**Community Based Mental Health Services in the Secondary Schools of Charaideo District, Assam, India**

**ABSTRACT**

Mental health is an important and essential component of Health. In India about 197.3 million people have mental disorders and majority of the population have either no or limited access to mental health services. The issue is also quite common among the students. Thus, the country has a huge burden of mental disorders, and there is a significant treatment gap. The tea communities which shares the one third population of Assam consisting of marginalized populations, face unique socio-economic and cultural challenges, contributing to significant mental health issues among their children. Adarsha Vidyalayas were designed by the Government of Assam to provide quality education and holistic support, were examined as potential platforms for integrating mental health services. The present study explored the community-based mental health services and its implementations in the Adarsha Vidyalayas of tea gardens areas. The study used a qualitative research method to examine the services provided by the mental health professionals and its implementations among the students of the Adarsha Vidyalayas in the tea garden areas of Charaideo District Assam,India. The result of the study revealed that although the DMHP is runned in the Charaideo District but they doesn’t Cover the Adarsha Vidyalayas till now. The study also revealed the awareness of the Headmasters and teachers on the District Mental Health Programme (DMHP) integration in schools which was quite satisfactory.The current study recommends some effective measures such as-collaborative effort from the educators, parents, healthcare professionals, and community stakeholders to implement the DMHP in the Adarsha Vidyalayas of Tea garden areas of Charaideo District,Assam,India.

**Keywords:** Mental Health, Adarsha Vidyalaya, Tea Community.

**1.0 INTRODUCTION**

One of the most important and fundamental aspects of health is mental well-being. According to the World Health Organisation Report 2022, mental health is a condition of well-being in which a person recognises their own potential, is able to manage everyday stress, works well, and can contribute to their community (Saraceno & de Almeida, 2022). In this way, mental health serves as the pillar for both personal fulfilment and the efficient operation of the community. The burden of disease brought on by psychiatric and behavioural diseases is massive, and mental health issues are becoming more prevalent worldwide. The prevalence of mental problems in India is 1-2% for severe mental disorders and 6-7% for common mental disorders, according to several community-based surveys. In India, almost one-third of the population is under the age of 14, and the prevalence of psychiatric problems in children between the ages of 4-16 is around 12% (Reddy,2019). Given the prevalence of mental diseases, it is imperative to both treat mental illnesses and promote mental health services for the general public's wellbeing. These factors led to the creation of numerous commissions and committees, such as the Bhore committee, 1946(Carballido-Coria, 2022)

A national program for mental health was also suggested by the Mudaliar committee in 1952. The National Mental Health Program (NMHP) has evolved in this manner over time. One of the first few emerging nations to create the NMHP was India. In 1982, the National Mental Health Program (NMHP) was introduced, marking a significant advancement in mental health care in India. It has three main goals were to guarantee that everyone has access to the availability of a basic standard of mental health treatment, to promote community involvement in the creation of mental health services, and to encourage the use of mental health knowledge in general healthcare. In order to accomplish the goals of NMHP, the District Mental Health Program (DMHP) was established in 1996.

The main objectives of DMHP were;

* To provide sustainable basic mental health services in community and integration of these with other services.
* Early detection and treatment in community itself to ensure ease of care givers.
* To take pressure off mental hospitals.
* To reduce stigma, to rehabilitate patients within the community.
* To detect as well as manage and refer cases of epilepsy.

DMHP's primary strategies were training medical, paramedical, and community leaders; providing community mental health services using the health services' current infrastructure; and—above all—involving information, education, and communication (IEC) initiatives.

