ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25nov043

Beyond Traditional Healing: Indian Practices for Culturally Relevant E-Mental Health Care for Adolescents

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Publication Date: 2025/11/07

Abstract:

- ***Background***

Adolescent mental health in India is severely impacted by socio-economic transitions, urbanization, and a wide treatment gap. Mental health disorders now account for a greater economic burden than other non-communicable diseases, contributing to approximately 4% of the nation's Gross National Product. Western-centric mental health approaches often fail to address the unique cultural contexts of Indian adolescents, highlighting the need for culturally relevant solutions.

- ***Method***

This paper explores the role of Indian practices beyond traditional healing frameworks in the development of culturally relevant digital mental health solutions. It examines barriers to cultural adaptation in digital mental health platforms and advocates for participatory design and interdisciplinary collaboration.

- ***Findings***

The study identifies the therapeutic potential of Indian mental health practices in building emotional resilience, self-awareness, and holistic well-being among adolescents.

- ***Conclusion***

Integrating Indian practices into digital solutions can bridge the mental health care gap, delivering accessible and culturally grounded support that resonates with the unique needs of Indian adolescents. Future research should focus on developing and evaluating culturally adapted digital interventions to enhance their efficacy and scalability. This approach holds promise for transforming adolescent mental health care in India, potentially improving long-term mental health outcomes and reducing stigma.

Keywords: *Adolescent Mental Health; Indian Mental Health Practices; Culture Appropriate Interventions; Digital Mental Health; Indian Psychology***.**

How to Cite: Kirti Maheshwari; Dr. Sujata Shahi (2025) Beyond Traditional Healing: Indian Practices for Culturally Relevant E-Mental Health Care for Adolescents. *International Journal of Innovative Science and Research Technology*, 10(11), 59-66. https://doi.org/10.38124/ijisrt/25nov043

I. INTRODUCTION

Adolescent mental health concerns account for a significant portion of the global disease burden, as highlighted by UNICEF (2021). Prior to the COVID-19 pandemic, an estimated 166 million adolescents worldwide—aged 10 to 19—were affected by mental health conditions (State of the world's children report, 2021). This pre-existing crisis has since been exacerbated by the pandemic, with substantial increases in depression, anxiety, suicide rates, and post-traumatic stress disorder. Such mental health issues not only present immediate challenges but also carry long-term

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25nov043

risks. Adolescents affected by these conditions are more likely to develop chronic internalized disorders in adulthood (Feiss et al., 2019). Moreover, the economic ramifications of untreated mental health conditions are profound, with estimates suggesting that an adolescent's untreated mental illness can lead to a family income loss of up to $300,000 over a lifetime (Smith & Smith, 2010).

➢ *Mental Health Scenario of Adolescents in India*

The mental health landscape for adolescents in India is particularly concerning. Mental health disorders now account for a greater economic burden than other non-communicable diseases, contributing to approximately 4% of the nation's Gross National Product (Hossain & Purohit, 2019). This challenge is further exacerbated by a significant treatment gap, estimated at around 90% (Gururaj et al., 2016; Mehra et al., 2022), underscoring the lack of adequate mental health care infrastructure. With over 243 million adolescents, India's youth are uniquely impacted by rapid urbanization and economic transformation.

The past decade has seen significant shifts in family structures, marked by reduced parental involvement and a decline in support from extended families (Aggarwal & Berk, 2015). These changes, combined with increasing materialism and competition in both educational and social spheres (Kaila, 2005), have created a high-pressure environment for adolescents. Furthermore, traditional cultural identities and religious practices are increasingly being replaced by modern, individualistic lifestyles (Nakassis, 2010; Pillai et al., 2008), contributing to heightened psychological stress.

The same is reflected in research in terms of the growing prevalence of mental health issues among adolescents. A study conducted in Ernakulam district reported a 14.19% prevalence of depression (Paul & Usha, 2021), while another study in Lucknow found a 12.1% prevalence of child and adolescent mental health (CAMH) concerns (Srinath et al., 2005). In rural schools, prevalence rates ranged from 20.7% in Haryana to 33.33% in West Bengal. Among urban schoolchildren, Tamil Nadu showed a rate of 33.7%, while Chandigarh reported 6.33% (Malhotra & Patra, 2014). Furthermore, the National Mental Health Survey (2016) found that 7.3% of adolescents aged 13–17 years had a mental disorder, with urban adolescents exhibiting nearly double the prevalence (13.5%) compared to their rural counterparts (6.9%). These findings highlight the urgency of addressing adolescent mental health in India, where socio-economic and cultural transformations have intensified the psychological strain on young people.

