

Empowering Yoga Teachers to Enhance Mental Health Access in Bihar: A Community-Based Intervention Model

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Abstract: Mental health remains an under-addressed public health challenge in Bihar, especially among socially excluded populations living in Maha Dalit tolas and urban slums. These communities experience high rates of school dropouts, early marriages, social isolation, and substance abuse, all contributing to a growing burden of mental illness. Despite the inclusion of mental health in the 12 service packages under Ayushman Arogya Mandirs (AAMs), limited resources and the overburdened roles of Community Health Officers (CHOs) have restricted effective service delivery. Yoga teachers, who are deployed to AAMs to lead wellness activities, represent a largely untapped opportunity to strengthen mental health services at the grassroots level. However, inconsistent deployment, lack of role clarity, and poor integration into AAM teams have hindered their potential impact. This article proposes a practical model to empower Yoga teachers as mental health champions through improved deployment, capacity building, the development of a dedicated Standard Operating Procedure (SOP), formal integration into the AAM system, and appropriate incentivization. This strategy can strengthen community-level mental health awareness, enable early identification of mental health conditions, reduce stigma, and alleviate the burden on CHOs—offering a scalable and sustainable solution to improve mental health outcomes in Bihar's primary healthcare system.

Keywords: Ayushman Bharat, Community-based intervention, Mental health promotion, Primary healthcare, Yoga teachers

Introduction

Bihar's mental health landscape is marked by significant treatment gaps, especially among socially disadvantaged communities such as those residing in Maha Dalit tolas and urban slums. These populations often face structural

inequalities, leading to early marriages, low school retention, and substance abuse, which contribute to the development and perpetuation of mental health issues [1]. While AAMs are mandated to provide mental health services as part of their

twelve comprehensive service packages, the operationalization of this mandate remains inadequate due to systemic challenges [2].

Community Health Officers (CHOs), the main service providers at AAMs, are already tasked with a wide range of clinical and public health responsibilities. The addition of mental health services without supplementary human resources has overstretched their capacity [3]. In this context, Yoga teachers, who are engaged to conduct physical wellness sessions such as Yoga, Pranayama, and stress management under Ayushman Bharat, can serve as valuable community-facing resources for mental health promotion.

Yoga teachers are typically trained professionals with diplomas or certifications in Yoga from institutions recognised by the Ministry of AYUSH. They are recruited under the National AYUSH Mission or by state health societies, primarily to support wellness activities in AAMs. While they are government-affiliated, many are engaged on contractual or part-time bases [4]. Their current responsibilities include conducting group yoga sessions, promoting healthy lifestyles, and engaging the community in preventive health behaviours. However, they are not formally integrated into the core operational structure of AAMs, nor are they trained in mental health-related interventions.

To harness their potential in improving mental health outcomes, we propose a community-based model titled YOGA-TEAM (Yielding Opportunities through Grassroots Awareness – Transforming Engagement of Assigned Yoga Teachers for Enhancing Access to Mental Health).

YOGA-TEAM model:

Five strategic interventions form the core of the YOGA-TEAM model:

1. **Dedicated Deployment:** Assigning one Yoga teacher per AAM can improve continuity and community engagement. This approach requires tailored recruitment strategies, including localized hiring and offering additional incentives for difficult-to-reach regions [5].
2. **Capacity Building:** Comprehensive training modules covering mental health literacy, early signs of mental illness, communication techniques, and referral systems should be developed for Yoga teachers. Such modules could be adapted from WHO's mhGAP guidelines [6].
3. **Development of SOP:** A Standard Operating Procedure should be institutionalized, outlining specific mental health-promoting activities such as mindfulness, guided relaxation, and breathing techniques. The SOP should also establish weekly schedules and participation targets [7].
4. **Team Integration:** Yoga teachers should be included in the AAM core team, encouraged to attend monthly review meetings, and tasked with reporting their mental health-related outreach activities. This collaboration can bridge service delivery gaps and reduce stigma in the community [8].
5. **Performance-Based Incentives:** A structured incentive plan recognizing Yoga teachers who contribute to mental health awareness sessions and referrals

will improve motivation and retention. It also fosters accountability and measurable outputs [9].

Conclusion:

The integration of Yoga teachers as mental health promoters within the Health and Wellness Centre framework offers a promising solution to address the persistent mental health challenges in underserved areas of Bihar. By leveraging their existing presence, cultural acceptability, and potential

for community engagement, the proposed YOGA-TEAM model can bridge service delivery gaps, strengthen preventive care, and alleviate the workload of CHOs. Formalizing their role through training, team integration, SOPs, and performance-based incentives will ensure a sustainable and scalable approach to grassroots mental health promotion. This model not only aligns with the objectives of Ayushman Bharat but also paves the way for a more inclusive and responsive primary healthcare system.

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