

## **Appendix: 3**

### **NAPSWI 2019 Strategic Review**

### **Campaign for Healthy Campus and wellness NCDs by NAPSWI and NADA India**

#### **Stories of courage and loss**

Recently, I attended the cremation of Suresh (name changed) who died prematurely at the age of 49 because of cardiac arrest leaving behind his wife, two sons and a big loan to pay. Suresh had earlier lost his friend Pawan (name changed) because of lung cancer at the age of 39. Both were treated at Navjyoti Delhi Police Foundation, a Drug Rehabilitation Center for their multiple drug use which started with marijuana in Delhi during the 1982 Asian Games but had been drug-free and physically healthy for the last 20 years.

It becomes important to note that Suresh was treated at-least 17 times at different nursing homes and NGO run programs, for his alcohol dependence before finally being declared as drug-free. Soon they both got involved in running a Nada India supported peer led drug & alcohol rehabilitation center in the outskirts of Delhi and lead the Association of Recovering People Action Network (ARPAN) for quality care. What helped them keep going was their presence at Narcotic Anonymous self-help group meetings and support from family

and friends. (Read more: <http://apps.who.int/ncds-and-me/stories/story/302>)

#### **Why should we be talking about Non-Communicable Diseases (NCDs)?**

Mortality and morbidity from NCDs constitute one of the major challenges for



development in the 21st century. More than 36 million people die annually as a result of NCDs, including 15 million people who die too young - between the ages of 30 and 70. The burden continues to rise



disproportionately in low- and lower middle-income countries while in all

countries, these deaths disproportionately affect the poorest and most vulnerable. The majority of premature NCD deaths in this 30-70 age group are the result of the four main NCDs: cardiovascular disease, cancer, diabetes and chronic respiratory disease. (Read more: [https://www.who.int/ncds/management/WHO\\_Appendix\\_BestBuys.pdf](https://www.who.int/ncds/management/WHO_Appendix_BestBuys.pdf))

**NCDs are socially transmitted diseases (Conditions),** Cancer, diabetes (both Type 1 and Type 2 diabetes), chronic respiratory diseases (such as asthma), obesity, congenital and acquired heart disease and many endemic non-communicable diseases (NCDs) all affect children and/or start in childhood. Children and young people are often targeted by companies advertising fast food, tobacco or alcohol use, and many grow up today in environments that are not conducive to adopting healthy lifestyles (e.g. participating in sport). Apathy to change current behaviors will add to the current NCD burden, with severe consequences for future populations and their health systems. Today's youth are tomorrow's leaders and will bear the brunt of these costs, both financially and personally. Youth everywhere therefore have a vested interest in NCD prevention.

### The Social Determinants of Health and NCDs

Control of NCDs requires integrated action across all major areas of society that influence health. Yet system-wide efforts to improve the social determinants of health, such as early childhood education and parenting skills, education and lifelong learning, working and employment conditions, poverty reduction and ensuring a healthy standard of living, housing and the environment, and prevention of ill health, are yet to take root in many parts of the world.

### *Integrated action*

The argument for integrated action rests on evidence compiled by the World Health Organization Commission on Social Determinants of Health. Social determinants are responsible for the pattern of distribution of disability and mortality from NCDs. Simply stated, social determinants encompass the “causes of the causes” of health inequality: the unequal conditions in which people are born, grow, live, work, and age; and the inequities in power, money, and resources that give rise to them. These unequal conditions depend on dimensions of social stratification, including socioeconomic status, gender, ethnicity, and disability. (Read more: <https://www.bmjjournals.org/doi/10.1136/bmj.l251>)

### Non-Communicable diseases: The New elephant in the room for social work

Shoba John, a consultant with WHO was invited by NAPSWI to speak during the plenary session of 5th Indian Social Work Congress, 2017. In her opening remarks she underlined the role of the social work profession historically been at forefront in emerging epidemics such as HIV/AIDS and Tuberculosis in India.

What unique challenges does it present for social work response? Unlike most communicable diseases, the NCDs have a longer gestational period before symptoms



surface. Besides making early detection and prevention difficult, this makes it difficult for campaigners to build urgency and public opinion around NCD concerns.

