

Life Skills Education: A Strategy for Handling Adolescents' Risk Behavior

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Abstract:-In this study the researcher has made an attempt to understand whether and how school children learned life skills through their continuous involvement with school authorities, their classmates and counselors and its impact in modifying their behaviour. Along with children, life skills intervention was carried out among their parents also. The study was conducted among the adolescent school children with risk behaviour. Qualitative methodology was adopted for the research study. Data was collected through case studies. Meta analysis of case-studies was made to assess the impact of life skills intervention in bringing behavioral changes among the adolescents. The study proved that with continuous life skills training along with structured counseling helped in developing positive changes among the children with problem behaviour. It has also helped the children to develop friendly relationship with teachers, peers and parents.

Keywords

Adolescents, Parenting, communication, Life-skills, mental health, behavior modifications, counseling

I. INTRODUCTION

Adolescence (10-19 years) is a susceptible and important phase in an individual's life and is a period of transition from childhood to adulthood and embodies significant physical, physiological, cognitive, psychological and social changes resulting in sexual, psychosocial and behavioral maturation. It is the period of development from childhood to adulthood and the child moves from dependency to autonomy.

World Health Organisation (WHO) defines adolescence both in terms of age (spanning the ages between 10 and 19 years) and in terms of a phase of life marked by special attributes such as:

1. Rapid physical growth and development
2. Physical, social and psychological maturity but not all at the same time
3. Sexual maturity and the sexual activity
4. Experimentation
5. Development of adult mental processes and adult identity
6. Transition from total socio-economic dependence to relative independence

The needs and concerns of adolescents are manifold and they find themselves in utter confusion and many at times fall into crisis and troubles due to lack of proper guidance and support. The adolescents are very of asking their parents, teachers or significant others for clarification of their doubts which affect them physically, socially or mentally. The physical concerns of adolescents like health and hygiene- personal hygiene, body growth and function-puberty period, body image and size, idolising styles of famous personalities, concern about skin, colour, complexion, nutrition and food habits, fashion, reproductive health, sex and sexuality and responsible sexual behaviour and physical changes and coping disabilities warrant immediate attention.

The psychological concerns of adolescents are even more delicate and difficult to handle. Identity formation and crisis, self confidence, self esteem and self acceptance, career aspirations and guidance, lack of interest in academics, over indulgence in internet and social media, peer pressure, infatuation and attraction towards opposite sex, impulsive and risky behaviour, tendency to self harm, emotional outburst, etc. are quite common among the adolescents and they find themselves difficult to handle the pressure emanating from these issues.

It is not only physical or mental issues that affect the adolescents in their day-to-day life. There are a whole lot of social concerns also which requires attention. Parental care and support, child-parent conflicts, erosion of values including disrespect to elders including teachers, interpersonal relationships and peer influence, influence of media especially social media, familial and societal pressure, etc affects the adolescents.

The empowerment of adolescents is a major concern of parents, teachers and government. There are various opinions about adolescent's development and the strategies to be followed for the same. Life skills based education is one of the major strategies adopted world across for adolescent empowerment. Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. UNICEF defines Life Skills as "a behavior change or behavior development

approach designed to address a balance of three areas: knowledge, attitude and skills". Life Skills are those abilities that help to promote physical, mental and emotional well being and competence to face the realities of life. Life skills can be broadly classified into: Social Skills and negotiation skills which includes self awareness, empathy, effective communication and interpersonal relationship; Thinking Skills like critical and creative thinking, problem solving and decision making and Coping Skills like coping with stress and emotion. Life skill education leads to capacity building of a person, helps in developing resiliency skills and prevention from taking risks. Life skills enable the individuals to translate knowledge, attitudes and values into actual abilities, i.e. it enables the person to decide what to do, when to do and how to do.

Life skills contribute to psychosocial competence, which is a person's ability to maintain a state of mental well-being and to demonstrate this in adaptive and positive behaviour while interacting with others, his/her culture and environment. Psychosocial competence plays a vital role in the promotion of health in its broadest sense; in terms of physical, mental and social well-being. Enhancement of psychosocial competence can make an important contribution to the health of the person, especially when it is related to behaviour like inability to deal stress effectively and pressures in life. By teaching life skills in a supportive learning environment children and adolescents coping resources, personal and social competencies can be enhanced.

