



ADOLESCENT WELLBEING

APPROACH NOTE

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Authors - Akanksha Thakore, Shravani Sandepudi, Poulomi Sen

Designer - Suresh Kumar Pamboori Harshan

Copy-editor - Sambhavi Mathiyazhagan



Adolescence is a transitory phase from childhood to adulthood, and it is marked by several biological, cognitive, and psychosocial changes. The emergent characteristics of adolescence involve: a tendency to experiment and seek new experiences, low risk perception, a heightened desire for independence, a sense of vulnerability, and an inner search for self-identity which gradually shapes their personality throughout the developing years.

It is a critical period characterized by neurobiological and physical maturation leading to enhanced psychological awareness and higher levels of social and emotional interactions with peers and adults. From a neurobiological perspective, adolescents can be viewed as “works in progress,” with academic, interpersonal, and emotional challenges, exploring new territories using their talents, and experimenting with social identities (Sadock et. al., 2017). On one hand, it is a phase of tremendous growth in preparation of adult roles and skills to sustain pressures and challenges, whereas, on the other, it is a transitory phase that can increase the risk of various psychological disorders, adjustment problems, and suicide (Nebhinani, 2018). Positive and promotive mental health in this period ensures smooth progress to later adult life (Sagar, 2011).

GLOBAL CONTEXT

Mental health and substance use problems are the leading causes of years lived with disability (YLD) among adolescents and young people (10–23 years) accounting for 22.9% of the total global YLDs. These problems have significant adverse impacts on individuals, families and society and are frequently associated with poor academic, occupational, and psychosocial functioning. They contribute to premature mortality through their association with suicide and accident related mortality, both the leading causes of death in this age group. Further, more than half of the burden of mental disorders in adulthood has its onset in adolescence. (Roy et. al., 2019)

ADOLESCENT MENTAL HEALTH IN INDIA

Worldwide, it is estimated that

10%–20%

of adolescents experience mental health conditions

According to the 2011 census, around one-fourth of the Indian population is adolescent

(253 million).

As per the National Mental Health Survey of India (2015–2016), the prevalence of psychiatric disorders among adolescents

(13–17 years)

is reported around

7.3%.

(Nebhinani, 2019)

The findings of the National Mental Health Survey 2016 revealed that nearly

9.8 million

young Indians aged between

13-17 years

are in need of active interventions.

There is a complex biopsychosocial framework of risk factors operating in the lives of adolescents which include self, home, school, peer group, and the neighbourhood which may be associated with the mental health disorder. Risk factors

include all variables that increase the probability that a given child or adolescent will develop psychopathology, while protective factors decrease the risk of developing psychopathology. Rarely, a single-risk factor accounts for the emergence and inhibition of a psychiatric disorder.

There is a significant effect of the following factors on the mental health of adolescents: recent socio-cultural changes,

poor social support, the breakdown of extended and joint families, the ambiguity of societal values, and an increasing gap between aspirations and possible achievements, substance abuse, etc. (Nebhinani, 2019)

Some of the major concerns affecting the mental health of this generation include –

- Stress and anxiety related to career and academics
- Loneliness pertaining to not having enough friends
- Difficulty talking to parents
- Body and self-image issues
- Trauma caused due to sexual harassment
- Homophobia
- Bullying faced in schools and tuition centres
- Conflicts with parents and teachers (Jaggi, 2021)

Each year, more than 1 lakh deaths due to suicide are reported in India. Individuals aged 18-30 years constitute 33 percent of the total deaths by suicide. **Among individuals below 18 years of age, a total of 4462 boys and 4446 girls died by suicide in 2015.** Failure in examinations and family or marriage-related issues were leading known causes of deaths by suicide. The suicide incidence rate (per 1 lakh population) for individuals ages 14-17 years was found to be 9.52 in the National Mental Health Survey of India (2016). In Tamil Nadu, the rate was found to be 18.94.



SOCIAL DETERMINANTS OF MENTAL HEALTH

Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live. Certain population subgroups are at higher risk of mental disorders because of greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances, interrelated with gender. Disadvantage starts before birth and accumulates throughout life.

A recent report by the WHO highlights the following:

- Social inequalities are associated with increased risk of many common mental disorders
- Taking action to improve the conditions of daily life from before birth, during early childhood, at school age, during family-building and working ages, and at older

ages provides opportunities both to improve population mental health and to reduce the risk of those mental disorders that are associated with social inequalities

- While comprehensive action across the life course is needed, scientific consensus is considerable that giving every child the

best possible start will generate the greatest societal and mental health benefits

- Action needs to be universal: across the whole of society, and proportionate to need in order to level the social gradient in health outcomes. (World Health Organization (2014). Social determinants of mental health.)

