INTERSECTIONALITY AND MENTAL HEALTH

Schizophrenia Research Foundation (India)

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YOUTH MENTAL HEALTH

DEPARTMENT OVERVIEW

The Department of Youth Mental Health (YMH) was recognized as an independent department in April 2022. Since then, it has been working towards the long-term goal of becoming a Center of Excellence in Clinical Services, Training and Empowerment, and Research pertaining to YMH. These goals are based on the values of creating a safe, inclusive, equitable, accessible, and scientifically appropriate service for youth, with a focus on mental health promotion and prevention in addition to delivering clinical services. These values are embedded in each activity that we perform at the Department of YMH.

As a natural extension of these values, we have been one of the first organizations in India to create a youth safe space called the Resource Center for Youth Mental Health by SCARF (rYMs). This is an inclusive space run by youth for all young individuals between the ages of 12 and 24.

The Department of YMH is committed to engaging youth as critical stakeholders in the delivery of all its services. Therefore, we are in the process of creating the first youth advisory group for our research and clinical projects in India.

GRANTS WON

Title of the project and funding agency

- Development of cognitive remediation therapy to improve cognitive deficits among persons in ultra-high-risk state for psychosis - **CSRI-DST**
- Implementing Early Mental & Physical Health Detection & Support: Promoting a Whole-School Approach to Health and Well-being (ISOBAR) - **GACD-UK**
- YIPEE - Youth co-production for sustainable Engagement and Empowerment in health - **GACD-EU**
- Addressing intergenerational conflicts to reduce suicidal ideation and behaviour among young people in urban Chennai - INTEGRITY project - **Mariwala Health Initiative**
- Improving school ethos towards mental health through whole school mental health interventions: Implementation science approach - **Fogarty/NIH**
- Take-up of Mental Health Care and Social Learning- **Harvard/MIT**

CLINICAL SERVICE

1 December 2022 – 30 June 2023

Number of New Patients - **295**

Number of Follow-up patients - **414**

Number of follow-up consultations - **1272**

Number of total consultation - **1567**

Outreach Activities

TANSPSYCON2023

They invited our art and theatre-based project staff to deliver an interactive workshop on "What you know and need to know about youth mental health: An arts-based interactive workshop for undergraduate medical students in Chengalpattu Medical College.

SUMMER CAMP

Youth Mental Health Team members volunteered at this camp to make the kids feel at ease and educate them about mental health as part of SCARF's efforts to raise awareness and decrease stigma surrounding mental health, especially for young people in the area.

EMPLOYMENT

Outreach

We helped our clients to participate in the Job fair which happened in May 2023 at Loyola College.

DEPARTMENT OF SCHOOL EDUCATION

For students who have completed their 12th-grade education, our staff members offer daily online career counselling at DPI.

PSYCHOLOGICAL FIRST AID FOR PARENTS

Nithyashri and Sri ranga, our facilitators, travelled to DPI to provide psychological first aid for parents serving as para counsellors in a government school.

Activities

THE MOSAIC OF MENTAL HEALTH: EMBRACING INTERSECTIONALITY

Ms Akshaya A
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As with many progressive concepts, the idea of 'Intersectionality' also finds its roots in feminist discourse. Kimberle Crenshaw, a civil rights activist, and legal scholar coined the term 'Intersectionality' in 1989 when she criticised traditional feminism for being blind to the overlapping discrimination black women faced owing to their race AND gender. She wrote in her paper, "Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated."

This concept has since gained traction and evolved, recognizing that everyone possesses multiple identities that intersect and interact to shape their experiences. This proposition has found its footing across disciplines, from social justice movements, and education, to policy-making and economic reform. Intersectionality also serves as a cornerstone in mental health dialogue, as the construct attempts to explore the narratives of people.

The biopsychosocial model has taken into consideration the biological, psychological, and social factors implicated in one's health. The intersectional lens allows for recognition of the interplay between these factors and the challenges compounded by the intersection of one's identities. In the Indian context, our experiences are a tapestry woven from various threads such as gender, caste, religion, sexuality, socioeconomic status, ability and more. The identities cutting under our social fabric shape the way we perceive ourselves and how we are perceived. For instance, a queer person might encounter stressors that differ from those experienced by a heterosexual person.

