



Hindistan'da Okul Psikolojik Danışmanlığı

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ÖZET

Okul Psikolojik Danışmanlığı Hindistan'da on yıldan fazla bir süredir ortaya çıkmasına rağmen, mesleğin halen alt tabakadaki bebeklik döneminde olduğu düşünülmektedir. Ek olarak, psikolojik danışma teorileri ve yapıları batılılaştırılmıştır ve bu nedenle kültürel açıdan yeterli değildir. Bu makale Hindistan'daki okul temelli psikolojik danışma tarihini ve politikasını ve psikolojik danışma mesleğinin, bakış açılarını nasıl şekillendirdiğini tartışmaktadır. Eğitim politikaları, okullarda kapasite geliştirmenin etkisi ve Hindistan'daki kriz sorunları Hindistan'daki birçok kültürel farklılık göz önüne alınarak ele alınmaktadır. Ayrıca, genel ve okul psikolojik danışmanlığı mesleklerinin geleceği de tartışılmıştır.

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School Counselling in India

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ABSTRACT

Despite the emergence of school counselling in India over a decade ago, the profession is still considered to be in its infancy on the sub-continent. Additionally, the theories and constructs of counselling are westernized and therefore not as culturally competent as they could be. This paper discusses the history and policy of school-based counselling in India and how it has shaped the perspectives of the counselling profession. Education policies, the impact of capacity building in schools, and crisis issues in India are covered taking in to consideration the many diversity issues in India. A future outlook for school counselling and the general counselling profession is also provided.

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Introduction

School counselling has emerged over a century ago as a result of various sociopolitical and cultural changes in the Western society such as United States. Similar sociopolitical cultural trends have shaped up school counselling or guidance all over the world including India (Akos, Jain & Gurjar, 2014). Counselling or school counselling in India is still in its infancy stage.

Modern day living, economic reforms, globalization, changes in the family system, increases in divorce rates, and single parenting has resulted in various emotional, social, vocational, and mental health problems in India for the last decade. These tremendous economic and social changes have had adverse effects on school-going children and adolescents, which led to an increase in suicide rates, enormous academic competitiveness, and, peer and parental pressure (Arulmani, 2007; Kodas & Kazi, 2014). Counselling at the school or community setting will be an external source of support for addressing various problems of school-going children and adolescents.

In 1993 Arulmani (2007) noted in a survey he conducted that only 5 percent of school principals believed counselling in schools was important. However, in 2000 for the same survey, 95 percent of school heads agreed that school counselling was not only important, but is an urgently required service. This is definitely a welcome change. According to Kodas and Kazi (2014), school counsellors can be very helpful to students and parents to cope with metamorphic economic and social changes in Indian society and to maintain their mental

health. However, available counselling services are based on Western approaches to psychology and anyone with little or no training can offer counselling services in India (Arulmani, 2007). This conceptual article will provide an overview of the history and policy of school-based counselling in India. The impact of school counselling on the overall counselling profession will be discussed, as well as education policies, capacity-building, and crisis issues in India.

History

According to the American School Counselling Association (ASCA), school counselling programs are “comprehensive in scope, preventive in design, and developmental in nature” (ASCA, 2012, p. 51). Likewise, recently, Indian School Counselling Association (ISCA) has developed a national model of Professional School Counselors which is influenced by ASCA and the British Association of Counselling and Psychotherapy (BACP).

Counselling and Psychotherapy is relatively new profession in India and has a very brief history. In terms of establishing school or community-based clinics, the first credit goes to Tata Institute of Social Science (TISS), to start their first field action project in 1937 by inaugurating the Child Guidance Clinic (CGC) at Wadia Hospital. Now known as Muskann, Centre for Child and Adolescent Guidance is still continuing outreach programs in school and communities to foster mental health in children (<http://www.tiss.edu/>). Around same year, Wadia hospital opened their school health unit and later in 1979, Niar hospital set up their own school mental health clinic (Kodas & Kazi, 2014). The efforts by government funded hospitals and Non-Governmental Organizations (NGO) to build up clinics dedicated to school mental health was mainly focused in urban areas with very limited resources. It is hard to pinpoint the official beginning of school counselors in the Indian school system. The following timeline will provide brief history of school counselling and education system of India.

