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Resilient Childhoods: Social Support and Mental Health Equity in Kerala

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Abstract

Kerala has a high level of social development, but children, particularly those belonging to underprivileged groups have an increasing disparity in mental health services. This paper applies the Ecological System Theory developed by Urie Bronfenbrenner to these gaps as well as when formulating interventions. Our methodology is a combination of the quantitative approach (CD-RISC-10), perceived social support (MSPSS) and psychological distress (SDQ) measures with qualitative narratives based on family, teacher, and community leader responses. The findings indicate that environmental interactions determine the mental health of children, rather than individual characteristics. The family, peer, school and the broad based culture are sources of resilience through negotiations. The social systems in Kerala such as intergenerational families, Balasabha groups operated under Kerala Kudumbashree and integrated cultural practices provide a therapeutic ecology that is experiencing pressure due to migration, discrimination, and inequity. We would suggest that the concept of clinic-based care be replaced with ecological strengthening. This implies that families, schools, peer groups, and community institutions should be considered as the main healing and resilience location. The paper reshapes the concept of mental health equity as a healing and caring of ecosystems where children live, based on Kerala as a community model around the world.

Keywords: Childhood Resilience, Ecological Systems Theory, Social Support, Mental Health Equity, Community Mental Health.

Introduction

Kerala, a tiny state along the southwestern coast of India, has long been touted as being a developmental exception. Having a literacy rate greater than 96, life expectancy on par with the global north, and low infant mortality rates, the so-called Kerala model has been praised by the world decades ago (Sen, 1999; Franke and Chasin, 1994). Radical land reforms, intensive state investment in human capital (education and health), and active civic engagement are the key components of this model, which is frequently referred to as an indication that social improvement could be obtained even in resource-limited environments. Researchers have termed Kerala a laboratory of social development, whereby the mobilisation of grassroots and welfare policies of the state interacts to create an outcome that can be compared to those of more prosperous countries (Oommen, 2019). However, despite this mask of success, there is a paradox of how Kerala

continues to experience an increasing gap in mental health treatment of children and adolescents, especially those at the social fringes.

The National Mental Health Survey of India (2016) approximated that almost 7080 percent of people with mental health conditions do not receive treatment, children and adolescents being the most affected (Gururaj et al., 2016). This crisis takes a different form in Kerala. The same systems that have caused its human advancements, such as high educational achievement, health consciousness, and political mobilisation, are the same ones that provide mental health needs awareness. Nevertheless, services are still significantly underdeveloped, particularly among tribal children, economically disadvantaged families and migrant work household children. What can be called a triple jeopardy is a combination of universal stressors of poverty and marginalisation, disruptions of migration and urbanisation, and structural impediments to accessing care that is tailored largely to urban, middle-income groups. As an illustration, tribal children in Wayanad tend to reside in geographically remote hamlets, whereby the services available to them are limited, and children of Gulf migrant families in Ernakulam have psychosocial disturbances, stemming as a result of the long-term absence of their parents (Devika, 2010).

In the international community, the new approach to mental health is the acknowledgement that psychological well-being is affected by social factors, including the conditions under which individuals are born, raised, live and work (Marmot, 2005; World Health Organisation, 2023). Economic security, social inclusion, the absence of discrimination, etc., are considered to be more important factors of mental health outcomes. According to the Lancet Commission on Global Mental Health (Patel et al., 2018), interventions should no longer be solely clinical but rather be community-based and culturally rooted. But the interventions continue to be clinic-centric, which relies on personal pathology as opposed to the ecological setting. This clinical reductionism removes children from their context and tries to treat them in a vacuum, ignoring the healing power evinced in the daily social systems. Such a strategy is especially inappropriate in Kerala due to the thick social network and strong tradition of community-based organisations in the state.

The social infrastructure in Kerala presents a special chance to rethink child mental health care as an ecological, but not a clinical, pursuit. A state-sponsored women's Neighbourhood Help Group network with more than 4.5 million members, Kudumbashree, has become an effective social mobilisation, microfinance, and health promotion instrument. The subsidiary of it, Balasabha (Children Assembly), offers organised play spaces, informal learning, and psychosocial. The panchayats, cultural practices, and generational co-living also part of what can be called a therapeutic ecology. These systems are straining, though. The forces that are contributing to the lack of resilience within families include rapid urbanisation, migration of parents, nuclear families, and the continued practices of caste-based discrimination (Devika, 2010; Oommen, 2019). As an example, Onam festivals and communal rites give children a sense of belongingness, which caste-based exclusion and stigma undermine at the same time.