In 1996, district-level community-based mental health services were first introduced in four districts. In the IXth 5-year plan, it was expanded to 27 districts in 22 states and UTs. DMHP was expanded and other components were added to make it more complete, and NMHP was re-strategized during the Xth five-year plan. In order to improve service delivery, DMHP was expanded to 100 districts nationwide, state-run mental hospitals were modernised, psychiatry wings at government medical colleges and general hospitals were upgraded, IEC activities were conducted, and mental health research and training were provided. DMHP was expanded to 110 districts by the conclusion of the Xth five-year plan, and 71 medical institutions' mental wings were upgraded. Funding was provided for the modernisation of 23 general and mental hospitals. The DMHP was distributed among 123 districts across 30 states and UTs in the XIth Five Year Plans. A psychiatrist, a clinical psychologist, a psychiatric social worker, a psychiatry/community nurse, a program manager, a program/case registry assistant, and a record keeper make up the district's team of program employees. In light of the 2008 assessment by the Indian Council of Medical Research (ICMR) and input from a number of consultations, DMHP has now included preventative and promotional initiatives for mental wellness, such as:

* ***School mental health services***: life skill education in schools, counselling.
* ***College counselling services*:** Through trained teachers/ counsellors.
* ***Work place stress management*:** Formal and informal sector, including farmers, women, etc.
* ***Suicide prevention services*:** Counselling centre at district level, sensitization workshops, IEC, helpline, etc.

The majority of individuals in our nation lack or have limited access to mental health treatments, and approximately 197.3 million people suffer from mental illnesses (Gaiha et al.,2020). The problem is also rather widespread among students. As a result, there is a substantial treatment gap and a high prevalence of mental illnesses in the nation. Children from the tea communities, which make up one-third of Assam's population are marginalised, confront particular socioeconomic and cultural difficulties that have a substantial negative impact on their mental health. By establishing Adarsha Vidyalaya in those particular places, the Assam government hopes to improve the tea garden areas holistically and provide the children of tea garden workers access to high-quality education. There are about 119 Adarsha Vidyalayas in the tea garden areas of Assam (Samagra Shiksha Assam, 2024).

**2.0 SIGNIFICANCE OF THE STUDY:**

The Government of Assam has recently made a significant advancement by establishing 119 Adarsha Vidyalayas in the tea garden regions of the state. This initiative aims to enhance the educational conditions for the tea community, which has been facing considerable challenges. Both the Government of India and the state government have introduced various policies to achieve successful outcomes in education. Among these initiatives, the provision of mental health services for school students by the Ministry of Health and Family Welfare stands out as a crucial support. In light of these developments, the researcher has undertaken a study to assess the implementation status of mental health services and their outcomes in the newly established Adarsha Vidyalayas of Charaideo District, Assam. This study also seeks the implementation status of community based mental health services. Because it is crucial for understanding the mental health needs of students in a unique socio-economic context. Tea garden workers and their families often face a range of challenges, including socio-economic deprivation, limited access to healthcare, and high-stress environments, all of which can adversely impact the mental health of children in this community. Mental health support is often neglected in rural and remote areas, particularly among marginalized communities such as those working in tea gardens. By focusing on Adarsha Vidyalayas, this study can help to identify the gaps in mental health services and propose solutions tailored to these specific community. The tea community faces unique stressors related to their socio-economic status, work conditions, and cultural factors. The study was highlighted on how these factors influence students’ mental well-being and the need for community-based interventions. In many parts of India, mental health remains a taboo subject. This research will contribute to raising awareness about mental health in these communities and may encourage the normalization of seeking mental health care. By providing insights into the mental health needs of students in the tea garden areas, the study can inform local and state-level policies aimed at improving mental health care and education services in underserved areas. Early intervention and community-based mental health services can have long-term positive effects on the overall health and well-being of students, potentially improving their academic performance, social skills, and future prospects. The study emphasizes the importance of involving local community members, including teachers, parents, and healthcare providers, in addressing mental health challenges. This collaborative approach will enhance the sustainability and effectiveness of mental health programs in these areas. Overall, the research can serve as a foundation for further studies and initiatives aimed at improving mental health care and overall well-being in the tea garden areas of Assam, thereby contributing to the broader goal of equitable and inclusive mental health services across rural India.

**3.0 RESEARCH QUESTION:**

Based on the review of different literature, the following research question was formulated-

3.1 What is the implementation status of community based mental health services in the Adarsha Vidyalayas of Tea Garden Areas in Charaideo District, Assam,India?

3.2 What is the awareness of the District Mental Health Program (DMHP) integration in schools among the headmasters and teachers of Adarsha Vidyalayas in Tea Garden Areas in Charaideo District, Assam, India?