Arulmani (2007) gave credit to the Acharya Narendra Dev Committee and stated that the Dev committee emphasized the importance of counselling and guidance in education as early as in 1938. Various committee such as the Mudaliar Commission (1952); the Kothari Education Commission (1964–66); the National Policies on Education, (1986 and 1992) have made recommendations for the formalization of counselling services to India at the national level. During 1960s and 1970s, guidance and counselling were considered as pillars of the education system and various guidance related services for students were offered by the Central Bureau of Educational and Vocational Guidance (CBEVG) and professional development activities were operated by the All India Vocational and Educational Guidance Association (AIVEGA). During that era, the number of school providing guidance service in one form or the other was 3000. However, most of these schools hired only a career master, who was responsible for disseminating vocational information.

Gradually interest in guidance and counselling related activities started to decline in 1980s and 90s and now again interest in counselling has sparkled around 2000. The Working Group on Adolescence for the 10th Five Year Plan has pushed for counselling services for

school going children and adolescents (Planning Commission, GOI). This report has suggested various interventions at the government and non-governmental level such as setting up counselling centers in school and other educational institutes, online counselling services and telephone helplines, and outreach activities for students, teachers and parents. They also made a strong recommendation to appoint qualified counselors at higher secondary schools and intermediate colleges. Secondly, the National Council of Educational Research and Training (NCERT, 2005), also recognized that guidance and counselling be made available in schools to deal with stress related problems and incorporate teachers and parents to lessen stress. They also emphasized on the teachers with a background in guidance and counselling to students in achieving educational, developmental and emotional needs and assisting them to prepare for future vocational life. During 2000, CBEVG delegated their work to regional and state level Institute of Guidance to help students in the choice of suitable educational curricula and career options (Kinara & Asha, 2008)

In 2001, the Central Board of Secondary Education (CBSE), one of the largest education boards in India made it mandatory to have a trained school counselor in all their schools. They also started telephone counselling in various cities to provide help for students during examination time. They trained almost 40 principles and school counselors to provide tele-counselling for almost around the clock. According to Carson et al (2009), CBSE mandated hiring of 9,586 school counselors all over India at their schools. Although this will be considered as a positive change and now more students can use services provided by School Counselors, only 3% or less school-going children attend CBSE affiliated schools and the rest of the other school-going children are part of the State Education Board (Carson, Jain & Ramirez, 2009).

Further, The Ministry of Human Resources Development (MHRD), following a directive of the Supreme Court, appointed a R.K Raghavan committee in 2007 to recommend anti-ragging measures. The Central Board of Secondary Education (CBSE) has adopted the guideline based on Raghavan committee report and encouraging an appointment of a full-time counselor at each level of schooling such as Primary, Upper-Primary, and Secondary/Senior. Every student at Secondary or Senior Secondary level must receive at least twenty sessions of psychological counselling in an academic year. Further, CBSE also encourages parents and teachers to be part of these sessions if required (Compendium of CBSE Circulars-II). As per the ASCA, school counselling programs are proactive and preventive in nature. On the contrary, the need for school counselling programs in India was mainly reactive and academic in nature. It is mainly considered in the context of preventive ragging in educational institutes in India. Venkatesan and Shyam (2015) conducted an exploratory cross-sectional study in the state of Karnataka in which the role and duties of counselor are still vague and undefined. A content analysis revealed that school counselors wanted to focus on student problems and issues but parents and teachers were keener on academic advising, student discipline, conflict resolution, crisis interventions etc. School administer were expecting school counselors to help them in admissions and staff development. Thus, it showed a disparity in perception of school counselors' role and responsibility.

Recently Goa became first state in India to implement School Mental Health Program. Under the Goa Education Development Cooperation Act (GEDC) 2003, 55 school counselors

were recruited in their 550 public (government and government aided) schools to provide individual and group counselling, awareness and outreach activities for students, teachers, and parents (<http://gedcgoa.org>). Hopefully, Goa becomes the model for all other states to implement School Mental Health Program.

While there are some efforts at the governmental level to boost the School Mental Health Programs, mental health-based NGO's have achieved a remarkable progress (Thara & Patel, 2010). Most of the mental health-based NGO's are based in urban metropolitan areas. Some of them have also started to branch out in the rural parts of India. The oldest Mental Health based NGO's are more active in the area of child mental health and providing services for various issues such as conduct disorder, hyperactivity etc. To name a few, Sangath Society (Goa), Umeed and the Research Society (Mumbai) offer outpatient and school-based services for various needs of children and adolescence (Thara & Patel, 2010). Carson et al (2009) noted that parallel to the mental health NGO's, NGO's working for the prevention and treatment for HIV and AIDS area has also achieved an enormous progress and hired various counselors for their NGO's.

