

EARLY IDENTIFICATION OF MENTAL HEALTH CHALLENGES AMONG STUDENTS

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Abstract

The growing incidence of anxiety, depression, behavioural issues, and stress-related disorders among school and college students has become a significant concern for educators and policymakers. Early identification of these mental health challenges is crucial, as timely recognition allows for preventive interventions that can arrest progression and foster resilience. This paper examines how educational institutions can serve as the primary and most effective point of contact for identifying emerging mental health concerns. Drawing on current research in educational psychology and public health, it argues that teachers, counsellors, and peer mentors are strategically positioned to notice subtle behavioural, emotional, and cognitive changes that may signal distress. The discussion highlights three critical dimensions. First, systematic screening using age-appropriate, validated tools can help identify at-risk students before symptoms become severe. Second, capacity-building initiatives—such as professional development workshops and mental health literacy programmes—equip educators to respond sensitively and without stigma. Third, strong referral networks linking schools, families, and community health services ensure that students receive timely professional support. The integration of socio-emotional learning within curricula, alongside the creation of safe spaces for dialogue, further strengthens a positive mental health culture. By foregrounding early detection within a framework of empathy and confidentiality, educational institutions can transform from reactive service providers to proactive promoters of well-being. Early identification not only improves academic engagement and retention but also cultivates lifelong coping skills and psychological resilience.

Keywords: *Early Identification, Student Mental Health, Educational Institutions, Preventive Intervention, Positive Mental Health Culture*

INTRODUCTION

The mental health of people has grown to be an important global concern in the twenty-first century. Reports from around the world emphasize how urgent it is to address these issues. Significant biological, psychological, and social changes occur during the school and higher education years, which typically span from early adolescence to early adulthood. Academic expectations, changing peer interactions, changed family dynamics, and uncertainty about one's future career all contribute to stress and susceptibility. However, the widespread use of digital devices and technology has begun to affect students' wellbeing as well (Harwood et al., 2014). In educational institutions worldwide, the growing number of students experiencing behavioural problems, anxiety, despair, and stress-related illnesses has become a serious issue. Early detection of these mental health conditions is crucial as it enables preventative actions that may prevent the progression of symptoms and boost psychological resilience.

The World Health Organization (WHO, 2023) believes that one in seven teenagers suffers from a mental illness, with sadness and anxiety being the most prevalent. As a tragic result of untreated distress, suicide continues to be the second most common cause of death for individuals aged 15 to 29. The most common mental health condition affecting children was depression, which was followed by attention deficit hyperactivity disorder, social, behavioural, and emotional issues, anxiety, psychological distress, internet technology addiction, stress, social phobia, violence, and sexual and emotional abuse (Balamurugan et al., 2024). Schoolchildren deal with a variety of concerns, such as their hesitation to report problems in school for fear of victimization, their incapacity to trust people, especially if they have had bad experiences at home, and their difficulty to ask for help when they need it. The current study is focused on mental health issues among Indian schoolchildren and measures to prevent them.

The increasing integration of digital technology into social and educational contexts greatly exacerbates the experiences of students. New psychological pressures have been created by technology advancements, even while they have transformed information availability and opened up new avenues for collaborative learning. modern student's life is mediated by screens. Excessive screen use is significantly linked to poor sleep habits, impaired attention control, and increased anxiety symptoms (Boers et al., 2019). Compulsive digital involvement, cyberbullying, social comparison via digital platforms, and the constant pressure of "always-on" academic connectivity are a few examples affected mental health.

Schools and other educational institutions serve as crucial environments for students' academic and psychological growth. In these contexts, educators hold a particularly advantageous

position in the early detection, avoidance, and treatment of students' mental health issues. They have obligations as observers, supportive environment facilitators, and mediators between students, families, and professional services in addition to their teaching tasks.

