

Community Child & Adolescent Mental Health Service Project

**11th Quarterly Report
April to June, 2017**

**Dept. of Child & Adolescent Psychiatry,
NIMHANS**

**Supported by Dept. of Women & Child
Development,
Government of Karnataka**

A. Project Objectives

With a view to addressing child and adolescent mental health service needs and gaps, the project aims to extend child and adolescent mental health service coverage, particularly to cover those who are most vulnerable. Project implementation entails a comprehensive plan to provide community-based child and adolescent mental health promotive, preventive, and curative care in urban and later in rural sites through direct service delivery and training and capacity building of child care workers from community-based governmental and non-governmental agencies/institutions and professionals, including schools, NGOs, anganwadis and health workers. The specific objectives of the project include:

- i) Establishment of community-based child and adolescent services;
- ii) Training and capacity building of childcare workers and staff from various governmental and non-governmental agencies, including schools;
- iii) Draw from implementation experiences to develop a comprehensive community child and adolescent mental health service model that may be replicated elsewhere in the country.

B. Project Implementation: Activities and Progress

1. Mental Health Services in Schools: Remedial Education Services

During the quarterly, school mental health work was conducted only in the month of June as April and May are months of summer vacation for the schools. The Project Team member met the Head Mistresses for a feedback session on the workshops that had been conducted. There was general consensus that the information disseminated during the workshop sessions and the different perspectives offered on the subject of 'Learning Difficulties' faced by the children in the Government Schools was of great value to the practising teachers and would help them to self-review classroom practices and modify teaching methodology to address learning lags in the student body. However, the greatest difficulty envisaged in following such practices was the lack of conviction and collaboration from all the staff members. A request was made by 4 school HMs, to demonstrate various methods of conducting reading sessions in the classrooms. This is to support initiatives by the teachers of these schools to help children achieve reading mastery, each according to their ability levels.

It was decided that the Project Team member would conduct demonstration sessions in the classrooms, using the curriculum text books to highlight the different strategies a teacher may use to teach and enhance reading and writing skills. In the preliminary discussions it was explained to the teachers that reading and writing strategies have to be different according to the objective the exercise is meant to achieve. There could thus be five broad categories - reading to know, reading to understand, reading to analyse, reading to infer and reading to remember. Similarly writing purposes could differ – writing to copy, writing to respond to specified questions, writing to express ideas and thoughts and writing to paraphrase or explain. Students thus instructed are able to read and write more effectively as they are able to set achievable and clear goals for their reading and writing practices.

In the month of June 2 sessions were conducted in class viii of Government High School, Hombegowda. In session 1, the facilitator explained the different purposes of reading through interaction with the class.

In session 2, the facilitator conducted a session highlighting strategies to teach 'Reading to Know'. The facilitator asked the students to read 5 sentences from the text. She modelled the reading and the students followed her example. Subsequently, she asked the children what all they had come to know from those sentences. As the students responded, she pointed out that every sentence they read, they could be on the lookout for the information it provides and mark it for later use.

The students enjoyed the class and the teacher felt it was a useful strategy to familiarise the students with textual content that would later also help them to understand the text better.

Next steps & Ways Forward:

In this final stage the facilitator will conduct a minimum of 3 sessions in each of the four schools to demonstrate reading and writing strategies teaching methodology.

2. Services in Child Care Agencies

2.1. Interventions in Children's Agencies for Care and Protection

The project continued services in the Government boys home and provided individual services. A total of 21 children were provided with detailed assessments and first-level inputs, including referral to tertiary care facilities/ NIMHANS, as required. Among these children 61 mental health issues were identified; out of which 14 emotional issues (23%), 36 behavioural issues (59%). The majority of behaviour problems constituted runaway behaviour, with children running away (sometimes multiple times) from home/institution due to emotional/ physical abuse at home/ fear of punishment as most of them had behavioural issues which would get them into trouble. In most instances, emotional problems were the basis of behaviour problems i.e. most institutionalized children's behaviour problems, such as anger problems are a result of anxiety and sadness often connected to their abuse and trauma experiences.

Table 2 (a): Total No. of (New) Consultations Disaggregated by Age & Sex, Children's Institutions for Care and Protection, April - June, 2017

Age Groups	No. of Children		Total No. of Children
	Male	Female	
5 to 12 years	5	0	5
13 to 17 years	16	0	16
Total No. of Children	21	0	21

Table 2(b): Child & Adolescent Disorders Identified in Children’s Institutions in Care and Protection, April - June, 2017

Child & Adolescent Mental Health Issues		No. of Children
Emotional Problems	Anxiety	4
	Dysphoria/Depression/Adjustment Disorder	7
	Self-Harm	3
Sub-Total		14
Behaviour Problems	Attention Deficit Hyperactivity Disorders	8
	Conduct Disorder	7
	Substance abuse	3
	Runaway Behaviour	18
Sub-Total		36
Learning Issues	Specific Learning Disability	2
	Other Learning Problems (incl. under-stimulation)	9
Sub-Total		11
Total		61

Most of the children seen in the Government Boy’s were children hailing from low socio economic background and difficult homes. These children have vulnerabilities in the family context such as marital discord, domestic violence, loss of a parent, and alcoholism in the family. Few of the children with conduct disorder had also been influenced by their peers due to whom they were involved in substance use and stealing.

Table 2(c) shows the psychosocial contexts of institutionalized children’s emotional and behaviour problems. Some of the most common contexts these children are drawn from are families with alcohol and other substance use issues (in parents), death of parents and caregivers, single parents or abandonment by parents.