SOCIAL DETERMINANTS OF MENTAL HEALTH IN ADOLESCENCE



The WHO report recognises some of the factors that can adversely impact mental health and lead to the onset of mental health issues as follows:

- Education is one of the foremost factors in building emotional resilience and impacting a range of later life outcomes that increase the risks of mental disorders – such as employment, income, and community participation
- Just as in infancy and early childhood, adolescents from poorer backgrounds are more likely to have greater exposure and experience of poor environments and stressful family contexts - there is therefore a need for a proportionately greater focus on those most at risk. Poverty makes it more difficult to provide home environments conducive to learning - for instance, overcrowding and unhealthy conditions

- Parents' access to employment not only reduces poverty, but also improves family routines, and ensures that children grow up understanding the role of employment in adult lives
- As children grow into adolescents, they become more interested in taking risks, including substance abuse. It is important to ensure that adolescents have the knowledge to make informed decisions, and that they have protective factors including social and emotional support and positive interactions with peers, family, and the wider community. Depressive symptoms among adolescents are associated with a history of adverse childhood experiences as well as their current experiences
- Schools are also important as institutions capable of delivering upstream, preventive programmes to young people. Schools can play a key role in working directly with children; they can also work with other services to provide parents with support and advice on parenting strategies and potentially support them with readiness for work or skills training. (World Health Organization. (2014) Social determinants of mental health.)



INDIA'S RESPONSE TO ADOLESCENT MENTAL HEALTH: EXISTING MENTAL HEALTH POLICIES

Mental health problems and suicide are the leading cause of mortality in young people globally. India is home to the largest number of adolescents in the world. A study undertaken to assess the policy environment for addressing adolescent mental health in India found some gaps in existing mental health policies. Some of these gaps are:

- Vulnerable groups are not explicitly recognised in any of the policy documents
- Some interventions specifically target some social determinants (like safe and supportive schools) but many others (like social norms) are not addressed
- There is very little engagement of young people in the development of these policies or in their implementation, except for peer educators mentioned in one policy
- Gaps in implementation: Stakeholders identified several major challenges in

implementing these policies, notably the lack of inter-sectoral coordination and fragmentation of governance; budgetary constraints; and scanty human resources

The study concludes that although there are now several policy instruments testifying to a comprehensive approach on adolescent mental health, there are gaps in the extent of engagement of young people and how these will be operationalized that may limit their impact on addressing the burden of mental health problems in young people in India. (Roy et. al., 2019)



NEED FOR FOCUS ON THE MOST MARGINALIZED

Multiple deprivations and marginalisation increase the risk associated with adolescence.

Gender and mental health

Adolescence is a precarious and decisive period for a girl. Pregnancies at this age can lead to several adverse complications to the mother as well as to the children born to this age group. Pregnancy



before the age of 18 years is considered highly risky for an adolescent girl's **physiological, psychological and social development.**

Also, it is argued that adolescent mothers have less access to reproductive healthcare services than older women, including complete ANC, skilled birth attendance and delivery care (Greene, Joshi and Arbles, 2012).

Census of India, 2011 shows that one-fourth of urban adolescent girls get married before the age of 18 years, which often leads to early and repeated pregnancy, sexual abuse, sexually transmitted infections and domestic violence (Goli, 2016). Lack of proper sex education, contraceptive methods, unsafe abortions and lack of knowledge of sexually transmitted infections or HIV are the other critical issues affecting adolescents (Jejeebhoy, 1998).

NalandaWay's Findings from the Field

1. Residents of Child Care Institutions

Within CCIs and schools, the interpersonal relationship between staff members and

adolescents lacks emotional depth, with the staff often employing an authoritarian approach in dealing with the children, thereby instilling in them a sense of fear.

The children have experienced/are experiencing trauma, lack of familial love, and lack of a support system. There are prevalent troubles in interpersonal relationships among the children where jealousy and instances of bullying are observed. The children reported suffering from low confidence, intrusive thoughts and difficulty in dealing with grief and loss. The staff reported observing symptoms of mental health conditions in some of the children and were consulting a psychiatrist in this regard (NalandaWay Foundation, 2021).

2. Adolescents living in urban marginalised communities

Prevalence of substance abuse, violence (against women specifically), prostitution, child labour, trafficking, broken families, parental conflicts, domestic violence, parental difficulties (suicide, divorce, substance abuse especially amongst fathers, gambling overburdened

