Mental Matters 2.0: Convalescence insight

INTRODUCTION

Every one of us is a warrior. We fight innumerable internal battles every day, oblivious to the world. We are all unique in our identities and unique in our experiences, positive as well as negative. But being unique in our suffering does not mean that we need to be alone in it. Through this piece, we aim to create awareness, to educate and empower the readers by shedding some light on the heavy shadow in the room that affects so many of us.

This article is a collaborative effort between you and us. It is a compilation of students' experiences which goes ahead to streamline the overarching problem into stages, addresses the issues and evaluates the different roads to mental well being, while creating awareness about the support system in the institute. This effort aims to be a beacon of hope for anyone who feels alone, helpless or clueless, and we hope that it provides the right direction to them and empowers them to succeed in their own battle.

It's often just enough to be with someone. I don't need to touch them. Not even talk. A feeling passes between you both. You're not alone.

Marilyn Monroe

One thing that is clearer to me every day is how much we all have in common, and one of those commonalities is that we all think we are alone.

Liat Segal



THE SURVEY

We released a survey and over 450 students across different disciplines and programs shared their stories of dealing with mental health issues. This number was both encouraging and alarming. Nevertheless, we would like to thank all of you for coming out and making this possible.

In the survey, we first asked opinions of the respondents on mental health in general and about its status in the institute, and then went on to ask about their personal experience with mental health issues - the causes, the steps that they took to overcome them, and any advice for the reader.

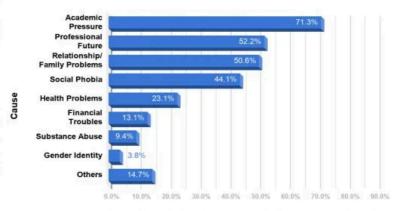
We received an encouraging engagement from all across the student populace, thereby ensuring that an actual representation of issues was highlighted. The breakup of the respondents based on degree and year of study is as follows:

93% of students consider mental health problems as real psychological problems, while 85% of the respondents felt that problems in mental health are common in IIT Bombay.

A whopping **72.6%** of the respondents agreed to have experienced issues with mental health. Though we appreciate the fact that the probability of a victim filling a survey on Mental Health is higher, we were still taken aback by the number. According to the National Mental Health Survey 2015-16, which was conducted across 12 states, the prevalence of mental morbidity in the surveyed population of ~35000 was 13.7%. This shows how starkly concentrated this issue is in academic institutions, or at least in IIT Bombay.

For those who said that they had not faced any such issues, we ended the form there, and thus the numbers, figures, and opinions that follow represent 72.6% of the respondents who have been through the problem.

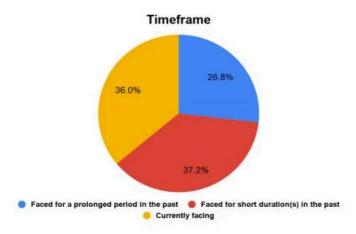
Next, we tried to delve deeper into the causes of the problems. As mental morbidity can be induced due to a mix of multiple factors, we provided a multiple choice question where the respondents were allowed to choose more than one cause. The following graph shows the possible causes on the y-axis and the percentages on the x-axis. Re-emphasizing that a respondent may have chosen multiple causes, and thus the percentages do not add up to 100.



Probability of a Mental Health Problem to be Related to the Cause

It is clearly evident that academic pressure is one of the leading causes of these issues, with more than **70%** choosing this as one of the causes of their mental disorders, closely followed by decisions for a professional future, relationship and family problems, and social phobia. We have again dealt with the causes of mental health issues in-depth in a later section.

When asked about the timeframe in which the respondents had suffered mental health problems, we got a mixed response of **26.6%** having faced them for a prolonged period in the past, **37.5%** having faced them for short durations in the past, and **35.9%** currently facing them. Among the people who are currently facing issues, there can be those who have recently started facing them, those who have been doing so for a fairly long time, those who are recovering now and also those who have relapsed after recovering. We have addressed all of the above people in this piece.



We further asked the respondents whether they sought help for their issues, and only 55.4% said that they did. 44.6% of those who didn't attribute the reasons to fear of judgment, skepticism about their effectiveness, and the

lack of need for external interventions.

