

**Self-Awareness for Emotional Regulation and Mental Health in the Indian Scenario:
An Explanatory Review**

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ABSTRACT

Background: A major factor contributing to mental health morbidity in India is emotional dysregulation and it has become a growing concern over recent years. **Aims and Objective:** This explanatory review study investigates self-awareness as a psychological and public health tool, which could help manage emotional dysregulation. **Methods:** The review explores self-awareness as an individual as well as a social resource, and draws from several academic fields that include neuroscience, psychology and Indian contemplative traditions. It uses thematic synthesizes to identify ways in which self-awareness enables emotional understanding, behavioural control, psychological resistance and mental stability. **Results:** The study finds that self-awareness is a low cost and easily integrable competency, but remains underutilized. The research shows how school-based programs, grassroots initiatives and India's National Education Policy 2020 support the implementation of self-awareness programs in India's preventive health system. **Conclusion:** Hence, self-awareness would be a scalable strategy to improve mental health in India for individuals and communities.

Keywords: Self-awareness, Emotional regulation, Mental health, Preventive medicine, India, Public health, Emotional resilience, psychological well-being, Community interventions, Self-reflection

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Introduction

Mental health disorders have evolved into a significant public health issue worldwide. The World Health Organization reports that depression impacts more than 280 million people throughout the world¹. The National Mental Health Survey (2016) in India showed that 14% of the population needed immediate mental health treatment². The prevalence of anxiety and stress-related disorders and emotional dysregulation has grown among adolescents, working professionals and the elderly, who experience these conditions together with substance abuse, domestic stress and chronic illnesses³. People with emotional dysregulation experience an inability to manage their emotional reactions when they encounter any form of internal or external triggers. The condition leads to impulsive actions, mood swings, withdrawal symptoms and physical complaints that result in social and work-related problems .

The growing number of these problems receives little attention from community-based interventions, which concentrate more on external factors instead of personal competencies. Of the psychological skills that could strengthen prevention efforts, self-awareness continues to receive limited practical attention. Self-awareness enables individuals to identify their emotional patterns, cognitive responses and behavioural tendencies, which forms the foundation for emotional control and stable interpersonal relationships . This further allows for early detection of stress, and behaviours such as disengagement from reactive cycles.

Self-awareness is an ongoing process which requires individuals to direct their attention toward themselves while they evaluate their own self. It involves actively monitoring internal experiences such as thoughts and emotions⁶. Individuals who develop self-awareness intentionally gain control over their mood and emotional responses, and their overall behavior⁷. Self-awareness surpasses mindfulness and introspection because it requires individuals to link their personal experiences with reflective understanding⁸.

Research in psychology links self-awareness to three key concepts: mindfulness, emotional intelligence and metacognitive awareness⁹. Each of these concepts offers a distinct mechanism through which self-awareness is developed. Mindfulness encourages non-judgmental presence in the moment; Emotional intelligence involves recognizing and managing emotions within the self and in others¹⁰; Metacognitive awareness refers to insight into one's own thought processes¹¹. These capacities collectively build the ability to observe and engage with inner experiences without reacting impulsively. Emerging research in neuroscience has discovered more evidence which confirms this role.

Studies have shown that increase in self-awareness decreases activity in the default mode network (DMN) which is a neural network operating as the system which controls self-focused thinking and emotional rigidity¹². The prefrontal cortex together with the anterior cingulate region serves as the brain regions that control attention and develop resilience¹³. The neurobiological changes support the behavioural findings: individuals, who show higher self-awareness, demonstrate better impulse control, experience lower stress levels and use more effective coping strategies¹⁴.

Self-awareness enables both preventive medical care and mental health improvement strategies. The method enables emotional comprehension while simultaneously decreasing emotional issues and strengthening the results of psychosocial interventions in community-based programs^{5,15,16}. It enables individuals to detect their internal distress signals at an early stage, which in turn allows them to get timely help and participate better in therapy¹⁷. The development of self-awareness through schools, health workers and digital health literacy platforms across different socio-cultural environments will establish resilience, while decreasing stigma in the population¹⁸.