LONG-TERM CONSEQUENCES OF UNADDRESSED MENTAL HEALTH CHALLENGES IN CHILDHOOD AND ADOLESCENCE

Untreated mental health issues in childhood and adolescence have significant, long-lasting impacts that go far deeper than the realm of psychology. According to empirical data, untreated behavioural, emotional, and anxiety disorders frequently show up as physical complaints such as persistent headaches, gastrointestinal issues, irregular sleep patterns, and chronic exhaustion (Patel et al., 2018). Although these symptoms are initially psychosomatic, their persistence increases the risk of cardiovascular and metabolic problems by dysregulating the hypothalamic-pituitary-adrenal (HPA) axis, which is a long-term health vulnerability (Sharma et al., 2019). It is known that dopamine activation has a role in depression (Ryan et al., 2012). Dopamine is a hormone vital for various bodily functions. The academic and vocational paths of affected students are also at risk. Adolescents who experience ongoing distress are more likely to perform poorly in studies, drop out of school more frequently, and skip school. These interruptions limit prospects for future job prospects and entrance to higher education, which prolongs socioeconomic disadvantage throughout life. These outcomes indicate how mental health issues hamper not only personal health but also more general social and economic advancement when they are not addressed.

Young individuals with untreated mental health disorders are often more likely to engage in maladaptive coping mechanisms, in addition to experiencing impairment in their academic and professional lives. Evidence from Indian contexts shows that increased consumption of drugs like alcohol, tobacco, and inhalants is linked to adolescent depression (Basu et al., 2004). While substance use may serve as a self-medication mechanism at first, it eventually worsens psychological symptoms and increases the likelihood of dependence (Robinson et al., 2011). Long-term psychological distress may be an inducer in the development of aggressive or violent behaviours. Juvenile behavioural patterns indicate that unresolved anxiety and environmental stressors increase the likelihood of peer aggression, delinquency, and conflict with authoritative adults (Farrel et al., 2010). Research indicates that untreated mental health issues during childhood and adolescence lead to a series of detrimental effects on behaviour, education, health, and socioeconomic life outcomes. Therefore, in addition to being clinical

imperatives, effective early detection and intervention within school systems are crucial tactics for preserving students' developmental potential and long-term wellbeing.

Teachers as Frontline Responders to Student Mental Health Challenges:

Schools in particular serve as crucial settings for students' academic and psychological growth. Teachers are in a unique strategic position to identify, prevent, and manage pupils' mental health issues in relation to others. Their responsibilities as observers, supportive environment facilitators, and intermediaries between students, families, and professional services go beyond their teaching tasks. Teachers spend over 1,200 hours a year interacting with students, which gives them plenty of opportunity to see patterns in behaviour, emotions, and thought processes that could indicate new psychological issues (Reinke et al., 2011). Because of this extended exposure, teachers are able to spot minor changes in students' academic performance, social interactions, and emotional control that could go unnoticed in short-term doctor visits or family situations where troubling behaviours could be explained by normal developmental variances. Evidence from both Indian and foreign research emphasizes how crucial it is for teachers to be vigilant in identifying these subtle indicators because they frequently come before a formal diagnosis (Raman & Thomas, 2023). Teachers observe students in a variety of settings, including individual work, peer interactions, structured activities, and unstructured periods, providing thorough behavioral samples that improve diagnosis accuracy, in contrast to clinical specialists who depend on occasional evaluations. Educational institutions provide systematic infrastructure supporting early detection through established communication networks, documentation systems, and referral pathways that facilitate coordinated responses to identify different concerns. By using systematic screening procedures, school-based identification systems are 2.5 times more effective than community-based methods at identifying students who require mental health services (Sanchez et al., 2018). Effective school and teacher participation in early detection necessitates thorough professional development that covers warning sign identification, mental health literacy, and suitable response procedures. Research shows that educators frequently feel unprepared to differentiate between nascent psychopathology and typical developmental difficulties (Koller & Bertel, 2006), underscoring the necessity of organized training initiatives. Evidence-based training methods are best demonstrated by the Mental Health First Aid for Schools program, which shows substantial improvements in teacher confidence, knowledge, and referral practices after organized professional development interventions (Jorm et al., 2010).

