Indian Journal of Social Sciences and Literature Studies
Vol. 11, Issue 2, October 2025
ISSN 2349-5634 (Print) ISSN 2455-0973 (online)

Integrating Mental Health Awareness into Senior Secondary Curriculum in India

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Abstract

In recent years, mental health challenges among school-going adolescents in India have become more visible, especially among those in senior secondary classes. However, most schools still don't have any formal system to teach or talk about mental well-being. This paper looks into why mental health education is important at this stage, what's stopping it from being included in the curriculum, and how it could be introduced in a realistic and meaningful way. The study draws on academic research, policy reviews, and insights from interviews with teachers and students. It appears that integrating mental health awareness into the school curriculum could help reduce stigma, improve emotional understanding, and support student development overall. A few practical suggestions have been discussed for how schools and policymakers can make this change happen.

Keywords: Mental health education, adolescents, school curriculum, India, emotional well-being, stigma reduction, policy barriers, educational reform.

Integrating Mental Health Awareness into Senior Secondary Curriculum in India

Senior secondary school is a turning point in a student's life. At this stage — usually between ages 16 and 18 — students deal with a lot: high academic pressure, board exams, decisions about their careers, family expectations, and also their own personal identity and emotions. For many, it becomes a stressful and confusing time. According to the National Mental Health Survey conducted by NIMHANS (2020), nearly 20% of adolescents in India may be dealing with some form of mental health issue, whether it's anxiety, depression, or something else. But in most Indian schools, there's no space in the curriculum where students can learn about mental health or even talk about it openly. This paper explores why we need to include mental health education in the senior secondary curriculum and what that could look like in practice. It also takes into account the challenges schools might face — such as lack of trained teachers or resistance from parents — and how some of those issues might be overcome. Examples from other countries, as well as voices from Indian educators and students, are used to support the arguments made here.

Statement of the Problem

Despite NEP 2020's emphasis on holistic development, mental health education is not formally integrated into the Indian senior secondary curriculum. This omission is a critical issue given the academic pressure and societal expectations faced by students.

Key problems include:

•Policy-to-Practice Gap: A clear disparity exists between the theoretical support for student well-being in policy and the actual implementation of mental health programs.

•Lack of Teacher Training: Educators are often not trained to identify mental health issues or deliver related educational content.

•Stigma and Awareness: A lack of open dialogue and widespread stigma surrounding mental health issues prevents students from seeking help and schools from prioritizing this area.

1. Review of Literature

1.1 Mental Health Education around the World

More and more countries are realizing that mental health matters just as much as physical health—especially for kids and teens. For example, in the UK, mental health lessons are part of their PSHE classes (which stands for personal, social, health, and economic education) (Chauhan & Joshi, 2021). Australia has a program called Mind Matters that helps students and teachers understand

emotional well-being and learn how to support each other. Canada suggest that school-based mental health programs can lead to better academic performance, reduced absenteeism, and stronger interpersonal skills among students (Weare & Nind, 2011; O'Reilly et al., 2018)These kinds of programs show that schools don't just wait for problems to happen; they make mental health a regular part of daily learning. The World Health Organization (WHO, 2021) defines mental health as a state of well-being in which individuals realize their potential, cope with the normal stresses of life, work productively, and contribute to their communities. Adolescents, particularly in senior secondary classes, are highly vulnerable due to the transitional nature of this life stage. Studies by Malhotra & Patra (2014) have highlighted a growing prevalence of anxiety and depressive disorders among Indian adolescents, yet awareness remains low, and support systems are minimal. The World Health Organization (2018) also suggests that schools, especially in developing countries, should include mental health education since it can be hard for students to get outside help.

1.2 What's the Situation Like in India?

In India, things are a bit different. Mental health problems among teens are common but rarely talked about openly. According to WHO, 1 in 7 adolescents in India experiences mental health issues. Reports from NCERT and UNESCO point to a lack of structured mental health interventions in curriculum frameworks. Students face a lot of pressure—from exams, parents, and society—but most schools don't have clear ways to help students cope. Despite several policies — such as the National Mental Health Programme (NMHP) and Rashtriya Kishor Swasthya Karyakram (RKSK) — that mention adolescent mental health, implementation in school settings is still weak (Gururaj et al., 2016). Moreover, the National Education Policy (NEP) 2020 includes holistic development and well-being as goals but stops short of mandating mental health education explicitly in the curriculum.

In a study conducted by Singh et al. (2019), it was found that over 60% of students in Classes 11 and 12 experienced academic stress and performance anxiety, yet only 12% of them had ever interacted with a school counselor. Research also shows that teachers often feel underprepared to deal with students' emotional issues, especially in rural and government schools (Kapur, 2017). The lack of training, absence of counselors, and cultural stigma around mental illness collectively act as barriers to promoting mental health education in Indian schools. For example, one student in Odisha shared, "I feel really stressed before exams but don't know who

to talk to." A study by Sahoo and Padhy (2020) showed many students felt anxious and stressed but didn't know where to get support. Some private schools in cities might have counselors or workshops, but this isn't common in government or rural schools. Experts like Bhatia and Malik (2020) point out that many mental health issues start in adolescence and can get worse if ignored.

