and undiagnosed.
- They are more focused on mitigating their financial struggles and working for a better socio-economic life due to which they are unable to prioritise their mental health.
- There is widespread stigma around mental health that it is something unworldly, due to which people fear it and discourage open discussions on the same.

School level Challenges

- Prevalence of issues such as bullying, academic pressure, parental pressure, peer pressure, adolescent relationships, financial instability and instances of student suicides make it difficult for teachers to intervene and help students struggling with mental health issues because of these factors.
- Religious educational institutions of minority communities are extremely rigid and do not allow girls and boys to attend classes together. The authorities have also been objectional towards the sensitisation initiatives which made it very difficult to conduct mental health workshops with the students of these institutions.
- Attendance at school is a problem. Thus, it becomes difficult to continue providing mental health services and following up with a child or children. Simultaneously, the term

"counselling" is stigmatized. Parents are occasionally resistant and, preventing their children from taking part in these sessions.

- School authorities and teachers shared that although the initiative is quite good, however, more levels of sensitisation and workshops with students and teachers, and not just one-time interventions, will be required to understand and address the mental health issues prevailing among the school students.
- The existence of a few extremely vulnerable schools require immediate attention and intervention to curb suicide rates among the students arising due to anxiety, depression and familial feuds.

Block level challenges

- The term 'counselling' is treated as a taboo. Those availing counselling support, refrain from using the terminology because of the fear of being prejudiced by the society.
- There is a dearth of adequate health centres across the blocks and people have to travel miles just for simple checkups. In such cases, they would not want to devote their time and energy to go the distance just for the sake of mental health issues
- Existence of certain vulnerable pockets such as Ghutiary Shariff, Hatpukuria, Matla I and II in Canning I and Jibantala in Canning II make the block a potential region for more interventions and investments when it comes to mental health.
- The mental health infrastructure of the DMHP is understaffed with only one counsellor for the block. More mental health professionals are required to fill the gap in terms of human resources.

6. Recommendations

As we navigate the complexities of mental health challenges in today's society, it is essential to adopt forward-thinking strategies that effectively address both immediate needs and long-term goals. This section outlines a series of targeted recommendations aimed at enhancing mental health support and resources across block, district and state levels. By integrating evidence-based practices, leveraging emerging research, and addressing identified gaps in current services, these recommendations seek to foster a more supportive and accessible mental health environment in a state such as West Bengal. Our proposed strategies are grounded in a comprehensive understanding of existing issues and are designed to promote well-being, reduce stigma, and improve overall mental health outcomes.

Levels	Immediate/Short-Term Recommendation	Long-Term Recommendation
Community	<ul style="list-style-type: none">▪ Capacitate RMPs on mental health and well-being and MHFA. Because of communities' dependency on them, RMPs can prove to act as proactive agents in debunking myths and stigma around mental health issues.▪ The DMHP/AFHC could conduct mass awareness programmes on mental health issues through street plays, folklore, film screenings and public announcements across community pockets.	<ul style="list-style-type: none">▪ Orient and capacitate community-level stakeholders such as PRIs, VRPs, CPCs, local NGOs/CBOs and religious institutions on mental health and well-being and available services in the community as they would be able to influence the community members to destigmatise the matter.▪ Plan and organize regular community-level mental health camps with the Health Department.

	<ul style="list-style-type: none"> ▪ Use theatre as a cultural tool to generate awareness on mental health which has been effective under this intervention. ▪ Employ the use of IECs/TLMs including pamphlets on mental health and well-being, and information on existing mental health services in the community for sensitisation activities. 	<ul style="list-style-type: none"> ▪ Engage communities in mental health initiatives and create platforms for shared experiences to empower individuals and foster supportive environments.
Schools	<ul style="list-style-type: none"> ▪ Conduct needs assessments in schools to identify students facing mental health issues. ▪ Identify the most vulnerable schools to support them with focused interventions on mental health and well-being among students and teachers. ▪ Capacitate schools to conduct regular seminars and workshops on mental health and well-being for constant mobilisation among students. ▪ Roll out the Handbook on Mental Health for Students in collaboration with the Education Department, for its promotion across all schools in the state and thereby advocacy for the inclusion of Mental Health Education across schools in the state. ▪ Capacitate teachers/nodal teachers, SMC, PTAs on MFHA so that they could be responders for students requiring immediate support. ▪ Rename one-on-one counselling or mental health sessions, as "happy hour" sessions in order to de-stigmatize mental health concerns and promote children's participation. 	<ul style="list-style-type: none"> ▪ Involve and engage Sikhsha Bandhu, the grass-root level workers of SSM, to ensure the regular attendance, tracking and home visits of children. They can also be capacitated to identify mental health issues among children and conduct need-based referrals for the same. ▪ Implement comprehensive mental health education and training programs for healthcare providers, educators, and community leaders can enhance understanding and reduce stigma.
Block	<ul style="list-style-type: none"> ▪ Identify the vulnerable pockets such as Ghutiary Shariff, Hatpukuria, Matla I and Matla II in Canning I, and Jibantala in Canning II and to conduct outreach and mass sensitisation activities on mental health and well-being across these areas. ▪ Capacitate Block-level PHC staff and AFHCs on MHFA so that they can respond to MHFA needs at the block-level. ▪ Roll Out the Supportive Supervision Checklist, Resource Directory MHFA Module and IECs/TLMs on mental health in across block-level mental health professionals, AFHCs and at Canning Sub-Divisional Hospital since the latter is under the purview of the DMHP. 	<ul style="list-style-type: none"> ▪ Organize consultations, review meetings, dialogue exchange and intervention plans with stakeholders such as BDO, BWO, BMOH etc on mental health programs
District	<ul style="list-style-type: none"> ▪ Replicate the Mental Health intervention across other blocks, within the district of South 24 Parganas. ▪ Capacitate FLWs such as ASHA, ANM and AWW and teachers, SMC, PTAs across the district on MFHA. 	<ul style="list-style-type: none"> ▪ Involve the district-level government officials in monitoring mental health interventions across the district through monitoring cells with regular updates and follow-up meetings.