➢ *Need for Culture-Appropriate Scalable Digital Solutions*

India's adolescent mental health crisis underscores the pressing need for scalable, culturally appropriate digital interventions. The treatment gap, compounded by inadequate funding, a shortage of trained professionals (Thirthalli et al, 2016) , and urban-centric health infrastructure limits the access to mental health services, particularly in rural areas. Addressing these challenges requires innovative solutions (Nadkarni et al., 2024), and digital health technologies have emerged as a promising solution to deliver cost-effective, accessible mental health interventions (Harper-Shehadeh et al., 2016; Kallakuri et al., 2024). However, many existing digital platforms rely on Western frameworks, which often fail to resonate with the socio-cultural realities of Indian adolescents.

Cultural factors such as family dynamics, social roles, and spiritual beliefs shape how mental distress is experienced and expressed in India (Kreuter & Haughton, 2006; Fernando, 2014), influencing individuals' willingness to seek help, their coping strategies, the support they receive from families and communities, and their preferences for sources of care—whether from mental health professionals, primary care providers, or traditional healers. These factors, in addition, also affect the perceived acceptability of psychological treatments (Chakrapani & Bharat, 2023). Indian mental health professionals have long debated the applicability of Western psychotherapeutic models within India's unique cultural context (Varma & Gupta, 2008). Research consistently shows that culturally adapted interventions are far more effective than generic approaches as they take into consideration the local realities of people (Griner & Smith, 2006). This also prevents cultural dissonance—a mismatch between the cultural realities of users and the assumptions built into digital solutions, which individuals are seen to encounter in therapeutic interventions without significant cultural adaptations (Faheem, 2023).

Western models often prioritize individualism, cognitive-behavioral approaches, and secular perspectives, which may clash with India's collectivist culture, where family, community and spirituality are central to emotional well-being (Dwairy & Sickle, 1996; Sue & Sue, 2008; Manickam, 2010). Interventions that are disconnected from the basic tenets of life of an average Indian user are less effective and can make the user feel alienated. Additionally, digital solutions often fail to recognize cultural practices, which are deeply rooted in Indian cultural identity but are frequently discussed as limited to traditional healing in both Western and Indian literature presenting a significant gap in the area of culturally sensitive digital solutions.

➢ *Objectives of the Current Study*

The primary objective of this study is to explore Indian mental health practices that extend beyond traditional healing and evaluate their potential for addressing the unique mental health needs of adolescents. By examining practices such as storytelling, community-based interventions, and mindfulness techniques, the study aims to highlight culturally rooted strategies that can be adapted for modern e-mental health solutions. Another key objective is to identify ways to integrate these practices into scalable, accessible, and culturally sensitive digital platforms, ensuring they resonate with the values, beliefs, and experiences of adolescents in India. Through this, the study seeks to contribute to the development of e-mental health care solutions that not only address the current gaps in mental health interventions but also align with the socio-cultural fabric of India, fostering holistic well-being among adolescents.

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II. INDIAN MENTAL HEALTH PRACTICES BEYOND TRADITIONAL HEALING

Academic literature and popular discourse have largely confined India's mental health practices to folk traditions rooted in religious beliefs and supernatural explanations of illness. The modern nation-state, in turn, has frequently characterized these treatments as regressive, oppositional, and reflective of a limited view of India's culturally rich approaches to mental well-being. Therefore, this section reexamines these practices through a modern lens, highlighting their relevance to adolescent mental health beyond traditional or spiritual healing frameworks.

- *Indian Psychological Concepts: A Pearl Hidden in an Oyster*

Indian psychological concepts (IPCs) are frequently viewed as inseparably linked to religious traditions, often blending the sacred with the secular. However, through a cross-cultural approach, these concepts can be examined within a broader, secular framework that aligns with Western psychological principles. While Western frameworks are not foreign to India, having coexisted with Indian philosophies for centuries, Indian perspectives tend to remain grounded in collectivism and a spiritual orientation.