During the individual assessments the parents were also involved in the sessions where they were given inputs and recommendations to enable them to support the child, and to address various psychosocial issues within the family such as marital discord, domestic violence, and substance abuse issues.

Table 2 (c): Psychosocial Contexts of Emotional/ Behavioural Disorders in Children’s Institutions in Care and Protection, April - June, 2017

Psychosocial Context	No. of Contexts
Physical Abuse	6
Emotional Abuse	9
Single Parents/Abandoned	15
Marital Conflict/Domestic Violence	9
Loss & Grief (Death of Parents and/or other Attachment Figures)	11
Substance abuse dependency in family	8
Parent with mental illness/ disability/ Health issues	4

Of the children assessed at the institution, 3 children were referred to the Dept. of Child & Adolescent Psychiatry, NIMHANS, for separation anxiety, physical abuse (trauma), domestic violence and video game addiction, and substance abuse as they required further in-depth assessments in multiple areas as well as longer term in-depth psychotherapy.

In this quarterly Life skills group work sessions were not conducted as the children had summer vacation and were not available in the institutions.

2.2. Interventions in Children's Institutions: Children in Conflict with the Law

During this quarterly, the Project continued mental health services for children in conflict with the law, at the Government Observation Home (OH) in Madiwala, Bangalore. The Project team has been providing the following services in the Home:

- Individual assessment (from a mental health perspective, including conducting psychological testing for children with neuro-developmental and psychiatric problems).
- Individual counseling and therapy (including pharmacological treatment and psychotherapy) for each child with a view to effecting transformation and preventing recidivism.
- Providing report to the JJB magistrate addresses the questions in the JJ Act 2015 under section 14, particularly with regard to assessments of 16 to 18 year old children.
- Collaborative work with the staff/ superintendent and children to develop daily schedules and activities for children that will serve the purposes of rehabilitation (so that the Observation Home is not viewed as a mere place of detention or punishment).
- Group work sessions to enable children to acquire the requisite life skills with special focus on decision-making, social judgment and empathy (necessary for transformation)
- Training and capacity building of observation home counselors to administer the assessment proforma developed by the project team and providing reports to the JJB magistrates.

a) Interventions:

i) Individual Assessment

During this quarterly, a total of 26 children were provided with detailed assessments and first-level inputs including referral to tertiary care facilities/ NIMHANS, as required. Amongst them 15 children admitted to being involved in some kind of illegal activities and the remaining were not involved in any kind of illegal activities, refer table 2(e)

Table 2 (e): No. of Children Assessed/ Provided with First Level Response January – March, 2017

No of Children Assessed	26
No. of Children Allegedly Committed Offence	11
No. of Children Allegedly NOT Committed Offence	15

*All children are male as the Madiwala OH is for boys only.

Among these 26 children, 79 child mental health issues were identified, 15(19%) of which were emotional problems or internalizing disorders, 18 (23%) were behaviour problems or externalizing disorders and 43 (54%) life skill deficits were identified (refer table 2 (f)).

Table 2(f): Child & Adolescent Disorders Identified in Children in Conflict with Law, April - June, 2017

Mental Health issues		No of cases
Emotional Issues	Anxiety	9
	Depression	6
Sub total		15
Behavioral issues	ADHD	3
	CD	6
	Substance abuse	8
	Runaway behaviour	1
Sub total		18
Developmental Issues	Intellectual Disability	1
	Speech articulation and Stammering	2
Sub total		3
Life skill issues	Decision-making in general	13
	Empathy Dev/ Interpersonal Relationships	1
	Emotional regulation/interpersonal issues	9
	Conflict resolution	5
	Assertiveness/ peer pressure	9
	Coping with stress	4
	Decision-making with respect to sexuality and relationships	2
Sub Total		43
Total		79

Emotional Issues: Of the 15 cases of emotional issues, most of anxiety and depressive symptoms were due to their admission in Observation home and being away from the family; and also being charged with an offence (whether or not the charge is legitimate)- these issues makes it hard to cope, resulting in anxiety and depression. This anxiety and depression were also a result of the children's lack of awareness/ orientation about the legal procedures that would follow after they are charged with an offence. Their anxiety were also due to various questions which they had in their mind - 'when will I be released?', 'what should I tell the judge should I confess?', 'after I go back, should I go back home or shift my place?' , 'how will other people treat me?' and so on.

Behavioural Issues: A total of 18 behavioural issues were identified. Most anger issues and emotional dys-regulation were due their experiences of neglect and punitive/ emotionally rejecting parenting; children were also exposed to a great deal of aggression and violence at home, they often learn from their families that this is the only method of problem-solving or conflict-resolution. It was also observed that these children who had conduct disorder and substance abuse hailed from a family where there was lack of supervision/monitoring and they were influenced by their peer group who are usually much older than the children and are from their neighbourhood.

Life Skills Deficits: A total of 43 cases of life skills deficits were identified among the 26 children (note: one child may have more than one life skill deficit). Life skill deficits in the

following areas were identified: Decision-Making (In General); Emotional Regulation/Interpersonal Issues; Empathy Development/ Interpersonal Relationships; Conflict Resolution; Assertiveness/ Peer Pressure; Coping with stress, decision making with respect to sexuality and relationships. Among them children with lack of decision making skills and assertiveness/ coping with peer pressure skills were the most. Even if children have no diagnosable mental health issues most of them had life skills deficits which is probably because of the children's vulnerable and difficult background.

With the aim of understanding the pathways of children coming in conflict with the law we need to understand the psychosocial context. This will give an understanding about the child's vulnerabilities and his/her difficult experiences/situations which have made them vulnerable to coming into conflict with the law. Table 2(g) shows the psychosocial contexts of children in conflict with the law and how some of these life events.