The stressors of a queer woman, from an oppressed caste would be significantly different from even that of a queer man from a dominant caste. The disadvantages keep mounting with every additional layer of vulnerable identity.

Mental health story-teller Tanmoy Goswami beautifully breaks down the idea of intersectionality through the characterisation of Walter White from the series 'Breaking Bad.' He lays down the complexities that White's various identities bring him and skilfully drives home the point that the interaction of a multitude of fragile variables constantly changes the equation. He positions intersectionality as a dynamic idea, "where on the mental health spectrum - from ecstasy to despair- you are at a particular moment depends on, well, the interaction between everything in your life at that moment."

Being cognizant of these nuances is key for mental health professionals because when we recognize the intersections of privilege and oppression, we become better equipped to advocate for policies that ensure equitable access and empathetic mental health care.

GENDER AND MENTAL HEALTH

Article 2

Komal Gangar aka Kavi
Advocates for LGBTQIA+ rights

Dr Shiva Prakash Srinivasan
Consultant Psychiatrist
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There are differences between the different (biological) sexes of any species. Using a reductionist view of mental health being a "brain function", a large comparison of healthy human brain imaging has shown that the female and male brains (on average) have different areas that seem to be larger (i.e. the grey matter is more) in different areas. Biological sexes across species exhibit differences, which extend to human brains, influencing mental health. Male and female brains show variations in size, correlating with distinct psychological functions. Mental health issues diverge between sexes: boys have higher prepubertal anxiety and depression rates, reversing post-puberty; adult women face increased anxiety and depression, while men have higher substance use and antisocial behaviour rates, with parity in severe disorders like schizophrenia. Chromosomal expression, hormonal influences during fetal development, and more contribute to these differences.

When talking about 'gender and mental health' it is necessary to stress on inclusion of diverse gender (male, female, transman, transwoman, agender, genderqueer, gender fluid and so on) and indigenous gender identities (like Hijras, Kothis, Kinnar, Jogappa, etc). Often when the subject of 'gender and mental health' is discussed, it is usually emphasized on binary cis-gender man and woman, forming its basis on gender differences in psychopathology, response to stressors, access to mental health services, etc.

Gender interacts with social contexts, laws, policies, and perceptions influencing stressors. Gender-diverse individuals often experience unique stressors, that impact mental health. Studies have shown that cis-gender individuals' stressors differ from their peers who belong to gender-diverse, and sexual minorities (GD-SM). Cis-women earning livelihood through sex work experience stigma-based stress. (Intersection of gender with occupation and structural barriers) compared to cis-men engaging in sex work. Similarly, in a study, among youth, TGD had higher rates of depressed mood, having considered suicide or attempted suicide compared to youth of all other gender identities that were compared.

For many years, TGD individuals were excluded from "mainstream" life and relegated to society's fringes. But, with changes in the legal structure in the country, it is becoming easier for them to assert their rights. However, these changes in the law and policies take time to establish while the mental health practitioner is tasked with the responsibility of not only advocating on behalf of TGD-SM but also creating an environment that is supportive for improving the mental health and wellbeing of these individuals. This can be done by providing a Gender sensitive mental health care. Historically, mental health professions played roles in both supporting and challenging diverse gender identities. To ensure affirmative mental health care for all, practitioners must comprehend the intricate interplay between gender, socio-political-economic factors, and mental health. This involves fostering an environment free from bias and discrimination, acknowledging the complexities of gender and its impact on mental well-being.

In conclusion, biological differences contribute to mental health variations between sexes, but gender, a psycho-social concept, significantly shapes mental health experiences. Free from bias and discrimination, gender-sensitive mental health care is essential for fostering affirmative mental health outcomes that encompass the intersection of gender and socioeconomic factors.