Going through the responses, we realized how unique each person is in their own suffering. Keeping this in mind, we have tried to incorporate the sentiment of the victims through the subjective elements of the survey and presented them as elucidated by the respondents of our survey.

In the next section, we break down the journey of facing a mental health problem into three stages:

- i. Recognizing that something is wrong,
- ii. Quantifying and Identifying the issue
- iii. Acceptance and Getting Help.



STAGE 1: Recognizing that something is wrong

This is the initial stage of deteriorating mental health. The subtle but recurring signs could easily be brushed off as a one-time thing. On the other hand, experiencing negative emotions can be misconstrued as part of a larger problem even though the ability to gauge negative emotions actually signifies a healthy mind.

This fine line between the two is the reason why it is important to understand how to recognize one's own or other's symptoms. Early intervention can help reduce the severity of the illness and even delay or prevent a major mental disorder altogether.

We asked respondents about the indicators, i.e. how they realized that they were suffering. These can be thought of as symptoms or changes that one may have noticed that led them to believe that something was wrong. Most of the respondents faced one or more of the following symptoms:

- Psychological effects such as prolonged stress, constant worry, lack of productivity, focus and/ or motivation, mood swings, behavioural changes, prolonged sadness, increased restlessness, excessive lethargy
- Physiological effects such as difficulty sleeping, excessive sleeping, racing heartbeat, shortness of breath, burning sensation in the chest, bouts of crying/shouting/silence, sudden loss or gain in appetite, sweating and nausea.

Every sufferer has a unique concoction of these symptoms, which makes it rather difficult to identify the underlying cause.

We went through each and every response, and admittedly, most of the responses that we received could be categorized as neurotic disorders (covered ahead), albeit with varying degrees of severity.

We also asked the respondents about the cause of their suffering. According to the respondents, it can be attributed to several factors, the most prominent of which are:

- The culture shock and burn-out, often faced by incoming first-year students (UG and PG both)
- Different kinds of academic stress, notably guide related issues for PG students and the abrupt transition to the first year for freshers.
- Relationship issues, which includes relationship trouble or facing rejection.
- Social stress, which includes factors like inferiority complex due to reservation or economic background, peer pressure and social media validation.
- Personal issues like addiction, gender identity and/or sexual orientation, family problems, previous health conditions

In the institute, these are some of the primary causes for concern. So, if you think that you are facing one or more of the above issues then you need to realize that you are not alone in your suffering and that help is always available.



Here are some responses that we felt were worth sharing, and give a picture of how mental health victims recognized that there was something wrong:

- The inability to be functional at even the minimal human level. I could see my old self deteriorating and getting sicker and sicker both mentally and physically without realizing any apparent triggers for it.
- Realizing that achieving things you always wanted to achieve does not bring joy anymore. The primary cause is detachment from everything and being numb emotionally. Lack of interest in almost everything and even going through the day requires a lot of effort.
- 3. My performance was seriously affected in all spheres of life. I was slowly disinterested in everything. It was extremely stressful and I didn't know what I was going through. That's where I realized that I need to find the cause behind these symptoms. It was mainly because of two reasons: Relationship and comparison with peers.
- 4. (a.) This might be weird, but I recognized that I might be suffering psychologically from something (still uncertain what as I never sought professional help) by observing characters from different TV shows, movies, and books. I started sympathizing with them and that led to the 'Brainish Inquisition'. In a way, my overthinking made me realize that overthinking can be unhealthy. [insert: Thanos' "Iused the stones to destroy the stones" meme]
 - (b.) Since I never sought help, I am, but a caveman looking at a fire. But, I suppose people's mental health is impacted by their childhood and upbringing, their society, and their idiosyncrasies.
- 5. I just know that I need to do something. I am aware that life is an absolute tragedy. I accept it. "Why are you suffering?" is the wrong question to ask. "How come you aren't f*cking depressed and anxious and not losing your shit?" is the right question. There are countless reasons why one suffers. For me some of those are:
- (i.) I have never been in a relationship, never had the guts to ask out a girl. The self-awareness of cowardice often messes with my head.
- (ii.) I failed my driving test. Huge blow for my self-esteem.
- (iii.) I want to be the best in at least one area. Doesn't seem like its gonna happen anytime soon. Too much competition. Countless people performing better than me.
- (iv.) I am often hit by Sunday neurosis, "that kind of depression which afflicts people who become aware of the lack of content in their lives when the rush of the busy week is over and the void within themselves becomes manifest."

