Viewpoint Paper

Reconceptualizing Students' Mental Health – Fostering Development and Repositioning Intervention for Mental Health Risk

Amresh Shrivastava[1], Avinash De Sousa[2]

[1]Director, Manas Shakti Foundation, Thane. Emeritus Proffesor, Department of Psychiatry, University of Western Ontario, Canada.
[2]Consultant Psychiatrist and Founder Trustee, Desousa Foundation, Mumbai.
Corresponding author: Avinash De Sousa
Email – avinashdes888@gmail.com

Introduction
In recent years, there has been a growing recognition of the importance of mental health among student populations. The traditional approach to student mental health often focused on reactive interventions after symptoms emerged. However, there is a compelling argument for reconceptualizing student mental health to prioritize proactive measures that foster development and reposition interventions to mitigate mental health risks. This paper explores the rationale, strategies, and implications of such a paradigm shift.

India Will Provide the Answer - Swami Vivekananda
Swami Vivekananda, one of India's most revered spiritual leaders, once proclaimed, "India will provide the answer." This profound statement reflects his unwavering belief in the potential of India to address some of the world's most pressing challenges through its rich cultural, spiritual, and intellectual heritage. In the context of student mental health, this message resonates deeply and highlights several key aspects where India can lead by example and provide innovative solutions.

Students' problems revolve around development of mental health rather than mental disorder per-se. our preoccupation with illness has missed several opportunities when transformational shift was required, Today, let the story not be repeated, we must cease the opportunity for giving a fresh look at the problem of student's mental health

India's ancient traditions of yoga, meditation, and holistic wellness offer time-tested methods for maintaining mental health and well-being. These practices, rooted in the Vedic scriptures and promoted by sages and spiritual leaders, emphasize the interconnectedness of mind, body, and spirit.

Power of education can transform lives. education is not just as a means of acquiring knowledge but as a tool for character building and holistic development. By integrating mental health education into the curriculum, India can empower its youth to understand, manage, and enhance their mental well-being. Providing students with the knowledge and tools to navigate life's challenges aligns with Vivekananda's vision of education as a vehicle for personal and societal transformation.

Students are not just individuals; they represent the future of our society and nation. Their healthy mindset is crucial for building a robust and conscientious society. In India, we have about 22 crore students, with 4 crores of them in universities. They form a crucial socio-demographic group for biological and developmental reasons. This special subgroup faces numerous challenges. While not all challenges stem from mental disorders, every single challenge in life can present with psychological symptoms. Approximately 12% of these students suffer from mental illness, and about 50% experience severe stress.

Identifying mental disorders is important, but equally crucial is identifying those vulnerable to developing them. The diagnostic model of mental illness has evolved from a binary concept to a continuum paradigm. It recognizes a spectrum including vulnerable individuals, those under stress, at high risk, experiencing psychological distress, in at-risk states, exhibiting subclinical symptoms, and those with diagnosable mental disorders.

Research has shown that non-cognitive predictors of success, such as resilience, emotional intelligence, and stress management, are vital for academic performance. Mental health issues, if not addressed, can lead to serious consequences, including the risk of suicide during the early stages of developing a mental health condition. For instance, the World Mental Health Survey among college students across 21 countries reported that 20.3% had experienced psychiatric disorders in the preceding 12 months. It is estimated that 75% of those with severe mental illness would have experienced significant symptoms by the age of 25. This means a significant subgroup of students is likely to experience the onset of severe mental illness during their college years, correlating with higher rates of suicide among college students. It is extremely difficult for student to approach health services because of stigma and unawareness, often their problem does not fit in diagnostic criteria of established parameters and system we believe No student in distress should be turned away.

Rationale for Reconceptualization

1. **Shift from Crisis Management to Prevention:** Historically, mental health support in educational settings has been reactive, primarily addressing crises or acute episodes. However, reconceptualizing mental health involves a shift towards preventive measures that promote resilience, coping skills, and early intervention strategies before issues escalate

2. **Holistic Development Approach:** Integrating mental health into the broader framework of student development acknowledges that well-being is foundational to academic success and personal growth. This approach includes fostering a supportive environment, promoting positive mental health practices, and addressing social determinants that impact student well-being

3. **Empowerment and Self-Management:** By empowering students with knowledge and tools for self-assessment and self-management of mental health, educational institutions can foster a culture of mental wellness. This proactive approach encourages students to take ownership of their mental health and seek help when needed.