Even with India's long history of contemplative and introspective traditions, self-awareness is not well represented in mainstream mental health conversations. The current body of research investigates self-awareness through therapeutic, spiritual and organizational perspectives, with far less attention to its role in public health or preventive medicine. Few studies synthesize indigenous perspectives with empirical psychology in ways that can inform policy or community programming.

The mental health system of India encounters multiple obstacles that include restricted service availability, insufficient public understanding of mental health and social discrimination against mental illness. The solution to these gaps needs methods which work at broad scales while aligning with specific cultural traditions of each location. Self-awareness fulfills both conditions. It can be developed in non-clinical environments by embedding it into social and educational programs. It can also use culturally appropriate methods such as yoga, introspection and value-based reflection¹⁹. The review unites previous studies to create an improved definition of self-awareness which proves its defensive role for Indian mental health professionals.

Objective: The objective of the present narrative review was to synthesize interdisciplinary literature to examine the psychological, neurophysiological, and socio-cultural mechanisms through which self-awareness supports emotional regulation and mental health, with particular emphasis on its relevance for preventive and promotive mental health strategies in the Indian context.

Methodology

Study Design: The research design of this study uses explanatory narrative style which is suitable for topics that integrate psychology and contemplative practices with public health. A systematic review was not feasible because the literature on self-awareness spans diverse fields such as neuroscience, Indian philosophical traditions, education, preventive health etc. For these fields, research designs and outcome measures differ considerably, and an explanatory approach allowed for cross-disciplinary comparison, and the integration of empirical and indigenous knowledge, which was essential for meeting the research objectives.

Search Strategy and Literature Identification: The review conducted a structured search across major academic databases: PubMed, PsycINFO, Scopus, and JSTOR, and it covered publications from 2000 to 2025. Additional sources were reviewed to include the Indian context, which included NCERT reports, NIMHANS publications, national policy documents, and government program guidelines.

The search terms used included: *self-awareness, emotional regulation, mental health, mindfulness, public health interventions, India, consciousness, and preventive medicine.*

Inclusion criteria:

- Studies focused on the role of self-awareness in emotional or psychological health
- Empirical or theoretical papers relevant to preventive or promotive public health
- Indian studies or interventions addressing contemplative or introspective methods
- Theoretical articles with implications for public policy or community well-being

Exclusion criteria:

- Clinical case studies focused solely on psychiatric diagnosis and pharmacological treatment
- Opinion pieces lacking empirical or theoretical grounding
- Publications without clear connection to emotional regulation or preventive health

The search initially yielded 78 records, which were then reduced to 53 for complete evaluation, after screening for relevance and duplication.

Screening and Eligibility Process: The selection process consisted of three stages. The research started by screening titles and abstracts to exclude all studies which failed to meet the research criteria. The research content underwent a complete text assessment to establish its degree of match with the research goals. The research included articles which demonstrated their connection to emotional regulation and public health issues that affect the Indian population in their social environment. A manual backward search was also done to ensure that significant Indian literature was not missed.

Analytical Method: The research used thematic analysis to organize and analyze data which originated from various academic fields. The research process required four essential steps to achieve its final outcome. The first step required extracting important data from all sources which received their initial textual coding labels. The researchers organized their collected codes into thematic clusters during the categorization process. The research combined its categories to create general themes which showed repeated patterns throughout all studied data. The research team analysed the findings through their connection to public health and their social and cultural value for India and their relevance to preventive mental health models.

The analysis allowed for the integration of findings from neuroscience, psychology, contemplative traditions, and public health interventions.

Results

Most literature selected for this study followed a qualitative, experiential, or explanatory design and focused on Indian or culturally similar populations. The strength of the sources lies in their detailed conceptual analysis and their ability to understand self-awareness as a tool for emotional control and public mental health within specific cultural settings.