Teaching life skills as generic skills in relation to everyday life could form the foundation of life skills education for the promotion of mental well-being and healthy behaviour. Life skills contribute in developing self-efficacy, self-confidence and self-esteem. This in turn helps in the promotion of mental well-being and in prevention of mental disorders, and the prevention of health and behaviour problems.

Child mental health and school mental health programs have provided excellent opportunity in spreading awareness about mental health program for children and adolescents. The focus is rightly on school children and school based mental health program, which aims to increase sensitivity amongst school going population along with their caretakers from prevention of illness, taking right steps and possibly promote positive mental health among the society. These programs also aim to reduce behavior disorders in children and further preventing adult psychopathology.

Adolescence has been described as a phase of life beginning in biology and ending in society. For the adolescent, this period is a dramatic challenge, one requiring adjustment to changes in the self, in the family, and in the peer group. In contemporary society, adolescents experience institutional changes as well. Among early adolescents, there is a change in school setting, typically involving a transition from elementary school to either junior high school or middle school; and in late adolescence there is a transition from high school to the world of work, university, or child rearing.

Importance and need for school-based life skills education programs has been reflected in its inclusion in the school curricula by NCERT and CBSC.

Majority of the schools in India focus on development of scholastic, reading and writing skills of the children. They feel that improvement in marks of the students will increase their schools reputation, and confidence and personality of students. The curricula are mostly lacking focus on the transitional age of adolescents which has significant impact in the life of students. The schools are not able to satisfy their psychosocial needs, unable to communicate with others, inability to identify risk factors, unable to make good decisions and finally ended up in frequent failures and suicidal attempts by the adolescents. Lack of knowledge and awareness of parents about the concerns of growing children complicates the problem further.

An attempt has been made by the researcher in this study to understand the impact of life skills intervention in modifying the behaviour of adolescents and how it enables them to lead a healthy and positive life. The researcher had conducted series of sessions with the target group population and imparted life skills required to solve their issues and observed them how it enables them to overcome the difficult situations.

Objectives of study:

- To analyze the adolescents risk behavior and to understand the impact of life-skills interventions in developing positive changes among them.
- To identify the lack of awareness and sensitivity levels about the adolescent related issues among the parents.

II. RESEARCH METHODOLOGY

The present study is qualitative in nature. Case study analysis is the method adopted for the study. The students studying in classes 7th to 11th and shown mental health problems were taken as samples for case study. Regular discussions were held with the students to understand their problems and the reasons behind the problems to generate a holistic picture. Discussions were held with the parents of identified students, teachers and significant others to probe the cases further.

Life skills tips were imparted to both students and parents with an orientation to practice and

internalize. Counseling was adopted as a method to impart life skills.

Regular sessions were held with the students, parents, teachers, peer groups, coaches (activity teachers like sports, craft, arts, etc) with whom the student interacts frequently. Small group seminars, group counseling and life skills activities form part of the intervention among the students.

Those students required rehab assistance has been taken to de-addiction centre as part of the intervention. The student under depression has been referred to a Psychiatrist and Clinical Psychologist for treatment. During these phases also the researcher is in frequent contact with the students and was monitoring their progress. During the intervention, house visits were done to follow up life skills intervention and to oversee the progress.

The lack of awareness of adolescent issues among parents was studied through personal and frequent discussions with the parents.

Case study was conducted from among the children and parents who have received life skills inputs during the intervention. The cases were narrated in such way that a holistic picture of the socio-economic background of the students and their family, their problems, interventions made and the impact is explained and understood.

Case Study -1

Rishika (name changed), is 8 yrs old and belongs to a lower-middle class family. Her father is an e-rickshaw driver and mother being a housewife, and mostly occupied with a few months old baby girl. Most of the time Rishika's mother is ill and she didn't get much time to look after or care for the necessities of Rishika. Both the parents are semi-literate and belong to a very orthodox and traditional family. They consider girls as a liability. This student is currently in 3rd. STD and academically very poor, rarely successful in exams. But she is a confident girl and has good communication skills, but mostly used for lying. She also has a habit of picking others things mostly stationary items.

