Talking About
MENTAL HEALTH
in the Classroom

A Mental Health Curriculum for Teachers

By

Dr. Samir Parikh

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Department of Mental Health and Behavioural Sciences
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Key Contributors: • **Nilya Dutt** • **Divya Jain**

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MACMILLAN

MESSAGE FROM DR. SAMIR PARIKH

Working with school aged children, making efforts to enhance their mental health and well-being have been key areas of focus for me. Through the Fortis School Mental Health Program my team and I have been working through workshops, seminars, trainings, quizzes, contests, social media initiatives and media activities to raise awareness and understanding of mental health in the student population and sensitizing adults to the need of their own well-being.

There is a substantial gap in the number of people who are affected and impacted by mental health illnesses and those who seek treatment. There is also deficit in the number of professionals available to provide mental healthcare. This is a big concern. These have prompted me to conceptualize the Mental Health Curriculum, a manual for implementation by teachers within schools to create awareness amongst students, provide them with the skills and tools to identify problems, solve for challenges, build resilience and cope well in the face of issues.

This manual is designed in a format that can be easily implemented utilizing the existing school calendars and requires minimal intervention and support by external experts. It is built as a self-sustaining mechanism that creates space for conversations and discourse on mental health and well-being within the classrooms.

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INTRODUCTION

About the Manual

The adolescent years in a students' life can be a turbulent time as they work to master skills and develop relevant coping abilities to manage their emotions, thoughts, relationships and gain mastery over challenges. Parents and teachers play a significant role in helping them make meaning of their experiences and support the child. However, this is also the time when mental health related challenges can emerge if a student is unable to get the right support or develop the requisite skills.

With our experiences over the last two decades, and under the guidance of Dr. Samir Parikh, the Mental Health Curriculum has been designed to promote and support the mental health and well-being of students in middle and senior school. It is geared to increase awareness, provide a vocabulary, and help decode the ways in which mental health issues can manifest and also be prevented from occurring. The curriculum is created in a format that equips teachers with the right knowledge to talk to students about mental health and other aspects associated with it.

The information contained within the Curriculum has been devised following the nomenclature of the Diagnostic Statistical Manual-5 (DSM-5, 2013) and other reliable resources. The material provided is based on the core concepts of clinical psychology, social psychology and positive psychology. It is divided into 5 modules which focus on understanding mental health and mental illness, the stigma related to mental health concerns, the importance of help-seeking, building resilience and enhancing well-being in students within the classrooms.

The curriculum has been developed for students of middle and senior school that is, grade 6th to 12th. Each module has two sections. The first section is for teachers and it provides relevant information to enhance their understanding of the five modules before introducing them to the students. The second segment consists of lesson plans for students comprising interactive activities, videos and projects to provide a space to challenge mental health, mental illness related ideas and information utilizing the processes of critical thinking, collaboration and active participation. Each lesson plan provides a clearly stated aim and step-by-step approach for teachers on how to introduce and implement the activities within the classroom.

The curriculum is built in a self-sustaining format to ease its implementation within the existing systemic frameworks at school. It can be implemented at the classroom level, whole grade level or in small groups depending on the availability of time as per the school's academic calendar and resource personnel. Flexibility is built into the curriculum design to ensure that a sub-topic or a whole topic can be completed within the available stipulated time.

Using the Manual

The Manual has been designed for easy implementation by teachers post the training by experts from The Department of Mental health and Behavioural Sciences, Fortis Healthcare. The curriculum can be embedded within the already existing school schedules. Each module can be taught in 45 minutes which is the typical allotted class duration. The activities related to each module can be conducted within 30 minutes during the zero period, assembly, physical or health education periods. The entire manual can be taught over a consecutive time period of 8-10 hours.

The following is the structure and step-by-step implementation process of the manual.

Structure of the Manual

1. General rules and recommendations for teachers

The segment on rules and recommendations for teachers has been added to provide information on how to balance the discussion within the classroom. Interactions around mental illness can become potentially controversial and it is crucial that teachers are equipped to handle such conversations. The language and approach of the teachers would play a key role within the classroom setting to shape the quality of discussions. These recommendations would aid in maintaining an educative stance in the conversations.

2. Role of school psychologists, counselors and special educators

As mental health professionals within the school system school counselors, psychologists and special educators play a pertinent role in imparting mental health literacy to teachers, students and staff. This segment of the module briefly describes their key position and role in supporting and enabling the implementation of the mental health curriculum in the classrooms.

3. Modules

The manual comprises 5 modules that enable a comprehensive understanding and learning of mental health and related concepts. These modules contain the requisite information for teachers to enhance their own knowledge of pertinent concepts. Each module has lessons plans for students along with interactive & reflective exercises to support their understanding and learning. Teachers are required to go through the information and lesson plans thoroughly before introducing them in the class. The format for the modules is as follows:

*   *Information for the teachers* to enhance their understanding of the modules and for confident facilitation of classroom discussions.

*   *Lesson plan* for the students which has content that is simplified in a student friendly manner for adequate grasping of the content.

*   *Key objectives* for each lesson plan that lists specific competencies that students should derive from the module.

*   *Mode of teaching the modules* would be using presentations for each module to support classroom teaching. This would be shared by the experts during the training. Along with

presentations, teacher should also carry a copy of the modules for ready reference.

- *Interactive and reflective activities* for each lesson plan for students to enhance their understanding and learning about the module.

- Each Activity has a *time frame* for a structured discussion. However, teachers can use their discretion to extend the time based on the interaction and time available.

- *Materials to be used* for each Activity are listed in the manual for teachers to be prepared in advance with the resources to facilitate the discussion in the classroom.

- Each Activity has a *how to do it* section which provides a stepwise process to conduct the Activity

- Activities are supported with *key words or prompt questions* for a guided discussion by teachers with students. The key words act as a guide for key information to be included in the discussion, whereas prompts help in giving a direction to the discussion and activities.

- The activities that require research by the students have been supported by the provision of a list of *reliable sources*.

- Each activity has a *segment on debriefing* at the and as a support to look for information that should be or should not be part of the discussion.

RULES AND ROLES

GENERAL RULES AND RECOMMENDATIONS FOR TEACHERS

The aim of the curriculum is to provide accurate knowledge and information about mental health for teachers and students to enhance understanding and de-mystify myths, misconceptions and attitudes that have been prevalent for long.

Considering the potentially sensitive nature of the topic, it is important to be prepared to handle difficult questions that can arise during the discussions in the classrooms. Some of the key points to remember while having mental health conversations in the school are:

- Maintain a non-judgmental approach to information that is being introduced and discussed with the students.
- Build openness to consider information being brought into the conversation by the students.
- Maintain a neutral stance as a facilitator of discussions.
- Encourage the students to research and discover information from reliable sources.
- Create an atmosphere where students can share differing views by focusing on active listening.
- Avoid engaging in giving opinions based on personal judgment or biases and focus on knowledge-based information provision.
- Avoid a consensus-based approach and encourage acceptance of diverse viewpoints.
- Confidentiality of information should be maintained. This can be done by establishing clear and precise rules about sharing of personal and other information.
  - ➢ No sharing of personal information or stories unless individuals' explicit consent.
  - ➢ If a student feels comfortable in sharing experiences, details about others should be avoided to maintain privacy and respect.
  - ➢ Information shared during the implementation of the curriculum should be kept confidential at all times.
  - ➢ Clear consequences are to be outlined for a situation in which a student is found discussing or commenting on information shared within the group.
- If a student approaches a teacher with any family, social or personal information about mental distress, the teacher should offer support, comfort and encourage help-seeking by directing to the school counselor.
- Teachers should reach out to mental health professionals (counselors/psychologists/special educators) working within the school or the team of experts of the Department of Mental Health and Behavioural Sciences, Fortis Healthcare to ascertain reliable information or discussion of cases not mentioned within the curriculum.

ROLE OF SCHOOL PSYCHOLOGISTS, COUNSELORS AND SPECIAL EDUCATORS

The mental health professionals working within the schools have a significant role to play in advocacy, providing education, working on prevention, intervention and referral services for teachers, staff, students and families. As a part of the curriculum, the school counselors, psychologists and special educators would have the following key roles and functions:

- Being advocates for mental health to talk and encourage conversation about mental health in schools.
- Helping and guiding teachers through the implementation of the Mental Health Curriculum guidebook.
- First point contact for any additional information required by teachers to educate the students on any of the modules.
- Conducting or assisting teachers in the conduction of the module on mental health illnesses with students.
- Creating a positive self-image of being a guide, mentor, coach and the go-to person in the school for students, teachers and staff for mental health related information and guidance.
- Establishing a warm and welcoming therapeutic room setting for students to come and talk about their problems, seek help and support.
- Liaison with administration, teachers, parents and mental health professionals for providing appropriate education, support and intervention to students for mental health related problems and illnesses.
- Create a culture of positive well-being within the schools through consistent advocacy, awareness and sensitization about mental health.

MODULE 1

Understanding Mental Health and Mental Illness

DEFINING MENTAL HEALTH

The term 'mental health' is frequently used in common parlance by people. However, it is often misunderstood and used as a substitute for mental health conditions like depression, anxiety, and others. Additionally, terms like mental wellness, mental wellbeing, positive mental health or happiness too are utilized to describe what it means to be mentally healthy and to emphasize that mental health is about wellness and not illness.

Everyone has mental health. The World Health Organization (2001) defines **mental health** as "a state of well-being in which the individual realizes his or her own abilities, 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". Mental health is more than just 'the absence of disease', and refers to 'a state of complete physical, mental and social well-being' (WHO, 2001).

A mentally healthy individual is happy and interactive at a peer, family, societal and organizational level. The person is productive and is able to accomplish tasks and goals, and has healthy coping mechanisms in place to deal with challenging situations. A mentally healthy person does experience shifts in moods and thought patterns, ranging from the positive to the negative. However, these shifts are transitory and often associated with situations, which when resolved lead to the restoration of the previously calm and happy state.

Mental health includes the following components:

- Ability to enjoy life
- Cope with challenging situations
- Set and fulfill goals
- Be productive
- Build and maintain relationships

People's experiences across situations impact how they think, feel and respond. These have an influence on their mental health and well-being. Mental health is viewed as being on a continuum with it being on one end of the spectrum and mental illness on the other end of it. We would look at mental illnesses, what they are and how they can be treated in the following segments of this module.

MENTAL DISTRESS AND MENTAL HEALTH PROBLEMS

In the face of difficult situations it is common for people to experience stress. It occurs when people perceive that they cannot adequately cope with the demands being made on them or with threats to their well-being (Lazarus, 1966). This results in mental distress and requires that individuals adapt to the challenges that are precipitating it (for example, when delivering a speech, writing an exam, or giving an interview). Some common sources of distress for students include the following:

• Environment related such as the neighborhood, noises, air quality, traffic, pollution.

• Social stressors relating to socializing, interacting and communicating with others such as public speaking, joining a social group, conversing with friends or family members, interpersonal conflicts, bullying.

• Work related stressors which pertain to the academic pressures, demands placed on account of the curriculum, managing expectations, maintaining goals and targets.

• Major life changes such as moving to a new city or a new school, illness, loss due to death, parental separation, or accidents.

Situations perceived as difficult elicit a stress-based response. This typically has four associated components: **emotions** (for example, feeling worried, happy, irritable), **cognitions** (thoughts such as "Things always go wrong for me" or "Let me give this a try and see how it goes"), **physical symptoms** (such as headaches, stomach aches, nausea) and **behaviors** (such as avoiding people, procrastinating, or listening to calming music).

The response to distress can have both negative and positive aspects associated with it. When stressors are larger than what the student is able to cope with, when they are continuously present over a longitudinal period of time or are associated with factors like lack of social and family support, they can compromise the person's ability to cope. This can lead to the occurrence of **mental health problems**.

Mental health problems interfere with the emotional, cognitive, physical and social abilities and functioning of an individual. However, their severity and duration is not sufficient to make a diagnosis of a mental illness. These mental health problems usually occur on account of negative life events, the resolution of which usually rectifies the mental health problem being experienced as well. However, if the mental health problem persists or changes in its levels of severity it can lead to a mental illness.

It is important to remember that the magnitude of stress experienced varies for each individual. This implies that a situation will not trigger a mental health illness for all individuals. Only those who struggle to cope with the situation due to the salient features of the situation, their selves, abilities or the environment, are likely to develop a mental health illness.

Let's consider an example to illustrate how a difficult situation can affect the well-being of a young individual and lead to a mental health illness.

The Case of Rita:

Rita, a girl of grade VI has been experiencing continued ridicule and isolation from her social group following a large row in which she was blamed for running tales between different people. Additionally, she is unable to confide in her parents due to their conflicted relationship. She feels burdened to maintain peace in the home and does not want to contribute to the problems by sharing her experiences. She has been experiencing persistent sadness and irritability (emotions), negative thoughts about herself such as "I am a horrible person" and "Everyone around me hates me" (cognitions), excessive stomach aches and headaches (physical symptoms) and has stopped going to school, meeting her friends in her community, and having conversations with her family members (behaviors). This constellation of symptoms led to the precipitation of depression. In contrast, if the situations in Rita's life would have changed or she would have had the opportunity to seek support from her home, a few friends who she could confide in, it is possible that she may not have experienced a mental health illness.

Situations such as the one in which Rita found herself necessitate support from a professional, a counselor, family or friends to aid her in working through the problem. However, despite the availability of support an individual can experience the onset of a mental illness. We look at what mental illnesses are in the next section.

DEFINING MENTAL ILLNESS

A mental illness or disorder refers to a wide range of conditions that affect an individual's emotions, thinking and behaviors. Simply put, it is an ongoing set of emotional, behavioral and cognitive states that deviate from the 'normal'. There are different mental illnesses and these vary in their degree of severity and the impairment they cause to an individual's functionality.

A mental illness is characterized by the presence of significant, substantial and persistent problems in emotions (such as feeling sad or anxious), cognitions (thoughts of worthlessness such as "I am of no use" or "No one likes me as I am so bad " and illogical or irrational thoughts), physical symptoms (such as fatigue, insomnia or hypersomnia, restlessness), and behavior (for example, school refusal, withdrawal from family and friends, self-harm, or poor self-care). These symptoms cause disruption in day to day social and occupational functioning. For a student such changes can impact their ability to study, focus and concentrate, play and interact socially, engage in interpersonal relations or affect moods causing sadness or irritability.