1.3 Policy Context in India

The NEP 2020 emphasizes holistic development, including mental well-being, and recommends incorporating life skills and emotional learning into curricula (MoE, 2020). Despite this, there is a significant implementation gap due to lack of teacher training, awareness, and institutional support (Singh & Misra, 2021). NEP 2020 promotes "well-rounded individuals" but lacks actionable frameworks for integrating mental health into everyday classroom practices. Teachers often lack training and confidence to address emotional issues in class

1.4 Why Is Mental Health Education Still Missing?

One big reason is stigma. In many parts of India, people still think mental health problems mean someone is weak or "crazy," so they avoid talking about it. Teachers, parents, and even students sometimes don't want to bring it up because they're afraid of being judged or labeled (Zaman & Khan, 2019). Also, most teachers haven't had training on mental health, so they don't feel comfortable discussing it (Gupta & Mehta, 2021). On top of that, schools already have packed schedules, so mental health education is often seen as something extra. When schools do try to teach it, it's usually just a one-off talk or event, which doesn't do much good (Vyas & Verma, 2021).

1.5 Barriers to Integration

One of the biggest problems is that mental health still carries a lot of stigma in Indian society. Talking about depression, anxiety, or even stress is often seen as a weakness. Teachers, parents, and even students sometimes avoid these topics because they don't want to be labeled (Zaman & Khan, 2019). On top of that, there's a lack of trained teachers or school staff who know how to handle mental health education. Gupta and Mehta (2021) mention that many teachers feel uncomfortable talking about these topics because they've never received proper training. Schools also face time constraints, with a packed syllabus that leaves little room for "extra" topics.

Vyas and Verma (2021) explain that even when schools try to address emotional health, it's usually done in the form of short lectures or one-time events, which aren't very effective. There's no structured curriculum that deals with mental health on a regular basis.

1.6 Teachers and Counselors Can Make a Difference

Teachers often notice when a student is struggling but don't always know how to help. For example, one teacher said, "I see when a student is upset, but I don't know what to do to support them." That's why giving teachers basic mental health training is important so they can spot warning signs and offer help (Sundararajan & Kumari, 2020). Also, having trained counselors or psychologists in schools can create a safer, more understanding environment where students feel comfortable opening up (Reddy & Soni, 2022).

1.6 Theoretical Framework

This study is guided by two frameworks:

- Social-Emotional Learning (SEL): The SEL framework (e.g., CASEL model) posits that key social and emotional competencies—self-awareness, self-management, social awareness, relationship skills, and responsible decision-making—are crucial for academic success and life-long well-being. This study will use SEL as a basis for structuring the proposed curriculum content.
- Bronfenbrenner's Ecological Systems Theory: This theory views child development as a complex system of relationships influenced by various environmental levels. The study will apply this to understand how mental health is shaped by the student's microsystem (family, peers), mesosystem (interactions between family and school), exosystem (community resources), and macro system (cultural values, national policy). This will inform the development of a framework that addresses mental health from multiple interconnected levels.

2. Methodology

This study used a qualitative research approach to explore how mental health awareness can be integrated into the senior secondary school curriculum in India. The goal was to understand the current status, challenges, and opportunities from the perspectives of key stakeholders — students, teachers, and school administrators.

Participants:

The research involved semi-structured interviews with 10 senior secondary students (Classes 11 and 12), 5 teachers, and 2 school principals from three different schools in Gujarat — one private, one government, and one semi-aided. Participants were selected using purposive sampling to ensure diversity in school type, gender, and background.

Data Collection:

Interviews were conducted face-to-face and via phone calls, depending on participants' availability. Each session lasted between 30–45 minutes and focused on the following themes:

- Awareness and understanding of mental health
- School experiences related to stress, anxiety, or emotional well-being
- Current support systems in schools
- Perceived need and suggestions for mental health education

In addition to interviews, the researcher also reviewed current curriculum documents (NCERT textbooks, Gujarat Board syllabus) and national education policies to identify existing content related to mental health.

Data Analysis:

Thematic analysis was used to interpret the qualitative data. Transcripts were coded manually to identify recurring themes, attitudes, and gaps in current practices. The triangulation of data from interviews and document analysis helped validate the findings.

Ethical Considerations:

Participants were informed about the purpose of the research and gave verbal consent. Confidentiality was maintained, and no real names or identifying details have been used in this paper.