SYSTEMATIC SCREENING OF MENTAL HEALTH USING DIFFERENT TOOLS AND METHODS

Systematic screening is an organized methods to identify mental health issues before they become clinically severe. It is the foundation of successful early identification. Universal screening models, which assess all students regardless of presenting concerns, demonstrate higher identification rates than targeted approaches that rely on teacher or parent referrals (Dowdy et al., 2010). The use of psychometrically competent tools that exhibit validity, reliability, and cultural relevancy for target populations is essential to the efficacy of systematic screening. Systematic screening in Indian schools requires careful consideration of cultural sensitivity, financial constraints, and infrastructure limitations. More than 85% of schools now have basic digital infrastructure thanks to the Digital India project, which has greatly increased internet access in educational institutions. This advancement in technology opens doors for digital screening platforms that can go past long-standing obstacles with regard to data administration, scoring logistics, and paper-based tests. Launched in 2019, the Tamil Nadu School Mental Health Program offers an extensive structure for the implementation of rigorous screening in Indian educational environments (Tamil Nadu Department of School Education, 2021). The program makes use of culturally appropriate screening instruments that have been verified globally, and it is delivered via tablet-based platforms that are multilingual. Malhotra et al. (2021) developmental considerations in Indian school mental health programs, highlights the necessity of functional over chronological age considerations in screening implementation. Their study indicates that screening procedures should include factors related to educational experience, socioeconomic status, and cultural backdrop as opposed to purely chronological age for determinations of developmental appropriateness. Some of Age-Appropriate Screening Tools are as follows:

General Health Questionnaire (GHQ-12): GHQ-12 has been extensively used in 12–18-year-old adolescents and has been validated across several Indian urban and semi-urban populations. It is a screener for general psychological distress such as anxiety, depression, and social dysfunction. Pilot interventions in Kerala and Karnataka have shown that inclusion of GHQ-12 as part of regular school health check-ups enables early identification of students in need of counselling.

Strengths and Difficulties Questionnaire (SDQ): Administered to 4–17 years, the SDQ assesses emotional symptoms, conduct problems, hyperactivity, peer relationship, and prosocial behaviour. The SDQ has been used by schools in Delhi and Mumbai in India to screen students who may develop social-emotional difficulties.

Children's Depression Rating Scale-Revised (CDRS-R): For children between 6 and 12 years, CDRS-R evaluates the severity of depression symptoms and has been employed in Indian child psychiatry clinics of Chennai and Bengaluru.

Depression Anxiety Stress Scale (DASS-21/DASS-42): Indian schools in Hyderabad and Pune have utilized DASS self-report questionnaires to refer students for counselling. It is used to assesses depression, anxiety, and stress among adolescents and young adults.

CAPACITY-BUILDING INITIATIVES FOR TEACHERS

Teachers play a crucial role in the early identification, prevention, and intervention of student mental health problems. Teachers, though, might not be able to identify emotional distress or correctly respond to struggling students if they are not adequately trained and informed. Capacity development programs seek to provide teachers with the necessary skills, information, and attitudes to manage mental illness with sensitivity, decrease stigma, and create an encouraging learning environment. In India, the Central Board of Secondary Education (CBSE) has organized various Capacity Building Programs (CBPs) to prepare teachers for improving student mental health. These workshops deal with identifying symptoms of psychological distress, enhancing emotional well-being, and facilitating safe spaces for discussion in classrooms. For instance, CBSE's teacher training modules comprise discussions on identifying anxiety, depression, behavioural issues, and cyber-stress in students. Analyse such programs show that trained teachers can better recognize early warning signs and have the ability to offer immediate assistance or referral, enhancing overall school mental health outcomes.

Government programs also further support capacity development. The Rashtriya Madhyamik Shiksha Abhiyan (RMSA) has incorporated teacher training in student well-being and psychosocial support within its secondary school framework. This includes mental health literacy workshops, strategies for emotional regulation, and SEL classroom activities. In a similar fashion, the National Mental Health Programme (NMHP) and District Mental Health Programme (DMHP) offer training modules for school teachers so that they can identify symptoms of mental health and allow for early referrals to professionals. Capacity-building among teachers is also facilitated through innovative state-level programs. In Delhi, the "Happiness Curriculum" by the government fosters emotional well-being in schools and has special training sessions for teachers in stress management, developing empathy, and socio-emotional learning.

Capacity-building programs usually utilize a blend of workshops, in-service training, online materials, and peer mentoring. Workshops offer theoretical information and practical

techniques for early recognition and intervention. In-service training guarantees consistency and change to meet changing mental health issues, such as technology-related stress, academic pressure, and social media effects. Online platforms provide easily accessible resources, while peer mentoring enables sharing of experiences and effective methods among teachers, promoting ongoing professional growth.

