



Karnataka State-level Consultation on Mental Health and Well-being of Children and Adolescents



Organisation:

The Concerned for Working Children (CWC) & Centre for Mental Health Law & Policy (CMHLP), Indian Law Society, Pune

Date: 24th June, 2023

Location: Indian Social Institute (ISI), Benson Town, Bangalore



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Need for Consultation

Childhood and adolescent experiences play a significant role in influencing the mental health and well-being of children. Adolescence is a crucial period in a person's life, and the hormonal changes during this period define personality development. The experience of several external factors and contextual realities influence these.

Despite the ongoing implementation of the National Mental Health Programme which through its District Mental Health Programme component works towards integrating mental health care services in general healthcare services at the primary care level and the National Adolescent Health Programme (Rashtriya Kishore Swasthya Karyakram), there remains a significant care-gap for young people, which has further widen in the aftermath of the COVID-19 pandemic,¹ There is also evidence to show that the pandemic has had a direct impact on the mental health and well-being of young people, leading to an increase in anxiety, stress, feelings of helplessness, self-harm, suicide, and substance.²

Thus, there is an urgent and critical need to address the mental health and wellbeing of children and adolescents.

'The Karnataka State-level Consultation on Mental Health and Well-Being of Children and Adolescents' was jointly organised by The Concern for Working Children & Centre for Mental Health Law & Policy, Indian Law Society, Pune. The objective of the consultation was to understand factors influencing the mental health and wellbeing of children and adolescents, and to map the possibilities and resources for addressing related concerns.

The specific objectives of the consultation were to:

- Initiate the process of mapping the nature, role, and impact of social determinants such as poverty, discrimination, violence, financial insecurity, and limited access to education on mental health and wellbeing.
- To identify pathways and means to bridge the care- gap at the individual, family, community and institutional level in consultation with children and adolescents.
- Identify current programmes, initiatives and best practices being followed by the communities, state government and civil society organisations to address mental health and wellbeing on young people in Karnataka.
- Identify ways to strengthen the existing public mental health system to respond to the mental health and wellbeing needs of young people.

¹ Mehra D, Lakiang T, Kathuria N, Kumar M, Mehra S, Sharma S. Mental Health Interventions among Adolescents in India: A Scoping Review. *Healthcare (Basel)*. 2022 Feb 10;10(2):337. doi: 10.3390/healthcare10020337. PMID: 35206951; PMCID: PMC8871588.

² Meherali S, Punjani N, Louie-Poon S, Abdul Rahim K, Das JK, Salam RA, Lassi ZS. Mental Health of Children and Adolescents Amidst COVID-19 and Past Pandemics: A Rapid Systematic Review. *Int J Environ Res Public Health*. 2021 Mar 26;18(7):3432. doi: 10.3390/ijerph18073432. PMID: 33810225; PMCID: PMC8038056.

Participants in the Consultation



**Bangalore, Udipi, Chitradurga, Vijayanagar,
Dharwad, Chikkaballapur, and Kalburgi**



22 children and adolescents aged 12 to 19 years



69 representatives from 18 organisations



**Representatives of State (Mental) Health
Departments, DWCD, NIMHANS**

For a detailed list of participants, please refer to Annexure.

Consultation Design

The consultation was designed based on the guiding principle of 'Children at the Centre – Let's Listen to Children' Special attention was paid towards ensuring that all aspects of the concept, design, and implementation were appropriate and comfortable for the young people. An environment was provided for young people to freely share their experiences, opinions, suggestions, feedback, etc., and to optimise their knowledge, comprehension, and participation. Adults accompanying the young people were responsible for providing appropriate help when necessary. The programme was designed to ensure a conducive environment for young people to take the lead in every matter. Various activities were formulated based on all the above factors.

Optimum participation was facilitated through tools like arena (picture) cards, mutual introduction through play activities, and group thematic songs. A supportive environment was created to ensure participation throughout the programme in a very natural and dignified manner. Formal written consent was also sought from the young people who recorded their presence through statements, photographs, videos, and other consultation records. They were also informed of future potential uses for this data, and written consent was obtained for this, too.

