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## **DISSERTATION**

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**SYMBIOSIS COLLEGE OF ARTS AND COMMERCE**

**(An Autonomous College under SavitribaiPhule Pune University)**

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**THE ROLE OF SCHOOLS IN INCULCATING AWARENESS ON  
COUNSELLING AND MENTAL HEALTH-WITH REFERENCE TO ACHIEVING  
SDG TARGET 4**

**Dissertation**

*Submitted for*

**Degree of Master of Economics**

**By**

**RASHMIE PARMOUR and SHRAMANA NANDA**

**EXAM SEAT NO: 6029 and 6019**

**April 2018**

**Declaration**

*Under the Guidance of*

**Dr. Marcelle Samuel**

*In partial fulfilment of*

**MA DEGREE**



*॥ सत्यमेव जयते ॥*

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**CERTIFICATE**

**This is to state that the work incorporated in the dissertation on “Role of schools in inculcating awareness on counselling and mental health -with reference to achieving SDG target 4”, submitted by Rashmie Parmour and Shramana Nanda, class M.A Economics, Exam Seat No: 6029 and 6019 respectively for the M.A. Degree in Economics, was carried out under the guidance, and supervision of Dr. Marcelle Samuel. The material obtained from other sources has been duly acknowledged in the dissertation.**

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**Place: Pune**

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**(Name & Signature of the Guide)**

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It has been a period of intense learning for us, not only in the scientific arena, but also on a personal level. Writing this dissertation has been a thought provoking experience and has cast an indelible mark on us. We would like to reflect on the people who have supported and helped me so much throughout this period.

We express profound gratitude to our parents for providing us with unfailing support and continuous encouragement throughout our years of study and through the process of researching and writing this thesis

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**Date: 23/04/2018**

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**Role of schools in inculcating awareness on counselling and mental health -  
with reference to achieving SDG target 4**

**ABSTRACT**

**Background:** Education in every sense is one of the fundamental factors of development and schools are an integral part of development, socialization, and growth of children. Although the government has guaranteed right to education for all children and also introduced many schemes to increase access to education like Sarva Shiksha Abhiyan, Mid-day Meal, vocational training and skill development etc., but mental well-being of children and their families for long has been out of the purview of all the schemes.

The ambitious goals that SDG claim to achieve by 2030 are there on paper, but to realise the goal of providing access to ‘quality education’ to all, mental well-being of children has to be considered of paramount importance. Education should not only encompass cerebral development of children but also enrich their social and mental well-being (understanding of themselves and world).

Consequently, this engenders the advocacy of mental health issues in school for holistic development of the child and preparation of healthy and productive citizens. This thesis also employs the concept of ‘capability approach’ to justify the role of counselling in schools as it concerns the direct promotion of capabilities through fostering mental, social and economic well-being.

For the purpose of this study we have considered the definition of counselling as stated by Indian Institute of School Psychology which posits that school counselling is a unique and specialized profession which is aimed at academic, emotional, psychological, personal, and social development of children.

**Objective:** This paper seeks to analyse the bottlenecks in the current education system especially pertaining to student counselling and mental health issues and how resolving these would also ultimately lead to achieving Sustainable development goals.

The objectives are:

- To understand the practices adopted by schools for guidance, counselling and mental health of students in selected schools of Pune city.
- To comprehend the importance of mental health interventions through counselling in enhancing socio-economic well-being.
- To analyse the prevailing awareness regarding the impacts of counselling in institutions of education.
- The ultimate goal of this research is to raise awareness of the positive impact that counselling can have within an educational environment in enhancing children's capabilities that will go a long way in development of the country.

**Keywords:**

School, Counselling, Mental Well-being, Mental health, SDG



## **CHAPTER 1**

### **INTRODUCTION**

Social opportunities (in the form of education and health facilities) facilitate economic participation. Economic facilities (in the form of opportunities for participation in trade and production) can help to generate personal abundance as well as public resources for social facilities (Sen, Amartya (1999) Development as Freedom).

Education in any society must enable the learner to make rational decisions and be productive and useful members to the society. Effective student guidance and counselling services can improve the sense of belonging of the students in schools develop their problem solving skill and help them make appropriate decisions as responsible persons in the society.

Guidance and counselling are important for children, and schools have a huge role in bringing out the best in children. Good conduct is coveted, but sometimes young minds need guidance to polish their personality. Through counselling, children are given advice on how to manage and deal with emotional conflict and personal problems.

Proper counselling will help incorporate valuable lessons in their daily life. Some sessions should involve career guidance, where the students are advised on the selection of courses and different career paths. It's important to prepare children for a life after school and what to expect in the different fields they might opt for.

This study is an evaluation of counselling services in schools in Pune city. The use of counselling provides a potentially useful means by which education may better serve the needs of youth in India. The study examines the counselling provision in Indian schools in the context of the development of counselling practice and therapy. This paper seeks to examine the current practices followed by schools to inculcated awareness on mental health and related issues and is an attempt to draw attention to the fact that achieving mental well-being of the students is an essential ingredient for quality education.

The first section gives the background and definition of counselling, the role that it is supposed to play. Section 1.2 sheds light on the importance of mental health and how if ignored, it can hamper the overall development of the child. The third section walks through

the present scenario of mental health in India. Data from WHO is referred to corroborate the severe insufficiency of mental health professionals in the country and explains the serious mental crisis that India is facing today.

Section 1.4 discusses the economics of mental health in Indian context.

The notion of 'well-being' from one of Amartya Sen's most fundamental contributions in economics is explained in section 1.5. It gives another dimension to our study of how mental will enhance children's capabilities and lead to social wellbeing - and this would ultimately contribute to greater economic productivity.

The next section (Section 1.6) in the study considers the need for counselling. The alarming increase in the juvenile crime rate, student suicide rate, drug abuse in children etc. is discussed. India has one of the world's highest suicide rates for youth aged 15 to 29, according to a 2012 Lancet report, which illustrated the need for urgent interventions for this demographic.

Section 1.7 discusses SDG4, their targets for achieving quality education and how aligning those with mental health could be beneficial in achieving not only quality education of children, but also social and economic well-being.

### **1.1 Background**

#### **Indian Institute of School Psychology has given the following definition of school**

**counselling:** School counselling is a unique and specialized profession worldwide with M. Sc /PG Diploma in school counselling, who work in schools and because of this they are considered professional school counsellors and educators. They develop and implement a comprehensive, developmental program to facilitate the academic/learning skills, personal/social developmental skills competencies, spiritual care and understanding, and career options counselling tasks, appropriate to the needs of the students. School counselling is a profession which:

- i. Aims to improve the academic performances of the students.
- ii. helps in social and personal development of the students
- iii. provides the much needed bridge between parents and students
- iv. functions in preventive, remedial and developmental modes

- v. functions to remove barriers to development if any, in the individual or in the environment
- vi. works to identify, assess, evaluate, solve or refer, if necessary, problems of students which may be behavioural, emotional, social, academic or psychological
- vii. Involves the team efforts of the teachers, the parents and other school staff.

### **1.2 Importance of mental health**

WHO defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Mental health is an integral part of health and is more than the absence of mental illnesses. It refers to a broad array of activities directly or indirectly related to the mental well-being, prevention of mental disorders, and treatment and rehabilitation of people affected by mental disorders.

If ignored, mental health problems can impede social development, leaving young people feeling socially isolated, stigmatized and unhappy. In an attempt to cope with or overcome the symptoms of these disorders, some young people acquire socially or personally inappropriate behaviours, such as dropping out of school or becoming heavily involved in the illicit use of drugs (Leigh Meldrum, David Venn & Stan Kutcher). Mental disorders may also impact the young person's ability to make and retain a strong and supportive peer network or appropriate relationships with adults. Teachers represent a prominent and positive adult role model in the student's life. It is part of their role to be supportive and aware of student difficulties and direct them to the appropriate resources for help if needed.

Mental health problems may pose a significant and unnecessary obstacle for students to overcome in the classroom. Studies show that students with emotional disturbance and poor social-emotional functioning have difficulty meeting academic standards. Some mental disorders such as learning disabilities and Attention Deficit Hyperactivity Disorder present unique and specific challenges to optimizing learning outcomes. By being aware of these factors, teachers can better meet the specific needs of students to help them learn most effectively.

### **1.3 Mental health in India**

In India, WHO estimates that the burden of mental health problems is of the tune of 2,443 DALYs<sup>1</sup> per 100,000 population and the age-adjusted suicide rate per 100,000 population is 21.1. It is estimated that, in India, the economic loss, due to mental health conditions, between 2012-2030, is 1.03 trillions of 2010 dollars (WHO).

Mental health workforce in India (per 100,000 population) include psychiatrists (0.3), nurses (0.12), psychologists (0.07) and social workers (0.07).

It is high time we start acknowledging the dire need of the importance of mental health and how awareness needs to be inculcated right from schools so that the child has proper guidance and direction.

According to a report by the Montreal-based UNESCO Institute for Statistics and Global Education Monitoring India has 47 million youth of secondary and higher secondary school-going age dropping out of school. The enrolment in class 10 is 77 percent, but enrolment in class 11 is only 52 per cent, according to a report from the New Delhi-based Institute for Policy Research Studies (PRS). Therefore, addressing student's mental health concerns before they become a serious disruption and lead to negative behaviours, including dropping out of school is an important step.

### **1.4 Mental Health and Economics**

Mental well-being matters much for the life of humankind, just as Russell said. For example, happiness<sup>1</sup> generates intelligence and vigour, while sadness causes apathy and indolence.

In April 2016, the World Health Organization released a ground breaking study that established a definitive link between mental health and economic productivity. The findings were both depressing and hopeful. A behavioural economist, Ashraf has spent most of her career conducting field research that combines psychology and economics, often in the context of health programs and policies in developing nations. But her findings yield lessons that apply to almost everyone. People feel more mentally healthy when they feel a strong sense of agency in their lives. That goes for pretty much everyone. And when people feel healthier, they're more productive, too.

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<sup>1</sup>DALYs is the years of productive life lost due to disability, or overall disease burden, expressed as the number of years lost due to ill-health, disability or early death

Mental health is a huge contributor to economic burden of non-communicable diseases in India. Its prevalence is very high as 1 in every 5 Indians is suffering from some form of mental disorder. Especially in productive age of 20 to 40, mental health illness rate is very high among Indians.

According to Anjan Bose, secretary general, Nathealth, a healthcare federation of India, among non-communicable diseases (NCD), mental health is the largest contributor to economic loss in India. It is estimated that mental health will account for 20% of economic loss from NCDs 2012-2030 which is estimated at \$6.2 trillion.

According to Samir Parikh, director, Mental Health and Behavioural Sciences, Fortis Hospital, mental health illness's indirect costs are higher than direct costs. Which includes costs of care (like medication, clinic visits (fees), hospitalisation, diagnostic services, residential care, community services, rehabilitation and non-medical costs like transportation for treatment and care) are direct costs. These are the value of resources used in the treatment of disease. Indirect costs are value of resources lost as a result of illness.

Indirect costs include costs due to reduced supply of labour (unemployment), reduced educational attainment, expenses for social supports, costs associated with consequences like chronic disability, homelessness, crime, suicide, homicide, caregiver burden, value of family caregiver's time, medical complications of mental illnesses, early mortality, substance use and other unquantifiable costs like emotional burden on family etc. Other costs include those for health awareness campaigning.