Recently, the child remained selectively mute and not showing any interest in studies. By chance one of her teachers held her by arms, while changing seats in class, and noticed that blood is gushing out of her arms, from full sleeve shirt (winter season) and immediately sent her for emergency medical treatment. Further probing revealed that the child was extremely scared and lacked confidence to report it to any significant adult or show her wounds to others for medical treatment. She was beaten up badly at home and she told that it is a routine in her family. Even for a small mistake she was beaten up severely, inflicting injury.

Adding to her sufferings, the parents scold her and threaten to throw out if told anyone. The frustrated Rishika has no other way to express her anger and frustration other than showing it towards her classmates through her violent actions by theft, of hitting, biting, lying and bullying her classmates. She does not have friends in schools due to her violent activities and always lonely and withdrawn to herself. Nobody in the school realized her predicament as she never told her sufferings to others.

Rishika has been referred to the Student Counselor for counseling. Series of discussion was held with her. Initially she was not willing to open up and the reassurance and support given by the Counselor put her in ease and Rishika started narrating her story of neglect, hate, cruelty and inhuman treatment meted out by her parents towards her. Her inferiority complex prevents her to share her agony either to her class mates or teachers. The discrimination towards girl child and the societal perception towards the same are evident in this case. This case shows that cultural and social factors lead to psychosocial problems. For example, in this case, reporting about parental behaviors and their attitude is prohibited or discouraged and hence the female child is clueless about the direction to look for assistance and support to build on her psychosocial competence.

The intervention involved primarily a couple of sessions with both the parents, where the beginning was done with a structured form of interview to understand their family background, home environment, monetary sources, level of education and other important information. Further they were counseled about their child's developmental patterns, which have not been undergoing the normal ways. Once the very clear line of communication was established with them, in the next follow-up sessions they were given certain tasks to be performed with the child at home and they were called to school by the counselor on weekly basis to monitor the changes in their performance related to the child. They were asked to maintain a good behavior chart of all the desired actions done by their child and record each and every one of them, giving either negative/positive reinforcement after observing the child's daily activity. They were asked to let the child decide for her own actions and choices regarding activities related to her. Both the parents were made aware of the dire consequences of hitting the child again, as school had all the rights to report the matter to the child abuse police cell, hence facing the repercussions.

The inputs given to the parents on the basis of social skills like understanding themselves and the child, developmental process and the issues related to development, interpersonal relationship, empathy and about right gestures, manners, etc. The child was oriented to develop friendly relations with the class mates, with teachers and parents. She was also counseled to uphold the values of trust, friendship and love. Further the student was trained in communicating effectively so that she will report her problems and issues with her

classmates and teachers, whenever it happens. The life skills intervention by the counselor helped the child to cope up well with her environmental situations without ruining her sense of self-respect.

This model has proved to be a classic example how life skills intervention among the parents and students can bring in positive change in the life of the children as well as parents. This has forced the school authorities to think in terms of introducing life skills programs in schools.

Case Study -2

13 yr old boy Mridu (name changed) studying in 7th Std, belongs to an upper middle class business family, where they follow joint family system till date. Both the parents are busy with their life styles, father mostly is away on tours as part of business and mother is heavily involved in her social roles inside and outside home. The chores often keep her busy for the entire day, also as part of their family business interests. Mostly Mridu has been under the grandparents and servants supervision and his movements' right from the beginning is restricted to indoors only.

The child was sent to open parks or outings quite less (as the only son), limiting him to be dependent on gadgets, T.V, & video games etc. He would play with his cousins very rarely. From the beginning of school days, he chose to remain selectively muted with his new classmates (joined this school, as new student). Mostly he doesn't share anything or makes any efforts to participate in school related activities or class work. He would mostly remain in low mood and often found absent from school.

After observing all these symptoms for a period of almost 2 months, this case was referred to the school counselor for therapeutic interventions by class teacher. As Mridu would come for sessions, other classmates started teasing him for being 'slow' and 'mad' which made him feel miserable. This child got so impacted that soon he stopped coming to school for longer durations on pretext of physiological pains (psycho-somatic). At last during a parental session, they were psycho-educated about seeking psychiatric treatment for depression, as the child showed all symptoms of it, for more than two-weeks. There were follow up sessions with the school counselor, and came to know that earlier school change was also due to the same behavioral patterns of the child, which the parents couldn't understand or either reported to the concerned person. Hence the only solution they could figure out was to change his school environment, to change his habits. Due to this, Mridu couldn't cope with his classmates' behavior and school pressure and soon gave up.