The main research question, consequently, will be to know how the embedded systems of the life of a child, family, peers, schools, community groups, and culture, interact to either facilitate resilience or lead to distress. The Ecological Systems Theory (1979) is a powerful framework that can be used in this inquiry, as it defines development as a result of dynamic interactions within and between microsystems (family, school), mesosystems (relationships between these environments),

exosystems (parental workplaces, local policies), macrosystems (cultural norms, economies), and chronosystems (historical and life-course changes). This approach relocates the meaning of support as a static phenomenon, replacing it with the notion of transactions that are dynamic: a reassuring talk with a grandparent, the contact of a teacher to a community worker, being excluded because of professional background by a peer group. Ungar (2011) also states that the idea of resilience should be perceived as a social ecology in which the protective processes are institutionalized inside the cultural and community settings and not personal characteristics.

The Ecological Systems Theory by Urie Bronfenbrenner (1979) is a powerful model for examining the development of children in the context of the nested social environments. The model recognises five systems that are related and include: Microsystem, Mesosystem, Exosystem, and Chronosystem. Microsystem refers to immediate settings that children are involved with directly, e.g. family, peer, and classroom. Mesosystem refers to the interrelations among microsystems, e.g. family-school or peer-community bridges. Exosystem refers to influences on children that are indirect through the workplace of parents, local governance, and community organisations. Known as the macro system, these are larger cultural, economic, and political systems, such as caste hierarchy, cultural understanding of mental illness, and child rearing. The chronosystem refers to the time dimension, which has historical changes, migration patterns and life transitions.

This was later modified by Bronfenbrenner to the bio-ecological model, which focused on proximal processes as the drivers of development, the reciprocal interactions between the child and the environment (Bronfenbrenner and Morris, 2006). This, in mental language, signifies that resilience can be developed in the context of dynamic transactions: a teacher encourages, a grandparent tells a story; a peer plays with him or her. Bronfenbrenner subsequently streamlined this into the bioecological model that stressed proximal processes, i.e. reciprocal interactions between the children and the environments as the driving forces of development (Bronfenbrenner and Morris, 2006). This can be explained in mental health terms: a teacher will encourage resilience in a dynamic relationship, a story by a grandparent or the involvement in a play by a peer.

Using this framework on Kerala, both protective and risk factors are identified. As a safety net in the form of Kudumbashree can be offered by the mesosystem of school-community linkages, but discrimination can hinder the process. The macrosystem of rituals of culture provides the sense of belonging, and stigma pollutes this soil. In this way, the model by Bronfenbrenner allows mapping the resilience and distress processes holistically on an ecological level. The eco map of child resilience in Kerala, using the systems theory of Bronfenbrenner, is shown in Figure 1. It illustrates the interaction between resilience and distress, based on the interaction of integrated systems such as family, peers, schools, communities, culture, and historical forces.

This paper has three contributions. First, it gives empirical indications through the convergent mixed-method design that resilience and distress among marginalised children in Kerala are ecological rather than an inherent feature. Second, it provides a contextual map of the therapeutic landscape of Kerala, including protective forms of Kerala, such as Balasabha and intergenerational care, as well as institutional fault lines, such as the family disruption caused by migration and institutional discrimination. Third, it suggests an Ecological Strengthening Paradigm of child mental health, which suggests a change in the paradigm of clinic-centric interventions to strengthen the systems of everyday activities in which children live, learn, and grow. The paradigm is in line with

international demands of community-based yet culturally-based practices but is placed in the circumstances of Kerala and its own socio-political and cultural context.