### **1.5 Conceptual Framework- Capability Approach- Amartya Sen**

The capability approach is a broad normative framework for the evaluation of individual well-being and social arrangements, the design of policies and proposals about social change in society. The capability approach is used in a wide range of fields, most prominently in development thinking, welfare economics, social policy and political philosophy. It can be used to evaluate a wide variety of aspects of people's well-being, such as individual well-being, inequality and poverty. It can also be used as an alternative evaluative tool for social cost-benefit analysis, or to design and evaluate policies. The use of the capability approach

implies a broadening of the “informational basis of judgments” (Sen, *Commodities and Capabilities*, 1985).

The Capability Approach attempts to address various concerns that Sen had about contemporary approaches to the evaluation of well-being, namely:

- i. Individuals can differ greatly in their abilities to convert the same resources into valuable functioning (‘beings’ and ‘doings’). For example, those with physical disabilities may need specific goods to achieve mobility, and pregnant women have specific nutritional requirements to achieve good health. *Therefore, evaluation that focuses only on means, without considering what particular people can do with them, is insufficient.*
- ii. People can internalize the harshness of their circumstances so that they do not desire what they can never expect to achieve. This is the phenomenon of ‘adaptive preferences’ in which people who are objectively very sick may, for example, still declare, and believe, that their health is fine. *Therefore, evaluation that focuses only on subjective mental metrics is insufficient without considering whether that matches with what a neutral observer would perceive as their objective circumstances,*
- iii. Whether or not people take up the options they have, the fact that they do have valuable options is significant. For example, even if the nutritional state of people who are fasting and starving is the same, the fact that fasting is a choice not to eat should be recognized. *Therefore evaluation must be sensitive to both actual achievements (‘functionings’) and effective freedom (‘capability’).*

This theory is incorporated in our study as a conceptual framework as to how well being could be achieved by strengthening capabilities of children who are undeniably our country’s ‘human resource’.

### **1.6 Need for Counselling**

According to WHO data, the age standardized suicide rate in India is 16.4 per 100,000 for women (6th highest in the world) and 25.8 for men (ranking 22nd). In 2015, the number of student suicides stood at 8,934. In the five years leading to 2015, 39,775 students killed themselves. The number of attempted suicides, many unreported, is likely to be much higher.

In 2015, Maharashtra reported most student suicides of any state: 1,230 of 8,934 (14%) nationwide, followed by Tamil Nadu (955) and Chhattisgarh (625). Maharashtra and Tamil Nadu are among India's most advanced states, and their high rate of suicides could reflect the pressures of economic growth.

Sikkim, the state with India's highest suicide rate, offers future warning for India. Sikkim is India's third-richest state (after Delhi and Chandigarh), by per capita income, and its literacy rate is seventh highest. .

In the last section, we draw attention to sustainable development goals, especially goal 4 that targets access to quality education for all. The dire need to focus on mental well-being to achieve the targets of SDG4 is harped upon. It is preposterous to even think of sustainable development of any country which ignores mental well-being of its children.

According to the 'Mental Health Status of Adolescents in South-East Asia: Evidence for Action', a report published by WHO in April 2017, the report suggested that about 25% adolescents in the country are depressed. The percentage of adolescents who reported being in anxiety was 8%. 11% of those surveyed also admitted to substance abuse.

- i. As many as 9,474 students committed suicide in 2016 – almost 26 every day, according to a reply to the Lok Sabha by H G Ahir, Minister of State for Home Affairs, on January 2.
- ii. Student suicides in the country have increased 52 per cent – from 17 every day (6,248) in 2007 to 26 every day in 2016, data show.
- iii. Around 75,000 students committed suicides in India between 2007 and 2016.
- iv. Maharashtra reported the most — 1,350 — student suicides in 2016 or four every day, followed by West Bengal (1,147) and Tamil Nadu (981).
- v. India has one of the world's highest suicide rates for youth aged from 15 to 29, according to National Crime Records Bureau report 2016.

*Commenting on Rahul, the 11-year-old who took his life Tuesday because his mother refused to buy him a kite, Sameer Parekh, a leading psychiatrist who is also a senior consultant at Max Healthcare, told IANS, "Being denied a kite may have acted as a trigger but it's not the reason for committing suicide." The boy must have been suffering from some psychological*

*disorder. Copycat attitude is a major reason for his extreme step," - The Hindustan Times Aug 24, 2006*

*The Class 11 student of Ryan International School, apprehended by the CBI for allegedly killing a seven-year-old student, has confessed to his crime in front of his father and an independent witness, the agency has claimed before a juvenile court here. To corroborate the 16-year-old student's statement, CBI sleuths took him to a "certain place" today, the first day of his three-day remand- The Indian Express, November 9, 2017*

*On May 14 this year, Bhopal police said that at least 12 students, 6 of them girls, had committed suicide in parts of Madhya Pradesh as they were depressed over their Class X and XII results. In August, a 15-year-old west Bengaluru student's death was linked to the dangerous online game, Blue Whale Challenge, but it was later found to be otherwise.*

*From issues at college and school to drugs and depression over broken families, to fights with friends and breakups, students in India are killing themselves at a fast rate, with 26 suicides reported every 24 hours. Going by the latest data sent to the home ministry by all states and UTs, 9,474 students committed suicide in 2016 — at a rate of more than one every hour — with Maharashtra and Bengal recording the most, while there was none reported in Lakshadweep. ChethanKumar,The Times of India, Jan 8, 2018*

*ArjunBharadwaj, a 24-year-old management student, committed suicide by jumping out of a 19th-floor hotel room in Mumbai. Media reporting suggested he had been depressed about failure in exams and repeatedly talked about ending his life on social media. There were also suggestions he was battling drug addiction, DevanikSaha, Hindustan Times, May 08, 2017*

The need for guidance and counselling for students emerges from the changes taking place in every sphere of life. Academic stress, poor academic performance, cut-throat competition, vast and varied educational and career opportunities and resulting confusion in making career choice, ever growing, changing and complex world of work, drop-out, suicide, anger, violence, drug abuse, child abuse, sex abuse, HIV/AIDs, crime, changes in lifestyle, divorced / single parents etc. are some of the concerns which require support of guidance and counselling services to school students. Helpline for students by various organizations like CBSE, few State level guidance agencies, NGOs etc. and popularity of these helplines point

towards the need and significance of guidance and counselling requirement for the school system. To address the developmental needs and concerns of students at different stages of schooling, a professionally trained person, a counsellor or a teacher-counsellor is required to work within and with the system. The purpose of guidance and counselling services is to help each student develop as an individual in his/her own right, make choices and set goals on the basis of his/her strengths. Guidance and counselling not only helps students to develop an understanding of one self and of others, it also supports students to deal with their personal-social, academic and career related concerns. It facilitates development of effective study habits, motivation, identifying learning or subject related problems, helping students to see the relevance of school years in life and for future, developing skills, right attitude and interests to help making a choice in career etc. Guidance and counselling, thus, promotes holistic development of every student.

### **1.7 Sustainable Development Goal4**

The Sustainable Development Goals (SDGs), otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity.

These 17 Goals replace the Millennium Development Goals, while including new areas such as climate change, economic inequality, innovation, sustainable consumption, peace and justice, among other priorities. The goals are interconnected – often the key to success on one will involve tackling issues more commonly associated with another.

The SDGs work in the spirit of partnership and pragmatism to make the right choices now to improve life, in a sustainable way, for future generations. They provide clear guidelines and targets for all countries to adopt in accordance with their own priorities and the environmental challenges of the world at large. The SDGs are an inclusive agenda. They tackle the root causes of poverty and unite us together to make a positive change for both people and planet. “Poverty eradication is at the heart of the 2030 Agenda, and so is the commitment to leave no-one behind,”

The proposed targets and indicators for SDG goal 4 are as under:

**Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes**

**Proposed Indicators**

- Primary completion rates for girls and boys
- [Percentage of girls and boys who master a broad range of foundational skills, including in literacy and mathematics by the end of the primary school cycle (based on credibly established national benchmarks)] – to be developed
- Secondary completion rates for girls and boys
- [Percentage of girls and boys who achieve proficiency across a broad range of learning outcomes, including in literacy and in mathematics by end of lower secondary schooling cycle (based on credibly established national benchmarks)] – to be developed

**Target4.2: By 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education**

**Proposed Indicators**

- Percentage of children (36-59 months) receiving at least one year of a quality pre-primary education program
- Early Child Development Index (ECDI)

**Target4.3: By 2030 ensure equal access for all women and men to affordable quality technical, vocational and tertiary education, including university**

**Proposed Indicators**

- Tertiary enrolment rates for women and men

**Target4.4: By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship**

**Proposed Indicators**

- Secondary completion rates for girls and boys
- [Percentage of girls and boys who achieve proficiency across a broad range of learning outcomes, including in literacy and in mathematics by end of lower secondary schooling cycle (based on credibly established national benchmarks)] – to be developed
- Tertiary enrolment rates for women and men

**Target4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations**

**Proposed Indicators**

- Percentage of children (36-59 months) receiving at least one year of a quality pre-primary education program
- Primary completion rates for girls and boys
- Secondary completion rates for girls and boys
- Tertiary enrolment rates for women and men

**Target4.6: By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy**

**Proposed Indicators**

- Primary completion rates for girls and boys

- [Percentage of girls and boys who master a broad range of foundational skills, including in literacy and mathematics by the end of the primary school cycle (based on credibly established national benchmarks)] – to be developed
- Secondary completion rates for girls and boys

**Target4.7:** By 2030 ensure all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development

#### **Proposed Indicators**

- [Percentage of girls and boys who achieve proficiency across a broad range of learning outcomes, including in literacy and in mathematics by end of lower secondary schooling cycle (based on credibly established national benchmarks)] – to be developed

**Target4.a:** Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

**Target4.b:** By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries

**Target4.c:** By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and developing States

#### **Proposed Indicators**

- Domestic revenues allocated to sustainable development as % of GNI, by sector
- Official development assistance and net private grants as % of GNI

The aforementioned guiding principles that SDG4 are based on nowhere speak about mental health and well-being of children. It is interesting to note that Target 4.2 and 4.5 which stress

on access to quality early childhood development and eliminating gender disparities in education, vocational training for the vulnerable, including persons with disabilities will not be practically feasible due to severe deficiency in infrastructure, resources and most importantly awareness on the subject.

Inculcating awareness on mental health in schools will contribute to achieving the objectives of SDG 4 which is to ensure inclusive and quality education for all and promote lifelong learning as it will strengthen the links between education and health. It will also reflect on growing international recognition of the inter-relationship between education and health, which necessitates a more comprehensive approach to school health and coordinated action across sectors. If we are striving for development that is 'sustainable' and where the agenda is to ensure that all people enjoy peace and prosperity and no one is left behind, mental well-being of children has to be of paramount importance.

According to UNESCO strategy on Education for Health and Well-being, 2016, the strategic priorities are inter-dependent and mutually reinforcing. For example, comprehensive sexuality education that promotes respect for others and positive attitudes towards diversity is critical to a safe, inclusive and non-discriminatory learning environment. A school environment that promotes good nutrition, provides opportunities for physical activity and has safe and sanitary facilities is essential to reinforce education about health. Similarly a school that has an environment conducive to an overall well-being of the child must include importance on mental health and related issues.