6. Well, I have been skipping classes then, didn't go to a single one of them, although the attendance was compulsory and exams were around the corner. I had been just staying back in my room, not bathing, not even having meals, not talking to anyone, having sudden outbursts of anger and irritation, crying badly out of nowhere, just sleeping all day long without doing any activity like reading books or surfing on phone, etc. It was almost a week like this when I realized that something's wrong and I should be getting up and doing something to help myself and get out of the situation.

Reason: Iwas sick, down with high fever and had to skip classes and labs, due to which I lacked behind in acads and my PoR work bundled up. I was only recovering when I scored 0 marks in a quiz, got rejected from TAship, and was pressurized as I had to do a lot of groundwork for 3rd year PoR. Within two days, my body gave up again, I was weak and had body ache, mentally I was pressurized due to acads with such low scores in quizzes. Also I couldn't confide in any of my friends then, as they were all busy with their own work. This all lead to me taking immense pressure on myself and not taking care of my health when already it wasn't good.

7. A good indicator for me was my academic performance which projected a discernible pattern indicating that something was wrong. Along with that, my natural state of mind consistently started collapsing into one of the two phases viz. depressed and instantly gratified by a set of actions, often leading to abuse. I think the apparent loss of agency over the day to day choices and seeking external validation beyond what is natural are indications that something has taken over your mental well being. Depression and instant gratification go hand in hand. They rewire your brain into thinking of an ill-mental state as an inescapable reality matrix that you're never going to get out of. The average state of mind during a day is offset towards 'sad' by an amount proportional to the extent of your actions from which you derive 'inorganic happiness'. This leads to dependency. Dependency on people, dependence on substances, dependency on external validation and dependency on other methods of instant gratification. Both good and bad things that happen in a day become triggers to a train of thought which always stops at paranoia and discontent. No matter how much you have achieved in life, depression has the power to discredit all of it and make you feel worthless and leave you hanging dry in an identity crisis wherein you feel completely alone and devoid of any purpose.

STAGE 2: Quantifying and identifying the issue

What sets mental illnesses apart from other infirmities is that you're looking at a spectrum of illnesses, most of which are very difficult to detect. Mental disorders do manifest physiologically, but there does not exist a standardized reporting mechanism which makes them difficult to diagnose. So it's really important that one **objectively** introspects, understands and categorises the symptoms at the earliest, and thereby identifies the issue before it's too late. There are two paths one can choose to categorize these symptoms and label them:

A. Seek professional help:

A highly recommended and effective way to accurately diagnose what ails you is to visit a certified psychologist/therapist. In addition to this, professional help will be crucial in gaining insight about ways to improve your condition without relapsing. However, it is also important to find a therapist that is right for you. So, what should you look for in the "suitable" one?

Here are some examples of questions you might want to ask a potential provider:

- (i) What experience do you have treating someone with my issue?
- (ii) What is your general philosophy and approach to helping? Are you more directive or more guiding?
- (iii) How do you usually treat someone with my issue?
- (iv) What is your stance on medication? (v) How long do you expect treatment to last?

Treatment works best when you have a good relationship with your mental health provider. If you aren't comfortable or are feeling like the treatment is not helping, talk with your provider, or consider finding a different provider or another type of treatment.

B. Self-diagnose (and then seek professional help):

Although this path can result in a delay in effective addressal of the situation, it can be an intermediate step for those who are initially hesitant to talk about it. It cannot be stressed enough that self-diagnosis is NOT an alternative to professional help but a way to get a preliminary idea of the issue. Moreover, having a backhand knowledge lets you compose yourself before thinking about a further course of action.



"The most important thing is to educate oneself. Realize that not every solution fits all. What I have come to realize is that mental health is like your physical health. Not every bump and scar is a cause for concern, at the same time consistently neglecting symptoms can lead to dire consequences.

Realize why you want to stay healthy, mentally and otherwise. Learning to take care of yourself is a part of your learning here!"

A Lesson

"There's a girl who smiles all the time, To show the world that she is fine.

