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Review Article

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Positive youth development programs for mental health promotion in Indian youth: an underutilized pathway

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ABSTRACT

There is an unprecedented growth in the young population worldwide and especially in India and mental health of youth is an area of growing concern. The scope of convergence of the fields of positive youth development and mental health promotion among youth is becoming evident in the recent times. The paper aims to provide a brief overview of the field of PYD research in India and come up with implications for utilizing this framework for youth mental health promotion. A rapid review was carried out to examine Indian research on positive youth development and its relevance for mental health promotion through youth engagement. Two sets of key words, 'Positive youth development' and 'India' were jointly used as search words. The search was carried out in the month of April 2017, using EBSCO and ProQuest and MedIND as the electronic databases, with no restriction in the time-period of the published studies. A supplementary search of titles using Google search engine was done with eight Indian journals and one database for the period from 2010 till date. The search indicated significant paucity of Indian literature on positive youth development. A total of 24 articles were identified. Nine studies were retained of which six were non-intervention and three were intervention studies. The review suggests that PYD programs and PYD based mental health promotion programs are in a nascent stage in India with a dearth of published literature on the same. Implications for youth mental health promotion are highlighted.

Keywords: Positive youth development, Youth engagement, Mental health promotion

INTRODUCTION

There are social, cultural, political and historical differences in the way youth is defined across nations. In India, youth is defined as those within the age range of 15 to 29. About 356 million people in India are between the ages of 10 to 24 years and that means that roughly one in every third person is a young person. India, in this sense is a young country, with about 30% of its population being youth. This is referred to as the 'demographic dividend' and highlights the vital role of investing efforts in youth-centric initiatives.

It is in the above context that the health of youth assumes paramount importance in national discourse. Mental health issues have emerged as the single most common cause of disability among young people as well as a key health issue faced by those in emerging adulthood. ^{3,4} It is found that 75% of the people with adult-type psychiatric disorders have the onset of their mental health problem before the age of 24 years. ⁵ A meta-analysis showed the prevalence of mental disorders to be 22.2 per 1000 among 15-24 years old individuals in India. ⁶ Forty percent of men and 5% of women within the age range of 15-24 years have been reported to be using tobacco nationwide. ⁷ Another area of concern with respect to the

young people is the high rate of suicide. The Million Death Study found that 3% of the deaths above the age of 15 were due to suicide and 40% of suicide deaths in men and 56% of suicide deaths in women occurred within the age range of 15-29 years and suicide is the second leading cause of death among this age group in India. The morbidity and mortality due to road traffic accidents among young people is yet another issue. Nearly 10-30 per cent of the young people in India experience health impacting behaviours and conditions that need urgent attention of policy makers and public health professionals. Description of policy makers and public health professionals.

Youth mental health: challenges

Several challenges are reported in dealing with the mental health issues of young people. Mental illnesses start early in life, and thus prevent young people from achieving their potential and frequently persist into adulthood, causing lifelong distress and disability.⁵ Yet another challenge is the treatment gap, with only 10-15% of the young people with mental health problems receiving help from the available mental health care services.³ Treatment avoidance is significantly higher among young males than among females, a finding seen across studies. 11,12 Among those who do seek help, there is typically a significant delay from the time of onset of the problem to the first treatment contact. ¹³ There seems to have been an evident negligence from the society of youth mental health care. 14 It is opined that the mental health care system is the weakest where it needs to be the strongest. 4 A very similar scenario prevails with respect to rates of help seeking in Indian youth.15 The low rates of professional help seeking are attributable to a host of factors such as low mental health awareness, stigma, poor access to services, excessive self-reliance and negative attitudes towards help seeking.16

Till recently, the efforts to deal with mental health issues of young people had its roots in the assumption that youth is an age of storm and stress. This is now recognized to be an erroneous assumption that led to development of problem-focused prevention approaches revolving around identification, reduction, and prevention of pathogenic factors. These approaches fall short of providing a comprehensive response to the various mental health and developmental needs of youth.

In the last few decades, a new paradigm in the field of youth development— the strength-based positive youth development has emerged. ¹⁷ This has been possible as a result of multiple factors such as a growing body of research demonstrating resilience of youth in the face of major life adversities, evidence for significant individual variations in development and emergence of relational developmental systems theories. ^{18,19}

Positive youth development

The newly emerged positive youth development (PYD) perspective has taken a prominent place the

contemporary models of youth development.²⁰ It comprises of two key hypotheses, the first pertains to what brings out positive youth development and second is about what constitutes positive youth development.²¹ The first hypothesis states that the alignment of strengths in youth with resources for healthy development available in their context can enhance positive functioning. The second hypothesis states that 'PYD is characterized by 'competence', 'confidence', 'connection', character' and 'caring'; the five C's.²² The presence of these five Cs over time is hypothesized to lead to the emergence of a 6th C i.e., contribution. Furthermore, it also suggested that there is an inverse relation between indicators of PYD and risk/problem behaviors.