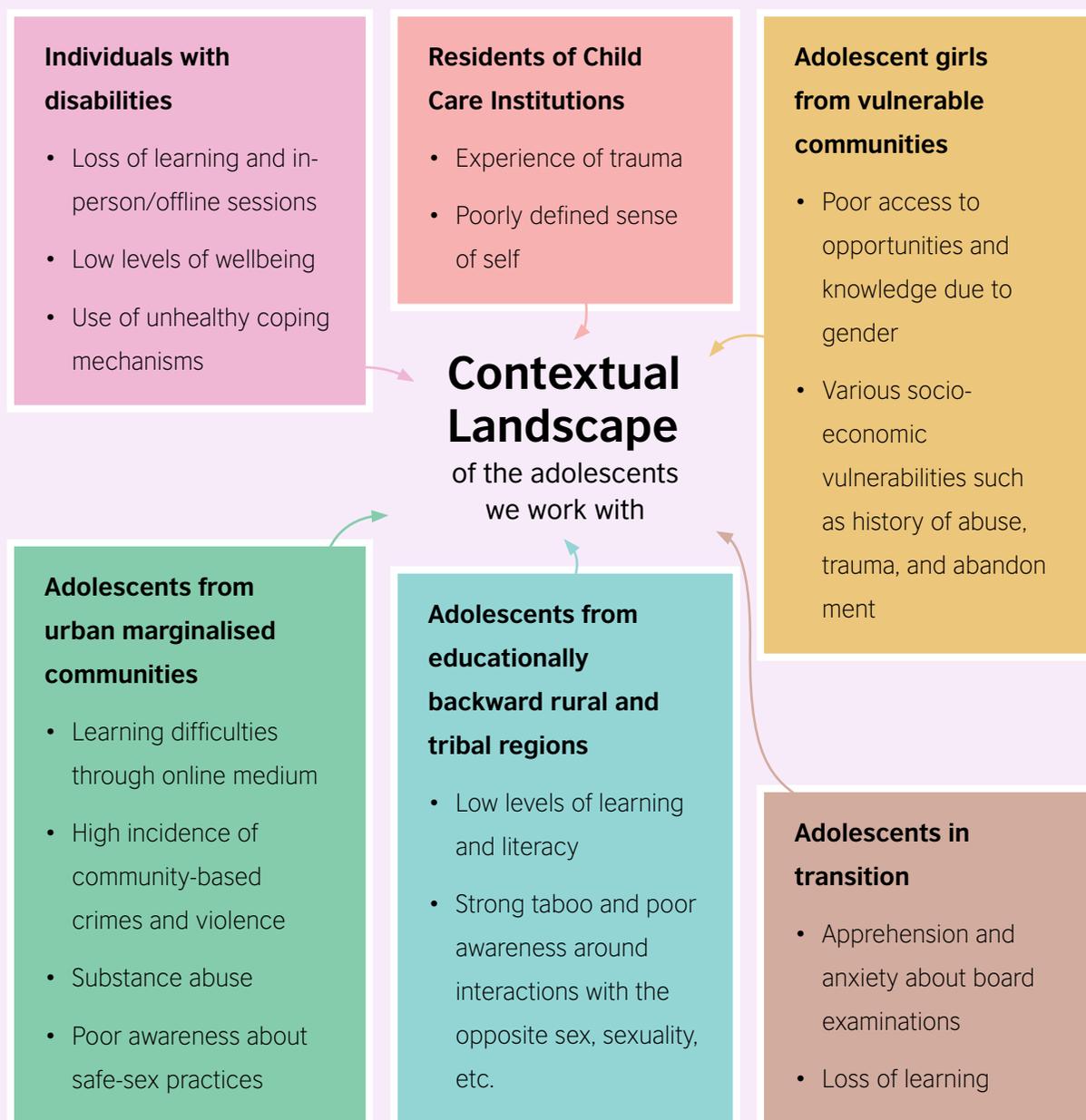
mothers, etc.) is seen. Challenges in coping with the transition phase of adolescence - mostly body image issues and adapting to physical changes (change in voice, development of facial hair, and breasts) were also observed.

They expressed a need for financial independence, self-development, and community development - eradicate the challenges (substance abuse,

etc. mentioned above).

3. Individuals with disabilities

Individuals with disabilities are facing lack of familial understanding of the disability, poor access to adequate care, stigma and discrimination by the society, inability to lead an independent life, poor understanding of certain concepts like danger, low self-esteem, and care-taker burden.





OUR APPROACH TO ADOLESCENT PROGRAMMING: THEORY OF CHANGE

A life-course approach to bridging mental health inequalities that takes into account differential experience and impact of social determinants at different stages of an individual's life is increasingly supported by a significant body of work. Additionally, since protective and risk factors for mental disorders are well-established, research supports the efficacy of interventions that prevent and protect individuals from mental health risks. (World Health Organization. (2014). Social determinants of mental health).

At NalandaWay, the core of our work with children and adolescents is to **remove fear** and **bring joy into their learning** while **creating safe spaces** in the homes, schools, and communities they inhabit. We are **responsive to disadvantaged children**, sensitized to their marginalization and accordingly design our interventions to meet

their cognitive, social, emotional, and creative needs. To that end, we look at **whole-child development**, approaching each dimension through an art-based model. We have seen the **healing, empowering, energizing effects of arts**, and bring the same to adolescents through our **uniquely designed programmes**. Our aim is to help the adolescents work on their wellbeing and drive their own learning while thoroughly enjoying the process. We validate their struggles and equip them with tools that help them become more **self-aware, resilient, and hopeful**. We work with **multiple stakeholders** towards creating a positive environment around the adolescent. Our programmes use the best from the world of **art, psychology, neuroscience, design, positive youth development**, and our own experience of having worked with adolescents using **engaging arts-based approaches**.



DESIGN PRINCIPLES



Grounded in Community Needs and Context

At the start of every program we do an extensive needs analysis with the community we are serving to get in touch with their most pressing needs and constraints. Our impact assessment frameworks and tools are also customised to the community, keeping their challenges in mind. For instance, we have converted standardised verbal tools into visual and oral assessments for young children (6-10 years) as well as those groups where literacy levels are severely low, posing a reading and comprehension challenge.



Embodied Work

We work with the whole child - cognitive, physical, emotional, mental, and artistic - towards the intended outcomes. Our practices are rooted in Eastern embodied philosophies that recognize strong mind-body-spirit connection and work at all three levels in an integrated approach.