Mental illnesses cause enormous suffering to those experiencing them, as well as their families and friends. Only a trained mental health professional (such as psychiatrist, psychologist, and psychiatric nurse) can diagnose an individual with a mental health illness using internationally

validated and determined diagnostic criteria. Once diagnosed, (s)he can and must provide evidence-based treatments (such as medications, therapeutic intervention, rehabilitation, and remediation) for the diagnosed condition (we will look at these in another segment).

PREVALENCE OF MENTAL ILLNESS

Mental illnesses affect individuals irrespective of their age, gender, residence and living standards, even though some groups are known to be at a higher risk for certain illnesses.

Mental health problems can often develop early, also occurring in children and adolescents. Statistics from the research conducted by the Mental Health Taskforce to the NHS in UK (2016) found that

- 1 out of 10 children aged 5-16 years have a diagnosable condition.
- 3 in 4 of all mental health problems are established by the age of 24 years.

The National Mental Health Survey of India conducted in 2015-16 revealed that

- The prevalence of mental illnesses in the age group of 13-17 years was 7.3% and nearly equal in both genders.
- Approximately 9.8 million young Indians aged between 13-17 years are in need of active interventions.
- The prevalence of mental illnesses was nearly twice (13.5%) as much in urban metros as compared to rural (6.9%) areas.

The most common prevalent problems reported in the survey were Depressive Episode and Recurrent Depressive Disorder (2.6%), Agoraphobia (2.3%), Intellectual Disability (1.7%), Autism Spectrum Disorder (1.6%), Phobic anxiety disorder (1.3%) and Psychotic disorder (1.3%) (National Mental Health Survey of India, 2015-16).

CAUSES OF MENTAL ILLNESS

To explain the occurrence of illnesses the **Biopsychosocial Model** was proposed by Engel (1966). This model systematically considers the biological, psychological and social factors and their complex interactions in the causation of illnesses. It is a holistic model that shifted the exclusive focus from the bio-medical factors considered to be central in the causation of illnesses.

The new approach recognised the need to view individuals within the context of the whole systems they are a part of. This implied that the determinants of illnesses and their prognosis lie within the interaction between biological, psychological and social factors and that no single factor has a more prominent role in comparison to the others. For instance, an individual diagnosed with

depression may have a very stressful work environment and complete lack of family support, in addition to the imbalance in serotonin levels that are leading to the precipitation of the depressive episode.

In 1977, Zubin and Spring proposed **the stress vulnerability model** for mental illnesses. (Refer to Figure 1).

The basic tenet of this model is that an individual must carry an inherent vulnerability to a disorder in order to develop it. This vulnerability can be biological (for instance, a genetic predispostion or over of under Activity of a neurotransmitter in the brain) or psychological (such as a personality trait that increases a person's risk to develop the disorder or a history of poor interpersonal relationships or low self-esteem or extreme pessimism). In order for the person to ever develop a disorder (s)he has to experience some kind of stress or trigger. This trigger can be biological (such as an illness which changes the balance of hormones or a pathogen) or it could be psychological or social (such as the loss of a loved one, a relationship or job). When the vulnerability and the stress occur togther in a person at the same time a mental health illness develops.

VULNERABILITY

- *Biological Factors* (example, genes, disorderd bio-chemistry or brain anomolies).
- *Social Factors* (example, chronic stress, maladaptive parenting, socio-economic issue, culture).
- *Psychological Factors* (example, unconscious conflicts, maladaptive cognitions, unhealthy coping mechanisms).

+

STRESS

- *Biological Triggers* (example, onset of disease, exposure to toxins, medical co-morbidities).
- *Social Triggers* (example, loss or traumatic experience, war, terror).
- *Psychological Triggers* (example, perceived loss of control, violation of trust, lowered self-esteem).
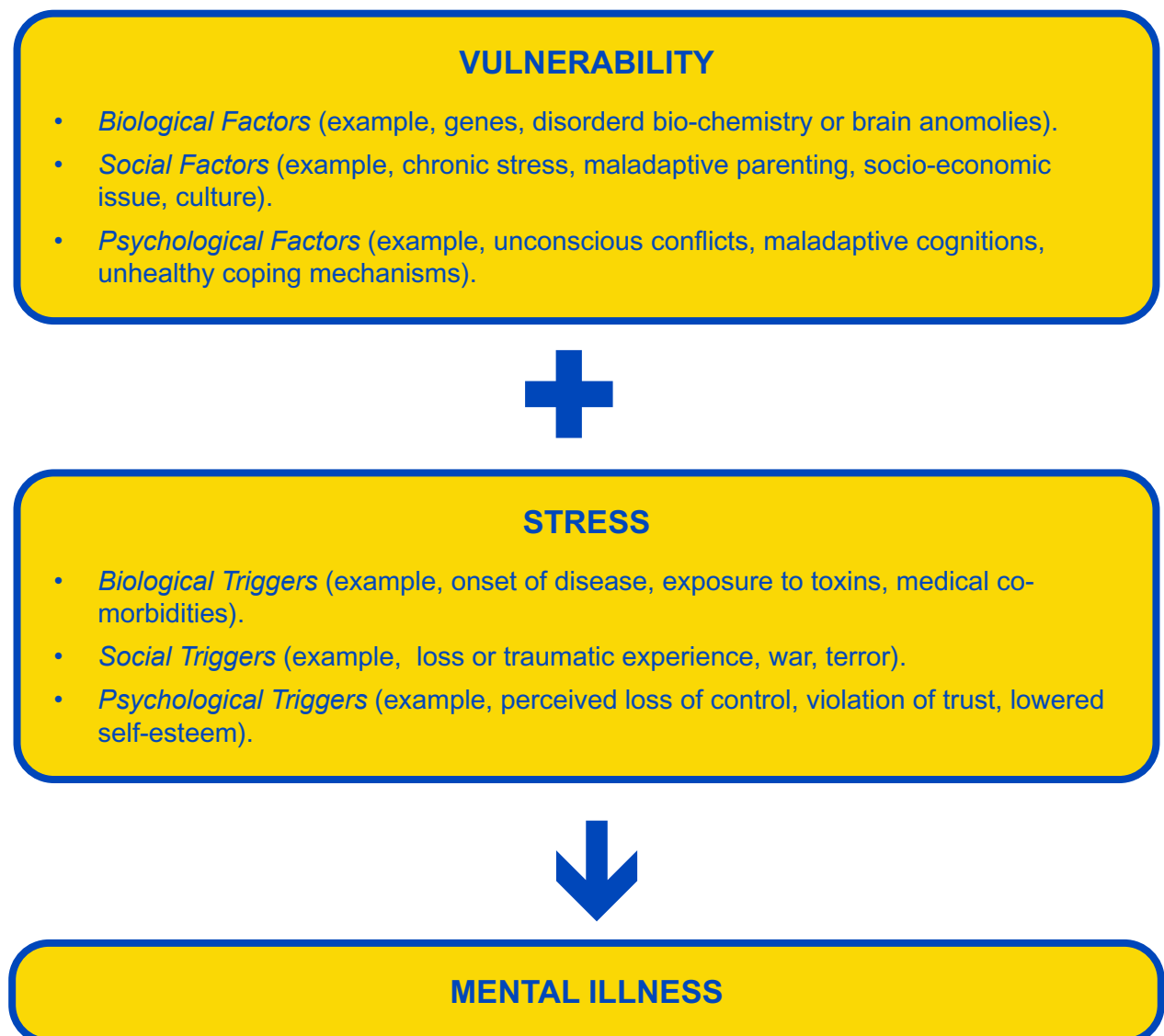
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MENTAL ILLNESS

Figure 1: Vulnerability-stress model of mental disorders

TREATMENT PARADIGMS FOR MENTAL ILLNESS

The treatment of mental illnesses can be broadly classified into three categories. These categories are as follows:

- **Psychiatric medications** – Psychiatric medications are given to those diagnosed with a mental illness. These medications can be safely given to children and adolescents as well and can only be prescribed by a psychiatrist. These make the treatment of the mental illness more effective and efficacious. Many individuals harbour the myth that medications can be habit forming, have significant side effects or cannot be given to young children. Medications, if taken under the guidance and advice of a psychiatrist are safe for people of all ages. These medications work through restoring the balance of neurotransmitters within the brain.

- **Psychotherapy** – Medications are not the only line of treatment for mental illnesses. Psychotherapy is often needed to help a child or adolescent work through the psychological, emotional and social aspects that pertain to the illness. There are numerous forms of psychotherapy depending upon the school of thought a therapist follows and adheres to. Some of these include Cognitive Behavior Therapy, Humanistic Therapy, Psychodynamic Psychotherapy, Psychoanalytic Psychotherapy, to name a few. For certain conditions like Autism, Attention Deficit HyperActivity Disorder, or Learning Disbaility supportive services in the form of remediation, special education and occupational therapy may also be of assistance.

- **Rehabilitation services** – In certain cases children can display symptoms like excessive violence and aggression, acute psychosis, substance abuse or suicidality. These circumstances can necessitate the utilization of hospitalization and provision of rehabilitation services to help the child or adolescent with the illness.

MODULE 1: LESSON PLAN FOR STUDENTS

Key Objectives:

In this module students will learn and understand that:

- Everyone has mental health and it is a state of complete well-being.

- Difference between stress, mental health, and mental illness.

- Basic processes of cognition, emotions, perception, behavior and physical response to the environment.

- Mental illnesses can emerge during adolescence.

- Mental illness is caused by biological changes which are primarily the result of neurochemical imbalances and are mediated by stressors, psychological and social factors.

- Mental illness can affect the individual's thinking, emotions and behavior thereby causing difficulty in functioning.

- Recognizing the signs and symptoms of mental illnesses.

- Early diagnosis and treatment of mental illnesses leads to better outcomes.

Mode of Teaching: Presentation and printouts of modules for students

Activity 1: Define health and what it means to you? (Time: 30 min)

Aim	• Understanding health in a holistic manner. • Conceptualize health as physical and mental well-being which is also correlated with social well-being. • Lay the foundation for the module 1 lesson plan.
Materials required	• Laptop, projector, white board and marker, or blackboard and chalk. • Pen and paper for students.

How to do it	• Begin the lesson plan by asking students to answer the following questions:
	  » Define Health
	  » What does good health mean to you?
	  » How do you describe ill health?
	• After the descriptions and definitions are shared by the students, teacher to introduce module 1 from the presentation provided.

Prompt Questions	• What are the various components of health? • Would not feeling good emotionally or avoiding social engagements be considered a result of ill health?
Debrief	This is a general discussion about health and students can give any description that comes to their mind. This activity is to develop an understanding of how students perceive health. Students can describe freely and there is no right or wrong response.

Activity 2: Box-it in correctly! Mental well-being or illness? (Time: 30 min)

Aim	• Differentiate between mental health and mental illness.
Materials Required	• White board and marker, or blackboard and chalk • Paper and pen for students
How to do it	• This activity is introduced after module 1 has been discussed with students. • Divide the students into groups (number of students can be decided as per the strength of the class). Divide the number of groups into two parts and ask one group to write words used to describe mental health and the other group to write words used to describe mental illness on their sheets. • Ask one student from each group to narrate the list and write it on the white board (words that are repeated do not need to be re-written on the board). • After each group has shared the list, discuss what made them associate the words they used with the category they were given.
Keywords	• Mental health: wellness, well-being, happy, sad, depressed, anxious, dull, dejected, disappointed, embarrassed, joyful, content, sorry, distressed, thoughtful, glum, angry, grief, fearful, scared, etc. • Mental illness: depression, anxiety, bipolar, schizophrenia, impulsivity, manic, crazy, weak, attention seeker, dramatic.
Debrief	By the end of this activity students should be able to understand that any emotion or feeling is a mental health state which can be either positive or negative. Whereas mental illnesses comprise of a wide range of mental health conditions characterized by clusters of symptoms which affect mood, thinking and behavior.

Activity 3: How does the brain work: Connection between mental health and mental illness (Time: 30 min)

Aim	• Understand the functioning of the brain. • Know how the brain controls thoughts, feelings, behaviors and responses to the environment.
Materials Required	• Laptop, projector, pre-downloaded videos given below, YouTube compatible software in the laptop and speakers (if needed for adequate audibility).
How to do it	• Download the videos beforehand on your system or check the software supporting the video to be played in advance. • Introduce the topic and start the discussion by asking students the question prompt provided below. • Show them the 2 videos: 'Functions of the brain' and 'Emotions and the brain'. • After playing the videos provide 10 minutes to discuss how their understanding changed and whether they can explain exam anxiety incorporating the newly acquired information.
Video resources	Video 1: How the brain works* https://www.youtube.com/watch?v=XSzsI5aGcK4 Video 2: Areas of the brain* https://www.youtube.com/watch?v=5_vT_mnKomY Video 3: Emotions and the brain* https://www.youtube.com/watch?v=xNY0AAUtH3g **(*Source: The Sentis brain animation series)** Choose any two videos to show students from the links provided above.
Prompt question	• How do you think the brain and the mind are connected?
Debrief	Neurotransmitters and neurochemicals are directly linked to and affect our thoughts, emotions and behaviors. Mental illness is not about lack of will but has a biological basis to it.

Activity 4: I am not okay! – Recognizing the stress signals (Time: 30 min)

Aim	• Recognize stressful situations and warning signs signaling activation of a stress response. • Understand when seeking help is important.
Materials Required	• White board and marker, or blackboard and chalk • Paper and pen for students

How to do it	• Share the list of 10 common stressful situations provided in the Appendix 1.
	• Students can add other situations to the list depending on availability of time.
	• Ask students to rate the situations on a scale of 1-5 with 1 being least and 5 being most stressful. The descriptions for the ratings are as follows:
	  » Score 1 and 2 when stress (physical, emotional, thinking and behavioral changes) is either not experienced or at the least.
	  » Score 3 when the changes under these situations are more frequent but mostly one is able to cope with it.
	  » Score 4 and 5 when the changes are repetitive in nature and one may find it difficult to overcome them.
	• Help the students look at each situation and enlist the physical, emotional, thought related and behavioral changes they experience during these situations. These can be noted on the board.
	• The activity can be ended with helping students understand that when scores range towards the higher side it indicates the need to seek help or assuming a problem solving approach. Emphasize the need to be aware of the level of stress one is experiencing across situations.
	• Point out that self-monitoring can act as good strategy to work on problems and develop effective coping strategies.