The term positive youth development is understood in at least three ways in the literature. First, it is used as a way of describing the development during childhood and adolescence (as a developmental process). It is also considered as a philosophy that focuses on a positive, asset building orientation. Finally, PYD represents specific instances of programs or organizations that focus on healthy youth development and this last conceptualization forms the thrust of this review.

A distinguishing feature of positive youth development as a model for youth development is the emphasis on the active engagement of youth. The PYD approach highlights the value of youth engagement by suggesting the vital role of aligning youth to their contexts and their participation in community programs as a means for the same.²¹ Creation of opportunities for youth to engage in activities as participants as well as leaders is seen as a fundamental component of any effective PYD program.²⁴ Also, in the conceptualization of PYD as a developmental process, it is suggested that positive youth development happens when a motivated young person gets activated and remains engaged in various domains of life. 25 Thus, it becomes evident that PYD has "engaged youth" at its core and that youth, when engaged in constructive and productive activities show positive changes in multiple domains of life.

PYD based youth mental health promotion

Mental health promotion is defined as actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles, and involves a range of actions to increase the chances of more people experiencing better mental health. The examination of the principles of PYD and the definition of mental health promotion suggest that the PYD holds framework holds promises for the field of youth mental health promotion.

Risk-focused approaches to mental health promotion that have dominated the field can result in a proliferation of programs that are specific to separate problems, leading to lesser appreciation of the shared risk, protective, and promotive factors.²⁷ Also, focusing on the problems of

young people poses the risks of stigmatization and undermining their motivation and engagement.²⁰ Preventing diseases or behavioural problems does not imply that positive development is actualized.²⁸ Also, actions aimed at preventing risk behaviours is not same as promoting positive youth development and preventive programs and policies do not necessarily prepare youth to contribute to the society. PYD framework emphasizes largely on the attributes, skills, competencies, and potentials to become successful in all areas of life, thus enabling young people to achieve normal development, not just to prevent problem behaviours.²⁹

By considering youth as naturally competent, and focusing on positive aspects of health such as assets, strengths and external resources, the PYD approach creates a platform for empowering youth to act as active agents in their own development and nurturing mental health. ^{30,31}

Nevertheless, preventing developmental deficits and promoting developmental strengths are parallel, unique, and complementary tracks, both having informed youth policy during the last 40 years, with the former clearly dominant and the latter gaining momentum and heightened recognition.³² Further, combined efforts of these two streams for mental health are advocated as there is significant overlap in strategies employed.³ It is important that policies and programs focus on both risk and protective factors to prevent mental health problems and promote positive youth development.³³

A broad scan of the global literature highlights the utility of nations investing in PYD programs. There is mounting evidence that PYD programs that have been employed in varied contexts have demonstrated to have multiple benefits, e.g. improved self-esteem, motivation and selfefficacy, increased pro-social bonding, cognitive, social and emotional competence, increased personal and social skills, higher levels of youth civic engagement, higher levels of behavioral and emotional engagement with school, and improved academic performance and so on. 34,35 A bulk of the studies have focused on youth at risk and utilized content targeting education about the specific kinds of risk in question (substance use, sexual and reproductive health, youth from slums or poverty ridden areas, etc.), though there are a few that have focused on general samples of youth.

In the backdrop of the global and the national scenario mentioned above, the paper aims to provide a brief overview of empirical research in India that may be said to fall within the positive youth development (PYD) framework as well as to highlight the scope for developing and testing PYD interventions that explicitly integrate mental health promotion components for empowering youth with awareness and skills that serve as protective factors for their mental health.