Evidence-based Best Practices

Using research and evidence-based frameworks (such as Hopeful Minds curriculum, Carol Ryff’s Psychological Wellbeing Model and the UNICEF Comprehensive Life Skills Framework) we draw on best practices from around the world based on evidence of what has worked with youth from marginalised communities and adapt it to the Indian context specific to the region and population involved.



Exploratory

While we start with a scientific basis, we follow an iterative process, going into communities to listen and learn, modify as we go along and keep adding to our understanding of the problems we are working to solve, the population we are working with, and the context they inhabit to be able to come up with the most relevant solutions.



Inclusive

Our programmes and activities are designed to be inclusive of varied demographics, learning styles and needs, and in certain specific cases, disabilities. Art by itself enables inclusion, and we bring that to each child regardless of their ability or background.



Art-based and art-integrated

Regardless of the impact we seek to have and the group we work with, we weave in art-based and art-integrated tools, activities, and techniques across all our programmes.



GAPS WE ARE WORKING TO BRIDGE

GAP	OUR RESPONSE
I. Policy-level gaps (such as addressing social determinants of mental health)	Working with communities and other stakeholders to create safe spaces
II. Implementation-level gaps (such as availability of adolescent-friendly material)	Creating innovative, engaging, art-based resources (workbooks, audio stories, videos)
III. Capacity-level gaps (such as lack of mental health literacy and support in schools)	Training and empowering school teachers and leaders on mental health first-aid
IV. Targeting-level gaps (most vulnerable groups not recognized)	Prioritising adolescents from the most marginalized and vulnerable communities

PROGRAMMATIC INPUTS	SHORT-TERM OUTCOMES (1-3 months)	INTERMEDIATE OUTCOMES - Knowledge, Attitude, Skills, Habits, Environment (6-12 months)	LONG-TERM OUTCOMES (3-5 years)	SOCIAL IMPACT (5-10 years)
<p>STUDENTS</p> <ul style="list-style-type: none"> • Creative art-based workbooks • Audio stories • Videos • Workshops/training sessions • Daily/weekly support sessions • Exposure visits • Showcase opportunities <p>TEACHERS</p> <ul style="list-style-type: none"> • Handbook and manual on Mental Wellbeing • Workshops • Audio stories • Videos • Support groups <p>OTHER STAKEHOLDERS (School Leaders, Community, CBOs, Parents):</p> <ul style="list-style-type: none"> • Sensitisation workshops • Advocacy • Showcase and discussion forums 	Joyful Learning Experiences	Self-esteem/ Self-worth and Awareness	Increased Safe Spaces	<p><i>Adolescents from the most marginalized communities and contexts are empowered with the agency and capacity, supported by a positive environment, to lead the lives they wish to</i></p>
	Creative Expression	Emotional Awareness and Regulation	Increased Hope	
	Sensitized Stakeholders (teachers, parents, community)	Social Awareness and Relationships	Enhanced Resilience	
		Developmental Needs (Adolescence Education)	Enhanced Mental Wellbeing	
		Transition Support (during key stages)		
		Learning Skills		
		Empowered Stakeholders		



OUTCOME DEFINITION

Long-term



Increased Safe Spaces

Oxford Dictionary defines safe space as “a place or environment in which a person or category of people can feel confident that they will not be exposed to discrimination, criticism, harassment or any other emotional or physical harm”.



Increased Hope

Snyder, Irving & Anderson (1991) defined hope as “a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy) and (b) pathways (planning to meet goals)”. Hopelessness has been linked to multiple mental health issues such as depression and suicide. On the other hand, it has been found that hope can be taught as a skill.

Individuals with high levels of hope are said to be having greater physical and psychological wellbeing, improved self-esteem, sustained actions towards and greater achievement of goals, and higher levels of life satisfaction (Rand & Cheavens, 2012; Conti, 2000; Roesch & Vaughn, 2006).



Enhanced Resilience

Resilience refers to “the process of adapting well in the face of adversity,

trauma, tragedy, threats, or even significant sources of stress” (American Psychological Association, 2014). In simple terms, it is a person’s ability to bounce back from adverse situations. Having resilience improves achievement in school, lowers absenteeism, reduces chances of indulging in risky behaviors, increases participation in community activities, and improves physical health (Miles, 2015).

Resilience also contributes to many positive health outcomes that include greater experiences of positive emotions, better ability to regulate and cope with negative or unpleasant emotions and stress, improved wellbeing and better ageing. It also helps in managing symptoms of Post-Traumatic Stress Disorder (PTSD) effectively (Khosla, 2017).



Enhanced Positive Mental Health

“Mental health is not just the absence of mental

disorder. It is defined 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 her or his community” (World Health Organisation).

Reduction in occurrences of mental illness reduces the burden of diseases and disability adjusted life years, thus leading to flourishing societies. People with positive mental health are more likely to be altruistic, tolerant, happy, and work on improving their physical health (Nortje, 2021).