We cannot talk about quality education and promoting lifelong learning without harping on mental health issues of the children. SDGs are ambitious and definitely a worthy goal.

In an interview to The Hindu deputy chief minister and education minister Manish Sisodia said on February 8, "At a time when our neighbour Bhutan is formulating policies to ensure a high Happiness Index for its citizens, by building an activity-based happiness curriculum for children studying in our schools, we can not only help enhance their personality but also influence the direction in which we are heading as a society and nation."

### **1.8 Scope of the Study**

There is a significant policy to practice gap in the area of mental health practices and interventions in schools. Understanding the teacher's perspective can provide important information about contextual influences that can be used to bridge this gap in a school-based mental health program (Reineke, Stormont, Herman, Puri, &Goel, 2011).

As education is a state subject in India, States, school districts, administrators, and teachers are under extreme pressure to meet current accountability guidelines set by state mandates. The purpose of this study is to examine the perceptions of teachers, counsellors, school, and administrators to find out whether they perceive a need for:

- i. The relevance of importance of mental health for children to achieve quality education
- ii. School-based mental health program, and
- iii. Awareness regarding the same

This study is our contribution to the field in hopes that stakeholders who have made an investment in educating students, who are expected to become productive members of society and move through the educational system toward the final day of graduation and a prosperous future, will see the benefits of incorporating research-to-practice. The study is also aimed at producing high-quality students who graduate with the capacity to be functioning, productive citizens who contribute to society in a positive and meaningful manner.

### **1.9 Purpose of the Study**

The purpose of the study is to evaluate the current trends in selected schools of Pune city, pertaining to counselling and mental health, corroborate the need for counselling with evidences and ultimately raise awareness of the positive impact that counselling can have within an educational environment in terms of personal, social and academic development of children. Counselling should not be perceived only as a guideline to follow because it is mandatory but also as a powerful reform tool to combat stigma against mental health that prevails in the society and inculcate awareness in children right from a young age.

### **1.10 Statement of the Problem**

There is a tremendous need of talking about mental health and understanding of the subject because mental well-being is undeniably one of our most precious possessions to be nurtured, promoted and preserved to the fullest. The taboo and stigma associated with the words –

‘counselling’, ‘therapy’, psychology’, ‘mental disorders’, ‘depression ‘ are so pervasive that it even makes the situation worse.

Research from Stanford and the University of Michigan indicates that students with distress including anxiety, anger, and depression experience educational problems like diminished academic functioning, learning delays, and poor achievement. And with an estimated one in five children and adolescents experiencing a mental health disorder at the treatment level, teachers can expect to encounter several, if not many, students who need psychological support.

The dimension of quality education for a child in our country encompasses everything from acquiring cognitive skills, reading, writing, numerical abilities etc. but mental health is also an essential ingredient which is not included in the parameters. Moreover not only education system but talking about being healthy is mostly concerned with not being ‘diseased’ and being physically fit. This is a very narrow approach to health. Health is multidimensional. There are number of factors which contribute to positive health- emotional, spiritual, cultural, socio-economic, mental, philosophical, environmental, and nutritional along with physical health.

### **1.11 Objective of the Study**

To fulfil the purpose of the study the following objectives were examined:

- i. To understand the practices adopted by schools for guidance, counselling and mental health of students in selected schools of Pune city.
- ii. To comprehend the importance of mental health interventions through counselling in enhancing socio-economic well-being.
- iii. To analyse the prevailing awareness regarding the impacts of counselling in institutions of education.
- iv. The ultimate goal of this research is to raise awareness of the positive impact that counselling can have within an educational environment in enhancing children’s capabilities that will go a long way in development of the country.

The goal is to realise how schools and teachers can play a pivotal role in empowering students (not only academically but psychologically, emotionally and mentally) with sustainability as a tool to train teachers on how they can become the first responder in the classroom to help students achieve ‘quality education’ which is practically impossible without due attention to the emotional and mental well-being of the child.

It is with great hope that this study can be as a means to not only improve the efficiency of students, but also as a means to remove the stigma associated with mental health.

### **1.12 Limitations of the Study**

- i. **Sample size:** The most obvious limitation of the research is its sample size. Only four schools were covered (due to time constraint) in addition to interviews with two teachers and two principals and 20 students. We have attempted to examine all the available information we had, we have sought different perspectives on the topic from students, teachers as well as counsellors, however, we still feel increasing the number of sample studied may have enhanced the generalizability of our findings.
- ii. **Access:** Many institutions refused to divulge data and some schools refused to be a part of the study.
- iii. **Lack of prior research studies on the topic:** There was a dearth of relevant literature in this field especially in Indian context. This most certainly presents an opportunity for further research in this field.
- iv. **Interaction with the Stakeholders:** There was no interaction with the parents/guardians.
- v. **Availability of the data:** Exact data on the total number of students in the school, number of students counselled, proportion of boys to girls was not given.
- vi. **Cost benefit analysis-**Given the complexity of the topic, this paper is meant to serve more as a framing of issues for further research. Due to limited research available in this context and benefits being intangible and qualitative, this study was not able to produce cost-benefit analysis which was another limitation from an economic perspective.

In an attempt to understand and utilise the potential of counselling strategies most efficiently, and relate it to social and economic well-being of children, it is necessary to look at the background to its development - What is counselling? to what needs; socio-economic, environmental, etc. Has counselling been the response? What roles has counselling assumed in the areas of therapy, education and the promotion of personal growth and development? Could counselling become more expansive, more generalised to cater more effectively to any or all of these areas?

The following chapter looks at these questions and attempts to answer them in terms of the literature written on the subject.

## **CHAPTER 2**

### **REVIEW OF LITERATURE**

#### **2.1 History of Guidance and Counselling**

The history of school counselling formally started at the turn of the twentieth century, although a case can be made for tracing the foundations of counselling and guidance principles to ancient Greece and Rome with the philosophical teachings of Plato and Aristotle. There is also evidence to argue that some of the techniques and skills of modern-day guidance counsellors were practiced by Catholic priests in the Middle Ages, as can be seen by the dedication to the concept of confidentiality within the confessional. Near the end of the sixteenth century, one of the first texts about career options appeared: *The Universal Plaza of All the Professions of the World*, (1626) written by Tomaso Garzoni. Nevertheless, formal guidance programs using specialized textbooks did not start until the turn of the twentieth century.

Belkin (1975) points out that the ancient Greeks formulated concepts of counselling dealing with the interaction of people with one another and the environment. Within Grecian society, great emphasis was placed upon the education and development of the individual towards role fulfilment to the greatest potential for oneself and society. The Greek philosopher Hippocrates rejected demonology as the explanation of disordered behaviour and argued such problems to be the result of disturbed body fluids. He maintained that the mentally ill should be treated by humane methods. Belkin's studies (1975) show Plato to be the first philosopher to organise psychological insights into a systematic -theory. Plato's interests involved moral,

educational and developmental aspects of psychology. His method sets the way for a modern counselling relationship; he used a dramatic method - profound questions set and dealt with through the dynamics of human interactions. Aristotle made significant contributions, instigating and directing studies of people interacting with each other and the environment. Individuality and the right of self-determination were elements of present day counselling disciplines which were assumed in the ancient Hebrew society, while within the early Christian society, the emphasis was on humanistic ideals which formed the basis of modern democracy and of today's counselling movement.

The factors leading to the development of guidance and counselling in the United States began in the 1890s with the social reform movement. The difficulties of people living in urban slums and the widespread use of child labour outraged many. One of the consequences was the compulsory education movement and shortly thereafter the vocational guidance movement, which, in its early days, was concerned with guiding people into the workforce to become productive members of society. The social and political reformer Frank Parsons is often credited with being the father of the vocational guidance movement. His work with the Civic Service House led to the development of the Boston Vocation Bureau. In 1909 the Boston Vocation Bureau helped outline a system of vocational guidance in the Boston public schools. The work of the bureau influenced the need for and the use of vocational guidance both in the United States and other countries. By 1918 there were documented accounts of the bureau's influence as far away as Uruguay and China. Guidance and counselling in these early years were considered to be mostly vocational in nature, but as the profession advanced other personal concerns became part of the school counsellor's agenda.

The United States' entry into World War I brought the need for assessment of large groups of draftees, in large part to select appropriate people for leadership positions. These early psychological assessments performed on large groups of people were quickly identified as being valuable tools to be used in the educational system, thus beginning the standardized testing movement that in the early twenty-first century is still a strong aspect of U.S. public education. At the same time, vocational guidance was spreading throughout the country, so that by 1918 more than 900 high schools had some type of vocational guidance system. In 1913 the National Vocational Guidance Association was formed and helped legitimize and increase the number of guidance counsellors. Early vocational guidance counsellors were often teachers appointed to assume the extra duties of the position in addition to their regular teaching responsibilities.

The 1920s and 1930s saw an expansion of counselling roles beyond working only with vocational concerns. Social, personal, and educational aspects of a student's life also needed attention. The Great Depression of the 1930s led to the restriction of funds for counselling programs. Not until 1938, after a recommendation from a presidential committee and the passage of the George Dean Act, which provided funds directly for the purposes of vocational guidance counselling, did guidance counsellors start to see an increase in support for their work.

To Hollis and Hollis, guidance programme is based on eight principles.

- i. The dignity of the individual is supreme
- ii. Individuals differ
- iii. The primary concern of guidance is the individual in his social setting.
- iv. The attitudes and personal perceptions of the individual are the bases on which he acts
- v. Individual generally acts to enhance his perceived self
- vi. The individual has the innate ability to learn and can be helped to make choice that will lead to self-direction consistent with social improvement
- vii. The individual needs a continuous guidance process from early childhood through adulthood
- viii. Each individual may at times need the information and personal assistance best given by competent professional person.

## **2.2 Evolution of Guidance and Counselling In India**

In the ancient Gurukula system of education, there were harmonious relations between the teacher (Guru) and the taught (Shishya). But these were possible because of the small number of students, simple courses of study, the limited job opportunities and the world of work which was almost stable. But now with the tremendous increase in the number of students, various types of courses of study vast curriculum and competitions in job opportunities, the students face more number of problems. School counselling in India is a relatively young profession. An attempt is made here to trace the history of school counselling in India.

As per an interview of Dr. BMC Shetty with Sudeshna Chatterjee in Indian Express entitled, 'Schools are neglecting counselling',

- i. The first Child Guidance Clinic was started by Tata Institute of Social Sciences at Wadia hospital in 1938.
- ii. The Wadia hospital started a school health unit in the same year, which referred children with behavioural problems to the hospital.
- iii. The first school mental health clinic was set up at Nair hospital in 1979.

Asha K. Kinra also gives some of the important milestones in the development of school counseling in India

- i. The Ministry of Education, Government of India, established the Central Bureau of Educational and Vocational Guidance in 1954.
- ii. After the third five year Plan (1961), guidance services were initiated in schools by the trained counsellors and career masters with assistance from school teachers.
- iii. By the end of the third five year plan (1966), the number of schools providing guidance service in one form or the other was 3000. But these schools housed only a career master whose job was simply to provide vocational information.
- iv. With effect from the year 2000 the Central Bureau of Educational and Vocational Guidance has delegated the work of guidance professionals' training to the Regional institutes of Guidance at Ajmer, Bhopal, Bhuvaneshwar and Mysore.
- v. The main objective of the State Educational and Vocational Guidance Bureaus is to assist students in the choice of suitable educational curricula and career options.

