

Enhancing evidence-informed adolescent mental health policymaking in India: Insights from SAMA research

Policy brief

INTRODUCTION

Project SAMA aims to support the emotional well-being of adolescents in India. It works with young people, parents and teachers to co-produce and test whole school approaches to promote and protect adolescent mental health in Indian secondary schools. Project SAMA also aims to advocate for the role of research evidence and youth engagement in policymaking.

This policy brief aims to (a) enhance awareness of the current role of evidence within selected national mental health policies and (b) suggest implications for improving evidence-informed policymaking. It highlights the role of evidence within four Indian national mental health policies: National Mental Health Policy (2014), Ayushman Bharat (2018), National Education Policy (2020) and National Suicide Prevention Strategy (2022).

The contents of this brief are informed by the analysis of relevant policy documentation and in-depth interviews with 13 key stakeholders (policymakers, researchers and mental health practitioners) who were involved in the development of adolescent mental health policies.

KEY MESSAGES

1. Evidence-informed adolescent mental health policies are important yet neglected, due to competing policy priorities such as non-communicable diseases, and perceived societal stigma around mental health and suicide.
2. Both formal and informal evidence informed the analysed key national adolescent mental health policies. Evidence informed specific steps in policy process such as agenda-setting and policy implementation, and bringing attention to these critical policy issues can also enhance generation of evidence for policy decisions.
3. Most stakeholders preferred formal, quantitative, and local evidence, suggesting the need to ensure balanced and complementary types of evidence for policy decisions.
4. Government officials within and beyond health sector were sometimes involved in research, which enabled high-level and timely commitment to policy issues across different sectors.
5. Researchers, policymakers, and intermediaries preferred different types of evidence, reflecting their interests, values and policy roles. Considering these is important for a balanced generation of evidence for policymaking.
6. Engaging adolescents in sharing their views and preferences can help policymakers in effectively meeting the needs of these young communities, and can help adolescents in building their agency and contribute to society.

WHAT WE FOUND

Context of mental health policymaking

Substantial efforts have been made recently towards destigmatising mental health in India. Respondents noted that despite this encouraging direction, the *perceived* societal stigma surrounding mental health can still constrain policy agenda and evidence generation and use. As shown in The National Suicide Prevention Strategy, stigma can result in limited reporting of mental health issues and suicide due to the attributed sensitivity and controversy. This often skews data and limits available evidence for policymaking. A non-stigmatising definition of mental health, consistently adopted across stakeholders may help address this.

Competing priorities (e.g., non-communicable diseases) meant that mental health issues often receive limited attention, and consequently limited resources for policy implementation. Limited attention can in turn constrain evidence generation. However, this cycle can be reversed. In the Suicide Prevention Strategy development a lack of evidence was leveraged as opportunity to draw attention to neglected issues, drive the policy agenda and generate further evidence.

Evidence was used across four policies

All four policies were informed by combinations of formal (i.e., surveys, research) and informal evidence (i.e., experiences, expert consultations). Different evidence can also inform specific steps in the policy process. For example:

- Agenda-setting for National Mental Health Policy and Ayushman Bharat used both national surveys (Family Health 2006, and Mental Health 2015) and expert consultations.
- Evidence was critical in the development of the new National Education Policy. Due to absence of evaluations data since 1986, policymakers consulted public through Facebook and Twitter and experts in the field through formal committees.

Our data revealed that recognised importance of specific issues on the policy agenda can facilitate evidence generation. For example, due to limited evidence on suicide, the National Suicide Prevention Strategy drew on data from the National Crime Records Bureau (2020). Such increased political attention to suicide and suicide attempts, in turn, led to further production of relevant evidence for policy development.

“Mental health is a priority, but non-communicable diseases need to be settled first...there has to be involvement of multiple stakeholders, multiple service providers, sensitisation, advocacy”.

(Researcher)

“We need a large-scale epidemiological survey. Even bigger than the National Mental Health Survey! We do not have authentic data about the prevalence and incidence of conditions, it's an absolute need of the hour.

(Psychiatrist)

“Evidence uptake is based on merit...merit and credibility”.

(Govt. official, MoE)

“In a country as large as India surveys and research hold quite a big sway. Also, we did have a lot of consultations, with so many experts.”

(Govt. official, MoHFW)

Importance of stakeholder engagement

Government officials within and beyond health sector (e.g., Ministries of Health and Family Welfare, Education, Agriculture and Farmer Welfare and Women and Child Development) were involved in research to inform the Suicide Prevention Strategy and Mental Health Policy. This enabled high-level and timely commitment to evidence-informed policymaking across sectors.