**4.0 OBJECTIVES:**

The objective of the present study was-

4.1 To study the implementation status of community based mental health services in the Adarsha Vidyalayas of Tea Garden Areas in Charaideo District, Assam,India.

4.2 To study the awareness of the District Mental Health Program (DMHP) integration in schools among the headmasters and teachers of Adarsha Vidyalayas in Tea Garden Areas in Charaideo District, Assam,India.

**5.0 DEFINITIONS OF THE KEY TERMS:**

**5.1 Mental Health:**

Mental health is an integral and essential part of overall health, which can be defined in at least three ways-as the absence of disease, as a state of the organism that allows the full performance of all its functions or as a state of balance within oneself and between oneself and one’s physical and social environment (Ellison et al.,2018).

**5.2 Adarsha Vidyalaya:**

Adarsha Vidyalayas are runned by the government of Assam from 2022 in tea garden areas visioned a futuristic dream for their service to make our state and country glitter in the globe. Accordingly, a total of 119 Tea Garden Adarsha Vidyalayas are functioning from 2023. (Samagra Shiksha Assam, 2024)

**5.3 Tea Community:**

Tea community is a population of diverse society that speaks different dialects, practices different customs, and professes different religions. They were first brought to the state in the mid-nineteenth century. Despite their linguistic, cultural, and religious diversity, they emerged as a homogeneous group known as the tea community after generations of working together in the tea gardens (Sarkar, 2019)

**6.0 METHODOLOGY:**

**6.1 Method of the study:** Descriptive survey method was used in the present study.

**6.2 Research Design used:**

The researcher applied qualitative study design for the study. The design focused on explaining and understanding experiences and views related to implementation status of community based mental health services in the Adarsha Vidyalayas of Tea Garden Areas. The design also focused on the awareness of the District Mental Health Program (DMHP) integration in schools among the headmasters and teachers of Adarsha Vidyalayas in Tea Garden Areas in Charaideo District, Assam, India.

**6.2 Population of the Present Study:**

The population of the present study includes all Adarsha Vidyalayas located in the tea garden regions of Charaideo District, Assam. There are 4 Adarsha Vidyalayas that provide education for Class-VI to Class-X in the tea garden areas. The participants in the study consist of Programme co-ordinator (DMHP,Charaideo district,Assam,India), the head masters and the teachers of the Adarsha Vidyalayas of Charaideo District, Assam.

**6.3 Sample of the Present Study:**

In the present study, the researcher has selected all the 4 Schools located in the tea garden areas of Charaideo district using a purposive sampling method. The researcher selected 4 headmasters and 8 teachers from the all the schools as a sample.

**Table 1: Sample of the study**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the District** | **No. of Adarsha Vidyalayas** | **Name of the Adarsha Vidyalayas** | **No. of Head masters** | **No. of teachers** |
| Charaideo | 4 | Towkak T.E. Adarsha Vidyalaya | 1 | 2 |
| Borhat T.E.Adarsha Vidyalaya | 1 | 2 |
| Naharhabi T.E. Adarsha Vidyalayas | 1 | 2 |
| Singlijan T.E.Adarsha Vidyalaya | 1 | 2 |

**6.4 Tool of the study**

The tools employed for gathering data on the community based mental health services in the Adarsha Vidyalayas of tea garden areas in Charaideo district, Assam. Are as follows-

1. Interview schedule for the Programme co-ordinator. (DMHP,Charaideo district,Assam)
2. Interview schedule for the headmasters and the teachers.

**6.5 Data collection procedure:**

In order to collect data for the present study the researcher visited office of the Programme co-ordinator DMHP,Charaideo district,Assam and took his interview. The researcher also visited the 4 schools and took permission from the Head of the Institutions to collect data and personally took the interviews of the teachers.

**6.6 Statistical Technique Used:**

The following statistical techniques were used to analyse and interpret the data.

