Community Child & Adolescent Mental Health Service Project
1st Quarterly Report, September to December 2014
Dept. of Child Psychiatry, NIMHANS
Supported by Dept. of Women & Child Development

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. Preliminary Work: Mapping of Existing Community Services

The Community Child & Adolescent Mental Health Service project was formally initiated on 1st September 2014, upon receipt of funding from the Dept. of Women & Child Development. However, preliminary work on the project had already begun in June 2014 (while the DWCD funding was awaited) through private funding from the R.N. Moorthy Foundation, and completed by end of September 2014. This work included a mapping of existing childcare services, mainly within the health, education and welfare sectors, and what types of mental health services they make available to children and adolescents; it also included an assessment of the needs children of different age groups and from varied backgrounds, including children living in difficult circumstances and the gaps in the services thereof, vis-à-vis the skills and capacities of staff in governmental and non-governmental agencies (schools, anganwadis and child welfare government and non-government organizations). A detailed report on the preliminary needs assessment is enclosed with this quarterly report. The implementation plan for the initial phase of the project is based on this needs assessment and resource mapping conducted.

2. Human Resources

The project has 3 positions—1 Project Coordinator and 2 Project Officer Positions. Starting October 2014, a project coordinator and 2 project officers were recruited through standard NIMHANS staffing procedures. However, the skills and capabilities of the 2 project officers were found to be inadequate and their services were dispensed with by end November 2014. Currently, the plan is to implement the project i.e. initiate services in schools,

anganwadis and primary healthcare centres by: i) use resource persons (who may receive formal project positions/ contracts after a trial period and upon satisfactory performance); ii) use of existing staff and trainees within Dept. of Child Psychiatry, NIMHANS to provide community mental health services as part of their learning/ training programs as well as the hospital's commitment to community health and preventive medicine.

3. Coordination with Other Sectors

Given the difficulty the project team has been continuously facing in obtaining permissions from government departments, to start work within their child-focussed services, the DWCD organized a series of coordination meetings, facilitated by the Director, DWCD, with the project staff and Depts. of Education and Health/ BBMP. These meetings were used to acquaint the government department staff with the objectives and plans for the project and to solicit their cooperation and permission in implementation of the projects' services and capacity building programs.

4. Advocacy Efforts and Initiatives

In November/December 2014, the project team initiated a meeting with the police personnel in response to the increasing numbers of child sexual abuse cases reported and referred to NIMHANS for mental health assistance and forensic interviewing/ evidence gathering for investigative purposes. This was part of the project's on-going efforts to address and respond to current child mental health issues through advocacy for systemic change (in addition to mental health services and capacity building programs that also form part of the repertoire of responses to health issues affecting children).

A meeting was organized by DWCD and attended by the project team, police personnel, including the IG of Police (and other governmental and non-government agencies providing child protection services). The objective was to systematize and make more child-friendly all the medico-legal processes involved in CSA enquiry and develop protocols, based on this discussion. However, the discussions reflected that the police would be unable to maintain some flexibility/ make some changes on the investigative procedures, in order to ensure the best interests of the child, including re-traumatization, and that changes in the law would have to be effected to enable any change in the working of the police.

Based on the relative inconclusiveness of the meeting, the Dept. of Child Psychiatry, NIMHANS decided the following: i) Dept. of Child Psychiatry will no longer undertake to draft protocols for CSA response (including reporting/ medico-legal procedures—as originally planned/ proposed). Since there was no move/ agreement to change some of the existing protocols, we may continue as we are doing now with the existing protocols—as summarized by Justice and Care in the Child Safety Policy. ii) The Dept. of Child Psychiatry (including the project) will continue its work in the area of child sexual abuse, providing mental health interventions only i.e. healing and recovery focussed work with the child and family. Additionally, the project will continue to provide capacity building programs on child sexual abuse/ safety issues, in various contexts such as schools/ NGOs etc.

