

EXECUTIVE SUMMARY

FRONT AND CENTRE
OF THE PANDEMIC

Young People's Mental Health





“ I was physically fit, but I just could not get out of my bed. I am vaccinated and otherwise healthy. That is when mental health is affected. ”

Fear. Uncertainty. Anxiety. Despair. Loneliness. Loss.

These are emotions that young people often experience, but rarely have an outlet to express. Conversations around mental health – which is the umbrella term that signifies the overall emotional and physical wellbeing of an individual – is often shrouded in stigma, and young people’s mental health even more so. Despite the fact that India has one of the largest young populations in the world (over 253 million), concerns around young people’s mental health are often dismissed and relegated to the background, with the unilateral misconception that since young people are meant to be ‘able-bodied’ and ‘healthy’, and at the same time, inexperienced about the world, their distress, their emotional upheavals, are somehow not legitimate.

And yet, according to a report released by the Ministry of Health and Welfare and the Indian Council of Medical Research in December – just before the pandemic – **197.3 million Indians (14.3% of the total population)** were suffering from mental disorders of various kinds. Of these, 45.7 million were grappling with depression and 44.9 million with anxiety disorders. And yet, there is a severe shortage of psychosocial support and affordable and accessible mental healthcare services, and young people find themselves further alienated from these services given the stigma they have to tackle (which also makes it difficult for them to access information on mental health) and the frequent hesitation and discomfort they experience in terms of opening up about their mental health concerns to the adults around them. In a nationwide survey conducted by Centre for Catalyzing Change (C3) in 2019, which had interviewed 1,10,092 young people across 27 states 4 union territories, a recurring concern that a majority of the young participants had voiced was the need for an end to the stigma around mental health, and access to non-judgmental, confidential, affordable mental health care to cope with stress, pressure of studies, bullying, depression and anxiety. This goes on to show that the mental health of young people has already been a pressing issue even before the pandemic hit, but now, in a post-COVID and post-lockdown world, the tremors are being felt even more severely.

THE IMPACT OF COVID-19

In the aftermath of the pandemic, the prevalence of anxiety and depression has risen dramatically among young people, and it remains higher than ever before, even after the partial re-openings that certain parts of the world are witnessing. The level of anxiety and depression among young people has also been significantly more amplified than among other age groups, and this has been evidenced across the globe. This worsening of the mental health crisis can be attributed to disruptions of mental health services during lockdowns, the very widespread impact of school closures, the looming labour market crisis that is going to disproportionately affect young people in the future, the loss of peer interactions, and the loss of physical spaces of support and expression.

The shift to online learning has been particularly debilitating. In rural spaces, schools often become a sphere of protection especially for young girls and other marginalized youth – and the loss of this protection, the loss of contact with teachers and classmates, the loss of the opportunities schools offer for education and physical exercise, has led to an overwhelming sense of loss of belonging to a community, while putting many people's academic future in jeopardy. Vulnerable young people, especially those struggling with substance abuse, those who identify on the LGBTQ spectrum, are at an increased risk.

During the first wave of the pandemic in 2020, another C3 – this one aimed at assessing the impact of COVID-19 on 4000 adolescents in four states – had given early insight into concerns. About a third of the young respondents had stated that as a result of the pandemic, they were anxious about the financial status of their families, while 19 percent had said family environments were stressful because of verbal and physical fights at home. Another internal assessment in late 2020 in two states had revealed that about a fourth (23 percent) of respondents were feeling down, depressed or hopeless because of COVID-19, while four percent had contemplated suicide in one year.

With the second wave of COVID-19 and the ongoing toll the pandemic continues to take on the lives of young people, it has become all the more essential to delve deeper into this mounting mental health crisis. Adolescence is a formative period in one's life – it is when one's cognitive development, value systems, and physical, emotional, and intellectual capacities are built. A healthy adolescence paves the way for a healthier future, and ensures that one can grow up as a well-rounded adult who can contribute to the growth of one's community and nation as a whole. Hence, when the mental health of adolescents is at risk, their entire futures are at risk – and so is the future of our nation as a whole.

