Section I: Narrative

Our project sought to establish peer support networks across Indian universities to train students to provide continued mental health assistance to their peers. The aim was two-fold i.e to empower students to take charge of their own narratives, drawing from them to support others, and to enable them to practice mental health advocacy in their respective universities.

The idea for our project stemmed from our high school experience which was devoid of mental health awareness and resources, the existence and implementation of which would have contributed to a healthier and more wholesome learning environment. The paucity of such resources is due to mental health being a taboo subject for the Indian community which speaks to the larger Indian sentiment of expecting individuals to achieve both material and social success without external assistance. Reflecting on our experience and conducting further research into the status of mental health resources in post-secondary Indian institutions, we found that the resources are not commensurate with the number of students struggling with mental health disorders such as depression and anxiety—while mental health professionals are available in some cases, the services provided by them are costly, have long wait times, and may not be at par with quality mental health services otherwise available in the country.

According to leading mental health professionals, peer support is an effective measure in the Indian context and should be introduced in universities as a way to enhance existing wellness systems for students. The strongest advantage of peer support relates to the experiential knowledge students can draw from and the high levels of empathy they share with one another. Having trained a cohort of volunteers to be peer support mentors through our mental health initiative ‘Mind Over Matter’ the previous year, we had access to a network of mental health professionals and the training programme designed by them. We surmised that piloting our peer support programme across universities would benefit the student bodies and further our mission of raising mental health awareness in our society and destigmatizing mental health challenges.

There were numerous instances where the project languished. This was largely due to the skepticism towards peer support on part of the universities, perhaps due to its novelty and the general stigma attached to mental health. Moreover, due to the drastic second wave of COVID-19, all universities were forced to shut down their operations which made it immensely difficult for us to contact and follow up with them. Even upon their reopening, they had to deal with more pressing concerns of how to work around the pandemic and cope with long-term pecuniary and human losses. The effects of the pandemic were also felt by our core team members, many of whom, including myself, had to recover from the virus and from the loss of loved ones, all while trying to adjust to the new normal. Further, due to the surging personal and professional commitments of our mental health professionals, scheduling meetings with full attendance proved to be difficult which often led to cancellations and rescheduling.

As the project was conducted remotely, it was also challenging to find a genuine sense of fulfilment and motivation. Additionally, issues in internet connectivity during remote meetings led to large gaps in communication, complicating the project further. However, the highlights of conducting the project remotely relate to the relative logistical ease with which it was implemented as it took the travel component out of the equation. It also pushed us to step out of our comfort zone and complete the tasks at hand by adapting to the ever-shifting timeline and improvising on the spot.

Despite these stumbling blocks, we made sure that we were fully prepared for when the universities were ready to initiate the peer support programme. Our team has worked tirelessly to ensure that all materials for our peer support training programme, including the training manual, training modules, PowerPoint presentations for training seminars, and relevant safety and supervision protocols, are in place and ready for implementation. We have also finalized the back-end system of how the peer support networks will function in the universities. Ever since, we have regularly followed up with universities to ensure that our project is prioritized by them and waited for them to contact us. We
have established agreements with four universities: Marwadi University, Gurukul Mahila College, Miranda House, and Shahid Sukhdev College of Business Studies.

In the short term, the project prompted universities to evaluate their pre-existing mental health resources and contemplate whether they are adequate, encouraging them to find ways to improve their existing wellness systems. Further, in all four of the universities, the peer support networks have marked the first instance of regulated student response and action towards mental health and has given students a pathway to receive support without having to approach authority figures, pioneering mental health activism and advocacy in these institutions. In the long term, a cohort of 15 students from each university, along with a faculty head for supervisory purposes, will be trained as peer support mentors by our mental health professionals, which would enable them to assist the student body, as well as regulate their own emotions and cope with an ever-evolving world. They will also meet with our mental health professionals for cathartic group sessions on a bi-weekly or monthly basis as a way to cater to their own mental health needs. We also anticipate that there will be a rise in student morale and performance in these universities. The WHO recognizes the need to promote mental health awareness as a human rights issue. Despite mental health issues being viewed through an individualistic lens, it is often socio-political and economic pressures that lead to them. The past decade has seen a significant rise in internal tensions across India as well as conflict with neighbouring countries and terrorist groups. These conflicts have adversely affected the mental health of numerous Indian families and exacerbated the turmoil between different religious communities. Through this project, we hope to educate the leaders of tomorrow about the interconnectedness of concepts such as inclusive education, mental health, and peace, and hope to see a stronger and more united India, where diversity is celebrated and people from all walks of life can co-exist peacefully.

Implementing this project has been one of the most challenging yet fulfilling experiences of my life and has instilled in me an ever-growing sense of respect for leaders of grassroots humanitarian projects. While the term “grassroots” connotes simplicity and manageability, the intricate level of organization, planning, and effort that goes into such projects says otherwise. To everyone working on such projects during these trying times, know that patience is key. Timelines you originally decided on, more often than not, may not be met, but it’s important to keep working on things that are in your control. Moreover, while working with multiple stakeholders, it is important to be cognizant of the fact that the degree of professionalism you expect may not be met in certain cases. It is also crucial to be flexible enough to adapt your project to the circumstances at hand. The pandemic has led us to be a part of a world which is impossible to predict and hence, the best laid plans can and are getting disrupted. There will be numerous challenges, unforeseen difficulties, and a whole lot of frustration, with any project you work on, however you need to show the strength and fortitude to keep moving forward with it.
Section II: Photographs