Secondly, the chronic nature of NCDs demands long-term psycho-social interventions and greater investments of time and resources from social workers. Most critically, the corporate actors promoting tobacco, alcohol, unhealthy food and private motorized transport that increase the risk for the major NCDs in the country (cancers, diabetes, cardio vascular diseases and chronic respiratory diseases) presents the social work profession with human forces with money and political influence, unlike the pathogens that cause infectious diseases.

***“A meaningful involvement of youth and patients is very important for making our***

**Despite these challenges, the social work profession is uniquely placed to address some of the gaps in response to NCDs in the country**

- Social work academia and researchers have the special vantage point to explore research that examines the socio developmental determinants and consequences of NCDs
- Social work practitioners bring decades of therapeutic experience working with individuals and families afflicted by long-term trauma
- Last but not the least, the vast advocacy and campaign experience the profession has in protecting the environment, livelihoods and resources from corporate interests is what it would take to push back the corporate influences that aggravate the NCD epidemic in the country

She further emphasized that NCDs are a cause and consequence for underdevelopment, and it undermines

efforts on a wide range of developmental concerns such as human rights, livelihoods, food security, environment and peace. The recognition of NCDs in the UN Sustainable Development Goals presents the social work profession with a unique opportunity to offer its expertise and experience to make the case for a holistic response to the emerging epidemic.

Suneel Vatsyayan while presetting his paper emphasized NAPSWI members commitment in creating an enabling environment for active participation of social work students and social workers working with health and non-health Government and Civil Society Organizations (CSOs) for prevention and control of NCDs and risk factors through effective policies, partnerships and programmes.

#### **NAPSWI Wellness Campaign Framework**

##### ***Wellness Definition***

**“The quality or state of being healthy in body and mind, especially as the result of deliberate effort preventing illness, improving longevity and quality of life”**

NAPSWI collaborated with Nada India Foundation and launched "NAPSWI Young India Wellness Campaign" with a vision of having a meaningful involvement of young social work students in the advocacy of good health agenda in India with a primary focus on alcohol, drug use and diet as major risk factors for NCDs. Nada India trainers and counselors are available for planning and providing learning



opportunities according to specific training needs of the young students.

#### **National Multisectoral Action Plan for Prevention and Control of common NCDs (2017-2022)**

The Wellness campaign was designed keeping in view the objectives of National action plan to improve the capacity of individuals, families and communities to make healthier choices by creating healthy

The themes of the workshops conducted as part of the campaign since 2016 have been Social Work Intervention in Prevention and Management of NCDs. The campaign has been spread out at National level with an extensive capacity building exercise by Nada India team and NAPSWI board members in University campuses and trained social work students as health

environments that promote health and reduce the risk of Caste intermediate outcomes under this strategic area include; healthy settings approach in social work educational institutions, workplace, and villages.

(<https://mohfw.gov.in/sites/default/files/National%20Multisectoral%20Action%20Plan%20%28NMAP%29%20for%20Prevention%20and%20Control%20of%20Common%20NCDs%20%282017-22%29.pdf>)

advocates. Students were provided with certificate of participation. A pool of experts/resource persons was created in order to take the task of spread of NCDs prevention and control. A component of counseling skills as tool of intervention has been added in to a TOT mode (Training of Trainer). Social work educators and Practitioners were roped in a collaborative