4. Development of Screening Tools and Training Materials

The project has developed a series of screening tools for identification (and referral) of child and adolescent developmental disabilities and emotional/ behaviour problems at the primary level. These tools are already in use and modified through some pilot testing at schools (see

below). Currently, there are a set of 6 tools: i) Attention Deficiency Hyperactive Disorder; ii) Autism; iii) Developmental Disability (0 to 6 years); iv) Developmental Disability (above 6 years); v) Specific Learning Disabilities; vi) Emotional and Behaviour Problems. These issues encompass a range of child development and mental health issues including some specific common disorders.

Nearly all the materials/ content for the upcoming advanced skills training workshops for ICPS staff (January to June2016) have been developed. They include an intensive package on counselling/ communication techniques with children and adolescents and a range of special issues pertaining mostly to children in difficult circumstances, such as street children/ orphan/ abandoned/ institutionalized children etc. The training content focuses on gender & sexuality, child sexual abuse, dealing with loss/ grief/ abandonment/ institutionalization, substance abuse, children in conflict with the law, and disability. These training materials will also be used later, in part or whole, with child care institutions (governmental and non-governmental) in accordance with their target groups and training needs.

5. Preparation for Child Mental Health Services in PHCs

The project aims to integrate child and adolescent mental healthcare into primary healthcare, by providing services in 13 PHCs in Bangalore South Zone, using a consultation-liaison model i.e. NIMHANS team will provide services in PHCs (through periodic/ scheduled/ weekly visits to PHCs) to children identified with behavioural/ emotional problems and developmental disabilities, through consultation liaison mode i.e. with intervention planning done by NIMHANS and executed/ followed up by PHC team.

In order to prepare the Medical Officers for this new service, and since the assessments showed that they had little or no training/ knowledge of child and adolescent psychiatry, a two-day training workshop was conducted by the Dept. of Child & Adolescent Psychiatry, NIMHANS. Thus, only BBMP/ Health Dept. permission is now awaited for the NIMHANS team to begin services in the PHCs.

Training Workshop for PHC MOs

- ✓ Introduction to Child & Adolescent Mental Health
- ✓ Key Areas of Child Development
- ✓ Intellectual Disabilities
- ✓ Specific Learning Disabilities
- ✓ ADHD
- ✓ Autism
- ✓ Childhood Depression
- ✓ Anxiety Disorders in Children: (1) : Social Anxiety, OCD, Panic, GAD
- ✓ Anxiety Disorders in Children (2): Enuresis/ Encopresis
- ✓ Anxiety Disorders in Children (3): School Refusal
- ✓ Anxiety Disorders in Children: Dissociative Disorder
- ✓ ODD and Conduct Disorders
- ✓ Substance Abuse in Children
- ✓ Child Abuse (1)
- ✓ Physical Abuse and Neglect
- ✓ Child Sexual Abuse

Development & Printing of Posters:

In order to announce the start of child & adolescent mental health services in the PHCs, 5 posters, two targeting children and three targeting parents, informing them of help available at the PHCs for various child and adolescent developmental problems/ mental health issues. 500 posters in all have been printed and are awaiting the BBMP/ Health Dept. permission for distributuon and display in strategic locations in the community. (Pl. see below for posters).