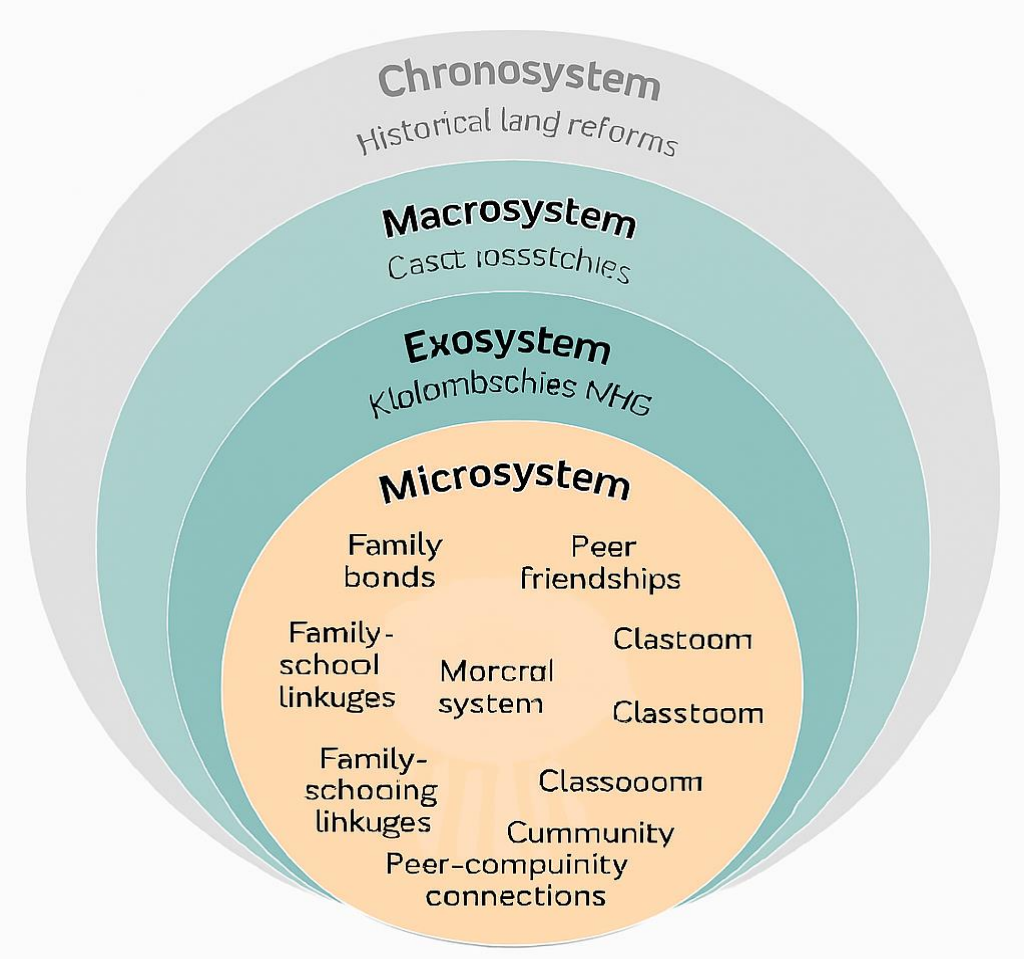

Figure 1 - Conceptual Kerala Ecological Map

The paper will attempt to rebrand Kerala not as a case study of paradox but as a potential solution pioneer by conducting this analysis. It pictures Kerala making its successful social development feats a next-generation model of mental health equity: ecological, community-owned, culturally based and globally replicable. The final reason is that in order to obtain equity, it is necessary to not only fill the gap in treatment but also in the ecological system: turning the environment into purposefully restorative spaces where resilience could thrive. By so doing, Kerala can become the model on which other areas that are struggling with the same paradoxes of development and inequality can draw lessons on the global child mental health policy and practice.

Materials and Methods

The concept of resilience has been at the core of child development and studies on mental health. In conceptualisation, early research thought resilience was a personal characteristic - an inborn ability to endure bad times (Rutter, 1987). This school of thought gave importance to individual traits like temperament, intelligence or self-efficacy as protective factors. Although the influential, trait-based models slightly overstated the simplicity of resilience as a fixed characteristic of individuals, it

overlooked the dynamic interaction between individuals and their surroundings. Towards the end of the 20th century, researchers started to redefine resilience as a process instead of a permanent property. Luthar, Cicchetti and Becker (2000) had argued that resilience develops as a result of interaction between risk and protective factors, which depend on contexts and stages of development. It is in this change that the relational and ecological levels assume significance: resilience is no longer considered as bouncing back but adapting through the supportive relationships, cultural resources and community structures. Ungar (2011) took this further by suggesting a social ecology of resilience with an underlying theme that protective processes are culturally situated and contextually local. To children, resilience is usually nurtured by daily encounters, e.g. family cohesion, social acceptance, and society's rites and does not emerge as a solitary individual characteristic. The above change in the resilience theory is especially pertinent to Kerala. However, resilience as conceptualised in traditional clinical frames may not be observed in children of disadvantaged groups, like tribal hamlets or migrant families, but may manifest as adaptive resiliency using kinship, cultural integrity, and collective problem-solving. By considering resilience as the process within the ecological structures, the appreciation of these strengths is more subtle.