	<ul style="list-style-type: none"> Conduct mass awareness activities to propagate information on mental health and well-being across the district. Roll out the knowledge and communication products at the DMHP level and existing mental health facilities and across the district, and even the hospitals under the DMHP such as Canning Sub-Divisional Hospital and Diamond Harbour Sub-Divisional Hospital. 	
State	<ul style="list-style-type: none"> Identify other districts within the state with a potential for replication of mental health interventions in the near future. Generate awareness on existing mental health services and helplines through advertisements across regional media and radio channels. 	<ul style="list-style-type: none"> Establish a convergence network between relevant departments such as The Department of Health and Family Welfare, The Department of Education, The Department of Women and Child Development and Social Welfare etc., particularly to propagate and strengthen mental health initiatives across the state. Encourage and support state-level mental health research for innovative treatments and interventions to emphasise evidence-based approaches for more effective and accessible mental health solutions. Develop Mental Health policy to enhance coverage, targeted intervention and promote integration, and convergence with other health services. Prepare a plan for creating a resource pool of barefoot counsellors Develop school mental health policy, action plans, training plans to create a safe school environment for children, reduce risks of child protection and promote mental health and well-being among children

7. Conclusion

As we draw towards the end of this report, it is crucial to reflect on the insights we have uncovered and the implications these insights hold for individuals, communities, and policymakers alike across the intervention blocks, district and state. Our exploration has underscored that mental health is not merely the absence of mental illness but a complex

interplay of emotional, psychological, and social well-being. The journey through this project has illuminated both the challenges and the promising avenues for improving mental health care and support systems in districts such as South 24 Parganas, with a scope of expansion in other blocks in the district and replication to other districts.

The project aided in examining the current state of mental health across the intervention blocks thereby uncovering significant disparities in access to care and quality of support. It became evident that while mental health awareness has grown due to the intervention, there remains a substantial gap in resources and effective interventions. Our intervention highlighted the critical need for a more nuanced understanding of mental health that goes beyond stigmatising labels and towards a model that embraces a spectrum of experiences and needs.

Overall, to share a few key insights of the intervention, are as follows,

- One of the most pressing needs identified is the integration of mental health services with general healthcare across the district. This holistic approach can ensure that mental health is treated with the same urgency and importance as physical health, leading to more comprehensive care for children, adolescents and community members in these blocks.
- The importance of cultural competence in mental health care cannot be overstated. Our experience through the intervention suggests that culturally sensitive approaches improve the effectiveness of interventions and help bridge gaps in understanding between healthcare providers and patients from diverse backgrounds.
- Emphasis on prevention and early intervention emerged as another crucial strategy. Addressing mental health concerns before they escalate can significantly reduce the long-term impact on children, adolescents and community members and reduce the overall burden on the healthcare system.
- Strengthening community support systems and fostering environments where open dialogue about mental health is encouraged can play a transformative role. Support networks by FLWs and first responders that offer both emotional and practical assistance are vital in promoting mental well-being across these vulnerable blocks.

As a way forward, upon its continuity through another phase, this project would aim at empowering existing groups of children and adolescents such as Kishori Samooh, Kanyashree Clubs which will lead to the strengthening of government flagships such as Scheme for Adolescent Girls (SAG) and Kanyashree Prakalpa for future sustainability. Capacitating AFHC counsellors will also contribute towards strengthening RKS, the flagship for the empowerment of both adolescent girls and boys. Furthermore, the project would engage with local communities and parents, key influencers such as PRI members, teachers, Village Level Child Protection Committees, Self Help Groups/youth groups, and frontline workers for community ownership of efforts. It would be implemented in close coordination with District administration and RKS Peer leaders, AFHC counsellors, Telemanas counsellors would be capacitated for further sustainability of the efforts made through the intervention in future.

In conclusion, mental health is a cornerstone of overall well-being, deserving of attention, compassion, and action. The progress made through this project offers hope and a roadmap for future advancements. However, the work does not end here. The challenge now is to translate these insights into tangible actions that can lead to real change. By embracing a collaborative

approach, informed by the findings of this project, we can build a more inclusive, responsive, and effective mental health care system.

As we move forward, let us remain committed to fostering environments where mental health is prioritised and supported, ensuring that every individual has the opportunity to thrive. The path to improved mental health is one of continuous learning and adaptation, and with sustained effort and dedication, we can create a future where mental health is universally understood, valued, and effectively addressed.

Annexure

1. Capacity-building modules for Health Workers/FLWs
2. Supportive Supervision Checklist
3. MFHA Module
4. ASHA Training Module
5. IECs/TLMs
6. Resource Directory
7. Module for capacity building of teachers/nodal teachers
8. Session plan of staff training
9. Understanding Mental Health and Mental Illness
10. Pre/Post Questionnaire and Analysis