Keywords	• Physical changes - palpitations, upset stomach, trembling, headache. • Emotional changes - anxious, sadness, irritability, anger. • Thought related changes - "I am not good enough", "I am going to fail", "I am incompetent", "I can just never do it". • Behavioral changes - Social withdrawal, changes in appetite and sleep, reacting to small things, lack of motivation.
Debrief	In this activity, teachers should emphasize that stress is part of everyday living. There are times when stress can become overwhelming and impact our thoughts, emotions, and behaviors. The activity is designed to build awareness of the signs of stress, determining when they need to seek help or re-evaluate the coping mechanism they are using. It is not always easy to bounce back from stressors. One must be aware of such experiences to ensure implementation of a positive, adaptive approach to solving the problems at hand.

UNDERSTANDING SPECIFIC MENTAL ILLNESSES

- **Anxiety disorder** - Anxiety is an emotional response to the anticipation of future threat. Anxiety disorders are a group of illnesses, characterized by excessive and persistent feelings of intense anxiety creating continual discomfort and tension which begins to interfere with daily life and stops the person from doing what they want to do. There is corresponding impairment in functionality inhibiting peer interactions, social relationships, academic or occupational functioning. The following are the types of anxiety disorders:

  » **Specific Phobia** – Specific phobia involves fear or anxiety about a specific object/situation, causing the individual to actively avoid or endure it with intense fear.

  » **Social Phobia** - Social Phobia is characterized by marked fear or anxiety about social situations in which the individual is exposed to scrutiny by others and has an intense fear of negative evaluation

  » **Panic Disorder** - Panic disorder involves an abrupt surge of intense fear or discomfort that reaches a peak within minutes, and during which the individual can experience symptoms like palpitations, sweating, trembling, choking, chest pain, nausea, dizziness, to name a few.

  » **Agoraphobia** – A person is diagnosed with agoraphobia if (s)he experiences anxiety about using public transportation, being in open places, being in closed places, standing in line, being in a crowd or being outside of home alone. At least two of these fears need to be present.

  » **Generalized Anxiety Disorder (GAD)** – GAD involves indiscriminate worrying about everything – even minor events, for most part of the day and is experienced as difficult to control. The person may experience restlessness, feel fatigued or irritable, struggle to concentrate, and have sleep disturbances.

- **Depressive disorder –** A depressive disorder is characterized by the presence of low mood or loss of pleasure or interest. In children it can include the additional symptom of irritability. The individual experiences difficulty in concentrating, feeling fatigued and tired, helpless, hopeless, changes in sleep or appetite patterns, or recurrent thoughts of death.

- **Bipolar disorder –** Individuals with bipolar disorder experience extreme mood swings that range from sadness to sudden elation. They experience both ends of the pole, ranging from a depressive episode to a manic or hypomanic episode. In a manic state an individual experiences marked elevated or expansive moods, feelings of grandiosity, increased Activity, reduced sleep, flights of ideas, or excessive engagement in risky activities.

- **Obsessive compulsive disorder (OCD) –** OCD is marked by the presence of obsessions which involves recurrent and persistent thoughts, urges, or impulses that are experienced as intrusive and unwanted. Individuals can also experience compulsions which are repetitive behaviors (for example, hand washing, ordering, or checking) or mental acts (for example, praying, counting, or repeating words silently) that the individual feels driven to perform in response to an obsession.

- **Post-traumatic stress disorder (PTSD) –** PTSD is an emotional disorder that follows the experience of a traumatic event. An individual with PTSD experiences intrusive symptoms in the form of memories, dreams, or dissociative reactions like flashbacks. The individual attempts to avoid the traumatic experience and memories of it. It can lead to alterations in the cognitions, moods and reactions that are associated with the traumatic event.

- **Eating disorders –** Eating Disorders include a range of conditions involving an obsession with food, weight and appearance that negatively affect a person's health, relationships and daily life.

- These are primarily of three types – anorexia nervosa, bulimia nervosa and binge eating disorder.

  » **Anorexia nervosa** – It is characterized by severe restriction in food intake, intense fear of gaining weight and a disturbance in the way in which one's body weight and shape are viewed, affecting the individual's view of the self.

  » **Bulimia nervosa** – In bulimia nervosa the individual engages in recurrent episodes of binging without a sense of control over eating during the episode. Compensatory behaviors such as self-induced vomiting, use of laxatives or diuretics is engaged in to prevent weight gain.

  » **Binge eating disorder** – It is characterized by episodes of binging, periods of shame, and self-hatred associated with the binging without the presence of compensatory behavior.

- **Schizophrenia –** Schizophrenia is a mental illness that severely affects and impairs the individual's thinking and behavior. The person's orientation to reality is impaired and suffers deterioration to perform adequately in day-to-day functioning. The onset of schizophrenia can occur in adolescence or early adulthood. Schizophrenia is characterized by the presence of symptoms like delusions, hallucinations, disorganized thinking, disorganized speech, grossly disorganized behavior, decreased motivation and diminished emotional expression.

- **Attention deficit hyperActivity disorder (ADHD) –** ADHD involves a persistent pattern of inattention and/or hyperActivity-impulsivity that interferes with functioning or development. The individual is often seen to be easily distractible, finding it difficult to sit in one place squirming or moving around, seeming to be on the go, not appearing to listen when spoken to, finding it difficult to attend to tasks or play activities, talks excessively, or interrupts often.

Activity 1: Short presentations for specific mental illnesses (Time: 10 min per presentation; Total Time: 80 min)	
Aim	• Understand and recognize the signs and symptoms of a mental illness.
How to do it	• Teacher/Counselor needs a thorough understanding of the descriptions of mental disorders before introducing this module to the students. • Divide the students into 8 groups and give each group one specific disorder to make short 10 min presentations. The presentation must include the following aspects: • What is the disorder? • What are the characteristic symptoms of the disorder? • What are the causes for the disorder (in brief)? • What are the kinds of treatments available for the disorder?
Suggested sources for use by students	• https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets • https://www.nimh.nih.gov/index.shtml • https://www.psychiatry.org/patients-families • https://www.mayoclinic.org/patient-care-and-health-information
Debrief	• Students should focus on utilizing reliable and referenced sources for enhancing their knowledge and information. Any article or information that does not show valid references should be avoided as it may contain inaccurate information about the topics. The students need to focus on the key symptoms, bio-psycho-social model for the causes and brief treatment process related to the different illnesses.

MODULE 2

De-stigmatization of Mental Illness: Rethinking the Social Language

WHAT IS STIGMA AND HOW DOES IT RELATE TO MENTAL HEALTH?

Stigma is commonly seen to be associated with mental illness within society. Erving Goffman (1963) defined stigma as "**an attribute that is deeply discrediting, that reduces a person from a whole and usual person to a tainted, discounted one**". Dudley (2000) further elaborated Goffman's conceptualization and defined stigma as "**stereotypes or negative views attributed to a person or groups of people when their characteristics or behaviors are viewed as different from or inferior to societal norms**".

Within the context of mental health stigma has been defined as referring to "**a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness. Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with mental illness. Stigma is a barrier. Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.**" (SAMHSA, 2004).

Stigma gets associated with individuals having mental illness on account of cues that act as signals indicating that they have a challenge. These cues include labels such as calling a person 'mentally ill', presence of psychiatric symptoms specially those appearing on account of a severe mental illness (such as aggression, inappropriate comments, bizarre behavior), social skills deficits (such as poor eye contact, body language) and physical appearance.

Stigma affects the lives of those with mental illness at multiple levels, interfering with their ability to fulfill their roles in the social, occupational, and familial spaces. It can also compromise the ability of the person to live independently and maintain the quality of their life.

UNDERSTANDING STIGMA AND ITS MANIFESTATION

Understanding how stigma affects people necessitates the understanding of why it develops and how it perpetuates. Numerous reasons have been identified to explain the prominence of stigma within society. These can be broadly seen to encompass the following explanations:

- Stigmas develop to explain existing social injustices or differences (sociocultural perspectives).
- Stigmas develop to meet basic psychological needs of individuals and society (motivational perspectives).
- Stigmas are the products of processing human knowledge structures (social cognitive perspectives).

The societal reactions to an individual having a mental illness manifesting in the form of **social or public stigma** lead to the creation of stereotypes, prejudice and discrimination. Stereotypes are one form of knowledge structure that affects the meaning of the signals that indicate the presence of a mental illness. **Stereotypes** are positive or negative beliefs that individuals hold about the characteristics of a group. It causes a person to conform to an unjustly fixed impression. For instance people often hold stereotypic notions that all people with mental illness can be violent or are dangerous; they need to be feared; or they are inferior to so-called normal people and need coercive handling.

Besides the presence of negative beliefs about a group of people, negative attitude and feelings too can be prevalent with respect to them. These unjustifiable negative attitudes toward the members of an out-group are called **prejudice**. It can take the form of disliking, anger, fear, disgust, discomfort, and even hatred. The prejudices that are held can impact the behavior that is demonstrated towards people.

These negative beliefs and attitudes can lead to discrimination against people with mental illness. **Discrimination** involves unjustified negative behaviors towards members of an outgroup based on their group membership. Discrimination is a major societal problem that can lead to substantive negative effects on people due to its pervasiveness.

Individuals who live with conditions that have stigma associated with them are vulnerable to also believing in these negative beliefs about their own selves. This internalization of the stigma is called as **self-stigma.** On account of this self-stigma individuals can perpetuate stereotypes, prejudice and discrimination towards their own self by having negative thoughts (such as "I am not a good person" or "I am dangerous"), negative feelings (such as "I dislike myself") and negative behaviors (such as isolating themself). The existence of this social and self-stigma can make a person feel guilty and incompetent affecting their self-confidence and self-efficacy.

Stigma = Public Stigma (stereotype + prejudice + discrimination) + Self Stigma

It is important to recognize that stigma is not unique to mental illness. It has been prevalent within the context of other physical health related illnesses as well such as HIV/AIDS, and cancer, to name a few. Stigma is also seen across numerous contexts including social and interpersonal relationships, relating to gender, culture, or sexual preference, to name a few.

IMPACT OF STIGMA

Symptoms of a mental illness can usually be mitigated by a number of strategies and interventions. However, the inherent stigma and discrimination associated with it may persist for a lifetime and can manifest in a number of subtle and not-so-subtle ways.

At an **individual level** stigma negatively impacts a person's self-esteem. The stereotypes, prejudices and discrimination that accompany stigma can take away important life opportunities that are essential for achieving life goals and for doing well, earning a living, and maintaining relationships. This person is more likely to feel distressed, shameful, blame self, experience isolation, loneliness, hopelessness and worthlessness. It affects the self-belief system and as a result can have a negative impact on the individual's sense of agency and self-efficacy or the belief that one can succeed in a task or Activity.

Stigma not only affects the individual but has the potential to also negatively impact the existing family structures and dynamics. Despite their best intentions, **family members** often find it difficult to either acknowledge the presence of mental illness, attempt to conceal its presence due to the fear of facing insensitivity and lack of social acceptance in society, or cause them to invalidate the thoughts and emotions of the individual diagnosed with a mental illness thereby perpetuating stereotypes and prejudices. Additionally, taking care of someone with a mental illness can be challenging and cause caregiver burnout, which can make the person feel like a burden, thus perpetuating guilt and self-blame.

Finally, at a **community and societal level**, the stereotypes and prejudice can lead to discrimination in housing, employment or services. As others may often not understand the mental illness, they can harbor many stereotypes and prejudices thus engaging in differential treatment of the person with mental illness. This can make the person feel excluded and isolated from social groups.

These experiences of stigma at these different levels can further contribute to or even worsen the individual's existing mental health condition. The presence of these aspects is known to reduce individual's motivation to acknowledge and accept they have a mental health related concern. It often also acts as a barrier to seeking treatment from professionals as people worry about what others may think and how it would impact their prospects for work, education, and relationships.

FACTORS CONTRIBUTING TO STIGMA

Many factors can be listed that are known to lead to the creation and perpetuation of stigma relating to mental illness. We discuss some of these below:

- **Language matters –** The words that are used to describe mental illness and individuals affected by it is a crucial element. Certain words and phrases are associated with a negative connotation such as crazy, whacko, or retard. It is important to be mindful of the language used to describe people to refrain from being insensitive, negative, judgmental or isolating.

- **Labeling -** Using labels to describe, connote, refer or identify people furthers stigma within society. It is important to refrain from using terminology like psychotic or mental to ensure that an individual's identity is not reduced to what is represented by these labels.

- **Lack of mental health literacy –** Lack of awareness often causes people to hold negative beliefs or myths about mental health and mental illness. An uninformed individual is likely to adhere to pre-existing stigmatizing beliefs, attitudes and behaviors. This further continues to reinforce the prevailing stigma in society.

- **Role of media –** Media has a long-lasting impact on how the public and society view various matters of concern. This shaping of societal understanding has taken place in the context of mental health and mental illness as well. Popular media in the past portrayed mental illness in a regressive, dangerous, tabooed and stereotypical way through its representation in movies, drama and art. A focal shift in the manner in which mental illness is represented from that in the past is helping reshape the narrative within media.

MYTHS CONTRIBUTING TO STIGMA

Myths	Facts
People with mental illness are dangerous.	People with a mental illness are not more or less violent than as compared to a person not having an illness. It is only in the case of certain very seriously mentally ill individuals or those not under treatment that aggression or violence is seen.
Children cannot be diagnosed with a mental illness. Their behaviors are products of bad parenting or teenage years.	Children like adults are susceptible to developing a mental illness. However, the manifestation of the illness can vary in comparison to an adult. Simultaneously a child's limited vocabulary to express what is going on can make it difficult to identify the presence of a mental illness.
Difficult temperament or continued failure in school occurs because a child wants to get attention.	Behavior related problems displayed by children can be symptoms of emotional, behavioral, or mental disorders, rather than merely attention-seeking mechanisms. Children who have a mental illness can in most cases succeed in school, have good relationships and do well in life with timely identification of problems, right intervention and availability of support.
The majority of mentally ill people need to be hospitalized for the duration of their illness.	Majority of mentally ill people live and work within the community like any other normal individual. A lot of these people are in fact high functioning individuals, and the problems they experience cannot be evidently seen or felt by those around them in the course of day to day interactions.
Once a person has a mental illness (s) he is ill for life.	Mental illness can be treated like any other physical illness. There are numerous evidence- based scientific treatments that are currently available and many others which are under review. Effective and efficacious treatments are available in the form of medications and psychotherapy, along with rehabilitative and support services. A lot of people with mental illnesses can and do lead active and productive lives.