METHODS

A rapid review was carried out to examine Indian research on positive youth development and its relevance for mental health promotion through youth engagement. A key-word driven search was carried out in the month of April 2017, using EBSCO, ProQuest and MedIND as the electronic databases, with no restriction in the timeperiod of the published studies. Two sets of key words, 'Positive youth development' and 'India' were jointly used as occurring in any text field. As this method, resulted in only a small number of articles; a supplementary search of titles (using Google search engine) of the following Indian journals was carried out for the period from 2010 till date: Journal of Child and Adolescent Mental Health, Journal of Indian Academy of Applied Psychology, Psychological Studies, Indian Journal of Clinical Psychology, International Journal of Indian Psychology, Indian Journal of Psychiatry, Indian Journal of Psychological Medicine, Indian Journal of Community Psychology. In addition the supplementary search included search of the repository of Indian doctoral theses available on Shodhganga, a web-based platform. The supplementary search involved an iterative process and entailed search of the titles of articles at the first level for identifying potentially relevant studies and subsequently the scan of the abstracts and full text of the shortlisted articles. An attempt was made to stay overinclusive to begin with, and include all studies in the first stage of supplementary search that programmatic/intervention based, in order to avoid the risk of filtering out relevant studies before examination of abstracts. This was required as comprehensive search options were not available for all the individual journals. The key studies reviewed on PYD were classified as intervention/program based and non-intervention studies. The non-intervention studies finally included were those that explicitly utilized the construct of PYD. For inclusion as intervention studies, the following criteria were used: interventions that provided (1) opportunities for youth participation and leadership (2) had an emphasis on development of life skills, and (3) provided a context for sustained and caring youth-adult relationships. These are features that are listed as the 'Big Three' components of effective PYD programs.²

RESULTS

PYD research: the Indian scenario

The search indicated a significant paucity of Indian literature on positive youth development. There were eight articles that were retrieved through search of EBSCO database whereas the supplementary search of specific journals as mentioned earlier threw up 13 articles. The search of MedIND and ProQuest resulted in three articles. These studies were examined jointly by the first and the second author for their relevance to the review. Nine studies could be retained as per the inclusion criteria mentioned earlier.

Summary of PYD studies

Non-intervention studies

Vision Foundation, New Delhi (2003) carried out an evaluation of nine youth development programs under Nehru Yuva Kendra Sangathan (NYKS), an autonomous organization under Ministry of Youth Affairs & Sports, Government of India, catering to the developmental needs of non-student rural youth in the age group of 15-35 years, with the objective of mobilizing and organizing rural youth who are not attending the schools and colleges.³⁶ The study involving 744 informants, selected from over 16 districts in the six States (Assam, Bihar, Jharkhand, Orissa, West Bengal and Manipur), used indepth interviews, group discussions and observations for data collection. It was found that youth clubs played a major role in enrolling youth for the various programmes. Among the programs arranged, programmes on awareness of social issues (92%) led the list. Moreover, 96% of the informants reported that they had been benefited by NYKS programmes. More than 80% of the youth reported positive impact of the programmes and activities of NYKS associated with regular contact (once a month) with an official of NYKS.

Parasuraman et al under the aegis of Ministry of Youth Affairs and Sports, Government of India, reviewed the National Service Scheme (NSS) which is a student organization with more than 3 million volunteers across 298 Universities and 44 schools and focuses on the development of personality of students through community service.³⁷ The study, including personnel working directly and indirectly with NSS from five different zones, assessed the nature and spread of activities, its impact and sustainability; administrative and financial mechanism; training and motivational aspects of NSS. Data was collected using a mixed method approach. Majority of the volunteers studied (98%) were below the age of 25 and belonged to poor socioeconomic status (73%). The study found that the various types of NSS activities covered a wide range of topics including physical and mental health, youth empowerment, environmental conservation, gender and women empowerment, celebration of various national and international days etc. Further, all the activities had an active participation of the students. This study sampled 723 National Service Scheme volunteers and reported increased confidence, communication skills and awareness of social issues as outcomes of youth volunteering. Fifty nine percent of the volunteers reported NSS as an avenue for doing social service, 48% reported opportunities for networking, 32% reported name and fame, and 37% reported certificate or promotions as the reasons for continuing.

Experiences of 19 young volunteers from three urban centres of western India were explored in another Indian study, to understand the outcomes of civic engagement. It was found that civically engaged youth were actively and

constantly engaged in bringing the cause of vulnerable groups to the view of the larger society. These engaged youth reported important shifts in their moral perspectives which developed during civic engagement. ³⁸ This approach comes closest to PYD with its focus on youth engagement as a medium for change.

Michael et al explored the indices of youth engagement in a sample of 300 college going youth in urban India. ³⁹ A survey, involving nine items on frequency of engagement was used to capture youth engagement as a construct. Having a mentor and a role model that inspired one to think about social issues was associated with higher levels of youth engagement. Only 33% of the participants reported awareness of programs/opportunities for youth to be exposed to / receive training to engage in social-change activities. While 27% reported awareness of volunteering activities in their local community, only about 21% reported as being currently engaged in any form of volunteering through any organization, despite 58% showing interest in knowing about volunteering opportunities.