At the heart of IPCs are the four *Purusharthas*, or "great goals of life": *dharma* (inner purpose), *artha* (goals and values supporting inner purpose), *kama* (happiness aligned with inner purpose), and *moksha* (freedom of consciousness) (Das, 2015). These goals represent a lifestyle that directs the mind (*sattva*) toward an inward journey of the soul (*atman*) rather than outwardly toward the body (*sharira*). A mind turned inward is considered to be in a state of *yoga* (self-realization), while a mind focused externally may succumb to *bhoga* (insatiable desire), often leading to *roga* (distress or illness) (Frawley & Kshirsagar, 2017). This framework serves not only as a guide for lifestyle but also as a foundation for mental well-being, differing from Western models that often prioritize external achievement and personal autonomy.

Integrating these ITCs into digital mental health solutions requires culturally sensitive designs that honor these values. By embedding elements of *dharma* (inner purpose) and *kama* (purpose-driven happiness) into these platforms, the interventions can extend beyond Western goal-oriented frameworks, fostering self-reflection, mindfulness, and resilience. This approach is particularly beneficial for adolescents dealing with low self-esteem, anxiety, or emotional stress. Modules that encourage reflective practices can help adolescents develop a deeper understanding of their thoughts and behaviors in harmony with inner purpose, supporting those navigating identity formation or self-worth issues.

Furthermore, *artha* (value-driven goals) and *moksha* (freedom of consciousness) are essential for addressing academic pressures and social challenges. Goal-setting modules inspired by *artha* can prioritize internal well-being rather than focusing exclusively on external achievements. In moments of emotional overwhelm, self-doubt, or stress, practices grounded in *moksha* can foster an inward calm and self-regulation, offering adolescents the "freedom to be" rather than merely the "freedom to do." This culturally responsive approach not only enhances individual well-being but also strengthens adolescents' connection to their cultural heritage, fostering a sense of pride, belonging, and empowerment.

- *Indian Storytelling Traditions: A Balm for the Soul*

Storytelling has been an essential element of Indian culture and community, serving not only as entertainment but also as a means of conveying values, imparting wisdom, and guiding emotional and moral development (Gupta & Jha, 2022). Children and adolescents facing psychological distress often need therapeutic support but may find it challenging to express their emotions through traditional, verbal communication (Walker, 2005). Younger children are often more comfortable with play-based activities to express themselves, while older teenagers may rely on silence as a defense mechanism, making engagement more difficult.

Indian storytelling traditions, such as *Katha* (narrative storytelling) in Hindu practices or *Dastangoi* in Urdu-speaking communities, offer frameworks for processing complex emotions and coping with adversity. These narratives introduce young listeners to characters who navigate personal and social obstacles, fostering emotional resilience. Adolescents exposed to these stories may find examples for managing emotions and overcoming setbacks, connecting with protagonists who reflect shared cultural values. Such narratives provide a structured way to process personal experiences, supporting emotional expression in a manner that feels culturally accessible.

Traditional storytelling can take the form of myths, legends, regional customs, or folktales. Myths often feature gods, goddesses, or spirits, explaining the nature of the world and human behavior, while legends recount events that may or may not have occurred in the past. Across cultures, belief in a fairy realm remains a common theme, allowing audiences to explore mystical aspects of existence (Walker, 2010).

Examples from Indian folklore, like the *Baul* songs of Bengal, *Villupattu* in Tamil Nadu, and the moral tales of *Panchatantra*, help build a sense of self through relatable archetypes. *Panchatantra* fables, for instance, use animal characters to impart moral lessons and could be adapted into interactive digital formats, such as games or story apps, prompting adolescents to consider moral choices or reflect on character emotions. These digital adaptations provide a familiar yet engaging way to reinforce resilience and positive coping skills.

Regional folktales with therapeutic elements, such as the stories of Birbal, Akbar's wise advisor, can also serve as guides for cognitive reflection. Birbal's clever solutions to moral dilemmas model problem-solving and critical thinking, offering adolescents practical skills for navigating everyday challenges. Interactive digital platforms can present these tales in formats where users explore different choices and

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25nov043

outcomes, thereby learning constructive approaches to real-life issues.

Some stories, such as the *Tesu* and *Jhanji* tradition in Uttar Pradesh, do not focus on morality but rather on exploring complex emotions like grief, longing, and closure. These themes mirror the conscious and unconscious struggles adolescents may experience. Storytelling brings these unconscious thoughts to conscious awareness, reducing their potential to manifest as destructive behaviors.