...ಸಮಸ್ಯೆಯೇ?
ಮನೆಯಲ್ಲಿ ಸಮಸ್ಯೆಯಿದೆಯೇ?
ಶಾಲೆಯಲ್ಲಿ ಸಮಸ್ಯೆಯಿದೆಯೇ?
ತರಗತಿಯಲ್ಲಿ ಕಳಪೆ ಪ್ರದರ್ಶನಯಿದೆಯೇ?
ಸ್ನೇಹಿತರೊಂದಿಗೆ ಸಮಸ್ಯೆಯಿದೆಯೇ?
ಬೇಜಾರು ಮತ್ತು ಒಂಟಿಯಾಗಿರುವ ಭಾವನೆ ಇದೆಯೇ?
ಎಲ್ಲಾ ಸಮಯವು ಕೋಪದಲ್ಲಿರುವ ಭಾವನೆ ಇದೆಯೇ?
ಜನರಿಗೆ ನಿಮ್ಮ ಬಗ್ಗೆ ಕಾಳಜಿಯಿಲ್ಲವೆಂಬ ಭಾವನೆ ಇದೆಯೇ?
ನಿಮಗೆ ಕೆಲವು ಚಿಂತೆಗಳಿಗೆ ಪರಿಹಾರವಿಲ್ಲವೆಂದು ಅನಿಸುತ್ತಿದೆಯೇ?
ನಮ್ಮ ಹತ್ತಿರ ಬಂದು ಮಾತನಾಡಿ... ನಿಮ್ಮ ಹತ್ತಿರದ ಪಿ.ಎಚ್.ಸಿ ಯಲ್ಲಿ ಸಹಾಯ ಲಭ್ಯವಿದೆ... ಗುರುವಾರ ಹಾಗೂ ಶುಕ್ರವಾರ ಮಧ್ಯಾಹ್ನ
ಮಕ್ಕಳ ಹಾಗೂ ಹದಿಹರೆಯದ ಮನೋವೈದ್ಯಕೀಯ ಸೇವೆಗಳು ಆಯ್ದ ಪಿ.ಎಚ್.ಸಿ ಗಳಲ್ಲಿ ಲಭ್ಯವಿದೆ
ತಿಂಗಳ ಮೊದಲನೆಯ ಗುರುವಾರ — ಎಸ್.ಎಸ್.ಪಾಳ್ಯ / ತಾವರೆಕೆರೆ
ತಿಂಗಳ ಎರಡನೆಯ ಗುರುವಾರ — ಜೆ.ಪಿ.ನಗರ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೂರನೆಯ ಗುರುವಾರ — ಸಿ.ಜಿ.ಬೆಡ್/ ವಿದ್ಯಾ ಪೀಠ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ನಾಲ್ಕನೆಯ ಗುರುವಾರ — ಬಾಪೂಜನಗರ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೊದಲನೆಯ ಶುಕ್ರವಾರ — ಆವಲಹಳ್ಳಿ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಎರಡನೆಯ ಶುಕ್ರವಾರ — ಆಡುಗೋಡಿ/ ಕೋರಮಂಗಲ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೂರನೆಯ ಶುಕ್ರವಾರ — ಬನಶಂಕರಿ/ ಕುಮಾರಸ್ವಾಮಿ ಲೇಔಟ್ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ನಾಲ್ಕನೆಯ ಶುಕ್ರವಾರ — ಜಿ.ಆರ್.ಮಿಲ್ಲ್ ಪಿ.ಎಚ್.ಸಿ
2 ರಿಂದ 4 ಗಂಟೆಯ ವರೆಗೆ