The origin of the Counselling movement in the India should be traced to the beginning of psychology in India.

1. **1915, Calcutta University:** It had the privilege of starting the first psychological laboratory in India in 1915. It was introduced guidance as a section of its department of applied psychology as an academic discipline in 1938 under the direction of Dr. G.S. Bose, then Head of the Department, to conduct researches in the field of educational and vocational guidance.
2. **1941, Bombay University:** In Bombay, in 1941, Baltiboi Vocational Guidance Bureau was established with the efforts of a retired accountant and Dr. Mukerjee, a psychologist from Calcutta University.

3. **1945, Patna University:** In 1945, a Department for Psychological Services and Researches was established in Patna University to offer personal and vocational guidance to students.
4. **1947, ParsiPanchayat:** Dr. H.P. Mehta, the Director of the ParsiPanchayat Vocational Guidance Bureau established by trustees of the ParsiPanchayat Funds and Properties, published the first journal Vocational and Educational Guidance.
5. **1947, Utter Pradesh Government:** The Bureau of Psychology at Allahabad was established by U.P. Government in 1947 on the recommendation of Acharya Narendra Deo Committee.
6. **1950, Bombay Government:** In 1950, the Bombay Government set up Vocational Guidance which was renamed in 1957 as Institute of Vocational Guidance.
7. **1950s Delhi:** There was workshop and seminars held in Delhi during the 1950s. In March 1953, Dr. W.L. Barnette, an American Fulbright Professor, held a workshop for guidance workers at the Central Institute of Education, Delhi. Another seminar was held in November 1954, at the same venue. It was decided to form an All India Educational and Vocational Guidance Association and to affiliate it to International Association of Vocational Guidance.
8. **Secondary Education Commission (1952-53)** of Education, the first Education Commission in independent India also known as Mudaliar Commission, recognized the importance of proper guidance for students as part of education. The specific recommendations included: (i) establishment of centres in different regions of the country for training of guidance officers and career masters, and (ii) Central Research Organization for carrying out research in educational and vocational guidance. As an outcome of the recommendations of the Commission Central Bureau of Educational and Vocational Guidance (CBEVG), a Central agency, was set up in 1954 under Ministry of Education and several such bureaus at state level also. Establishment of All India Educational and Vocational Guidance Association in 1956 was a result of

this. This gave impetus process to the idea of providing guidance services in the country in an organized manner.(Department of Educational Psychology & Foundations of Education & RMSA Project Cell NCERT Guidelines for states)

9. **1954, Central Bureau of Educational and Vocational Guidance:** The Ministry of Education, Central Government of India, set up the Central Bureau of Educational and Vocational Guidance in 1954 with the following specifications:
  - i. Production and distribution of tools and aids serviceable of guidance bureau in schools.
  - ii. Technical assistance for setting up education and vocational guidance bureaus in the states.
  - iii. Training guidance personnel, particularly psychologists and counselor.
  - iv. Preparation of manuals for dealing with educational and vocational guidance careers and occupation.

This bureau has been rendering valuable service ever since it's established in the field of guidance. The bureau is now part of the Department of Psychological Foundations of the National Institute of Education under the National Council of Educational Research and Training.

10. Education Commission (1964-66) expanded the scope of guidance services beyond educational and vocational guidance. Guidance was viewed as both adjustive and developmental; therefore it was regarded as an integral part of education and not a special psychological or social service peripheral to educational purpose. Guidance, therefore, was seen as a continuous process aimed at assisting the individual to make decisions and adjustments from time to time
11. **State Bureau of Educational and vocational Guidance:** This was established to perform the following functions:
  - i. Organization of sample group guidance activates for a few schools.
  - ii. Collection of occupational information and production of information material.
  - iii. Development and adaption of translation of tests, questionnaires, etc.
  - iv. Training of guidance workers.
  - v. Planning, coordination and supervision of guidance service within the state.
  - vi. Consultative and field service.

## vii. Research work.

12. National Policy of Education (NPE, 1986) and Programme of Action (POA, 1992) linked guidance services with the vocationalization of education and the POA (1992) stated emphatically the need for a parallel infrastructure of guidance and counselling: “the centrally sponsored scheme envisages that vocational guidance will be available in the school for providing necessary guidance to the students, parents and teachers regarding suitable educational and vocational choices. The guidance programme should be directed at informing the students about job opportunities in various courses, facilities for on-the-job training and placement by working in collaboration with employees” (p.109). The policy also recommended responsibility of Vocational Guidance Teachers for general foundation course and appointment of trained counsellor at district level (at state’s cost) to organize career advise centre and existing bureaus to train teachers. Later the revised scheme of Vocationalisation of Secondary Education (VOSE) (1993) suggested that Vocational Guidance Teacher (VGT) be appointed in each school for the purpose.

13. National Curriculum Framework (NCF, 2005) provided guidelines for facilitating healthy growth and development of students across are school stages and scope for guidance / counselling at each of these school stages from elementary through secondary and higher secondary stages. Recognizing the elementary school years as one of tremendous cognitive and affective development, NCF advocates the teacher’s guidance approach : “Teachers with background in guidance and counselling can design and lead activities to meet the developmental needs of children, thus laying the foundation for necessary attitudes and perceptions towards self and the world of work. They can also provide needed support and guidance to children belonging to various groups and strata of society for their sustenance through the elementary school areas” (p.68).At secondary stage NCF states : “The courses at this level generally aim at creating an awareness of the various disciplines and introduces students to the possibilities and scope of study in them. Through such engagement, they also discover their own interests and aptitudes and begin to form ideas on what courses of study and related work they might like to pursue later. Such needs could be effectively met by Guidance and Counselling interventions of an organized nature with support of trained teachers and professional counsellors”(pg.68). Further focusing on Higher Secondary stage NCF states: “Given the developmental nature of this stage, guidance

and counselling by trained professionals must be made available to children. Interventions to enhance self/career awareness, career exploration and planning are also essential. Besides, this stage coincides with adolescence, a period in an individual's life that is marked by personal, social and emotional crises created due to the demands of adjustment required in family, peer group and school situations. The provision of these services in schools would help create the support system required to cope with increasing academic and social pressures". NCF emphasizes that teacher education should develop the needed counselling skills and competencies to be a t

#### **14. Government of India's Initiatives:-**

- i. Vocational Guidance and Employment Counselling programme of Director General of Employment and Training the website aims to provide career Guidance and Employment counselling services to students and job seekers through employment exchange.
- ii. The Advanced Training Institute for Electronics and Process Instrumentation in Dehradun has been set up for training and skill enhancement of people from industries, Govt. / Semi Govt. organization in the field of Electronics and process Instrumentation.
- iii. The Department of Educational Psychology and Foundations of Education (DEPFE), NCERT, New Delhi is a nodal centre for guidance activities at the national level has been offering its academic resources to guidance departments/units/agencies at the state level for training of guidance personnel and for setting up guidance services.
- iv. National Employment Services functions within the frame work of employment Exchange users can register with a district employment exchange online through this portal.
- v. National Policy on Skill Development by Ministry of Labour and Employment.
- vi. Indian Occupational Safety and Health Information Network.

RashtriyaMadhyamikShikshaAbhiyan (RMSA, 2012) a recent initiative of government of India committed to Universalize Secondary Education at Secondary and Higher Secondary stage lays emphasise on guidance and counselling as one of the important areas to achieve the goals of USE, quality concerns and improvement in education at secondary stage.

### **2.3 Emerging area of Counselling in Schools in India**

Kodad and Kazi(2014) examined the changing family structure and the evolving social trends with a breakdown in the traditional support system has created a gap for fulfilling the physical , psychological and social needs of the child stressing the need for an alternative support system to meet the needs of the child. Counselling in schools is definitely the bridge that might fill this gap. The paper primarily stresses on the need for counselling and identify potential emerging area of counselling in schools in India. The big question in the minds of educators, policy makers and parents is whether there is a real need for counselling in Indian schools or are we just trying to ape the American norms? Also, it is important to assess whether the Indian society is ready to accept the services of a counsellor or is burdened with stigma towards this service.

The first finding of the study is that there is definitely a need for counselling in schools in India.

- i. This is evident with the increasing number of suicide cases in the school students.
- ii. Changing family trends such as working mothers, divorces, single parent families have reduced the emotional cushioning provided so far by most of the Indian families.
- iii. Also, the immense technological advances, the increased social life and issues such as drug abuse @ contributed to stress and strain on the students.

### **2.4 Economics of Mental Health: An Indian Perspective**

Majority of cost studies are from high-income nations. Researchers in low and middle income nations should be encouraged to do cost analysis studies. There is paucity of mental health research in India. There is a need for studies on burden and costs of mental illnesses from India.

Physical and mental health is interdependent. Depression per se is a risk factor for cardiovascular disorders, diabetes and cancer. Mental, Emotional and Behavioural Disorders (MEBs) such as depression, anxiety and substance use disorders in patients with physical disorders adversely influence drug compliance, course and outcome. Behaviours such as smoking and sexual activities are linked to cardiovascular disorders, carcinomas and HIV/AIDS.

**Childhood mental health problems:** Good mental health is essential for all children to thrive and grow to their full potential. Poor social and academic success due to childhood illness has far reaching economic consequences. Children's mental health is one of the most important investments any society can make. The burden of MEBs among children

and adolescents is 10- 20% of the population in developing countries. Women and children are known to bear a greater burden and cost due to mental illnesses, especially in developing countries.

Indirect costs due to mental illness is given by the world economic forum in its latest report on economics of NCDs .The report estimates that 'the global cost of mental illness at nearly US\$2.5Trillion (two thirds in indirect costs) in 2010, with a projected increase to over US\$6T by 2030.' Mental health costs stand the highest in terms of burden. Mental illnesses account for more than half of the projected total economic burden from NCDs and 35% of the global lost output. Mental illness costs are expected to more than double by 2030. The burden of NCDs including mental illness is on rise in India. In a cost outcome study conducted in India and Pakistan, where both direct and indirect costs due overall costs at baseline for treating common mental disorders was Rupees 700 per month in India while the same was Rupees 3000 in Pakistan. The indirect costs were significantly higher than the direct costs and the costs decreased with intervention. In another study, the burden of schizophrenia in Indian out-patients is compared with that of diabetes patients. The total annual costs of care of schizophrenia were 274 US\$; indirect costs were higher. The cost of care of schizophrenia was higher even in developing countries and they did not differ much from other chronic medical illnesses like diabetes.

### **2.5 Education for health and well-being contributing to Sustainable Development Goals**

UNESCO talks about developing a new strategy that reflects increased awareness of the importance of investing in adolescents. Adolescence is a critical stage in life, for education, health, and physical, emotional and psychological development. It is also a time when young people may start to engage in behaviours that can adversely affect their health and education. HIV, suicide and violence are among the five leading causes of death among adolescent boys and girls. Adolescence not only represents an opportunity to influence key decision-making processes, but also the onset or avoidance of risky and addictive behaviours as well as the acquisition of life skills'.