A. Simple frequency analysis.

**7.0 Analysis and Interpretation of Data:**

Analysis and interpretation of the data have been discussed under the following headings:

**7.1 To study the implementation status of community based mental health services in the Adarsha Vidyalayas of Tea Garden Areas in Charaideo District, Assam,India.**

In this section, the collected data are analyzed. As previously mentioned, the researcher conducted an interview with the Programme Coordinator of the DMHP in Charaideo district, Assam. The researcher inquired about the coordinator's role in the district's mental health program and his involvement with mental health services in the district

**7.1.1** **Service Delivery**

The Programme Coordinator expressed a strong familiarity with the roles and activities intended for students in the district. The programme co-ordinator reported that he has been involved in these activities for the last 1 year after establishing this DMHP in Charaideo district in 2023. The district program coordinator also indicated that the mental health services currently offered at different schools and colleges include awareness programmes, counseling, psychological assessments, observation of world suicide prevention day and support programs designed to promote emotional well-being among students. They also organize this programmes in 14 selected schools and colleges. They also organize a teacher training programme for 30 teachers related to mental health, but no teachers from these Adarsha Vidyalayas were got this training. They also did not organise any kind of programmes in the Adarsha Vidyalayas. The list of the schools and colleges where the DMHP organises their programmes are given in the table 2.

**Table 2: Schools and colleges where the DMHP organises their programme**

|  |  |  |
| --- | --- | --- |
| **Sl.No.** | **Name of the Schools/Colleges** | **Programmes** |
| 1 | Borhat Higher Secondary School | Targeted Intervention and Screening Camp |
| 2 | Sapekhati Higher Secondary School |
| 3 | B.P.B. Higher Secondary School |
| 4 | Deepling Higher Secondary School |
| 5 | P.C.B. Higher Secondary School. |
| 6 | Moran College |
| 7 | Borhat College |
| 8 | Sonari Commerece college |
| 9 | Sapekhati College |
| 10 | Patsaku Junior College |
| 11 | Skill Development institute sonari |
| 12 | Bhojo High School | World no Tobacco Day |
| 13 | Moran Mahila Maha vidyalaya | World Suicide Prevention Day |
| 14 | Bampathar Benganabari Higher Secondary School | International Day against Drug Abuse |

**7.1.2 Human Resources**

The Team of workers at the district under the DMHP consists of a Psychiatrist, a Clinical Psychologist, and a Psychiatric Social worker, a Psychiatry/Community Nurse, a Program Manager, a Program/Case Registry Assistant and a Record Keeper. But During interaction, with the programme coordinator it was found that only a Psychiatric Social worker, a general MBBS doctor who has only a 14 days training on mental health and one community nurse can run the DMHP in the district. Because of this reason, the program coordinator noted several challenges encountered during the implementation of mental health services.

**7.1.3 Infrastructure and Resources**

The DMHP was started by the National rural health mission in the district in the year 2023 with a purpose to impart sustainable basic mental health services in community and integration of these with other services, early detection and treatment in community itself to ensure ease of care givers, to take pressure off mental hospitals. To reduce stigma, to rehabilitate patients within the community. To detect as well as manage and refer cases of epilepsy.

The main approaches of DMHP were training of medical, paramedical personnel and community leaders, Community Mental Health care through existing infrastructure of the health services and the most important component being the Information, Education and Communication (IEC) activities. At present the DMHP is run with limited resources.

**7.1.4 Community Outreach and Awareness**

The program coordinator informed that they organized mental health awareness program among the school’s community in collaboration with the local student organization and local community. It was also informed that they regularly assess the success rate of the mental health program implemented in the schools by comparing the participation rates, interviewing the parents and students on mental health. But till now does not organize any kind of awareness programme or any mental health related programme in the Adarsha Vidyalayas of Charaideo District.

**7.1.5 Challenges and Barriers**

The program coordinator noted several challenges encountered during the implementation of mental health services. These challenges include stigma surrounding mental health issues, limited parental awareness, overburdened school counselors, a lack of trained staff, confidentiality concerns, navigating cultural differences, accessing specialized care, and ensuring appropriate referrals to community services, all while addressing potential impacts on school performance and attendance. The funding status for mental health initiatives in the district is very less. They had also inadequate number of staffs to smoothly running the programme. To mitigate these challenges, the program coordinator suggested several remedies, such as educating staff and parents, collaborating with community providers or local social organizations, and promoting a positive atmosphere within the school community.