Table 2(g): Psychosocial Contexts of Emotional/ Behavioural Disorders in Children in Conflict with Law, April - June, 2017

Psychosocial Context		No. of Contexts
Family Context	Low socio economic status	20
	Single Parents/Abandoned	8
	Marital Conflict/Domestic Violence	2
	Substance abuse dependency in family	8
	Parental inconsistency/ permissiveness/overprotection	13
	Parent/family in conflict with the law	0
	Parent/ family members with mental illness/ disability/ Health issues	4
		55
Abuse and Trauma	Physical Abuse	15
	Emotional Abuse	3
	Loss & Grief (Death of Parents and/or other Attachment Figures)	10
		28
School Context	School dropout due to lack of motivation	7
	School dropout due to financial issues in the family	5
	Truancy	8
	Bullying	2
	Academic difficulty	13
	Corporal punishment	1
	School Refusal	1
		37
Child labour		16

2.3. Interventions in Children’s Institutions: Children with Disability

One of the key objectives of our work in the disability institutions is staff capacity building with a focus on enhancing their abilities to plan and design engagement of the children through activities that enhance child development. In order to operationalize this objective, the staffs are equipped in a structured, step-wise way, using (simple) assessment protocols, to understand the existing (dis)abilities, skill levels and learning potential of the children. This feeds into the second objective of capacity building, which is to enable adults to make informed judgements about the children’s abilities as opposed to conclusions drawn from opinions and perceptions and pre-conceived notions based on parental expectations and normative idea of development. The third objective is sustainability of these skills and capacities within agencies that could create cultural and systemic

The Project’s Approach to Disability Institution Programs

- Evaluation/ Assessment activities to determine the ability levels of the children in the different developmental domains.
- Interactive sessions with institution staff to achieve an understanding of the ability levels of the children so as to be able to carry out effective assessment as against making judgments based on perceptions.
- Workshops and individual sessions with institution staff to progress to the next level of aligning the assessment information with designing engagement activities for the children as against keeping the children busy and/or engaging in activities as per existing practices.
- Workshops and individual sessions with institution staff to be able to review the efficacy of existing practices and bring about necessary modifications.
- Sessions with the children as demonstrations for the institution staff to observe and replicate.
- Sessions with the institution staff to identify systemic issues that hinder their work and brainstorm on probable solutions.

changes within so that they cater more efficiently to their children. Thus, in the disability sector, the greatest emphasis is on working with adults and caregivers so that children receive appropriate assistance on a continual and long term basis versus brief interventions by external resources—which would not meet the learning needs of the children and therefore not be an ethical way to proceed.

Table 2(h): No. of Children & Caregivers Reached, April to June, 2017

Institution	No. of Caregivers (agency staff/ parents)	No. of Children Reached
Shishu Mandir & Shishu Gruha	10 staff	30
Belaku	10 staff	10
Government Home for Mentally Retarded Boys	5	80
Total	25	120

The variation in our approach is based on differences in organizational structure and mandates as well as the needs and psychosocial contexts of the children. For instance, children in MR Boys’ Home are destitute/ orphan/ abandoned but children in Belaku, in addition to school support, belong to families; thus, the Project works with only the staff in the former agency but extends support to parents in the latter. The MR Boys’ Home suffers from paucity of staff resulting in gross negligence in very fundamental areas of hygiene and grooming.

Agency (A) Shishu Mandir & Shishu Gruha (a Government child care institution for orphan/abandoned children 0 – 6 years, with and without disability)

Target Group - Orphan/ abandoned children 0 – 1.5 years

Orphan/abandoned children 1.5 – 6 years, with and without disability

Objectives

- To train the staff in caregiving protocols – cleaning, bathing, feeding
- To create awareness about the importance of early stimulation and intervention
- To train the staff and enable them to practice interactions with all the children to enhance overall development
- To carry out functional assessments of the children

Achievements & Impacts

The Project team members observed through various visits and interactions that there were quite a few vital areas that required intervention and support. These were – Bathing and feeding protocols for the infants, early stimulation for the infants, meaningful engagement of the children in the schoolroom, care and stimulation for the children with disability.

Based on the observations the team prepared a programme schedule.

Toys and other objects were procured for the infant section. The caregivers were trained to use the materials to provide visual and auditory stimulation to the infants.

A room was identified for the specific use of the children with disability. This room that has an attached toilet facility simplifies the care giving aspect through easy access to the toilet and washing area. Materials were procured to provide stimulation to the children. The room was set up with the help of the institution staff, with mattresses on the floor, that made care giving easier. Moreover, the Project Team members prepared a prototype of a seat with support, made out of cardboard, such that the children could be propped up for a while, especially during feeding. One of the caregivers was trained to feed the children in a manner that would minimise possibilities of choking. Also, rudimentary physiotherapy exercises were taught to the care giver, Gajalaxmi, to be practised everyday, as that was crucial for the children. Since the children are all non-ambulatory, these basic physiotherapy protocols are necessary to keep their limbs from atrophying and also to encourage and enhance mobility where possible. In spite of the good services of the care giver, the children's health requirements are not met satisfactorily because it is not possible for one person to humanly fulfil all those needs. In an attempt to provide the children some much needed socio-emotional stimulation, the project team engaged the services of a volunteer, through the NGO, You and I, to provide the same to the children. The volunteer's services included following the basic physiotherapy protocol with each child, helping the institution staff in feeding the children and taking the children out for a stroll, turn by turn for about 15 minutes, while engaging them in conversations, listening to music etc. It must be noted here that during the tenure of the said volunteer, the children were all fed well in time as against the inevitable delays that happened when the care giver had no help and they responded well to the attention and were hence happier and calmer.