Empowerment to change their lives.

First and foremost, we believe that mental strength begins deep in the roots of motherhood. The genesis of mental health starts with the development of the nervous system during pregnancy. Therefore, safe motherhood and safe childhood must be part of a continuum of mental health development programs. Empowerment, in this context, means shifting the onus to self-care, self-development, and life skills management to ensure a strong mindset. This is the foundation of positive mental health.

Empowering students to take control of their mental health is essential for their overall well-being and success. By providing education, self-assessment tools, life skills training, peer support, access to professional help, skill development programs, and engaging parents and the community, we can create an environment that supports and nurtures mental health. Policy advocacy also plays a critical role in ensuring sustainable and comprehensive support for student mental health. Let us work together to empower our students to change their lives for the better.

Several initiatives are possible:

1. Education and Awareness: Mental Health Education and Stigma Reduction:
2. Self-Assessment and Self-Care Tools: Digital Platforms and Self-Care Practices
3. Life Skills Training: Stress Management and Emotional Regulation:
4. Peer Support Networks: Peer Counseling and Support Groups:
5. Access to Professional Help: Counseling Services and Crisis Intervention
6. Skill Development Programs: Academic Skills and Personal Development
7. Parent and Community Engagement: Parental Involvement and Community Partnerships
8. Policy Advocacy: Student Rights and Resource Allocation:

Mental health development

Research consistently shows that preventing mental health abnormalities is not possible without providing opportunities and making it a priority to invest in mental health development. Whether through government

initiatives or public efforts, it is essential to realize the benefits of self-management. Thus, education, information, and logistical support are vital so that students know what is good for them and how to optimize their mental health.

It is vital that students develop a strong mindset, conviction, and ability to maintain mental strength. This cannot be delinked from physical health. A focus on nutrition, mind-body regulation, cognitive exercise, physical exercise, relaxation, and various modalities for developing positivity and optimism must be integrated and prescribed. Restructuring consciousness and developing social insight, or spirituality, is crucial. Spirituality is an inseparable component of human pathology. Those with a spiritual frame of mind suffer less, remain healthier, and feel less distress. It is an essential component of routine medical examinations.

We need to reconceptualize our approach and imbibe so-called newer concepts. Time and again, Indian thought leaders, saints like Kabir, and spiritual texts such as the Bhagavad Gita and Ramayana have taught us lessons that we are now investigating with new technology and research. Importance of integrating traditional practices such as yoga, the Gayatri Mantra, meditation, and cognitive discourse into our mental health strategies must be encouraged. These practices offer profound benefits for mental well-being, supported by extensive research evidence.

Research indicates that yoga reduces stress, anxiety, and depression while enhancing overall mood and well-being. A study published in the Journal of Clinical Psychology found that regular yoga practice can lower cortisol levels, a key stress hormone, and increase levels of gamma-aminobutyric acid (GABA), which helps reduce anxiety. Additionally, yoga promotes mindfulness and body awareness, which are crucial for mental health. The combination of physical postures, breathing exercises, and meditation in yoga enhances emotional regulation and resilience. It also improves sleep quality, which is essential for mental health.

The Gayatri Mantra, a sacred chant in Hinduism, is believed to bring spiritual and mental benefits. Modern research supports its positive effects on mental health. Chanting the Gayatri Mantra has been shown to reduce stress and anxiety. A study published in the International Journal of Yoga found that reciting the Gayatri Mantra significantly decreased stress levels and improved cognitive functions. The rhythmic chanting and focused breathing involved in reciting the Gayatri Mantra activate the parasympathetic nervous system, promoting relaxation and reducing the body's stress response. This practice can help students manage academic pressure and enhance their concentration and memory.