Composition:

Several measures were implemented to boost the young people's confidence and offer emotional support. Throughout the session, designated individuals with easily identifiable signs were available to immediately assist young people experiencing discomfort, be it emotional stress, confusion, anxiety, or discussing personal topics. Specific rest areas were provided. Additionally, logistical necessities such as first aid, access to drinking water, and restroom facilities were clearly communicated to them when needed.

The entire program was conducted in simple Kannada to ensure complete accessibility for the children and adolescents. Whenever needed, translation from Kannada to English was facilitated. The program focused on them, fostering an environment that encouraged them to share their thoughts through group discussions, presentations, talks, and question-and-answer sessions. The discussions were designed to be initiated by the young people first, with adults encouraged to provide complementary information and insights.

Despite their diverse origins and backgrounds, all participants in the consultation thoroughly enjoyed themselves. They collectively sang the song 'Birds of Many Colors with Colorful Wings' under the theme 'Let's all learn, dance, and move together.' In another activity, the participants were divided into six groups and given instructions to contribute individually from each group. Each member inflated a balloon and attached it to a thread until all the balloons were utilized, forming a balloon wreath. The group that finished tying all the balloons and creating the wreath first was declared the winner. The spirit of mutual encouragement was evident in everyone's active and voluntary participation, a significant factor that set the tone for maximum participation in subsequent activities.

The explanation for the balloon activity is as follows:

The balloon can be seen as a metaphor for the mind. If the balloon is under-inflated, it lacks substance. If it's overfilled, it might burst. However, when it's filled just right, it maintains its shape, floats, and serves its purpose. Similarly, understanding how to manage one's own and others' emotions is crucial. It is not advisable to let stress build up until one figuratively explodes. Taking care of one's mental health involves releasing and sharing stress and anxiety, like deflating a balloon to its proper shape. An individual experiencing low motivation (an under-inflated balloon) may feel demotivated and helpless. Empowering such individuals (inflating the balloon to its proper shape) enables them to take positive action for themselves. This balance, symbolically demonstrated in the game, contributes to a more manageable and beautiful life.

Conversation with children and adolescents about Mental Health and Well-Being Experiences

Three young people from different backgrounds and situations shared their experiences. They had come voluntarily with some level of preparation. During the conversation, the questions were framed in a simple manner to ensure that the young people shared their message freely in a safe environment. Their permission was obtained to share their views in response to the questions. The young people were asked questions about their work, opinions about mental health, life experiences, and expectations from this consultation.

Spokesperson: Varun, Kundapura, Children's Association, Tallur, is studying.

Discussed by: Kripa M.M., Coordinator, The Concern for Working Children

Varun, originally from Kundapur, took part in the consultation and began his speech by expressing his satisfaction at everyone paying attention to the concerns of the community. He then shared a story about experiencing mental stress due to drunken brawls in his community. Varun discussed how he addressed the issue of alcohol with his family members and community. They collectively believed that if the government bans liquor, it would bring peace to the family and the community.

Many young people who are under stress due to alcohol abuse may benefit from the support of organisations like The Concerned for Working Children (CWC) and can overcome such pressures by interacting with peers in their community and participating in various activities including play.

Varun mentioned that playing with friends and sharing joys at school helps them temporarily forget about their hunger and other challenges. At home, he discusses his happiness and difficulties with his parents, siblings, and friends next door. Engaging in such discussions provides them with some relief. Varun emphasises the community's gratitude for the collaboration with the organisations. He concluded that young people everywhere can thrive and grow with the necessary support.



Spokesperson: Arbiya Banu, Bangalore, Sparsh Institute. Law degree

Discussed by: Kavitha Ratna, Director, The Concerned for Working Children



When asked, "Why did you say that you will be participating in the event with so much enthusiasm when I shared the details of this consultation?" Arbiya Banu said that there are around 250 young people in her organisation. "I have noticed that everyone has their own difficulties and doesn't know who to tell them to." She added, "I came here to get some learning done and teach them so that their experience can help others."

She joined the institute when she was approximately 12-13 years old. Her organisation, comprising 20 staff members, works with about 250 young people. They form a core committee of 35 young people responsible for various tasks. This engagement of young people is maintained through daily activities encompassing health-related initiatives, cleanliness, cooking, education, and cultural activities. Many of these young people come from the Child Welfare Committee,

including those with single parents, those who have lost their parents, and individuals from diverse backgrounds, including some with physical disabilities. Special attention is given to vulnerable young people who may be reserved or not socializing, aiming to provide them with the support needed to become more active. The team, which includes counsellors and psychologists, actively provides counselling services. The emphasis is on the concept that young people often interact more freely with their peers to promote this approach to support individuals facing difficulties.

