



## Policy Symposium

# Adolescents' Resilience and Treatment Needs for Mental Health in Indian Slums (ARTEMIS)

2<sup>nd</sup> to 4<sup>th</sup> March, 2023

Delhi and Vijayawada



**ARTEMIS**

Adolescents' Resilience and Treatment Needs for Mental Health in Indian Slums



The George Institute  
for Global Health  
India



## Background

Adolescents are vulnerable to stress, depression and increased risk of self-harm/suicide which are leading causes of death and disability for this group in India. There are around 250 million adolescents in India. Depression and self-harm account for a major share of the burden of death and disability in this age group. A study from rural India found that suicide rates amongst adolescents are amongst the highest in the world with 148 females and 58 males among every one lakh adolescents committing suicides. The George Institute for Global Health, India is currently conducting a Randomised Control Trial (cRCT) named “Adolescents’ Resilience and Treatment Needs for Mental health in Indian Slums (ARTEMIS)”, which is conceived as an implementation trial for improvement of mental health outcomes for adolescents (10 to 19 years), living in urban slums through a community based primary care system and a community based anti-stigma system<sup>1</sup>. A policy symposium was organised to explore how ARTEMIS could be aligned with national programmes like the Rashtriya Kishor Swasthya Karyakram (RKSK) and the National Mental Health Programme (NMHP) and international policy frameworks such as the WHO’s Mental Health Action Plan (2013-2030) and

the Sustainable Development Goals (SDGs) on the 2<sup>nd</sup> of March 2023 in Delhi and on the 4<sup>th</sup> of March 2023 in Vijayawada. The event was attended by a diverse group of state and national government representatives, as well as civil society members in both Delhi and Vijayawada. An introductory session was followed by a panel discussion with representatives of the Adolescent Expert Advisory Group (AEAG)<sup>2</sup> and a second panel discussion with mental health experts and policy actors. In Delhi, the panel consisted of Prof. Rajesh Sagar (Department of Psychiatry, All India Institute for Medical Sciences - AIIMS); Prof. R.K Dhamija (Director, Institute of Human Behaviour & Allied Sciences - IHBAS) and Dr. Akshaya Dharmarha (Additional Director, Hospital Administration, Health Department, Municipal Corporation of Delhi). In Vijayawada, the panel consisted of Dr. Vijayalakshmi (Professor & HOD, Department of Psychiatry, Vijayawada Government), Dr. Suvartha (CWC Chairman, NTR district), Dr. Keerthi (President, Vasavya Mahila Mandal) Dr. Ganga Prasad (DRC Psychologist, DMHO, NTR district), Ms. Bindu (Family counsellor), Dr. Swarajyalakshmi (medical officer, government hospital, Vijayawada).

1 Yatirajula SK, et.al. An intervention to reduce stigma and improve management of depression, risk of suicide/self-harm and other significant emotional or medically unexplained complaints among adolescents living in urban slums: protocol for the ARTEMIS project. *Trials*. 2022 Jul 29;23(1):612. doi: 10.1186/s13063-022-06539-8. PMID: 35906663; PMCID: PMC9336093

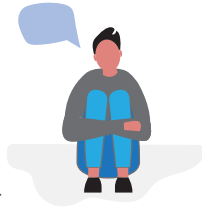
2 The AEAG is a critical component of the ARTEMIS project which spearheaded the development of the rich community based anti-stigma campaign

# Discussion points

The discussion below summarises the main points that emerged during both the symposia

## **Stressors experienced by adolescents**

In both cities, academic pressures, low grades, bodily changes, love failures, family problems, ragging in school/college, being forced by parents to select career options, not conforming to gender stereotypes, early marriages, the pressure to earn a living, negative impact of films, peer pressure, COVID-19 and its financial impacts were identified as major stressors that trigger stress, depression and even suicide ideation. However, despite facing such stressors, many adolescents were unable to share their problems with parents, leaving many adolescents without a support structure. Friends to an extent were sought out for discussion on issues like love affairs, relationships and on alcohol or drug use.



in Delhi as well as Vijayawada. IEC materials that allow for two-way communication can be an effective way of tackling stigma. Social media and other novel strategies were identified as ways in which awareness could be created in the community on mental health.