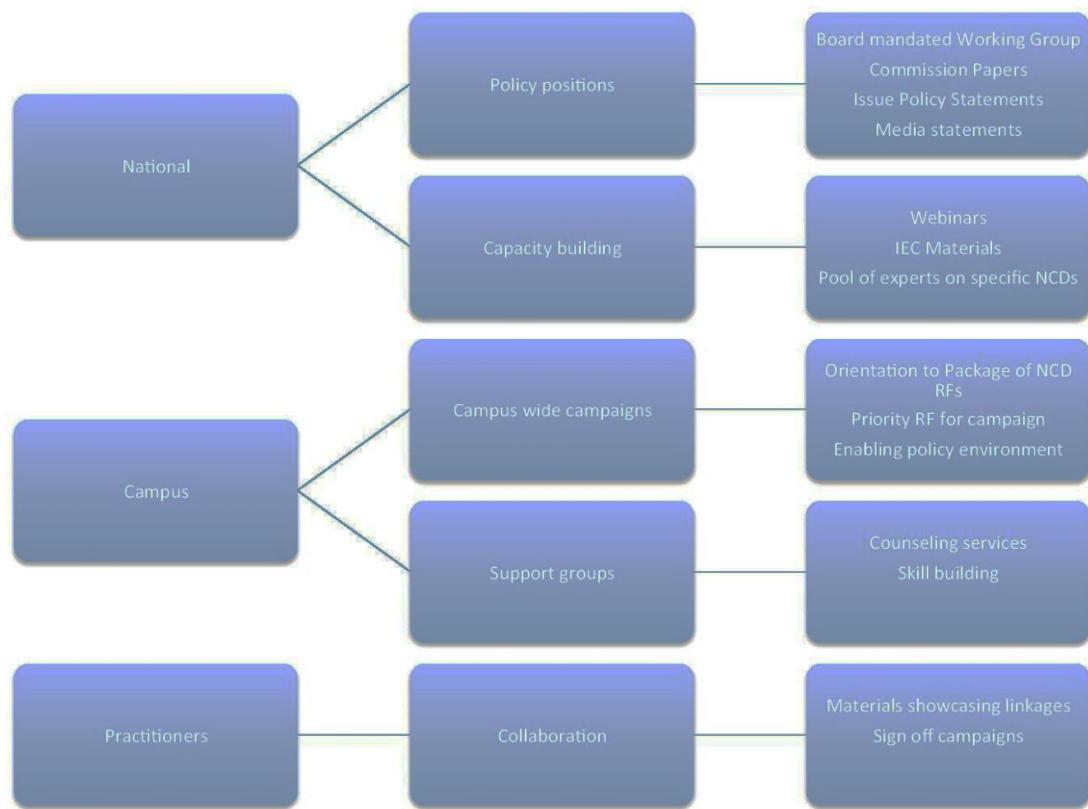


Figure 1 NAPSWI Nada Wellness Campaign Frame work

campaign. On line NCDs Counseling services are now in place and can be access on 9810594544.

NCD Counselling Skills &Social Work Intervention, Me and My Community Health along with general NCD capacity- building workshops. The workshops have been conducted in department of Social works Delhi University, Amity University NOIDA, Centre for Social work Punjab University, Central University Himachal Pradesh, Central University Jammu, Sri Adi Shankaracharya Sanskrit University Kerala, Rajasthan, Kashi Vidya Peeth Uttar Pradesh, Chhattisgarh Uttarakhand, University of Puducherry and Maharashtra. The campaign will continue partnering with NAPSWI, Civil Societies and Departments of Social work across India with an aim to strengthen capacity-building at a National level.

### Interventions

The health sector related interventions generally targeted at the upper level of the pyramid are costlier, while interventions at the lower portion of the pyramid cater to larger populations, are more cost-effective and multisectoral in nature.

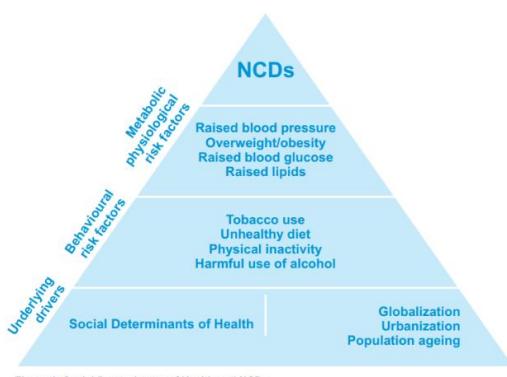


Figure 1: Social Determinants of Health and NCDs

### **Modifiable behavior of NCD risk factors**

The NCDs share modifiable behavioral risk factors such as tobacco use, unhealthy diet, lack of physical activity, and alcohol use. Air pollution has rapidly emerged as an important risk factor for NCDs. The behavioral and environmental risk factors lead to overweight and obesity, raised blood pressure and raised cholesterol, subsequently increasing the occurrence of CVDs, diabetes, cancers, and chronic respiratory diseases.

A large proportion of NCDs are preventable. However, if no action is taken, the cost of NCD burden over the next three decades is estimated to amount to trillions of dollars of lost resources. In India, the share of NCDs in out-of-pocket health care expenditure is estimated to be more than 47%. The global pandemic of NCDs is a threat to Sustainable Development. The Sustainable Development Goals (SDGs) include reducing premature deaths from the four main NCDs by one-third by 2030. Furthermore, three of the nine health targets in SDGs also focus on NCDs-related issues.