UNESCO's goal is to support the contribution of national education sectors to ending AIDS and promoting better health and well-being for all children and young people. This, in turn, will contribute to achievement of the Sustainable Development Goals, particularly those related to education, health and gender equality.

## **2.6 Deficit infrastructure**

A majority of private schools in the National Capital Region have allegedly been violating the Central Board of Secondary Education (CBSE) guidelines on a mandatory provision for full-time student counsellors, claims a latest survey by the Associated Chambers of Commerce and Industry of India (Assocham).

Abdul Mabood, the founder-director of non-government organisation Snehi -which has been running a student helpline since 1996-said his team received almost 3,000 distress calls from students last year. Almost 65 per cent of the calls originated from in and around the Capital.

“In 24 cases, the students indicated suicidal tendencies. It is a fact that a majority of schools do not have counsellors and wherever they have been employed, they are also saddled with jobs other than counselling students,” Mr.Mabood added.

Stress management is a major area that all schools need to work on. Most students have no clue what to do when they finish Class XII. Despite the growing demand, the role of the school counsellor within the Indian context remains an ambiguous one, the survey added.

## **2.7 Provision of Mental Healthcare – Human Resources**

Not only is the demand side more difficult to assess, as it is related to problems of stigma and lack of awareness of mental health issues but also there are severe deficiencies on the supply side.

**Table 2.5 Mental health professionals in India (Khurana& Sharma, 2016)**

	Need	Availability	Availability/Need
Psychiatrist	11500	3800	33%
Clinical Psychologists	17250	898	5.2%
Psychiatrist Social Worker	23000	850	3.6%9
Psychiatrist Nurses	3000	1500	50%

**Source: (Khurana& Sharma, 2016)**

Table 2.5 summarizes the availability of mental healthcare professionals per population of 100,000 people on average in the country based on the reporting of Khurana and Sharma

(2016). Note, in particular, there is a greater shortage at lower skill levels, a somewhat striking imbalance for a relatively developing country like India.

### **2.8 India's Youth on Drugs**

Alcohol abuse is often thought of as a college problem, but the National Institute on Alcohol Abuse and Alcoholism reports that underage drinking is widespread even at the high school level. By age 15, 50% of teens have had at least one drink, and by age 18, that number jumps to 70%. Underage drinking risks include death, serious injuries, impaired judgment, increased risk for physical and sexual assault, and brain development problems. Five thousand people under the age of 21 die each year from alcohol-related incidents, and nearly 200,000 more visit an emergency room for alcohol-related injuries

(Source:<http://www.teachingdegree.org/2013/05/13/understanding-your-unique-role-child-psychology-for-teachers/>)

An article from Times of India from October 2016 reads that an increasing number of city schools are dealing with cases of substance abuse among adolescents. Peer pressure, depression, learning disorders and academic stress are some issues driving children as young as 11 to drugs and alcohol, experts said. RN Podar High School principal Avnita Bir said, "Children are most susceptible at this age. They are under pressure to feel accepted, are under stress due to academics, they have relationship issues, crushes and boredom. The urge to try out something different is very strong. Some do it only for experimenting and then get involved if they like it." Addiction, be it drugs, alcohol or even technology, at that age, could be harmful. It is very important to make them understand the ill-effects of substance abuse.

### **2.9 Delhi's Street Kids Survey**

A heart wrenching article on India today by Priyanka Sharma sheds light on drug abuse in Delhi. It is based on a survey on 70000 street kids dwelling in the shadow world of the desperate and destitute. The survey has found that children as young as nine are getting trapped in the vicious circle of drug abuse. Experts say health and welfare programmes don't reach millions of such children in the Capital and other parts of the country because they don't have documents and are invisible to the system.

The article also entails an interview of Dr Mrinalini Darswal, project director of Delhi State AIDS Control Society, who said that this was a first major government survey on Delhi's street children. About 70,000 street children are in the habit of consuming drugs in any form, out of which 20,000 intake tobacco. Alcohol consumption is prevalent among 9,450 children,

inhalants in 7,910, cannabis in 5,600, heroin in 840 and pharmaceutical opioids and sedatives among 210 children each." To estimate the prevalence of drug use among street children in the city, Delhi government's women and child development department conducted the survey in collaboration with the National Drug Dependence Treatment Centre (NDDTC) at AIIMS.

### **2.10 Status of Guidance and Counselling Services in States**

A glimpse of the developments in the establishment of guidance and counselling services across the states and their status is given in the following Table-2.1

**Table No: 2.10 Establishment of Guidance and Counselling Across States**

Sr. No	State/UT	Name of Organisation	Year of Establishment	Reported Status upto 2012
1	Andhra Pradesh	State Bureau of Educational and Vocational Guidance (Hyderabad)	1957	(Existed till 2007) Latest information not recd.
2	Assam	Bureau of Educational and Vocational Guidance (Shillong)	1957	(Existed till 2007) Latest information not recd.
3	Bihar	Bureau of Educational and Vocational Guidance (Patna)	1956	Guidance unit under Department of Teacher Education, SCERT
4	Gujarat	Institute of Vocational Guidance (Ahmedabad)	1956	(Existed till 2007) Latest information not recd.
5	Kerala	Bureau of Educational Research and	1960	Guidance Unit at SCERT

		Services (Trivandrum)		
6	Madhya Pradesh	Bureau of Educational and Vocational Guidance (Jabalpur)	1956	(Existed till 2007) Latest information not recd.
7	Maharashtra	Institute of Vocational Guidance (Bombay)	1950	Bureau at MSCERT
8	Karnataka	Bureau of Educational and Vocational Guidance (Bangalore)	1959	(Existed at DSERT till 2007) Latest information not recd.
9	Odisha	State Bureau of Educational and Vocational Guidance (Cuttack)	1955	(Existed till 2007) Latest information not recd.
10	Punjab	State Bureau of Educational and Vocational Guidance (Chandigarh)	1962	SBERG at SCERT
11	Rajasthan	State Bureau of Educational and Vocational Guidance (Bikaner)	1958	Guidance unit at SIERT
12	Uttar Pradesh	Bureau of Psychology (ManovigyanShala) (Allahabad)	1947	Independent Bureau

13	West Bengal	Bureau of Educational and Psychological Research (Calcutta)	1953	(Existed till 1981) Latest information not recd.
14	Arunachal Pradesh	-		( Not established)
15	Chattisgarh	-		Guidance Bureau at SCERT
16	Delhi	-		SBEVG under DOE
17	Goa	-		(Existed till 2007 at DIET Latest information not recd.
18	Haryana	-		(Existed till 1997)
19	Himachal Pradesh	-		(Existed till 1997)
20	Jammu and Kashmir	-		(Not established)
21	Jharkhand	-		(Never established)
22	Manipur	-		Guidance Cell at SCERT
23	Meghalaya	-		Reviving/reactivating
24	Mizoram	-		Guidance unit at SCERT
25	Nagaland	-		Guidance cell at SCERT
26	Sikkim	-		(Not established)
27	Tamil Nadu	-		(Existed till 2007 at DTERT)
28	Tripura	-		No information
29	Uttarakhand	-		Guidance unit at SCERT
30	Andaman and	-		None Latest

	Nicobar			information not recd.
31	Chandigarh	-		Guidance unit at SIE
32	Dadra and Nagar Haveli	-		( Not established)
33	Daman & Diu	-		( Not established)
34	Lakshadweep	-		( Not established)
35	Pondicherry	-		(Existed till 2007 at state training centre, Directorate of School Education) Latest information not recd

Source: ([www.ncert.nic.in](http://www.ncert.nic.in))

The table above shows that the guidance and counselling cells/bureaus are either not established or are performing a limited role. Only a few fully functioning cells/bureaus exist. This highlights the need to explore the possibilities to strengthen the cells/bureaus existing in a different way.

### **2.11 Faculty Perspectives of a School-Based Mental Health Program**

Jennifer Lynn Massey (2015) from Kennesaw State University talks about a school based mental health programme in a rural school district.

Strauss (2013) reported on a study called Blind spot: The impact of missed early warning signs on children's mental health, written by A. M. Spencer, consultant to the Centre for Children's Advocacy. Spencer examined data from 102 case studies drawn from students aged 12 to 16 who had been referred to an area advocacy centre because of persistent school failure, truancy, juvenile justice or other court involvement, and looked at the types of developmental and social risk factors associated with behavioural and mental health problems during early adolescence, and what kind of services students received once they had been identified as having mental health issues (as cited in Strauss, 2013). In the study, Spencer found that more than one in five children struggled with a mental health or substance abuse problem during any year (as cited in Strauss, 2013). However, even though warning signs can appear as early as preschool, more than half of them receive no treatment. She believes that there is a clear link between unaddressed mental health issues, school suspensions and expulsions, and incarceration. Spencer's study also found that:

- Over 70 % of students diagnosed with mental illness and behavioural health problems by middle school exhibited warning signs by second grade.
- Almost 25% exhibited red flags during pre-kindergarten years, including developmental and health issues, adverse social factors, and exposure to trauma.
- Twenty-five percent of the children studied had documented traumatic experiences in their records.
- Interrupted education, parental loss/incarceration, homelessness, foster placements, exposure to domestic violence, abuse, and other traumatic experiences can impact children and adolescents' mental health (as cited in Strauss, 2013).

### **2.12 How teachers have the power to make a difference**

During adolescence the brain undergoes a significant period of growth and development, which continues into the twenties. This means that during secondary school students are passing through a vulnerable time of neurodevelopment that can have a serious impact. Indeed, adolescence is a time when much new behaviour begins to emerge, including changes in attention, motivation and risk-taking behaviour. If ignored, mental health problems can impede social development, leaving young people feeling socially isolated, stigmatized and unhappy (Leigh Meldrum, David Venn & Stan Kutcher). In an attempt to cope with or overcome the symptoms of these disorders, some young people acquire socially or personally inappropriate behaviours, such as dropping out of school or becoming heavily involved in the illicit use of drugs. Mental disorders may also impact the young person's ability to make and retain a strong and supportive peer network or appropriate relationships with adults. Teachers represent a prominent and positive adult role model in the student's life. It is part of their role to be supportive and aware of student difficulties and direct them to the appropriate resources for help if needed.

### **2.13 Role of Counselling in Education**

Counselling and guidance can provide a good basis for a broader education for life. While being non-medical and non-psychiatric, it can be used as therapy for individuals with specific personal problems, or it can be the foundation of a more general "life skills training programme" "for the student who, though not suffering from any particular problem, should be assisted in building up his/her personal resources in order to cope effectively with their future lives (Mary Stokes, 1986). The most important function of guidance in schools is that of preparing children for a working life ahead. Its concern is the direction of pupils through a

series of largely irreversible decisions which determine their future careers and lives. Emphasising the primary focus of guidance can assist in a realistic examination of the needs of pupils, and helps broaden the view of the guidance provision to include interacting with all those agencies, both in the school and in the community which influence young people.

#### **2.14 Proper guidance and treatment can help school dropouts fare better**

According to data put out by the Ministry of Human Resource Development (MHRD), the national dropout rate at the primary level was 4.34 per cent in 2014-15, and it was even higher at the secondary level, at 17.86 per cent.