I can't do anything for someone with mental health needs.	An individual with a mental illness requires and does well with having a support system. By not labeling, being non-confrontational, being respectful, maintaining the dignity of the other, reaching out and providing help, you can do a lot to support the person. Through these and other such actions you can nurture an environment that builds on people's strengths and promotes good mental health.
I or my family member will never be affected by a mental illness.	Mental illnesses do not discriminate – they can affect and be diagnosed in everyone. The interplay of biological, psychological and social/environmental factors can lead to the precipitation of an illness in any individual who has the vulnerability and predisposition towards it.
Mental illness is the same as mental retardation.	Mental retardation is a type of mental illness. It is diagnosed when an individual has deficits in intellectual functioning with difficulties in activities of daily living. Not all types of mental illnesses are characterized by compromised or deficient intellectual functioning. In most mental illnesses deficits or problems are observed on account of changes in a person's moods, thinking and behavior. However, mental retardation like all other mental illnesses is associated with stigma, prejudice and discrimination as well.
The presence of a mental illness indicates a weakness of character.	Mental illnesses are not related to a lack of will or a weakness in character. They occur on account of biochemical imbalances in the neurotransmitter levels in the brain which triggers alterations in moods, thoughts or behaviors, leading to the occurrence of a specific mental illness.

CHANGING STIGMA AND DISCRIMINATION

Every individual has a role to play in creating a mentally healthy community that supports recovery and social inclusion and reduces discrimination. The following are some measures that can be adopted to reduce prejudice and discrimination towards people diagnosed with a mental illness:

- **Create awareness about mental illness –** Knowledge, awareness and understanding built through informing and educating yourself and others about the facts relating to mental health is an important first step is combatting stigma. Helping people understand that a mental illness is like a physical illness, it can be treated and individuals can also recover from it with early identification, intervention, help and support is crucial. Education provides the right information to people to make informed decisions about mental illness.

- **Use language that promotes inclusivity, sensitivity, empathy and support –** The words and language used to connote and talk about mental illness as well as those impacted by it can perpetuate discrimination. It is important to be mindful of the terms used to describe or talk about people with mental illness and their experiences. Adopting an approach that is sensitive to their experience, respectful of their boundaries, maintains their dignity and is not dismissive of them as individuals is helpful in this regard.

- **Speak about stigma –** It is critical to start a dialogue and evaluate stereotypes and prejudices that exist around you and encourage others to do the same in the light of scientific inquiry and evidence. When you interact with someone who is insensitive or ridicules mental illness, speak about it to help them gain an alternate perspective. Enable them to understand the hurtful and offensive experience that their insensitivity can create for someone.

- **Advocate for mental health –** Creating awareness, sensitization and promoting conversations about mental health in schools, workplace and social media creates a positive impact and aids reduction of stigma that surrounds mental health. It also allows for an open dialogue about issues that pertain to it, further enabling changes in systems and policies that support those diagnosed with a mental illness.

- **Encourage dialogue and contact with those having mental illnesses –** Be open about having conversations on mental illness, sharing your experience and listening to other's people stories. Hiding, being silent and shunning the topic perpetuates stigma. Encourage those experiencing a mental illness to talk about it and engage in a constructive dialogue around it. Talking with willingness and openness helps dislodge feelings of shame and guilt, creating a safe space for such exchanges and a culture that sheds its taboos about mental illness.

Key Objectives:

In this module students will learn and understand:

- The nature and components of stigma.
- The association of stigma and mental illness.
- The impact of stigma on people's thoughts and help seeking behaviors.
- Myths and facts about mental illness and their contribution to stereotypes and prejudice.
- Develop a realistic understanding and a positive approach towards mental illness and mental health.
- The role of knowledge, information, treatment and support in reducing stigma and discrimination.
- Ways for contributing towards removing stigma that is associated with mental illnesses.

Mode of Teaching: Presentation and printouts of modules for students

(Please note: Activity 5 'Media portrayal of mental illness' for grades 9th – 12th should be introduced at the end of Activity 4).

Activity 1: Do you know about stigma? (Time: 30 min)

Aim	• To understand how attitudes, stereotypes and prejudice cause stigma towards individuals with mental illness.
Material required	• White board and marker, or blackboard and chalk. • Pen and paper for students.
How to do it	• Ask students what they understand by term 'stigma' (Refer to prompt questions for suggestions). • Direct the discussion towards stigma related to mental health by encouraging students to talk about stigma in this specific context after a general definition has been outlined.
Prompt Questions	• What words come to your mind when you hear the term 'mental illness'? • Do you know anyone personally who has a mental illness? How do people respond to them? • If you have mental illness would you be comfortable sharing this information with others? Why or why not? • What factors influences perceptions and attitudes about mental illness? • How do you think stigma impacts the lives of people with mental illness?
Key words for mental illness colloquial words	Crazy, mental, wacko, psycho, retarded, pagal, insane
Debrief	The aim of this activity is to encourage reflection and introspection about the beliefs and attitudes students, teachers, family members and community hold towards people with mental illness. The exercise should help students understand how these are easily internalized and can become a hindrance or an enabler for conversations on mental health and help seeking.

Activity 2: Living with Mental Illness: Views from the inside/outside (Videos) (Time: 30 min)	
Aim	• To develop an understanding of what it is like to live with stigma related to a mental illness.
Material required	• Laptop, projector, pre-downloaded videos given below, YouTube compatible software in the laptop and speakers (if needed for adequate audibility)
How to do it	• Download the videos beforehand on the system or check the software supporting the video to be played in advance. • Start the discussion by asking the students to imagine "How would your life be affected if you had any mental illness?" • Mediate the discussion by utilizing the prompt questions.
Video resources	**(For Grade 6th-8th)** Video 1: Origin of Mental Health Stigma by TeachingsOfLife • https://www.youtube.com/watch?v=BHSonXBZOwI Video 2: Social experiment Mental Health Stigma-Beyond the label by National Council of Social Service • https://www.youtube.com/watch?v=VQoiz4wfV_c **(For Grade 9th-12th)** Video 3: Young People's advice to adults on mental health by See Me Scotland • https://www.youtube.com/watch?v=H3mtm4hbsgo Video 4: Breaking the stigma- Short Film on Mental Health by Barking and Dagenham Council • https://www.youtube.com/watch?v=4dEcMsz6Bas
Prompt questions	• Do people suffering from mental illness find it easy to talk about it? • Why do we find it difficult to talk about mental illnesses? • What causes stigma to surround mental illnesses? • What do you think being diagnosed with a mental illness may feel like?
Debrief	The emphasis in the activity is on the lived experience of mental illness. It is required that teachers discuss the origin of stigma and its consequences on the individual, the family and the society.

	Activity 3: Name the famous personalities with mental illness (Time: 30 min)
Aim	• To help students understand mental illness can affect all. • Individuals living with mental illness can still achieve their goals and lead a successful life.
Material required	• White board and marker, or blackboard and chalk • Pen and paper for students • Desktop/PC with working internet connection
How to do it	• Divide the class into groups of 4 and give them the option to select a name of a well-known personality with mental illness to research on.
Debrief	Teachers need to emphasize that mental illness does not discriminate with age, race, and gender. Anyone, at any time may suffer from mental illness

Activity 4: **Stigma-meter – Assessing attitudes towards mental illness (Time: 30 min)**	
Aim	• To evaluate the level of mental health related awareness amongst friends, family and community.
Material required	• White board and marker, or blackboard and chalk • Pen and paper for students • Laptop or projector
How to do it	• Provide the students with the survey given in Appendix B. • Ask the students to conduct a survey with 10 people including friends, family and other people in the community. • The age range can be starting 15 years to 60 years • Ask the students to pool their data. • Students can do a simple analysis of the survey by calculating percentages of responses for different age groups. The age groups can be 15-25, 25-45, above 45 years. • Ask the students to prepare a chart to be placed on a display board within the school after presenting it within the classroom.
Debrief	The student needs to recognize how stigma perpetuates at the societal level and inform the continuing myths on mental health. Please refer to the myths and facts section in the module.

Activity 5: Media portrayal of mental illness (Time: 30 min) (Only for grades 9th to 12th)

Aim	• To understand the role played by media in influencing the perception of mental illness.
Material required	• White board and marker, or blackboard and chalk • Pen and paper for students
How to do it	• Divide the class into 5 sections – films, television shows, social media, newspapers and magazines. • (This should be done at the end of Activity 4. Introduce the Activity 5 and divide the groups). • Ask each group to look into information that both promotes and combats stigma through the medium assigned to them. • For example, the group given films should identify a film that showcases aspects about mental illness accurately and the one that portrays the characters in line with existing myths.
Prompt Questions	**For films:** • Theme chosen by the director • How were the characters represented? • How true was the representation to the reality of mental illness? **For television shows:** • How do reality shows perpetuate stigma through misrepresentation and the usage of language? • How are characters shown to misuse the presentation of people with mental illness (such as manipulation or harmful)? **For magazines and newspapers:** • How is the information related to mental illness and awareness presented?
Debrief	The teacher needs to direct the attention of the students to how the information consumed via media forms our judgments and influences are perceptions about mental illness. With the focus on the outward misrepresentation of mental illness and also loosely using the colloquial terms to describe a person in movies and shows, it makes it difficult to see it as an "illness" with biological basis but more an inappropriate behavior that is shameful. This continues to perpetuate stigma and discrimination; Media needs to have more sensitive representation about people with mental illness.

Activity 6: **Ctrl+Alt+Delete stigma** - **Time for reduction (Time: 30 min)**	
Aim	• To help students think of ideas in which stigma related to mental illness can be reduced.
Material required	• White board and marker, or blackboard and chalk • Pen and paper for students
How to do it	• Start a discussion with students by asking them to reflect on various things they can do to help combat stigma. • Divide the class into small groups as per the classroom size. • Ask the students to create awareness campaigns to be run in the school and on social media to reduce stigma about mental health.
Key words	• Poster making, skits, debates, celebrating mental health awareness days on the calendar, social media posts, blogs.
Debrief	• The emphasis of this activity is on encouraging students to focus on small actionable steps they can take and easily implement to create safe spaces for talking about mental health and mental illness. • For all social media activities support would be provided by the Department of Mental Health and Behavioral Sciences to enhance outreach by sharing and promoting it on the department social media platforms.

MODULE 3

Encouraging and Promoting Help-seeking

INTRODUCTION

In going through life, individuals work on difficult situations, experience shifts in moods, observe themselves and their relationships with others change and experience ups and downs in the academic or occupational spheres of their life. These changes make people vulnerable to developing mental health concerns and statistics show that in India alone the prevalence rates of mental illnesses are estimated to be 13.7% of the population (NIMHANS, 2016). In particular, the adolescent and young adulthood years are very critical life stages for mental health and between 12-26 years is seen to be a period associated with an increase in the prevalence of mental health problems and mental illnesses worldwide (Rickwood, Deane, Wilson & Ciarrochi, 2005).

Despite the prevalence and impact that mental illnesses have on individuals, most people tend to be poorly informed about them in terms of what they are, how they work, the available treatment methods and more importantly, the need to seek help at the earliest. Individuals often don't recognize that their diminishing ability to cope with a circumstance that is affecting their moods, thinking and behavior can be an indicator of a mental health problem for which they need to seek help. Over-labeling is a problem, but not being able to identify, define and label a mental illness for what it is, is also a big problem.

This lack of mental health literacy translates into individuals not thinking about reaching out for help. Ask yourself how often would you have considered seeking help in a situation that you were struggling with? Now think how comfortable would you be in reaching out to a mental health professional for this help. What are the barriers that prevent you from reaching out even though you struggle?

Worldwide more than 70% of young people and adults with mental illness do not receive any mental health treatment (Thornicroft, 2007). In India, research has shown that only 10% of those with mental illness receive the treatment for it (NIMHANS, 2016). The fact is that help-seeking is fundamental to people's mental health and well-being. This highlights the importance of,

- Helping individuals recognize the signs of when they need to seek help

- Creation of awareness programs and imparting knowledge about mental illness

- Providing information on the accessibility of care and treatment

- Breaking the stigma and fear of discrimination associated with mental illness to bridge the gap between prevalence and treatment rates

This module will highlight the need for and importance of early intervention to improve mental health and promote well-being, various sources for help-seeking and strategies to provide support to someone struggling with a mental health problem or mental illness.

DEFINING HELP-SEEKING

Defined simply, help-seeking is the behaviour of actively seeking help and support from other people. It involves sharing and communicating with others, asking for their advice and inputs, being

willing to gain information, get support or treatment for the problem that a person is experiencing. Help-seeking can involve reaching to those a person is familiar with and does not require a formal channel of communication such as friends or family members. At the other end of the spectrum, help-seeking involves reaching out to professionals who are qualified and experts in their fields and can provide a formal understanding of the problem and help in its treatment. This can include teachers, doctors, psychologists, social workers, nursing staff, to name a few.

Help-seeking is an approach style of coping with problems where the problem is acknowledged and actively addressed by the individual. This is usually considered to be a good strategy as it involves acknowledging the existence of the problem, taking charge of the situation and working to resolve it instead of being in denial about it. Appropriate help-seeking, especially in the form of reaching out to an expert or professional is considered particularly important in providing protection against a variety of mental health risks.

IMPORTANCE OF EARLY INTERVENTION

Mental health problems if left unidentified and untreated worsen over time. Just as early treatment of physical health concerns is crucial for quick recovery and minimum impact on quality of life, mental health concerns also benefit from early intervention. Early intervention facilitates and accelerates the recovery process and develops resilience amongst individuals.