Hence, it has become critical to understand the mental health needs of adolescents and to amplify their voices directly, so there can be open and constructive conversations on their major triggers of discomfort, coping mechanisms, support systems and expectations of support during and beyond the pandemic.



DEFINING MENTAL HEALTH

- Most of the young participants understood mental health as the “way one feels and behaves with others”
- Some considered poor mental health a ‘pressure on the brain’, ‘anger’, and ‘not being able to focus on any work’.
- However, when asked to define what ‘good mental health is’, most said that it is ‘the state of mind when we are capable of thinking and deciding for ourselves’. The common consensus was that: “A person with sound mental health can cope with day to day mental stress and can fully and competently perform as per one’s skills”
- There were others who saw good mental health as simply being free from stress.





C3'S MENTAL HEALTH CONCLAVES: CATALYZING CONVERSATIONS

C3's work with adolescents spans over 3 decades, centering around their holistic development, equipping them with life skills, providing them with information on vital health and wellness issues, making them digitally literate, and providing them with livelihood skills training.

However, talking about the development and wellbeing of adolescents without addressing mental health does a grave disservice, and more so in the context of the pandemic, in the aftermath of which, it is all the more important to listen to and address their mental health concerns. After all, the process of empowering adolescents will be incomplete without making sure they have the mechanisms, capacities, and support to achieve good mental health.

Hence, C3 organized a series of **"Mental Health Conclaves" with adolescents and other key stakeholders that often interact closely with adolescents (teachers, frontline workers and health service providers) across 12 states of India**, providing a platform where adolescents themselves could express what they have been going through during the pandemic, and themselves recommend the policy and programmatic interventions they require in order for them to easily understand, talk about, and seek out support services for, their mental health concerns.

METHODOLOGY

The series of conclaves paved a way to forge relationships both with new organizations and networks, as well as with the adolescents. Over 100 Participants from **Delhi, Odisha, Bihar, Jharkhand, Chhattisgarh, West Bengal, Uttar Pradesh, Tamil Nadu, Gujarat, Madhya Pradesh, Assam, Meghalaya** were invited to speak at these conclaves, and the young people who participated in these conclaves hailed from diverse backgrounds - rural areas, urban slums, schools, colleges, as well as from the LGBTQIA community. The participants were all in the age group of 15-21 years.

During the conclaves, the participating group was divided into various sub-groups and each group was given two topics to discuss at length. The first group was asked to discuss the various feelings and emotions that they went through during the lockdown, and the different coping mechanisms they accessed to deal with their emotions, as well as their use of social media and its role in triggering stress. The second group was asked about their expectations from the relevant stakeholders (Parents, schools, university, community and the Government), and what supportive measures they required from these stakeholders in order to ensure that their mental health needs are being met. A special session was also conducted exclusively with adolescent girls, in order to understand the specific challenges and gender-based barriers they faced during the pandemic. A similar special consultation was conducted with young people from the LGBTQIA community.

C3 also placed emphasis on the sessions with teachers and health workers, as getting their perspective on the challenges adolescents face was also equally important. These are the people adolescents usually reach out to in moments of crisis, and the adult figures who usually come in closest contact with adolescents after their family members. These stakeholders also articulated challenges around online classes, and shared anecdotes on how they have helped the adolescents to cope with stress and anxiety.

An illustration of a man with dark hair, wearing a blue shirt, holding a large yellow megaphone. The background features a red bar chart with a white cross, a laptop, and a tablet, all connected by dashed lines to a red megaphone in the top left corner.

· PRESSING CONCERNS ·

COPING WITH ONLINE EDUCATION

- With the shift to digital learning in the wake of schools closing, many of the young participants expressed **an increased stress and anxiety** around adapting to this new format of learning.
- Many adolescents had bad internet connectivity or no access to smartphones – a problem that was all the more pronounced among young girls, as a result of India’s vast gendered digital divide. This lack of connectivity and digital access hindered many from attending online classes.
- Among those who could attend online classes, there was a widespread sense of not being able to keep up in class, not being able to get one-on-one attention in virtual classes, and not being able to effectively process and retain information learned.
- All of these factors contributed to many adolescents experiencing recurring fears around losing out on education entirely and having to eventually drop out of school.

