



BRIDGING THE GAP: MENTAL HEALTH, TECHNOLOGY, AND THE EVOLVING NEEDS OF THE NEW GEN STUDENTS

Interview of Ms. Neha Khavani, Pravah Counseling, with Aastha Mahesh Saboo, Student Advisor, CHRDS (2025-26)



Interviewee, Ms. Neha

Ms. Neha Khavani is a consultant, counseling psychologist, story teller and trainer with an experience of 16+ years in the education sector. Her adeptness has given her immense exposure and opportunities to train 3500+ teachers across Gujarat since 2018. She has conducted sessions for various age group settings which includes educators, parents and children.

During these years she has performed different roles such as early years' expert, teacher, principal, trainer, blogger, counsellor and content head. She has also played the role of Territory Head of ECA (Early Childhood Association India) - for many years. Her forte is early years' education and child psychology. She believes in the power of mindfulness and kindness integrating these values in the teaching-learning process in multiple ways. Mindful School Approach is one of her best

modules which is appreciated a lot. She strongly advocates safe and memorable learning experiences in a coherent environment to receive the utmost benefit from it.

She is also founder of Pravah Counseling. You can learn about her work through Instagram page. She believes that "Every Story Matters"



Interviewer, Ms Aastha

Aastha Mahesh Saboo is an undergraduate student from Batch 2021-26 at HPNLU, Shimla. She serves as the Student Advisor at the Centre for Human Rights and Disability Studies from academic session 2025-26. Advocating for human rights and disability studies, her publications include Role of CSR Towards Accessibility; blog on Suicides in India's Agricultural Industry published at Oxford Human Rights Hub; Reforms for Womens Safety Through Marxist Feminism, among others.



1. Can you share an overview of your professional background and how your expertise in mental health has shaped your role as an educator/teacher?

I was born and brought up in Gujarat, and for the last 16 years, I have been working with different age groups of children, as well as training teachers. I completed my masters in Psychology and started my career as a teacher in 2009, dealing with children on a daily basis.

Presently, I head an institution and have worked in various cities across Gujarat, currently based in Ahmedabad for academic work. Alongside, I offer my own freelancing services providing therapy.

As a teacher trainer, I've trained more than 3,500 teachers across Gujarat, and I'm also a storyteller. My academic background and experience as a teacher trainer have allowed me to work with diverse stakeholders i.e., teachers, school management, children which helps me support children more effectively through stories, counselling sessions, and best practices in the classroom for holistic development.

I am also associated with several publication houses as a training and content head, such as HarperCollins and Pearson India, and this year, I've

been appointed as a resource person by CBSE as well.



2. Have you observed any notable changes in the mental health of Generation Z students compared to previous generations, and what are the factors you believe are driving these differences?

Having worked in schools for 16 years and with different age groups, I have observed significant changes over less than two decades. Children today are much smarter in the way they adopt technology and handle situations, and there is even a big shift in parental understanding from the 90s to now. This is reflected in the children too. Gen Z has a lot of information available with them through the devices in hands, but when it comes to mental health, they are emotionally disconnected. They have devices in their hands but do not know how to differentiate between emotions. They are unaware of what anger, sadness, or frustration truly mean, they just feel like or dislike things, unable to understand what bothers them. They have access to everything but lack the vocabulary and skills to explain what they are experiencing or even how to ask for help. Effective communication and emotional connection are missing, and basic social skills like making friends or

asking for a chair are lacking in many of them.



3. How do you tailor your teaching methods and mental health support strategies to address the evolving needs of today's students?

There was a time when children were more obedient toward teachers and parents. Now, this generation has not just social media access, but platforms like AI tools (e.g., ChatGPT) they cross-check and verify information given by teachers. Traditional “chalk and talk” method will not work; especially other ways are needed to nurture them.

I focus on mindfulness and age-appropriate approaches, like using bells in schools to help younger children sit quietly and breathe for a few minutes, or introducing sensorial activities such as observing their bellies or watching glitter jars settle when they are hyper. Teachers are not permitted to shout or threaten students. There is also a morning ‘circle time’, 10 minutes for open discussion between teachers and students about sensitive topics.

Recently, there was a shocking incident where a grade 8 student stabbed another after a casual taunt “*kya hee kr legaa tu*” this shows the impulsivity and dangerous trends in this generation. It is vital that we teach students to respond instead of react and that

teachers create environments where children feel safe to open up.



4. With the increasing accessibility of AI technologies to students, how do you see these tools influencing their mental health, both positively and negatively?

Every coin has two sides. On the positive side, teaching has become easier, and some children use these tools for research and come up with good questions to us. AI tools enable discussion, cultural exchange, and openness among children from different backgrounds.

However, some negative impacts include students not writing correctly due to autocorrect features, they're not learning proper expression, grammar, or vocabulary. Reels and shorts (20-second videos) reduce attention spans, while school periods last 40 minutes, making students restless and less patient. Tools teach them to be “self-centred” they say my score, my partner, my race, that's it for them. For them it has all become that it is all I & me. Impulsivity has increased, and some basic life skills like patience, resilience, and helping others are lacking.



5. What impact have you observed on social media having on the mental

health of school-aged students?

The impact of social media is huge. I have come across Grade 8 students who have been seen abusing and bullying each other on Instagram, which leads to chaos and lowers the self-esteem of the targeted child. Children make fun of each other's physical appearances without sensitivity, which worsens mental health for many



6. How do you collaborate with parents & guardians to create a supportive mental health

environment for students?

Parent engagement programs and special sessions are organised. I believe parents grow with their children, so if there are issues at home, children are affected. About 30-40% of parents are in denial about the impact of family issues. In some cases, we are bound and cannot help beyond an extent.

But there are instances where we worked and it made a difference ultimately. In a case, the child strangled throat of another child in school. Because he was not used of listening to a NO. Then I called his father and got to know that he lost his mother in covid. Family started pampering the child giving everything. Post covid child came to school and as a family/school we supported. We worked with both the school and the family through

counselling, explained options to the child instead of forcing decisions, and after more than a year, there was a huge positive change. He found friends, and his communication and behaviour improved.



7. Any incident that you would like to share with Samvaad?

An 11-year-old new admission remained withdrawn and used inappropriate words, which other students reported. On calling the parents, the mother said to tell the father, and the father said he was not available, showing a communication gap at home. The child was very attached to his brother who was sent to hostel, while the disturbed family was moving towards separation. With no emotional connect at home, he sought attention from peers, picked up bad words, and struggled academically, unable to write even a few sentences. After friendly counselling and exam support, he now comes to school with a smile, though still underconfident and avoiding eye contact.

When we co-relate these things, we understand that there is no sound atmosphere at home, he had trauma of missing his elder brother emotionally no one was available at home. Eventually, he tried to get attention from friends. After many friendly counselling sessions, in exams we give

a person with him who reads the exam paper to him he answers to those questions – that much support we gave to that child and now when he comes to school, he comes with a smile. He still doesn't have eye – contact with teacher because he feels underconfident that he is not good enough. Thus, as a parent it is important to give emotional attachment and warmth to the child. Only social media and AI cannot be blamed. Human to human connection is more important. Good conversations, meals together at home is important.

Finally, I conclude by saying that *“Stories and heartfelt communication have the power to bridge the gap and strengthen the bond.”*