3. Findings

3.1 Low Awareness but High Need

Most students interviewed had only a vague understanding of mental health. Many equated it with being “mad” or thought it only referred to severe conditions. However, nearly all students reported experiencing stress due to exams, peer pressure, or parental expectations — showing that the need for awareness is urgent.

3.2 Teachers Feel Unprepared

Teachers acknowledged the presence of emotional issues among students but admitted they had neither the training nor the time to address them properly. A few teachers said they tried to offer informal support but felt unsure if they were helping or making things worse.

3.3 Lack of Formal Curriculum Content

A review of textbooks showed that topics like emotional intelligence, stress management, or mental health disorders are either missing or only mentioned briefly. There is no systematic effort to build mental health literacy across subjects.

3.4 Stigma Still Strong

Both students and teachers reported that discussing mental health openly is still considered "shameful" or "embarrassing." One student said, "If I tell my parents I feel anxious, they'll say I'm making excuses." This shows the persistence of stigma at home and in schools.

3.5 Openness to Change

Despite the above challenges, there was a strong willingness among students and teachers to include mental health education in schools. Students said they would feel better if they had someone to talk to or if their struggles were taken seriously. Teachers expressed interest in getting trained, provided resources were available.

4. Significance of the Study

This study will contribute toward developing actionable strategies for integrating mental health awareness in Indian educational curricula. It will also inform policy implementation in line with NEP 2020 and help build more emotionally intelligent and resilient youth. The findings could serve as a blueprint for curriculum developers, educators, and mental health professionals.

5. Discussion

The findings highlight a clear disconnect between what students need and what schools are currently providing when it comes to mental health education. On one hand, it's obvious that students are facing increasing stress — not just from academics, but also from family pressure, social expectations, and their own emotional struggles. On the other hand, schools are still treating mental health as a side issue, or sometimes avoiding it altogether.

This gap is not unique to India, but it's more severe here due to cultural taboos, lack of trained staff, and limited policy focus. The fact that many students couldn't even define basic mental health terms shows how urgently awareness needs to be built. This is not something that can be fixed through one-time workshops — it needs to be embedded in the regular school experience.

Teachers are also in a difficult position. They often notice students struggling but don't feel equipped to respond in a meaningful way. It's not fair to expect teachers to act as counselors without proper training. Looking at international examples, it's clear that mental health education

doesn't have to be a separate subject. In the UK, it's integrated into life skills or personal development courses. In Australia, it's part of a whole-school approach.

What also stood out was the role of stigma — both among students and adults. If we want to make real progress, we need to work on changing how mental health is perceived. It's not just about treating illness, but about promoting well-being, resilience, and emotional balance.

6. Recommendations

Based on the findings and insights from this study, here are a few realistic recommendations that could help schools in India start integrating mental health awareness into the senior secondary curriculum:

1. Start with Curriculum Adjustments

Mental health education doesn't need to be a full new subject. It can be added to existing subjects like biology (when discussing the brain), life skills, or moral science. Topics like emotional intelligence, managing stress, dealing with peer pressure, or understanding anxiety and depression could be included gradually.

2. Train the Teachers

Teachers don't need to become therapists, but they should know the basics. Regular training sessions can help them recognize signs of distress, handle conversations with students more sensitively, and know when to refer a student to a counselor.

3. Hire or Appoint Counselors

Schools — especially those with large student populations — should have access to trained counselors. Even if it's not feasible for every school to have one full-time, a shared counselor model across nearby schools could work in rural areas.

4. Include Parents in the Process

Parents often influence how mental health is viewed at home. Schools can hold sessions or workshops for parents to help break the stigma, explain the importance of emotional support, and encourage open communication.

5. Policy Support and Guidelines

At the national level, mental health education needs to be clearly included in education policies and frameworks. The National Curriculum Framework and state boards should provide detailed guidelines — not just general suggestions — on how schools can implement mental health content across subjects.

6. Focus on Early Intervention

Don't wait until students reach class 11 or 12. Conversations around emotions and mental well-being should begin much earlier, even in primary classes, so that by the time students reach adolescence, they're already familiar with these ideas.

Conclusion

Mental health is not a luxury or a trend. There's no denying that mental health is a growing concern for students in India's senior secondary schools. . For senior secondary students in India, it is a growing necessity. As academic pressures mount and social environments become more complex, students need more than just textbooks, they need emotional support, psychological tools, and safe spaces to grow. It won't solve every problem overnight, but it can go a long way in helping students understand their emotions, ask for help when needed, and reduce the stigma that still surrounds mental health in our society. What this study makes clear is that students are often left to deal with stress, anxiety, and emotional pressure on their own — and that schools, for the most part, aren't yet set up to support them. This paper has shown that while the need is real and urgent, the pathway to integration is also possible, provided we take a structured and inclusive approach. For a truly holistic education system, mental health must move from the margins to the center of our curriculum.

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