RECOMMENDATIONS

In order to address concerns around online education there needs to be:

- Improvements in the quality of online education
- Provisions of scholarships to help adolescents from disadvantaged and vulnerable backgrounds continue their education
- Provisions of special academic or financial support for students who are falling behind
- Community support for access to digital devices and access to the internet
- Provisions for data recharge facilities for the students who do not have access to smartphones and internet, or those who do not have the financial resources to get phone and internet recharges
- Provisions for counselling sessions for adolescents so that their stress, anxiety, depression can be addressed by professionals, in a non-judgemental and accessible way
- Compensations for learning losses after schools resume. This may include special classes, or engaging with communities to spread awareness around the importance of sending young people to school and urging them to complete their education.
- Mapping of vulnerable adolescents so that targeted efforts can be undertaken to make sure they do not drop out of schools.

SOCIAL ISOLATION AND FEAR OF COVID-19

- A slew of lockdowns, being confined to their homes for months and being unable to interact with peers has taken a major emotional toll on adolescents, who now feel isolated and deeply lonely.
 - The sense of isolation and frustration young people are facing has driven many to increased substance abuse.
 - Many adolescents also reported a lack of access to therapy and psychiatric support
 - A constant fear of contracting the virus both oneself and among loved ones has also been a recurring concern
 - The barrage of negative news constantly surrounding adolescents has also put many of them in distress.

RECOMMENDATIONS

To address these concerns, there needs to be:

- Mechanisms and platforms to engage with adolescents even during lockdown and when they are confined to their homes
- Organizing of virtual or telephonic counselling sessions where adolescents can seek help from mental health professionals
- Increased outreach to rural and vulnerable communities to provide young people in those communities with accurate information on Covid-19
- Provision of proper guidelines to mental health service providers around addressing the specific needs of adolescents (especially adolescents from vulnerable communities)
- Trainings of frontline workers and teachers to help them identify symptoms of emotional distress among the young people they come in regular contact with.

DEALING WITH FAMILY PRESSURES

- Due to the confinement imposed by lockdowns, young people have also been experiencing increased stress around strained relationships with family members
- There has been recurring cases of losses of income and livelihoods in many adolescents' households, which has been a further cause of tensions within families and resultant emotional distress and anxiety among adolescents.
- Multiple young girls also reported facing domestic violence, while other adolescents talked about closely witnessing domestic violence within their families, which was also a recurring cause of poor mental health.
- Young girls reported an increase in their burden of performing housework and care-work as they were confined to their homes. This not only led to stress and exhaustion, but also disrupted their education and led to further anxiety around falling behind in school or having to drop out of school entirely.
- Young girls were also anxious about their vulnerability to child marriage, given the lack of opportunities to physically go to school and continue their education. Young boys, on the other hand, were grappling with the stress of having to contribute economically to the household in this time of crisis, and the prospect of having to possibly let go of their education in favour of having to participate in income-generating activities.
- The lack of knowledge and understanding around mental health and its intersections with marginalized identities exacerbated the distress of adolescents, and caused them to be at a loss for finding resources for help.
- An inability to verbalize their emotions (accentuated by the stigma around mental health) and generational trauma made matters worse, leading many adolescents to repress the emotional struggles they are experiencing, which in turn, heightened their distress.

“ Hospital jaane se darr lagta tha ki kahin hospital jaane se humko COVID positive ghoshit ne kar de, ya humko corona na hojaye. ”

said a participant from Jharkhand.