Patanjali, an ancient Indian sage, is best known for his compilation of the "Yoga Sutras," a foundational text in the philosophy and practice of yoga. His concept of mental health is deeply rooted in the principles of yoga, which encompass physical, mental, and spiritual well-being.

Patanjali emphasizes the importance of mindfulness and meditation in maintaining mental health. By practicing dharana and dhyana, individuals can cultivate a calm, focused mind, free from the turbulence of unnecessary thoughts and emotions. This includes maintaining ethical conduct, practicing physical and mental disciplines, and seeking inner peace through meditation and self-reflection. Mental health risk needs to be understood in view of Patanjali, according to Patanjali, mental health is achieved when the mind is free from disturbances and distractions, allowing for a state of inner peace and clarity. Patanjali identifies five kleshas, or mental afflictions, that cause suffering and mental unrest.

Meditation is a powerful tool for mental health, with numerous studies highlighting its benefits. Research published in JAMA Internal Medicine found that mindfulness meditation can significantly reduce symptoms of anxiety, depression, and pain. Meditation helps individuals develop a greater awareness of their thoughts and emotions, leading to better emotional regulation and decreased reactivity to stressors.

Furthermore, meditation has been shown to increase gray matter density in areas of the brain associated with learning, memory, and emotional regulation. This neuroplasticity promotes cognitive health and resilience, making it an invaluable practice for students.

Cognitive discourse, or cognitive-behavioral interventions, focuses on changing negative thought patterns and behaviors. Research published in the Journal of Consulting and Clinical Psychology indicates that cognitive-behavioral therapy (CBT) is highly effective in treating anxiety, depression, and other mental health disorders. By identifying and challenging irrational beliefs, individuals can develop healthier thinking patterns and coping strategies.

Incorporating cognitive discourse into mental health programs empowers students to take control of their mental health. It teaches them practical skills for managing stress, improving problem-solving abilities, and enhancing overall well-being.

Integrating these traditional practices into our mental health strategies can provide a holistic approach to well-being. Yoga, the Gayatri Mantra, meditation, and cognitive discourse offer complementary benefits that address different aspects of mental health. By combining these practices, we can create a comprehensive mental health program that enhances resilience, reduces stress, and promotes overall well-being.

Identification Of Mental Health Risk and Mental Disorder

The third priority is focusing on the identification of risks and mental disorders. Mental abnormality exists on a continuum; there is no binary concept. Our focus needs to shift from illness-driven programs to identifying mental health risks and social determinants to address the issues of stress and mental disorders effectively.

Need to reconceptualize mental health problems

Mental health risk must be viewed from a human rights perspective. Clinical innovations should shift from merely identifying mental disorders to minimizing mental health risks. Early identification and intervention are crucial for individuals with mental disorders, subthreshold symptoms, and those who are vulnerable. It is essential to provide support not just to those with diagnosable conditions but also to those at risk and those with early symptoms. Stigma, unawareness, and denial prevent access to care, making it imperative to address these barriers.

It's time we reconceptualize our approach to student mental health. We must delve deeper into why these problems arise, identify their determinants, establish robust assessment parameters, and take proactive measures. Instead of merely hunting for illness, we must focus on identifying risks early on. This paradigm shift prompts critical questions: Are students under stress? Are they equipped to manage this stress? Is there a looming mental health risk? And if so, could it escalate into a severe disorder?

While reliable predictors for mental disorders remain elusive, we do understand several factors directly or indirectly linked to mental illness. Equally crucial is the presence of a credible identification mechanism and accessible, high-quality mental health services. Integration of mental health with education is paramount. Institutions must foster environments that respect and support those who have battled illnesses like addiction, ensuring no student feels isolated or marginalized.

Furthermore, access to mental health education is non-negotiable. If we are to reconceptualize effectively, we must commit to delivering comprehensive student mental health programs across every educational institution. Let no college be without a robust mental health program. Let us advocate for a national policy that not only promotes mental health development but also integrates it seamlessly into education. Such measures will instill confidence in our students, assuring them they will receive the support they need without fear of stigma or neglect.