In contrast, the lack of timely help seeking and intervention sets the course of the illness, which usually leads to the worsening of the problem or illness. In the case of students, this can have a direct impact on their academics, interpersonal relationships, self-esteem and can also lead to the adoption of maladaptive coping mechanisms like substance abuse or other risk-taking behaviors.

Early signs to identify those "at-risk" of developing a mental health problem

When an individual may be struggling internally, there are some external behavioral signs that can help a teacher, parent, peer or other significant adult recognize the presence of a mental health problem. These include the following:

- Social withdrawal, staying aloof or avoiding social interaction
- Sadness or dullness
- Fluctuations in moods or increased irritability
- Absenteeism from school
- Showing signs of panic or anxiety
- Appearing disconnected in the classroom or in conversations with peers or friends
- Changes in appetite
- Disturbed sleep patterns
- Sudden deterioration in academic performance
- Losing interest from previously pleasurable activities

- Presence of signs of distress in the environment like bullying, disturbance in the family or trauma

Concurrently, the existence of awareness and insight in an individual that **"I may be experiencing something strange"** or **"I don't feel normal"** is another important sign and indicator for immediate help-seeking.

COMMON BARRIERS TO HELP-SEEKING

Over time, numerous reasons have been proposed to explain reluctance towards help-seeking even when it is necessary for their well-being. These barriers can be categorized into the following reasons:

- **General negative attitude towards seeking help** - People are known to generally hold negative attitudes towards seeking help from others. They may believe that seeking help is for the weak or those who don't have enough will power to manage the problems of their lives.

- **The costs are unmanageable** – Often people refrain from seeking help because the costs of reaching out to and maintaining treatment related interactions with an expert for the mental illness can be large. This can act as a large barrier and can also prevent individuals from determining more cost-effective sources of treatment or even realize that they may also be exaggerating the costs at times in their minds.

- **Fear of exposing their vulnerable side** – All individuals wish to be seen as self-reliant, capable of taking care of themselves, and not vulnerable to problems. This self-image that people wish to possess often becomes a barrier to help-seeking for many.

- **Fear of being judged and treated unkindly or in an inhumane manner** – Individuals are often apprehensive that they would be judged for having the mental illness. They worry about being treated unfairly or unkindly which prevents them from even reaching experts as they are not able to disengage from their anxieties to realize that experts are trained professionals who do not stigmatize or discriminate on the basis of mental illness.

- **Feeling shame or embarrassment at being seen at the school counselor's or mental health professional's office –** Shame and embarrassment at having to seek help are two very prominent factors that often prevent people from seeking help for the problems they may be experiencing. The additional worry is that if people get to know they would talk and judge them negatively. This can be a serious cause for concern which is often perpetuated by the stigma associated with mental illnesses.

- **Apprehension about the maintenance of confidentiality** – People are often fearful that what they share may not remain confidential and worry about their concerns being disclosed to others. This is more often the case when individuals are seeking informal help from friends or family members. However, students are known to have similar fears in approaching teachers, counselors and mental health experts outside as well on account of the anxiety that their parents can be informed and involved if required.

ENCOURAGING STUDENTS TO SEEK HELP

There are some critical elements which can contribute towards encouraging people to seek help. Focussing on one or all of these elements can help change the perspective that an individual holds towards help-seeking, making their approach more positive.

- **Emphasize "It is okay to ask for help"** – A simple point to start at is changing the narrative and proactively communicating the message that it is okay for people to ask for help. This shift towards building a positive and caring climate to create a culture of openness, sharing of experiences is helpful in combatting inherent anxieties as well as the stigma associated with mental illness.

- **Focus on encouraging building relationships** – The availability of strong, established, trusting relationship encourages help-seeking informally from friends and family. The same is also applicable within schools with teachers and counselors or in the workplace with coworkers, juniors and seniors. Maintaining a sensitive approach, giving space for conversations, supporting and encouraging creates an atmosphere of care and acceptance.

- **Create an outreach movement** – Support services need to extend themselves to students to make them feel comfortable and confident in approaching them. Students are less likely to approach services on their own. However, if there are easily accessible points of contact available at school or through social media, students are more likely to approach these services. In this regard having awareness programs and gatekeeper trainings are very important as well.

- **Focus on a recovery orientation –** Having a very strong orientation towards recovery goes a long way in enlisting students in help-seeking. This gives students hope that whatever may be the problem that they are facing, even if they do not see a solution, they can still be helped to find a way forward and recovery is possible from various mental health problems. This would also require actively busting myths and fears associated with mental illnesses.

- **Build more anonymous resources for help-seeking –** It has been seen that students often respond positively to resources of help-seeking where their anonymity can be maintained, and they do not require assistance from an adult for seeking out the support. This can be done by creating online support mechanisms and helplines that provide anonymity from identification.

- **Create mental health literacy** – Knowledge, awareness and being informed of various aspects associated with mental health problems, mental illnesses, and help-seeking can be helpful in encouraging students. Busting notions that prevent seeking help is critical in this regard.

REACHING OUT FOR HELP

Knowledge about mental health literacy and stigma is not enough to encourage help-seeking behavior, consistent awareness highlighting the various sources for support and treatment is also important. Each student should build a strong bond with at least one trusted adult or friend in whom (s)he can confide about the problems faced. The various sources for help-seeking include the following:

- **Teacher –** Every teacher should have a few students with whom they have a close connection. Spending time to talk with the students about their stressors and acting as a mentor can play a transformational role in a student's life. This connection builds through investment and engagement beyond classroom teaching. If signs and symptoms relating to a mental health illness are observed by a teacher, they need to involve the school counselor and the parents while taking the student into confidence to help decide the future course of action. Teachers/counselors should be sensitive in their approach while informing the parents about their child's mental health related problem.

- **Peers –** Peers act as allies in supporting a friend through a problem or when they are faced with a mental illness. Sharing one's story of struggle, while being assured of the maintenance of confidentiality and patient listening can be really helpful in making the affected student feel comfortable and cared for. This also promotes and motivates others to recognize problems and initiate help-seeking. In case of any crisis the peer should immediately report it to a trusted adult (parent, teacher or school counselor) and not view it as a breach of trust.

- **Parents –** Most students and young adults fear the initial reactions of their parents which perpetuates the need to hide problems from them. Providing the opportunity for mental health awareness trainings for parents to educate them on how to approach conversations with children about mental illness, providing support and care is very important.

- **School counselors –** Counselors or psychologists play a crucial role in creating a setting which is warm and welcoming for students to feel safe to express their problem. Counselors play multiple roles, acting as awareness creators, advocates for mental health, providers of support and treatment, mediators between students and their parents or other children. The setting plays a very crucial role and needs to include fun and relaxing elements for students to feel motivated, healthy and positive being in that space. School counselors should make an effort to build an image of a kind, approachable, empathic and solution-focused person on the school campus.

- **Mental health experts** – Not all problems that affect students and their mental health can be resolved by peers, parents, teachers and counselors. External help may be needed for mental illnesses and these include treatment by mental health professionals like psychiatrists and psychologists who use evidence-based approaches. Parents, teachers, counselors or peers need to encourage the student with mental illness to seek formal treatment. Schools can provide information about various mental health professionals to parents and students to ensure timely seeking of intervention. This should include information about trusted online counseling options and helplines.

SUPPORTING A STUDENT WITH A MENTAL HEALTH PROBLEM/ILLNESS

When a student is in a difficult situation determining the right steps forward can be challenging. There are nevertheless some important points that need to be kept in mind to provide support. These include the following:

- Engage in patient listening and provide understanding.

- Do not interrupt when experiences are being shared.

- Refrain from giving unsolicited advice.

- Be mindful of your initial reactions. Take time to respond.

- Avoid making statements that may sound judgmental or biased.

- Encourage the student to continue seeking treatment.

- Offer your support in helping maintain consistency of appointments and adhering to the treatment regimen.

- Stay connected by periodically checking in on how they are doing.

- Make the effort to educate yourself about the specific mental health condition.

- Maintain respect and dignity in your interactions with the student.

- Offer support in assignments or during exams if required.

- Make accommodations for better adjustment in school while undergoing treatment for mental health illness like offering time levy in the morning to start the day a little late at school, or days the student is send assignments through a friend or peer.

Key Objectives:

In this module students will learn and understand that:

- Life stressors impact everyone differently and may require seeking help and support at times.
- Some behavioral signs can indicate the presence of a mental health problem/illness.
- Like physical illness, mental illnesses too can be treated effectively.
- Negative attitudes and stigma attached to mental illness act as a deterrent to help-seeking.
- The fear of being judged and breaking of confidentiality act as significant barriers to seek help.
- Develop an understanding of who can be contacted for help and support.
- Early and timely intervention is the key to recovery from mental illness.
- With regular formal treatment and support from close family and friends, an individual can recover from mental illness.

Mode of Teaching: Presentation and prints of modules for students

Activity 1: This is what happens! (Time: 30 min)

Aim	• Know common responses and reactions to a person with a mental health problem/illness. • Identify responses that act as a barrier to help-seeking.
Material required	• Laptop, projector, white board and marker, or blackboard and chalk • Pen and paper for students
How to do it	• Begin the Lesson plan by asking the students to answer the following questions: 　» What are the common reactions you have seen, heard or given while talking to a person with mental health problem or illness? 　» Do you think these reactions can perpetuate stigma? 　» Can such responses cause individuals to hide or refrain talking about their problems?
Key words	• "It happens with all of us, you will get over it don't worry" • "Try to ignore" • "Make changes in your routine and eat healthy, it will all be fine" • "Don't be stupid, you are fine" • "Are you crazy? How can you even think like that" • "Do yoga, it helps you relax and takes away all problems" • "It is just in your mind" • "Distract yourself"
Debrief	The students learn how initial reactions are crucial in reinforcing the stigma. It can influence the way the person with mental health problem or illness can perceive his or her problem. It may also cause them embarrassment or shame in talking about it and impeding help-seeking behavior.

Activity 2: Tick tock, tick tock…what do you do next? (Time: 30 min)

Aim	• Recognize when "something is off" for you/ peer/friend/someone close. • Know when to refer yourself or others to a trusted adult for help-seeking
Material required	• Pen, board, marker, or chalk • Worksheet 1 for grade 6th-8th (Refer to Appendix C) • Worksheet 2 for grade 9th-12th (Refer to Appendix D)
How to do it	• Give students the worksheet that has the list of various "something off" situations. • What are the signs of concern in these situations? • Brainstorm on what you would do in this situation. • Who would you think you would seek help from?
Key words	• When do you recognize 'something off' about a peer/friend/closed ones? • What approach would you take to deal with the situation and why?
Debrief	Through this activity students would learn how to recognize the signs of mental health distress or illness within the self or someone else. It can be hard to figure out what needs to be done in situations where "something is off" about the person. It is important to talk about the various sources of help that might be available and reinforce that multiple sources can be reached out to at the same time. Help-seeking behavior doesn't always come naturally to people and it is important to discuss it as an aspect of problem-solving to help develop positive coping skills.

MODULE 4

Building Resilience

Activity 3: Get, set, ready to support? (Time: 30 min)

Aim	• Learn how to offer support to someone close with mental health problems/illness.
Material required	• Worksheets provided in Appendix E
How to do it	• Begin the activity by asking students to brainstorm various things they could say to their friend/peer/someone close to offer support and show their concern. • Ask them to think about potentially damaging things that they should refrain from saying.
Key words	The list of Do's and Don'ts' is in Appendix E
Debrief	As a peer or friend, one can offer help and support to the person with a mental health problem/illness. But this can be tricky and confusing as one does not always know the right things to say. It is important to emphasize that your support can make a great impact on how the other person feels about themself and the problems (s)he is struggling with.

In life's long journey, adversity is inevitable. Every generation goes through its own unique challenges and given the demands, anxieties, and pressures faced by young people, the situations that arise can be quite perplexing. When a student struggles with homework, fails an exam, experiences bullying at school, or is excluded by others, how they respond and whether they are able to take a positive problem solving approach, working to overcome the obstacle or not can be a differentiator.

In light of the ensuing challenges students are likely to face, fostering resilience has become even more important. Students with resilience are better equipped to learn from failures and cope with loss, enhancing their chances of success at school and in life. Resilience builds adaptability to change and acts as a precursor to developing positive mental health.

WHAT IS RESILIENCE?

Resilience has been defined by The American Psychological Association (2014) as **"the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress."** Masten, Best, and Garmezy (1990) define resilience as "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances"**.** Resilience is not a special power but is a type of Ordinary Magic (Masten, 2014) which is attainable by everyone.

The stress-diathesis model, which we looked at previously, proposes that individuals must have a biological, psychological or sociocultural predisposition and be exposed to a stressful situation to develop an illness. Even though many people may possess a predisposition, an illness is not expressed in everyone. What protects individuals and the methods they adopt to prevent the precipitation of an illness are important factors in resilience.

Resilience is a multidimensional variable. It has been found to be consisting of psychological and dispositional attributes such as competence, external support system, and personal structures. It is associated with improved health, a positive outlook and greater life satisfaction in the face of complex stresses. It is helpful to individuals in retaining a sense of hope for the future.

What builds resilience in students is the interaction between the individual factors and the environment (parents, schools, community and society). The path to being resilient begins with the strength and valence of relationships with parents, teachers and other significant adults. The availability of a supportive, caring environment that gives students the space to explore, make mistakes and learn from failure, cultivates self-belief and teaches them that failures are critical to growth. Nurturing a strong sense of self that views life as a continuous process of learning rather than the achievement of short term goals is integral to building resilience.

To understand this even further, let's take the analogy of a student's life like a boat sailing in the sea. While (s) he is learning to navigate, the role of parents and teachers is to act as co-sailors rather than a sailor in authority. This sailing through the sea is never going to be smooth as different weather conditions are going to cause turbulence. The sense of connectedness, positive and accepting environment that (s)he receives from parents and teachers acts as an anchor in a student's life. This helps develop resilience to deal with adversity and steer their way ahead.

Briefly, it can be stated that resiliency involves the following 5 dimensions (Denz-Penhey and Murdoch, 2008):

- Connectedness to the social environment

- Connectedness to family

- Connectedness to the physical environment

- Connectedness to a sense of inner wisdom

- A personal psychology with a supportive mindset and a way of living that supports the individual's values

It is important to remember that resilience is not a fixed, stable trait and it is changeable based on the environment, support systems and other factors that surround the individual.