Intermediate



Self-esteem/Self-worth and Awareness

“Self-esteem is one’s positive or negative

attitude toward oneself and one’s evaluation of one’s own thoughts and feelings overall in relation to oneself” (Rosenberg, 1965). Having high self-esteem is important for positive mental health and wellbeing. It helps in maintaining a healthy relationship with oneself and others, understanding and accepting one’s strengths and weaknesses, expressing one’s needs, asserting one’s boundaries, and developing healthy coping skills to deal with adversities effectively (Vanbuskirk, 2021).

Self-awareness is “the ability to see yourself clearly and objectively through reflection and introspection” (Ackerman, 2021). It also

entails being conscious of many parts of one’s own personality, such as traits, habits, and sentiments. Essentially, it is a psychological situation in which one’s own attention is drawn to oneself.

Self-awareness helps in increasing acceptance of the self, exercising efficient self-control, and working towards positive self-development. It also helps in effective decision making and improving self-esteem (Ackerman, 2021).



Emotional Awareness and Regulation

Emotional awareness is “the ability to recognise and understand one’s own and others’ emotions”. Emotional awareness helps an individual understand oneself and others better, express one’s emotional states, set personal boundaries, and navigate through difficulties. Difficulties with emotional awareness make one more susceptible to mental health conditions such as depression, anxiety, substance abuse, and eating disorders (Jacobson, 2016).

Emotional regulation refers to “the process by which individuals influence which emotions they have, when they have them, and how they experience and express their feelings. Emotional regulation can be automatic or controlled, conscious or unconscious, and may have effects at one or more points in the emotion producing process” (Gross, 1998).

It helps an individual in processing the information better and in attending to the most

important pieces of information without getting overwhelmed or stressed. Effective emotional regulation helps in effective problem solving and avoiding situations with regrettable outcomes. Research shows that effective emotional regulation is negatively correlated with experiences of anxiety and depression.



Social Awareness and Relationships Skills

Social awareness is defined as “the abilities to understand the perspectives of and empathize with others, including those from diverse backgrounds, cultures, and contexts”. Relationship skills are the “abilities to establish and maintain healthy and supportive relationships and to effectively navigate settings with diverse individuals and groups” (CASEL).

Social awareness and relationships skills help an individual in forming and maintaining stronger relationships, managing conflicts effectively, lessening the instances of discrimination based on any social constructs, and thus increasing the overall positivity in life.



Developmental Needs

Developmental needs refer to the unique needs that the phase of adolescence brings with it. Various theories such as Erikson’s theory of psychosocial development, Piaget’s theory of cognitive development are taken into account

to provide adolescents with avenues to fulfill those developmental needs.



Transition Support

Transition support refers to the care, nourishment, and sensitivity provided to an individual in a transitional phase, adolescence in the present case. The support is aimed at easing the transitional process and helping in their growth.



Learning Skills

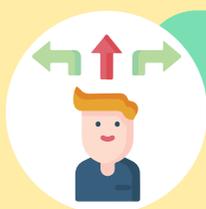
Learning skills consist of techniques, habits and skills that help an individual in receiving, organising, processing, retaining and learning information.



Empowered Stakeholders

Empowered stakeholders would include teachers, staff in a child care institution, parents, and communities who have an increased ability to make decisions that support their own, as well as the wellbeing of the adolescents.

Short-term



Joyful Learning Experiences

The Central Board for Secondary Education defines joyful learning as “the mode of learning

in which learners are given opportunities to experience emotions of surprise in delightful ways, and nurture their curiosity while interacting with meaningful content through a supportive community of classmates/peer group and teachers.”



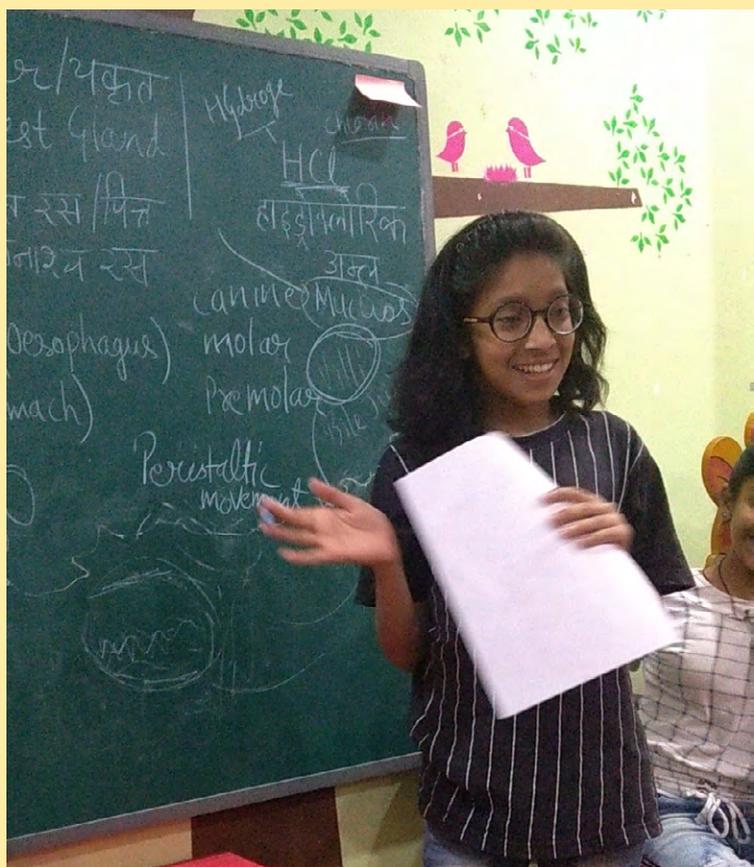
Creative Expression

Creative expression could be defined as engaging one’s mind and imagination to express oneself, one’s thoughts and feelings through any of the art modalities.