In an article by G.Sampath in The Hindu, there is an interview with SohaMoitra of Child Rights and You (CRY) who posits that poverty, availability, and accessibility are three big reasons why children drop out of school,” “When a family is not financially secure, prioritising a child’s education takes a backseat. Post-Class V, distance to school also tends to increase, and parents deem it unsafe for a child, especially girls, to travel far”. This is validated in dropout rates as well, which rise sharply after Class V.

Another crucial reason why drop-rates rise after Class V is that this is the stage when a child reaches the age -10-11 years - when it is considered suitable for induction into child labour. The role of the teacher, too, is critical, as drop-outs often speak of teachers beating them, and complain that teachers waste class time in chit-chat with other teachers.

Mr. Krishna Kumar, former director, National Council of Educational Research and Training (NCERT), points out, “There is no such thing as a national picture when it comes to school dropouts. If you create a national picture by mathematical aggregation, that picture is meaningless since regional variations are far too big.”

Indeed, while Karnataka has a dropout rate of 2.3 per cent, which is below the national average, Rajasthan’s, at 8.39 per cent, is double the national rate, and Manipur’s is four times, at 18 per cent. The risk for negative life outcomes such as getting arrested, need for government assistance, being fired or having poor health can decline if they receive treatment with behavioural, emotional or drug problems by age 24.

Jennifer E Lansford, a researcher from Duke University in the US. says “It suggests that treatment can serve as a turning point”. She contends that there is an evidence that treatment can work. The study, published in the Journal of Adolescent Health, analysed 585 children

from age five to 27. It looked at factors that elevated children's risk of dropping out, how high school dropouts fared later in life and what factors prevented negative outcomes.

The results revealed that by age 24, 14% of participants had dropped out and these dropouts were three times more likely to have been arrested by age 18 and four times more likely to need government assistance by age 27. They were twice as likely to be fired from a job, two or more times likely to have used drugs in the past six months and also reported poor health by age 27. Dropouts suffered more problems later in life if they were rejected by classmates in elementary school or became parents at a young age. The author suggested improving peer relationships in elementary schools and reducing teenage pregnancies are thus worthy investments and may even help reduce the drop-out rate.

### **2.15 Over 90% rise in cybercrime by students in the last four years**

According to National Crime Record Bureau (NCRB) data out of 812 students alleged involvement in cases related to cybercrime in the country, 318 were from UP, which is highest in the country.

As per National Crime Record Bureau (NCRB) data, a total of 1699 accused were arrested in 2015 in UP, out of which 755 were professional hackers followed by neighbours/friends and relatives who accounted for 289.

Arvind Chauhan wrote an article in The Times of India (2016) which concurs these facts.

A total of 2208 cases of cybercrime were reported in U.P in 2016. The number of student arrest in cybercrime has gradually risen since 2012. In 2012, 30 students were found involved in cybercrime which rose to 40 in 2013 out of 602 arresting for cyber related crimes.

Similarly in 2014 the number went up to 62 out of total 1223 arrest.

The maximum number of arresting across India in cybercrime cases are of school and college going students (Rakshit Tandon, cyber security expert). Since the current generation youth is champions of cyber or web, we find a trend of revenge, sexual exploitation, blackmailing and others in cyber-crime committed by them. The problem is our education system has not taught them cyber hygiene, etiquettes and ethics, they have just been left open to high end technology and devices to play.

The governments have given free laptops and now are pledging to offer smartphones in order to empower youth with technology, but have hardly done any concrete work to change the policy of cyber education. The government must bring digital awareness and cyber hygiene in

the education curriculum as youth have become vulnerable and the dangerous part is, that most of them are not aware they are committing an offence.

It is with great passion that this study has been produced with the intentions of getting the attention of the people in power who have the duty and opportunity to look at importance of mental health and therefore devise means to reach every student who enters the educational arena.

The next chapter unfolds the methodology adopted for the research and details on the various facets of the study conducted.



### **CHAPTER 3**

### **RESEARCH METHODOLOGY**

This is a descriptive and an exploratory study which is first of its kind to have been undertaken on a micro level. There was a dearth of literature in this context especially in a developing country like India. However as referred in the review of literature, studies have been done on ‘Emerging area of Counselling in Schools in India’, Awareness of mental disorders among youth in Delhi’, Mental Health in Schools: How Teachers have the power to make a difference’, etc.

In order to provide a more objective, rigorous and evidence based approach to this particular project, the views of counsellors, teachers, principal and students were sought through a structured interview that consisted of five section questionnaire:

- i. Origin and administration of organisation

- ii. Intervention details
- iii. Process of intervention
- iv. Details of the stakeholders counselled
- v. Need for awareness regarding mental health and how teachers and counsellors can play a role in imparting information on mental health.

Questionnaire had both open ended and close ended questions. Sample was selected on the basis of convenience and purposive sampling after discussion with experts in the field. The sample consisted of school counsellors, psychologists, teachers, principals and students. This then enabled an interesting comparison between findings gathered from different schools in Pune city. This study is a combination of both primary and secondary data. Primary data was collected from various schools in Pune city including one ICSE board, one CBSE board, one SSC board and one Marathi medium school. The schools covered are as follows:

- i. Dr. Vikhe Patil's Foundation's Vikhe Patil Memorial School (CBSE)
- ii. Hutchings High School and Junior College (ICSE)
- iii. Hutatma Mahavir Shirishkumar Vidyalaya (Maharashtra State Board of Secondary and Higher Secondary Education, Marathi Medium)
- iv. Symbiosis Primary and Secondary School (Maharashtra State Board of Secondary and Higher Secondary Education, English Medium)

The findings and conclusions are based on the responses elicited from the questionnaire and from observations of the researchers during their visits to the school. Hence a limitation of subjectivity and bias creeping in the findings and conclusions exists.

Consequently, the issue is to highlight the need to adopt a holistic approach to understanding various components of health as against the present biomedical and superficial approach. The role of a teacher in our country is limited to imparting necessary skills and knowledge to students. However their responsibility extends much beyond especially in the scenario where juvenile delinquencies are on a rise, peer pressure is inevitable and suicide among students has seen a burgeoning increase. That's why school should be a safe place where children can feel comfortable in their learning environment.

### **Research Question**

This dissertation endeavours to answer the following two research questions:

1. Are counselling interventions available in all schools in Pune City?

2. What is the perception and awareness among stakeholders, i.e. academicians, experts and students regarding the need for counselling for improving mental well-being?

The analysis and findings of the same have been enunciated in the next chapter.



#### **CHAPTER 4**

### **RESULTS AND FINDINGS**

The research findings that this chapter entails are based on analysis of the following data sources: semi-structured interviews with counsellors, school teachers, principals, students and our observations.

During in-depth interviews, study participants described their perceptions of mental health and counselling. They also discussed their experiences, bottlenecks and then suggested measures to enhance the effectiveness of counselling and awareness among students and in society as a whole.

We have divided this chapter into four case studies of the respective schools interviewed.

The participants of this study were comprised of 4 counsellors, 3 teachers, 2 principals and 20 students.

- The students ranged in age from 12 to 15 years, 9 girls and 11 boys.

- On an average, counsellors had 6 years of experience
- Interviewees contributed differing amounts of information provided. Some participants talked at length; whereas some participants were not very keen on talking about issues like counselling.
- Thus, all participants' voices and views are represented in form of four case studies.

#### **4.1 Case Study1: HutatmaBaalveerShirishkumarVidyalaya**

Shirishkumar Vidyalaya was established in 1986 at Shivaji Nagar, Pune, Maharashtra, and is affiliated to Maharashtra State Board. Its medium of instruction is Marathi. It is a higher secondary school from 8<sup>th</sup> to 10<sup>th</sup> standard with a total of 500 students. Average class size was 41.

We interviewed Mrs.Jadhav Sandhya, principal of the school. The school has the entire essential infrastructure.

#### **Study Findings**

- i. School does not have a professional counsellor. They had a counsellor 2 years ago on ad hoc basis.
- ii. Most of the students hail from slum areas and low socioeconomic strata.
- iii. Students were highly in disciplined, did not have a pleasant outward demeanour and had a lackadaisical outlook towards studies.
- iv. Ratio of female students to male students was satisfactory; however, dropouts were more in case of male students.
- v. One of the chief reasons behind dropping out of male students is pecuniary benefits
- vi. There awareness level of the students related to the board to which their school was affiliated to and the subjects they were writing exams on was dismal
- vii. Students were addicted to tobacco/gutka .Children as young as 13 were seen chewing tobacco inside the school premises.
- viii. Tobacco use/addiction is attributed to socio-environmental factors. More preponderant (For example one of the students confessed of being addicted to gutka because his mother used to do it and some of the neighbours would ask the children to get it for them).
- ix. One of their students was sent to the shop to fetch milk by a teacher for making tea, which reeks of subservient attitude of teachers which is anything but 'quality education' being imparted in the school.

The above findings of the PMC School are suggestive of appalling conditions of teachers, management and students in terms of education an importance to mental wellbeing. The school definitely lacks erudite teaching faculty.

The principal recognizes the need of having a counsellor in the school as they are coping up with issues like tobacco/gutka addiction and retaining students after 9<sup>th</sup> grade. The school has even raised its concerns for the same in the Zilla parishad meeting but no response has been evinced.

As architects of character development, the need for teachers to step up has never been felt more (especially in government schools). There is a pressing need for appointing a professional counsellor in the school especially for upbringing of students and guiding in a way where they can differentiate between right and wrong. Besides, the socio economic conditions further increases the risk factor of mental illnesses, drug addiction, alcohol abuse, foul language, etc.

The government has made provisions for Right to Education but 'right education' is still far from reality for these kids.

We are aware of the fact that any government body does not work alone. It works hand in hand with citizens. Same applies for education sector, where students need cooperation from teachers. Various individuals organisations work selflessly for mental wellbeing for the society. Pune Municipal Corporation provides financial aid to the entities working in the field of education, sports, social, museum, library, orphans and beggars, every year but they have shown absolutely negligent and callous attitude towards improving the mental well-being of the children.

#### **4.2 Case Study 2: Symbiosis Primary Secondary School**

Symbiosis Primary & Secondary School is a one of the leading schools located in Prabhat Road, Pune, Maharashtra. It is a renowned co-educational school, affiliated by Maharashtra State board of Secondary and Higher Education (SSC) and is. The School was established in 1984.

The school has leonine profile with dedicated and well trained teachers. The school has an excellent infrastructure.

We interviewed Mrs.Leena Chaudhuri, along with 10 students from 8<sup>th</sup> to 10<sup>th</sup> standard, out of which 5 were male and 5 were female.

**Study Findings:**

1. The school presently does not have counsellor. However, the principal claims that they had a counsellor earlier who resigned in March, 2017.
2. The students were not aware about presence of any counsellor in the school. We further asked them questions about need of having a counsellor to elicit a response to which they replied that teachers suffice the purpose of a counsellor. They showed conspicuous awkwardness while talking about depression, anxiety and personal problems, or having known someone who had a mental health problem.
3. They tended to hold negative beliefs/perceptions of what knowledge they had of mental health problems.

**4.3 Case Study 3: Hutchings High School and Junior College, Pune**

The History of Hutchings goes back more than 137 years to 1879. It is a co-educational school and junior college in Pune, Maharashtra, India, with classes from pre-nursery up to class 12. It is an Anglo-India school registered since 1879. The school is affiliated to the Indian Certificate of Secondary Education board ( <https://www.hutchingsschoolpune.in>) with a total strength of 2500 students and average class size is 45. So, the Pupil Teacher Ratio (PTR) is 45:1

The study findings are based on the interview with MS Sukriti Singh, who is a counsellor for Secondary students in the school.