The research included studies of various population groups:

- Students and adolescents, particularly in value-based education or awareness-based life-skill programs.
- Community health workers and outreach volunteers, who deliver emotional literacy education to rural and underserved communities.
- Adults and professionals who practice stress regulation through structured self-inquiry, journaling and contemplative practices.

The study uses thematic synthesis to identify common patterns across different intervention approaches, mechanisms and population results. From the reviewed studies, five domains emerged that show how self-awareness contributes to emotional regulation and mental well-being in India.

Neurocognitive Foundations of Self-Awareness: The process of self-awareness employs brain systems that govern attentional functions, internal sensing, and the ability to regulate emotional states. The medial prefrontal cortex, anterior cingulate cortex and insular regions show activation during self-reflective and awareness-based tasks according to functional MRI studies²⁰. These areas of the brain enable functions that include error detection, impulse control, emotional processing²¹.

The study shows that contemplative awareness practices lead to decreased brain activity in the default mode network (DMN), which controls self-focused thinking and emotional preoccupation²². This change happens when people experience decreased anxiety levels and better emotional control according to studies that use both long-term and short-term neuroimaging methods²³.

Drawing from the findings, self-awareness helps individuals adapt their brain function through neuroplasticity and their ability to control their emotions. The brain shows quantifiable changes. The method also shows effectiveness for public mental health initiatives which use early intervention to prevent mental issues at a large scale.

Self-Awareness and Emotional Regulation Mechanisms: Self-awareness, according to psychological theory, enables people to recognize their emotions before these emotions activate automatic unconscious responses. The ability to observe emotions, without being overwhelmed or being defined by them is called “decentering”²⁴. The process creates a protective space which enables people to think before they act impulsively²⁵. The patterns appear in both clinical and non-clinical groups of people.

Self-awareness enables individuals to develop emotional granularity, which means they can identify different emotional nuances. Research shows that people who have high emotional granularity achieve superior mental health results when facing stressful situations²⁶. In India's diverse society, individuals need to understand both role-based expectations and intergenerational emotional communication skills.

Self-Awareness and Mental Health: Self-awareness helps individuals stay grounded and emotionally healthy. It also supports flexible coping when life becomes challenging, no matter the situation. The ability to recognize early warning signs enables people to identify distress before it turns into persistent anxiety or depression or harmful conduct⁵. Self-awareness leads to emotional stability and internal coherence which form the base for achieving good mental health according to research²⁷.

Research conducted in educational and community environments shows that self-awareness practices involving reflective writing, mindful observation and guided introspection result in reduced stress perception, with lower symptoms of depression and anxiety, and improved life satisfaction ratings²⁸.

Because emotional distress is often difficult to discuss openly in India, self-awareness becomes an easier and more acceptable way to handle emotions. It helps individuals understand themselves better and join local wellness programs²⁹.

Cultural and Indigenous Approaches to Self-Awareness in India: The practice of self-awareness in India exists through two main systems which include cultural and indigenous methods. The Indian philosophical and contemplative traditions have used self-awareness (*s k itva*, or witnessing consciousness) as a technique for achieving inner equilibrium and self-control for many centuries³⁰. The Bhagavad Gita, Yoga Sutras and Upanishads identify self-observation as the core practice which leads to both wise conduct and moral understanding³¹.

The Indian practice of *sv dhy ya* (self-study), mantra-based attentional training, and *dhy na* (meditative absorption), remain active as informal self-awareness systems throughout India³². These have become more common in mental wellness initiatives that now operate within educational institutions, business organizations and youth facilities.

The Heartfulness Education Trust, Ramakrishna Mission's Vivekananda Values Education, and Art of Living Foundation's youth programs teach contemplative practices to students as part of their emotional literacy education³³. Even though these programs are not clinical, they demonstrate better concentration, reduced aggression and improved mood stability in students aged 5 to 18 years old³⁴.

The social environment currently uses multiple self-awareness practices which follow different cultural traditions. The formal mental health policy fails to recognize their worth because there is no established method to evaluate their effectiveness and no standardized research on their results.