Ancient Indian epics like the *Mahabharata* and *Ramayana* also emphasize the role of counseling and mentorship. For example, in the *Bhagavad Gita*, Lord Krishna counsels Arjuna, providing him with emotional and moral guidance during a period of inner conflict (Vartak, 1990). This story exemplifies the counselor's role in fostering clarity, resilience, and purpose. Another example is Jambavan counseling Hanuman to look within and realize his potential, illustrating the counselor's role in helping individuals gain self-awareness and confidence (Wig, 2004).Translating ancient narratives of counseling and mentorship into digital formats can introduce adolescents to relatable characters, helping them view counseling as a valuable tool for personal growth and emotional resilience.

- *Mindfulness and Meditation Practices: A Treasure Trove of Wisdom*

The adaptation of mindfulness practices in western frameworks often prioritize attention training, symptom relief and individual comfort, reflecting Eurocentric priorities rather than addressing root causes of distress or promoting communal well-being (Stratton, 2015). This simplified "McMindfulness" (Hyland, 2017) often emphasizes personal benefit. Studies indicate that this secularized form of mindfulness can not only reduce guilt but also the drive to make amends (Hafenbrack et al., 2022), diverging from mindfulness's original purpose of fostering shared well-being and holistic health.

In contrast, Indian mindfulness traditions offer holistic approaches to spiritual, emotional, and physical well being rooted in the Vedas, Buddhism, Hinduism, and Jainism. These traditions offer more than a mere set of tools and techniques but a way of life, an example of which can be seen in yoga. Yoga for example seeks to alleviate suffering across the body, mind, and consciousness. Yoga identifies five core obstacles, or *kleshas*—avidya (ignorance of one's true self), asmita (egoism and over-identification with the external self), raga (attachment to external sources of happiness), dvesha (aversion), and abhinivesha (attachment to dichotomies like pleasure-pain and gain-loss)—that contribute to mental distress, making these concepts relatable for adolescents grappling with self-perception and emotional challenges (Johnson, 2024).

The eight-limbed yogic framework offers structured practices to counter these obstacles, including ethical principles (*yamas*) including non-violence and truthfulness, personal practices (*niyamas*) like cleanliness and self-discipline, postures (*asanas*), breath control (*pranayama*), right use of senses (*pratyahara*), concentration (*dharana*), meditation (*dhyana*), and self-realization (*samadhi*)—all of which foster self-regulation, respect, compassion, body awareness and help in reducing anxiety and attentional difficulties. Digital platforms can effectively incorporate activities or prompts based on these principles and integrate guided sessions focused on yoga and breathing techniques, helping adolescents strengthen the mind-body connection and build self-discipline.

Yoga's branches cater to varied adolescent needs. *Jnana Yoga* (knowledge) promotes self-inquiry, which can reduce existential anxiety; *Bhakti Yoga* (devotion) aids emotional expression and nurtures compassion; *Karma Yoga* (selfless action) builds self-esteem through service; and *Kriya Yoga* (inner practices) supports emotional regulation. Integrating these practices into digital solutions offers adolescents culturally resonant, evidence-based tools for resilience, stress management, and personal growth that aligns with their cultural values.

- *Community-Based Practices (e.g., Group Rituals, Collaborative Problem-Solving).*

Community-based support models in India, deeply rooted in cultural traditions, emphasize the significance of familial and social structures, reflecting the nation's ingrained collectivist values. Research illustrates the nuanced interplay between India's individualistic and collectivist orientations. Familial concerns often evoke purely collectivist behaviors, while situations involving conflicts between personal goals and collective interests may result in a blend of individualistic and collectivist actions. Moreover, individualistic behaviors undertaken to advance collective goals underscore the complex interrelation between personal and communal priorities in Indian society (Sinha et al., 2001). These dynamics form a culturally relevant basis for the development of community-centered mental health systems.

Traditional support networks, such as extended families and neighborhood youth groups, offer effective frameworks for addressing systemic issues in youth mental health care. These include fragmented services, limited access to evidence-based interventions, and a lack of continuity of care, particularly during the transition to adulthood. Integrated care models, which consolidate a spectrum of services within community settings, have emerged as a promising solution (Balaji et al., 2010). Such models align with India's holistic view of health and well-being by addressing adolescents' developmental needs while ensuring continuity of care across life stages.