INDIVIDUAL CHARACTERISTICS THAT BUILD RESILIENCE

Resilience is often misconstrued to be a trait that is inherently possessed by an individual demonstrated when people overcome trauma or adversity, rather than a skill that is developed as a continual process. Resilience can be nurtured in everyone by providing the right support, training and strengthening of core skill sets. There are several characteristics relating to a student's self-concepts which are critical in developing resilience. These include the following:

- **Self-efficacy –** Self-efficacy is the belief in one's own ability to achieve a desired or favorable outcome. It is the capability to face a challenge and complete it successfully. High self-efficacy increases the ability to adapt to adversity and respond to the surrounding environment in an appropriate manner.

- **Self-regulation –** Self-regulation involves the ability to recognize and manage one's emotions, thoughts and behaviors. The inability to exercise self-regulation can affect learning and successful management of situations as it does not allow the application of skills at resolving the problems being faced. The skill of self-regulation leads to adaptive emotional responses and permits the cognitive reappraisal of situations which contributes to the development of resilience.

- **Sense of agency –** Agency starts with having a belief that a person has the ability to influence and shape life and can create an impact by generating an action. It is the ability to be an agent and influence intentionally one's choices, feel in control of situations and influence events in life.

- **Optimistic outlook –** Optimism entails the expectation that good things will come your way and that the ability to control the direction of your life is in your hands. Optimistic thinking motivates students to persist and find solutions, even when situations look bleak. Such thinkers ask themselves, "What is in my control? What can I do to make this situation better? What can I learn from my present and past struggles?" It has a major role to play in adaptation to stressful situations and the development of effective coping responses.

- **Grit –** Grit is defined as the passion and perseverance essential for the achievement of long-term and meaningful goals (Duckworth, 2016). It is the ability to persevere and work on goals one is passionate about. Grit involves commitment to pursue a goal till the end and bounce back each time one faces a challenge in the process.

- **Social competence –** Social competence involves the ability to be responsive, flexible, empathic, communicative, build relationships, and have a sense of humor. These skills enable the individual to reach out to others when they need support and have those available around them who would be willing to invest and engage with them in helping them cope.

- **Critical consciousness** – This aspect involves the students' ability to be able to reflect and understand the true meaning and impact of situations on them. It allows them to view situations, analyze their meaning and be able to determine whether these conditions are oppressive or unhealthy. Having such an approach also provides the opportunity to work proactively in creating strategies for overcoming the challenges being faced.

- **Autonomy** – Though social connectedness is very critical, having a sense of autonomy which is reflected in having an identity, the ability to act independently, exert control over the environment, have mastery over situations and skills is important in maintaining an internal locus of control that builds resilience.

- **Sense of purpose** – Having goal directedness, knowing what one is working towards and being inspired and motivated are crucial to the resilience that an individual possesses. It maintains hopefulness and optimism, especially when the student is moving forward and accomplishing smaller targets to reach the primary goal.

RESILIENCE CAN BE LEARNT

Developing resilience is a personal journey. Students' mindsets can be changed and doing so can promote resilience. Their implicit theories or core assumptions about the malleability of their personal qualities, the meaning they make of events and the world are modifiable. Evidence suggests that resilience can be learnt. People can learn to be optimistic about outcomes and be more adaptive to the situations of their lives.

Building resilience can involve a number of strategies and we would look at some of these in the following sections. However, it is important to remember that there is no singular solution that would be helpful to all students. An approach to building resilience that works for one student may not work for the other students. As a result, it is important to approach building resilience in the classroom from multiple directions to ensure that maximum number of students are benefited and learn to be flexible and cope better in the face of adverse circumstances.

FOSTERING RESILIENCE WITHIN THE CLASSROOM

Teaching resiliency in the classroom is a difficult yet critical process. It requires consistent engagement with students through daily interactions and utilization of multiple strategies. The classroom dynamics and teaching methods play a role in shaping resilience in children. With growing socio-emotional changes and challenges, there is a need to shift from conventional teaching systems to a classroom which is focused on creating a positive and supportive culture.

An important aspect that needs to be integrated into classrooms involves allowing students strengths to shine through their vulnerabilities and weaknesses (Seligman & Csikszentmihalyi, 2000). This can be achieved by providing a psychologically safe space within the classroom and giving opportunities for collaborative learning, skill building and decision making to students.

The aim of such classroom structures is to encourage effort, facing challenges and learning from failure rather than focusing on outcomes and success alone. Programs like the Penn Resiliency Program developed by Gillham, Reivich and Seligman (1990-2007) emphasize the need to help students identify the relation between self-talk and their feelings and behaviors. Students often don't realize that negative self talk can further perpetuate negative beliefs and behaviors in situations. Teachers can help students challenge the negative self-talk and tackle it with positive counter thoughts while embracing their strengths.

Dweck (2015) has emphasized the need to cultivate a growth mindset in students as a student's perception of abilities influences motivation and achievement. Helping students focus on the process that leads to learning fosters a growth mindset. Teachers can nurture such growth by using methods of teaching and interaction that foster self-reflection. Through supportive and guided questioning about their learning process, students can develop awareness and insight about what worked, what did not, where and how they need to bring a change in the future. Merely reinforcing is not enough; it should be supported by providing a repertoire of new skills and tools to expand their process of learning while making such efforts.

Some ways in which teachers can cultivate the culture of resilience in their day to day teaching and engagement with students includes asking them questions like:

- What did you learn today?
- What mistakes do you think you made today?
- What did you learn from the situations where you went wrong?
- What can you do next time in a similar situation?
- Was there anything that you were perseverant about?

STRATEGIES FOR BUILDING RESILIENCE IN STUDENTS

Building resiliency in students is an on-going process. Resiliency can be nurtured in students by forming a healthy bond and using communication that encourages validation, problem solving, emotional regulation and positive experiences for exploration and learning. The following are some key strategies that support fostering resilience:

- **Teach resilience** – Talk about what resilience is and how it develops. Utilize real-life examples for students to understand and relate to the idea of working through hardships. Help them recognize that facing challenges is a learning process that would help them grow their knowledge and awareness of what works and what needs to be improved for future. At the same time encourage seeking support and emphasize that it is okay to reach out for help when facing challenges.

- **Build and strengthen relationships** – Encourage students to practice empathy and work on strengthening social skills. It is important for students to build strong connections with parents, peers and teachers as it contributes to developing resilience. Ensuring that every student has a meaningful and supportive relationship with at least one adult who they can trust is critical to a student's healthy growth.

- **Create opportunities to face challenges** – The best form of learning happens through experiencing failures and success. Students should be encouraged to face everyday challenges and provided with support, care and skills to endure them to take age appropriate risks and exploration is critical for a child's growth. It builds confidence to face failures and learn from mistakes. It is important to validate that it is okay to fail, that every problem can be worked upon and surviving crisis and adversities is a part of life.

- **Focus on developing autonomy** – Provide students with the opportunity to explore and make meaningful decisions. Encourage them to brainstorm strategies and plans specially when facing challenges. Help them develop realistic goals. Engage with them in a step by step process —even if it seems like a small accomplishment — that enables them to move toward their goals. Students need to build their own independent identity which allows them to also be resilient.

- **Focus on emotional coaching** – Respond to students' emotional experiences by providing validation and also helping them to process it. Ask them what they are feeling and help them develop the vocabulary to effectively express themselves. Concurrently work on building strategies to enable better regulation of difficult emotions like anxiety, self-blame, anger, or guilt.

- **Build leadership for change** – Students need to be prepared for navigating through life in the long term. They need to rear the skills to work with people, lead them, shape workplaces etc. It is helpful that they be taught how to build their leadership in ways that they can engage others, command their respect and partnership in working on situations.

- **Provide exposure to positive role models** – Role models who share their stories and strategies for thriving and growing through difficult circumstances can be very effective in helping students learn the same. It enables learning of positive coping skills and working to resolve problems and not having an emotionally driven response to them alone. Having conversations within the classroom about such role models, using videos to hear them speak or even having them come in person to interact with students can be especially beneficial in this regard.

Key Objectives:

In this module students will learn and understand that:

- Resilience is not a trait but a skill that everyone can develop.

- Resilience is an important precursor to having positive mental health.

- How well one adapts in the face of an adversity or challenge determines resiliency.

- Facing a failure is about looking forward and learning from that experience.

- Being resilient builds flexibility and adaptability to change which is crucial to achieving long term goals and success in life.

- Building on one's self like positive self-regard, sense of agency, self-esteem, empathy, optimistic outlook, social skills and problem-solving skills are crucial to developing resilience.

- Seeking help and support from teachers, parents and peers during challenging times is normal and aids the development of resilience.

Mode of Teaching: Presentation and printouts of modules for students

Activity 1: Stories of resilience and hope (Time: 20 min + 30 min)

Aim	• Learn about resilience from everyday stories
Materials required	• Laptop and projector for the presentation
How to do it	**Part 1** • After teaching about resilience using the presentation, teacher introduces Activity 1. • Share a story of resilience (could be of any well-known personality or a story that is close to the teacher). • Ask students to research and find stories that reflect and represent resiliency for discussion in the next class. • The stories could be of a famous person, close friend or anyone that could make them feel inspired through their resilience. • The stories need to be complete and should have a beginning, middle and end. **Part 2 (next class)** • Students volunteer to share the stories (number of stories to be shared can be decided on the basis of time available. If students need to be selected it can be done through drawing lots). • After the student has finished reading out, other students can further lead the discussion by asking the below mentioned questions.
Key questions to lead the Part 2 of the Activity	• What made you choose a particular story? • What do you think the individual must have felt or experienced while facing that adversity? • What internal and/or external factors do you feel influenced or contributed to being resilient? • Did they ever hit a low and think of giving up? How did they overcome that? • What goal(s) kept the individual moving?
Debrief	Stories inspire us. The teacher needs to help the students draw a picture of what resiliency looks like for them and how (if any) it creates a difference in the existing situations.

Activity 3: Self-reflection (Time: 20 min)

Aim	• To identify situations where the student must have shown sign of resiliency
Materials required	• Worksheet provided in Appendix G and a pen
How to do it	• Teacher to initiate the discussion by talking about one's strengths and skills (For example, sharing a few of his or her own strengths and skills) • Ask students to pen down their strengths and skills. • How do you think these strengths have helped you face a challenge? • Give an example of a situation from your life when you felt hopeful about something good happening. • How did you react when something you were hopeful about didn't work out? • What did you learn from it?
Key words	**Strength:** Perseverant, optimism, self-confidence, persistent, patient, experimental (taking appropriate risk), hard-working, sincere, observant, explorative, creative, flexibility, adaptability, agility, ownership, determined, empathetic, self-controlled, respectful, self-assured. **Skills:** ability to take decisions, problem solving, coping mechanisms, social skills, critical thinking, negotiation, persuasion, assertive, understanding, listening, prioritizing, judgment, assessment, goal-directedness.
Debrief	Adversities are inevitable. The teacher needs to emphasize that resilience lies within. In order to win the outer game of scoring better marks, for securing a successful career and a happy life – the student must (1) get in touch with their own inner life (2) work from the standpoint of strengths to be successful in the long run.

MODULE 5

Establishing a Cultures of Well-being in the Classroom

Activity 2: Resiliency journal (Time: 30 min)

Aim	• To recognize thought patterns that hinder or promote resilience • Recognizing the emotion • Developing a positive thought
Materials required	• Worksheet to be distributed to every student provided in Appendix F • Paper and pen
How to do it	Ask the students to reflect on the list of 6 difficult situations mentioned in worksheet. A sample is provided in a tabular format in the worksheet to help students understand. Facilitate the discussion with the following questions • How would you feel in that situation? • What would be the subsequent thought that may be triggered? • Reframe it into a positive thought • You can add more situations to the worksheet and follow the same exercise if required
Key words	• Emotions: Sad, happy, frustrating, angry, irritated, exhausting, dejected, helpless. • Cognitive error words: should, must, always, never. • Adaptive phrases: 'I can', 'I will', 'I believe', 'sometimes', 'want', 'would like to'
Debrief	The teacher needs to emphasize that resilience is a skill that can be learnt. Thoughts influence feelings and behavior (and vice versa). Language sets the ball rolling. The class is the perfect training ground to strengthen and develop this understanding

WELL-BEING WITHIN SCHOOLS

Traditionally, schooling has been focused on achievement emphasizing success, skill acquisition, marks and positions. Health was then separated from other aspects of school life. Contemporary frameworks, in contrast, emphasize the need to simultaneously teach students skills for well-being. Research clearly demonstrates the impact of well-being on learning and performance. Positive mood states and self-image has an influence on creativity, ways of thinking, and in general enhances an individual's feeling of goodness and their expectations.

Children need to experience joy, enthusiasm and interest when it comes to learning and internalizing concepts. This is particularly important in the context of experiences of anxiety, depression, boredom, alienation that students can go through during their school years. A positive outlook can be fostered most by the creation of an environment that generates and sustains students' well-being. Developing structures and frameworks that support this end are critical to how children go through the course of their life.

The concept of well-being has been of interest since the 1930s. There has been a strong historical underpinning of the importance of emotional health for student well-being. In fact, Maslow's (1943) hierarchical need structure indicates that fulfilling basic psychological needs such as those of daily living, maintaining safety, having close relationships, love, belongingness is a prerequisite for the attainment of higher order functions such as learning and achieving optimum self-potential. Based on Allardt's (1989) theory of welfare, Konu and Rimpela (2002) emphasize teaching/education and achievements/learning as interconnected and affecting every aspect of well-being. This model divides well-being needs into 4 basic categories:

- School conditions (having) – Safe physical and learning environment which includes basic infrastructure, curriculum, health care and counseling.

- Social relationships (loving) – Social learning environment, teacher-student relationship, relationship with school mates, group dynamics and atmosphere of whole-school environment.

- Means for self-fulfillment in schools (being) – Each person needs to be respected as a valuable part of the society (Allardt, 1989). This can be achieved by creating possibilities for students to participate in the decision making process concerning his or her schooling and other aspects of school life.

- Health status – Health means the absence of disease and illness. It comprises both physical and mental health related symptoms and conditions.