Community and Educational Models: Research worldwide supports that self-awareness training should become part of educational and community systems through Social and Emotional Learning (SEL), Mindfulness-Based Stress Reduction (MBSR) and Acceptance and Commitment Therapy (ACT) programs³⁵. These methods increase emotional strength and decrease symptoms of anxiety, burnout and affective dysregulation³⁶.

The Indian government has established two programs called Manodarpan and Tele-MANAS, to demonstrate their increasing awareness about youth mental health requirements. The existing support systems function as emergency responses but they do not include self-awareness development as a fundamental preventive component³⁷.

The National Education Policy (NEP) 2020 promotes complete student development through critical thinking and ethical reasoning, which aligns with structured self-awareness modules³⁸. The implementation of reflective practices in school curricula and community outreach programs will help reduce stigma while enabling early detection of emotional distress, and building better psychosocial resilience in the population.

The implementation of self-awareness frameworks at policy level does not require religious or spiritual elements because it can use evidence-based secular models which align with cultural values. These models offer a cost-effective solution to integrate preventive mental health services into both educational and public health systems of India at a large scale.

Discussion

The literature studied in this review demonstrates that self-awareness functions as a protective, psychological resource, as it enables individuals to detect their emotional patterns before they develop into behavioural or clinical issues⁵. Self-awareness becomes more effective when implemented through community-based and educational and non-clinical programs. It helps develop emotional literacy, learn adaptive coping strategies, and seek help early. It is flexible and inexpensive, which suits the many different social and cultural groups in India.

The Indian society demonstrates its self-awareness through its strong cultural foundation. People have used introspection, reflective silence and ethical self-inquiry as natural learning and self-regulation techniques since ancient times. Organizations can execute their strategies through cultural understanding which allows them to adapt their methods to local traditions and beliefs while honouring linguistic and regional differences³⁹.

The National Mental Health Programme (NMHP) and Health and Wellness Centres (HWCs) provide various opportunities for integration. The implementation of structured self-awareness programs supports the improvement of existing health promotion initiatives, school-based mental health services and community rehabilitation programs⁴⁰. The programs can function as sustainable non-pharmacological interventions through secular, evidence-based frameworks, which trained educators, counselors and community health workers can deliver.

The Indian experience shows an indigenous advantage because self-awareness receives cultural acceptance through philosophical and spiritual foundations. This allows for continued practice and easy implementation. The established conceptual framework and social validation of self-awareness provide a stable foundation for upcoming research that will create new preventive mental health solutions for India⁴¹.

Strengths and Methodological Justification: The study of self-awareness through literature exists as a scattered collection of research which spans multiple academic fields including neuroscience and psychology, Indian philosophical systems and community-based practices. The review process functions to prevent researchers from including evidence which stems from cultural practices and local traditions which remain significant in specific communities. An explanatory review design was chosen for this study because it enables:

-) The integration of empirical and indigenous knowledge systems

-) The research provides mental health prevention methods which match the requirements of Indian preventive mental health practices.
-) The research produces policy-relevant findings through conceptual integration instead of using effect-size estimation methods.

Implications: This review highlights the wide-ranging implications of self-awareness-based interventions across education, clinical practice, and policy development. In education, early self-awareness training supports emotional intelligence and resilience during critical developmental stages. Programs integrating reflection, journaling, group dialogue, and contemplative silence enhance attentional control and empathy, leading to improved academic performance and behavioural outcomes⁴². Although school-based value education and self-reflection initiatives in India show promise, their implementation remains fragmented and assessment methods lack standardization⁴³. The National Education Policy (NEP) 2020 provides a scalable framework for embedding self-awareness modules through curricular competencies, enabling institutional adoption across disciplines rather than confining reflection to moral science or yoga⁴⁴.