Sensitised Stakeholders

Sensitised stakeholders are those who are aware of and sensitive towards the needs and rights of adolescents, the challenges they face, and the interplay between various intersections.



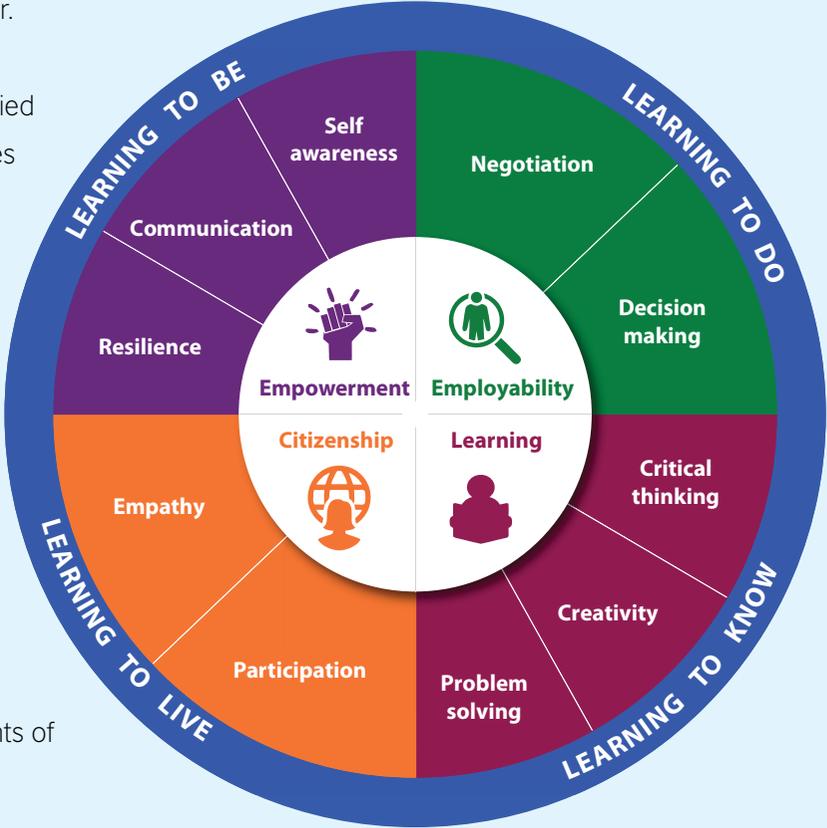


THEORETICAL REFERENCES

UNICEF's COMPREHENSIVE LIFE SKILLS FRAMEWORK

UNICEF's Comprehensive Life Skills Framework captures 10 core life skills across four dimensions - Empowerment, Citizenship, Learning and Employability. All four dimensions overlap and are interdependent on each other.

These skills have been identified as psychosocial competencies and interpersonal skills that assist individuals in making informed decisions, solving problems, thinking critically and creatively, communicating effectively, building healthy relationships, empathising with others, and coping with and managing their lives in an effective manner and subsequently becoming agents of change.



THE CASEL FRAMEWORK ON SOCIAL EMOTIONAL LEARNING

CASEL’s Framework for SEL aims at fostering knowledge, skills, and attitudes to develop five competencies required for advancement in student’s learning and development. The five core competencies in the CASEL Framework are: Self-Management, Self-Awareness, Responsible Decision-making, Relationship Skills, and Social Awareness.