Crisis and Counselling Issues in India

The types and amounts of crises in India have greatly increased and changed over the course of the last decade. Natural disasters have led to some crises in mental health (Shah, 2013) although it is globalization that has led to many more concerns. Changes in globalization and family structure have led to an increase in suicide, domestic violence, AIDS/HIV, diversity issues, an increase in the gap between the poorest and the wealthiest, psychosis, and immigration as well as a host of common mental health issues (Aggarwal & Berk, 2015; Carson, Jain & Ramirez, 2009; Decker, Nair, Saggurti, Sabri, Jethva, Raj, Donata & Silverman, 2013; Dongre & Deshmukh, 2012; Jacob, 2008; Shrivastava, Johnston, Stitt, Thakar, Sakel, Iyer, Shah & Bureau, 2012). These changes have resulted in an increase in risk factors and a decrease in protective factors of religion and cultural identity (Nakassis, 2010), family structure such as parental involvement (Deb, Chatterjee & Walsh, 2010) and extended families (Census of India, 2011). Research in western society has connected these changes to rising rates of common mental disorders (Bor, Dean, Najman & Hayaatbakhsh, 2014). The number of people in the school-going age range of 10-19 years old is estimated to be at 243 million people, or 23% of the 1.2 billion people in India (India, UNDAF report, 2013-2017). This large facet of the population is being affected by the above changes and consequently by crises as well, and bringing them into the school systems. School counselors and professionals need to have an understanding of the growing crises currently in India in order to sufficiently understand and address issues in the school system.

Suicide has been a prevalent issue in India and is typically associated with farmers due to poverty (Dongre & Deshmukh, 2012) and adolescents due to school-related pressure (Jacobs, 2009; Shrivastava et al, 2012). The highest rates of suicide in India were reported in people under the age of 30 indicating that of that group the majority are most likely in school (Samuel & Sher, 2013). It is also important to note that suicide seems to correspond with literacy. For example, Kerala records the highest number of suicides at 32 people committing

suicide every day, but is also known for being India's first fully literate state (Samuel & Sher, 2013). According to the World Health Organization (2012), 804,000 suicides were recorded worldwide with 258,000 of them being Indian suicides. Young people between the ages of 15 and 29 are killing themselves at a rate of 35.5 per 100,000, which is the highest in the world according to the New York Times in an article titled "India's Mental Health Crisis" published in 2014. Parental pressure around academics in India is a concept widely recognized by research (Bertolote, Fleischmann, Leo, & Wasserman, 2004). The culture of education in India has been recognized as "fiercely competitive" due to the mass of India's population set against limited availability of resources including seats at prestigious universities, opportunities to immigrate, and careers. Self-expectation was also considered as a factor related to academic distress which could lead to suicide (Sarma, 2014). A study was conducted by Dongre and Deshmukh (2012) investigating farmer suicide in the north-eastern part of Maharashtra. They found the reasons for suicide in farmers included problems with crops, government apathy, environmental factors, family responsibility and stress, and debt. Suicide in India tends to be impulsive with 90% of adolescent suicides reportedly being in this group and related to stressful situations rather than an indicator of the presence of a mood disorder (Samuel & Sher, 2013). In fact, all of the adolescents in a study reviewed by Samuel & Sher (2013) reported experiencing negative life events including failing examinations. These high suicide rates in India are a concern for mental health professionals and could begin to be addressed in the school systems as a first line of defense. It was acknowledged in an article by Shrivastava et al., (2012) that education, meaning public education and school programs, have been found to be the best strategies in reaching out to people in the early phase of issues of a mental health nature in order to reduce stigma and raise confidence that these programs will provide help.

Until 2014, suicidal attempts were criminal activities leading to imprisonment or fine or both (Jain, 2014). Due to the stigma related to counselling in India, not a lot of students tend to open up about their ideations. With the lack of code of ethics related to dealing with any issue for school counselors in India, school counselors can provide students with information about the available crisis hotlines that will conduct suicide risk assessments with students and provide options for outpatient treatment. At the same time the parents can be informed about the student's ideations, with the permission of the student. Alongside this, for prevention, the school counselors in India can attain training in ways to deal with the academic stress and competition that students face in India and provide group classroom sessions and individual or group counselling sessions for students. The normalization of the academic pressure that students feel and peer-to-peer discussion on these issues, can be very helpful for students.