**Study Findings**

The school has two separate counsellors: one for primary (Nursery to 5<sup>th</sup>) and one for secondary section (6<sup>th</sup> to 10<sup>th</sup>)

The school has had a counsellor for about 6 years.

- A Master Degree in Psychology is a mandatory criterion for the selection procedure of recruiting a counsellor.
- Counsellors are appointed for full time and are available from 7:30am to 2:15 P.M.
- **Student to counsellor ratio is 1250:1**
- The counsellor handles around 10-11 students a day and the length of the sessions depends on the nature of the problem.
- The main problems that children between the age of 12-15 years deal with are:
  - i. Relationship issues
  - ii. Discordant family relations/parenting

- iii. Child sexual abuse
- iv. Physical abuse
- v. Low self esteem
- vi. Suicidal ideations (three of the students have reportedly attempted suicide)
- vii. Behavioural issues
- viii. Addiction to smoking, e-cigarettes
- ix. Learning disabilities(Dyslexia, Dyscalculia, Dysgraphia etc. mostly in cases of pre-primary and primary students)
  - ADHD
  - Number of girls seeking counselling is more than the number of boys.
  - In some cases, both students and parents/guardians are rebellious to seeking counselling and do not even acknowledge the problem.
  - Parents/guardians do not approve of counselling in majority of the cases and are not supportive. However, there have been cases where they have been vigilant and taken initiative to approach the counsellor with the problem.
  - Ms Sukriti opines that the academic performance of the child is directly proportional to his mental state. In 80% of the cases poor academic performance, difficulty in expression, etc. are the consequences of mental health/psychological problems.
  - Little consensus exists regarding the relationship between socioeconomic status (SES) and substance use. There are genetic and environmental influences involved when talking about substance abuse, but it was observed that smoking and drugs was preponderant in children was associate with lower socio economic status.
  - Initially, children were completely oblivious to any counselling facility provided in the school and there was no awareness regarding psychological and mental well-being. However, when counsellors took initiative using social media as a platform to reach across the students and introduce the concept; and make students understand the importance of mental health and related issues in their overall development, the students at present insist on having a counsellor and feel that they are helpful in fathoming problems that sometimes are beyond their or their parents' cerebral capacities. They concurred with the fact that not only does accepting the problems help in removing the stigma attached to mental health but also improves their productivity in school and daily activities.

Based on our experience, interview and the data collected, we reckon that school has made the necessary provision for counselling facility but counsellors are still struggling to be accepted by students and teachers. The school recognises the importance of a counsellor and believes that it has a positive impact on students' well-being (both academic a mental).

It plans to expand this facility and appoint more counsellors in the future for the same.

#### **4.4 Case Study 4: VikhePatil Memorial School**

Dr VikhePatil Memorial School is a Co-Education institution near Shivaji Nagar,Pune, Maharashtra with Central Board of Secondary Education Affiliation. It was established in 1991 and has more than 2000 students. Average class size was 45 which make Pupil Teacher Ratio (PTR) as 45:1

We conducted an interview with Ms Shraddha Mokashi who handles the secondary section and Ms Neha Kelkar who is a child psychologist for primary students.

#### **Study Findings**

The school has two separate counsellors: one for primary (Nursery to 6<sup>th</sup>) and one for secondary section (7<sup>th</sup> to 12<sup>th</sup>)

The school has had a counsellor for more than 10 years.

- A Master Degree in Psychology is a mandatory criterion for the selection procedure of recruiting a counsellor.
- Counsellors are appointed for full time and are available from 7:40am to 3:30 P.M.
- **Student: Counsellor ratio is 1200:1**
- In primary school children (Nursery to 6<sup>th</sup>), predominantly counselling and remedial teaching is needed for a host of reasons ranging from:
  - i. Dyslexia
  - ii. Dyscalculia
  - iii. Dysgraphia
  - iv. Attention deficit hyperactivity disorder(ADHD)

The above learning disabilities can manifest in children from the age as young as 3 years.

Children who are identified with any of the aforementioned learning disabilities are subjected to IQ testing.

- Secondary school children are grappled with following problems:
  - i. Family/parenting issues
  - ii. Behavioural issues (impulsive, aggressive, physical violence)

- iii. Relationship issues
- iv. Language barrier, especially in case of students enrolled through RTE Act<sup>2</sup>
- v. Peer Pressure
- vi. Identity crisis
- vii. Depression (As a striking example: children as young as thirteen have made statements like, "I don't feel happy", "I don't want to live" which is distressing to think of from a 13 year Old's perspective.
  - Number of girls seeking counselling is more than boys, although the number of boys surpasses the number of girl in cases where teachers have identified problems and needed a counsellor's intervention. As pointed by Ms Shradha Mokashi, Secondary school counsellor in the school she says, "If talking about voluntary seeking counselling, girls are more open to introspecting with someone else whereas if someone is brought for counselling by a teacher, in most cases it's a boy".
  - The school has a well-functioning counselling department and has a sound monitoring and follow up system. Teachers constantly follow up with the students and even refer the cases to psychiatrist if necessary.
  - In cases where psychiatric intervention is required, the school informs the parents, refer to the psychiatrist and monitors the progress.

Out of all the schools covered in the study, Vikhe Patil had the best practices for creating awareness in students about mental and psychological well-being. The school conducts workshops and lectures to educate them about the subject. In addition to this, the counsellors utilize 'substitution periods' as an opportunity to discuss issues relating to the mental health and its importance. Despite having two counsellors, the school feels that (student to counsellor ratio being 1:45) it gets overwhelming for the counsellors and the key is to have a team of counsellors to improve the efficiency. The school plans to expand its current infrastructure and have a separate cell for remedial counselling and 'gifted children'.

Chapter 5 enumerates our analysis of the findings of the study and suggest appropriate measures on improvement.

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<sup>2</sup>Every private school has to keep 25% of its seats in class 1 for children from 'disadvantaged groups' and 'weaker sections' and as to give free education to these children till class 8.



## **CHAPTER 5**

### **SUMMARY AND CONCLUSION**

The above study allows us to conclude that, there is a pressing need of perceiving psychology as a science and not as a taboo in order to have counselling as a mandatory facility in schools. Ms Simone Samuel, who is a student counsellor in Symbiosis College of Arts and Commerce and takes peer group therapy sessions at SCLA says it is important to sensitise children to these psychological and mental health issues and empower them enough to know what to do. She avows that, “people still don’t accept psychology as a science but as some black magic and that needs to change. The need of the hour is TALK ABOUT IT”.

- Also, the average student-counsellor ratio in schools is harrowing (1225:1) and it is absolutely unfair for children as well as counsellors, but this again boils down to the disdainful remuneration to the counsellors/psychologists. The conditions are worse in case of government schools and Anganwadi. Nobody wants to work as a psychologist in school because nobody values their role and hence the inadequate pecuniary benefits to them. In fact intervention is most necessary in government schools, NGOs, Anganwadi etc. because the socio-economic conditions of the children there make them even more vulnerable to drug addiction, foul language and indiscipline. Socioeconomic disadvantage is inextricably linked to risky behaviours which influence health and tobacco use is one such behaviour.
- As evident from the study, there is a direct correlation between academic performance of the child and his psychological well-being. They are certainly linked to each other. In cases where teachers or parents complaint of child not being able to concentrate on studies as before, or difficulties in expressing, behaviour issues, the problems are rooted in personal issues like parenting, abuse, etc.
- The social issues governing counselling (which is evident from the fact that number of girls seeking counselling is more than boys) are mainly unrealistic societal pressure and cultural taboo that is associated with masculinity. From an early age, boys are taught to be tough and physically strong, aggressive, and in control of their emotions ('an emotional boy is not a boy'; this further leads to male child developing ego issues later). Boys feel they have a certain stereotype that they have to live up to and then there is an unavoidable peer pressure which adds to the emotional instability and precludes them from approaching a counsellor and acknowledging the issue. In addition to this Ms Shraddha Mokashi who is a child psychologist and a counsellor in Vikhe Patil School says that "emotional awareness is more in girls than boys. It is easier for them to introspect with someone than boys. Guys are more socially isolated when confronted with psychological issues".
- This stigma and social distancing have the potential to worsen the well-being of people with mental illness more, people with mental health issues recognize and internalize this stigma to develop a strong self-stigma. This self-stigma will often undermine self-efficacy, resulting in a "why try" attitude that can worsen prospects of recovery. Further, as people begin to experience symptoms of their mental health

conditions such as anxiety or depression, stigma may cause some people to try to avoid, separate from or suppress these feelings, all of which have been linked to the worsening of well-being. Here, it is interesting to note that the role of teacher is crucial as the child will not the difference between emotions that he/she is going through: agitation, aggression, frustration or anger etc. It is the teacher who can be the 'first aid' to the child and help in identifying the problem.

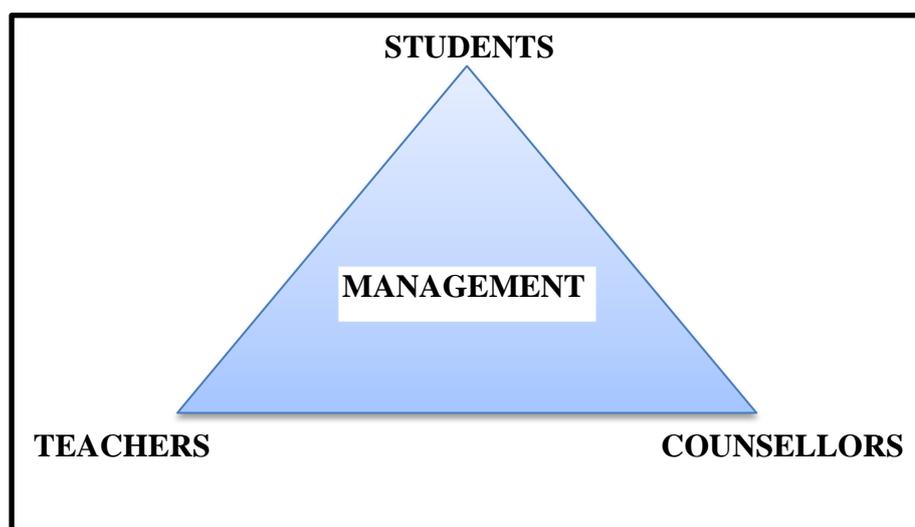
- Intervention of a psychiatrist must be sought whenever needed and schools should take accountability for their children, refer them for further professional intervention and maintain a follow up.
- Availability of counsellors influences the behaviour pattern of children and their perspective on mental/psychological health.
- Ms Ruby who has more than twenty-five years of experience in teaching, presently working as a teacher in Hutchings High School, Pune gave a very different perspective on this. She believes it is important to BE PATIENT. Despite not being a counsellor she has encountered students coping up with learning disabilities, stress, problems with expressions, children coping with child sexual abuse and physical abuse. She says understanding a child's perspective is very important.
- She also highlights the impact of social media and gadgets on children's mental health. "We have taken away childhood from children", she said, talking about how we have burdened the children with academic pressures and stopped understanding them leading to 'smart generation' succumbing to the world of internet and mobile phones while their emotional quotient is ebbing away. This is quite a big statement to make but it makes sense and answers and many questions. It makes us ponder over the negative impacts of social media and mobile gadgets on these young children. In children and adolescent curiosity is attracted to what is unknown and so is often filled with dangers of unexpected discovery.
- Also, role of parents cannot be ignored. Parents ought to be vigilant and cooperative which not the case is most of the times. Identification of a problem is important and introducing them to a different atmosphere so that he/she begins to like and then

confide. There was a case of a 14 year old boy who was mentally traumatised to the extent that he was behaving neurotic and had trouble walking. Further probing by the teacher, it was discovered that he was abused by his elder brother and when the parents were informed, they ignored and ‘laughed it out’ saying it was highly impossible. This is juxtaposed with another story of an 8<sup>th</sup> grade student whose mother complaint of him being ‘too good to be true’. During parent teacher meeting, the mother raised her concerns about her child being too obsessed with himself and boastful (he was brilliant in academics though).