The social support has always been noted as an important determinant of child mental health. A longitudinal study of high-risk children in Hawaii conducted by Werner and Smith (1992) proved that positive outcomes could be most accurately predicted by supportive family relationships. The family support brings emotional stability, role-modelling, and group coping mechanisms. Peer support, in its turn, promotes a sense of belonging and minimises isolation, especially in adolescents. Protective networks are provided outside the household by community support, which takes the form of teachers, neighbours, or local leaders. Cohen and Wills (1985) have formulated the buffering hypothesis; they postulated that social support can help to counteract the adverse influence of stress by supplying emotional, informational, and instrumental resources. This buffering effect is particularly strong in the case of children: the positive relationships that are adopted can turn the negative experience into a potential opportunity. In Kerala, family and peer support turned out to be important predictors of resilience in the quantitative results of this study, which have an ecological significance. Social support is, however, not equally available. Children who are marginalised usually experience broken networks because of poverty, migration or discrimination. As an example, a child of the migrant parents of Gulf origin can face emotional gaps, although their stocks are secure at home, whereas tribal children can face exclusion at their schools, although their kinship ties are well developed at home. The quality and access to social support at the ecological levels are, therefore, critical to consider when tackling the issue of mental health equity.

There are also valuable insights on community-based strategies to child mental health, which are available in international experiences. Latin America School-based psychosocial initiatives involve school-based mental health, focusing on collective action and social support. The case of Chile, its Escuelas Abiertas program, which establishes safe areas in marginalised communities and integrates education and psychosocial treatment, is one such example. Ubuntu philosophy in Africa is based on the idea of communal responsibility and kinship as protective elements. According to the definition given by Nsamenang (2002), adolescence in sub-Saharan Africa has been defined as a result of triple inheritance, that is, the traditions of the indigenous, the legacies of colonialism and the present globalisation, where resilience was developed through collective identity and interdependence. These structures appeal to the Kerala culture of solidarity in communities and co-

existence across generations. There is more to learn in South Asia. The interventions that followed the tsunami in Sri Lanka utilized mobilization of community health workers and cultural practices to assist in healing the children, and it proved that culturally based interventions can be effective. Bangladesh has also tried to implement the concept of psychosocial support in primary health care, which emphasises the significance of accessibility and inclusiveness.

All these global models come down to one fundamental point: clinic-centric interventions alone cannot promote child mental health equity. Rather, resilience needs to be developed in the mundane ecologies of schools, families, communities, as well as in cultures. The social infrastructure of Kerala is unique in the sense that it can apply and extrapolate these lessons. The therapeutic ecology is unique in Kerala. Kudumbashree, through its network of women Neighborhood Help Groups, has become a strong social mobilisation, microfinance and health promotion platform. Its subsidiary, Balasabha, offers an organised place of psychosocial interaction between children, and inclusion and creativity. Community ownership of child welfare efforts is possible through panchayats, which are decentralised systems of government. Resilience is also entrenched in daily life in the cultural rituals like Onam, storytelling and intergenerational care. However, these structures are on the verge. The high rate of urbanisation has disintegrated the traditional kinship ties. Migration of parents, especially to the Gulf countries, has left families with emotional gaps. The trends of nuclear families undermine the intergenerational bonds, and the discrimination of caste continues. These centrifugal forces undermine the bonds that bring about resilience and bring about an ecology of broken links. The scope of the therapeutic situation in Kerala demands the consideration of its strong points and weak points. It is not just the issue of how to increase clinical services but the issue of strengthening the everyday ecologies in which children live, learn and grow. This paper aims to map these dynamics and suggest an Ecological Strengthening Paradigm built upon the social infrastructure unique to Kerala.