(“I was scared to visit a hospital, worried I might contract the virus”)



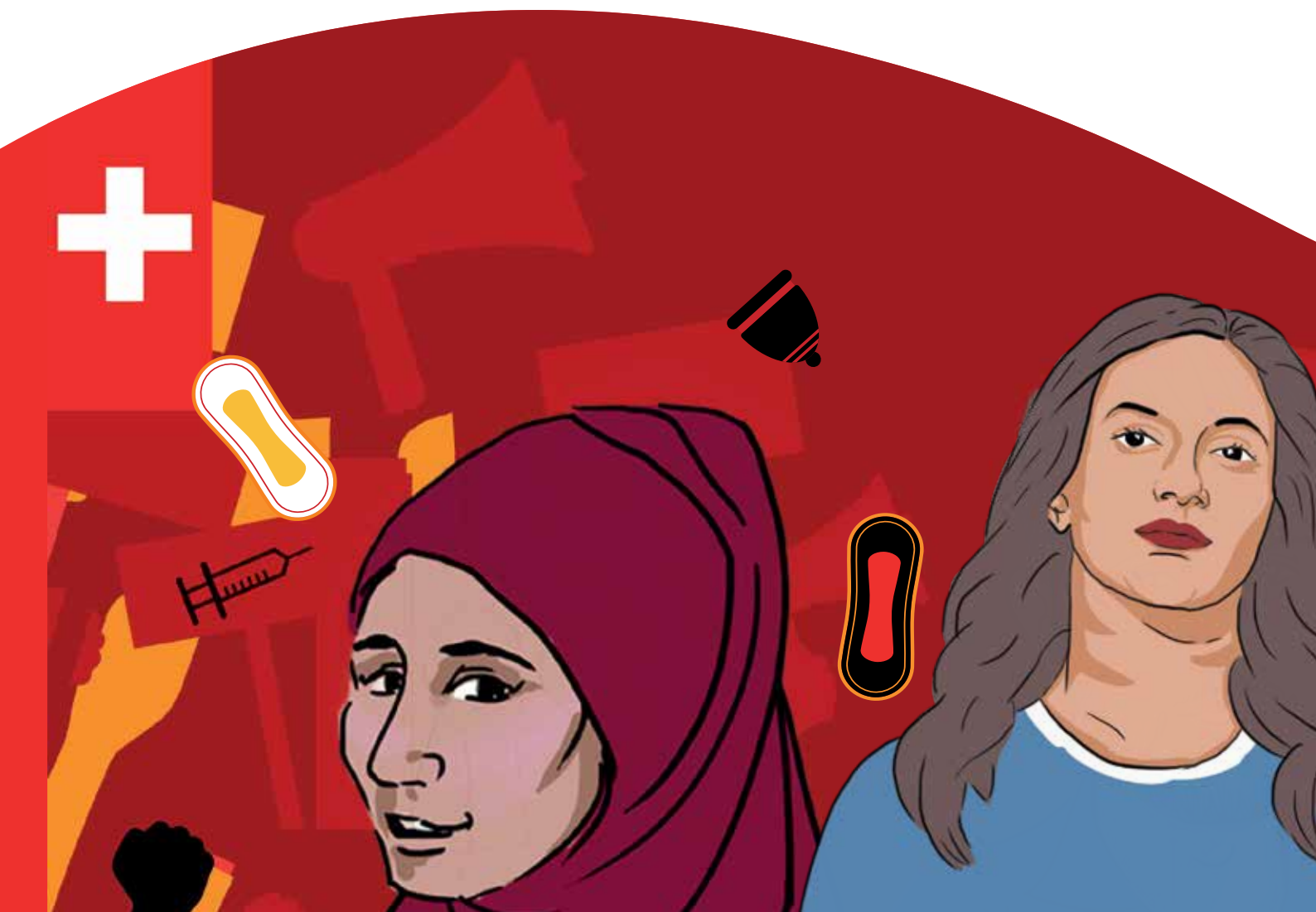
RECOMMENDATIONS

In order to address concerns around family pressures there needs to be:

- Proper information dissemination on mental health to parents, which will not only serve in destigmatizing conversations on mental health, but help the parents in identifying symptoms of poor mental health among their children.
- Widespread information dissemination around and access to helplines and resources on domestic violence, and the creation of a supportive environment where young people aren't hesitant to use these helplines and resources.
- Inclusive service provisions around mental health at the community level
- Accessibility to and availability of psychosocial support among adolescents, especially in times of emergency like a global pandemic

MANAGING MENSTRUATION

- During the pandemic, there has also been increased stress about access to and affordability of menstrual management products among young girls. Closures of neighbourhoods and disruption of supply chains have affected young girls' ability to buy pads, while government programs around distributing free sanitary napkins in schools have also been affected due to schools being closed.
- Alongside this, there has also been increased difficulty in managing menstrual pain and subsequent anxiety around this due to a lack of access to information or resources to tackle the same.
- Furthermore, stigma, myths, taboos and shame related to menstrual hygiene and menstrual health has made the situation doubly difficult for young girls. Even though girls are confined to their homes, they often cannot express their concerns openly due to the stigma and shame, and are also often subjected to the various superstitions that impose mobility restrictions and social ostracism on menstruating women.



RECOMMENDATIONS

In order to address concerns around menstrual health there needs to be:

- The normalization of conversations around periods both at home and in public settings
- Targeted efforts to bust menstrual myths and taboos in communities, and to enable the accessing of accurate information and knowledge around menstrual hygiene by young people
- Engaging not just young girls, but also boys and men in conversations around menstrual healthy.
- An uninterrupted supply of sanitary products even when schools and Anganwadi Centres are closed.