CHOOSING TO PROTECT THE CHILD: A QUESTION OF AGENCY IN CHILD HEALTH CARE IN INDIA

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'Every society endeavours to protect its children in the best interest of its own future'

The Global Protection of Child Rights

The resolutions passed at the United Nation Convention on the Rights of the Child (UNCRC) include the basic rights of a child that needs to be protected by any society. This also reiterates the responsibility of the parents/guardian (adults) to make decisions, in relevance to the evolving capacity considering the rights and capabilities of the child.

India and the rights of its children

In health care have we gone too far in protecting our children that we have started choosing for them, instead of with them? This could stem from the socio-cultural presumption that children lack the age and with it, the life experience and hence the capacity to make their own decisions. Thereby we choose to protect the child from their own choices disregarding their growing capacity and agency.

Implications in Child Health Care in India

Health care is a primary right of the child. However, the right to choose it in the prevailing cultural and legal system in India does not rest with the child.

Though the interest of parents in their child's well-being can never be discounted, the primary reliance in their choices to make healthcare decisions for their children affects specific areas such as mental health, gender and sexuality and reproductive health, where there may be differences in the views and perceived needs between parents and their children.

Is a child ready to make choices?

Competence is seen as a skill that develops at the strike of a particular age. On the contrary, a child's autonomy and ability to make choices begins to develop at an age as early as 2-3 years.

The competence of a child is questioned based on how relevant a child's decisions are to an adult, rather than stepping up to explain and understand it from their own perspective. Alternative models suggest that it is the onus of the adult to prove the incapacity of a child in making a specific healthcare decision, rather than presuming incompetence prima facie.

Conclusion

The question is: Are we actually ready to hear what the children have to say for themselves?

It is important to make efforts to engage them and include them in decisions regarding health care from as early an age as possible, and guide shared decision-making as equal partners, acknowledging their growing capacity and agency.

An article on Mental health and the rights of minors proposed, "A way to inclusion is to bring in gradation of rights for those below eighteen years of age, in keeping with average development indices at each age"

It is high time we choose to protect the CHOICES of the child in health care.

POLITICAL UNDERCURRENTS OF PSYCHOTHERAPY

Ms Akshaya A
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In recent years, the conversation surrounding mental health has expanded beyond individual struggles to encompass broader social, cultural, and political contexts. At its core, therapy is a profoundly personal and individualised experience that prioritises a person's emotional well-being, personal development, and healing. However, the therapeutic space is not an apolitical endeavour existing in a vacuum devoid of systemic issues. It is deeply intertwined with issues of power, privilege, and social justice. The larger systems of injustice, prejudice and oppression impose unique challenges and have an impact on our individual journey. This is where therapy turns political.

Therapy offers an opportunity to challenge and disrupt oppressive systems by providing a safe space for individuals to explore their experiences and confront societal norms. It empowers individuals to recognize the ways in which social, political, and economic forces impact their mental health. Examining the intersections of identity can pave the path for personal liberation and social change.

Another crucial aspect of recognizing the political nature of therapy is acknowledging the power dynamics inherent in the therapeutic relationship. Despite their best efforts at creating a collaborative environment, therapists do hold a position of authority and influence. Their own identities and biases can impact the therapeutic process.

Quite often mental health care is provided and accessed by those with sufficient financial and social capital. Marginalised population largely suffers the blow of inaccessible care. Even when organisations push boundaries to make care more accessible, one would very likely find themselves sitting in conversation with a mental health professional who comes from a rather privileged background.

The formal education and training required to be a qualified mental health professional frequently turns out to be hurdles that only those with generous backing can get through. Finding voices from different junctions of intersectionality, who have lived experienced would hugely aide in truly comprehending and catering to those in need. Until then, a therapist's awareness of their own privilege and willingness to engage in conversations about power dynamics can make therapy more inclusive and empowering.

It is essential for mental health professionals to embrace a socially conscious approach to therapy, one that admits the political nature of their work. Ongoing education and self-reflection to examine biases, challenging oppressive norms and actively working towards social justice are some of the ways they can go about it. This leads to more compassionate, holistic, and empowering care to clients.