Three important insights are indicated in the literature. To begin with, resilience should be regarded not as a personal quality but as an ecological process. Second, child mental health is centered on social support in the form of family, peer, and community support. Third, the community-based, culturally-based interventions have potential, as shown in global models. However, in Kerala, child mental health interventions continue to rely heavily on the clinic, regardless of its having a wealth of social infrastructure, ignoring the ecological aspects of resilience and distress. This disconnect is the reason why there should be a paradigm shift. Leveraging an ecological framework by Bronfenbrenner and resilience theory together with global insights, this research will suggest a paradigm of Ecological Strengthening Paradigm to child mental health in Kerala. The paradigm suggests the redistribution of resources between the clinical silos and daily ecologies, the development of therapeutic ecologies that are owned by communities, rooted in cultural practice, and can be reproduced at any location in the world.

Results and Discussions

Descriptive Statistics The sample of 200 children was balanced in terms of gender and districts. The resilience scores (CD-RISC-10) were moderate ($M = 24.7$, $SD = 8.3$), whereas psychological distress (SDQ Total Difficulties) were in the range of borderline clinical values ($M = 15.4$, $SD = 7.8$). The perceived social support was moderately high in family, friends, and significant other with the highest rating being the family support.

Table 1 - Descriptive Statistics, Correlations, and Mixed-Methods

Variable	M	SD	Possible Range	Observed Range	r with Resilience
MSPSS – Family Support	4.56	1.12	1–7	2.53–6.45	.52**
MSPSS – Peer Support	4.48	1.23	1–7	2.01–6.49	.38**
MSPSS – Significant Other	4.32	1.31	1–7	2.03–6.48	.21
CD-RISC – Resilience	24.70	8.30	0–40	12–37	—
SDQ – Emotional Problems	3.80	2.50	0–10	0–8	–.29**
SDQ – Peer Problems	4.10	2.60	0–10	0–8	–.39**
SDQ – Conduct Problems	3.50	2.20	0–10	0–7	–.27**
SDQ – Hyperactivity	4.00	2.70	0–10	0–8	–.31**
SDQ – Total Difficulties	15.40	7.80	0–40	2–34	–.48**

M = mean; SD = standard deviation. MSPSS = Multidimensional Scale of Perceived Social Support; CD-RISC = Connor–Davidson Resilience Scale; SDQ = Strengths and Difficulties Questionnaire. Correlations are Pearson's *r*. **p** < .01.

Correlational Analysis Pearson correlations indicated that there were strong positive correlations between family support and resilience (r =.52, p 2001), and negative correlations between family support and psychological distress (r = -.41, p 2001). Peer problems were especially safeguarded by peer support (r = -.45, p <.001). These results affirm the hypothesis of buffering (Cohen and Wills, 1985), which demonstrates that social support alleviates distress.

Regression Analysis Multiple regression showed that the predictors of resilience were family support (= -.42, p = 001) and peer support (= -.21, p = 01). Significant others did not have independent predictive value. This highlights the importance of microsystems, family and peers in determining the level of resilience.

District Comparisons found that there was a significant difference in resilience among districts (F(2,197) = 5.89, p =.003). The resilience in children in Wayanad (M = 26.3, SD = 8.1) was also higher than in Thiruvananthapuram (M = 23.1, SD = 8.5). Ernakulam ratings were average. This paradox implies that even though Wayanad is materially deprived, its kinship ties and cultural cohesion grants them benefits of resiliency.

When looking into the district comparisons, Wayanad (Mean = 26.3, SD = 8.1): Highest resilience scores, which implicates strong kinship connections and cultural unity as protective. There are ecological supports (family, community rituals), and they are empowered against poverty. Thiruvananthapuram (Mean = 23.1, SD = 8.5): Lowest resilience scores and the stressors in urban settings, migration, and weaker community affiliation could be involved. Takes note of the dangers of clinic-based systems with no ecological supports. Ernakulam (Mean = 24.0, SD = 8.4): Intermediate resilience and cosmopolitan environment, multifaceted population, such as Gulf migrant families. Exhibits community protection as well as the exposedness caused by disturbed family relationships.

Family as Fortress and Fault Line (Microsystem). The families were termed as a source of collective power. One of the tribal moms observed: We might not have enough rice, but we will share the kanji, and we will share our troubles. This is an expression of resilience as a collective burden. But now Migration dismantled this bastion. Exosystemic forces were noted to lead to the destabilisation of microsystems, with the case of teachers noting that children of Gulf migrant mothers have emotional voids.