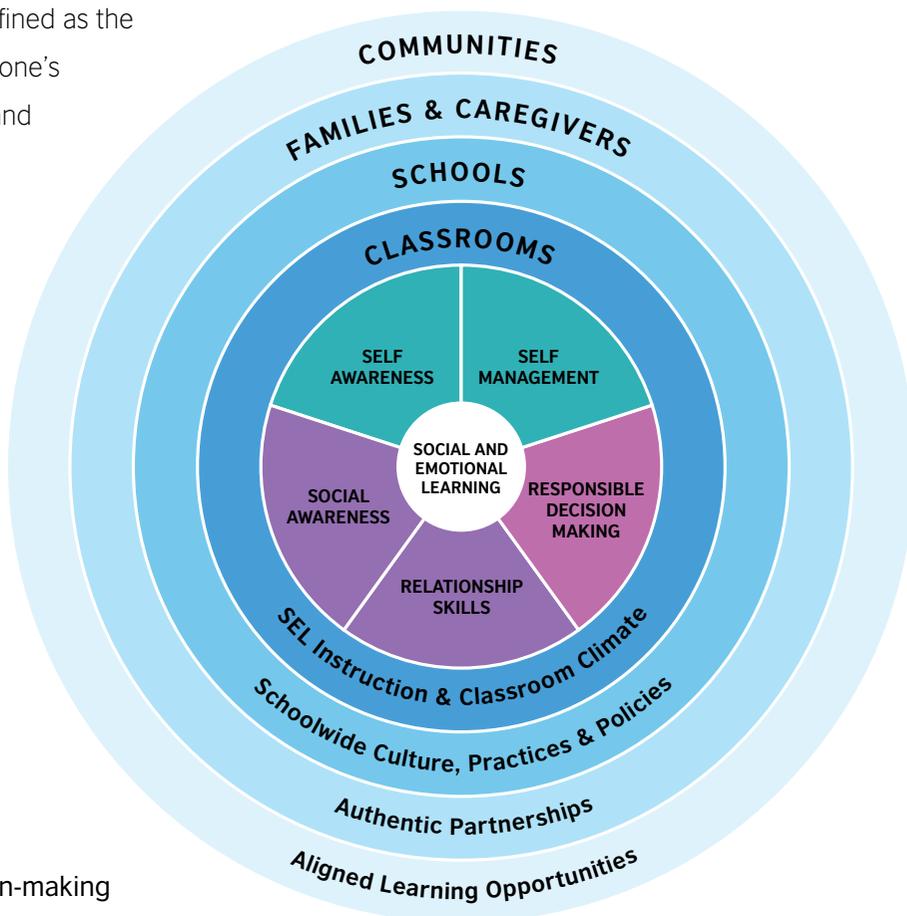
Self Awareness is defined as the ability to understand one’s emotions, thoughts, and values, and how they influence behaviour across contexts.

Self Management is defined as the ability to manage one’s own emotions, thoughts, and behaviours in different situations, and to achieve one’s goals.

Responsible Decision-making is defined as the ability to make caring and constructive decisions about personal behaviour and social interactions across various situations.

Relationship Skills involve the ability to establish and maintain healthy and positive relationships. This also involves the abilities to communicate effectively, manage conflicts, and collaborate with others.

Social Awareness is defined as the ability to understand others’ perspectives, empathise with them and be compassionate towards others including those from diverse backgrounds.



RYFF'S 6-FACTOR MODEL OF PSYCHOLOGICAL WELL-BEING

Professor Carol Ryff believed that psychological wellbeing is influenced by various personal and social dimensions. She describes wellbeing as multi-dimensional and not merely limited to happiness and positive emotions. The dimensions in her psychological wellbeing model are pertinent to subjective wellbeing and life satisfaction. Following are the dimensions of psychological wellbeing as proposed by Carol Ryff:

Self-acceptance: It means accepting all facets of the self including one’s personality, strengths and weaknesses and respecting oneself.

Autonomy: It refers to maintaining one’s independence, and making one’s own decisions even if it contradicts others’ opinions.

Personal growth: It means a continuous search for learning and new experiences in order to develop and reach one’s full potential.

Environmental mastery: It refers to handling the changes and challenges of the environment to meet one’s needs.

Positive relations with others: It refers to establishing and maintaining close, trusting and satisfactory relationships.

Purpose in life: It means being clear of one’s goals in life and pursuing them. It involves believing one’s life has a meaning, and holding beliefs that provide this meaning.





CURRENT PROGRAMMES ON THE GROUND

Over the last few years, our adolescent programmes have spanned a range of needs, demographics, and delivery modalities. We work with some of the most vulnerable youth combining different intersections - girls from at-risk communities, adolescents in institutional care, children with special

needs, rural youth from educationally and economically backward blocks, and those living in urban slums.

The following table captures the current offerings and resources at NalandaWay in service of adolescents -

Sakhi - Adolescent Girl Project



Chennai, New Delhi, Thiruvananthapuram, Bangalore, Coimbatore, Pune, Hyderabad, Gurgaon



AGE
13-20 years



OBJECTIVES

Help a focused group of girls become healthy, resilient, hopeful, confident, and competent community change agents



KEY NEEDS MET

- Academic support
- Mentorship
- Career guidance
- Social-emotional learning
- Creative expression
- Leadership skills



CORE INTERVENTION

- Sisterhood anchored by an 'Akka/Didi'
- Weekly group-based sessions

Children in institutional care



Tamil Nadu



AGE

13-15 years



OBJECTIVES

Create joyful art-based experiences to build a sense of self, create a safe space, and enhance wellbeing using a trauma-informed approach



KEY NEEDS MET

- Creative expression
- Social-emotional learning
- Safe space



CORE INTERVENTION

- Trauma-informed expressive arts approach through weekly art and SEL sessions

Youth with Disabilities



Delhi, Hyderabad, Pune



AGE

10 years onwards



OBJECTIVES

Enhance joy and wellbeing through art-based activities



KEY NEEDS MET

- Coping skills
- Joyful immersion in art activities



CORE INTERVENTION

- Teacher sensitisation and training using music and visual art

Expressive Arts



Tamil Nadu, Delhi



AGE

3-19 years



OBJECTIVES

Art training, exposure, and appreciation



KEY NEEDS MET

- Training in structured art forms
- Exposure to varied art techniques, history, artists
- Art appreciation skills