Spokesperson: Malashree, Kalaburagi, Working in APD

Discussed by: Kavitha Ratna, Director, The Concern for Working Children

Malashree began by discussing her work, noting that in rural areas, awareness about mental health issues is generally low. Even if villagers are aware, there is often a reluctance to recognize it as a genuine problem. Mental health problems are often perceived as significant diseases, criminal, or insult to oneself and others. Malashree emphasized her efforts to raise awareness about mental health and educate communities about it.

In response to the interviewer's question about whether children are involved in caring for parents or individuals affected by mental health issues, Malashree shared, "There are many such children. There is always the possibility that children endure psychological stress upon observing their parents under stress and/or affected by mental illness. For example, if the father takes all the financial responsibility at the house

and is under mental stress due to financial circumstances, everyone will be impacted. Hence, there is a dire need to inspire such children. However, it is not only an issue surrounding mental health and those affected by it. When parents have a mental health problem, society look at them differently They are considered ridiculous. This exacerbates the problem."

According to her, there is a need for a shift in how society views mental health, by seeing it as a typical problem to be solved. Malashree believes that mental health issues exist in varying degrees within everyone. While some may experience minor challenges, others may harbor negative thoughts for an extended period, potentially leading to more serious issues.



Malashree notes that there has been an improvement in the impact of her work compared to earlier times. Nowadays, if someone faces mental health issues, representatives from the APD visit their homes to engage in conversations. "The first agenda is to learn things one by one, and as we gain more knowledge, reassure them about their circumstance," she says. Malashree pinpoints the considerable pressure experienced by those caring for individuals with mental health challenges, particularly family members. She passionately asserts that mental illness is undeniably real,

"No matter how much the grown-ups trust me, I don't trust them so quickly, I don't share my feelings, but if people of my own age come and talk to me, I am more likely to mingle with them. Adults find it difficult to take children's words seriously. But more and more things come to the limelight as children share things together. Such systems are required in all institutions that deal with children."

manifesting in various forms that are constantly changing. The crucial aspect is fostering understanding, a message she believes should reach both those facing mental health issues and their caregivers.

Finally, Malashree expressed, "Nothing we learn is ever a loss. So I have to learn something from here, too. I have come here despite some hurdles with the hope that I will be able to incorporate it in my work."

Government Collaboration

Two state government officials took part in the consultation, discussing the mental health needs of individuals and the limited information on the topic. They emphasised the importance of identifying mental health issues, openly expressing opinions about them, and obtaining necessary support for prevention. They advocated for increased discussions on the subject, encouraging everyone to feel free to engage in such conversations.

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Fig.1 Care Services and Helplines Numbers Provided to the Participants

Dr. Rajani P., State Nodal Officer for Mental Health, highlighted the state schemes under the Health Department and pinpointed the importance of recognizing one's strengths and weaknesses. She underscored the need for tools to manage daily stress and called for a change in the perception of mental health issues. Dr. Rajani noted that due to limited access to mental health services and societal misconceptions, many individuals hesitate to acknowledge their mental health struggles and seek proper treatment. She advocated for the availability of free mental health services from primary health centers to district hospitals.

“The questions that were asked to the children were mainly about various government programmes intended for children. I am happy if you, the children answer these questions correctly, if you are unable to do so, it is not your fault, but rather indicates that we have failed to deliver the projects and communicate their existence to you.”

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Arundhati T.S.

Arundhati T.S., Deputy Director, Child Protection Unit (SARA Project), engaged with the children by discussing various government schemes related to them. Using a game, she presented questions about these schemes, encouraging the young people to participate. Arundhati explained each question in a simple and understandable manner, rewarding those who answered correctly with chocolates. This child-friendly approach aimed to make the information accessible to the children. Following the Q&A session, chocolates were distributed to all the young people. Arundhati lamented that some programs have not reached the intended beneficiaries and pledged to address this issue.