A boy who surrounds himself with friends, Wishes that his life would end.

For those who say they never knew, The saddest leave the fewest clues."

~ Lang Leav

This short poem reflects on how a person suffering from a mental health issue can so often do so in an inconspicuous manner.



Types of Mental Disorders

This is a list of some (not all) of the symptoms which are faced by people with mental health issues:

Anxiety: Dreading something or feeling very tense about negative possibilities

Assertiveness (or lack thereof): Loss of confidence to perform routine activities and engage in conversations.

Appearance Concerns: Being overly critical of your own physical traits

Bipolar: Having severe mood swings, with periods of severe depression as well as severe euphoria

Body Dysmorphia: The term Body Dysmorphic Disorder, or BDD, is used to describe a body image problem marked by an intense preoccupation with a perceived flaw in one's physical appearance.

Depression: Depression can manifest itself as a syndrome or a disorder of mood.

Disordered Eating: Unhealthy eating habits which develop due to an obsession with food or a negative body image

Health Anxiety: Health anxiety refers to the experience of thinking that there may be a threat to your health, which consequently triggers your anxiety response.

Panic: Many people experience some mild sensations when they feel anxious about something, but a panic attack is much more intense than usual. A panic attack is usually described as a sudden escalating surge of extreme fear.

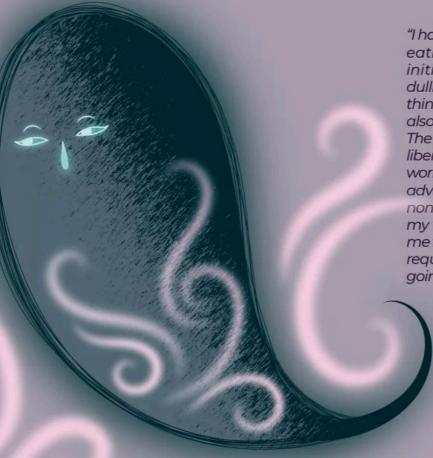
Perfectionism: The relentless striving for extremely high standards (for yourself and/or others) that are personally demanding, in the context of the individual.

Distress Intolerance: Distress intolerance is when someone believes they are unable to cope with their uncomfortable emotions, and tries to escape or avoid them.

Worry and Rumination: People who describe themselves as chronic worriers are often disturbed that they seem to spend much of their waking hours worrying excessively about a number of different life circumstances. They do not understand why this activity continues.

"This happened in my freshie year. I was mildly depressed and have had anxiety. I was sad all the time. I had no purpose; nothing to look forward too. Every day I woke up feeling extremely sad, worried about studies and my downhill going relationship. I had an incident in lectures and labs. I just felt the need to escape from that particular place. Uncontrollable bad thoughts were regular, increased heartbeat; increased breathing rate. Once during the physics lab, I had an outburst for more than 15 mins. Post that I took an appointment at SWC. One night before the first mid-semester paper, after coming from dinner I had a panic attack. I shut the room door, switched off the lights and was crying for 30 minutes with my head in the pillow. That was the point I realized that I need to take medication."

"I had a few symptoms: Sleep deprivation, excessive eating, irritation, losing temper easily. Not initiating anything, refusing to be socializing, dullness, stagnant work. Blaming others for everything, emotions on the edge, mood swings which also started affecting my personal relationships. The cause I knew from the start was: not getting liberty, freedom, and independence to think and work on my Ph.D. research mainly due to the advisor's close-mindedness, controlling nature, non-readiness, insecurities, different goals with my thesis and revengeful attitude, which stopped me from progressing in my field and learning new required skills, meeting other expert professors or going to useful conferences, etc."



Sources:

https://www.cci.health.wa.gov.au/Resources/ Looking-After-Yourself https://www.cci.health.wa.gov.au/Resources/ Looking-After-Others https://www.healthline.com/health/affective-disorders#types

STAGE 3: Acceptance and working on the issue

Advice:

"Don't romanticize depression or sadness. It will pass, but only if you want it to. Force yourself to get out of bed and attend classes, play sports and/or resume any other hobby that you prefer. It might feel like forever right now, but you will come out strong after all of this. Most importantly, don't let anything get bottled up inside. If you don't feel comfortable talking to anybody, just cry your heart out. It will help."