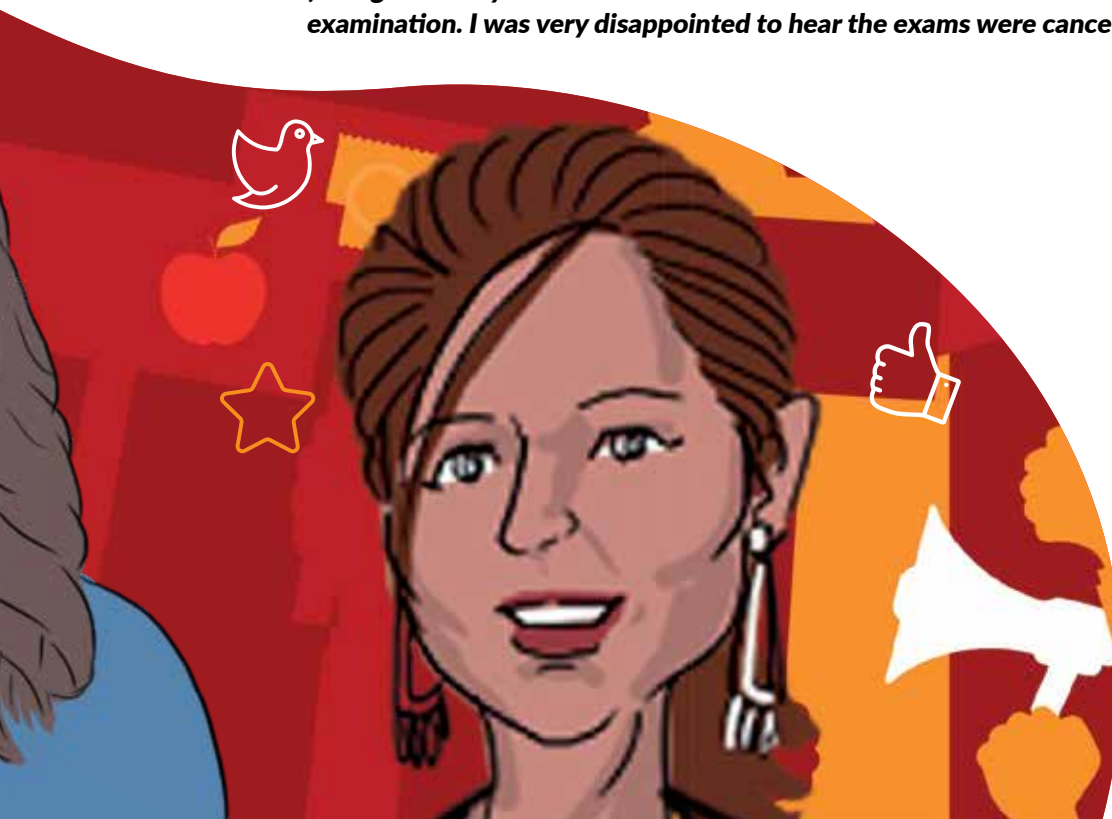
SOCIAL MEDIA

- With digital becoming the primary mode for both communication and learning during the pandemics, the adolescents now have to grapple with excessive screentime, and the resulting headaches, body aches, and mental pressures it brings.
- During lockdown, many adolescents have become addicted to gaming, which has not only diverted their attention from online classes, but has begun severely affecting their physical and mental health.
- Many young participants talked about how, because of their feelings of loneliness, they have begun relying on social media more than usual to maintain social connections, and how this too, is having a deep-rooted emotional impact.
- Fake news, videos and rumours circulating on social media have further affected the mental health of adolescents and has created more panic and uncertainty around the present crisis.
- For those from the LGBTQIA community, dealing with hate, cyberbullying and trolling on social media has proven to be extremely emotionally harrowing.

“ Hum padhne me aache hai, 10vi pariksha kay liye bahut man lagakar padhai kiye the, lekin pariksha hi nai de paye. Man bohot udas tha. ”

said a participant from Bihar.

(I am good at my studies and worked hard for the 10th board examination. I was very disappointed to hear the exams were cancelled).





RECOMMENDATIONS

In order to address concerns around the impact of social media on young people's mental health there needs to be:

- Efforts to educate young people on safe online etiquettes
- Efforts to increase awareness on online safety and reaching out to the right authorities (including parents/teachers/law enforcement) in cases of facing cyberbullying, abuse, hate speech, etc
- Creation of safer online communities, for young people of all gender and sexual identities
- Provision of knowledge to young people about security and privacy measures provided by social media platforms
- Provision of guidelines to parents and teachers on monitoring social media presence in a non-judgemental and supportive manner
- Building strong surveillance on the circulation of fake videos and rumors

IMPROVING THE ECOSYSTEM

● There still exists widespread stigma and discrimination around mental health, lack of support and services, a lack of capacities among service providers to address young people's concerns, and an inability among parents and teachers to understand and address young people's mental health needs.

RECOMMENDATIONS

In order to improve the ecosystem as a whole, we need to:

- Destigmatize mental health, and incorporate an understanding of the mental health needs of young people belonging to different gender and sexual identities into mainstream conversations around mental health
- Prioritize the provision of non-judgmental and non-discriminatory psychosocial support
- Regularize the provision of mental health support through information dissemination, phone or online services, and easier access to in-person services
- Build the human resource capacities of service providers
- Build capabilities of the young people to deal with these issues, through proper information dissemination and creation of safe spaces
- Promote a community based care approach of addressing the mental health of young people
- Create collaborative networks of psychiatrists, psychologists, pediatricians, and community volunteers
- Include Comprehensive Sexuality Education (CSE) curriculum in schools to educate children on queer and gender-diverse identities

TESTIMONIALS

“The COVID-19 lockdown has had a big impact in my life and the life of my family. Due to the closure of my school, my education has come to a standstill. On top of this, my father, who used to work at a private company, has lost his job during the pandemic. All of this has led me to worry about what will happen to my studies in the future. Because of this, I am unable to eat or sleep properly, and I am emotionally distressed.”