In spite of these efforts, gaps remain. Many rural and under-equipped schools are not included in formal training programs, so teacher preparedness is not equitable. Moreover, few follow-up systems may minimize long-term effects of training. To fill these gaps, policymakers need to embed routine mental health education for teachers, incentivize participation, and build capacity-building programs into general school development plans. In addition to this, cooperation with mental health practitioners, NGOs, and local community groups can also improve the effectiveness of teacher training programs.

COLLABORATIVE REFERRAL PATHWAYS FOR SCHOOL-BASED MENTAL HEALTH INTERVENTIONS

Establishment of effective referral networks among schools, families, and health services is a must. These networks open the avenues that link initial identification of distress at school to specialist mental health interventions, thus ensuring that learners access comprehensive, continuing, and appropriately context-attuned assistance.

In India, where stigma surrounding mental illness still remains a hindrance, systems of referral come to the forefront of efforts to bridge the gap between schools and health services. Teachers and counsellors act as the initial contact point, but they are not able to extend clinical care. Therefore, organized referral systems are required to connect identified students with professional services provided by government hospitals, private practitioners, and community-based organizations (Seyed-Nezhad et al., 2021). For instance, the District Mental Health Programme (DMHP) under the National Mental Health Programme (NMHP) aims to provide mental health care to schools through outreach clinics and collaborations with local education department offices. These initiatives facilitate smooth transitioning of students in need from schools to community-based care providers, especially in deprived settings (Garg et al., 2019). Involvement of families is a foundation of successful referral systems. Parents are reluctant to pursue psychiatric treatment because of misconceptions or fear of labeling, but when schools encourage families to participate in the referral process, acceptance greatly increases. Research in Indian settings illustrates that school-based parent awareness sessions, coupled with consistent communication from teachers, decrease stigma and improve referral compliance (Parikh et al., 2019). In addition, by being confidential and placing referrals in a supportive

rather than punitive context, schools can increase family trust and therefore encourage them to continue with professional consultation.

Community health services and non-governmental organizations (NGOs) are also part of these networks. Institutions like NIMHANS in Bengaluru and SCARF (Schizophrenia Research Foundation) in Chennai conduct school outreach programs where students are referred for evaluation and treatment. School collaborations with these specialized institutions not only ensure professional treatment but also foster long-term care through counselling, therapy, and rehabilitation services. Such collaborations are also crucial in rural areas and low-income communities, where schools may lack in-house psychologists or counsellors (Nichols et al., 2017). Referral networks are becoming stronger with digital platforms. Tele-counseling services, including the ones introduced under the Tele-MANAS scheme (2022) by the Ministry of Health and Family Welfare, offer instant psychological counselling for students who have been recognized as being at risk. Teachers can refer students directly to toll-free helplines, ensuring expert interaction without delay. This has been especially effective during the COVID-19 pandemic and its aftermath, when school shutdowns exposed students to heightened stress, loneliness, and anxiety (Singh et al., 2020).

Notwithstanding these improvements, there are still challenges. Referral systems tend to be weak and disjointed, with poor coordination between healthcare and educational systems. In rural India, geographical barriers like distance to healthcare units and the unavailability of child psychiatrists pose difficulties in making referrals convenient (Mathur, Chawla & Chadda, 2024). These problems are addressed with multi-level interventions, such as government-stipulated school–health connections, teacher education in referral systems, and investment in community mental health infrastructure.

CHALLENGES FOR EARLY MENTAL HEALTH IDENTIFICATION IN EDUCATIONAL SETTINGS IN INDIA

The adoption of widespread early mental health identification systems in Indian schools is confronted with multi-layered challenges ranging from infrastructure, human resources, and cultural to systemic levels. Infrastructure and resource limitations are the most tangible obstacles, with wide disparities existing between urban and rural schools in spite of the Digital India program connecting the internet to more than 85% of schools (Ministry of Electronics and Information Technology, 2022).

Lack of infrastructure for mental health evaluation: Schools especially in rural areas do not have proper physical facilities such as private rooms for confidential discussions of mental health, steady electricity for online screening platforms, and minimal technological equipment

required for systematic assessment techniques, while budget constraints compel schools to prioritize mental health programs against other educational needs, heightened by the lack of specialized budget lines for school mental health in most state education budgets.

