

Mental Health Sessions at Dalit Women's Collective

Stakeholder report | 18-month documentation | January 2025 to June 2026

Prepared by Pause for Perspective for Dalit Women's Collective. Based on facilitator observations, session documentation, and reflective review. This is a practice-based evidence of change.

Reporting period	January 2025 to June 2026
Who participated	Children from approximately Classes 1 to 9 attending DWC spaces
Team at Pause (Facilitators and Supervisors)	Anjali A, Anjali N, Swetha K, Nithya B and Ramya S; Supervisors: Gayathri B and Eera V. and Aarathi S. Report written by: Aarathi S.
Format	Weekly community-based mental health sessions using stories, play, movement, art, body maps, skits, and group reflection
Evidence basis	Facilitator observations, session documentation, children's words, and reflective review. This is practice-based evidence of change. No standardized clinical assessment was used.

Executive summary

- Since January 2025, Pause for Perspective has offered weekly community-based mental health sessions with children from approximately Classes 1 to 9 at DWC.
- The intervention was intentionally bottom-up. Facilitators did not arrive with a fixed curriculum. They listened to children's stories, behaviour, body energy, silences, play, conflicts, and questions, then shaped the work from what emerged.
- Across 18 months, children were supported to name feelings, connect emotions to everyday situations, notice body signals, use movement to settle, learn coping strategies from peers, speak about gendered unfairness, and practice safer group relationships.
- The work strengthened mental health as everyday community care: familiar, relational, playful, embodied, and connected to dignity, voice, safety, and participation.

1. Purpose and context

Pause for Perspective's work with DWC brought mental health support into a familiar community space, rather than waiting for children to access formal clinical services. The sessions created a steady group context where children could explore anger, sadness, fear, anxiety, boredom, loneliness, frustration, exclusion, exam pressure, conflict with friends, being shouted at or hit by adults, and gendered expectations.

The central purpose was not to label children or correct behaviour in isolation. The work was to understand what children were communicating through words, actions, bodies, play, withdrawal, conflict, and refusal. This helped shift the frame from 'What is wrong with this child?' to 'What is this child experiencing, protecting, needing, resisting, or trying to express?' Boundaries and safety remained important, but they were held through reflection, responsibility, repair, and care rather than fear-based obedience alone.

Stakeholder value

- For children: more language, body awareness, coping strategies, confidence, and safer peer connection.
- For DWC: a community mental health layer that supports dignity, gender voice, participation, and early recognition of distress.
- For future planning: a practical model that can be documented, strengthened, and communicated to caregivers, facilitators, funders, and partner organisations.

2. Psychological approach

The approach is grounded in Embodied Social Justice. Children were understood as agentic participants in their own lives, already making meaning, seeking connection, protecting themselves, and responding to the conditions around them. This matters because children are often described through adult-centred labels such as difficult, aggressive, lazy, inattentive, rude, or disobedient. The sessions slowed down these labels and asked what else may be happening.

Facilitators used experience-near methods because many children do not begin with direct emotional language. Stories, art, body maps, games, skits, movement, breathing, play, and chart paper documentation helped children approach feelings indirectly, concretely, and safely. These methods made psychological work visible: children could draw where fear sits, act out fairness and exclusion, notice how anger builds like a volcano, or name what helps when sadness, loneliness, or anxiety appears.

3. What was visible at the beginning

- Many feelings were expressed through action before they were available in words. Fighting, pushing, shouting, running around, refusal, withdrawal, and restlessness were treated as meaningful communication, not only disruption.
- High body energy was a repeated pattern. Children needed safe movement, not just instructions to sit still. Structured movement became a route into regulation, attention, and participation.
- Children carried many stories from home, school, and friendships. Their emotions were connected to exams, conflict, exclusion, boredom, loneliness, being shouted at or hit, peer dynamics, and unequal expectations.
- Children already had coping know-hows. They named support through play, friends, siblings, art, rest, walking, crying, watching something, and talking to someone. The work strengthened these existing resources rather than replacing them with adult advice.
- Gender shaped participation. Girls and boys occupied space differently. Some girls were quieter in mixed spaces, while boys were often more visible, vocal, and physically active. This made separate and mixed gender spaces necessary at different points.