PHYSICAL DISABILITY AND MENTAL HEALTH

Mr Thejas Joshi
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Disability is a universal aspect of the human experience, potentially affecting anyone temporarily or permanently. However, the terminologies we employ to refer to disabled individuals require thoughtful consideration. The term "differently abled" is sometimes used as an alternative to "disabled" to emphasize the unique strengths and abilities possessed by individuals with disabilities. It's important to avoid labelling people solely based on their physical appearances and characteristics, as every individual is distinct in their physique, health, and cognition.

Mental health is integral to overall well-being, enabling individuals to manage life's challenges, harness their capabilities, and contribute to their communities. Unfortunately, individuals with disabilities often face additional mental distress. *A study revealed that in 2018, around 32.9% of adults with disabilities experienced frequent mental distress*. This distress is linked to various challenges such as poor health behaviours, limited access to healthcare, mental disorders, and disruptions in daily life.

The COVID-19 pandemic exacerbated these challenges, causing isolation, disrupted routines, and reduced access to health services, disproportionately affecting people with disabilities. Many of them lack adequate healthcare due to financial constraints and are at a higher risk of living below the poverty line. Furthermore, they are more susceptible to abuse and neglect, which heightens their risk of developing mental disorders, further impeding their participation in society.

Numerous barriers hinder access to mental healthcare for individuals with disabilities, including societal stigmas and ableism that often reduce them to their disabilities.

Provider misconceptions can lead to neglect of mental health concerns, while poverty, unemployment, prohibitive costs, and disconnected healthcare networks also compound the problem.

Addressing these challenges requires multifaceted approaches. Seeking knowledge about specific disabilities, understanding their pros and cons, creating an inclusive environment with suitable accommodations, and offering government support, education, and employment opportunities are crucial steps. Additionally, reducing disability-related barriers through advancements in medical research and technology, as well as cultivating a positive mindset, can contribute to enhancing the quality of life for individuals with disabilities.

In conclusion, recognizing that disability is a natural aspect of humanity is imperative. By using respectful language and focusing on individual strengths rather than limitations, society can foster inclusivity. To improve mental health for people with disabilities, we must tackle social stigmas, misconceptions, and socioeconomic challenges. With concerted efforts, we can ensure that everyone, regardless of ability, has the opportunity to lead fulfilling lives

INTERGENERATIONAL TRAUMA THROUGH INTERSECTIONAL LENS

If you haven't heard already, trauma is now everyone's favourite diagnosis. Not to downplay the significance of it, yes definitely, most of the mental health conditions can be traced back to early childhood trauma, particularly complex trauma. Complex trauma is a relatively recent terminology for describing chronic distressing interpersonal events that occur during childhood or adolescence (*such as abuse, neglect and violence*) that hinder the development of personality and trust in interpersonal relationships. This is said to be the origin from which most psychiatric conditions arise. Although looking at it from a trauma lens offers compassion to oneself, has it now become a "*blame game"?* The problem with increasing awareness of mental health is that complex problems are taken out of context and reduced into an Instagram post.

A lot gets lost in translation. This is where intergenerational trauma and intersectionality become important to think about. Parents might not have been good enough to their children because they had no template for what a "*good enough parent*" looked like. This applies to their parents and their parent's parents and so on. No one had awareness regarding the impact insecure attachment would have on their kin. No one had any awareness of how a dysfunctional home environment would affect their children. When trauma gets passed down from generation to generation, trauma becomes familiar and hence, normalized. Furthermore, looking at it from an intersectionality perspective, when there is systemic oppression in terms of poverty, minority etc., individuals need to fight for basic resources in order to survive and that can sometimes take precedence over "*gentle parenting*". Parents are in survival mode in society, children are in survival mode at home. Therefore, mental health awareness should also inculcate a broader perspective of suffering in general and break the cycle of trauma through a compassionate lens, not just for oneself but also for one's own generation. This can be the beginning of generational healing.

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UNDERSTANDING THE IMPORTANCE OF SELF-EXPRESSION AND INTERSECTIONALITY IN EMPOWERING YOUTH

For young people who are navigating the complexity of their identities and experiences, it is especially important to comprehend and embrace the ideas of self-expression and intersectionality. These two ideas have a huge impact on how people perceive themselves and others, how empathy develops, and how inclusivity is promoted.