"Be open about it; no problem is small or big. Do one thing that you absolutely love and do for yourself; not for validation, not for anyone else. Another advice is don't be harsh on yourself. A coping mechanism I had developed was that I used to post really frequently on Instagram to gain validation. I knew it was wrong but I kept doing it till a point that I no longer felt the need to do it. Remember everyone has their own path to recovery. Regardless of all the external help you're getting, you won't get better unless you yourself firmly see to it that you're on the road to recovery. Notice the triggers; stay away from them. Talk to the right people. People in IIT are really insensitive and that just makes life worse. Approach people who you think can support you. If you're a freshie, try talking to your ISMP mentor. Make an appointment with the SWC for the smallest of issues. And above all, don't give up; having setbacks is fine. Letting the problem be your whole life or letting it consume you isn't. Trust me; it gets better one day and you emerge out as a much better and stronger person:)"

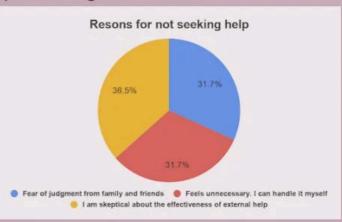
"My concerns were solely academic. I have come across 6 other students who have suffered from stress, depression and anxiety due to academic and guide related issues. This also includes students from other departments. In my opinion, sensitization is very much required among higher authorities. A mental health professional can only help a student to cope with the situation. When a problem is external, I think the solution needs to be focused on its root cause. For this, the faculties and the concerned higher authorities need to be more sensitive while resolving any issues concerning them."

"Go easy on yourself after you face rejection. Give yourself some time. Introspect. Distract yourself. Find some new hobbies. And for God's and parents' sake, DO NOT indulge in substance abuse. It's not gonna help in the long run, mentally or physically." "Always try to speak with someone; family, friends and seek counselling. Many times, these problems fester in our minds. So, always have a check on your own thoughts. And be as expressive as possible. Generally, these kinds of problems occur due to suppression of feelings."

You might have seen a recurring theme of "talking about it" or "communicating" whenever this topic comes up.

Now before you dismiss this as another motivational broken record, we would like to highlight that most people find this incredibly difficult to do when they actually have to. To back this notion up with some numbers, we included a question in our survey which probed whether people were actually willing to "talk about it". And the results were far from encouraging.

323 of our respondents reported that they have suffered from a mental health issue at some point or the other. **144** of them did not seek any professional help to aid their recovery. A third of those **144** did not feel the need to seek professional help. But two-thirds of them didn't seek help in spite of feeling the need for it.



And one of the two major reasons for this was fear of judgment from family and friends.

This stigma is prevalent.

When asked "How would you feel if your friend inquired about your mental health?", **53.9%** confessed that they would encourage it, but **32.3%** said that it would be **awkward.** The rest were unsure about how they would react.

About 1 in 4 people feel that they would feel uncomfortable asking about their friend's mental well being. And these stats, although disappointing, don't appear to be out of place, almost as if we have resigned ourselves to the fact that a stigma does exist and always will.

But why?

Do you perceive it as a sign of weakness when you are sniffling and a person asks if you have caught a cold? Do you feel that you're doing any damage when you ask anyone about their physical well being? Then why does this stigma prevail?

"If I admit to suffering from some mental health issue then I will become the subject of a lot of gossip behind my back. People's perception of me will change for the worse. They'll start treating me differently, and it won't be the same anymore."

Yes, that is possible. But the best way out is through. It is understandable that the comfortable veil of normalcy is preferable to the judgmental and patronising glare of your near and dear ones. It is understandable that you are reluctant to trust anyone with what you perceive as your vulnerability. But it needs to be understood that there is always someone, professional or otherwise, who

is willing to listen and to help.

We need to consciously realize that an ailing mind is not an indicator of a weak character. It is nobody's fault, people would avoid it if they could. But sometimes, they can't. And when they can't, we need to create a conducive environment for them to set things right.

Talking is the first step towards healing. So how do you "talk about it"?