4. What the sessions offered

The sessions offered emotional literacy, body awareness, movement-based regulation, peer learning, gender reflection, and relational practice. Children named emotions, linked them to situations, located them in the body, and explored what helped. Play was treated as a serious site of learning because it showed how children used power, negotiated rules, included or excluded others, handled touch and consent, and understood leadership. Leadership was repeatedly reframed as responsibility: helping others be included, heard, safe, and able to participate.

Method	Psychological function	Examples in sessions
Stories and picture books	Created safe distance from intense feelings and helped children symbolise anger, fear, sadness, and anxiety.	Ravi's Roar, Tiger Days, characters, animals, images, and metaphors.
Body maps and volcano metaphors	Helped children locate emotions in the body and notice escalation before acting it out.	Colours, shapes, sizes, body locations, anger build-up, early signals.
Movement and breathing	Used the body as a route into regulation, attention, and return to group connection.	Mixi, shaking, running, stretching, walking, roti breathing.
Chart paper documentation	Made children's own words visible and valued, shifting the space away from adult advice alone.	Shared emotion lists, coping know-hows, group reflections.
Separate and mixed gender spaces	Supported freer speech and then cross-gender listening, witnessing, and accountability.	Girls' groups, boys' groups, household roles, restrictions, fairness, careers.



Method	Psychological function	Examples in sessions
Play, skits, and role play	Turned everyday group moments into practice for fairness, consent, leadership, inclusion, and repair.	Games, skits, role reversal, observing rules, touch, exclusion, and peer power.

5. Key areas of work, interventions, and observed shifts

Note: The shifts below are practice-based observations. They should be read as evidence of emerging change within sessions, not as clinical diagnosis or standardized measurement.

What facilitators noticed	Psychological intervention	Observed shift and meaning
Limited emotion language	Used stories, pictures, body maps, skits, and chart paper to help children name anger, fear, sadness, anxiety, boredom, loneliness, and frustration in relation to real events.	Children became more able to say what they were feeling and connect emotions to exams, conflict, loneliness, exclusion, and home or school situations.
Feelings expressed as conflict	Responded with curiosity and limits. Facilitators asked what happened, what the child felt, what the body wanted to do, how others may have been affected, and what repair was possible.	Behaviour began to be understood as linked to feelings and impact. Children were invited into accountability without being reduced to blame.
High body energy	Used mixi, running, shaking, stretching, roti breathing, walking, and movement breaks as mental health interventions, not only as breaks.	Fighting and chaos reduced during sessions. Children began requesting movement and could return to the group with more ease.
Weak body awareness	Used body maps, colours, shapes, sizes, volcano metaphors, and movement to notice where emotions live and how they build.	Children began recognising body signals such as heat, tension, stomach sensations, voice changes, sweating, or a racing heart. This supports earlier recognition of distress.
Adult advice did not always land	Invited children to name their own know-hows: what they already do when angry, sad, scared, anxious, lonely, or overwhelmed.	The group built a shared coping toolkit. Peer learning made strategies feel more accessible and less moralising.
Different access needs in the group	Allowed participation through speaking, drawing, moving, watching, stretching, stepping away, returning, and using any comfortable language.	Children who may have been labelled disruptive, shy, inattentive, or difficult had more routes into belonging and participation.
Girls had less voice in mixed spaces	Created separate girls' and boys' spaces, then carefully held mixed spaces using stories, role play, household role conversations, and witnessing.	Girls spoke more about unfairness, restrictions, household responsibilities, safety, and wanting more space. Boys were invited to listen rather than dominate the conversation.