Domestic violence is another significant mental health crisis, estimating that 1 in 3 women face abuse in the form of physical or sexual violence at the hands of her partner (Decker et al, 2013). It is safe to assume that if 1 in 3 women are abused, that most likely they have children that are also experiencing the abuse either physically themselves or emotionally as they are forced to observe it at home. Globally, women tend to be reluctant to disclose abuse for fear of not being believed or being blamed for the abuse. Other reasons include the perceptions that violence is normal or not serious, fear of victimization, or threat of losing

children (Fanslow & Robinson, 2011; Miller et al., 2010). In a study conducted by Decker, et al (2013) it was found that over 90% of participants considered crisis counselling with safety planning as the most helpful intervention. Emergency crisis shelters were only endorsed by 64%, most likely reflecting social and cultural barriers as well as stigma and shame associated with going outside the familial unit. Local schools would be an informal source of support in which women could report the abuse. Trained school counselors would also be able to offer services to victimized children observing the abuse or experiencing it themselves.

The school counselor will be helpful for students, parents, and teachers by providing them with resources that they can use. These resources could include National Government Organizations (NGO's) and shelters for women. Police can be used as a resource but there have been incidences reported where women have been sent back home even after a domestic violence report (Venkatraman, 2015). Conducting psychoeducation groups and/or seminars for students and parents discussing domestic violence and its signs can be a powerful tool for school counselors to openly discuss this issue and remove the stigma. The school counselor will have to go through training to understand the process of working with students who have been victimized to domestic violence.

Natural disasters are a constant source of potential mental health crisis in India. Earthquakes, tsunamis, droughts, monsoons, floods, famine and other disasters regularly affect the sub-continent and therefore can throw communities into crisis. In one such instance, an earthquake struck Gujarat, affecting about 16 million people in 21 districts. In a study conducted by Shah, (2013), a practical manual for counselors on post-traumatic stress disorder (PTSD) was developed and implemented for Gujarati survivors of the earthquake in order to help them manage their emotions and mental-health related problems due to this tragedy. The process was a success in that it helped to significantly reduce mental health symptoms of PTSD in a shorter amount of time. A holistic psychological intervention program can provide survivors with a significantly happier and less impaired future. The team found that empathy, listening and prayer along with modern medical care is all that is needed in this sort of crisis. This type of intervention program can help pave the way and raise awareness of the need and importance of mental health. There are now two departments of Psychiatry in medical colleges in the area of Kachchh that did not exist before the earthquake.

As school counselors could be a possibility to have a plan to prepare plans for the school and students in case of a natural disaster. This could include plans on preparing students, parents, and teachers for a natural disaster and planning the school's strategy of dealing with the disaster. The most important part of helping students deal with a natural disaster is providing normalcy in their day-to-day living. According to Melton (2007) interventions like providing crisis counselling, supporting parents, teachers, and other staff, informing media about the role of school counselors in such situations, and stabilizing the school environment. Melton (2007) also suggested identifying students who might need more intensive counselling and might have symptoms of PTSD to be referred to other sources.

The AIDS crisis is another major issue affecting the people of India. The sub-continent now has the largest number of people infected with HIV/AIDS in the world with an estimated 2.08 million people testing HIV positive (avert.org/hiv-aids-india.htm; Carson, Jain &

Ramirez, 2009). This epidemic is predominately concentrated in subgroups such as female sex workers, injected drug users, and heterosexual transmission with unprotected paid sex (Charles et al., 2013). Initially, when the cause of the transmission of AIDS was understood, lack of prevention initiatives and education were the main contributors to the continuous spread of the disease. Since the implementation of the Parent-to-Child HIV Transmission Program, more pregnant women are being tested in order to prevent the spread of the virus. These, along with other programs, are helping to reduce the spread of AIDS. The number of healthcare facilities is rising. There were only 67 HIV testing and counselling centers in 1997, and as of 2014 there are 15,000 of these sites around the country that have reached roughly 13 million general users. However, there is still many people in India that are living unaware of their symptoms. Barriers to antiretroviral treatment are enormous. Marginalized groups tend to be the main sufferers of HIV/AIDS and stigma and discrimination related to their status along with the diagnosis of HIV/AIDS compounds the problem, making it even more difficult for these groups to access treatment. Inadequate counselling services as well as inadequate knowledge about the disease and how to treat it contribute negatively to barriers (Chakrapani, Velayudham, Shunmugam, Newman & Dubrow, 2014). Education is the first line of defense for fighting the AIDS/HIV crisis in India.