Bridges and Walls in the School-Community Mesosystem: Schools where safety nets were developed with Kudumbashree. A headmaster said: In a case of absenteeism of a child, we inform the NHG member. She visits the home. The community and the school heart and eye go hand in hand. The assemblies of balasabha encouraged inclusion that overcame language barriers among the migrant children. On the other hand, marginalisation and the absence of cooperation resulted in the establishment of walls locking out marginalised children.

Cultural Soil: Nurturance and Neglect (Macrosystem). Cultural rituals were a source of belonging. A Kudumbashree coordinator explained Onam flower carpets: Every child has a role. Those few words convey that you belong. But here, stigma poisoned this soil. The tribal parents reported the exclusion of children labelled and marginalised, and this indicated that macrosystemic prejudice has a destructive impact on resilience.

Ecology of Broken Links Distress was commonly characterised as emerging in broken relationships among families and among schools, among culture and inclusion, among migration and caregiving. It is a brief means to redefine distress not as individual weakness, but as a systemic disconnection.

The combination of the results demonstrates sharing: quantitative data demonstrated that family and peer support are predictors of resilience, and qualitative narratives described how these supports can be implemented in real life. The complementarity, was observed in a situation whereby qualitative explanations were made of the mechanisms; e.g. higher resilience scores in Wayanad were explained by kinship bonds. The elaboration was done in instances in which qualitative data indicated the presence of stigma and discrimination, to shed light on the variance not determined in quantitative terms.

This research paper validates that resilience in the children in Kerala is not an inborn process but an ecological exchange that is influenced by nested systems such as family, peers, schools, communities and culture. Numerical data indicated that family support proved to be the best leading predictor of resilience ($r = +.42$, $p < .001$), whereas peer support had a significant negative impact on the withdrawal of peer problems ($r = -.45$, $p < .001$). These findings are consistent with the development of the theory of resilience based on the individualistic models (Rutter, 1987) to relational and contextual theory (Ungar, 2011). This transformation was supported by the qualitative stories: the capacity to cope was inherent in mutual meals, narratives, and communal rituals, rather than found in solitary psychological characteristics of children.

The Ecological Systems Theory (1979) by Bronfenbrenner was a strong tool to explain such results. The microsystem of the family proved to be the bastion, the boundary; the family was as united as possible, and the migration process was capable of splitting it. Mesosystem, especially school-community connections, played the role of bridges or obstacles based on cooperation and inclusion. The cultural soil of Kerala, which was shown to be both supportive and stigmatising, was shown by the macrosystem, whereas the long-term consequences of globalisation and the migration of parents were emphasised by the chronosystem.

Among the most evocative results was that the resilience scores of children in Wayanad ($M = 26.3$) were more than the resilience scores of children in Thiruvananthapuram ($M = 23.1$) though they were more economically disadvantaged. This paradox gives a contradiction to the traditional beliefs that material deprivation is associated with diminished psychological well-being. The qualitative data helped to understand how kinship, cultural cohesion, and community rituals played the protective role in tribal hamlets of Wayanad. The expression of resilience through the lens of relationship and

communal relates to the words spoken by a tribal mother, who says: We may not have enough rice, but we will share the kanji and we will share our concerns. This observation is in tandem with the findings of recent studies conducted across Latin America and Africa, where solidarity and cultural identity in a community cushion against adversity (Nsamenang, 2002; Patel and Kleinman, 2003). It implies that the marginalised communities in Kerala have unexploited resilience resources that can be used to guide more general approaches to mental health.

Though ecological cohesion was related to resilience, ecological disconnection produced distress. Children whose families were least supportive had much higher distress scores ($r = -.41$, $p < .001$), and narratives obtained qualitatively were characterized by emotional gaps left by migrating parents. One of the teachers in Ernakulam remarked that once a mother goes to the Gulf, the anchor of the child is lost. The grandparents attempt their best, though the laughter is less. This ecology of broken links puts distress not on individual pathology but on systemic fragmentation. These insights interrupt clinic-centric models that disintegrate the environments of children. Rather, they advocate a change of direction towards ecological fortification, that is, the strengthening of the systems in which children live, learn, and grow. This practice is in line with the recommendation of the World Health Organization to consider community based mental health care that is based on social determinants (WHO, 2023).