Choudhary et al sampled 300 urban Indian youth, within the age range of 18-28 years. 40 They attempted to explore whether civic engagement contributes significantly to subjective well-being in emerging adulthood. They reported that male participants had significantly higher level of civic engagement compared to females. A positive correlation was found between status of civic engagement and subjective wellbeing. Regression analysis revealed that civic engagement contributed to almost 58% of variance in wellbeing among participants, indicating that civic engagement does predict subjective wellbeing among emerging adults.

The value of youth engagement approach in the field of mental health was highlighted in a report on Youth Pro, an initiative meant to engage youth in the cause of mental health promotion through a brief orientation sensitization program followed by support for development of youth action-groups. A brief analysis of anonymous feedback from 195 randomly selected participants of Youth Pro revealed that 98% of the youth reported gaining new information on mental health and receiving specific ideas on how to contribute to youth mental health, with 92% reporting feeling inspired in one way or another to contribute to the cause of mental health. ⁴¹ Qualitative data revealed self-reported positive shifts in perspectives about mental health and inclination to engage in supportive actions for peers in distress as well as to volunteer for mental health awareness building.

Intervention studies

Perry et al assessed the effectiveness of a school-based intervention – Project MYTRI (Mobilizing Youth for Tobacco-Related Initiatives in India) designed to reduce tobacco use among adolescents. ⁴² The study included 14063, 6th to 8th grade students, from 32 schools in Delhi

and Chennai, India, The multi-component universal program was intended at influencing environmental and intrapersonal factors thereby reducing tobacco use among adolescents. The two-year study included peer-led classroom activities, posters, parental involvement, and peer-led outside-classroom activities etc. Further, the program implementation included training of field staff, teachers, and peer leaders in each city with an ongoing support in the schools by the project field staff. It was found that over the two years of intervention, there was a significant difference between the intervention and delayed-intervention control group on tobacco use outcomes; with rates of cigarette smoking and Bidi smoking, as well as any tobacco use, increasing over time in the control group and the rate of tobacco use decreasing over time in the intervention group.

Balaji and coauthors evaluated the acceptability, feasibility, and effectiveness of a population-based intervention which aimed at promoting health of youth in Goa, India.43 The multi-component multi-setting intervention included training youth as peer leaders who delivered the intervention to other youth and conducted group discussions and street plays in addition to teacher training program (only in urban community), and health information materials. The 12-month intervention including an intensive engagement phase in the first six months included youth aged 16-24 years from two pairs of rural and urban communities. Beneficial outcomes were noted in the intervention groups in terms of reduced prevalence of violence perpetrated and probable depression and gains on knowledge and attitudes about reproductive and sexual health. Further, higher levels of help-seeking for reproductive and sexual health complaints by women, and improved knowledge and attitudes about emotional health and substance use were noted in the rural sample, whereas the urban sample reported significantly lower levels of substance use, suicidal behavior, sexual abuse, and reproductive and sexual health complaints. The researchers observed that community peer education was feasible only in the rural community.

Sorensen et al assessed the effectiveness of a schoolbased tobacco prevention program (Salaam Bombay Foundation Intervention) for youth belonging to low socioeconomic status in Mumbai and the surrounding state of Maharashtra.⁴⁴ The intervention has a primary aim to reduce initiation of tobacco use, and focuses on creating awareness, building advocacy skills, and developing life skills. The program created awareness in the first year of intervention and advocacy-building in the following year. Further, the students trained in the first-year worked with different civic authorities to support the implementation of the prevailing tobacco control law and engaged the local communities using religious and cultural festivals. The class room activities were conducted about once in a month and outside-class activities were conducted two to three times with the focus on creating peer leaders. The program was

conducted for 8th and 9th standard students from 36 schools and 1851 students were sampled. Findings indicated that 4.1% of 8th grade intervention students and 3.6% of 9th grade intervention students used tobacco at least once in the last 30 days, compared to 8.7% of students in the control schools. Further, the intervention group students exhibited stronger life skills and self-efficacy than students in control schools.

DISCUSSION

The review suggests that PYD programs and PYD based mental health promotion programs are in a nascent stage in India with a severe dearth of published literature on the same. In view of this, it was considered useful to place the review findings in the broader context of youth development programs and intervention studies in the Indian research literature.

There are a few initiatives on mental health promotion that utilize a strength based approach typical of PYD for mental health promotion. For example, evaluation of 'Feeling good and Doing Well', a mental health promotive intervention program for college youth showed that the program was associated with significant improvement in well-being and self-efficacy ratings as well as decline in psychological distress and these gains remained stable at a four month follow up. 45 There is also published Indian literature on life skills training programs that have been found to be effective in improving coping. self-esteem, general adjustment, and psychopathology, general health promotion, emotional, leadership, collaboration, creativity, cognitive, and social and civic engagement skills. Life skills programs are seen to have a generic and broader focus, wherein skills are learnt through co-operative, experimental, and participative activities.46,47

Several such programs could be not included in the review because despite being broadly in alignment with the PYD framework and a focus on mental health promotion; many of these programs do not include a significant emphasis on opportunities of youth engagement in real-life contexts as their integral component.