It was deemed necessary by the project team to create at least 2 groups of the children in the 2 – 6 years age group. This is so because the developmental requirements of these age groups vary largely and thus the interventions too have to be varied. The current practice of the institution is to put them all together in the care of one teacher as a result of which, either the younger children remain disengaged or the older children are left to their own devices. To make the best of the situation, the project team oriented the teacher with the 5 developmental domains and the age-parity growth sequences in each domain. Furthermore, the teacher was provided with a hand book , a resource developed by the project team, that describes various activities for each domain that can be practised by the teacher.

In spite of these measures, it was observed by the project team that care standards were hardly ever met and even the most basic early years stimulation was not being provided on a regular basis, mainly due to severe shortage of staff. Added to this is the apparent lack of clarity in the existing staff members about the realm and scope of duty that each one is supposed to deliver.

Next Steps & Ways Forward: The project team members have proposed a plan of action to the Director, DWCD. The plan envisages a training programme for the entire staff of the institution in basic tenets of child care in the specific area of institutionalised children and adoption preparation. Moreover, certain infrastructural modifications have also been suggested. Additionally, it has been reiterated that in the event that more cleaning and care giving staff cannot be recruited, the institution could consider the option of engaging volunteer help. In that case the project team would accept the onus of training the volunteers.

**Please refer to Annex for a detailed document on the needs and gaps in Shishu Mandir; this document was also submitted to the Director, DWCD in May 2017, at which time she visited Shishu Mandir and had a discussion with the staff and NIMHANS team on ways forward.*

Agency B: Belakku (a special school for children with disability)

Target Group: Children with multiple disabilities

Objectives:

- Assessment and evaluation through capacity building of teachers and parents.
- Demonstration of techniques of intervention to teachers.
- Workshops on parenting, including provision of home-based programs tailored to needs of individual children.

Activities:

This was a period of consolidation of concepts for the teachers. The school was closed for the summer vacation and the project team member met the teaching staff and management once in this period.

In the training session the following points were established –

- Settling in time needed by the new students must be utilized by the teachers to observe the children and determine their specific needs, strengths and weaknesses.

- Older teachers have to train the new teachers in the areas of awareness of the 5 developmental domains, assessment of the children and the preparation of IEPs (Individual Education Plans).
- The older teachers have to develop the next level of difficulty in the skills on the functional assessment report for each child.
- The teachers must prepare a modified time-plan to be implemented from August. The pre-lunch period would be divided into 3 sessions, one each for activities relevant to the 3 domains – physical, speech and communication and cognitive. The post lunch session would be utilized to enhance the social and emotional domains, through vocational activities and group work.

The project team facilitated the school staff's visits to the NIMHANS rehabilitation department and other organisations that run vocational units to help them get ideas to formulate their own programme.

Next Steps & Ways Forward: To continue parent workshops and individual parent support; redesign the teacher-student group dynamics such that instead of the current model where each teacher is assigned one group, a new model will be initiated wherein all teachers will get to work with all the children by rotation.

Agency C: Home for Mentally Retarded Boys (Government Home for children with Disability)

Target Group: Boys with multiple disabilities (varying levels of intellectual disability)

Context and Rationale for Intervention:

The institution is understaffed. Pertinent to this is the lack of permanent cleaning staff. Given that 15 to 20 children at least have a diagnosis of profound mental retardation that renders them completely incapable of any kind of self-help. This paucity of staff becomes even more critical as it directly impacts the personal hygiene and health needs of children. Due to their intellectual disability these boys cannot gauge their toileting needs and end up soiling their clothes and urinating/ defecating in places other than the designated toilet area. In this context, it has also been observed that many of these boys remain in a state of nakedness. As a desperate measure to manage this issue, the authorities actually practice keeping the boys in a state of nakedness i.e. they do not clothe such children to begin with as doing so would entail soiling and therefore frequent washing of clothes. Furthermore, an equally serious violation of child rights is that some of the other boys with comparatively higher mental and physical abilities are tasked with the cleaning of the more profoundly disabled boys as well as of the premises. This is a serious violation of human dignity.

It is also important to note in this context that the authorities have reported to the Project team their concerns about the boys' sexuality issues and 'extremely inappropriate' gestures of physicality and sexuality. These inherent factors actually provoke such inappropriate sexual behaviours. Younger children suffer disproportionately as not only do they have disabilities but since they are smaller and weaker, they become extremely vulnerable to sexual abuse by the older boys; incidents of sexual abuse by the older children towards younger children have been reported by staff and also come to the notice of the Project staff when certain young children have been brought to NIMHANS for treatment.

In summary, it emerges strongly that there need to be enough, willing caregivers to provide the most basic care and protection services that children with disability need. Thus, there is an urgent need for the DWCD to appoint more staff of different cadres to run the Home.

Objectives:

- Toilet training
- Sensitization of staff
- Optimization of available human resources
- Re-grouping of the boys to facilitate development of the boys with profound retardation through sensorial input and stimulation by including them in group interactions
- Facilitating suitable vocational training for the boys with the required abilities (as revealed in the ability assessments conducted in the previous quarter)
- Training staff to design and implement activities that cater to developmental goals instead of merely keeping the boys engaged

Activities:

The work continues as per the descriptions of the previous quarterly report. The emphasis is on engaging the boys meaningfully that on the one hand would enhance development and on the other hand would offer opportunities of self-worth and dignity to the boys. The institution staff, under the able guidance of the Superintendent, is collaborating with the staff of the NGO, You and I, to implement all the aspects of care and interventions required by the boys. The 2 groups of boys receiving vocational training from NIMHANS and AMC continue to do so. 5 more boys have been reunited with their families through the efforts of the Superintendent. A medical screening for Hepatitis B and C was organised by the project team and undertaken at NIMHANS, following which, an immunization drive was also organised.