Key policy actors had differing interests, values and roles within mental health policymaking. Developments of Ayushman Bharat, National Education Policy and National Mental Health Policy, involved various local and international stakeholders. Interviews emphasised the importance of value alignment between local and international actors to ensure contextualised collaboration that is relevant to the community.

Since COVID-19, online learning amongst school children and adolescents has been increasing. Large online learning companies and platforms, who often have their own organisational commercial interests, are recently generating evidence to inform policies. Interviewees stated that during the development of the National Education Policy, these economic interests sometimes influenced the uptake or rejection of certain evidence within decision-making.

Bringing the youth voices within policy development was seen as important yet a missed opportunity in mental health policymaking. All respondents felt youth engagement is a powerful way to bridge community needs and the policy agenda, while ensuring the reality of policy beneficiaries are considered. Engaging the youth can also enhance evidence generation and evaluation of existing policies.

Enhancing evidence use in policymaking

Key stakeholders perceived formal, quantitative, and local evidence as robust evidence. Yet, international data was often used due to its perceived credibility and global acceptability. Most actors expressed a need for dedicated national or state-level entities to generate local district level data.

Strong advocacy was seen as key to evidence uptake. Advocacy briefs were instrumental evidence for the development of the Mental Health Policy, covering short/mid/long-term solutions. High-level actors also felt that evidence must appeal to the community needs.

“We involved the ministry, various departments, we involved panchayats...they are all involved throughout the entire [research] process. It’s very important.”

(Researcher)

“When I am presenting evidence to a politician I might use the heart, when I’m presenting to a bureaucrat I might go with the facts and figures which would be more successful.”

(Researcher)

“We need to continuously include the youth. I have worked a lot with that group, and they can be... major change makers.”

(Govt. advisor)

“They can ask us...if the policies are for us the why not ask us about our problems? We can help!”

(Student, 10th standard)

“You need a lot of strong advocacy, intuition, and vision to make this evidence and policy successful or implementable.”

(Professor)

WHAT CAN BE DONE TO IMPROVE EVIDENCE-INFORMED MENTAL HEALTH POLICYMAKING?

Policy Implications	Specific Considerations
<p>1. Evidence generation, dissemination and use for policy processes should recognise evidence preferences by the key stakeholders, while also promoting a balanced representation of evidence.</p>	<p>a. Evidence generation and dissemination should directly prioritise locally available evidence from reputable actors, including appropriate quantitative data sets. It is important for high-level entities to generate district level data that can be applied directly to community needs.</p> <p>b. It's important to raise awareness amongst stakeholders of complementary types of evidence that can be equally useful.</p> <p>c. Where powerful qualitative stories are available, they can be used for advocacy during evidence dissemination.</p>
<p>2. A balanced involvement of different stakeholders, including youth, can ensure complementary perspectives in evidence production and policy agendas.</p>	<p>d. Consider collaborations across different sectors, especially government counterparts, for successful evidence generation, dissemination, and use.</p> <p>e. Consider the potential for enhancing youth engagement during policy development and evaluation as a means of bridging the gap between policy agenda and beneficiary needs.</p> <p>f. Ensuring participatory and evidence-informed mental health policymaking needs to balance the often different interests, agendas and relative powers of key stakeholders.</p>
<p>3. Generation and effective promotion of evidence can help reduce stigma around mental health amongst adolescents and promote recognition of mental health as a key policy priority.</p>	<p>g. Important to identify what evidence exists and to widely share that evidence.</p> <p>h. Where evidence gaps are available it is important to devote adequate resources and ensure appropriate capacity for generation.</p> <p>i. Create a systematic and consistent evaluation approach of policies to generate evidence for future iterations. The responsibility of policy evaluation should be included.</p>

Project SAMA is implemented by a consortium of UK and Indian institutions and individuals, jointly led by the University of Leeds, UK and the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India. The research leading to results included in this policy brief has received funding from the Medical Research Council (reference MR/T040238/1).

To cite this document, please use: Ivory A., Arelingaiah M., Janardhana N., Bhola P., Hugh-Jones S., and Mirzoev T. (2023). *Enhancing evidence-informed adolescent mental health policymaking in India: Insights from SAMA research*. Policy Brief. Project SAMA. London School of Hygiene and Tropical Medicine, University of Leeds, and the National Institute of Mental Health and Neurosciences.