In this case the adolescent's interactions with the outside world were not rationally taught during his childhood by the significant others, hence resulting in poor socialization skills and problem solving skills. Plays occupy a very critical role in young children's life to shape up their thought process for creativity, which was clearly missing in Mridu's case. The parents remained uninvolved with the child's developmental phase, leading to an improper emotional bond with each other. No discipline related habits were nurtured or enforced during his childhood resulted to a malfunctioned life style later causing hassles for the child's teenage.

The most direct interventions for the promotion of psychosocial competence are those which enhance the person's coping, personal and social competencies. Apart from medical treatment for depression, for this adolescent a combination of interventions were done by teaching life skills in a supportive learning environment along with parental and school support.

Group counseling was done for his classmates, to sensitize them about mental-health disorders and its impact on the life of any human-being. They were encouraged to respect each one's mental makeup and remain friendly towards him.

His parents were called repeatedly for many detailed planned sessions, where each and every progress of the child was discussed with further modifications and additions. There were rehearsals of dialogues on lines of communications between parents and child, where creative dealings were an integral part of making discipline as everyday affair. Parents were sensitized about the importance of remaining on the same pace as their child passes through the whole process of over-coming depression and simultaneously imbibing a better disciplined life-style and improved coping up mechanism.

The child was well protected within school premises, with timely encouragements from all teachers regarding his class performance and work. During the life skills classes, counselor's interactions and motivation regarding specific tasks on skills like communication, self-awareness, creative thinking, coping with emotions etc. led his confidence to gradually progress. Eventually this child could deal effectively with the demands and challenges of everyday life in his own style which is appreciated by others.

Case Study -3

A 10th class girl, Prisha (name changed) is 15 yrs old, she belongs to an upper middle class nuclear family, where both parents are very well educated and working with MNC's at respectable positions with a very comfortable life style. Money spending amongst the family members has mostly been without restrictions. The child had less value for money and often found splurging big amounts. As Prisha being the only child, parents have mostly tried to substitute the materialistic pleasures to compensate with their lack of time.

The parents rarely scolded their teen-aged daughter for disciplining purposes or correcting her malfunctioned life style. The child was gifted a mobile phone when she was a 4th Std student. As the family is broad minded about Prisha's friendships, keeping a check on her teenage relationships has almost been out of question. In many occasions this child had resorted to self-harm (hands cutting, suicidal threats) when the parents tried to reject her demands. All these issues made the parents afraid and highly sensitive towards the child's behaviour and also her teenage developments and attitudes. They feared losing their only child.

All of these activities reached to an extent, while she was appearing for her pre-board examinations, where she was caught using her mobile phone in between the examination as she was busy sending some messages to her boyfriend. Since it was a new relationship and they had some misunderstanding between them, she wants to clarify and resolve the issue, to be able to write her paper peacefully, that she quickly wanted to write a message to her friend (explained by her later).

After discussing with the parents, it was discovered that child doesn't listen to anything, which the parents have to instruct the child about, turning her into a totally rebellious adolescent. There isn't any healthy communication that takes place between them to resolve the unspoken matters, reported by the school authorities or tuitions or her friends etc. The house environment isn't conducive enough for mutual respect and trust. Since both parents are working long hours their guilt is always higher and their daughter never fails to taunt them for not being around. All these problems have formed such a vicious cycle in their lives, barely thinking of any creative ways to resolve their life style.

Prisha was referred to the Student Counselor for counseling. The initial phase of discussion was rather very challenging with her, because the child would not open up in front of the counselor, hardly making any eye contact, sitting in a rather lost posture. There was minimalistic communication between the child and the counselor. Reassurance and support were the only way; counselor could put her in ease. Instead of the talk therapy, lots of life-skills activities were used with this teenager to get her on a platform where she could at least communicate her basic self.