5. Key areas of work, interventions, and observed shifts continued

What facilitators noticed	Psychological intervention	Observed shift and meaning
Fixed ideas about gender	Used books, skits, role reversal, play, and discussion to question who is expected to cook, clean, care, lead, get freedom, or stay restricted.	Children began seeing each other with more complexity. Gender was discussed through lived examples rather than abstract instruction alone.
Play included domination or exclusion	Observed play closely and used it to discuss fairness, consent, inclusion, safety, leadership, responsibility, and repair.	Children practiced safer peer relationships. Leadership slowly moved from control toward care for the group.
Refusal and withdrawal	Slowed down, offered choices, adapted activities, and asked what would make participation possible. Language worries were addressed by allowing any language.	Some hesitant children became engaged once the barrier was understood. Refusal became information, not simply non-compliance.

6. Changes observed across 18 months

- Children showed greater emotional literacy: they could name more feelings and link them to situations such as exams, peer conflict, loneliness, exclusion, and experiences with adults.
- Children increasingly understood that emotions are embodied. Body maps, breathing games, volcano metaphors, and movement helped them notice early signs of anger, fear, sadness, and anxiety.
- Movement became a legitimate support strategy. Restlessness was no longer treated only as disorder. Children learned that running, shaking, stretching, walking, or breathing could help them return to the group.
- The group became a site of peer learning. Children shared what helped them and were able to learn from one another rather than only receive adult instruction.
- Gender conversations deepened. Girls named unfairness and restrictions more clearly, while mixed spaces allowed children to listen across gendered experiences with more complexity.

Practice principles DWC can carry forward

- Read behaviour as communication while still holding clear limits on harm.
- Use movement early, before restlessness turns into conflict or withdrawal.
- Ask children what helps. Their know-hows are part of the intervention.
- Watch who gets voice, space, safety, and leadership in the group.
- Document children's exact words so impact remains grounded in lived experience.

7. Benefits for children and the DWC community

Area of impact	What children gained	Why this matters for DWC
Emotional literacy	Children learned to name anger, sadness, fear, anxiety, boredom, loneliness, and frustration.	Adults can respond earlier, before distress becomes conflict, silence, withdrawal, or escalation.
Real-life meaning	Children linked emotions to exams, friendship problems, fights at home, being shouted at, loneliness, and exclusion.	Behaviour can be understood in context, not only as bad behaviour or lack of discipline.
Practical coping	Children identified supports such as playing, resting, walking, crying, making art, talking, watching something, and being with friends.	Children have strategies that can travel beyond the session into home, school, and peer spaces.
Peer support	Children listened, laughed, offered suggestions, shared know-hows, and learned from each other.	The group becomes a peer-care space, not only an adult-led intervention.
Body awareness	Children noticed tension, heat, voice changes, sweating, stomach sensations, or feelings in the head, throat, chest, and body.	Earlier body recognition can help children seek support before emotions erupt or collapse.
Movement and regulation	Children used movement, stretching, walking, breathing, shaking, and games to settle and reconnect.	Restlessness can be handled with structure and care rather than only scolding or punishment.
Gender voice and dialogue	Girls spoke about restrictions and unfairness. Boys and girls practiced listening across gendered experiences.	This supports DWC's broader commitments to dignity, gender justice, voice, and community leadership.
Confidence and participation	Children spoke more, participated in skits, shared stories, asked for activities, and helped others talk.	Children's voice in community spaces becomes stronger and more visible.

8. Recommendations for the next phase

- Continue weekly group sessions with emotional literacy, body awareness, play, and movement as core components.
- Maintain both separate and mixed gender spaces. Separate spaces support freer speech. Mixed spaces support listening, accountability, and more respectful peer relationships.
- Create a simple internal support pathway for children who need more individual attention, involving DWC facilitators, Pause for Perspective practitioners, caregivers where appropriate, and trusted supports.
- Strengthen documentation by tracking session themes, children's words, interventions used, facilitator observations, and changes noticed over time.

9. Closing note

The strongest learning from 18 months of work is that children already carry wisdom about their lives. Mental health support becomes useful when it creates enough safety, structure, and respect for children to recognise this wisdom, share it, question what is unfair, and build caring ways of relating to themselves and each other.