ನಿಮ್ಮ ಮಗುವಿನ ಸಮಸ್ಯೆ ಏನು?
ಗಮನ ನೀಡದಿರುವುದು ಜನ್ನತೆ ಓದುವ ಮತ್ತು ಬರೆಯುವ ತೊಂದರೆ
ಹಾಸಿಗೆ ಒದ್ದೆಮಾಡುವುದು ಸುಳ್ಳು ಹೇಳುವುದು ತೊಂದರೆ ಮಾಡುವುದು
ಯಾರ ಹತ್ತಿರವು ಮಾತನಾಡದಿರುವುದು ಓದುವುದರಲ್ಲಿ ಗಮನವಿಲ್ಲ
ಇತರ ಮಕ್ಕಳಿಗಿಂತ ಜನ್ನವಾಗಿರುವುದು
ಸೂಚನೆಗಳನ್ನು ಅರ್ಥ ಮಾಡಿಕೊಳ್ಳುದಿರುವುದು
ಮನೆಯಲ್ಲಿ ಹಾಗೂ ಶಾಲೆಯಲ್ಲಿ ಸಂಭಾಷಸಲು ಕಷ್ಟವಾಗುವುದು
ಕದಿಯುವುದು ಚಿಂತಿಸುವುದು ದುಃಖ ಇತರ ಮಕ್ಕಳೊಂದಿಗೆ ಆಟವಾಡುವುದಿಲ್ಲ
ಅವಿಧೇಯನಾಗಿರುವುದು / ಮಾತು ಕೇಳದೆಂಇರುವುದು ಕೋಪಗೆಳ್ಳುವುದು
ಒಂದು ಸ್ಥಳದಲ್ಲಿ ಕುಳಿತುಕೊಳ್ಳದಿರುವುದು ಯಾವಾಗಲು ಒಂಟಿಯಾಗಿರುವುದು
ನಮ್ಮ ಹತ್ತಿರ ಬಂದು ಮಾತನಾಡಿ... ನಿಮ್ಮ ಹತ್ತಿರದ ಪಿ.ಎಚ್.ಸಿ ಯಲ್ಲಿ ಸಹಾಯ ಲಭ್ಯವಿದೆ... ಗುರುವಾರ ಹಾಗೂ ಶುಕ್ರವಾರ ಮಧ್ಯಾಹ್ನ
ಮಕ್ಕಳ ಹಾಗೂ ಹದಿಹರೆಯದ ಮನೋವೈದ್ಯಕೀಯ ಸೇವೆಗಳು ಆಯ್ದ ಪಿ.ಎಚ್.ಸಿ ಗಳಲ್ಲಿ ಲಭ್ಯವಿದೆ
ತಿಂಗಳ ಮೊದಲನೆಯ ಗುರುವಾರ — ಎಸ್.ಎಸ್.ಪಾಳ್ಯ / ತಾವರೆಕೆರೆ
ತಿಂಗಳ ಎರಡನೆಯ ಗುರುವಾರ — ಜೆ.ಪಿ.ನಗರ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೂರನೆಯ ಗುರುವಾರ — ಸಿ.ಜಿ.ಬೆಡ್/ ವಿದ್ಯಾ ಪೀಠ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ನಾಲ್ಕನೆಯ ಗುರುವಾರ — ಬಾಪೂಜನಗರ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೊದಲನೆಯ ಶುಕ್ರವಾರ — ಆವಲಹಳ್ಳಿ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಎರಡನೆಯ ಶುಕ್ರವಾರ — ಆಡುಗೋಡಿ/ ಕೋರಮಂಗಲ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೂರನೆಯ ಶುಕ್ರವಾರ — ಬನಶಂಕರಿ/ ಕುಮಾರಸ್ವಾಮಿ ಲೇಔಟ್ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ನಾಲ್ಕನೆಯ ಶುಕ್ರವಾರ — ಜಿ.ಆರ್.ಮಿಲ್ಲ್ ಪಿ.ಎಚ್.ಸಿ
2 ರಿಂದ 4 ಗಂಟೆಯ ವರೆಗೆ