## **Facilitating discussions around mental health among adolescents**

Programmes that are aimed at promoting awareness among adolescents should use innovative and creative methods of communication such as street plays, and games and should be able to facilitate discussions. The awareness programmes should also target parents who are a key stakeholder affecting the mental wellbeing of adolescents. Pre-marital counselling was identified as important in Vijayawada, as early marriages were widespread, and such counselling would help prepare the young people to deal with the demands of marriage.



## **Mental health awareness and services in the community**

Mental health awareness is low in the community in both Delhi and Vijayawada, and until recently adolescent mental health was not given priority either within the community or by policy makers. However now, both the adolescents themselves and the government have recognised the importance of counselling support. Community driven interventions have worked specially well in Vijayawada, however there is a need to provide more mental health support to children who have faced abuse, especially sexual abuse. Teachers and the parents' committee in school can play a valuable role in promoting mental health awareness.



## **Peer groups as a medium of support**

Peer groups can play an important role in providing support to adolescents through engaging in lay counselling and spreading mental health awareness among other peer and the community. Peer groups can also help increase the communities' participation in anti-stigma awareness campaigns and can provide support to civil society organisations that are working in these areas in the communities. Learnings from the peer group model can strengthen RKSK implementation.



## **Addressing the stigma around mental health**

Stigma around mental health is high which is a major deterrent in seeking help and is seen both in the community and the medical fraternity



### **Role of primary care doctors and community stakeholders in promoting help-seeking among adolescents**

- There is a huge treatment gap and an acute shortage of mental health professionals in India, hence task shifting, and upskilling of primary care doctors, nurses, psychiatric social workers, and community health workers can help to address this gap.
- Integrating mental health services with existing services both through schools-based and community-based programmes could help to spread awareness, handle stigma, and promote help-seeking.



- In Andhra Pradesh (AP) every medical college has a psychiatric department which also houses a deaddiction centre. Further, the district residency programme is a new initiative taken by the government that brings in post graduate students to provide care.
- In AP, collaborative work, and referrals from different government departments like the child welfare committees (CWC), to the psychiatric facility is helping to set up a systematic system of communication, diagnosis, and treatment of mental health conditions among adolescents. This is also helping to reduce the social stigma that is associated with mental illness, which delay or discourage the access of mental health services.

### **Government initiatives in providing mental health support**

- Government initiative such as tele-counselling and adolescent friendly clinics can play a major role in providing support to adolescents in need. These should be strengthened, and adequate resources should be allocated to them.
- One of the major constraints that the tele-health programme faces is resource crunch and a shortage of specialists. Practical problems with the tele-health programme, is that follow-up is rare, keeping track of patients and the advice given is also difficult, because of which, not only is it difficult to track outcome, but it also leads to an erosion of trust.
- While the NHMP has not been uniformly implemented across all the states, the number of psychiatrists has increased from 3000 to 9000 and changes have been made to the medical curriculum, with more focus being given to mental health.
- Within the Ministry of Health and Family Welfare, there is now an increasing thrust on mental health and a separate division of mental health has been set up in the Ministry and within the Directorate of Health Services.



### **Strengthening government initiatives through ARTEMIS**

- The existing mental health programme (NMHP) had focused on adults but there was nothing specific for adolescents. The government had launched Adolescent Friendly Health clinics however their focus is more on sexual reproductive health than on mental health. Going directly to psychiatrists is stigmatising, hence there is potential that the ARTEMIS project will be able to provide a model to integrate mental health services for adolescents with other existing services since mental health cannot be seen in isolation. The overall experiences from ARTEMIS, the outcomes and the strategies used such as tablets, training medical officers to use the mhGAP tool and community health workers to link adolescents with the doctors could generate valuable data that can be used by the government moving forward.
- ARTEMIS could also contribute to increasing the awareness of mental health in the community, to build a support system for adolescents living in urban slums and help them deal with the stressors that they face.