Centre for Social Work, Panjab University, organized a one-day workshop second in series on Social Work Intervention for NCDs. The workshop was conducted by Suneel Vatsyayan, Board Member, NAPSWI. Speaking on the occasion Suneel Vatsyayan said that “*a meaningful involvement of youth and patients is very important for making our healthcare system acceptable, accessible and available for all. Their participation at local and policy level is important to make universal health coverage a success.*” The young graduate & post graduate social work students at the university were trained to join the young health force.



Pallavi, Director, Nada India talked about the burden of NCDs in the country and across the world and the different social work interventions required while working with youngsters.

The workshop was inaugurated by Dr. Rajesh Kumar Chander, Chairperson, Department of Women Studies, Panjab



University, Chandigarh. Speaking on the occasion he highlighted that the holistic concept of health is significant for women's empowerment and especially in context of NCDs. The mental health

aspects regarding women's health are neglected in day-to-day life.

Hecited various examples to explain the situation of the existing scenario of the NCDs in case of women.

Gaurav Gaur, Assistant Professor, Centre for Social Work PU shared his experiences regarding the NCDs and motivated the students to come forward and join this campaign. He also shared the examples from the different Indian states regarding their health status and the existing problems faced by them.

Dr. Monica M Singh, Chairperson welcomed and thanked the guests and shared the importance of organizing such workshops while the students shared their presentations talking about their work plan to be executed on behalf of the University in times to come.

(Read more:  
<http://www.babushahi.com/full-news.php?id=85195&headline=Workshop-on-Social-Work-Intervention-for-Non-Communicable-Diseases;>  
<https://radioclubindia.blogspot.com/2019/03/involvement-of-youth-and-patient-must.html>)

### Policy statement

NAPSWI and Nada India participated in WHO web-based consultation on 'Draft first Report of The WHO Independent High-Level Commission on Non-Communicable Diseases in May 2018.

### 6 key messages for improvements of the report

Alcohol is a major risk factor for NCDs as well as for the global burden of disease in general. Evidence shows that there is a strong link between alcohol and NCDs, particularly cancer, cardiovascular disease, liver disease, pancreatitis and diabetes and these findings support calls by WHO to implement evidence-based strategies to

reduce harmful use of alcohol. Alcohol is also a major obstacle to sustainable development, adversely affecting 13 of 17 Sustainable Development Goals, and being included - in target 3.5 - in the 2030 Agenda. Alcohol policy best buys - affordability reduction, availability regulations and bans on advertising, sponsoring and promotions - are proven interventions, cost-effective and high impact that should be included in the report. We propose the following key improvements necessary to ensure that the final report inspires evidence-based solutions and does not leave room for more excuses for inaction on some of the most important NCD issues.

- Lack of empowering environment is a socially transmitted condition that pushes young people to seek “freedom” in drugs. This lack of power may be felt as boredom, as starvation, as abuse, as a lack of opportunities to earn etc.
- Young people need to learn how to EMPOWER themselves and others....
- giving young people the opportunity to actively participate in college activities and decisions that will shape their lives, the lives of their families and the lives of their peers.
- Examples include:

seeing young people as assets, valuing their experience, and adopting a positive view of their potential rather than focusing on problems

- focusing on resilience and strengths instead of risk factors and deficits
- providing opportunities for contribution and participation for all students, regardless of ability, location, status, background, culture or sexuality active

participation from students and support from leadership

Another central concern that the demand reduction policy must address, is the aggressive push by the alcohol industry to recruit our children and youth as loyal consumers. Therefore, special measures and programs to prevent underage alcohol use and to reduce overall per-capita alcohol consumption in India is the need of the hour, as Big Alcohol marketing strategies are becoming ever more aggressive and pervasive.

***Delhi State Mental Health Authority minimum standards for substance use treatment and rehabilitation centres***

On behalf of NAPSWI and Nada India Suneel Vatsyayan in consultation with Dr. Sanjai Bhatt proposed the following comments on the draft document on minimum standard of care to make it more inclusive and easier to implement. The document will help hundreds of voluntary organizations running rehabilitation centres in Delhi to deliver much needed services to patients and their care givers. Our major demand was for appointment of Social workers (MSW degree holders) be essential in all rehabilitation centres and that screening, diagnosis, treatment, data collection (DAMS) and education should be a part of minimum standard of care related to NCDs such as alcoholism, tobacco use, drug dependency and mental health issues.