American School Counselor Association stated that it is the school counselor's responsibility to support education efforts for HIV/AIDS or any other sexually transmitted disease and collaborate with the community to prevent the spread of these diseases (The School Counselor and HIV/AIDS/STD Prevention, 2012). If following ASCA's guidelines, it is the school counselor's responsibility to remove the stigma related to AIDS/HIV and engage in psychoeducation amongst students in school. The school counselor can also be a confidential source for students to be able to address issues regarding HIV/AIDS and attain resources that can help them like health information and counselling services. The biggest issue for school counselors in India is the lack of ethical guideline to be able to deal with certain situations. A school counselor might not know how to react when a student might have HIV/AIDS. The best stance for the school counselor is to be non-judgmental and accepting and try and help the student as deemed necessary by the student.

Impact of Capacity Building on School-Based Counselling in India

The impact of capacity building on school-based counselling issues in India cannot be overlooked as this seems to be a golden opportunity to demonstrate the needs and receive the services necessary to promote and implement school counselors across the subcontinent. When there is understanding of the obstacles that inhibit the growth and developmental goals of school counselling in India, then there can be opportunities to enhance the abilities that will allow counselors to achieve sustainable results. This needs to happen at three different levels: the professional level, the community level, and the governmental level.

At the professional level, the scope of practice of counselors needs to be defined more clearly with universities offering training for diplomas that is collaborative and consistent across the country with the same standards for all. A more linear process through degree programs would make it easier to understand how to obtain and practice as a school

counselor. It is also important to note here that the training needs to incorporate culturally sensitive practices rather than just a Westernized counselling approach, including utilizing the family, spiritual resources, yoga, traditional healers, or other culturally acceptable methodologies. Accreditation can soon follow. Once that is achieved, the standards for licensure can be regulated by a governmental licensing agency and it can be mandated that school counselors, as well as other professional counselors, need to be licensed in order to practice. The development of the Association of Indian School Counselors and Allied Professionals, which was launched in 2011 in collaboration with other counselling associations worldwide, is evidence of the dedication and interest of counselors to provide regulated services to the public. Their goals include collaborating with National Board of Education to develop a national model and national standards to help govern the profession.

Community understanding and involvement cannot go unnoticed, as the community will be the ones receiving the services. Western changes concerning public health only happened through social reform movements. Progressive groups within the public health movement advocated for reform. The problem in developing countries is that the general population tends to view mental health as an individual issue which limits their response to this major issue (Jacobs, 2007). The number one barrier to the community is attitudinal changes concerning stigma, skepticism, and caste. Stigma has been well established in the literature in regards to India and the general population seeking mental health services (Carson et al, 2009; Chakrapani et al, 2014; Decker et al, 2013; Jacob, 2008; Shah, 2013; Shrivastava et al, 2013). This stigma is not just centered on severe diagnoses of mental illness such as schizophrenia, bipolar disorder and others but extend to include common emotional or relational problems. The perception of people that admit to help-seeking behaviors is that they are weak, cursed, or contains a religious explanation such as karma. Similarly, there is a misperception that counselling services are only designed to serve the severely mentally ill rather than to help cope with common mental and emotional disorders (Carson et al, 2009). Skepticism about psychology and whether or not it is actually effective is another issue that professional counselors are struggling against, although this is obstacle is gradually being overcome as people begin to access and experience counselling for themselves (Decker et al, 2013; Shah, 2013). Caste is also an issue to access as such as mental health professionals gaining entry to particular villages or addressing all people in a more rural area at the same time (Shah, 2013). Psychoeducation is needed as part of capacity building to overcome these obstacles in the community.