...ಸಮಸ್ಯೆಯೇ?
ಮನೆಯಲ್ಲಿ ಸಮಸ್ಯೆಯಿದೆಯೇ?
ಶಾಲೆಯಲ್ಲಿ ಸಮಸ್ಯೆಯಿದೆಯೇ?
ತರಗತಿಯಲ್ಲಿ ಕಳಪೆ ಪ್ರದರ್ಶನಯಿದೆಯೇ?
ಸ್ನೇಹಿತರೊಂದಿಗೆ ಸಮಸ್ಯೆಯಿದೆಯೇ?
ಬೇಜಾರು ಮತ್ತು ಒಂಟಿಯಾಗಿರುವ ಭಾವನೆ ಇದೆಯೇ?
ಎಲ್ಲಾ ಸಮಯವು ಕೋಪದಲ್ಲಿರುವ ಭಾವನೆ ಇದೆಯೇ?
ಜನರಿಗೆ ನಿಮ್ಮ ಬಗ್ಗೆ ಕಾಳಜಿಯಿಲ್ಲವೆಂಬ ಭಾವನೆ ಇದೆಯೇ?
ನಿಮಗೆ ಕೆಲವು ಚಿಂತೆಗಳಿಗೆ ಪರಿಹಾರವಿಲ್ಲವೆಂದು ಅನಿಸುತ್ತಿದೆಯೇ?
ನಮ್ಮ ಹತ್ತಿರ ಬಂದು ಮಾತನಾಡಿ... ನಿಮ್ಮ ಹತ್ತಿರದ ಪಿ.ಎಚ್.ಸಿ ಯಲ್ಲಿ ಸಹಾಯ ಲಭ್ಯವಿದೆ... ಗುರುವಾರ ಹಾಗೂ ಶುಕ್ರವಾರ ಮಧ್ಯಾಹ್ನ
ಮಕ್ಕಳ ಹಾಗೂ ಹದಿಹರೆಯದ ಮನೋವೈದ್ಯಕೀಯ ಸೇವೆಗಳು ಆಯ್ದ ಪಿ.ಎಚ್.ಸಿ ಗಳಲ್ಲಿ ಲಭ್ಯವಿದೆ
ತಿಂಗಳ ಮೊದಲನೆಯ ಗುರುವಾರ — ಎಸ್.ಎಸ್.ಪಾಳ್ಯ / ತಾವರೆಕೆರೆ
ತಿಂಗಳ ಎರಡನೆಯ ಗುರುವಾರ — ಜೆ.ಪಿ.ನಗರ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೂರನೆಯ ಗುರುವಾರ — ಸಿ.ಜಿ.ಬೆಡ್/ ವಿದ್ಯಾ ಪೀಠ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ನಾಲ್ಕನೆಯ ಗುರುವಾರ — ಬಾಪೂಜನಗರ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೊದಲನೆಯ ಶುಕ್ರವಾರ — ಆವಲಹಳ್ಳಿ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಎರಡನೆಯ ಶುಕ್ರವಾರ — ಆಡುಗೋಡಿ/ ಕೋರಮಂಗಲ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೂರನೆಯ ಶುಕ್ರವಾರ — ಬನಶಂಕರಿ/ ಕುಮಾರಸ್ವಾಮಿ ಲೇಔಟ್ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ನಾಲ್ಕನೆಯ ಶುಕ್ರವಾರ — ಜಿ.ಆರ್.ಮಿಲ್ಲ್ ಪಿ.ಎಚ್.ಸಿ
2 ರಿಂದ 4 ಗಂಟೆಯ ವರೆಗೆ