***The Global Coordination Mechanism on the Prevention and Control of NCDs***

GCM/NCD was established in 2014 and is the first and only WHO instrument aimed at facilitating multi-stakeholder engagement and cross-sectoral collaboration to prevent and control NCDs. It convenes and connects diverse stakeholders comprising all WHO Member States, UN Organizations, and non-State actors, including relevant private sector entities, to address its five functions. The GCM/NCD has hosted 10 communities

which have convened participants from more than 200 countries and territories and NAPSWI members can join any of these communities. Suneel Vatsyayan representing NAPSWI and Nada India has been nominated as the member of Global Steering group on commercial determinants of health. (Read more: <https://www.who.int/global-coordination-mechanism/participants/gcm-ncd-participant-list/en/index2.html>; <https://www.who.int/activities/gcm>; <https://nadanewsupdate.blogspot.com/2018/06/nada-india-demanded-that-patients.html>)

**Social-Work day at the United Nations**  
Suneel Vatsyayan, a known social work practitioner and Executive Member of NAPSWI attended the Social-Workday at the United Nations (UN) which is a gathering place for people around the world who are working to make a difference. For 35 years social work students, practitioners, and educators have been convening at the UN to learn more about the UN, innovative projects and issues related to International Social Work and the critical role Social Work plays in the international arena. The theme of this year's social- work day was SDGs, Climate Change and Social Work Practice. (Read more: <https://nadanewsupdate.blogspot.com/2018/06/suneel-vatsyayana-social-work.html>)

### **6th Indian Social Work Congress, 2018**

Q&A session on 'Social inclusion of alcohol & drug using population and people living with NCDs' was conducted with more than 100 amazing young students of Social Work and NAPSWI members by Vatsyayan at the Congress with the theme "Human Development and Social Inclusion: Imperatives for Social Work Education and Practice".

### **7th Indian Social Work Congress 2019**

It is happening in the month of October 2019 with the theme of 'Social Care and Social Wellbeing: Challenges and Opportunities for Social Work Profession'. (Read more <https://radioclubindia.blogspot.com/2019/09/NAPSWI-wellness-campaign-social.html>)

#### **A pool of activities**

The collaboration of Nada India and NAPSWI lead to number of activities based on the framework focusing on students of social work and educators across India. The collaboration aimed at ensuring that young students and social work educators are aware of NCDs and their risk factors and can pass on the knowledge as part of social work intervention. Among other activities, it worked to mobilize young students as peer educators and caregivers through leadership advocacy training to promote NCD prevention and support healthy lifestyles.

The key target audiences included 1,000 graduate and post-graduate social work students, 50 social educators and members of NAPSWI from 15 colleges.

A total of 2000 students were provided the basic skills of listening, sharing information and referring to counselors or teachers.



Figure 2 Student forum on Health

Nada India and NAPSWI plans to continue engaging more social work campuses with an aim to connect with other student initiatives on drug or alcohol issues, mental health, children's rights and women's rights, and young people to build joint advocacy campaigns.

**Power of partnership**  
This joint initiative combines the strengths of NAPSWI members to work on well-being of students and respond the problem of NCDs and cross cutting risk factors for positive and scalable outcomes, NAPSWI leadership led initiative brought together the two organizations. Nada India has long experience in peer led approaches to rehabilitation and psychosocial support and youth empowerment. It is important to understand that engagement of students in health promotion is not new, but meaningful involvement of students as caregivers and as health advocates was a win-win situation demonstrated that young people plans campaign to suit their needs for better outcomes.

The involvement of others such as social work educators and administrators was crucial, as mentors and can support advocacy. The combination of two organizations enabled open thinking and discussion, sharing of challenges and identification of common barriers. It also had a multiplier effect as they worked together on various aspects of planning and facilitation.

#### ***Amity University, NOIDA***

On 18th October 2016 students of MSW final year organized a workshop on "Prevention of NCDs Peer Counselling as a Tool of Prevention" in collaboration with Nada India at Amity University, Noida, U.P. The chairperson of Nada India. Mr. Suneel Vatsyayan concluded the event with this quotation "Learn to lead and lead to learn". He further underlined the importance of communication, involvement at the workplace, raise

awareness and gathering involvement of fellow students in making the campaign a success. Dr. Prashant. R. Chauhan lauded the enthusiasm of students in the workshop. He talked about the utilization of NCDs knowledge to get the exposure and the enabling role of the social worker in the making of campus NCDs free.