Next Steps & Ways Forward:

The project team will engage in a discussion with the institution staff and the NGO staff to determine possibilities of pre-vocational and vocational skill training in the institute itself. Activities like paper-bag making and horticulture are on the agenda.

Challenges:

- Maintaining cleanliness of the premises due to lack of cleaning staff
- Maintaining hygiene and grooming standards due to the boys' limited abilities and the lack of male care-givers to supervise and help with bathing, washing clothes etc.
- Management of sexual activities due to the boys' limited understanding of the same and hormonal urges natural to the age -group, inability of the staff to implement effective segregation during the night due to lack of staff to monitor the boys during the night.
- Control and management of communicable diseases like scabies that occur from low standards of hygiene and spread through touch.
- Management of boys (28 in number) who are more than 21 years of age as their sexual and other behavioral aggressiveness is severely detrimental to the health and safety of the younger boys

3. Training and Capacity Building

3.1. Training of Field Workers of Bosco on Child Psychosocial Care for Children In Difficult Circumstances

Upon request from BOSCO, in the previous quarterly, an initial workshop had been conducted to introduce concepts of children, childhood and child development. During this quarterly, a two day workshop was conducted on 5th and 6th of April, 2017. The workshop was conducted by the project staff in BOSCO Yuvodaya for 22 of BOSCO child care service providers. This workshop covered the following topics: basic counselling/communication techniques with children, how to approach and communicate with children. The focus was strongly on enabling child protection staff and counsellors to develop practical skills to work with children living in difficult contexts and their emotional and behavioural vulnerabilities.

3.2. Training Workshop for Child Care Service Providers of Government Home For Mentally Retarded Boys - Bangalore

One of the key objectives of our work in the disability institutions is building capacity of the staff with a focus on enhancing their abilities in taking care of children with disability. Thus, the project organised and conducted a 1/2 day training workshop at NIMHANS on 17th April, 2017. This was done for 7 staff of the Govt. Home for Mentally Retarded Boys, who are responsible for the children's basic care such as bathing and cleaning them, feeding them, looking after their basic needs. The objectives of the training workshop were:

- Developing a child-centric, child-rights perspective to caring for disabled children.
- To provide the most basic care and protection services that children with disability need.
- To discuss about the disciplining methods used with disabled children and to come up with alternative methods

3.3. Training Workshops for Jawahar Navodaya Vidyalaya (JNV) School Teachers

Jawahar Navodaya Vidyalayas (JNVs) are a system of alternate schools for gifted students in India. They are run by Navodaya Vidyalaya Samiti, New Delhi, an autonomous organization under the Department of School Education and Literacy, Ministry of Human Resource Development, Government of India. JNVs are fully residential and co-educational schools affiliated to Central Board of Secondary Education (CBSE), New Delhi, with classes from VI to XII standard. JNVs are specifically tasked with finding talented children in rural areas of India and providing them with an education equivalent to the best residential school system, without regard to their family's socio-economic condition. There are currently 589 JNV schools in different Indian states and the Project reached out to about 53 schools, through the training program.

The Project had received repeated requests from the JNV institutions to conduct training for their teachers on psychosocial and mental health issues pertaining to children in residential schools. These requests were urgent because the schools were finding it exceedingly difficult to handle some of the socio-behavioural problems their children had, in particular those relating to self-harm and suicide. In fact, the JNV institutions decided to approach NIMHANS for assistance after about 16 students in various schools had attempted/ committed suicide.

56 teachers from various JNV schools from across the country attended the training workshop. Given the large number of teachers, two 10-day workshops were conducted in

June 2017—one for each batch of 28 teachers. The content of the workshop is detailed below—a combination of creative and participatory methods were used to teach concepts as well as methodology for use with children.

Many teachers said that this was the first time that they had attended skills training in such depth—and they felt that what made the Project’s training program different from others they had attended was the detail i.e. that every issue was discussed threadbare, and that they learnt practical methodologies for use with children.

Day 1	An Introduction to Learning Difficulties in School Children
	Children & Childhood
	Child Development
	*Film Screening: Kamsale Kaisale
Day 2	Overview of Common Child Mental Health Disorders
	The Child’s Inner Voice
	*Film Screening: Children of Heaven
Day 3	Communication Skills with Children
Day 4	Trauma (a): Death, Loss & Grief
	Life Skills (2): Socio-emotional Development
	*Film Screening: Stanely Ka Dubba
Day 5	Trauma (b): Child Sexual Abuse
Day 6	Managing Self-Harm and Suicide in Children and Adolescents
	Responding to Learning Difficulties in School Children
	*Film Screening: Rockford
Day 7	Life Skills (2): Sexual Abuse/ Personal Safety/ Sexuality Decision-Making
	Conduct Issues in Children
	*Film Screening: Chain Kuli Ki Main Kuli
Day 8	Conduct Issues in Children (Cont...)
	Life Skills (3): Socio-emotional Development
	*Film Screening: Wadjda
Day 9	Assessments & First-Level Responses (incl. case study discussions)
	*Film Screening: I am Kalam
Day 10	[Open Forum...additional issues teachers may request/ case discussions]
	Feedback & Summary