At the community level, self-awareness acts as a protective factor by reducing stress, emotional reactivity, and internalized stigma, especially among populations with limited access to mental health professionals. Training community health workers and ASHA personnel in simple, low-cost awareness-based tools can strengthen mental health screening and early support⁴⁵. Structured self-awareness protocols can further enhance national initiatives such as the District Mental Health Programme (DMHP) and Tele-MANAS by promoting participatory, self-directed emotional care rather than passive service utilization⁴⁶.

In clinical practice, self-awareness is recognized as a foundational competency for psychotherapy, particularly within cognitive-behavioural, acceptance-based, and narrative approaches⁴⁷. It supports treatment adherence, mental health literacy, and long-term self-regulation, which is essential for relapse prevention in affective and stress-related disorders⁴⁸. Training mental health professionals in awareness-based inquiry, body-oriented reflection, and value clarification facilitates culturally responsive care that integrates indigenous practices with scientific standards⁴⁹.

From a policy perspective, self-awareness functions as a preventive strategy and should be embedded within public health and education systems. Integrating self-awareness training into Health and Wellness Centres under Ayushman Bharat, teacher education programs, and youth development policies can reduce mental illness burden while fostering emotional and social well-being⁵⁰.

For policy translation, the following are critical:

The creation of self-awareness curricula that is evidence-based and culturally sensitive. Training for educators, community workers and primary care providers. Integration into existing digital health infrastructure and tele-counselling initiatives. The system needs to operate with existing digital health systems and tele-counselling platforms.

The implementation of self-awareness as a preventive measure will enable India to establish a public health system which promotes individual responsibility, emotional intelligence and resilience.

Limitations

This review was limited to English-language publications and accessible policy documents, which may have excluded relevant regional-language studies and undocumented community practices. While Western research on self-awareness is established, Indian studies connecting contemplative practices with neurobiological outcomes are few and narrow in scope⁵¹. The lack of local neuroscientific data creates barriers to understanding research results in ways meaningful to the culture. The diversity of conceptual definitions and overlap between self-awareness, mindfulness, and related constructs posed challenges for precise delineation. Additionally, many indigenous and value-based programs lacked standardized outcome evaluations, restricting policy-level generalization. The review also did not assess cost-effectiveness or scalability, which are critical considerations for public health implementation.

Conclusion

Self-awareness stands out as an important, low-cost, and culturally familiar way to improve emotional regulation and mental well-being in India. Bringing self-awareness into community health programs and educational initiatives, public awareness campaigns will establish a preventive base for the total mental health system. The development of self-awareness skills through context-sensitive programs helps India prevent emotional distress from becoming clinical disorders. Future research and public policy need to understand self-awareness as an accessible skill which individuals can develop to support national mental health initiatives.

Recommendations

The research findings from this explanatory review indicate that self-awareness holds unexplored capabilities to serve as a preventive measure for mental health issues in India. The thematic synthesis produces the following recommendations:

Self-awareness needs to establish itself as an essential core element which should exist in educational facilities and public health organizations. The educational institutions which include schools, colleges and Health and Wellness Centers (HWCs) under Ayushman Bharat should implement self-awareness programs through appropriate developmental methods which include peer sharing, journaling and guided reflection.

Organizations need to create quantifiable systems which include cultural awareness tools to help them achieve their diversity initiatives. The assessment tools need to include measurement scales which use Indian languages and self-assessment questions and outcome evaluation tools that serve non-medical patients.

The upcoming studies require integration of knowledge from multiple academic disciplines with cultural understanding to achieve their research goals.

Research studies which monitor participants throughout time by using mixed-methods techniques with neurological assessments will show how traditional Indian contemplative practices like mantra repetition and collective silence affect self-awareness.

The government needs to establish self-awareness as a psychosocial competency through official national and state policies. Mobile apps together with social campaigns and community radio stations serve as tools which help people develop self-awareness skills. The public stories help reduce stigma while enabling people to detect their emotional issues at an early stage and promote mental health understanding in the community.