#### ***Maharashtra***

A strong networking and coordinated efforts can make campaign as success said Dr. Suresh Pathare, National Secretary of NAPSWI.

On an initiative of Dr. Suresh Pathare, Director of CSRD and Secretary of NAPSWI on 21st August 2018, Mr. Suneel Vatsyayan, and Pallavi, Nada India team members visited CSRDISWR, Ahmednagar Maharashtra. A mini workshop on 'Role of Social workers in Alcohol, Tobacco, NCD prevention was arranged for the MSW students of the college. Making communities and societies aware of effects of it, finding solutions like de-addiction centres, counseling centres etc. Were few of the suggested activities which were to be carried out by the students, professionals and the NGOs working in the field of the Community Development. Later, CSRD organized an NGO consultation discussed with a contribution from local NGOs. Sarvodaya Foundation agreed to provide resource persons for the awareness program and access to their de-addiction centres in Ahmednagar. Few of the active members of Alcoholic Anonymous Ahmednagar also volunteered to participate in the social work students' initiatives.

#### ***UP Kashi Vidya Peeth***

The University Employment Information and Guidance Bureau (UEIGB), MG Kashi Vidyapith, Varanasi conducted two capacity building programmes and one awareness generation programme on Substance Abuse Prevention (SAP). Details are as follows:

A total of 50 people had actively participated in each of these programmes which were organized on in March 2019. Experts from different parts of India were invited. Through our experts' inputs and active participation of the students and teachers, we could achieve our objectives. Participants could understand the severity of the problem of SAP, could be aware of psychosocial factors leading to SAP and could learn the preventive aspects of SAP and its consequences.

#### ***Awareness Generation Programme***

More than 100 students of Social Work, Social Sciences and Science Faculty had participated in the awareness generation programme which was organized in February 2018. The students were informed and explained about the injurious penalties of drug abuse on individual and society. Participants were implored about their co-operation in disseminating the memorandum in the society at large.

Moreover, all the participants in the presence of honorable Vice Chancellor took the resolution to make MGKVP Campus and Varanasi 'Drug Free.'

#### ***Mental Health at Workplace and Social Work Profession***

The symposium was organized by NAPSWI at the World Congress on Mental Health in New Delhi in November 2017 which was chaired by: Dr. P. S. Bhatia, Professor and Head, Department of Psychiatry, University College of Medical Sciences (UCMS) and at GTB Hospital.

#### ***Background of the Symposium***

Mental health refers to our cognitive, behavioral, and emotional wellbeing - it is all about how we think, feel, and behave. The term 'mental health' is sometimes used to mean an absence of a mental disorder. Mental health can affect daily life, relationships, and even physical health. Mental health also includes a person's ability to enjoy life - to attain a balance

between life activities and efforts to achieve psychological resilience. The symposium was organized to discuss and facilitate the process of evolving an enabling environment among practicing social workers, other mental professionals and policy makers in order to address mental health and related issues at workplaces

#### ***An overview of presentations by speakers***

Prof. Sanjai Bhatt welcomed the audience and began his talk with introduction of NAPSWI- its vision, mission, objectives, and key achievements. He also mentioned that NAPSWI's membership is open for social work professionals, teachers, practitioners, students, senior social work professional and social work associations and organizations, and that any person with social work education residing within the Union Territory of India. Among the key activities by NAPSWI, Prof. Bhatt mentioned Indian Social Work Congress, a National Register of Professional Social Workers in India, publication of the Journal of Social Work Education, Research and Action (SWERA), and Service provider and service seekers interface through NAPSWI SEWAMITRA.

Discussing the theme of mental health at workplace, Prof. Bhatt began by focusing on the changes that following three 'W's are undergoing: Work, Workers and Workplaces. He mentioned how workers face increasing intra-personal problems as well as restricted means for interactions at workplaces because in the current scenario, a sense of competition often overtakes cooperation that should ideally exist. Prof. Bhatt mentioned following to be the key mental health concerns of people at workplaces: anxiety, stress, depression, anger, problems in relationships, and loss of traditional values of honesty, commitment, trust, and loyalty. He shared that NAPSWI plans to address mental health and safety concerns

at workplaces by launching a campaign on the issue.