ನಿಮ್ಮ ಮಗುವಿನ ಸಮಸ್ಯೆ ಏನು?
ಗಮನ ನೀಡದಿರುವುದು ಜನ್ನತೆ ಓದುವ ಮತ್ತು ಬರೆಯುವ ತೊಂದರೆ
ಹಾಸಿಗೆ ಒದ್ದೆಮಾಡುವುದು ಸುಳ್ಳು ಹೇಳುವುದು ತೊಂದರೆ ಮಾಡುವುದು
ಯಾರ ಹತ್ತಿರವು ಮಾತನಾಡದಿರುವುದು ಓದುವುದರಲ್ಲಿ ಗಮನವಿಲ್ಲ
ಇತರ ಮಕ್ಕಳಿಗಿಂತ ಜನ್ನವಾಗಿರುವುದು
ಸೂಚನೆಗಳನ್ನು ಅರ್ಥ ಮಾಡಿಕೊಳ್ಳುದಿರುವುದು
ಮನೆಯಲ್ಲಿ ಹಾಗೂ ಶಾಲೆಯಲ್ಲಿ ಸಂಭಾಷಸಲು ಕಷ್ಟವಾಗುವುದು
ಕದಿಯುವುದು ಚಿಂತಿಸುವುದು ದುಃಖ ಇತರ ಮಕ್ಕಳೊಂದಿಗೆ ಆಟವಾಡುವುದಿಲ್ಲ
ಅವಿಧೇಯನಾಗಿರುವುದು / ಮಾತು ಕೇಳದೆಂಇರುವುದು ಕೋಪಗೆಳ್ಳುವುದು
ಒಂದು ಸ್ಥಳದಲ್ಲಿ ಕುಳಿತುಕೊಳ್ಳದಿರುವುದು ಯಾವಾಗಲು ಒಂಟಿಯಾಗಿರುವುದು
ನಮ್ಮ ಹತ್ತಿರ ಬಂದು ಮಾತನಾಡಿ... ನಿಮ್ಮ ಹತ್ತಿರದ ಪಿ.ಎಚ್.ಸಿ ಯಲ್ಲಿ ಸಹಾಯ ಲಭ್ಯವಿದೆ... ಗುರುವಾರ ಹಾಗೂ ಶುಕ್ರವಾರ ಮಧ್ಯಾಹ್ನ
ಮಕ್ಕಳ ಹಾಗೂ ಹದಿಹರೆಯದ ಮನೋವೈದ್ಯಕೀಯ ಸೇವೆಗಳು ಆಯ್ದ ಪಿ.ಎಚ್.ಸಿ ಗಳಲ್ಲಿ ಲಭ್ಯವಿದೆ
ತಿಂಗಳ ಮೊದಲನೆಯ ಗುರುವಾರ — ಎಸ್.ಎಸ್.ಪಾಳ್ಯ / ತಾವರೆಕೆರೆ
ತಿಂಗಳ ಎರಡನೆಯ ಗುರುವಾರ — ಜೆ.ಪಿ.ನಗರ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೂರನೆಯ ಗುರುವಾರ — ಸಿ.ಜಿ.ಬೆಡ್/ ವಿದ್ಯಾ ಪೀಠ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ನಾಲ್ಕನೆಯ ಗುರುವಾರ — ಬಾಪೂಜನಗರ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೊದಲನೆಯ ಶುಕ್ರವಾರ — ಆವಲಹಳ್ಳಿ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಎರಡನೆಯ ಶುಕ್ರವಾರ — ಆಡುಗೋಡಿ/ ಕೋರಮಂಗಲ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೂರನೆಯ ಶುಕ್ರವಾರ — ಬನಶಂಕರಿ/ ಕುಮಾರಸ್ವಾಮಿ ಲೇಔಟ್ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ನಾಲ್ಕನೆಯ ಶುಕ್ರವಾರ — ಜಿ.ಆರ್.ಮಿಲ್ಲ್ ಪಿ.ಎಚ್.ಸಿ
2 ರಿಂದ 4 ಗಂಟೆಯ ವರೆಗೆ