- When talking about parenting, we cannot ignore the grave issue of substance and drug abuse among children these days.
- Hence, it is the responsibility of a parent to have a level of understanding with the child, and be vigilant not only in terms of grades and academics but his emotions, behaviour and learning disabilities. At that impressionable age, there are a lot of curiosities are there in their minds and therefore it's important to know what they feel or think and answer their questions so that they don't find random solutions to their problems (on internet) which can get dangerous.
- In fact in most of the cases parents/guardians and teachers also need counselling more than the child.
- Remedial teaching should not be mixed with counselling. Dyslexia, dysgraphia, dyscalculia, Attention Deficit Hyperactive Disorder(ADHD) etc., need special attention and should not be inter-changed with counselling for psychological issues and it is teachers’ responsibility to sensitise parents about this serious condition and give children a sense of normalcy, then empowering them with what to do.
- We therefore draw attention of policy makers and schools to keep separate counsellors for remedial teaching and psychological/mental counselling. And we firmly believe that therapy, psychology, counselling should be extended to parents/guardians to help children.

- There is a severe dearth of available resource as the student-counsellor ratio is disdainful and we need a team of counsellors per school to reach our goal of quality education for every child.
- The elephant in the room that is ‘awareness about mental health’ can solely be tackled with ‘acceptance’. Acceptance of the mental health issues will ultimately lead to spreading awareness on the subject. As seen in most cases, because students and parents themselves are so rebellious and ashamed of seeking counselling, the responsibility falls on the teacher’s shoulders to be more vigilant, identify the problem, be sensitive towards it and take necessary action/ seek counsellor’s intervention.
- It is important to work as a team: students—teachers—counsellors—management. We should come together to make a School Mental Health Programme. And yes giving children assurance and confidentiality can go a long way in building an empathic student - teacher relationship.

**Figure 5.1: Working as a team for improving Student mental health programme**



(Source: Compiled by researchers)

***“Give a Man a Fish, and You Feed Him for a Day. Teach a Man to catch a Fish, and You Feed Him for a Lifetime”***

- Maimonides  
(Chinese Proverb)

- Teachers can act as catalyst for achieving quality education by being more by being empathetic taking initiative themselves.
- Utilising their sources to educate children on the importance of sexual, emotional, psychological well-being in an empathetic way will go a long way in shaping the future of these young assets and empowering them in the real way. As propounded by Sen, functioning is the realized form that capabilities take when they are fully cultivated. Counselling can help the children realise their potential when their mental well-being is realised. That is when they are going to feel more acceptable in the society and work more efficiently and productively.
- Counselling for the teachers and the school staff: The teachers and the school staff also need counselling to deal effectively with the huge number of students coming from diverse backgrounds and holding unique individualities. The counsellor should focus on the following issues:
  - i. An understanding of the futility of the Corporal Punishment.
  - ii. Understanding that each child is unique and accepting every student as he is.
  - iii. Identifying learning disabilities of the students
  - iv. Identifying psychosocial / adjustment problems of the child.
  - v. Ways to bring the best out of each student.
  - vi. Overall development of the students.
- School counsellors provide counselling programs in three critical areas: academic, personal/social, and career. Their services and programs help students resolve emotional, social or behavioural problems and help them develop a clearer focus or sense of direction. Effective counselling and mental health programs are important to the school climate and a crucial element in improving student achievement.

**A worthy goal**

UNICEF defines quality education as an education that includes:

- i. Learners who are healthy, well-nourished and ready to participate and learn, and supported in learning by their families and communities;
- ii. Environments that are healthy, safe, protective and gender-sensitive, and provide adequate resources and facilities; ,,
- iii. Content that is reflected in relevant curricula and materials for the acquisition of basic skills, especially in the areas of literacy, numeracy and skills for life, and knowledge in such areas as gender, health, nutrition, HIV/AIDS prevention and peace.
- iv. Processes through which trained teachers use child-centred teaching approaches in well-managed classrooms and schools and skilful assessment to facilitate learning and reduce disparities.
- v. Outcomes that encompass knowledge, skills and attitudes, and are linked to national goals for education and positive participation in society

- This definition allows for an understanding of education as a complex system embedded in a political, social and economic context. This dissertation examines the potential gap in the research related to these dimensions. Definition of quality is subjective and must be open to change and evolution based on information, changing contexts, and new understandings of the nature of education's challenges. The parameters mentioned above lay emphasis on skills, literacy, curriculum, numeracy, health and nutrition but overlook the ground reality which is- how to realise this?
- Sustainable Development goals might be our '2030 Agenda', are indeed boastful as they claim to be a plan of action to end poverty, hunger, achieving inclusive and equitable quality education. This would require arduous efforts from a developing country like India where in government invests less than 3% of its GDP on education and not even 2% of its GDP on health (Economic Survey 2017-2018). Moreover the amount and percentage allocated for mental health is nowhere given.
- It would be an insurmountable task to realise the targets of quality education which are 'sustainable' unless we improve on the status of mental well-being of our country, especially youths who are our 'human capital' as it will develop their capabilities, widens their choice in society thereby contributing to 'economic and social well-being'.

- Since, in our society today, schools have become the source of structure, encouragement, mentoring, and guidance for our children and adolescents, tackling mental health issues can help provide them with secure environment that students need to prepare for the future and deal with the present. Counsellors as well as teachers/ professionals are the supports and scaffolds that can help today's youth reach their potential.
- Hence a mental health issue in schools isn't a topic we can afford to ignore. It's time to put mental well- being on the curriculum.

Referring to the objectives of this study, we conclude that counselling is still not available in all schools of Pune city. Private schools and institutions affiliated to CBSE/ICSE boards have adhered to the norms of appointing a full time counsellor but majority of public schools and schools under local authority control are violating this norm and are still bereft of this facility.

Moreover the level of awareness among teachers, students and parents/guardians regarding the subject is distressing.

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**ANNEXURE**

**Questionnaire**

(The questionnaire is a part of the research dissertation for M.A. (Economics) on '*Role of schools in inculcating awareness on counselling and mental health -with reference to achieving SDG target 4*' by RashmieParmour and Shramana Nanda from Symbiosis College of Arts and Commerce, under the guidance of Dr.Marcelle Samuel)

The information provided will be kept confidential and will be used for academic and research purposes only

**Role of schools in inculcating awareness on counselling and mental health -  
with reference to achieving SDG target 4.**

**I. ORIGIN AND ADMINISTRATION OF ORGANIZATION**

1. Name of the Institution and Address:

2. Year of establishment of Institution:

3. No. of Branches and Branch Address:

4. Structure and affiliation:

- i. SSC/ICSE/.....
- ii. Govt./Private/Religious Minority/NGO sponsored/other (specify)
- iii. Co-ed/ For both boys and girls but functioning separately /Only for boys/Only for girls
- iv. Classes:
- v. Std.I to V/ I to X/ I to XII/ other(specify)
- vi. Total student strength (2017-18):
- vii. (break up of student strength– primary, secondary, higher secondary in 2017-18)

5. Name and designation of the Respondent:

6. Gender:

7. Work Experience:

**II. INTERVENTION DETAILS**

Q. 1 Does the school have a professional counsellor? Yes/No

Q. 2 If no, how does the school resolve issues faced by their stakeholders (students & parents).

Q.3 If the school has a counsellor, in which year did the school first appoint a counsellor?

Q.4 Was counselling introduced to comply with the stipulated regulations?

Q.5 What is the selection procedure and qualifications required, for appointment of counsellors?

Q.6 How many counsellors were appointed in the academic year 2017-18?

Q.7 No. of counsellors appointed as part-time \_\_\_\_\_ full time \_\_\_\_\_

Q.8 No. of students per counsellor \_\_\_\_\_

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**III) PROCESS ADOPTED:**

Q.9 Briefly explain the procedure adopted for counselling students/ parents

Q.10 When is the counsellor available (Time/ Days/ No. of hours per week)

Q.11 Does the counsellor follow up with students/parents? Please explain process...

Q.12 How your individual choices/perceptions reflect on what you teach?

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**IV) DETAILS OF STAKEHOLDERS COUNSELLED:**

Q.13 What is the average age group of the students who seek counselling?

Q.14 Average age of boys who seek counselling is:

Q.15 Average age of girls who seek counselling is:

Q.16 On an average what is the proportion of boys to girls who seek counselling?

Q.17 Do you believe there is a reason why more boys/girls seek counselling? Please explain.

Q.18 What are the major problems faced by the students?

Q.19 Are the problems more academic in nature or personal?

Q.20 If the problems are academic are they related to: (please rank in order of importance)

- i. Difficulty in concentration
- ii. Difficulty in understanding concepts
- iii. Problems with language
- iv. Fear of the subject
- v. Difficulty in retaining
- vi. Difficulty in memorizing
- vii. Difficulty in writing
- viii. Difficulty in verbalizing
- ix. Difficulty in expressing ideas
- x. Any other (please specify)

Q.21 If the problems are personal are they related to: (please rank in order of importance)

- i. Physical disability
- ii. Family problems/atmosphere
- iii. Family financial problems
- iv. Diet and Deficiency
- v. Peer group
- vi. Psychological problems (please specify)

Q.22 Do parents/guardians of the students also approach the counsellor in school?

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## **V. NEED FOR AND AWARENESS REGARDING COUNSELLING**

Q.23 In your opinion is it necessary to have a separate professional counsellor or are school teachers equipped to counsel

Q.24 In your opinion does counselling improve the level of well-being and mental health of students?

Q.25 In your opinion is there awareness regarding availability of counselling facilities?

Q.26 In your opinion are students/parents/guardians open to being counselled or approaching a counsellor?

Q.27 What measures could be introduced to increase awareness?

Q.28 How is awareness regarding availability of counselling facilities in the school created?

- i. Through lectures/workshops/sessions
- ii. Through media- school website
- iii. Through published hand-outs/notices
- iv. Through personal interaction with parents/guardians/students in PTMs
- v. Through word of mouth
- vi. Any other ( please specify)

Q.29 Are the awareness sessions/interactions made voluntary or mandatory? How often are they conducted?

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### **VI Future Plans:**

Q.30 Does the school plan to continue with existing counselling facilities in the future?

Q.31 Are there any plans to discontinue/expand facilities? Please elaborate

Q.32 What should be done to inculcate greater awareness regarding counselling?

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