Ashwanee Tiwari, 16, Bilaspur, Chhattisgarh

“I am an outgoing person and I love travelling. However, during lockdown I have not been able to go out, and I often felt like I was stuck in a jail. I wasn't able to vent my feelings because I was always surrounded by my family members, and I fear that due to the lockdown, my sleeping and eating patterns also changed. Coping with online education was also hard for me. From morning to evening, we have to look at screens, and that made me addicted to my mobile phone, which added to my stress. Further, when I would go out and see people not wearing masks, when I would see my own friends and their families get affected by COVID, that made me all the more nervous and upset. I started overthinking even the smallest of things, and was deeply mentally affected.”

Nivedita, Chennai

“During lockdown, the only crisis management resources available to queer children were telecommunication services provided mostly by NGOs. Yes there are apps where queer children can seek out crisis intervention, but not all queer adolescents have access to these resources because digital access in India is itself a privilege. Further, in schools, post the pandemic, there is an absolute need for mental health professionals to be present, not just for queer adolescents but for adolescents in general. However, it is essential that these professionals are queer-affirmative, and that they understand what kind of specific crises a queer adolescent might undergo, and intervene accordingly. It is also essential for teachers to get sensitized and to understand the framework for Comprehensive Sexuality Education (especially to understand the difference between sex, gender and sexuality) so they too can intervene when queer adolescents are undergoing crisis. It is also important for not just teachers, but also the management, to be equipped with crisis management resources to help queer adolescents. At the same time, there is a need to sensitize faculty and student body around LGBTQ identities to counteract the instances of bullying and abuse queer adolescents are often vulnerable to. Educational institutions also need to take stricter measures to protect queer adolescents from bullying.”

Vignesh, 21 years, Vellore, Medical Student



“ I have sisters at home. When COVID-19 hit, my father lost his job and our family was going through a huge financial crisis. We didn't have any money at home, and I became very anxious about the future of my studies. This was during my admission in the new semester, but we didn't have the money to pay the admission fees. I was supposed to get a scholarship, but that too didn't work out because of the pandemic. It was only through the support of our local women's self-help group and some kind neighbours that my mother could somehow gather the funds to pay my fees. After the admission was done, my online classes began, and with it came another set of struggles. I didn't even have the money to get a mobile recharge, so I had to keep going to my friends' houses to attend the online classes and try to keep up with my studies. Even though earlier, my father used to be proud of me for being strong-willed, now, due to the financial tensions in the households, there was a lot of resentment, and arguments would occur very often. At this time, my sisters and I often felt like a burden to our parents, and this made me extremely upset.

After this, I contracted COVID-19 and fell ill. But as a result, the whole community ostracized us and began discriminating against us. Anytime we would go out to buy supplies, they would slam the neighbours would slam their doors on our faces. My mother was so upset by this, she would cry every day, and this, in turn, would make me feel terribly guilty and I would feel like I'm the one at fault for hurting my family. I tried to look for work to support my family, but jobs weren't available either. At the same time, we did not have money to buy sanitary pads and had to suffer a lot as a result. The pandemic as a whole has been an extremely difficult time for me and my family. ”

Puja Kumari, 19 years, Jharkhand

CONCLUSION

The interactions with adolescents and young people provides an insight into their emotional and mental turmoil and stress and the need for them to have access to support mechanisms, to cope and manage their emotions. It is important to create a safe ecosystem for the adolescents to thrive and recognize the triggers that impact their mental health. We need to foster youth participation, hear their voices, and need to increase investment, quality, and access to mental health services.

To promote a conducive environment for adolescents and young people, their families and communities, a multi stakeholder approach is important and we need to work towards providing comprehensive, integrated and responsive mental health and social-care services in community-based settings. There needs to be a mechanism to coordinate and facilitate this multi stakeholder response to extend long term psychosocial support to adolescents and young people. For this, school staff, health facility personnel, families need to build their knowledge and capacities and the government can bring in various stakeholders, including adolescents and young people, and build suitable response to address mental health needs within existing structures.



**We are C3. Centre for Catalyzing Change.
We are for EveryGirl. EveryWoman. EveryWhere.**

We are a committed organization working in India to make sure no woman or girl is denied her basic rights. We design and implement interventions that work with the existing systems to deliver solutions at scale

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