As Prisha had a lot of friends inside and outside school, so the counselor used their inputs to engage Prisha into much more meaningful conversations about her life (keeping the confidentiality intact). The most highlighted life skill used in her case was, self-awareness as child was clueless about her own sensibilities, likes and dislikes, strength and weakness. Her confused association with her parents was the most necessary concept to put into her conscious mind, so that she would learn to reciprocate in an affirmative way as their daughter. Slowly the child opened her heart to the counselor about all the neglect, her various complexes, and her inability to stick to a person for long. The child was completely directionless at this point of time about managing her academics and dealing with other people in her life.

The sessions with the parents were very frequent initially as the counselor needed to understand their viewpoints about handling their daughter's each and every activity so sensitively yet there had to be an ownership by the end of each day. Make them come off the learned helplessness phase to accepting the facts and challenges and to establish a comfortable rapport took a lot of time. They showed resistance in accepting a few tips which needed regular monitoring and reporting back to the counselor.

However upon seeing positive changes in their daughter, they too felt relieved from their self-created stresses. Managing interpersonal relations and stress was the main life skill administered to this couple. Multiple family therapy sessions where interventions related to family's smooth social functioning was discussed. The basic idea was to make communication a two way process, so that more sharing about their lives would happen frequently. It took couple of sessions for parents to unlearn and begin this new way of life with their child, as they had to break off their comfort zone and also had to be answerable to the school counselor on regular basis.

To achieve wholesome adolescent age appropriate growth, we need to have a multidimensional approach covering all the adolescent related areas of concerns with special emphasis on mental health, behavior change, communication towards healthy lifestyle and positive social environment with the help of life skills programs. The interventions involved in this case were: Firstly sensitizing the parents about adolescents-age and tips for managing and channelizing their energy more constructively through effective communication which means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express opinions and desires, but also needs in relation to each other as family members. It will enable the children to ask for advice and help in a time of need within the family and outside.

Special emphasis was laid on importance of interpersonal relationship skills, as the screening of adolescent on regular basis could be an effective tool to control the existing levels of complexities with self-awareness along with handling life positively. This child was empowered and involved in decision-making activities that affect her and also help facilitate her with every opportunity for developing into a successful adult. Offering such learning opportunities to the growing children gives them a chance to build a safe, happy, healthy and productive outlook for their current and future endeavors.

She was also taught the positive ways to interact within and outside family, as they are the important source of social support system. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being, along with being able to end relationships constructively. In this above example, had the parents managed a little of their time effectively communicating warmth and affection with more involved parenting, bringing up a single child would not have caused this great deal of troubles.

Case Study - 4

17 yrs old Mrinal (name changed) has been a science student of class 11th (joined after school change), he comes from an upper-middle class Punjabi family, with father being a renowned cardiologist and mother working in a M.N.C. They lived in a nuclear family set up from the beginning, and Mrinal is the only child to his parents. Overly socializing boy, in his 2-3rd month of joining the new class, managed to make lots of friends. Academically Mrinal was brilliant, mostly performing above average. Within 6 months of him being around, he is very comfortably hanging around with his juniors, seniors and classmates, going to birthday parties and enjoying all the teenage related activities. Gradually his interaction with girls too increased and he ended up falling in love with a girl of same school studying in class 9th.

However due to certain reasons, the girl refuses his romantic offer, causing heartbreak to this boy. Mrinal consistently pursued his romantic interest in this girl for a long time, however it was clear from the girl's side that her interests lies in different things of life. This episode of rejection was so severe for him to deal with that he started to seek refuge in cigarette smoking initially (he was caught in school premises and the parents were informed) and further leading to binge drinking, followed by usage of light drugs, causing him and his family the embarrassment of giving him away into a de-addiction center for next couple of months.

The parents were shocked beyond imagination and couldn't comprehend initially, what exactly happened with their only son (father being a doctor himself). The time they took their son seriously, it was just too late, only a de-addiction centre could serve the purpose at least during that severe phase, followed by regular psychotherapies along with teaching basic life skills mostly about self awareness, handling interpersonal relationships and problem solving.

The structure of interventions in this case (once the boy rejoined school) was very delicately planned with special emphasis on knowing oneself, which included the recognition, of character, strengths and weaknesses, desires, likes and dislikes. Developing self-awareness helped him to recognize when we are stressed or feeling under pressure, how significant it is to share the anxieties with significant others and reach out for help. He was also made aware that often, it's a prerequisite for effective communication along with interpersonal relations, which helps in finding adaptable solutions to the situations around us. He was also taught coping with emotions involving recognizing emotions in others and ourselves and being aware of how emotions influence behavior, and being able to respond to emotions appropriately. Intense emotions, like anger or sorrow can have negative effects on our health if we do not act appropriately at right time.