Positive and Disastrous Aspects of Children's Mental Health and Mental Well-Being (Positives, Negatives and Recommendations)

Following the interaction with the children and feedback from authorities, an activity was conducted which aimed at identifying positive and negative aspects in areas where young people spend significant time—such as with family, school, community, child protection institutions, and workplaces. This sought to gain a deeper understanding of factors influencing mental health.

Participants, including young people, were divided into groups, each assigned different coloured ribbons for easy identification and group cohesion. A facilitator was appointed to guide discussions within each group. Each group received pictures representing various areas (some left blank for discussing additional relevant areas) along with drawing pens. Groups were tasked with selecting and discussing as many pertinent areas as possible, listing major points within the stipulated time. The same process was applied to adult groups.



Discussions primarily centred around young people's perspectives, with adults contributing complementary insights. To avoid repetition, if one group raised a particular topic and others concurred, they marked it in their list, prompting subsequent discussions on other relevant topics.

After identifying positives and negatives within their chosen areas, groups deliberated on actionable steps for the respective subjects. The initial instructions were followed, fostering content sharing among young people from different teams.

The positives, negatives and recommendations identified in different contexts/areas are as follows:

School		
Positives	Negatives	Recommendations
<ul style="list-style-type: none"> • We find friends with whom we can express our feelings and sadness freely • The school environment makes children internally strong • Children can share their sensitive thoughts with their favourite teachers • School activities provide positive health to the mind. For example, group games, cultural activities, yoga, karate, dance, etc. • Having classes on life skills and science experiments. • The school is clean • When taught in an encouraging and understandable manner, going to school can enable learning and the acquiring of information that helps make decisions regarding sensitive issues regarding oneself. • Nutritious food is available - lunch and milk. • Trips to places • Praise and affirmations • When we are given leadership • When we pass our exams and feel happy 	<ul style="list-style-type: none"> • Stressful atmosphere at school - too much homework, when you don't understand homework and the concept is not explained well, scolded when you ask about what you didn't understand. • Discriminatory conditions, • Lack of well-equipped toilets • Teachers punish, scold, and behave with impolitely, even when the children have done nothing wrong, hitting them for the smallest issues, taking them to the principal unnecessarily, even if the school is closed for certain reasons, they are punished the next day. • Exam confusion – conducting exams without informing early enough • Children harass and bully each other in class. Friends yell, bad mouth, tease, bully, and other kids get caught in between all this. • Financial difficulties that keep children from going to school • Missing a meal from extra classes 	<ul style="list-style-type: none"> • Harsh punishment should be stopped completely. • An atmosphere of interactions of love and compassion • Creating a child-friendly environment • Counselling services for exams and other stressors children may face. The counsellor's cell should always be available. • School holiday policies should be implemented. Children should not be severely punished if they take leave. • Less homework, that is manageable, should be given. • The weight of the school bag should be low, and the emphasis should be on interesting and quality education • Classes should not be taken during lunch time • Food must be served that are according to the taste and liking of the children • Basic amenities in the school such as adequate toilets and the overall safety of girl students must be ensured • There should be teachers of good conduct, teachers should encourage children to ask questions, equality among students should be encouraged especially by the teachers. Teachers must act impartially. • Emphasis should be given to skill-based education, whereas marks-based education should be less important; there should be no discrimination • It should be ensured that no child gets bullied by their peers • Advisories should also be issued to the parents by the government