**7.2 To study the awareness among the Head Masters and Teachers of Adarsha Vidyalayas of Tea Garden Areas in Charaideo District, Assam regarding the District Mental Health programme (DMHP).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Questions** | | **No. of Respondents** |
| 1. | Do you heard about the District Mental Health Programme (DMHP)? | 1. Yes  2.No | 10  2 |
| 2 | Is there a dedicated mental health team in your school under the District Mental Health Program | 1. Yes  2. No | 0  12 |
| 3. | Does the DMHP organise any mental health program in your school? | 1. Yes  2. No | 0  12 |
| 4. | Do the DMHP in your district conduct regular mental health awareness sessions? | 1. yes  2. No | 0  12 |
| 5. | Does the mental health program include suicide prevention initiatives? (Yes/No) | 1. yes  2.No | 0  12 |
| 6. | Does the DMHP organise workshops for parents to support student mental health? | 1. Yes  2. No | 0  12 |
| 7. | Are the DMHP team conduct student mental health screenings? | 1. Yes  2. No | 0  12 |
| 8. | Are they identify early signs of mental health issues in students in your school? | 1. Yes  2. No | 0  12 |
| 9. | Is there a protocol for referring students to external mental health services? | 1. Yes  2. No | 3  9 |
| 10. | Is there a helpline number provided to students for mental health support? | 1. Yes  2. No | 4  8 |
| 11. | Has your school received any training sessions on mental health for teachers? | 1. Yes  2. No | 4  8 |
| 12. | Are mental health resources (helpline numbers, self-help materials) displayed in common areas of the school? | 1. Yes  2. No | 2  10 |
| 13 | Do you think mental health awareness is important in schools? | 1. Yes  2. No | 11  1 |
| 14 | Do you encounter students with mental health issues? | 1. Yes  2. No | 9  3 |
| 15 | Do you face any challenge in addressing students' mental health issues? | 1. Yes  2. No | 8  4 |

**Table 3: Data showing the responses of the Headmasters and the teachers on the awareness of District Mental Health Programme (DMHP) integration in schools.**

**Table 2** reveals the awareness of the 4 Headmasters and the 8 teachers on the District Mental Health Programme (DMHP) integration in schools. It has been seen 10 numbers of Headmasters and teachers out of 12 heard about the District Mental Health Programme (DMHP).Majority of Headmasters and teachers (12) said that that there is no mental health team in their school under the District Mental Health Program. All the Headmasters and teachers reported that DMHP does not organise any mental health program, awareness programme, suicide prevention initiatives, workshops for parents in their school. The programme co-ordinator of the DMHP said that they had screened some students with mental health problems in the selected 12 schools. But in the Adarsha Vidyalayas, all the 12 the Headmasters and the teachers reported that there is no mental health screenings of the students by District Mental Health authority. There are 9 out of 12 headmasters and the teachers reported that some mental health problems. In Towkak T.E Adarsha Vidyalaya the teachers reported that they have two students 1 from Class IX and another from Class VII has epilepsy. They also said that one girl from Class IX attempted suicide.the teachers said after knowing this they give counselling to the girl personally. But according to them the DMHP team does not identify any signs of mental health issues in students in their school. 9 out of 12 Head masters and teachers said there is no any protocol for referring students to external mental health services. Only 3 teachers from Borhat T.E. Adarsha Vidyalaya said that if they had faced any kind of health related problem, they first have to send them to the Tea Garden Medical situated in the respected tea Estate. After that necessary actions are taken by the Tea Garden Autrorities. Only 4 out of 12 headmasters and teachers know about the helpline numbers for mental health support to the students. They also gave the numbers of Kiran helpline at 1800-599-0019 for mental health support to the students. But not any helpline numbers are given by the District Health Authority. Most of the headmaster and teachers said that they does not received any training sessions on mental health for teachers. Only 2 teachers from Borhat T.E. Adarsha Vidyalaya and Towkak T.E. Adarsha Vidyalaya said that they attended a training programme on child care and protection organised by District Administration of Charaideo District where they can get some knowledge about mental health issues of the Children’s. The researcher also noticed some banners displayed in their schools on child care and protection but not any specific mental health related materials. About 11 out of 12 headmasters and teachers think that mental health awareness is important in schools. Nine (9) teachers encounter some of the mental health related problems in their classrooms. As, no teachers and headmasters are not trained for mental health issues. So, about 8 of them face challenges in addressing students' mental health issues.

