# Peer-led intervention increases social inclusion and mental health for youth in North India


## Summary

Between December 2016 and May 2017, peer facilitators promoted participation, life skills and resilience among groups of young people aged 15-24 years affected by psycho-social disability. Nae Disha was the name of this intervention, which aimed to increase social inclusion and resilience through a series of peer-led, semi-structured, group discussions. Run over the course of 17 weeks, the discussions covered topics such as self-esteem, life goals, keeping safe from abuse, gender equality, communication skills, mental health and participation in the community.

Participants experienced positive effects in their wellbeing, and the peer facilitators grew in confidence as they developed leadership skills. These effects were captured through interviews with participants and facilitators, and evaluative measures of mental health, resilience and social inclusion.

This project demonstrated that young people's social inclusion and mental health can be strengthened through a low-resource short-term peer-led intervention involving group discussions and a supportive curriculum.


## Social inclusion and youth in Uttarakhand, North India

Young people with mental health problems in India are socially excluded. This is an isolating experience that worsens mental health and diminishes their capacity to participate in community life and to seek care.

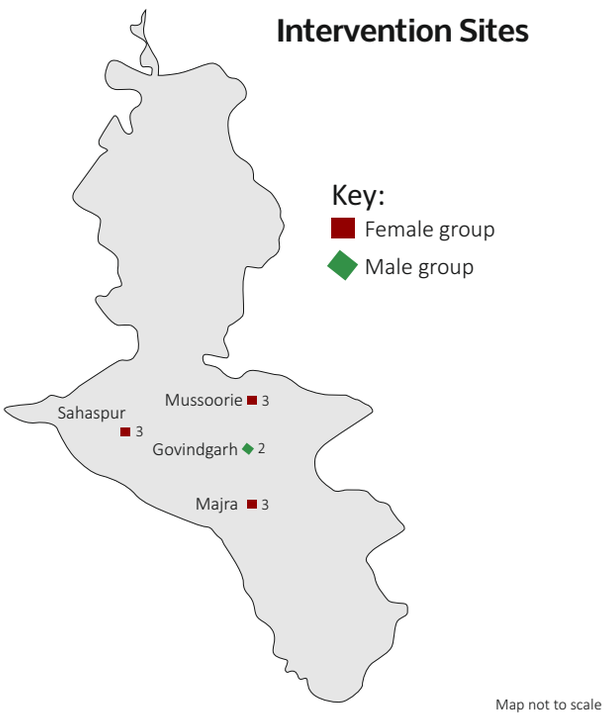
In North India, diagnosis and treatment for mental health problems is limited. Providing young people with mental health problems the opportunity to be involved in school, community life and peer engagement promotes better health.[i]

The social inclusion project was a participatory, peer-led, community-based initiative that responded to global calls for evidence-based mental health interventions in settings with limited resources, such as the state of Uttarakhand, in northern India.

# Promoting inclusion | How we did it

The Nae Disha social inclusion project was built on a positive youth development approach. It nurtured agency, mental health and resilience among young people.

## Intervention Sites




Map not to scale

## Discussion groups

- **17 weekly sessions** on "wellbeing, mental health and participation" (based on Nae Disha curriculum)
- **11 discussion groups** (9 female only, 2 male only)
  Participants 15-25 years old
  10-15 participants in each
- **142 participants in total**
- **8 peer facilitators (PF)**
  PF 18+ years old
  All PF have overcome psycho-social disability

## Participants

The young people came from four different disadvantaged communities in Dehradun district (Uttarakhand state, North India). They included young people of Muslim faith, slum dwellers, others who had dropped out of school, young men with drug and alcohol problems, and young people whose parents worked as migrant labourers in brick kilns. Some were young people with mental health problems while others were carers for affected family members.

| Variable | Female n (%) | Male n (%) |
|---|---|---|
| **PPSD/carer status** | | |
| PPSD | 71 (63.4) | 29 (96.7) |
| Carer | 41 (36.6) | 1 (3.3) |
| **Age** | | |
| <20 years | 77 (68.8) | 13 (43.3) |
| >20 years | 35 (31.3) | 17 (56.7) |
| **Education** | | |
| Never attended | 19 (17.0) | 11 (36.7) |
| 1 to 5 years | 20 (17.9) | 17 (56.7) |
| 6 to 9 years | 34 (30.4) | 2 (6.7) |
| Class 10 or above | 39 (34.8) | 0 |
| **Religion** | | |
| Hindu | 55 (49.1) | 1 (3.3) |
| Musilm | 57 (50.0) | 0 |
| Sikh | 29 (20.4) | 29 (96.7) |

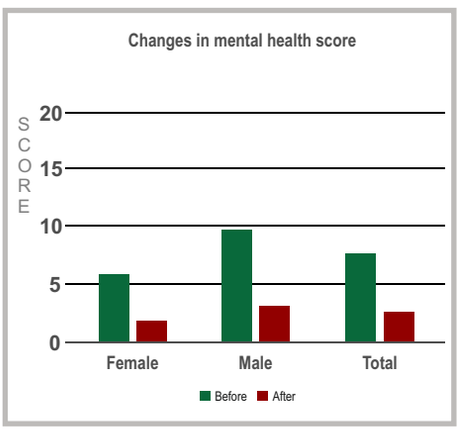
## Some of the Nae Disha topics

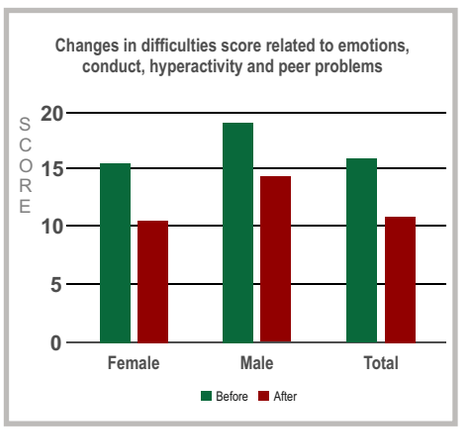
- self-esteem
- setting goals in life
- keeping safe from abuse
- gender equality
- communication skills
- mental health
- managing emotions
- relationships
- character strengths
- participating in community change