		<ul style="list-style-type: none"> • Social, emotional, psychological dimensions should be taken care of • Various sports events and arts programs should be conducted, and awareness about sexual health should be conveyed to the children
Family-Home		
Positives	Negatives	Recommendations
<ul style="list-style-type: none"> • Can talk freely to parents - sharing joys and sorrows. • We have the opportunity to be with our parents, and have them listen to us express our opinions. Encouragement and support when making decisions. • Mom and Dad give me breakfast and new clothes • They help us if there are any problems. • Reassuring, understanding of our difficulties, making sure to meet our needs, and providing overall support. • When we make mistakes, they correct us, when we talk to elders their experiences inspire us. • Home environment – There will be love, protection, nurturing, mental and physical health, festivals, entertainment, relationships, home traditions and cultural cooperation, and an atmosphere of friendship. • Given the freedom to play with the members of the household such as father, mother, brother, elder sister, brother, etc. • Everyone in the family gathers, goes out. Everyone sits at home and talks 	<ul style="list-style-type: none"> • Stress, over-expectations, imposing the dream of parents on children. • Comparison, discrimination, lack of trust in children, misunderstandings, repeating a mistake once made, saying that I made a mistake even when I didn't make a mistake, scolding me when I come late, when I didn't do what my mother told me to do, didn't do my homework. • Not taking proper care of the children after getting remarried upon losing a parent. • Overprotection, alcohol addiction or other vices, poverty • Sexual exploitation, child marriage, health issues • When the parents get angry, during a fight, when the parents get physical with each other, when the brothers fight, when the father hits us, • When they don't want to go out with relatives, and the parents insist on going. • Not allowing the child to go and play with friends. Expressing that the friends are bad and telling them not to go with them. • Telling girls not to wear too much makeup and short clothes • The girls are not allowed to talk to the boys, they are not allowed to go on a school trip, • Sometimes her mother screams at her, since her mother's mental health is not good. She also doesn't cook from time to time. 	<ul style="list-style-type: none"> • Parents should respect and accept children's decisions • Parents should accept their children as they are • They should have expectations according to the potential of their children • An open environment should be encouraged • Gender discrimination should be prohibited • An environment should be created to have good relations with all the members of the family • Awareness about harassment, mental health and POCSO Act should be created • Awareness should be created about values • Parents should identify the mental health issues of their children and provide them with appropriate treatment • Parents should not practice drinking alcohol • Children's needs should not be ignored • Awareness should be created about sexual harassment • Girls should not be pressured to marry close relatives or anyone.

		<ul style="list-style-type: none"> ● Mutual trust and respect should be developed
Community		
Positives	Negatives	Recommendations
<ul style="list-style-type: none"> ● Community ensures that the problem is responded to when the problems are told to the right people in the community ● When our mind is hurting, people from the community give us courage, comfort and encouragement ● We get protection in the community ● There has been an increasing interest towards education in the community lately ● The officials of the department and the people's representatives cooperate with the community ● Improving the financial situation with the help of organisations ● There has been a change in the matter of marriage in today's day and age ● The community is getting valuable information in various ways ● Taking care of children – in terms of protection ● Opportunity to participate in various programmes 	<ul style="list-style-type: none"> ● Sometimes looked down upon by the community. They insult without knowing the real situation ● Selling alcohol in the community spoils families, thereby hampering the growth of children ● Discrimination between male and female in education-girls are not sent out - and employment ● Worsening economic conditions, due to the negligence of the officials of the government department ● Bad habits in the community: Drinking, use of ganja, beedi cigarettes and lack of cleanliness ● Not listening to their thoughts just because they are children ● Meetings of children's and women's guard committees are not held on time ● Lack of proper information about health for the community ● Superstition about menstruation of girls in the community 	<ul style="list-style-type: none"> ● All children should be encouraged to participate in all fields ● Emphasis should be laid on skill development and on-the-job training ● Government officials should be sensitive and compassionate ● Children's voices should be respected ● More emphasis should be laid on physical and mental health ● Superstitions should be discouraged ● Children should be trained in the community itself ● Children's organisations and youth organisations should be encouraged ● Caste discrimination should be removed ● Children should be recognised as part of society. ● Religious tolerance should be encouraged
Child Protection Agencies		
Positives	Negatives	Recommendations
<ul style="list-style-type: none"> ● Rights based child-friendly policies ● Child Centered Programs ● Habits that bring everyone together ● Active open office environment ● Interaction with communities 	<ul style="list-style-type: none"> ● Lack of resources ● Negative behaviour of staff ● Improper management ● Unpaid workers ● Lack of value-based practice 	<ul style="list-style-type: none"> ● Alternative models that are community care centers should be encouraged ● Opportunities should be provided for the participation of children ● Children should be treated as part of the system, their voice should be heard ● Appropriate support should be provided to integrate children in child care institutions with society

Karnataka State Level Consultation on Mental Health and Well-Being of Children and Adolescents

<ul style="list-style-type: none">• Emphasis given to employees' mental health• Encourages participation decision-making• Adequate and trained staff• An office space filled with love, care and compassion• Not segregating office space	<ul style="list-style-type: none">• Discrimination among staff• Lack of opportunities to grow• Language and cultural barriers• Lack of consistency• No freedom of expression• Excessive rules	<ul style="list-style-type: none">• Laws for children should be implemented at the right time• The lack of funds for the development of children in the government should be addressed• Transparency should be maintained in the allocation of funds for the development of children• Collaborative procedures of various organisations should be encouraged• Strict policies in child welfare institutions and government departments
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What can we do in the community?