Empowering adolescents to serve as peer facilitators within these models also resonates with the collectivist ethos. Peer-led programs enhance scalability, cost-efficiency, and accessibility, particularly for marginalized groups, while fostering shared responsibility and community ownership. Incorporating family, peers, and mentors into interventions enhances cultural relevance and social embeddedness. For example, structured youth groups led by trained mentors provide supportive environments where adolescents can address challenges such as academic stress and identity

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25nov043

formation. These interactions cultivate a sense of belonging and mutual support, which are critical for fostering emotional resilience.

The integration of digital technologies further enhances the scalability and accessibility of community-based support models. Digital platforms connect adolescents with peer facilitators, mentors, and family-oriented resources. Interactive modules can educate parents and caregivers on adolescent development and mental health challenges, improving family dynamics and fostering empathy. Virtual peer-to-peer support and group discussions replicate the benefits of traditional community interactions, expanding reach and accessibility, thus offering culturally resonant, scalable, and sustainable solutions to adolescent mental health care.

III. CHALLENGES OF ACHIEVING CULTURAL RELEVANCE IN DIGITAL PLATFORMS

Achieving cultural relevance in digital mental health platforms is critical to ensuring their accessibility, effectiveness, and acceptance across diverse populations. Culturally appropriate care, as defined, emphasizes responsiveness to the cultural and linguistic concerns of all groups, addressing psychosocial issues, styles of problem presentation, family and immigration histories, traditions, beliefs, and values. This comprehensive approach underpins culturally sensitive care and highlights the multifaceted nature of achieving cultural competence in mental health solutions.

Research underscores various factors that contribute to culturally competent mental health interventions. For instance, Narayan et al. (2023) identified critical challenges in culturally competent e-mental health (eMH) solutions through focus group discussions. Key experiences revealed barriers such as limited language diversity, inadequate cultural representation, and a lack of cultural competency. Additionally, culturally linked stigma emerged as a significant obstacle. Participants in this study recommended integrating culturally tailored content, graphics, and language, alongside the inclusion of lived experiences from culturally diverse populations (CDPs).

Further, Yellowlees et al. (2008) outlined six broad conceptual areas that must be addressed for effective mental health service provision across cultures: cultural values, worldviews, ethnocentrism and cultural relativism, time orientation, social structures, and frameworks for understanding cultural differences. These areas serve as a foundation for designing interventions that are not only culturally relevant but also contextually nuanced. The provision of culturally appropriate digital mental health services also hinges on addressing comfort with technology, attitudes toward its use, and the socioeconomic environments of users, which significantly influence accessibility and engagement.

A more structured approach to cultural adaptation in mental health interventions can be informed by frameworks, first amongst which was the Bernal and Sáez-Santiago model (1995). This framework identified eight critical elements for planning and delivering culturally and linguistically adapted services: (1) language, (2) client attributes, (3) metaphors, (4) content, (5) concepts, (6) goals, (7) methods, and (8) context. These elements provide a roadmap for ensuring that digital mental health interventions are not only inclusive but also resonate deeply with the cultural contexts of their users.

There are multiple such frameworks available. Despite these frameworks and recommendations, implementing cultural relevance in digital platforms faces significant challenges. Limited representation of cultural and linguistic diversity in digital content often alienates users who do not identify with standardized approaches. Moreover, integrating cultural nuances into digital designs, such as metaphors, phrases, and symbolic graphics, requires an interdisciplinary effort that balances inclusivity with scalability.

Another persistent challenge is addressing stigma tied to mental health within many cultural contexts, including India. Digital platforms must create safe spaces for users to engage without fear of judgment, often necessitating anonymized interactions or content that subtly incorporates mental health awareness into culturally familiar narratives.

The success of culturally relevant digital mental health platforms lies in their ability to blend evidence-based practices with culturally sensitive frameworks. This requires not only the inclusion of diverse cultural elements but also ongoing adaptation based on user feedback and changing sociocultural dynamics. Digital mental health solutions that effectively bridge cultural gaps have the potential to enhance access, improve user engagement, and promote mental health equity on a global scale.

IV. WAY FORWARD

To effectively integrate cultural relevance into digital mental health platforms, evidence underscores the necessity of comprehensive cultural adaptation. Meta-analyses reveal that culturally adapted interventions are more effective than non-adapted versions, especially for populations outside the original target group. Furthermore, the extent of cultural adaptation directly correlates with the intervention's efficacy. While these findings have been well-documented for face-to-face treatments, their application to internet- and mobile-based interventions is still in its infancy. This highlights the urgent need for research to explore which specific components of digital interventions require adaptation beyond what is typically adjusted in traditional therapeutic settings.