3.4. Training Workshop for WHO-Sponsored Mental Health Personnel, Sri Lanka

A group of 8 mental health professionals from Sri Lanka, as part of their WHO short term fellowship, visited NIMHANS on a study tour. The group comprised of consultants, medical officers mental health and a community physician. The WHO had requested that this group be trained in child psychiatry. As part of their training in the Dept. of Child and Adolescent Psychiatry, NIMHANS, the Project provided training to the Sri Lankan personnel on the following issues, between 10th and 16th May 2017:

- Basic Communication Techniques with Children
- Trauma: Death, Loss & Grief and Child Sexual Abuse
- Children with Conduct Issues
- Use of life skills methodology and materials in working with children and adolescents

In the months following the training, the Project team has been receiving updates from the Sri Lankan personnel on how they have been using the training knowledge and materials provided thereafter—to provide child mental health services as well as to train other mental health professionals in their country.

This workshop was also attended by 2 staff from Avanti Fellows, a non-governmental agency, working with government schools in Chennai. They had requested technical assistance in the area of school mental health, in order to respond to emotional, behaviour and learning problems in school children. The Project team conducted an additional 2 days training for them on assessing and identifying common child mental health issues in school children, including the use of assessment protocols and responses to various child mental health disorders.

4. Material Development

During this quarterly, the Project continued its material development activities. The following materials were developed:

- The picture cards and art work for the adolescent life skills series on gender, sexuality and relationships.
- Picture cards and (5) film clips for a module on peer influence, as part of the adolescent life skills series on socio-emotional development.
- A film clip to demonstrate how to interview children for recording of statement under section 166; this clip will be used for training purposes, as part of a larger training module that has been developed for judicial personnel and is in the process of being reviewed by the Karnataka Judicial Academy.
- A film clip on how to assess/ communicate with children in conflict with the law; this clip will be used for training purposes, as part of a larger training module that has been developed for use with ICPS staff/ counselors working with children in conflict with the law/ in observation homes.
- Other art work to feed into children and adolescent life skills training modules is in process and is scheduled to be completed by the end of September 2017.
- The writing of training manuals is on-going; during this quarterly, the second of the training manual series, on working with children in the contexts of trauma/loss/ abuse has been completed. [Only two training manuals now remain to be completed: one on working with young children/ preschoolers and one on working with HIV/AIDS infected and affected children].

C. Plans for the Next Quarterly Period, July to September 2017

The next quarterly period is the last one i.e. the Project was proposed for 3 years, which is now drawing to an end. The Project is in the process of gradually winding down field operations. Institutions and their staff have already been informed of the closure of the Project—and requests have been made to use the methods and protocols that the Project has been using in these institutions and training their staff in.

A no-cost extension proposal will be submitted to the DWCD to request continuation of the Project for an additional 5 to 6 months to complete material development and documentation processes. Field operations will be limited mostly to disability work (where some materials developed still remain to be piloted) and work in the area of young child (0 to 6 years) institutions, in the areas of emotional development, disability and adoption.

Shishu Mandir Update

2nd May 2017

Community Child and adolescent mental health Service Project

Dept. of Child & Adolescent Psychiatry

NIMHANS, Bangalore

Supported by Dept. Of Women and Child Welfare, Government of Karnataka

1. Education: Early Stimulation Pre-school Developmental Activities		
Nimhans Project's Initiatives	NIMHANS Project's Request/ Recommendation to the Staff	Progress (Incl. Staff Response)
<p>For Children aged 2 to 6 years:</p> <ul style="list-style-type: none"> • Training and capacity building of existing staff to provide age appropriate developmental activities. • Providing resource materials to develop skills of the teachers and caregivers to provide age appropriate developmental activities. • Categorizing available materials and resources. • Provision of learning materials for the school room. • Providing guidelines for effective use of time and space by preparing a timetable. • Demonstration of early stimulation activities to engage the children meaningfully. • Assessment protocol developed and developmental assessments for each child are being conducted. 	<ul style="list-style-type: none"> • To appoint teachers and caregivers with specific roles who could then be trained by the project team. • To follow all the inputs and training given to the teachers and caregivers. • To set up a play space in the court yard and use all the play equipment (swing/ slides) that currently lie un-used in storage, so that children can have physical activity and free play (all important to them at this age). • To learn how to conduct simple developmental assessments—to persuade PO that social workers need to undertake this activity for all children. 	<ul style="list-style-type: none"> • The DCPO identified a space in the library (behind Govt. Boys Home) and converted the area into a pre-school space. However, the library had no infrastructural and basic facilities such as drinking water and sanitation/ toilets; there were no storage facilities for teaching materials; the distance was too great for children to walk especially for milk break (when they had to return to Shishu Mandir). The Project then sent letters to the DCPO that these issues needed to be planned for and addressed in advance, without which a sudden shift of school space was not feasible. • Eventually, the school room moved back to Shishu Mandir. The DCPO identified 2 girls from the nearby Govt. Girls' Home to visit Shishu Mandir daily, from 9 am to 1 pm and conduct pre-school activities and early stimulation for children between 3-6 years, under the guidance of the NIMHANS project team. This has indeed been a wonderful initiative on the part of the DCPO. The two girls are enthusiastic teachers, extremely committed to the children and to their teaching responsibilities. The change in the children's classroom is tremendous: the children are now actively