Addressing student mental health isn't just a matter of policy; it's a moral imperative. It's about nurturing the well-being of our youth, empowering them to thrive academically, emotionally, and socially.

Strategies for Implementation

1. **Integrating Mental Health Education into Curriculum:** Embedding mental health education within the academic curriculum ensures that all students receive foundational knowledge on mental health, destigmatizing discussions and promoting early identification of issues.
2. **Comprehensive Psychosocial Support Services:** Establishing accessible and comprehensive psychosocial support services within educational institutions facilitates timely intervention and support for students experiencing mental health challenges
3. **Collaborative Partnerships:** Collaboration among educational institutions, healthcare providers, government agencies, and community organizations enhances the effectiveness and reach of mental health initiatives. These partnerships facilitate resource-sharing, expertise, and holistic approaches to student well-being.

Implications and Benefits
1. **Enhanced Academic Performance and Retention:** Improved mental health among students correlates with higher academic achievement, reduced absenteeism, and increased retention rates. By prioritizing mental health, institutions can create environments conducive to learning and personal growth.
2. **Reduced Stigma and Increased Help-Seeking Behavior:** Reconceptualizing mental health encourages open dialogue and reduces stigma surrounding mental illness. This shift promotes a culture where seeking help for mental health concerns is normalized, leading to earlier intervention and improved outcomes.
3. **Long-Term Public Health Benefits:** Investing in student mental health not only benefits individuals but also contributes to broader public health outcomes. By addressing mental health early in life, societies can reduce the burden of mental illness, enhance productivity, and promote social inclusion.

Conclusion

Reconceptualizing students' mental health involves a paradigm shift towards proactive strategies that foster development, resilience, and early intervention. By integrating mental health into educational frameworks, promoting holistic support services, and fostering collaborative partnerships, institutions can create environments where students thrive academically, emotionally, and socially. This thematic paper argues that such an approach is essential for addressing the complex challenges of student mental health in contemporary educational settings.

REFERENCES

1. Psychiatry.org - Understanding Mental Disorders Your Guide to DSM-5
2. Chen L, Qu L, Hong RY. Pathways Linking the Big Five to Psychological Distress: Exploring the Mediating Roles of Stress Mindset and Coping Flexibility. J Clin Med 2022;11(9):2272.
3. Lozano-Blasco R, Quílez-Robres A, Usán P, Salavera C, Casanovas-López R. Types of Intelligence and Academic Performance: A Systematic Review and Meta-Analysis. J Intelligence 2022;10(4):123.
4. Auerbach RP, Alonso J, Axinn WG, Cuijpers P, Ebert DD, Green JG, Hwang I, Kessler RC, Liu H, Mortier P, Nock MK, Pinder-Amaker S, Sampson NA, Aguilar-Gaxiola S, Al-Hamzawi A, Andrade LH, Benjet C, Caldas-de-Almeida JM, Demyttenaere K, Florescu S, de Girolamo G, Gureje O, Haro JM, Karam EG, Kiejna A, Kovess-Masfety V, Lee S, McGrath JJ, O'Neill S, Pennell BE, Scott K, Ten Have M, Torres Y, Zaslavsky AM, Zarkov Z, Bruffaerts R. Mental disorders among college students in the World Health Organization World Mental Health Surveys. Psychol Med. 2016;46(14):2955-70.
5. Jones PB. Adult mental health disorders and their age at onset. Br J Psychiatry 2013;202(s54):s5-10.
6. Sternberg EM, Wilson J, Dillon M, Knoll M, Hawthorne G, Hoyer L, Kennedy B. The National Academies report on crisis standards of care: A review and commentary. J Emerg Manage 2018;18(3):67-76.
7. World Health Organization (WHO). (2018). Mental health: Strengthening our response. Retrieved from https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
8. Gulliver A, Griffiths KM, Christensen H. Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. BMC Psychiatry 2017;17(1):1-9.
9. Chanting and Mantras: Their Impact on Brain Health and Function - Very Big Brain
10. Perry G, Polite V, Thompson WF. Rhythmic Chanting and Mystical States across Traditions. Brain Sci 2021;11(1):101-7.
11. Maharishi Patanjali-Father of Yoga: History, Biography, And More (hellomyyoga.com)
12. Patanjali's Words: Pathways to a Calm, Clear Mind - Integral Yoga Magazine
13. Goyal M, Singh S, Sibinga EMS, et al. Meditation Programs for Psychological Stress and Well-being: A Systematic Review and Meta-analysis. JAMA Intern Med 2014;174(3):357–68.
14. Tang R, Friston KJ, Tang YY. Brief Mindfulness Meditation Induces Gray Matter Changes in a Brain Hub. Neural Plast 2020:8830005.
15. Shaffer J. Neuroplasticity and Clinical Practice: Building Brain Power for Health. Front Psychol 2016;7:1118.
16. Nakao M, Shirotsuki K, Sugaya N. Cognitive-behavioral therapy for management of mental health and stress-related disorders: Recent advances in techniques and technologies. Biopsychosoc Med 2021;15(1):16.