India has been observed to have one of the most robust frameworks for youth in terms of national level policies in a comparison of South-Asian countries of Nepal, Pakistan, Bangladesh, and India. The Government of India has extensively sought to involve young people in several national and international programs and has various schemes and initiatives at the national level (National Social Service Scheme, Nehru Yuva Kendra Sangathan, National Youth Policy) that outline pathways for positive youth development. However, there is a dearth of empirical research on specific programs and their impact except for less than a handful of studies. There are various non-governmental organizations in the country that utilize youth volunteering for varied social

causes, but these do not specifically focus on mental health and moreover, studies on the benefits of such youth engagement opportunities for the volunteers themselves are conspicuous by their absence.

Reflections on opportunities and potentials for integrating PYD and MHP

Despite multiple studies highlighting significant mental health issues in youth, there is dearth of large scale, synergistic efforts and initiatives for mental health awareness in the country as pointed out by the recently completed National Mental Health Survey. ⁴⁹ On the other hand, there is also a lack of emphasis on developing and utilizing empirically tested positive youth development programs.

Based on the review of published literature, we believe that the demographic dividend presents an underutilized opportunity to mobilize youth themselves as agents of change through positive youth development programs that can include components of mental health literacy and self-care and peer support skills. Incorporation of mental health promotion components into PYD programs, through especially targeting mental health literacy and aiming to improve help-seeking inclinations has manifold advantages. As PYD programs focus on youth engagement, this can be a potentially powerful means of engaging youth for the cause of mental health awareness, resulting in not just empowerment of the participating youth themselves but also in significant cascading effects on other youth who are the target recipients of awareness programs and peer support activities conducted by the trained youth. Moreover, unlike information, education, communication activities conducted in isolation, a PYD approach can result in a more far reaching impact as it would entail training of youth in various skills and competencies related to mental health care as well as their sustained engagement in volunteering for the cause of mental health promotion. The older youth and interested teachers/mentors could be trained in the delivery of such a program thus circumventing the need for direct investment of time and efforts by mental health professionals. Conceptually too, incorporating mental health literacy and related themes under the umbrella of PYD is a meaningful exercise as it strengthens youth competence to care for their health in a holistic fashion.

The hybrid approach to utilizing PYD programs in the country, by integrating mental health literacy components into them can be a relatively low cost public health intervention targeting Indian youth. A cursory scan of the global initiatives for youth mental health promotion and positive youth development programs reveals massive funding support across nations for research and implementation. Youth are an asset for every nation and this is especially true for India, a country with a youth bulge. Development of different versions of scalable PYD programs that integrate mental health components for different segments of Indian youth (e.g. school-going

and college youth, rural youth, youth at risk), testing their efficacy and feasibility, while garnering support from governmental and non-governmental agencies for large scale implementation are long-term tasks but worthy of attention from research funding agencies, action researchers, mental health practitioners, policy makers and implementing bodies in India.

LIMITATIONS

The review has several limitations. It was limited to only three databases namely EBSCO and MedIND and Proquest apart from supplementary searches of a few Indian journals. Not all the supplementary searches could be carried out using a search function and required visual scanning of titles and subsequently the abstracts. The supplementary search was limited for the period spanning 2010 till date but a few journal websites did not have the latest issues available online as yet. The review could not incorporate unpublished dissertations and theses that were not uploaded on Shodhganga. The supplementary search was not a comprehensive search of all the Indian journals but was restricted to a few relevant and regularly published Psychology and Psychiatry journals (including applied, community, clinical and positive psychology) and Psychiatry. It is plausible that some relevant studies could have been missed out in this process, especially those published in journals not included in the supplementary search or those published in international journals that are not covered through the electronic databases used. Moreover, the review through these databases has the same limitations as any key-word driven search, although the key words were used as applicable to any occurrence in text fields.

CONCLUSION

Youth is a period of vulnerability as well as a phase characterized by developmental opportunities. Hence empowering youth for mental health through PYD programs has strategic advantages in terms of equipping them to identify common mental health issues in self and peers, engage in self-help and peer support for mental health and break barriers to professional help seeking when needed, while strengthening skills that aid personal and societal development. The review reveals an acute shortage of such programs in the country, resulting in missed opportunities to cater to the dual goals of positive youth development and mental health promotion.

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