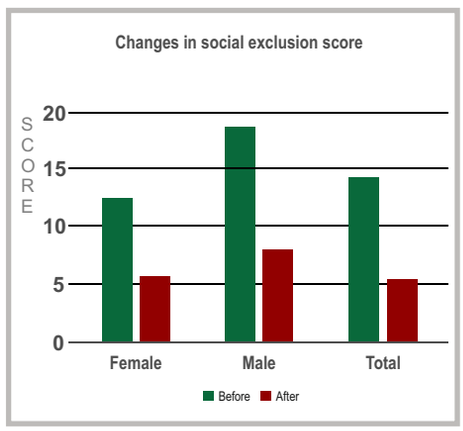
# Wellbeing discussion groups foster social inclusion and mental health

Social inclusion, mental health and social difficulties of participants were assessed using validated instruments at the beginning and end of the intervention, then the change in scores was analysed.

The intervention resulted in significant changes in all of these domains as indicated in the graphs (a lower score is a better outcome).




Semi-structured interviews and focus group discussions with young people and peer facilitators highlighted the benefits and challenges of participating in the intervention.

## Young People

- improved communication skills
- new work opportunities/returned to school
- increased confidence
  - in themselves
  - in contributing in groups and at home
- restrictions on participation/attendance due to:
  - parental misgivings
  - community discouragement
  - out-migration (for work, education)
  - substance abuse
  - lack of financial/skill gains

"We used to be in group for two hours... These were generally the hours I would take alcohol... But now those hours were spent here. My mind automatically felt good by this as I also gave up on the habit of drinking. Earlier I used to get into fights and arguments a lot but now we know how to listen and patiently talk to someone.." (***Male 24yo***)

"I used to get angry a lot and even broke things. I was always stressed but now things are different. I am now able to understand the problem and the need to behave appropriately." (***Female 23yo***)

## Peer Facilitators

- increased confidence in themselves
- increased knowledge of mental health and empathy for PPSD
- new roles and regard in the community
- found meaning in "helping others"
- pride in role modelling
- expanded social networks
- increased confidence to travel and lead
- challenges of managing groups formation and attendance difficulties
- challenge of committing for the full program duration

"I cannot get a bigger benefit than this, that I taught someone and they understood and acted accordingly. There is no bigger benefit than the happiness I get." (***Male PF***)

"I have faced discrimination all my life... Attending this training I have got a direction in my life. I will help and support people who are treated badly and discriminated in our community." (***Female PF***)

# Summary and implications

This study is one of very few worldwide that seeks to increase social inclusion of young people affected by psycho-social disability in disadvantaged settings. It shows that significant increases in participation, social inclusion and mental wellbeing can be achieved through a low-resource, peer-delivered program. There is significant potential for extending the reach of the intervention.

Additional studies are needed to evaluate effectiveness at a larger scale and measure the sustainability of the observed changes.

This approach offers evidence for policy makers and program managers working in the areas of mental health, youth development and social exclusion. It adds to findings from other recent studies that also demonstrate the potential for peer facilitated processes to increase mental health and resilience among young people[ii],[iii]. It highlights feasible strategies for enhancing social inclusion and mental wellbeing among young people affected by psycho-social disability across South Asia.

**For further information about this project, please visit www.projectburans.wixsite.com/burans**

Emmanuel Hospital Association

ProjectBurans
An EHA-CHGN partnership working with communities for mental health in Uttarakhand

CHGN UKC

The University of Melbourne | The Nossal Institute for Global Health

**This project was a partnership between the Emmanuel Hospital Association and the Nossal Institute for Global Health, University of Melbourne, and was implemented by Burans. Seed funding for implementation of project activities was granted by the Hallmark Disability Research Initiative at the University of Melbourne.**

The Emmanuel Hospital Association is a non-governmental provider of healthcare in India, serving some of the remotest and most underdeveloped parts of the country's north and north east through its 20 hospitals and 42 projects. It leads Project Burans, a community mental health partnership project with the Uttarakhand cluster of the Community Health Global Network.

The Nossal Institute for Global Health seeks to support improvements in health of vulnerable communities through partnerships, research, education and inclusive development practice.

[i] Patel V, Flisher AJ, Hetrick S and McGorry P, 2007. Mental health of young people: a global public-health challenge. The Lancet, 369(9569), pp.1302-1313; Barry MM, Clarke AM, Jenkins R and Patel V, 2013. A systematic review of the effectiveness of mental health promotion interventions for young people in low- and middle-income countries. BMC public health, 13(1), p.835.

[ii] Leventhal KS, DeMaria LM, Gillham JE, Andrew G, Peabody J and Leventhal SM, 2016. A psychosocial resilience curriculum provides the "missing piece" to boost adolescent physical health: A randomised controlled trial of Girls First in India. Social Science & Medicine, 161, pp.37-46.

[iii] Leventhal, K.S., Gillham, J., DeMaria, L., Andrew, G., Peabody, J. and Leventhal, S., 2015. Building psychosocial assets and wellbeing among adolescent girls: A randomised controlled trial. Journal of adolescence, 45, pp.284-295.