17. Wiedermann CJ, Barbieri V, Plagg B, Marino P, Piccoliori G, Engl A. Fortifying the Foundations: A Comprehensive Approach to Enhancing Mental Health Support in Educational Policies Amidst Crises. Healthcare (Basel). 2023;11(10):1423.

18. Porsdam Mann S, Bradley VJ, Sahakian BJ. Human Rights-Based Approaches to Mental Health: A Review of Programs. Health Hum Rights 2016;18(1):263-76.

19. Colizzi M, Lasalvia A, Ruggeri M. Prevention, and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care? Int J Ment Health Syst 2020;14:23.

20. Phelan SM, Salinas M, Pankey T, Cummings G, Allen JP, Waniger A, Miller NE, Lebow J, Dovidio JF, van Ryn M, Doubeni CA. Patient and Health Care Professional Perspectives on Stigma in Integrated Behavioral Health: Barriers and Recommendations. Ann Fam Med 2023;21(Suppl 2):S56-60.

21. Student mental health is in crisis. Campuses are rethinking their approach (apa.org)

22. Haldane V, Jung A, De Foo C, Bonk M, Jamieson M, Wu S et al. Strengthening the basics: public health responses to prevent the next pandemic BMJ 2021;375: e067510

23. Iasiello M, van Agteren J, Keyes CLM, Cochrane EM. Positive mental health as a predictor of recovery from mental illness. J Affect Disord. 2019;251:227-30.

24. Lattie EG, Stiles-Shields C, Graham AK. An overview of and recommendations for more accessible digital mental health services. Nat Rev Psychol 2022;1:87–100.

25. Equity, inclusion, and the transformation of higher education | UNESCO

26. Jin Y. The Promoting Effect of Mental Health Education on Students' Social Adaptability: Implications for Environmental. J Environ Public Health 2022;2:1607456.

27. Mokkink LB, Prinsen CAC, Bouter LM, Vet HCW de, Terwee CB. The COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) and how to select an outcome measurement instrument. Braz J Phys Ther 2021;25(4):241-8.

28. Eisenberg D, Golberstein E, Hunt J. Mental health and academic success in college. The BE Journal of Economic Analysis & Policy 2009;9(1).

29. Headspace. (2020). A framework for building resilient communities: Connecting education and mental health. Retrieved from https://www.headspace.org.au/assets/Uploads/Corporate/2020-Head-to-Health-Mental-Health-Professional-Reference-Guide.pdf

30. Hunt J, Eisenberg D. Mental health problems and help-seeking behavior among college students. J Adolesc Health 2010;46(1):3-10.

31. Reavley NJ, Jorm AF. Stigmatizing attitudes towards people with mental disorders: Findings from an Australian national survey of mental health literacy and stigma. Austr NZ J Psychiatry 2011;45(12):1086-93.

32. Patel V, Saxena S, Lund C, Thornicroft G, Baingana F, Bolton P, Herrman H. The Lancet Commission on global mental health and sustainable development. The Lancet 2018;392(10157):1553-98.

****