References

1. World Health Organization. Depression and Other Common Mental Disorders: Global Health Estimates. Geneva: WHO; 2017.
2. National Institute of Mental Health and Neurosciences (NIMHANS). National Mental Health Survey of India, 2015-16. Bengaluru: Ministry of Health and Family Welfare, Government of India; 2016.
3. Patel V, Saxena S, Lund C, et al. The Lancet Commission on global mental health and sustainable development. *Lancet*. 2018; 392 (10157):1553-98.
4. Thompson RA. Emotion regulation: A theme in search of definition. *Monogr Soc Res Child Dev*. 1994; 59 (2-3):25-52.
5. Brown KW, Ryan RM. The benefits of being present: Mindfulness and its role in psychological well-being. *J Pers Soc Psychol*. 2003; 84(4):822-48.
6. Duval S, Wicklund RA. A Theory of Objective Self Awareness. New York: Academic Press; 1972.
7. Sutton A. measuring the effects of self-awareness: Construction of the Self-Awareness Outcomes Questionnaire. *Eur J Psychol Assess*. 2016; 32(3):174-80.
8. Morin A. Levels of consciousness and self-awareness: A comparison and integration of various neurocognitive views. *Conscious Cogn*. 2006; 15(2):358-71.
9. Goleman D. Emotional Intelligence. New York: Bantam Books; 1995.

10. Kabat-Zinn J. Full Catastrophe Living. New York: Delacorte; 1990.
11. Teasdale JD, Segal ZV, Williams JM, et al. Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *J Consult Clin Psychol*. 2000; 68(4):615–23.
12. Brewer JA, Garrison KA, Whitfield-Gabrieli S. What about the “self” is processed in the posterior cingulate cortex? *Front Hum Neurosci*. 2013; 7:647.
13. Fox KC, Nijeboer S, Dixon ML, et al. Is meditation associated with altered brain structure? A systematic review and meta-analysis of morphometric neuroimaging in meditation practitioners. *Neurosci Biobehav Rev*. 2014; 43:48–73.
14. Tang YY, Hölzel BK, Posner MI. The neuroscience of mindfulness meditation. *Nat Rev Neurosci*. 2015; 16 (4):213–25.
15. Kabat-Zinn J, Massion AO, Kristeller J, et al. Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *Am J Psychiatry*. 1992; 149 (7):936–43.
16. Chandra PS, Chand P, Murthy P. Addressing the treatment gap for mental disorders in India: new frameworks for community mental health. *Indian J Psychiatry*. 2022; 64 (2):117–25.
17. Narayan A, Shankar S. Self-awareness and emotional regulation in Indian adolescents: a qualitative study of school-based interventions. *Asian J Psychiatr*. 2021; 61:102690.
18. Kumar D, Singh AK. Role of digital self-awareness training in enhancing mental health resilience in underserved youth. *Indian J Public Health Res Dev*. 2020; 11(8):21–7.
19. Ministry of Education. National Education Policy 2020. New Delhi: Government of India; 2020.
20. Farb NA, Segal ZV, Mayberg H, et al. Attending to the present: mindfulness meditation reveals distinct neural modes of self-reference. *Soc Cogn Affect Neurosci*. 2007; 2(4):313–22.
21. Craig AD. How do you feel—now? The anterior insula and human awareness. *Nat Rev Neurosci*. 2009; 10 (1):59–70.
22. Brewer JA, Worhunsky PD, Gray JR, et al. Meditation experience is associated with increased cortical thickness. *Neuroreport*. 2011; 22 (17):1155–9.
23. Hölzel BK, Carmody J, Vangel M, et al. Mindfulness practice leads to increases in regional brain gray matter density. *Psychiatry Res*. 2011; 191 (1):36–43.
24. Fresco DM, Moore MT, van Dulmen MH, et al. Initial psychometric properties of the Experiences Questionnaire: validation of a self-report measure of decentering. *Behav Ther*. 2007; 38 (3):234–46.
25. Gross JJ. The emerging field of emotion regulation: An integrative review. *Rev Gen Psychol*. 1998; 2 (3):271–99.
26. Kashdan TB, Barrett LF, McKnight PE. Unpacking emotion differentiation: Transforming unpleasant experience by perceiving distinctions in negativity. *Curr Dir Psychol Sci*. 2015; 24 (1):10–6.
27. Creswell JD, Lindsay EK. How does mindfulness training affect health? A mindfulness stress buffering account. *Curr Dir Psychol Sci*. 2014; 23(6):401–7.
28. Sharma R, Das S. Self-reflective practices and emotional resilience in college youth: a qualitative analysis. *J Health Res Policy Pract*. 2018; 6(2):102–8.
29. Choudhury S. Re-humanizing psychiatry in India: lessons from cultural neuroscience. *Transcult Psychiatry*. 2019;56(5):993–1010.
30. Taimni IK. *The Science of Yoga*. Chennai: The Theosophical Publishing House; 1961.
31. Saraswati SS. *Four Chapters on Freedom: Commentary on the Yoga Sutras of Patanjali*. Bihar: Yoga Publications Trust; 2002.
32. Ram Dass. *Paths to God: Living the Bhagavad Gita*. New York: Harmony Books; 2005.
33. Heartfulness Education Trust. *Education Programs*. Available from: <https://heartfulness.org/education/>
34. Sharma M, Mehta M. Impact of integrated value education programs on adolescents: A longitudinal study. *Indian J Youth Adolescent Health*. 2021;8(2):35–41.
35. Baer RA. Mindfulness training as a clinical intervention: A conceptual & empirical review. *Clin Psychol Sci Pract*. 2003;10(2):125–43.
36. Kuyken W, Weare K, Ukoumunne OC, et al. Effectiveness of the Mindfulness in Schools Programme: Non-randomised controlled feasibility study. *Br J Psychiatry*. 2013;203(2):126–31.
37. Ministry of Education, Government of India. Manodarpan initiative. [Available from: <https://manodarpan.education.gov.in/>]