Following the discussion on factors influencing mental health, the subsequent session aimed to explore various models, initiatives, and roles in maintaining mental health.

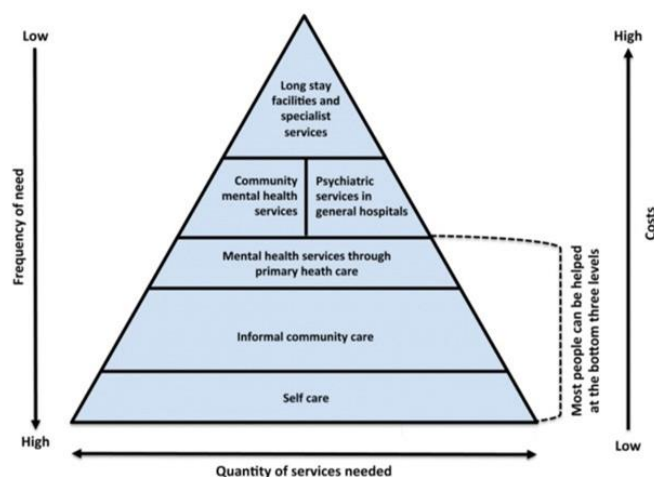
Presentation: Dr. Isha Sharma and Dr. Soumyashree - NIMHANS

Dr. Isha Sharma and Dr. Soumyashree from NIMHANS, a psychiatric institution, presented their work related to children and adolescents across different contexts, including those in conflict with the law. Since 2018, they have placed special emphasis on the services provided by an independent clinic dedicated to the mental health care of hundreds of adolescents referred by Child Welfare Committees or Juvenile Justice Boards. Case studies were discussed, focusing on treatment methods and approaches for addressing mental health problems stemming from vulnerabilities faced by young people. The presentation also explained the frameworks employed in these cases.

Presentation: Dr. Kaustubh Joag and Jasmine Kalha - Centre for Mental Health Law and Policy, ILS, Pune

Representatives of the Centre for Mental Health Law and Policy (CMHLP), ILS, Pune, shared their presentation on:

- The Pyramid system of mental health care recommended by the World Health Organisation
- The 'Atmiyata' model as a response to community and individual (self) care in a broad range and in the establishment of sustainable mental health and well-being



The WHO Optimal Mix of Mental Health Services

Dr. Kaustubh Joag introduced CMHLP, based in Pune, Maharashtra, working on law and policy changes for community health, suicide prevention, mental health systems strengthening. , Kaustubh also spoke about the pyramid of care developed by the World Health Organisation, outlining a model for mental health care on a community scale to ensure well-being.

The bottom of the pyramid, with the highest number of individuals requiring care, focuses on preventive and accommodative initiatives for well-being. Self-care and informal community care models play a crucial role at this level. Numerous studies emphasize that 80% of individuals with common mental health issues, such as depression and anxiety, do not require professional mental health services. Besides, psychological well-being can be achieved through self-care and informal community support. The pyramid is conceptualized with the three upper layers, including specialized institutions for mental health, followed by district-level hospitals, and panchayat-level primary health centers. These upper levels of medical or drug-based care are reserved for individuals with severe mental health problems, constituting 10-20% of the total population.

A strong basis of the pyramid is informal community care (ICC) or self-care, where the community actively contributes to solving members' mental health and well-being issues. The need for this care is significant, with lower capital/expenditure requirements compared to the top three layers. While the need is low in the top three tiers, the costs are high, and conversely, the need is high at the bottom, while costs are low.

The pyramid underscores the necessity for coordinated and effective initiatives to address mental health and well-being at the community level. In response to this need, the Atmiyata model was developed, focusing on a community-led approach at the pyramid's bottom. The model emphasises tools and resources for self-care and informal community support.

Thus, people from the village have been trained – as champions – to solve the community's mental health and social care issues.