Self-expression enables young people to discover and communicate their true identity. They find their passions, express their thoughts and feelings, and build a sense of self through self-expression. Young people can boldly walk the path of self-discovery by embracing self-expression, opening the way for personal progress and fulfilment.

Intersectionality recognizes the complex nature of identity and the simultaneous expression of various social, cultural, and personal components by young people. They can see how various factors, including gender, race, ethnicity, sexual orientation, socioeconomic status, and a lot more, intersect through influencing their experiences and establishing their worldview, through this lens. By recognizing the struggles and viewpoints of people from various backgrounds, embracing intersectionality helps young people to value diversity and promote inclusivity.

When young people's self-expression and intersectionality collide, a great force for personal growth and societal transformation is unleashed. Young people may explore and celebrate their intersectional identities by expressing themselves truthfully, acknowledging the nuances of their own and others' experiences. Self-expression is used to elevate marginalised voices, challenge preconceptions, and advocate for social justice. Intersectionality, in turn, gives a framework for their self-expression, ensuring that it is inclusive, empathetic, and respectful of various perspectives.

Young people may negotiate their identities and experiences with honesty and empathy by embracing self-expression within an intersectional context. Let us encourage young people to pursue their interests, raise their voices, and enjoy the diversity that enriches our communities. We enable young people to design a future where inclusion, understanding, and acceptance thrive by creating an atmosphere that encourages both self-expression and intersectionality.

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UNDERSTANDING THE INTERSECTIONALITY OF ARTS-BASED INTERVENTION IN MENTAL HEALTH

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For young people who are navigating the complexity of their identities and experiences, it is especially important to comprehend and embrace the ideas of self-expression and intersectionality. These two ideas have a huge impact on how people perceive themselves and others, how empathy develops, and how inclusivity is promoted. Self-expression enables young people to discover and communicate their true identity. They find their passions, express their thoughts and feelings, and build a sense of self through self-expression. Young people can boldly walk the path of self-discovery by embracing self-expression, opening the way for personal progress and fulfilment. Intersectionality recognizes the complex nature of identity and the simultaneous expression of various social, cultural, and personal components by young people.

They can see how various factors, including gender, race, ethnicity, sexual orientation, socioeconomic status, and a lot more, intersect through influencing their experiences and establishing their worldview, through this lens. By recognizing the struggles and viewpoints of people from various backgrounds, embracing intersectionality helps young people to value diversity and promote inclusivity.

However, techniques and activities can be modified to suit the developmental stages, cognitive abilities, and specific needs of different age groups. Similarly, cultural considerations and individual backgrounds should be considered to ensure the relevance and effectiveness of the intervention.

Our experiences with art-based facilitation to adolescents also shared the same attitude. There were instances where the participants gradually mingled together with others even if they didn't know them. The use of theatre-based arts which involved role play, storytelling and image creation made them engage with one another even with their differences and better understand the group dynamics while performing in groups. We could also see the gender disparity disappearing through the sessions both at schools and in communities.

Feedback from the sessions provided various instances of intersectionality which included the participants sharing their experiences of expressing kindness, hopefulness and kindness to their siblings, parents and friends. We as facilitators also felt that the sessions we took created a safe space for exploring and validating these multidimensional experiences such as being culturally sensitive, amplifying their voices that might be suppressed, exploring their identity formation, and promoting empowerment and social change.

Art-based interventions have the potential to be a valuable and inclusive approach for promoting mental health and well-being across different ages, genders, and various populations.