38. Ministry of Education. National Education Policy 2020. New Delhi: Government of India; 2020.
39. Kumar R, Chaturvedi A. Adaptation of contemplative practices in Indian community health. *Indian J Soc Health*. 2021;65(4):211–7.
40. Ministry of Health and Family Welfare. National Mental Health Policy. New Delhi: Government of India; 2014.
41. Kabat-Zinn J. Mindfulness-based interventions in context: past, present, and future. *Clin Psychol Sci Pract*. 2003; 10(2):144-56.
42. Schonert-Reichl KA, Roeser RW. Mindfulness in education: Introduction and practical applications. *Mindfulness*. 2016;7(1):1-3.
43. Bhaduri A. Value education and self-awareness in Indian classrooms: An experiential analysis. *Ind. J Psychol Educ*. 2020;10(1):22-30.
44. Ministry of Education. National Education Policy 2020. New Delhi: Government of India; 2020.
45. Singh P, Kumar N, Sharma S. Integrating mental health into public health: A study on ASHA workers in rural India. *Indian J Community Psychol*. 2019;15(2):124–30.
46. National Institute of Mental Health and Neurosciences (NIMHANS). Guidelines for implementation of Tele-MANAS. Bengaluru: Ministry of Health and Family Welfare; 2022.
47. Segal ZV, Williams JMG, Teasdale JD. Mindfulness-Based Cognitive Therapy for Depression. 2nd ed. New York: Guilford Press; 2012.
48. Linehan MM. *Cognitive-Behavioural Treatment of Borderline Personality Disorder*. New York: Guilford Press; 1993.
49. Choudhury S. Re-humanizing psychiatry in India: Lessons from cultural neuroscience. *Transcult Psychiatry*. 2019;56(5):993-1010.
50. Ministry of Health and Family Welfare, Government of India. *Operational Guidelines on Ayushman Bharat - Health and Wellness Centres*. New Delhi: Ministry of Health and Family Welfare; 2018.
51. Sharma S, Kalra G, Sagar R. Gaps in mental health research in India: Bridging the divide. *Indian J Soc Psychiatry*. 2018;34(2):91-7.