**8.0 FINDINGS:**

The finding of objective 4.1 in Table 2 revealed that the Programme Coordinator had a strong familiarity with the roles and activities intended for students in the district. They offered their services at different schools and colleges such as-awareness programs, counseling, psychological assessments, observation of world suicide prevention day and support programs designed to promote emotional well-being among students. . But they did not organise any kind of programmes in the Adarsha Vidyalayas. The program coordinator noted several challenges encountered during the implementation of mental health services. At present the DMHP is run with limited resources. They had inadequate number of staffs to smoothly running the programme. It was also reported that the funding status for mental health initiatives in the district was very less.The program coordinator informed that they organized mental health awareness program among the school’s community in collaboration with the local student organization and local community. It was also informed that they regularly assess the success rate of the mental health program implemented in the schools by comparing the participation rates, interviewing the parents and students on mental health. But till now they does not organize any kind of awareness programme or any mental health related programme in the Adarsha Vidyalayas of Charaideo District.

The finding of the objective 4.2 in Table 3 revealed that the awareness of the Headmasters and the teachers on the District Mental Health Programme (DMHP) integration in schools was quite satisfactory.Majority of Headmasters and teachers said that that there is no mental health team in their school under the District Mental Health Program. Headmasters and the teachers reported that some mental health problems. Most of the headmaster and teachers said that they does not received any training sessions on mental health. Teachers encountered some of the mental health related problems in their classrooms. As, no teachers and headmasters are not trained for mental health issues. So, they faced challenges in addressing students' mental health issues.

Based on the Findings of the study therefore suggests that as these Adarsha Vidyalas consists of the students mainly from tea garden community which faces unique stressors related to their socio-economic status, work conditions, and cultural factors. Because of these reasons the students studying in these schools have several mental health problems which are not properly addressed by the teachers.

**9.0 CONCLUSION:**

Community-based mental health services in the Adarsha Vidyalayas of tea garden areas in Assam hold immense potential to address the unique challenges faced by this community. By integrating mental health support within the school system, can provide early identification and intervention for mental health issues, promote mental well-being, and reduce the stigma associated with seeking help. These initiatives are especially critical in tea garden areas, where economic hardships, social isolation, and lack of access to healthcare often exacerbate mental health challenges. Collaborative efforts involving educators, parents, healthcare professionals, and community stakeholders can create a supportive ecosystem that nurtures the mental and emotional well-being of students. Through awareness programs, counselling services, and inclusive activities, Adarsha Vidyalayas can serve as catalysts for fostering resilience, reducing school dropout rates, and enhancing academic and social outcomes. Investing in such initiatives not only benefits the students but also strengthens the broader community by equipping the younger generation with the tools to navigate life's challenges. To ensure long-term success, consistent funding, training for school staff, and partnerships with mental health organizations are vital. Together, these measures can transform Adarsha Vidyalayas into the centres of holistic development, empowering children in tea garden areas to thrive academically, emotionally, and socially.

**10. RECOMMENDATIONS**

Based on the findings of the Community Based Mental Health Services in the Secondary Schoolsof Assam, India. The study therefore, recommends a Collaborative effort from the educators, parents, healthcare professionals, and community stakeholders to generate a supportive ecosystem that nurtures the mental and emotional well-being of students. Further, much effort should be given by the government concerning training to the school leaders by conducting frequent seminars, workshops, conferences, and short term training sessions to prepare the younger generation with the tools to navigate life's challenges by encouraging the mental and emotional well-being of students

Disclaimer (Artificial intelligence)

Option 1:

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

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