Schools are a crucial setting for promoting health and well-being among children and adolescents. This is also a challenging task in itself to promote and implement. As stated by the WHO (1998) in the revised Global School Health Initiative, health is directly linked to educational achievement, quality of life and economic productivity. Extending this and using the framework of well-being which encompasses health allows for a broader perspective and approach.

NEED FOR FOCUSING ON WELL-BEING IN THE CLASSROOM

Child and adolescent mental health related concerns can be very much prevalent within the classroom. The fact is that 10-20% children worldwide (WHO, 2018) are affected by mental illnesses like anxiety, depression, and have difficult life experiences like bullying, loss, or grief and these can compromise their well-being. The need to work on increasing life satisfaction, aid better learning, skill development and creative thinking, directly links to finding ways of enhancing well-being of students within the classroom.

The classroom and the school provide the opportunity and the right framework to reach maximum young people. Much of a child's time is spent at school within the classroom. Their interactions with peers, teachers, mentors, coaches, guides are easy mechanisms which can be utilized to implement well-being programs within the classroom by emphasizing development of skills, promotion of strengths, building relationships, focusing on the self and adopting a growth orientation.

Helping students develop the cognitive, emotional and behavioral pathways that enable them to handle day-to-day stressors effectively is important. Promoting a positive outlook and optimism in the face of challenges helps build flexibility and realism in the approach that they adopt. Finally, through the teaching of assertiveness, problem solving, decision making, coping skills, and creative thinking, a step can be taken in the direction of building and maintaining well-being of students.

TEACHING PRACTICES TO PROMOTE WELL-BEING IN THE CLASSROOM

Martin Seligman (2011) founded PERMA theory and spoke about how well-being can be achieved through increasing positive emotions, engagement and meaning in life, forming close relationships and accomplishing goals. By the consistent utilization of these principles in their teaching practices, teachers can create opportunities for students to experience a sense of fulfillment while learning which leads to academic growth, improves a student's sense of self and well-being.

Teacher characteristics play a crucial role in shaping the climate of learning in the classroom. Their relatedness, instructional and interactional style in day-to-day teaching practices can create a positive, engaging and collaborative classroom experience. Research has also shown that offering emotional support early in the school year can lead to enhanced instructional quality later in the year (Curby, Rimm-Kaufman & Arby, 2013). The following are conditions relating to Seligman's 5 basic principles that allow students to flourish:

- **Create opportunities to experience positive emotions** – Emotions impact the way an individual thinks, behaves, forms relationships, her or his sense of self and identity. Giving students the opportunity to experience and expand the positive valence of emotions can lead to a positive increase in their attention span, ability to relate with peers, build coping mechanisms and enhance resilience. Using appropriate encouraging words during critical moments of classroom learning can go a long way in developing a positive sense of self. Concurrently, emphasis needs to be laid on self-compassion, self-care, reinforcing strengths and maintaining an optimistic outlook.

- **Healthy engagement** – When an individual's skills, strengths and attention are fully utilized for a challenging task, it produces an experience of 'flow' (Csikszentmihalyi, 1996) that makes it a self-gratifying experience. This generates a sense of mastery and competence through a balance of invested energy and curiosity. In a classroom setting when a student is given the opportunity to become aware and apply skills and strengths along with the freedom to test them on a challenging task, it increases effectiveness. Being able to use their strengths in everyday living consciously enhances their well-being, life satisfaction and meaning (Wood, Linley, Maltby, Kashdan, & Hurling, 2011). Acquiring new skills, exploring creativity and opportunities to collaborate within are ways in which well-being can be enhanced.

- **Build relationships** – Positive and secure relationships build strong engagement and enhance a person's subjective well-being. As social beings, people have a natural need to connect and feel a sense of belongingness. Strong relationships are critical to having healthy connection and support. Healthy relationships in the classroom can be built by encouraging empathy amongst students through communication, compassion and collaboration. Creating opportunities for teamwork, problem-solving and cooperative learning enhance social and emotional skills. The ability to recognize significant relations in times of distress and express concerns builds and maintains a robust support system for both students and teachers.

- **Find meaning or purpose** – A sense of purpose and meaning can be derived from discovering goals or building community engagement. Helping students explore and define their goals gives them meaningfulness and increases motivation. Being goal directed and having a purpose increases students' ability to persevere and reach the end, feeling deeply satisfied. Providing reinforcement and support, connecting to the student to ensure the path is being followed are helpful in maintaining commitment, steadfastness and well-being. Teachers too can derive greater meaning and purposiveness by reflective evaluation to determine where they are able to make a difference, ways in which they can strengthen their approach and provide mentorship to students.

- **Sense of accomplishment** – Developing a sense of purpose, attachment, healthy relationships and engagement, all contribute strongly to the achievement of end goals. It creates a healthier perspective about the self, work and others and establishes a sense of accomplishment in all spheres of life. Setting clear and achievable monthly and annual goals, creating peer support groups to help each other and periodic reviews of goals are necessary steps towards reaching the end goal. Teachers can aid students in accomplishing their goals by providing positive and balanced feedback, giving them task-appropriate flexibility that supports their needs and skills and by recognizing their successes. Recognizing ways in which students can showcase their successes and utilizing means like social media or school events to share their achievements would enhance meaning and motivation, creating a positive impact and contribute to self-growth.

For the development of a positive classroom environment, well-being needs to be the core value of teaching and learning. When students experience their capabilities to think, feel and act improve through the learning process, their investment and engagement grows. This leads to holistic and meaningful growth for both students and teachers, building an atmosphere that supports mental well-being at all times in the whole school.

FOSTERING WELL-BEING BY IMPARTING SOCIAL AND EMOTIONAL SKILLS

Developing social and emotional skills in students contributes to their potential to deal with everyday tasks and challenges. It also increases their interpersonal, intrapersonal and cognitive competence through the effective acquisition, integration and application of these skills. Research conducted during the past few decades indicates that social and emotional learning (SEL) program for students is a promising approach to reduce problem behaviors like dropouts/nonattendance or substance-abuse, promoting positive adjustment, and enhancing academic performance (Diekstra, 2008; Greenberg, Weissberg, O'Brien, Zins, Fredericks, Resnik, & Elias, 2003; Wilson, Gottfredson, & Najaka, 2001; Weissberg, Kumpfer, & Seligman, 2003; Zins, Weissberg, Wang, & Walberg, 2004). The following are the components of such an approach that enhance student well-being:

- **Self-awareness –** The ability to accurately recognize one's emotions and thoughts is critical to understanding how they influence behavior. If positive emotions can increase one's motivation and productivity, experiencing negative emotions can create an obstruction in achieving goals. How well a student is able to regulate these emotions and use adaptive coping skills to reach their end goal is a determinant of self-awareness. Another aspect of self-awareness includes helping students accurately understand themselves and assess their strengths and limitations. This also links to building confidence in an individual and establish a sense of self-efficacy in students. .

- **Self-management –** It is the ability to regulate one's emotions, thoughts, and behaviors effectively in different situations. This includes managing stress and controlling impulses by engaging in skills such as practicing mindfulness, relaxation, investing in hobbies and engaging in problem-solving. Having a regularized routine, prioritizing and goal setting also aid in moving towards goals and creating a sense of achievement.

- **Social Awareness –** Social awareness is crucial for the healthy formation of relationships and support systems. Giving students appropriate skills to recognize social cues adequately is the first step to developing social skills. Perspective building and empathy towards others are also critical skills in building social awareness. These can be achieved by means of discussing stories from diverse cultures and backgrounds as a part of classroom learning and creating equal opportunities to share experiences that are treated with respect.

- **Relationship skills –** By developing active listening skills and the ability to communicate empathically and assertively, students can form strong relationships with peers, teachers and other adults. These relationships are critical to their success and well-being. Having good relationship skills is reflected in the establishment and maintenance of healthy relationships, seeking and providing help when needed, communicating effectively, negotiating conflicts and constructively resolving interpersonal problems.

- **Responsible decision-making –** Responsible decision making involves making constructive choices, while determining right or wrong, good or bad, safety, ethics and social norms. It requires skills to identify the problem, analyze situations, make a realistic assessment of what can work and make a decision about the way forward. Finally, it also entails ensuring the maintenance of ethical standards in making choices.

STRESS MANAGEMENT IN THE CLASSROOM

Students can experience stress in the classroom on account of multiple factors that impinge upon their daily lives. These arise on account of the demands placed on them and require that some easy techniques be taught that can help students cope with stress. These include the following:

- **Deep breathing** – It involves breathing deeply by flexing one's diaphragm instead of breathing shallowly by flexing the rib cage. It is a technique that is known to reduce anxiety and also improve attention.

- **Progressive muscle relaxation** – It is a relaxation whereby an individual relaxes different parts of the body sequentially by tightening and then subsequently relaxing muscle groups.

- **Guided imagery** – Guided imagery involves the utilization of a set of visualizations, usually on a daily basis, that help induce a relaxed state for an individual. This is often paired with deep breathing.

- **Positive self talk** – Self talk involves the individual's self statements or verbalizations that are not guided externally by someone. It is known to aid in self transformation and can also involve shifting negative thoughts to more positive ones by its utilization.

Key Objectives:

In this module students will learn and understand that:

- The importance of well-being.
- Impact of situations on mental well-being.
- Need to build well-being within the classroom.
- Enhancing social and emotional well-being.
- Building skills to maintain well-being.
- Techniques of stress management implementable in the classroom.

Mode of Teaching: Presentation and printouts of the worksheets

Activity 1: Exploring well-being through emotion pie (Time: 30 min)

Aim	• To understand emotional well-being. • Explore emotional connectedness with self, family, school and friends. • Building emotional awareness to enhance self-management in different spheres of life. • Shift the locus of control from external to internal.
Material required	• Pen and paper for students
How to do it	• Ask students to make 4 pie charts: self, family, school and friends • In each mark the proportion of positive and negative emotions that they have been feeling in the last 2 months. • Discuss the pie using prompt questions.
Prompt Questions	• What emotions have you been experiencing related to self, family, school and friends/social in the last 2 months? • Does the pie chart have a larger portion of positive emotions or negative emotions? • What reasons or factors have led to this emotional pie? • If the pie piece is larger for the negative emotions, what would you like to do to move towards positive emotions?
Debrief	The aim of this activity is to build self-awareness through emotional reflection. Students experience various emotions related to self and aspects of their life. In the process of experiencing and constantly doing something, recognizing and acknowledging the emotional impact of situations can be difficult. Through this activity, students would be able to identify their emotional relatedness with self, family, school and friends to understand where they need to bring about a change and use adaptive coping mechanisms to increase their positive mental health and state of well-being.

Activity 2: My mental health upkeep cards (Time: 30 min)

Aim	• Understand strategies that can be used to cope with stress. • Identify coping strategies as healthy and unhealthy.
Material required	• White board and marker, or blackboard and chalk • Pen and paper for students
How to do it	• Ask students to make a list of stressful situations or they could use those provided in Module 1 and Module 4. • Ask them to identify the coping strategies they used in those stressful situations. • Brainstorm about the coping strategies and ask students to write them under healthy and unhealthy categories. • Discuss why some are healthy or unhealthy by taking a consensus on what the majority felt. • Create a list of what they could use as positive coping and another list of can be avoided as a coping strategy. • Placards can be made for these strategies with distinguishing designs to highlight what they should or should not do to cope. • Students can also turn them into coping cards to keep with them for easy recall of coping strategies.
Key words	• Healthy coping strategies for example: distracting using music, cycling, swimming, gardening, playing with pet, breathing, talking. • Unhealthy coping strategies for example: skip the test, increase caffeine intake, sleep less, get angry • (excess of anything to be prescribed under unhealthy coping).
Debrief	Through this discussion, students will have a list of positive coping strategies that they can learn and utilize from this shared discussion. They also identify the unhealthy coping strategies and why they are considered so. Sometimes, even knowingly students can engage in unhealthy coping skills. However, a group discussion amongst peers which focuses on brainstorming the positive and negative impact of such coping strategies can motivate them to think critically.

REFERENCES

1. Allardt, E. (1989). *An Updated Indicator System: Having, Loving, Being.* Working papers 48, Department of Sociology, University of Helsinki.

2. Alvord, M. K., & Grados, J. J. (2005). Enhancing resilience in children: A protective approach. *Professional Psychology*, **3**6(3), 238-245. http://dx.doi.org/10.1037/0735-7028.36.3.238

3. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

4. Barking and Dagenham Council.(2017, Feb 1). Breaking the stigma- Short Film on Mental Health by Barking and Dagenham Council [Video file]. https://www.youtube.com/watch?v=4dEcMsz6Bas

5. Barlow, D.H., & Durand, V.M. (2012). *Abnormal psychology-An integrative approach* (6th edition). Wadsworth-Cengage Learning: U.S.A.

6. Bashant, J. (2014). Developing grit in our students: Why grit is such a desirable trait, and practical strategies for teachers and schools. *Journal for Leadership and Instruction,13* (2), 14–17.

7. Beyond Blue Ltd. (2017). Building resilience in children aged 0–12: A practice guide.

8. Boekaerts, M. (1993). Being concerned with well-being and with learning. *Educational Psychologist, 28 (2)*, 149-167.

9. Canadian Mental Health Association. 2010. Mental Health and High School Curriculum Guide.

10. Carson, R.C., Butcher, R.N., Mineka, S., & Hooley, J.M. (2007). *Abnormal psychology* (13th edition). Pearson Education Inc.: New Delhi.

11. Center for addiction and mental health. (2001). T*alking about mental illness: A guide for developing an awareness program for youth*. Toronto, ON.

12. Coppock, V. & Dunn, R. (2009). Understanding mental health and mental distress (pp. 5-22). London: Sage Publications Ltd.

13. Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist, 59 (7)*, 614-625. doi: 10.1037/0003-066X.59.7.614

14. Corrigan, P. W. (2006). Mental health stigma as social attribution: Implications for research methods and attitude change. *Clinical Psychology Science and Practice,* 48-67. doi: 10.1093/clipsy.7.1.48

15. Curby, T. W., Rimm-Kaufman, S. E., & Abry, T. (2013). Do emotional support and classroom organization earlier in the year set the stage for higher quality instruction? Journal of School Psychology, 51, 557–569. doi:10.1016/j.jsp.2013.06.001

16. Duckworth (2016), *Grit: The power of passion and perseverance* (New York: Scribner).

17. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, et al. (2016). *National Mental Health Survey of India, 2015-16: Summary.* Bengaluru, National Institute of Mental Health and Neurosciences, NIMHANS.