ನಿಮ್ಮ ಮಗುವಿನ ಸಮಸ್ಯೆ ಏನು?
ಗಮನ ನೀಡದಿರುವುದು ಜನ್ನತೆ ಓದುವ ಮತ್ತು ಬರೆಯುವ ತೊಂದರೆ
ಹಾಸಿಗೆ ಒದ್ದೆಮಾಡುವುದು ಸುಳ್ಳು ಹೇಳುವುದು ತೊಂದರೆ ಮಾಡುವುದು
ಯಾರ ಹತ್ತಿರವು ಮಾತನಾಡದಿರುವುದು ಓದುವುದರಲ್ಲಿ ಗಮನವಿಲ್ಲ
ಇತರ ಮಕ್ಕಳಿಗಿಂತ ಜನ್ನವಾಗಿರುವುದು
ಸೂಚನೆಗಳನ್ನು ಅರ್ಥ ಮಾಡಿಕೊಳ್ಳುದಿರುವುದು
ಮನೆಯಲ್ಲಿ ಹಾಗೂ ಶಾಲೆಯಲ್ಲಿ ಸಂಭಾಷಸಲು ಕಷ್ಟವಾಗುವುದು
ಕದಿಯುವುದು ಚಿಂತಿಸುವುದು ದುಃಖ ಇತರ ಮಕ್ಕಳೊಂದಿಗೆ ಆಟವಾಡುವುದಿಲ್ಲ
ಅವಿಧೇಯನಾಗಿರುವುದು / ಮಾತು ಕೇಳದೆಂಇರುವುದು ಕೋಪಗೆಳ್ಳುವುದು
ಒಂದು ಸ್ಥಳದಲ್ಲಿ ಕುಳಿತುಕೊಳ್ಳದಿರುವುದು ಯಾವಾಗಲು ಒಂಟಿಯಾಗಿರುವುದು
ನಮ್ಮ ಹತ್ತಿರ ಬಂದು ಮಾತನಾಡಿ... ನಿಮ್ಮ ಹತ್ತಿರದ ಪಿ.ಎಚ್.ಸಿ ಯಲ್ಲಿ ಸಹಾಯ ಲಭ್ಯವಿದೆ... ಗುರುವಾರ ಹಾಗೂ ಶುಕ್ರವಾರ ಮಧ್ಯಾಹ್ನ
ಮಕ್ಕಳ ಹಾಗೂ ಹದಿಹರೆಯದ ಮನೋವೈದ್ಯಕೀಯ ಸೇವೆಗಳು ಆಯ್ದ ಪಿ.ಎಚ್.ಸಿ ಗಳಲ್ಲಿ ಲಭ್ಯವಿದೆ
ತಿಂಗಳ ಮೊದಲನೆಯ ಗುರುವಾರ — ಎಸ್.ಎಸ್.ಪಾಳ್ಯ / ತಾವರೆಕೆರೆ
ತಿಂಗಳ ಎರಡನೆಯ ಗುರುವಾರ — ಜೆ.ಪಿ.ನಗರ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೂರನೆಯ ಗುರುವಾರ — ಸಿ.ಜಿ.ಬೆಡ್/ ವಿದ್ಯಾ ಪೀಠ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ನಾಲ್ಕನೆಯ ಗುರುವಾರ — ಬಾಪೂಜನಗರ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೊದಲನೆಯ ಶುಕ್ರವಾರ — ಆವಲಹಳ್ಳಿ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಎರಡನೆಯ ಶುಕ್ರವಾರ — ಆಡುಗೋಡಿ/ ಕೋರಮಂಗಲ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ಮೂರನೆಯ ಶುಕ್ರವಾರ — ಬನಶಂಕರಿ/ ಕುಮಾರಸ್ವಾಮಿ ಲೇಔಟ್ ಪಿ.ಎಚ್.ಸಿ
ತಿಂಗಳ ನಾಲ್ಕನೆಯ ಶುಕ್ರವಾರ — ಜಿ.ಆರ್.ಮಿಲ್ಲ್ ಪಿ.ಎಚ್.ಸಿ
2 ರಿಂದ 4 ಗಂಟೆಯ ವರೆಗೆ

6. Initiation of School Mental Health Services

In all, the project will target 23 government schools for mental health services that include individual counselling for children referred by teachers with academic/ emotional/ behaviour problems and/or assist children who seek assistance of their own accord. School mental health services were initiated in December 2014, in two government high schools, to gain a preliminary understanding on what school services could address/ the types of problems and concerns that are common in school children. Over a 2-day period, project staff provided individual counselling to about 15 children for academic and family-related issues. Some children were seen for emotional and behaviour problems, while others required screening and assistance for specific learning disabilities and mild intellectual disability—in the latter cases, parents were also called and psycho-education provided to them, including advice on future possibilities for the child's development/ open schooling. It was noted that many high school children sought the project staff/ counsellor's assistance on their own initiative: most problems pertained to study/ exam stress while in some cases it entailed family issues. Appropriate levels for IQ testing and disability certification were made to NIMHANS (and Victoria Hospital—whose psychologist has agreed to collaborate with NIMHANS on this project, by providing testing services for referrals made). A first-level/ supportive response provided by the project staff on family and sex and sexuality related issues proved to be useful to children (on the second visit, many reported some alleviation of their problems).