Finally the government as well as non-governmental agencies, has to be integrally involved in providing funding, access, and policies to help govern and regulate professional counselling. The government of India did an admirable job in responding to the growing mental health crisis with the Mental Health Act of 1987; however it remains limited to the treatment of severe mental illness rather than issues related to the mental health of the general population such as suicidality, substance abuse, domestic violence, anxiety and other disorders (Jain & Sandhu 2014). Although there are wonderful initiatives in existence, the implementation is weak due to limited or untimely access issues. There is a call across mental health providers to make the funding issues less bureaucratic and easier to access from governmental and aid funding than it is from private agencies such as banks (Shah, 2013). In

relation to specifically school counselling, The Working Group on Adolescence for the 10th Five Year Plan made a strong argument for appointing qualified professional counselors in schools. The National Curriculum report also recognized the need not only for school counselors but for teachers with a background in counselling to help support the work that school counselors perform. Additionally, the Central Board of Secondary Education made it mandatory to have a trained school counselor in every one of the schools under their umbrella. These are welcome, and much needed changes throughout India. However the response to this need will be limited as there is a shortage of trained mental health professional in India (Barua, 2009).

This circle back around to professionals, which is the first level that change needs to occur at. However, the professional, community and governmental levels all have to work together in order to provide services in a timely and fluid manner for help-seekers. Until these three are able to work in conjunction, school based counselling in India will be inhibited. Thankfully, there is change occurring as obstacles are being overcome and growth is occurring allowing for the ability to meet this drastic need in the schools of India.

Training and Licensing for Counselors in India

According to Carson, Jain, and Ramirez (2009), degree programs in counselling, counselling education, and family therapy are mostly unaccredited. Most of the clinical psychology and counselling psychology programs in India are unaccredited (Raney and Cinarbas, 2005). Some programs such as Psychology Department of Mumbai and Delhi Universities are accredited by National Assessment and Accreditation Council (NAAC), which is an autonomous body established by University Grants Commissions (UGC) of India. NAAC was established in 1994 to ensure the quality of higher education in India by National Policy of Education (1986) and Plan of Action (POA-1992). Some universities and private organizations along with The National Council for Educational Research and Training (NCERT), a premier Government of India organization offers a one year postgraduate diploma in Guidance and Counselling. Some private universities also offer distance learning certificate course in counselling.

Currently, the first author of this book chapter i.e. Dr. Sachin Jain is facilitating the process to develop working relationship between NAAC and Council for Accreditation of Counselling and Related Educational Programs (CACREP, 2016). CACREP accredits graduate level counselling program all around the world. This relationship will strengthen the counselling profession in India by defining counselor's role, eligibility, training, and supervision. Currently, Veer Bahadur Sing Purvachal University in Jaunpur, India is the first program in India to have successfully completed the International registry of Counsellor Education (IRCEP) application (CACREP, 2016).

Licensing in India is not mandated for the professional practice of counselling, clinical psychology, or social work. (Juvva, Redji, & Koshy, 2006). There is a lack of certain requirement or regulations and lack of supervision in counselling field. According to Rehabilitation Council of India (RCI), clinical psychologist, vocational counselors,

rehabilitation social workers, rehabilitation psychologist, rehabilitation counselors can apply to register in the Central Rehabilitation Register. By January 2011, overall, 67,738 professionals and personnel are registered by RCI.

Future Outlook for India

The future outlook for India and the surrounding region is bright, as this nation is ready for trained counselors to begin serving the desperate need. Globalization along with modern day living that includes increasing pressures is forcing people in India to seek professional assistance for their emotional problems. The reawakening and significance of this profession is gain publicity in Indian media including newspapers and on various websites. Famous actors such as Aamir Khan have a dedicated website to addressing the mental health needs of the population as well as raising awareness in the movies he acts in such as “Taare Zameen Par”. There are numerous opportunities to develop this profession due to the large population size along with the significant advances being made. Counselling is urgently needed, and the general population is becoming more and more aware.

Model programs would best be created and supported by Non-governmental Organizations (NGO’s) that could be adapted for different circumstances. These organizations could also be crucial in helping to raise awareness about the value of mental health in the community (Carson et al, 2009). As Patel and Thara (2003) have noted, NGO’s can help to bring mental health services to local communities with less stigma than traditional psychiatric services. NGO’s can act as advocates, service providers, activists, researchers and training centers for issues involving mental health. What is central to the development of NGO’s is the community involvement and leadership. This collaboration between community, trained professionals, and NGO’s can be mutually beneficial in developing mental health as it is currently the least-developed area in health care in India (Carson et al, 2009).