CORE INTERVENTION

- Children's choirs
- Delhi arts curriculum
- Art labs
- Schools of specialized excellence with Delhi govt.
- Art truck

Vulnerable Youth in Rural Blocks and Urban Slums



Tamil Nadu



AGE

14-17 years



OBJECTIVES

Adolescent Wellbeing
Becoming Motivated Learners



KEY NEEDS MET

- Self-Awareness
- Resilience
- Meta-cognition (learning to learn)



CORE INTERVENTION

- **Urban:** Game-based
- **Rural:** Student workbook

Adolescent Girls' Mental Health



Tamil Nadu



AGE

13-15 years



OBJECTIVES

Navigating adolescence effectively and nurturing emotional wellbeing



KEY NEEDS MET

- Self-awareness
- Coping skills
- Emotional regulation



CORE INTERVENTION

- Videos through SCERT

Take It Eazy - I & II



TIE II: Bihar, Jharkhand, J&K



AGE

TIE II: 13-17 years



OBJECTIVES

Adolescent wellbeing



KEY NEEDS MET

- Self-awareness
- Resilience



TIE I: Tamil Nadu



AGE

TIE I: Grade 10 students (15 years)



OBJECTIVES

Help children deal with exam stress



KEY NEEDS MET

- Coping skills
- Emotional regulation



CORE INTERVENTION

- Audio stories delivered over IVRS

Teacher Empowerment



Tamil Nadu, Bihar,
Jharkhand, J&K



AGE

Teachers teaching grades
9-12 (14-17 years)



OBJECTIVES

Help teachers enhance their wellbeing and be equipped to support that of their students



KEY NEEDS MET

- Sensitisation
- Mental health literacy
- Wellbeing skills
- Facilitation skills



CORE INTERVENTION

- Training workshops
- Manual Videos
- Audio stories over IVRS



WHAT WE CAN OFFER TO DIFFERENT STAKEHOLDERS

We have been partnering with multiple state governments (Tamil Nadu, Delhi, Bihar, Jharkhand, Jammu & Kashmir, Kerala), multilateral agencies (UNICEF), funders (Indian and global, foundations and CSR arms), and other NGOs (Kaivalya Education Foundation, Tech Mahindra Foundation, Language and Learning Foundation)

to design and implement a range of programmes.

We have created world-class resources and robustly designed interventions and approaches that we are happy to offer to varied stakeholders working in the space of adolescent wellbeing.

NATURE OF STAKEHOLDER

OUR OFFERING



State Governments

Knowledge+Implementation Partnership:

End-to-end programmes + resources on adolescent and teacher wellbeing.

Partnership covers:

- a. Strategy
- b. Programme and Learning Framework Design
- c. Content and Visual Design
- d. Monitoring and Evaluation Design+Implementation
- e. Training and Implementation Support



Funders

Evidence-based short and long-term programmes on:

- a. Adolescent Wellbeing+Whole Child Development
- b. Adolescent Girls' Holistic Development and Leadership
- c. Teacher Wellbeing
- d. School-wide Mental Health initiatives
- e. Community-level interventions



NGOs/
Foundations

Knowledge Partnership:

A. Student Wellbeing Resources

- Workbook
- Audio stories
- Videos
- Game-based learning material
- Workshops and training sessions
- Adolescent Girl-specific resources

B. Teacher Wellbeing Resources

- Handbook
- Audio stories
- Training workshops

WAY FORWARD

Trauma-informed Approach

A trauma-informed lens to programmes recognizes that every person has trauma in their past that affects their present responses and inner resources. This approach seeks to avoid re-traumatisation and be sensitive to the effects of trauma on the individual. A trauma-informed approach is especially critical in working with children who have faced severe adversity, such as those in institutional care. Our team of mental health professionals, supported by experienced psychiatrists and psychologists, has been bringing this lens into our content design and facilitator training alike.

Advocacy

We are working with varied stakeholders in a decision-making capacity to influence change at a systemic level. For instance, we have worked closely with the Department of Education in Tamil Nadu to create and distribute the Student Wellbeing Workbook as well as the Teacher Handbook across 44 of the most educationally backward blocks (EBB)

in the state. Talks are now on to take this to all adolescents across the state through the formal schooling system.

Likewise, our Take It Eazy project (audio stories for student and teacher wellbeing) is in collaboration with the Departments of Education of the states of Bihar, Jharkhand, and Jammu & Kashmir. We are working with the Delhi government on the new structured art curriculum and board for all students, as well as the Schools of Specialized Excellence (SOSE) to identify and hone gifted students in various art forms.

Intersectionality

As we increasingly recognize and acknowledge the effects of every layer of marginalisation (gender, disability, caste, community, abandonment and so on) and how that compounds deprivation and associated mental health risks for an adolescent, our programmes take those into account while targeting interventions at excluded groups as well as designing them to address their specific challenges.

NalandaWay Foundation is an award-winning NGO that aims to empower disadvantaged children and adolescents through art and nurture them into hopeful, resilient and fearless individuals. Through art and play-enabled pedagogies, we remove fear and bring joy to the learning process. Our interventions nurture holistic wellbeing and age-appropriate social-emotional development, and promote positive mental health.



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contact@nalandaway.org | www.nalandaway.org