WAY FORWARD - IDEAS TO MAKE MENTAL HEALTH TREATMENT INCLUSIVE

Making mental health care more inclusive necessitates a holistic approach that tackles multiple issues of accessibility and inclusion.
For sustainable mental health support, it is important to establish comprehensive mental health education programs within educational institutions, spanning schools and colleges, with the goal of enhancing awareness, eroding stigma, and fostering early intervention. Alongside this, we need to disseminate knowledge about how an individual's identity plays a role in the development of one's personality and how it is related to mental health, the prevalent challenges. Simultaneously, focus on augmenting accessibility and affordability of mental health services by integrating them into primary care systems, community centers, and educational institutions. This entails expanding insurance coverage for mental health care while upholding parity with physical health coverage. Additionally, make available low-cost or even free mental health treatments in underprivileged regions and for individuals facing financial constraints. To extend support to individuals in remote or marginalized areas, leverage technological tools like telemedicine and online counseling platforms, thus bridging geographical barriers.

Culturally Competent Care encompasses training mental health professionals in cultural competency to effectively address diverse populations' unique needs and perspectives, along with efforts to recruit and maintain a diverse workforce of mental health experts for improved community service. Additionally, it involves partnering with community leaders, religious groups, and cultural institutions to develop and implement culturally tailored mental health initiatives that cater to specific cultural contexts. This also entails crafting culturally fitting resources and educational materials to spread awareness. Embracing Intersectionality and Inclusivity involves recognizing and addressing how mental health intersects with facets like race, gender, sexual orientation, disability, and socioeconomic status. Creating safe spaces and support networks specifically for marginalized groups including LGBTQ+ individuals, ethnic minorities, and those with disabilities, while integrating inclusive policies that tailor mental health care to diverse needs.

Embracing Peer Support and Community Involvement entails nurturing peer support programs where those with personal mental health experiences offer empathy and guidance. Encouraging community groups, advocacy efforts, and grassroots initiatives to engage in mental health activities and awareness campaigns. Grounding practices in Research and Evidence-Based Approaches involve investing in research to understand the efficacy of diverse mental health interventions. Notably, successful implementation is dependent on collaboration between governments, healthcare institutions, lawmakers, community leaders, and mental health experts, encouraging long-term transformation for universally accessible and inclusive mental health care.

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EFFECTIVENESS OF INTERVENTIONS ON GRATITUDE, KINDNESS AND HOPE

TO ENHANCE MENTAL WELL-BEING AMONG ADOLESCENTS IN SCHOOL AND COMMUNITY SETTINGS:

A Cluster Randomised Controlled Trial (WASP trial)

This is a multicenter cluster RCT being conducted in India and Kenya. The study aims to evaluate the effectiveness of enhancing mental well-being among adolescents (12-14 years) by improving character strengths such as gratitude, kindness, and hope through a novel arts-based approach as compared to a control group delivering mental health literacy. As part of the project, funded by the Templeton World Charity Foundations and citiesRISE, we have adapted the control manual, from Stan Kutcher's Guide - teen mental health curriculum, to be delivered in a didactic method to adolescents in each country setting. The intervention manual has been co-developed by experts in mental health, arts and theatre and young people across the 2 country sites. The intervention manual includes arts-based techniques such as storytelling, psychodrama and creative arts focussing on improving character strength, tailored to suit youth in India and Kenya. The study has been pilot-tested in both community and school sites in India and has shown positive results. Findings: The result shows significant improvement in well-being among the adolescents provided the arts-based delivery of character strengths as compared to the adolescents in the control arm. With the learning from the pilot phase, we are geared up to explore further in the main phase in more schools and communities.

INTEGRITY

Integrity is a project funded by the Mariwala Health Initiative and is a collaborative effort between the SNEHA suicide prevention centre and SCARF(I). The project aimed to understand the nature of intergenerational conflicts faced by youth in Chennai and its association with suicidal ideation and behaviour. The quantitative survey was conducted in colleges across the city and qualitative in-depth interviews were done to get a detailed situational analysis. Data indicates that there is a significant positive association between intergenerational conflicts and suicidal ideation and behaviour. Interviews have pointed out that ideological differences, relationship issues, academic pressure, financial issues and comparisons with siblings have been some of the major reasons for conflicts. Impaired communication, poor support and suicidal ideas have been observed to be the effect of these conflicts. Conflicts rarely get discussed and resolved within families and therefore open communication and spending quality time have been the suggestions put forward by youth and parents alike. The team is in the process of building a conceptual framework to explain the findings.