It is important to realize that telling someone about your ordeal does not mean pouring your heart out to them all at once, it can be gradual and progressive. For example, start off with simple conversations and activities with people who you are comfortable with. Once you feel that there is a healthy mutual trust between you, you can approach them about this topic. Your friends will appreciate and encourage this step of yours because it shows them that they are your trusted confidents and close friends. It makes them feel responsible and more than willing to help out. And that is why we should encourage such conversations, both by talking and by listening when someone else wants to talk.



When a student realizes that they might be suffering from an emotional problem, what should be their path forward, considering that some of them he sitate to seek professional help?

Various people play pivotal roles in shaping our lives. So one can ponder that if we let others indirectly affect our emotions, why feel ashamed in letting others become a source of comfort once in a while? Keeping in mind the culture we're brought up in, it is quite understandable to try to resolve issues without garnering a lot of attention. But nevertheless, friends can, especially in IITB, be the first (and hopefully final) dose of cure to one's mental trauma.

So, what does it take to be a good friend?

Well, the answer to this can never be exhaustive but here is a professional opinion to get you going.

- We should remember that people have different comfort levels. Here in IITB, there is a tendency to casually mock things just for laughs. One should know where to stop because their actions might make someone uncomfortable, and may even build insecurities over time.
- Nobody expects you to be a constant shoulder to cry on for anybody else, all that is required is a little sensitivity towards your friends. Being insensitive by trivializing someone else's suffering does nothing except dehumanize you in someone else's eyes.
- It is important to realize that others have a complex life just as you do, and if they are unable to cope with any aspect of it then there must be a good reason for it.
- You can help in your own way by being a good listener when a friend wants to talk or encourage them to talk to you or any other friend if they are hesitating to do so. Nobody requires you to play the role of a parent or coddle your friend, but you can help create a safe space for them to



Life is a game of trial and error. If you do not feel comfortable talking to your friends then you can always find someone else. Taking the first step on this two-way road goes a long way towards building trusting relationships.

However, the other major reason, apart from fear of judgment, for people not seeking external help in spite of needing it is that they doubt whether it will be worth the trouble at all. They are skeptical about its effectiveness.

Everyone has different levels of needs. Some just need to be heard while some need a root-level understanding. Our institute has a well functioning Student Wellness Center with a team of 9 well-experienced counselors who are dedicated to providing you with a dependable support system.

For freshers and sophomores, the SWC has created specially tailored surveys which are aimed at detecting signs of mental health distress early on so that they can have a timely intervention and get you on a path to recovery. This survey, called the "General Health Survey" can be accessed in the Surveys tab of ASC and it is recommended that all freshers and sophomores fill it out at the earliest, if they haven't done so already.



What are some of the activities that SWC organizes or is planning to organize to create awareness about mental health?

Apart from extensive one-on-one counseling, SWC conducts various activities such as:

- Several workshops like the EQ series are conducted to help students build life and productivity skills like time management, stress management, etc
- SWC has been celebrating World Mental Health Day with various themes. The walkathon in 2018 was on Students Against Substance Abuse. The street play the counselors did in 2017 was with a message of sharing our Dil Ki Baat.

Who do you think, other than SWC, might be able to "listen" to students from an institute perspective?

- Bandhu, pioneered by the alumni batch of '92
 as part of their Legacy Project, is an initiative to
 nurture the emotional well-being of every IITian.
 A self-help website is being developed to empower the students with self-navigation skills
 to deal with key concerns in academics, mental
 health and social life.
- Thanks to the efforts of many faculty (past and present), IIT has been a pioneer in the student mentorship program. All SWC counselors come together to train the mentors during the All Team Meet. Since 2012 all 500 plus student mentors (ISMP, DAMP, ISCP) are offered 8 to 16 hours of customized training in collaboration with iCall, TISS.
- Professors, Faculty Advisors as well as hostel wardens are very approachable regarding this issue. The relevant authorities have voluntarily taken up this added responsibility of assisting students through their college life in the best possible way. Hence, most are more than happy to be seen as a support system for students.

While keeping all of the above things in mind, it is critical to realize that these are not alternatives to professional help. If we do not feel embarrassed about going to a hospital when we have a fever then what's stopping us from doing the same for mental issues!?

We need to realise that if we decide to seek help then the institute is taking efforts to provide it. But the most important thing is for you to take that first courageous step to recovery. Remember, it is never too late to set things right!