A systematic review categorizes cultural adaptation of digital interventions into three components: content, methodology, and procedure. Content adaptations include illustrated characters, culturally resonant activities, language modification, and values aligned with the target audience. Methodological adaptations address the structure, design, functionality, and user guidance, ensuring interventions are aesthetically pleasing and intuitive. Procedural components

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25nov043

emphasize data collection techniques, stakeholder involvement, and theoretical frameworks, ensuring interventions are contextually grounded. Building on these findings, future digital mental health solutions must incorporate these elements in a nuanced manner to resonate deeply with diverse populations.

The way forward necessitates an interdisciplinary approach that bridges cultural sensitivity with technological innovation. Participatory design processes involving end-users, mental health professionals, and cultural experts are essential for identifying cultural nuances and tailoring interventions accordingly (Sidani et., 2017). Co-creation workshops can refine content, aesthetics, and delivery mechanisms, ensuring solutions address the specific needs of diverse groups. Additionally, leveraging validated frameworks like Bernal and Sáez-Santiago's adaptation model offers a structured pathway for embedding cultural elements into digital solutions.

Scaling culturally adapted interventions requires active collaboration with community organizations, educational institutions, and policymakers to ensure widespread dissemination and equitable access. Digital infrastructure investments, particularly in underserved regions, are critical to reducing disparities in mental health care access. Furthermore, training peer facilitators to deliver culturally attuned interventions enhances scalability and builds trust within communities.

Longitudinal research evaluating the impact of culturally adapted digital solutions is essential for understanding their efficacy and informing continuous improvement. This should include assessments of engagement, clinical outcomes, and scalability across various cultural contexts. Interdisciplinary collaboration spanning psychology, public health, cultural studies, and technology will be key to developing sustainable and impactful digital mental health solutions.

V. CONCLUSION

Cultural adaptation is integral to the success of digital mental health interventions, particularly in diverse and multicultural settings. Research consistently demonstrates that culturally tailored interventions outperform their non-adapted counterparts in both engagement and effectiveness. Despite the promising potential of tech based interventions, their cultural adaptation remains an underexplored area, necessitating focused research and development.

By addressing cultural nuances across content, methodology, and procedural components, digital mental health platforms can achieve greater inclusivity and resonance. Combining participatory design, community partnerships, and robust frameworks with empirical evidence ensures that these interventions meet the unique needs of diverse populations. Through sustained collaboration and innovation, culturally relevant digital mental health solutions can transform adolescent mental health care, fostering both individual well-being and collective resilience.

REFERENCES

[1]. Aggarwal, S., & Berk, M. (2015). Evolution of adolescent mental health in a rapidly changing socioeconomic environment: A review of mental health studies in adolescents in India over last 10 years. *Asian Journal of Psychiatry, 13*, 3–12.

[2]. Balaji, M., Andrews, T., Andrew, G., & Patel, V. (2011). The acceptability, feasibility, and effectiveness of a population-based intervention to promote youth health: an exploratory study in Goa, India. *The journal of adolescent health, 48*(5), 453–460.

[3]. Bernal, G., & Sáez-Santiago, E. (2006). Culturally centered psychosocial interventions. *Journal of Community Psychology*, *34*(2), 121-132.

[4]. Chakrapani, V., & Bharat, S. (2023). Mental health in India: Sociocultural dimensions, policies and programs - An introduction to the India Series. *SSM. Mental health*, *4*, 100277. https://doi.org/10.1016/j.ssmmh.2023.100277

[5]. Das, S. (2015). Purusharth : Ancient And Modern Indian Goals. *International Journal for Research Publication and Seminar*, *6*(1), 9–14.

[6]. Dwairy, M., & Van Sickle, T. D. (1996). Western psychotherapy in traditional Arabic societies. *Clinical Psychology Review*, *16*(3), 231–249. https://doi.org/10.1016/S0272-7358(96)00011-6

[7]. Faheem, A. (2023). 'It's been quite a poor show' - exploring whether practitioners working for Improving Access to Psychological Therapies (IAPT) services are culturally competent to deal with the needs of Black, Asian and Minority Ethnic (BAME) communities. *Cognitive Behaviour Therapist*, *16*(5).