There was lots of real time story narration, followed by their critical analysis, leading to logical conclusions in more than one alternative. He was even asked to read a few autobiographies' to relate to people's lives with his and finally draw similarities. His classmates were roped in for much positive boost of his self-image construction and group counseling were regular part and parcel of their school times.

Effective positive parenting sessions were taken for this couple, to help them understand the parents about nurturing a healthy & stable bond with their teenage children, who are already undergoing lots of teenage challenges. Their involvement in their child's life is ever cherished and finally becomes the source of inspiration for their teenagers.

III. DISCUSSION

These real life case studies shows that in our diversified society at every level, there are tough challenges in communication patterns, lack of devoted time and its management, sensitizing parents and their awareness of children/adolescents related growing up issues. Life skills' teaching promotes the learning of abilities that contribute to positive health behavior, positive interpersonal relationships, and mental wellbeing. Ideally, this kind of learning should occur from a young age, before negative patterns of behavior and interaction have become established and impact the actions of teenagers negatively later into their adulthood.

An analysis of similar studies has shown similar results. Bharath S and Kumar (2010) in their research used NIMHANS model of life skills education to study life skills training and its impact on a yearlong study of 605 adolescents from two secondary schools. They conducted training programmes to students on regular interval to impart life skills with focus on self-esteem and coping mechanisms. Pre and post tests were conducted using life skills assessment scale developed by them. The study found that life skills intervention had positively impacted the adolescents' self-esteem and coping mechanisms in general and particularly with teachers. In the present study the researcher has done life skills intervention among the psycho-social problems affected children and find that life skills approach in handling psycho social problems are highly effective.

In another study by Pujar L L, Hunshal S.C, Bailur K.B (2014) on impact of interventions on life skills development among rural adolescent girls has found that, it has significantly helped the target group to take positive actions and improving their coping skills and problem-solving ability.

Yadav, Pooja and Iqbal (2009) has conducted a study among urban adolescents in New Delhi to find out the impact of life skills training on psycho-social development like self-esteem and empathy. They conducted pre and post tests for a comparative study involving 5 months of regular training. And the result shows that there was significant improvement among children in their emotional adjustment, self-esteem, educational adjustments etc. after the life skills programme.

Children should have unwavering and loving relationships with their parents, especially their mothers. Because of the love and affection they receive, children learn to rely on the parents and to trust them. As they grow they learn by watching and imitating them, as well as by getting instructions and guidance from them. When they manage to do something, their learning is reinforced by their praise and approval. This is the ideal environment for a child to develop his potential to the maximum. For optimum development of the children, they need appropriate psychosocial as well as physical care.

The case studies conducted by the researcher shows that the children are not getting the expected or required attention from their parents; the love and affection from parents are missing. They may love the children, but it is not reflecting in the behaviour of the parents or they are not trying to make their child feel about their love and affection. The time that the parents spend is relatively very less and that has resulted in lack of intimacy among the child and the parents. The study proves that the parent should spend quality time with the children, talk to them about their schools, friends, teachers and study, what they are doing in the class, outside the class, their hobbies and interests. This talk will create an environment of understanding, developing bonds, intimacy, affection, etc. This will help the child to improve his/her confidence and personality.

The attitude and maturity of a person shows his mental health development. Mental health development of children depends on the emotional-expressive communication and interaction; sensitivity, empathy, emotional bonding and mutual trust; expressing clear and firm disapproval when the children shows unacceptable behaviour; providing opportunities to the children to take other peoples role and experience it and try to focus on positive behaviour rather than criticizing negative behaviour. The case study by the researcher highlights that the children fell into the problems because of the lack of empathy, interaction and communication, emotional, social and psychological support from the family and from the school. Once these are ensured through life skills intervention and counseling, the children came back to their normal positive life.