		<p>and meaningfully engaged all morning, doing colouring, crafts, story-telling, songs and host of other developmental activities. The girls, in turn, say that they love coming to work with the children and that it gives them tremendous satisfaction to be able to do what they do. (This is therefore a good model of rehabilitation for children in the government homes i.e. to engage in prosocial activities, while also developing skills for the future).</p> <ul style="list-style-type: none"> • Social workers largely unwilling to learn and do systematic developmental assessments, despite repeated demonstration and pleas to them to engage in this activity.
<p>For Children with Disability:</p> <ul style="list-style-type: none"> • Convinced PO to allow for use of a separate room for day use, for early stimulation and play. • Set up the room, including procuring and placing toys and early stimulation materials. • Set up a day schedule for the children to be fed and stimulated in this room throughout the day. • Trained the available caregiver in feeding and physiotherapy techniques. • Special/ additional inputs provided by NIMHANS Dept. of Clinical Psychology for feeding/ stimulation of children. 	<ul style="list-style-type: none"> • For the person currently being trained to follow feeding/ physiotherapy and stimulation inputs. • To recruit an additional staff as required for disability care. (There is only one person currently for disability care and she is extremely over-burdened). *Reliance of volunteers from 'You and I' in the long term...is this the way forward? 	<ul style="list-style-type: none"> • Much resistance from the PO on using a separate room (despite room being empty) for disability children. • PO's constant refrain: that he needs DCPO permission for anything to be done in the Home. • PO refuses to discuss staffing issues with NIMHANS team and is unwilling to develop/ share roles and responsibilities of staff—NIMHANS team explained that this is required; else it is difficult to know who to train. • Repeated conversations with DCPO yields little result due to discrepancy between technical know-how on children and child development decisions that are feasible and in the interests of the children. This often leads to delays in implementation of timely interventions.
<p>For Children aged 0 to 1 years (neonatal room):</p> <ul style="list-style-type: none"> • Demonstration of early stimulation activities to the caretakers. • To offer different methods of sensorial stimulation, materials have been set up in the physical space. • Project team is conducting early stimulation activities for physical and sensory development on a daily basis with the children. 	<ul style="list-style-type: none"> • Follow inputs provided for care and stimulation of neonates. 	<ul style="list-style-type: none"> • Staff are receptive and are keen to learn and follow the inputs provided by the Project team due to adequate staff allotment to this section. • The staff/ caretakers in the neonatal unit are following the instruction and are performing some of the early stimulation activities suggested—however, a more systematic approach is required and needs to be put into place with the help of the PO/in-charge.

2. Food and Nutrition (Including Feeding Practices)

Nimhans Project's Initiatives	NIMHANS Project's Request/ Recommendation to the Staff	Progress (Incl. Staff Response)
<ul style="list-style-type: none"> • Consulted the staff and the cook of the institution to verify whether adequate amount of food is available for the children. • Consulted the nutritionist at Indra Gandhi hospital to obtain recommendation for the children's diet. [We have requested and submitted a letter to the nutritionist to visit Shishu mandir twice a week to provide inputs to the staff about feeding techniques and dietary protocol]. 	<ul style="list-style-type: none"> • The staff and the cook of the institution reported that some of the food items supplied are not sufficient (rice, raagi/wheat/pulses) in quantity. We assisted the in-charge Superintendent to draft a letter and submit it to DCPO requesting for more food; a copy was submitted to the department. 	<ul style="list-style-type: none"> • No extra food has been supplied. • In response to our request we have received an explanation (from Ms. Shylaja in DWCD) stating the quantity of food supplied is as per a standardised dietary chart prescribed by National Institute of Nutrition; and that a particular/standardized amount of food prescribed by national institute of nutrition /standardized diet suggested by any other agency cannot be followed in the Shihu Mandir. *DWCD staff need to understand that as valid as standard dietary charts are, they are standardized for general population needs; therefore, they may not address the needs of special populations such as the children of Shishu Mandir, who come from deprived backgrounds, wherein they have also been nutritionally deprived (and tend to want to/ need to eat more). • The rationale behind a child aged 2.5 years getting 120g and a child aged 3yrs getting 210g is inappropriate. For instance a child who is 2 years 9 months will receive 120 g, but this is insufficient—as children grow, each month, they require a little more food. So, providing some additional food so that children's needs are adequately met, in the months in-between the range followed, would be useful. • Given the children's background and the probable malnutrition many children in the institution are undernourished and have certain deficiencies for which the paediatrician has requested vitamin supplements (submitted the request to the DCPO along with the emergency medication list). These supplements has not been received. [Currently the staff report due to summer most of the children's appetite has reduced and as new children have been admitted to the institution extra food has been supplied hence they are able to manage for the time being. As this is a temporary phase, this cannot be considered as a solution for shortage of

		food].
<p>Children with Disability:</p> <ul style="list-style-type: none"> As only one staff has been designated to take care of disabled children each day by the time all the children have their breakfast by 11.30am. This often resulted in children skipping a meal, as they would not be hungry for lunch by 1pm; and then there was a long gap between the children's dinner and breakfast, which will have health repercussions for the children. New arrangements and training of caretaker by Project team has to some extent alleviated this. Project team has been demonstrating different feeding technique to the caretaker. Current feeding technique/posture of the children is not appropriate and there is a high risk of choking and it does not facilitate jaw movement and mastication which has long term health repercussions. 		<ul style="list-style-type: none"> Only one caretaker has been designated to take care of disabled children, and she also has been involved in other chores in the institution, which has made it impossible for the caretaker to follow all the inputs. Repeated requests are being made for another caretaker for disabled children but to no avail. According to the Shishu Mandir staff, it is not possible to find caretakers at the salaries currently offered i.e. for the same caretaker position, there are disparate salaries of Rs. 6,000 and Rs.9,000. The higher salary posts have been filled; no one is apparently willing to work for the lower salary. It was observed that children often cry; caregivers said it was due to hunger. Children need revisions to their diet in terms of quantity in accordance with their age/ growing bodies. Also, the food provided to children is either raagi porridge or the same food given to other normal children (which may not be edible for disabled children). There needs to be a separate diet plan for these children based on the ability of mastication in each child. Project team is awaiting nutritional guidance from IGI to whom a request letter has been sent.