[8]. Feiss, R., Dolinger, S. B., Merritt, M., Reiche, E., Martin, K., Yanes, J. A., Thomas, C. M., & Pangelinan, M. (2019). A Systematic Review and Meta-Analysis of School-Based Stress, Anxiety, and Depression Prevention Programs for Adolescents. *Journal of youth and adolescence*, *48*(9), 1668–1685. https://doi.org/10.1007/s10964-019-01085-0

[9]. Fernando, S. Mental Health Worldwide. London: Palgrave Macmillan, 2014

[10]. Frawley, D., & Kshirsagar, S. (2017). The art and science of vedic counselling. Lotus Press

[11]. Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training, 43*(4), 531–548. https://doi.org/10.1037/0033-3204.43.4.531

[12]. Gupta, R. & Jha, M. (2022). The Psychological Power of Storytelling. *International Journal of Indian Psychology, 10(3),* 606-614.

[13]. Gururaj, G., Varghese, M., Benegal, V., Rao, G.N., Pathak, K., Singh, L.K., Mehta, R.Y., Ram, D., Shibukumar, T.M., Kokane, A., Lenin Singh, R.K., Chavan, B.S., Sharma, P., Ramasubramanian, C., Dalal, P.K., Saha, P.K. , Deuri, S.P., Giri, A.K., Kavishvar, A.B.,...NMHS Collaborators Group. (2016). National Mental Health Survey of India, 2015-16: Prevalence, Patterns and Outcomes. *India National Institute Of Mental Health & Neuro Sciences NIMHANS Publ.*