Achieving mental health and maintaining it has two-fold manifestation. One is about preventing and treating mental disorders, and the other is about fostering or promoting mental health and wellbeing. Mental health cannot be achieved merely by preventing and treating disorders. It must address the broader issues affecting the mental wellbeing of all sectors of society like poverty, violence, vulnerability, drug abuse, alcoholism, domestic violence, conflicts in the family and society, insecurity, ill health, etc. The present study has proved that life skills intervention has helped in developing mental wellbeing of children both from monetarily poor and rich backgrounds and enabled them to come back to normalcy from depression, alcoholism, violence, etc.

The question is how we can impart life skills successfully and effectively to children. In the present study the researcher has conducted the intervention in the school setting. During the study it is felt that school is an appropriate place for the introduction of life skills education as:

- It plays an important role in the socialization process of an individual
- Place of easy access to children and adolescents on a large scale
- It is an economically efficient way of reaching out to young people using existing infrastructure, and experienced teachers in competency building;
- It provides a safe space to the students to practice life skills;
- Has very high credibility with parents and community members
- The possibilities for short and long term evaluation
- Has an enabling environment for learning and self-development

IV. CONCLUSION:

The life skills intervention conducted is a program specifically designed for the troubled adolescents, who lacked complete awareness of their negatively impacted behaviors. It was noticed by the researcher that the students have immensely benefitted from the life skills programmes which is visible from the way their classroom-teacher interactions, behaviors with their fellow students, academic performances along with clear parental communication. Parents were involved in the initial focus group discussions till the end, resulting into their active learning and improved parenting habits, leading much better home environmental adjustments. The current analysis of life skills program in mental health promotion has proved that it is replicable in school setting and school mental health program can be made more effective through life skills approach. Teachers can

be trained as facilitators of life skills and there should be a mechanism to assess the level of life skills of the children in frequent intervals. On the basis of the findings, additional inputs can be given to the children so that the capacity and competency of them can be built in them. The involvement of parents is vital in the process and they should be made partner in the whole process.

REFERENCES

- [1] Bharath Srikala, K V Kishore Kumar (2010). Empowering Adolescents with Life Skills Education in Schools – School Mental Health Program: Does it Work? in *Indian Journal of Psychiatry*, 52 (4), 344-349.
- [2] Kalinga Institute of Social Sciences (KISS), 2013. *A Report on Training of Nodal Teachers on Life Skills based Sexual and Reproductive Health*, KISS, Bhuvanewar. <http://kiss-lseandarsh.org/report2.pdf> Accessed on 20-4-2016
- [3] Madhu Singh (2003): *Understanding Life Skills*, 2004/ED/EFA/MRT/PI/69, UNESCO Institute of Education, Hamburg. http://portal.unesco.org/education/es/file_download.php/32f065862b89709d9c0575839f1d959cUnderstanding+life+skills..doc Accessed on 25-4-2016
- [4] Malhotra Savita, Adarsh Kohli, Mehak Kapoor, Basant Pradhan (2009). Incidence of Childhood Psychiatric Disorders in *Indian Journal of Psychiatry*, 51 (2), 101-107
- [5] Mangrulkar L, et.al (2001). *Life Skills Approach to Child and Adolescent Healthy Human Development*, Pan American Health Organization, Washington D.C.
- [6] Mize, Jacquelyn & Abell, Ellen (2009): *Encouraging Social Skills in Young Children: Tips Teachers Can Share with Parents*, www.humsci.auburn.edu/parent/socialskills.html Accessed on 20-4-2016
- [7] NACO, (2015). *Facilitators Guide on Adolescence Education programme-Life Skills Development*, NACO, <http://naco.gov.in/upload/NACOinAction/Facilitators%20Guide.pdf> Accessed on 20-4-2016
- [8] NCERT, (1999). *Adolescents Education in Schools: Package of Basic Materials*, New Delhi.
- [9] Pujar L L, Hunshal S C, & Bailur K B (2014), Impact of Intervention on Life Skill Development among Adolescent Girls, *Karnataka Journal of Agricultural Science*, 27 (1): (93-94)
- [10] WHO (2001). *Skills for Health*. Information Series on School Health, Document 9, http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf Accessed on 25-4-2016
- [11] WHO (1997). *Life Skills Education for Children and Adolescents in Schools*, WHO_MNH_PSF_93.7A_Rev.2, WHO, Geneva.