With the second wave that hit India in March 2021, we are now in the midst of managing the aftermath of the Covid-19 pandemic in some regions, and facing a fresh spike in others. Although the pandemic has significantly impacted mental health issues at scale, it is only in the past decade that Global Health increasingly started to recognise the long-standing correlation between mental wellbeing and uptake of healthful behaviours, economic productivity, crisis management capacities at both individual and community levels. In such a scenario, the need of the hour is to account for the differential impact the crisis has had on populations in order to create focused solutions that are both contextually sensitive and sustainably scalable.

Vihara is motivated to work in the field of mental health and psychosocial wellbeing of disadvantaged individuals and vulnerable communities by foregrounding the impact of structural, environmental and socioeconomic factors on mental health needs across different life stages. These factors range from gender, caste, class, tribe, geography, amongst others.

While doing so, we recognise that psychosocial challenges and needs broadly fall under two categories:
(i) Distress, anxiety and conditions that punctuate daily lives which may heighten during a particular life stage or be induced due to an external stressor such as the pandemic, and
(ii) Trauma, loss, grief and severe mental disorders which may be induced due to a shock and require clinical or formal intervention.
Psychosocial distress would be mapped in the interaction between internal and external factors, in other words, in an individual's internalisation of distress as they engage with family and community, as well as structural and socioeconomic factors.

Vihara will leverage its decade long experience of working extensively with beneficiaries and communities with a human-centred lens. Our multidisciplinary team is experienced in developing contextual behavioural insights using anthropological and participatory design-led research. We use design and systems thinking to develop innovations and interventions that aim to holistically address the challenges while aligning with the system's strength and leveraging existing channels and partners.

Our experience in digital health technology as well as our extensive partner network on the field uniquely positions us to tactically design human-centred digital innovations. We use digital platforms and approaches to enhance research by conducting '**digital sentiment analysis**'. This allows us to understand search and access patterns which help identify ways of leveraging digital platforms and how to design tailored interventions. Our digital **decision support tools and approaches** can be used to self-assessment process and interventions, re-envision in-person engagements (P2P or system-beneficiary), as well as concurrent evaluation and tracking of interventions to develop learnings that allow for increasing efficiency of programs. With these digital approaches towards research and design, psychosocial health and wellbeing interventions can be designed to address both individual triggers and build coping mechanisms while reaching relevant beneficiaries at scale. We aspire to bring this nuance and adaptability to all of our collaborations and help accelerate the efforts being made in this field.

We have identified **three target populations** that we would like to positively impact through partnerships and collaborations. These target groups are

Adolescent Girls and Boys
Structural and societal changes such as the escalation in child marriage, school dropout rates, increased household responsibilities, shift in roles such as caregiving and/or provider roles can adversely impact their psychosocial health.

The diminishing ability of active choice-making, the uncertainty of the future, discontinued education induces stress and anxiety amongst many adolescents which impact their life course.

Potential area of focus:
A guiding thread while intervening in this space would be to incorporate how the expression of distress varies on account of gender with sociocultural nuances as well as their relationship with formal systems of education. School dropout resentment may affect them for a lifetime. While girls may withdraw and shut everyone out, boys would take up aggressive behaviours and/or maladaptive coping mechanisms such as alcoholism and substance abuse.

Young Couples
Young men and women are often pushed into marriage either out of choice or prematurely during late adolescence. They carry resentment and discontentment as their choice-making ability is cut. Additionally, new roles such as caregiving, child-bearing and the role of a provider prescribed by gender-based segregation form the landscape that contributes to stress and anxiety.

Potential area of focus:
Psychosocial distress amongst young men and women would be grounded in gender-centric roles and responsibilities that structurally add a layer to distress. Women who give birth to children earlier may experience perinatal/postpartum depression, impacting their daily activities. Men, on the other hand, may be burdened by the new role of being a provider, which may be worsened by the loss of livelihood and financial indebtedness. The interaction between these stressors can also be the cause of toxic household environments such as GBV and IPV.

Frontline Health Workers
Frontline health workers carry the disproportionate burden of managing the Covid-19 crisis under debilitating circumstances which have led to many of them experiencing fatigue, burnout, distress and anxiety on a day to day basis. This is worsened by fractured health systems, unsupportive community environments, abuse and harassment at work and sometimes even unsupportive family/inter-partner relationships.

Potential area of focus:
Frontline workers' distress has been compounded by Covid-based anxieties, exposing the bottlenecks in the system. The experience of psychosocial distress varies amongst various categories of frontline work on account of gender and social identities such as caste, class or religion. In this sense, double discrimination may be faced due to frontline work and identity-based harassment. Coupled with this, many ASHA workers work in circumstances with lack of familial support and double caregiving responsibilities both at home and at work.