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25nov043

[14]. Hafenbrack, A. C., LaPalme, M. L., & Solal, I. (2022). Mindfulness meditation reduces guilt and prosocial reparation. *Journal of personality and social psychology*, *123*(1), 28–54. https://doi.org/10.1037/pspa0000298
[15]. Harper Shehadeh, M., Heim, E., Chowdhary, N., Maercker, A. & Emiliano, A. Cultural Adaptation of Minimally Guided Interventions for Common Mental Disorders: A Systematic Review and Meta-Analysis. JMIR Mental Health,3: 1-13, 2016
[16]. Hossain, M.M., & Purohit, N. (2019). Improving child and adolescent mental health in India: Status, services, policies, and way forward. *Indian J Psychiatry, 61*(4), 415-419.
[17]. Hyland, T. (2017). McDonaldizing Spirituality: Mindfulness, Education, and Consumerism. Journal of Transformative Education, 15(4), 334-356. https://doi.org/10.1177/1541344617696972
[18]. Johnson, M. C. (2024). Illuminating Our True Nature: Yogic Practices for Personal and Collective Healing, Tantor Audio.
[19]. *Kaila, H. L. (2005). Democratizing schools across the world to stop killing creativity in children: An Indian perspective [Editorial]. Counselling Psychology Quarterly, 18(1), 1–6. https://doi.org/10.1080/09515070500099728*
[20]. Kallakuri, S., Gara, S., Godi, M., Yatirajula, S. K., Paslawar, S., Daniel, M., Peiris, D., & Maulik, P. K. (2024). Learnings From Implementation of Technology-Enabled Mental Health Interventions in India: Implementation Report. *JMIR medical informatics*, *12*, e47504. https://doi.org/10.2196/47504
[21]. Kreuter, M. W., & Haughton, L. T. (2006). Integrating Culture Into Health Information for African American Women. *American Behavioral Scientist*, *49*(6), 794–811. https://doi.org/10.1177/0002764205283801
[22]. Malhotra, S., & Patra, B. N. (2014). Prevalence of child and adolescent psychiatric disorders in India: a systematic review and meta-analysis. *Child and adolescent psychiatry and mental health*, *8*, 22. https://doi.org/10.1186/1753-2000-8-22
[23]. Manickam, L.S.S. (2010). Psychotherapy in India. *Indian Journal of Psychiatry*, 52(1), 366-370.
[24]. Mehra, D., Lakiang, T., Kathuria, N., Kumar, M., Mehra, S., & Sharma, S. (2022). Mental health interventions among adolescents in India: A scoping review. *Healthcare (Basel)*, *10*(2).
[25]. Nadkarni, A., Hanlon, C., Patel, V. (2024). Mental Health Care Models in Low- and Middle-Income Countries. In: Tasman, A., *et al.* Tasman's Psychiatry. Springer, Cham. https://doi.org/10.1007/978-3-030-51366-5_156
[26]. Nakassis, C. V. (2013). Youth masculinity, 'style' and the peer group in Tamil Nadu, India. Contributions to Indian Sociology, 47(2), 245-269. https://doi.org/10.1177/0069966713482982
[27]. Narayan, S., Mok, H., Ho, K., & Kealy, D. (2022). "I don't think they're as culturally sensitive": a mixed-method study exploring e-mental health use among culturally diverse populations. *Journal of Mental Health*, *32*(1), 241–247. https://doi.org/10.1080/09638237.2022.2091762
[28]. Paul, C., Usha, V.K. (2021). Effect of a school based Intervention on self esteem, body image, eating attitudes and behavior of adolescents with obesity in selected schools of Kerala - A Pilot Study. *Int. J. Nur. Edu. and Research*, *9*(1):96-100. doi: 10.5958/2454-2660.2021.00024.7
[29]. Pillai, A., Andrews, T., & Patel, V. (2009). Violence, psychological distress and the risk of suicidal behaviour in young people in India. *International journal of epidemiology*, *38*(2), 459–469. https://doi.org/10.1093/ije/dyn166
[30]. Sidani, S. , Ibrahim, S. , Lok, J. , Fan, L. , Fox, M. and Guruge, S. (2017) An Integrated Strategy for the Cultural Adaptation of Evidence-Based Interventions. *Health*, 9, 738-755. doi: 10.4236/health.2017.94053.
[31]. Sinha, J.B.P., Sinha, T., Verma, J. and Sinha, R. (2001). Collectivism Coexisting with Individualism: An Indian Scenario. *Asian Journal of Social Psychology*, *4*, 133-145.
[32]. Smith, J. P., & Smith, G. C. (2010). Long-term economic costs of psychological problems during childhood. *Social science & medicine (1982)*, *71*(1), 110–115.
[33]. Srinath, S., Girimaji, S. C., Gururaj, G., Seshadri, S., Subbakrishna, D. K., Bhola, P., & Kumar, N. (2005). Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. *The Indian journal of medical research*, *122*(1), 67–79.
[34]. Stratton, S. P. (2015). Mindfulness and contemplation: Secular and religious traditions in Western context. *Counseling and Values*, *60*, 100–118.
[35]. Sue, D. W., & Sue, D. (2008). Counseling the Culturally Diverse: Theory and Practice (5th ed.). Hoboken, N.J: John Wiley & Sons, Inc.
[36]. Thirthalli, J., Zhou, L., Kumar, K., Gao, J., Vaid, H., Liu, H., Hankey, A., Wang, G., Gangadhar, B. N., Nie, J. B., & Nichter, M. (2016). Traditional, complementary, and alternative medicine approaches to mental health care and psychological wellbeing in India and China. *The lancet. Psychiatry*, *3*(7), 660–672. https://doi.org/10.1016/S2215-0366(16)30025-6
[37]. UNICEF. (2021, October). Ensuring mental health and well-being in an adolescent's formative years can foster a better transition from childhood to adulthood. UNICEF. https://data.unicef.org/topic/child-health/mental-health/
[38]. UNICEF. (2021). State of the world's children report 2021. UNICEF
[39]. Varma, V. K., & Gupta, N. (2008). Psychotherapy in a traditional society: Context, concept and practice. New Delhi: Jaypee Brothers Medical Publishers.
[40]. Vartak, P. V. (1990). The Gita. Pune: Vartak Prakashan.
[41]. Walker, S. (2005). Culturally competent therapy – working with children and young people. Basingstoke, UK: Palgrave Macmillan

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/25nov043

[42]. Walker, S. (2010). *Young people's mental health: the spiritual power of fairy stories, myths and legends. Mental Health, Religion & Culture, 13(1), 81–92.* doi:10.1080/13674670903196721
[43]. Wig, N.N. (2004). Hanuman complex and its resolution: An illustration of psychotherapy from Indian mythology. *Indian journal of psychiatry, 46*(1), 25.
[44]. Yellowlees, P., Marks, S., Hilty, D., & Shore, J. H. (2008). Using e-health to enable culturally appropriate mental healthcare in rural areas. *Telemedicine journal and e-health: the official journal of the American Telemedicine Association*, *14*(5), 486–492. https://doi.org/10.1089/tmj.2007.0070