Champions are equipped to:

1. Identify common mental health issues and provide basic counseling.
2. Make referrals to professional services when needed.
3. Utilize short films developed to discuss factors affecting overall health.
Enable community members to access social entitlement schemes and welfare benefits linked to mental health and socioeconomic conditions.

Learnings from the evaluation of the Atmiyata Model

1. Individuals without prior mental health training can effectively provide community mental health care and prevention with support and guidance.
2. The model is a low-cost prevention system applicable to all societal levels, including vulnerable groups like women, youth, and children.

Implemented a decade ago, the Atmiyata intervention has expanded from 45 to 650 villages across five states. While direct implementation occurs in Gujarat, collaboration with partners extends the model to approximately 200 villages in other states. Volunteers are not given any financial incentives but are equipped with smartphones to provide counselling sessions and recommend specialized services if necessary. Evaluation indicates that the model effectively reduces the incidence of depression. This highlights the importance of informal community care and self-care resources to enhance mental health and well-being at the community level and prevent escalation to higher levels of care.

Certificate distribution and learning to the children who participated:

The entire consultation was designed with a child-centric approach, aiming to encourage active participation. Every participating child received certificates of appreciation, recognizing their valuable contributions and the success of the consultation through their insightful suggestions and open dialogue. Certificates were distributed in a unique manner, where the children themselves were involved in the process. Recipients were invited to share their learnings from the consultation, choose a certificate, call out the name of the deserving child, and personally hand it over to them. This fostered a sense of mutual recognition among the children as they celebrated each other's contributions.

The major learning/experiences shared by the children during this time are:

- I learned what we can do for society together.
- “While drinking tea and coffee, I noticed that tea and coffee were kept separately along with sugar. If you wanted sugar, you could add more sugar. If you didn't want sugar, you could drink it without adding it.” They were expressing regarding the liberty to make one's own choices.
- Varun, a boy who participated in this consultation, inspired everyone (including himself) based on the fact that at such a young age, he spoke so boldly. He spoke his mind freely without holding himself back. Everyone learned a lot from Varun.
- We were very happy to play and dance so that we would all become friends and not get bored. I liked that everyone spoke very well.
- We must remember that not only can we be uplifted in society, but we also can uplift society.
- Mental illness was never thought of as a state of mind. We always thought of it as a disease. We used to feel alone in dealing with the problems of our mind, but here, someone said, 'We are always with each other, we can console each other, we can encourage each other.'

- The love, affection, and respect shown to the children by everyone in the programme will never be forgotten. I learned to respect other people, be it children or adults.

- Initially, I thought I had come to this meeting for some unknown reason. But the whole program made me happy. It has taught me a lot of things. This event, in particular, was very different despite having participated in several events of the same nature. Earlier, I believed mental health was a very



big disease. But after coming here, I got to know more about it. I was able to learn more about the various mental health issues and states of mental health in India. It helped us understand what changes we needed to make at home, school, and society. I will make sure to share this experience with all my friends.

- Joining the Bhima Sangh enabled me to participate in this event and learn so many things.
- I shared the subject freely with everyone and had a lot of fun the whole day. I didn't even notice that the whole day went by! It was possible to get information from the younger ones as well as the grown-ups.
- I would like to thank you for organising the entire event. Usually, in such events, the conversation would be between elders, established committees, and experts. But the fact that this meeting was conducted with primary importance for children is commendable. I didn't know what I would do at the event from 9 am to 6 pm. But the whole consultation has turned out to be very wonderful. Such programmes should not stop here and should be continued. What anyone learns in such events should be shared with others.

Conclusion and the way forward:

Some of the opinions are as follows:

- The Child Rights team comprises 75 people, with more than 100 teams working with more than 1,000 young people. I will convey all this valuable information to them so they can cooperate in case of any difficulty.- Vaishali, Don Bosco
- When working with a community, there is a need to look for an alternative word term in place of 'mental illness'..' there is a taboo associated with this term that causes people to be reluctant to talk about it and seek treatment. According to children, the term mental illness makes people think about some scary illness to do with the mind and not about mental health and well-being. Therefore, an alternative term must be devised. - Saku and Krupa, CWC
- It is very good when friends cooperate and help each other, but it requires resources. We also need a lot of energy to do such a thing. After supporting and listening to our friends, we must do our job properly without getting distracted. Those who help should also take care of their own health. Up until now, our major concern was that no one is talking about mental health, but lately, they have started talking about it and encouraging conversation. That being said, we need resources to accommodate this change and must be prepared for it. However, children still complain that no one listens to them. They say that it is the duty of adults to listen to their children, and yet they don't' – Jasmine, Center for Mental Health Law and Policy.
- Several NGOs talk about child rights, health, and abuse, as well as children's mental health. I need to get information regarding these matters, share what I have received with those in need, and find someone who can inform me continuously. This process should happen repeatedly. - Ashok, Kids Dharwad
- This program helped us understand why community-based programmes should be viewed from the perspective of mental health and how important self-care programs are. Our programmes in the community should implement this too." – Secretary Jagriti Dharwad.
- As seen in the pyramid of care, just as the foundation of a house must be strong for it to stand tall, we must also realise that self-care plays a similar role. When I underwent counselling, I understood that the counsellor wouldn't be present all the time; a lot of the time, we have to be alone. So, what he told me was that we have two states in our existence: body and mind. So when I am alone, if I have something to say, I should say it aloud to the mirror. I was able to do it, and I felt comfortable. At first, it sounded crazy, but doing so surprisingly made me feel better. It didn't matter what anyone said. It felt as though the counselors themselves had consoled me when I shared my feelings in front of the mirror. So not everyone needs a counsellor; let's try to be a counsellor for ourselves and take care of ourselves – Arbia Banu, Sparsh Institute.
- We all have to take the initiative and do something. We can all be the 'champion' as described in the intimacy program. We should always be ready to do what is required for the community alongside our responsibility of taking care of ourselves. - Kavitha Ratna, CWC

A closing song regarding taking responsibility for care within the community reinforced the idea that mental health needs constant support from every member of the community.

Conclusion:

The 'State Level Consultation on the Mental Health and Well-Being of Children and Adolescents' served as a platform for collective introspection, expression, and communication of the mental health needs, concerns, and potential solutions by young people. The program was unique in that it empowered children and adolescents to take the lead, with adults facilitating the process in a child-friendly manner. Participants, including children, organisations, and government departments, acknowledged the necessity of such initiatives for mental health empowerment. Emphasising the importance of considering children's interests and direct involvement in the implementation and monitoring of mental health and well-being schemes, the consultation aimed to prioritize the needs of young individuals. The Concerned for Working Children, and the Centre for Mental Health Law and Policy, Indian Law Society is grateful to the enthusiastic young participants, for their valuable contributions and ideas in facilitating impactful and transformative change. We extend our appreciation to the Civil Society Organisation (CSO) partners and department representatives who actively engaged in the consultation with the children. Recognising the rarity of collective discussions on the mental health of young people, the event marked a significant initial step in that direction. The commitment to safeguarding the mental well-being of the young people of Karnataka was highlighted as a shared goal for the future.



Annexure

Participants at the workshop

Participating Child and Adolescent Representatives:

- Representatives of Bhima Sangha , a union of Working Children
- Representatives of the Children's Associations associated with the various participating CSOs.

Civil Society Organisations:

- The Concern for Working Children (CWC)
- Centre for Mental Health Law and Policy (CMHLP), Indian Law Society
- Child Rights Trust (CRT)
- Jagriti
- Association for Persons with Disabilities (APD)
- Solidarity Foundation
- Nalanda Way Foundation
- Gram Panchayat Hakkottaya Andolan
- Global Concerns India (GHI)
- Enfold
- Grama Panchayata Hakkottaya Andolana (GPHA)
- Bosco
- BRC (Block Resource Centre)
- Sparsh
- Samvad
- Don Bosco
- Kids Dharwad
- Azim Premji Foundation
- ILP (Integrated Learning Program)
- Vihaan
- Stree Jagruti Samiti
- Rainbow Foundation
- Association for Promoting Social Action (APSA)
- Representatives of the Children's Association
- Bhima Sangha (organisation of working children)

Government Participants:

- Dr. Rajani P., State Nodal Officer for Mental Health.
- Arundhati T.S., Deputy Director of Child Protection Unit (Sara Project).

Mental Health Specialists:

- NIMHANS (National Institute of Mental Health and Neuro-Sciences): Specialized mental health services for children and adolescents.
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