3. Health & Hygiene		
Nimhans Project's Initiatives	NIMHANS Project's Request/ Recommendation to the Staff	Progress (Incl. Staff Response)
<ul style="list-style-type: none"> • Suggestion: Ensuring children would not wear clothes worn by other children without washing and disinfecting. • Suggestion: Caretakers and the staff to maintain a routine timetable for change of dress and washing of clothes. • To help PO draft a letter regarding the following issues: <ul style="list-style-type: none"> - Since the in-charge paediatrician had reported the lack of emergency medications and that she/ the other staff had to procure it with their own money in case of emergency, which was not logistically feasible, a request was made to the doctor to prepare a list of emergency medications which need to be present in the institution. - Since children in the home suffer from scabies (now a chronic problem) and the need of maintaining hygiene is at most, the need for extra detergent and disinfectants the supplied amount. 		<ul style="list-style-type: none"> • DCPO has initiated an agreement with NIMHANS pharmacy so Shishi Mandir staff can get requisite medicines when required and do not have to pay immediately. (Payment will be made later in lump sum by DCPO). • However, the above measure is not sufficient and does not address the emergency medicine stock issue. No necessary measures have been taken to provide the emergency medications. The DCPO says that if medicines stored in the institution, the risk of children consuming them (by mistake) is high, hence she will not provide them. This is not an acceptable reason as the institution staff will surely ensure that the medicines are out of reach of children. • No extra detergent or disinfectant supplied. • Institution staff are trying to maintain a routine for change of clothes and to ensure a child would not wear clothes worn by other child who has scabies.
<p>Given our observations, that there is no standard protocol for bathing and other health and hygiene related activities, the Project plans to work with the paediatrician to develop SOPs and protocols on these. This would help prevent some of the illnesses that institutionalized children, especially neonates, with their low immunity levels are at risk of.</p> <p>Similarly, given the child deaths that have recently been occurring in the institution, it is important to educate the staff on recognizing danger signs in neonates/ infants and young children, so that there is a better understanding of feeding and health seeking needs in sick children.</p>		

4. Adoption

NIMHANS Project's Initiatives	NIMHANS Project's Request/ Recommendation to the Staff	Progress (Incl. Staff Response)
<ul style="list-style-type: none"> • Developed assessment formats to assess the children's development. • Requested the social workers to conduct assessments of the children who are up for adoption. • Requested the social workers to inform the project team of any prospective adoptive parents and children, so that we could assist the social worker and train them to conduct pre-adoption counselling of parents, children and siblings if any. • We have helped the social worker to facilitate one adoption successfully and assisted to conduct necessary assessment of one child who was up for adoption. 	<ul style="list-style-type: none"> • Requested the PO repeatedly to instruct social workers to work with us on adoption issues so we train them. • Repeatedly requested social workers to receive inputs and training so that assessment and standard adoption counselling protocols can be followed. • Had a meeting with Ms. Shylaja/DWCD to discuss training needs of adoption counsellors in DWCD adoption institutions. • Requested the social worker to organize an orientation program for prospective adoptive parents addressing various issues such as early simulation, probable issues which they come across, issues of attachment and bonding, nutrition requirements of the child, sibling rivalry, disclosure etc. 	<ul style="list-style-type: none"> • We receive little or no cooperation from PO and social workers on adoption related work/ training. • 2 weeks ago, PO reported that Ms. Narmada/ICPS asked why the Project should be working in adoption issues/ that no access to files etc should be allowed and no permission granted to organize meeting along with Shishu Mandir Social Workers for prospective parents/adoption counselling. • Consequently, there are serious issues around adoption, namely: <ul style="list-style-type: none"> - Over the past few months children have been returned from foster care/ adoption. - The institution staff have shared confidential information with prospective adoptive parents which is not necessary. They shared the contact details of one of the adoptive parents who had rejected a child to another adoptive parent, which is unethical. - No proper counselling process is being followed to prepare the prospective adoptive parents/sibling of the challenges/issues which they may come across. - No preparation of older children to ensure better adjustment with a new environment

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Action Points/ Request for Director, DWCD to support NIMHANS-DWCD Project team on the following Issues:

- To kindly request the DCPO to comply with health/medicine/hygiene and food needs requests (this was also agreed in the last meeting in DWCD with the director but DCPO did not comply).
- To request PO and DCPO to i) appoint the necessary staff/ fill the vacancies; ii) provide NIMHANS team with roles and responsibilities of staff so that training can be effectively done with the right people.
- To request PO to cooperate on activities and training done in the institution for benefit of children, with regard to early stimulation etc.
- To request PO and Shishu Mandir social workers to cooperate with NIMHANS team on adoption activities (including assessment of children, parents counselling etc) i.e. so that social workers receive training and follow protocol.
- To clarify (once again) to Ms. Shylaja/ Ms. Narmada and DCPO that mandate of the project so that they do not hinder the work the project is trying to do in the institution. (This includes accepting technical advice on child development and mental health issues—an area that these DWCD staff do not have the expertise in).

If the above is facilitated by the Director/DWCD, it will be possible for the Project (in the remaining months of its field operations) to enhance the work in Shishu Mandir to truly benefit children's health and well-being.