One of the easiest ways to gain a foothold in the community is through career, guidance, and school-based counselling. Career counselling is already viewed as acceptable and helpful as Jain & Sandhu (2014) have noted. Pervin Malhotra is well-known as India’s top career counselor and has become an icon reaching an audience of more than 50 million people. It would be important to capitalize upon the acceptance of career counselling and an easy bridge to school-based counselling and its importance. The pressure to succeed academically in India starts at an extremely young age with the survival of an entire family often depending on a child graduating and getting a good “seat” at university. The need for school counselors cannot be overlooked, and school heads are now recognizing and supporting this need as reportedly 95% have agreed that school counselling is an immediately required service (Arulmani, 2007).

Professionals need to be ready to answer the call to service through ethical and regulated training. There is a call for counselor educators to appropriately train desiring students that needs to be answered. It is imperative that counselling begin to be regulated by a governing agency. Thankfully, the Counselling Associate of India (CAI) is in the process of drafting a code of ethics for counselors (Jain & Sandhu, 2014). In the meantime the

Association of Mental Health Counselors-India has adopted the ethical codes of the American Mental Health Counselors Association (AMHCA) to guide the scope of practice (Jain & Sandhu, 2014).

There are a number of challenges that is outlined in a recent article by Jain & Sandhu (2014) concerning the future of counselling in India. These include raising the awareness of the general public, the need for geographically accurate distribution of professionals, attraction of the Indian Diaspora to return to India in order to increase the number of professionals, setting licensure boards, evaluating training needs and improving opportunities for research. Although these may appear to be large obstacles, many of these issues are already being addressed, with the next step being implementation. This era has been designed the “golden age” and the “renaissance” of counselling in India by researchers Jain & Sandhu (2014). Now is the time to take action.

Further Research Scope for School Counselors

In this section, we will explore some of the key areas where school counselors needs to pay attention for future research directions. School counselling in India is relatively new and thus current school counselors has multiple roles and duties to prove the importance and efficiency of school counselling field. First, they need to pay attention on developing scope and role of a school counselor in India. As mentioned earlier in this article, Association of Indian School Counselors and Allied professional has been established in January 2011. Now, members of this organization need to formulate various task or work groups to establish ‘code of ethics’ for school counselors across Indian school system. They also need to pay attention to diversity in India and develop ‘Multicultural Competencies for School Counselors’. In collaboration with universities and colleges, there is also need to reform or bring uniformity in preparatory programs in School Counselling Education. Veer Bahadur Sing Purvachal University has successfully completed the International registry of Counsellor Education (IRCEP) application (CACREP, 2016). Curriculum develops by Purvachal University, IRCEP approved program will serve as an exemplary model for all other universities or colleges.

Secondly, school counselors’ needs to advocate the needs for mandatory school counselors in public and private school systems in India from elementary to high school level. The advocacy work to increase awareness and usefulness of school counselors needs to be in collaboration with Indian National Board of Education (NBE), and Indian Mental Health Policy makers, legislators etc. School counselors also need to push uniformity in educational system, accessibility of quality education and books to all, up to date curriculum, quality and training of teachers and other supportive staff such as counselors etc.

In addition to the above mentioned goals, school counselors need to involve in a holistic interventions for the needs of Indian school children. They need to merge western practices and indigenous practices such as yoga and meditation to help academic, social, emotional, and mental well-being of school children and adolescents. There is also need to invest in research especially evidence base practices to show the effective modality and approaches to deal with Indian children and adolescents unique issues. School counselors

need to be involved in prevention, creating awareness, intervention, and crisis-intervention work at the school and in community. To reduce stigma attach to mental health needs of Indian population and to help them to seek mental health professionals school consolors needs to offer psycho educational awareness programs to parents such as parenting skills in modern Indian family system, healthy relationships with family and friends, understating academic pressure and your child, child's skills and interest for future career choices etc. Facilitating such workshops and awareness programs will help parents to understand child's emotional, social, mental, academic needs of a child and adolescents. It will also help to gain a 'face' for school counselors in Indian educational system.

Considering the suicide epidemic in India, school counselors needs to create 'suicide prevention program' from middle school to high school. They also need intervention and awareness programs on helping victims of domestic violence, natural disaster crisis interventions, AIDS and HIV epidemic programs, and student with a gender identity and sexuality related issues.

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