Lack of trained teachers: The lack of professional development and workforce training is one of the main obstacles to addressing student mental health in India. The lack of emphasis on mental health in the National Council for Teacher Education's (NCTE) curriculum leaves teachers unprepared to recognize or treat psychological discomfort in students. Due to resource and infrastructure limitations, this disparity is exacerbated in rural and remote locations, where access to resources for in-service professional development is limited. Meanwhile, the issue is made worse by the nation's general lack of qualified mental health specialists. Currently, India has less than 0.75 psychiatrists and 0.37 psychologists per 100,000 people, which is significantly less than what the World Health Organization (WHO) recommends (NIMHANS, 2016). In light of this, educators are frequently forced to take on unofficial mental health duties for which they lack the necessary training and institutional support, which results in inconsistent and inadequate solutions to the needs of students.

Culture and social challenges: Due to the persistent stigma associated with mental illness and societal presumptions that it results from personal weakness, spiritual justifications, or familial humiliation, social and cultural constraints pose persistent difficulties. It creates challenges to recognition and assistance. Due to significant cultural disparities in how mental health is conceptualized and symptoms are expressed, the linguistic and cultural diversity seen throughout India's 28 states and 8 union territories also makes it difficult to adopt uniform screening (Raguram et al., 2019).

Challenges of integration and coordination: In India, systemic coordination and integration issues continue to be the primary impediment to student mental health support. With few official channels for cooperation or information exchange, educational institutions frequently function independently of healthcare services. Poor coordination, postponed interventions, and, children sliding through systemic gaps are the results of this fragmentation. Furthermore, there is still a lack of development in the legal and legislative frameworks pertaining to mental health in educational settings.

Effect of digitization: Teens and young adults can gain much from social media, including increased connectivity, information access, and self-expression options, but there are also some hazards. Addiction, unreal comparisons, cyberbullying, and other mental health issues are some of these concerns (Bozzola et al., 2022).

RECOMMENDATION ON MENTAL HEALTH CHALLENGES IN INDIA

Infrastructure development, workforce development, cultural responsiveness, systems integration, technology innovation, research and evidence building, and policy advocacy are some crucial dimensions that require the implementation of a comprehensive set of recommendations in order to address mental issues. Proper workforce development strategy needs to incorporate mental health in teacher training by NCTE making it obligatory to include comprehensive mental health courses in all teacher preparation courses.

To train the teachers, there should be obligatory yearly mental health training for all education staff with varied curriculum for administrators, teachers, and support staff prepared by State Councils of Educational Research and Training (SCERTs) that can be localised and ensuring standards. Cultural sensitivity and community involvement is necessary to overcome the mental health challenges in India. The application of community-oriented participatory methods involving local community leaders, religious leaders, and traditional healers in mental health program planning ensures cultural appropriateness and community acceptance.

States must establish basic infrastructure standards for school mental health programs, including private counselling rooms and technological equipment, in order to mobilize resources and construct infrastructure. More policy at central level should be implemented to establish structured partnerships between schools and local health authorities. Studies demonstrate that integrating health services within schools enhances accessibility and reduces stigma in seeking care (Semrau et al., 2024). Joint training between teachers and healthcare providers can be helpful in early detection of mental issues among students.

CONCLUSION

The increasing load of mental health issues in students highlights the urgent requirement for early detection of psychological adversities in academic environments. unaddressed, disorders like anxiety, depression, and stress disorders have the potential to severely impair the academic performance, social growth, and future well-being of students. Early detection not only averts the aggravation of symptoms but also provides scope for intervening early that can strengthen resilience and coping abilities.

Teachers, being the most regular and dependable adults in students' lives, are best placed to pick up on subtle changes in behaviour and emotion that otherwise would be overlooked. Their daily interaction with children enables them to detect early warning signals and respond with empathy, guidance, and referral to expert help where appropriate. Building teachers' capability through training, mental health literacy, and system support structures is hence the key to any strategy for enhancing student well-being. Within the wider educational environment, schools need to look beyond a narrow emphasis on attainment to adopt an integrated view of childhood

growth and development wherein mental health is included. Psychological distress in the classroom is not only a moral imperative but also an investment in the futures of learners and society more widely. By empowering educators and integrating mental health as an integral priority, schools can develop spaces to nurture both academic achievement and emotional strength to produce healthier generations.

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