The Road to Recovery

The first step is the most difficult one, true, but it also needs to be followed by a steady path in the right direction. Once you have started to seek help, be it from professionals or otherwise, you need to ensure that you stay true to your cause. This is a sustained effort and you need to be patient to get positive results.

Recovering is not about meeting the bare minimum necessities to survive but to go over and above it. The goal is not to be less miserable but to feel well again.

How? Let's break it into two simple steps:

- A. Basic Self-care routines: Brush, shower, laundry, do the daily chores, and all that you are required to do. Missing them is non-negotiable.
- B. Building on the above, slowly:

(a) Physical health: Utmost importance from proper sleeping cycles, to exercising, to eating healthy - Outcome: feeling good about your own body, boost of self-confidence and functioning properly.

(b) Engaging and productive activities: Reading, journalling, picking up new hobbies, making an effort to do social interaction,

practising gratitude

Starting to feel normal doesn't come easy, we forget how it even used to feel to be normal and the duration of recovery varies, from a few weeks to months. Be aware of that and be patient and kind to yourself. Don't turn down help from your close ones, keep them updated with how you are doing, loop them in with your everyday goals to feel more accountable for your recovery.

You are bound to fail in meeting a lot of expectations you will have for yourself, that's okay, because that's how it's supposed to be. Don't get disheartened. You will find your pace, you will start to feel better and that will motivate you to be a little more committed than you were a day ago.



Conclusion

We hope that this piece provides some impetus to the students to take charge of their mental health and adopt a more progressive approach to this subject. It is high time that this conversation gathers momentum. Hushed whispers and dark thoughts should become voices that are heard and understood.

We would also like to express our heartfelt gratitude to all the people who participated in our survey and took some time out to candidly share their own experiences, with the hope that it will prove useful to someone out there who feels alone in their struggles. It is only when individuals like yourselves come forward that the collective will prosper. And to anyone who is reading this, whether you are facing a mental health issue or not, never lose hope. You can always set things right, but only if you believe that you can.

As a concluding remark, we would like to quote Stephen King from his book, The Shawshank Redemption :

"Hope is a good thing, maybe the best of things. And no good thing ever dies."



Testimonial- Alumni batch of '92

When our batch, Class of 1992, met for our silver jubilee reunion in 2017, we made a commitment to give back to our alma mater from where we have all gained so much. As we spoke to students, professors, and counselors, we realized that life on campus had become far more complex and competitive than what we could recount from our time at IIT. Bandhu will help enhance awareness of many issues as well as provide tips and tools to deal with certain challenges. Many issues when tackled effectively at the initial stages will help students overcome challenges in a timely manner before a domino effect starts coming into play. Moreover, it will also point out when it could be time to seek help from the support structure available at IIT Bombay.

Our experiences at IIT Bombay have been invaluable and it is now time for us to pay it forward. Our endeavor is to help each student to discover themselves and grow to become the best version of themselves.

Hi everyone,

We hope that you found something meaningful from your read of Mental Health 2.0. Through Mental Matters, the first part of our series of special editions on Mental Health, we attempted to bring discussions of mental health issues in the spotlight amongst fellow residents in the campus, with the hope that it begins a process of sensitising mental health for the average reader. Via this part of the series, we have brought into focus how we, the students, while navigating every new phase of our lives, each with its unique challenges and opportunities, can identify and persevere through mental health issues that we may face. By establishing an open discussion on mental health and getting help from our friends and well-wishers, we are trying to fuel the hope that students can overcome all barriers they face, and build that bridge to a better and healthy future.

We would like to thank everyone who participated in the creation of this Mental Matters 2.0, including the students who took out their precious time to answer our surveys, to those who came up to tell us about their experiences of positively dealing with mental health problems, and to the many others who reviewed this piece, pointed out the mistakes in the narrative and put on the right path. We are grateful to the successive Editorial Boards of Insight from 2018-19, 2019-20 and 2020-21 for providing their inputs towards the conception, ideation, editing and publication of this special edition. A big thank you to the design team for their amazing job in illustrating this edition.

Please feel free to reach out to the undersigned for any feedback and suggestions on this special edition and any new ideas that you would like us to pursue.

Cheers, Saman and Varun

Chief Editors 2019-20

Saman Siddiqui Varun Sule

Chief Editors 2020-21

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