The social infrastructure of Kerala provides the special possibilities of ecological strengthening. The Neighborhood Help Groups of Kudumbashree and the Children Assemblies of Balasabha became some of the most important mesosystemic helpers. Teachers and community workers explained the ways these platforms led to inclusion, absence monitoring, and improving relationships between schools and family. One of the headmasters said, I have one eye and the community has got a heart which works together. These results provide an indication that Kerala already has the framework of a community-owned mental health model. Instead of bringing in external interventions, the state can deepen already existing structures to develop therapeutic ecologies. The strategy is culturally congruent, besides being scalable and sustainable.

There was a dual role of the macrosystem of culture. There were rituals such as Onam and storytelling, which promoted belonging and identity. An observation made by a Kudumbashree coordinator is that, during Onam, all kids are involved in the preparation of the pookalam. That mere gesture implies, You fit in. Nonetheless, the fertile soil was polluted by stigma and caste-based exclusion. Tribal children have stated that they were branded and ostracised, and this indicates that macrosystemic prejudice is a derailment of resilience. Such tension highlights the importance of interventions to culture that are interventions that are inclusive and restorative. Mental health equity does not only need the services but a revolution of cultural discourses. When they are rendered inclusive, the rich traditions of Kerala can be utilised to enhance the psychosocial well-being.

The paper suggests an Ecological Strengthening Paradigm of child mental health in Kerala. This paradigm changes the centre of interest to strengthening the daily ecologies rather than clinic-based interventions. It advocates strengthening family ties by educating parents and providing intergenerational care. Improving school–community connections through Balasabha, Kudumbashree partnerships. Integration of mental health promotion into the cultural practices and communal activities. Stigmatization Inclusion of stories and caste-conscious pedagogy. The use of Panchayats to decentralise mental health in community ownership. This paradigm is oriented towards the world models and is based on the unique social fabric in Kerala. It makes the state a possible model of ecological mental health equity - universal in principle, local in form.

The limitations of the study are the cross-sectional nature of the study as well as the geographical scope. It requires longitudinal studies that can be used to monitor resilience trends over time. Future research must examine urban slums, coastal fishing communities, and migrant labour settlements to investigate the ecological strength. The paradigm would be scalable by conducting comparative research between Indian states. Resilience as Ecological Transaction Findings support that resilience is not an innate feature but rather a process of the ecological nature. The model by Bronfenbrenner sheds light on the fact that microsystems (family, peers), mesosystems (school-community linkages) are the key drivers of resilience. When such systems break, distress emerges, and therefore, it is necessary to strengthen them ecologically. International Comparisons Therapeutic ecology Kerala Kerala has a therapeutic ecology which is reminiscent of Latin American community mental health models, the African Ubuntu, and South Asian cultural interventions. But the paradox of high levels of social indicators and inequity in Kerala puts the state in an ideal position to be at the forefront in adopting ecological solutions. Policy Implications The research recommends that there should be a paradigm shift between clinic-focused interventions and ecological strengthening. The use of Kudumbashree, Balasabha and Panchayats can instil resilience into the day-to-day life. The policies need to focus on enhancing family relationships, inclusivity of school-community relationships and anti-stigma in cultural spaces.

Conclusion

This paper shows that resilience in children in Kerala is not an inherent feature but an ecological phenomenon that has been influenced by family, peers, schools, communities and culture. Quantitative results established the first aspect of family and peer support as the predictors of resilience, whereas a qualitative story told about how kinship ties, cultural practices, and school-community partnerships acted as protective ecologies. Simultaneously, distress was also demonstrated to be the result of systemic disconnection- family destabilisation due to migration, exclusionary school policies, as well as cultural stigma. This study contributes to the Ecological Strengthening Paradigm because it restates the child mental health equity gap in Kerala as an ecological over clinical phenomenon that demands strengthening of systems that children inhabit, learn and grow within. Organisations like Kudumbashree, Balasabha and Panchayats already give scaffolding to community-owned, culture-based interventions. Enhancing these stages provides a long-term solution to close the treatment gap to develop therapeutic ecologies. The incongruity of Wayanad, whereby the strength is thriving in the wake of economic disadvantage, highlights the prospects of cultural unity and kinship bond that remains unexploited. The distinctive social infrastructure of Kerala makes it an international model for adopting ecological solutions to child mental health equity. With the help of community resources and by employing systemic fractures, Kerala will be able to leave the clinic-based models behind and become a model of replicable systems that will turn environments into healing spaces where resiliency can be cultivated and equity can be achieved.

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