*Dr. Shweta Verma* discussed about creating inclusive workplaces using mental health perspectives. She emphasized upon the idea that the processes for promoting mental health and creating inclusive environments not only contribute to each other but are also necessary for each other. According to Dr. Shweta, an inclusive workplace has following characteristics:

- It draws diverse people in
- It creates space for diversity
- It celebrates diversity (instead of tolerating it)
- It nurtures and protects mental health of each person
- It promotes meaningful participation of each person
- It does not push people out because of disability, gender, religion, sexuality, choice of spouse (e.g. someone in inter-faith marriage), caste, and other characteristics that are part of human diversity
- It ensures that the environment is not a barrier for people's contribution
- It motivates people to contribute
- It has caring and respecting environments
- It has mechanisms in place for self-care and support - which are not seen as favors

Shweta also states that it would be a mistake for organizations to think that exclusion, lack of participation, and burnout among workers is an individual problem, or that it is not organization's responsibility to address these. She said that it would also be a mistake to believe that exclusion, lack of participation, and burnout, do not affect organizations or that they can't do something about these. To address these three aspects, Dr. Shweta

suggested that organizations must tackle mismatch between workplace and people in the following aspects: workload, level of control and participation of workers, rewards, supportive and enabling relationships, perceived level of fairness in the organizations as well as mismatch between organizational and personal value system among team members. She concluded by again emphasizing that it is necessary to create inclusive workplaces and promote mental health.

*Sh. Suneel Vatsyayan* presented on the theme of mental health concerns in the armed forces, with specific focus on the Border Security Force (BSF) in India. He presented key concerns related to armed forces, including the incidence of suicide among armed forces, heart attacks as well other mental health concerns arising out of alcohol consumption, and stressful daily routine. In this context, Mr. Suneel also talked about the following work related aspects that promote mental well-being according to him: time structure as an absence of time structure can be a major psychological burden); social contact; collective effort and purpose as the employment offers a social context outside the family; social identity as the employment is an important element in defining oneself; and regular activities that help in organizing one's daily life. Mr. Vatsyayan emphasized upon a need for quality counseling services among the armed forces. Before concluding his presentation, Mr. Vatsyayan also shared an overview of the areas of intervention of his organization, Nada India Foundation. (Read more:

[https://www.who.int/ncds/management/who\\_appendix\\_bestbuys.pdf](https://www.who.int/ncds/management/who_appendix_bestbuys.pdf))

*Prof. Neera Agnimitra*, in her discussion, focused upon mental health needs of youth. She emphasized that mental health concerns of youth at workplace can be addressed much better if the interventions happen before youth enters workplaces. She considered Universities and colleges to

be the key areas requiring urgent focus of mental health interventions. Sharing examples of mental health concerns of youth within her institution, she also broadly discussed how many young people today suffer from depression, anxiety, eating disorders, and how their immediate need for gratification impacts their behaviors. Prof. Agnimitra stated the need for urgent action vis a vis mental health in educational institutions. She also cautioned that mere administrative procedures in form of establishment of committees or recruitment of counselors may not be enough because what we need is an environment which de-stigmatizes help seeking and allows for openness in sharing own worries, problems and mental health concerns. She urged NAPSWI to act in this direction.

Following the speakers' presentations, the Chairperson, Dr. Bhatia summarized key points from the presentations and invited questions and comments from the audience. He also agreed with the need to

address mental health issues of youth. The discussion, facilitated by Dr. Bhatia, focused on lack of adequate mental health professionals in India and hence the need to devise programs that do not necessarily require a psychiatrist or a psychologist within each institution. The discussants also pointed out that even when mental health professionals are stationed in their respective positions in universities/other institutions, their services are not adequately utilized. Stigma, lack of awareness about mental health services, and lack of open and comfortable environment for help seeking also plays an important role in underutilization of mental health services within educational institutions.

#### **Campaign Working Group**

Dr. Sanjai Bhatt (National Convener), Suneel Vatsyayan (Dy. Convener), Shobha Jhunjhunwala (Advisor), Dr. Bansi Dhar Pandey, Dr. Gaurav Gaur, Dr. Nalini and Dr. Suresh Pathare and Prof. Jose.