There is a need to strengthen community outreach and scale up programmes for promoting community mental health. ASHA and ANM workers could be tasked with a role to promote mental health also along with the work they do to promote physical. Another alternative is to identify other people like the ASHAs for promoting mental health. The ARTEMIS model can reiterate the importance of providing training to ground level workers and can help by providing valuable data to policy makers on adolescent mental health. ARTEMIS can generate valuable data on the need for training ground level workers, on task shifting and using collaborative care model. It can also underline the need to explore potential collaborators such as nurses, teachers are another group who need to be involved. Thus, not just doctors but other stakeholders who have access to adolescents can be trained to promote mental health and wellbeing among adolescents.

- Parents are an important stakeholder and ARTEMIS can help in establishing the need to engage with parents to promote the mental health and wellbeing of adolescent children.
- Peer education needs to be taken seriously to improve things at the community level. Peer groups have been established as part of ARTEMIS and the project will be able to contribute to a better understanding of how these groups work and their relevance in promoting mental health and wellbeing among adolescents. The learnings can be used to strengthen the government's RKSK programme, in which peers are visualised as playing a pivotal role.
- ARTEMIS can contribute valuable insights into elements of an anti-stigma campaign that is effective and popular among adolescents. Currently, the training provided in psychiatry in medical college during the MBBS course is very basic and minimal. Only two weeks out of 152 weeks training is in psychiatry even though primary care doctors see 30% patients with psychiatric diagnosable cases. Hence training of doctors is important.



With regards to psychiatry, there are programmes being run by the Government of India for many years but, these need to be standardised, as in very few cases is referral needed and most cases can be dealt with at the primary care level. ARTEMIS can also demonstrate the effectiveness of training primary care doctors and upskilling them to treat adolescents with common mental disorders.

- There is huge taboo among medical and para medical professionals. They have to unlearn that stigma and ARTEMIS can play a key role in establishing a need for strengthening care provisioning at the primary care level, so that policy can move in that direction.
- ARTEMIS can support the government's community outreach services that are provided as part of the DMHP by generate valuable evidence on the importance and effectiveness of running community based mental health interventions to promote mental wellbeing among adolescents living in slums. ARTEMIS can provide an example of a model of working at the community level. This model is very important for strengthening the health system at the community level which also includes integrating the services through the general practitioner or the primary care physician or through community health workers. This model can work in reducing the treatment gap. Projects like ARTEMIS can be very useful in bridging the gap between the community and the providers.



## Conclusion

**India is a young country; about 42% of our population are adolescents, and it is very important to focus on them,** however, at present the resources allocated for their mental wellbeing are insufficient. It is critical for governments to invest both in the physical and mental health of adolescents, as they are the future of the nation. COVID-19 has turned the spotlight on mental health and this momentum needs to be sustained.



**To hasten the process, governments and communities must collaborate and work together.**

Within the government the siloed nature of functioning needs to end and intersectoral coordination needs to be adopted to promote better mental health and wellbeing. In India, unlike in the more advanced countries, awareness around mental health is low and demand for mental health services is even lower.

**Various strategies that bring the community, medical fraternity, and the adolescents to collaborate are needed to spread mental health awareness**

and reduce stigma around mental health. Peer education, training primary care providers (doctors and well as community health workers), and using innovative methods to combat stigma can lead to increased help-seeking. Research studies such as ARTEMIS can generate the evidence that is necessary to spearhead policy changes.





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The George Institute  
for Global Health India

### About us

The George Institute is a leading independent medical research institute established in India in 2007. We are part of a global family with major centres in Australia, China, India and the UK, and an international network of experts and collaborators.

Our mission is to improve the health of millions of people in India through the generation of high quality evidence using discovery and implementation research.

Our work plays particular emphasis on the use of innovative approaches to prevent and treat the common causes of premature death and disability, and promoting all-round equity in health.

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