JAMS | JUVENILES ACCESSING MENTAL HEALTH SERVICES PROJECT

JAMS is a pilot project working with the vulnerable youth in Child Care Institutions (CCIs) in Chennai (Tamil Nadu) and Ganjam district (Odisha). Grand Challenges Canada funds this program. This study aims to improve adolescents' mental health and well-being in these CCIs by teaching them the requisite skills to enhance the same and provide them access to mental health services. Lately JAMS has created a book and multiple animation movies to help teach requisite skills and augment mental health for the youth. The results of this pilot study show an overall improvement in wellbeing and a reduction in stress among children. The children also showed a reduction in negative attitudes towards mental health as compared to before the intervention. Nearly one in 3 children were identified to have some mental health issues and the respective CCIs were given referral sources where they could take the child to receive mental health services

THE Youth EARLY SERVICES

The YES project is funded by the Indira Foundation. YES project is a youth intervention program that aims to promote mental health awareness, early detection and help-seeking for various mental health conditions, particularly depression and anxiety. To achieve this, we have developed a mental health App composed of components such as mental health literacy, mental state and mood monitoring and referral pathways. The referral pathways in the App are at multiple levels based on the severity of the youth's mental state.

Those who fall within the normal to mild category can improve their mental well-being through some self-help interventions. Students who fall within the moderate category can approach the Peer Support Volunteers on campus who have been trained by the YES team to offer support. Finally, individuals who come under the severe category can approach a nearby mental health professional through the information provided in the App. The full-scale launch of the App is expected to commence by July end and we are hoping that this App bridges the gap in help-seeking behavior among youth.

PROJECT UPDATES

MARCH

MENTAL HEALTH AND WELL-BEING THROUGH ARTS AND THEATER-BASED INTERVENTION FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS

The project MARCH is funded by Rural India Supporting Trust (RIST) and cities RISE (cR). MARCH is being rolled out as a youth mental wellness programme in colleges and communities. The project aims to promote positive mental health and foster a Mental Health friendly environment among youth in their ecological settings, through arts and theatre-based interventions. The interventions emphasize the Inner (emotions: Recognition and regulation), Social (Communication) & and environmental (social connectedness) determinants of an individual. Central to these interventions are the Character Strengths: Hope, Kindness, and Gratitude, which serve as a unifying theme across all three determinants. For the last 6 months, SCARF(I) has implemented the project MARCH, as a pilot phase, at two colleges and two communities in Chennai.

This has been well received by children, adolescents and young adults across colleges and communities. Preliminary results have demonstrated noteworthy improvements in the participant's ability to cope with stress and enhance their communication and social connectedness. Besides bringing the desired changes on an individual level, it has brought significant changes in creating a positive and mental health-friendly environment. Overall, Project MARCH is expected to generate a ripple effect in promoting mental health, in its extended phase.

NEW PROJECT INITIATED

ACCEPTABILITY AND FEASIBILITY OF COLLEGE-BASED INTERVENTIONS ON UPTAKE OF MENTAL HEALTH SERVICES AMONG YOUNG PEOPLE

The project addresses the barriers to the uptake of mental health services targeting youth (ages of 18 – 24), in colleges based out of Chennai. The pilot project is funded by MIT and Harvard, working in collaboration with J-PAL South Asia - Institute for Financial Management and Research. The study process involves a baseline and an end-line survey, an intervention focusing on mental health awareness, and a de-stigmatization program which includes people with lived experience sharing the significance of taking up mental health services, and interactive audio-visual aids. Post the intervention phase the study participants are allocated to rewards or peer support arms using randomization. Following this SCARF will provide free mental health services for the participants.

NEW PUBLICATIONS

- The Tamil version of Eating Attitudes Test-26: Reliability and factor structure among persons with schizophrenia - PubMed. (2023, May 1). PubMed. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_793_22
- Anandan A, Elumalai R, Srinivasan SP. Psychometric Validation of Odia Translated CYRM-R Scale. Journal of Indian Association for Child and Adolescent Mental Health. 2022;18(4):358-363. doi:10.1177/09731342231161883
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