18. Hascher, T. (2007). Exploring students' well-being by taking a variety of looks into the classroom. *Hellenic Journal of Psychology, 4,* 331-349.

19. Havelka. M, Lu-anin. J. D, & Lu-anin. D.,(2009). Biopsychosocial Model – The Integrated Approach to Health and Disease. *Journal of Croatian Anthrolpological Society, 33* (1), 303–310.

20. Hoeksema, S.N. (2011). *Abnormal psychology* (5th edition). McGraw Hill Companies Inc.: New York.

21. Konu, A.I. & Rimpelä, M. K. (2002). Well-being in school – conceptual model. *Health Promotion International, 17, 79–87.*

22. Kutcher, S. (2017). *Mental health and high school curriculum guide (version 3)*: understanding mental health and mental illness. Create Space Independent Publishing Platform.

23. Lee, J. H., Nam, S. K., Kim, A-Rheum, Kim, B., Lee, M. Y. & Lee, S. M. (2013). Resilience: A meta-analytic approach. *Journal of Counseling and Development, 91*, 269-79.

24. Lovelace, V., Eilenfeld, A., & Francese, M. (2014). Resilience reimagined: Mindfulness practices in the classroom. *Educators, 7* (2-11).

25. McAllister, M. & McKinnon, J. (2009). The importance of teaching and learning resilience in the health disciplines: A critical review of the literature. *Nurse Education Today, 29*, 371-379. doi:10.1016/j.nedt.2008.10.011

26. Mental Health Foundation of New Zeland. (2009). *Mental health matters* (2nd edition).

27. National Council of Social Service (2018, September 7). Social experiment Mental Health Stigma-Beyond the label by National Council of Social Service [Video file]. https://www.youtube.com/watch?v=VQoiz4wfV_c.

28. NHS Health Scotland (2011). *Promoting mental health improvement.*

29. Passer, M. & Smith, R., (2007**). *Psychology: The science of mind and behavior* (4th edition). McGraw-Hill Companies.

30. Powell.S. (2015, July 17). Dispelling myths on mental illness. Retrieved from https://www.nami.org/blogs/nami-blog/july-2015/dispelling-myths-on-mental-illness.

31. Plante, T. G. (2005). *Contemporary clinical psychology* (2nd edition). John Wiley & Sons Inc: New Jersey.

32. Rickwood, D., Deane, F. P., Wilson, C. J. & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-journal for the advancement of mental health, 4* (**3**), 1-34.

33. Ronad.S.V., Babu.B.R., Patali.C.S., Shrinivas.K., Ugargol.S.S., Gondabal.S.H., et. al. (2017). Child and adolescent mental health in Indian context. *Research in medical & engineering sciencees, 2* (5). DOI:10.31031/RMES.2017.02.000548

34. Sane Australia. (n.d). Stigma: How media professionals can reduce the impact of prejudice and discrimination on people affected by mental illness. [Brochure]. (n.d)

35. See Me Scotland (2018, July 12). Young people's advice to adults on mental health by See Me Scotland [Video file]. https://www.youtube.com/watch?v=H3mtm4hbsgo

36. Seligman, S. E. P., Ernst, R. M., Gillham, J., Reivich, K. & Linkins, M. (2009). Positive education: Positive psychology and classroom interventions. *Oxford Review of Education, 35 (3)*, 293-311.

37. Sentis. (2012, Aug 8). How the brain works [Video file] https://www.youtube.com/watch?v=XSzsI5aGcK4

38. Sentis. (2012, Sep 25). Areas of the brain [Video file] https://www.youtube.com/watch?v=5_vT_mnKomY

39. Sentis. (2012, Nov 26). Emotions and the brain [Video file] https://www.youtube.com/watch?v=xNY0AAUtH3g

40. Souri, H. & Hasanirad, T. (2011). Relationship between resilience, optimism and psychological well-being in students of medicine. *Procedia – Social and Behavioural Sciences, 30, 1541-44.*

41. Stango.C.(2011). Principles of social psychology. First edition. Flat World Knowledge.

42. Substance Abuse and Mental Health Services Administration (SAMHSA). (2004). School materials for a mental health friendly classroom: Training package. Rockville, MD: Vanguard Communications, Inc., SAMHSA and the US Department of Health and Human Services.

43. The National Mental Health Stigma Reduction Partnership. (n.d.), What is stigma? A guide to understanding mental health stigma [Brochure]. (n.d)

44. Thornicroft, G (2007). Most people with mental illness are not treated. Lancet, 2007; 370(9590): 807–808

45. Teachings of Life (2014, Dec 1). Origin of mental health stigma [Video file]. https://www.youtube.com/watch?v=BHSonXBZOwI

46. Ungar. M., Russell. P., & Connelly. G. (2014). School-based interventions to enhance the resilience of students. *Journal of Educational and Developmental Psychology, 4* (1). doi:10.5539/jedp. v4n1p66.

47. Yeager, D. S. & Dweck, C. S. (2012). Mindsets that promote resilience: When students believe that personal characteristics can be developed. *Educational Psychologist, 47 (4),* 302-314.

APPENDICES

APPENDIX A: PROMPTS FOR ACTIVITY 4 MODULE 1

'I am not okay!' – Recognizing the stress signals

Use the following list of 10 common stressful situations for the Activity. You can provide a printout of the same, read them out aloud one at a time or write them on the blackboard for the students to work on.

01   I feel stressed when my parents expect me to do very well on a test.

02   I feel stressed when someone talks about my weight.

03   I feel stressed when people talk what I'm wearing.

04   I feel stressed when my parents expect me to do very well on a test.

05   I feel stressed when my friend is feeling extremely low.

06   I feel stressed by conflicts at home between my parents.

07   I feel stressed when a family member falls physically sick.

08   I feel stressed when I have a fight with my friends.

09   I feel stressed when I feel I should say no to my friend or peer.

10   I feel stressed about assignment deadlines.

APPENDIX B: SURVEY FOR MODULE 2 ACTIVITY 4

Stigma-Meter: Assessing the attitudes towards mental illness

The following are a set of 9 statements to help us understand attitudes towards mental health. Indicate your response by stating 'yes' if you agree with the statement or stating 'no' if you disagree with it. There are no right or wrong answers.

01   Mental illness can happen to anyone regardless of age and gender.

02   People who have a mental illness are very violent.

03   I would like to know and have conversations with a person who has a mental illness.

04   Children cannot have mental illness as such problems are only seen in adults.

05   My family member will never have a mental illness.

06   I believe people with mental illness have it because they are weak and don't have will power.

07   Medication should be taken for a mental illness as it is helpful in it's treatment.

08   I would like to spread awareness about mental illness.

09   People with mental illness live very poor lives.

APPENDIX C: WORKSHEET 1 FOR ACTIVITY 2 IN MODULE 3

Recognizing help seeking situations and sources of help (Grade 6th to 8th)

01 You notice a student in your class frequently bullied and made fun off. Each time a group of students pick something to tease the student about his weight, hair, glasses, opinions, etc. You can see the student feels distressed and disturbed but no one seems to notice it.

02 Your friend begins to panic before exams. She often asks you questions about how much course has been completed by you, calls you frequently to inquire about how much you have studied, refuses to go out for play and confines herself to study in the room.

03 You had a dog who passed away 4 months ago. It was a difficult time for you as you were grieving his passing away and eventually felt better after a few weeks. Lately you have started experiencing sadness again and you find yourself having low moods. Nothing seems to interest you and you often find yourself teary over small issues.

04 Your friend's father has an alcohol problem and it is a major cause of fight between his parents at home. The home atmosphere remains quite strained. Your friend often talks about staying away from home. He appears to stay quiet and mostly silent around friends.

05 You feel anxious while speaking or presenting in front of the whole class. You often find yourself becoming anxious, sometimes stammering or fumbling to find words in such situations. You often find yourself panicking in large groups and prefer to avoid them.

06 Your friend often pushes you to engage in risky behaviors like bunking and stealing . You struggle to say no even though you believe in not engaging with it. It really stresses you and you often think of skipping school to avoid meeting her.

APPENDIX D: WORKSHEET 2 FOR ACTIVITY 2 IN MODULE 3

Recognizing help seeking situations and sources of help (Grade 9th to 12th)

01 You have gradually started avoiding hanging out with your friends. You may act strange by making excuses specially during lunch hours in school. You have lost a lot of weight and it is quite visible. You feel low in energy. If someone at school or at home comments anything about your looks, you start worrying about how you are looking. This also affects your moods.

02 Your friend has been having troubles at home. Parents have been having a lot of conflicts and have shared with him or her that they would be separating soon. Your friend feels sad and angry at the situation and has started consuming substances to cope with the situation.

03 You have recently had a fight with your best friend and have broken your friendship with her. You have been feeling emotionally devastated due to this. At the same time, you feel exhausted as you find yourself struggling in close relationships. After the initial few good months of being with a friend, you begin to feel insecure about the relationship, believing (s)he may be ignoring or thinking negatively about you. This leads to frequent miscommunications and unhealthy reactions.

04 You have noticed a friend withdrawing from group hangouts. (S)he is a bright student and a good athlete, lately struggling to keep up with the performance. You have been noticing unusual reasponses from him or her. You recently also saw some marks on his or her wrist.

05 Your friend had been scoring below average in his or her exams. (S)he puts in a lot of effort however is unable to get the desired results. (S)he feels very anxious starting a few weeks before the exams and is considering not giving them.

06 Your friend has shown a keenness in talking with you about death and the meaning of life. In conversations, (s)he often highlights how problems can be resolved or become easier if one dies as one just does not have to deal with them. On seeing your reaction (s)he often laughs it off.

APPENDIX E: WORKSHEET FOR ACTIVITY 3 IN MODULE 3

Get, set, ready to support!

Green flags: The rights things to say and do

01 Take time out alone to talk to your friend if they have a problem.

02 If you have noticed something strange, ask them by saying "I have been noticing these changes in your behavior and I'm really worried about you. What's going on? Would you like to share something with me?"

03 Ensure privacy and reassure that you would maintain confidentiality.

04 Listen patiently. Nod and use prompts like "hmmm", "I understand" to let the person know you are actively listening.

05 Be honest if you do not know or understand something about the problem at hand.

06 Encourage the person to seek help from an appropriate adult.

07 If they disclose potentially life-threatening information, talk to a trusted adult. They may feel angry or betrayed in the moment but will certainly understand later on.

08 If you have your story of struggle, focus on the help-seeking part and how it enabled you to cope better and recover.

Red flags: Things that you should not say and do

01 Refrain from asking intrusive questions that may seem pushy or breaking boundaries.

02 Do not make any false promises.

03 Do not make any statements or comments that may seem judgmental or biased.

04 Statements like "It's normal" or "It will all be fine" may not fit every situation. Refrain from using them indiscriminately.

05 Do not use phrases like "Yeah I am also a bit OC" or "I can be quite crazy or bipolar too" as it demeans and takes away from what is being shared.

06 Do not share anyone else's story to make them feel better.

07 Never ask for any favors in exchange for the help you are providing.

08 Don't act as the problem solver for all the problems.

Resiliency Journal

1	**What had happened in the situation?** I went to a friend's party where I found I was left out of a conversation.
2	**What feeling did you experience inside?** Sad and lonely.
3	**What was the likely negative thought that you may have had?** They always do it. They don't like me it seems and think I am boring.
4	**Identify the "red buttons"/ cognitive error words.** 'Always do it and don't like me' may be interpreted in the mind as 'I am unlikeable and stupid'. 'Everyone must like me and enjoy my company'.
5	**Re-word the negative thought using the positive and adaptive phrases that you would like to say to yourself.** It is not necessary everyone must like everyone else's company. I surely enjoy my time with Richa and Tania and that could be true for them as well. May be next time I can join the conversation with them and enjoy my time.

List of Challenging Situations for Activity

01 You know you have an exam after 2 days and you may not be well prepared.

02 Your peers or friends make you feel awkward about your looks (body, weight, hair etc.).

03 You are not selected for a team to perform like dance, music, sport, play, debate etc.

04 You consistently underperform in your examinations.

05 You are not able to manage time and find yourself always rushing and missing deadlines.

06 All your peers are engaging in a potentially harmful activity (for example, bullying, bunking, risk taking). You know you need to stay away but you find it hard to say no.

Examples of Negative Thoughts

01 I am not intelligent enough, quite incompetent to crack these exams.

02 I am so embarrassed about the way I look.

03 I am boring and stupid, no wonder people don't include me.

04 I am sure I come across as slow and unintelligent, while talking to people.

05 I always mess things up.

06 I can never get this right.

07 I am sure they make fun of me.

APPENDIX G: WORKSHEET FOR ACTIVITY 3 OF MODULE 4

Self reflection

Strength	Skill	Situation	How did you use your skill or strength? (you can mention multiple skills and strengths)	Example when you felt hopeful of something good	How did you re-act when it didn't work out	What did you learn from it?

ABOUT THE FORTIS SCHOOL MENTAL HEALTH PROGRAM

The Fortis School Mental Health Program is a platform to promote psychosocial health and well-being amongst school aged children, as well as parents and teachers. The program focuses on enhancing life skills and building resilience through interactive, fun-filled workshops to help them cope effectively with the challenges of everyday life.

Instagram	:	fortismentalhealth
Facebook	:	Fortis School Mental Health Program
E Mail	:	mentalhealth@fortishealthcare.com
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ABOUT DR. SAMIR PARIKH

Dr. Samir Parikh is an eminent psychiatrist working in the field of mental health over the past two decades. He is the Director of the Department of Mental Health and Behavioural Sciences at Fortis Healthcare. Under his guidance and leadership the Department of Mental Health and Behavioural Sciences works to provide comprehensive mental health services and also conducts specialized programs for the community. He has been a speaker at various national and international forums on mental health issues. Dr Parikh has conducted various studies that have been published in the media that has helped the community get an insight into mental health issues. Dr. Parikh also has a very prominent presence in the media, he has played a key role in enhancing the image of mental health in the country and his views are widely appreciated by people. He is amongst the most well-known experts of the country on mental health issues.

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