In response to another high school's request to help Xth grade students manage exam related anxieties and improve their study techniques, as they prepare for the public exams in March 2015, a 3-part session was conducted by the project staff for a group of 36 boys. The sessions focussed on issues of motivation, future-planning, time-management, smart study skills and anxiety reduction/ stress management. Creative, participatory methods and theatre and games were used in these sessions.

C. Operational Challenges

- Despite the DWCD's active efforts and follow-ups, obtaining permissions still continue to be difficult. Currently, the project team awaits two sets of permission:
  i) From BBMP/ Health, in order to proceed with child mental health provision in PHCs.
  ii) From Rashtriya Bal Swasthya Karyakram (RBSK) which is under Dept. of Health, in order to train and work with RBSK school health teams.
- Staff recruitment is proving to be a slow and difficult process as skilled/ qualified staff, with experience in child development/ mental health and Kannada speaking felicity, are not easily available. However, the project has garnered enough human resources to start services and will continue to actively search for suitable human resources as required for a project of such a scale.

D. Plans for the Next Quarterly Period, January to March 2015

a) Extension of Activities and Additional Funding

The geographic coverage and target of the project was considerably extended after the initial proposal submission, following the needs assessment and Resource Mapping activity undertaken as part of the project and executed in the preliminary phase of the project. In the light of this, the implementation of the project necessitated a considerable increase in

capacity building, training materials and transportation costs. In discussions with the Director, DWCD, it was generously agreed by the department to provide an additional amount of Rs.10 Lakhs to support the cost of activity/ service extension.

b) School Mental Health Services

School mental health services will be conducted throughout the months of January and February 2015, on a daily basis, so that all 23 government schools are covered by individual counselling services for the children and the 3 high schools are targeted for exam/ study-related group sessions for the Xth standard children. (Schedules for school visits have been developed and the schools and their respective BEOs have been informed about the same).

c) Initiation of Services in Anganwadis

In February 2015, anganwadi services will be initiated through project staff visiting the targeted anganwadis located in vulnerable slum communities, within the targeted (13) PHC catchments. On-the-job training will be provided to anganwadi teachers as project staff use demonstrative techniques to enable them to conduct non-formal education and developmental activities for young children. Screening and early identification of disability will also form part of these anganwadi services.

d) Initiation of Services in PHCs and through RBSK Teams

When BBMP/Health dept. permissions are obtained (with DWCD's support), integration of child and adolescent mental healthcare into primary healthcare systems will begin through service provision in 13 selected PHCs. Likewise, the Dept. of Health permissions will enable the project to begin training RBSK teams in use of disability/ mental health screening tools and appropriate referral.

f) Training Programs for ICPS staff and Childline India Foundation

The first of the 3 part training planned for the ICPS staff, Bangalore Urban and Rural, will be conducted between 19th and 21st January 2015. This 3-day training will focus on 'Advanced Counselling Skills for Child Psychosocial Care and Protection' and train 25 participants in all. The participants include 8 ICPS urban functionaries, 8 ICPS rural functionaries, 7 social workers of SJPUs, 2 DCPOs (urban and rural).

In response to a request from Childline India Foundation, considering the project's capacity building objective and that Childline is including ICPS staff from various districts in Karnataka, the project team will train 35 Childline staff in child sexual abuse (CSA). The three-day workshop focuses on a mental health perspective on CSA, using a skills based approach, including identification of CSA, basic counselling skills and first response to CSA, and prevention strategies for CSA. (Note: The project will only provide resource persons and training content; all costs for the training workshop will be borne by Childline).

*

The original time-line of the project proposed 3 activities for the first quarterly period of the project, namely: i) Staff Recruitment and Orientation; ii) Mapping: Identification and Assessment of Community Needs & Resources iii) Development of Training Materials. While most of these activities have been achieved, additional activities such as finalization of the service model and training activities, scheduled for subsequent quarterlies have also been initiated. Further, curative services, such as school counselling and PHC services, as well as preventive/ promotive programs such as anganwadi services and group sessions in schools were scheduled to be implemented curative services which were scheduled to in the third quarterly (month 8 to 12), have been initiated/ will be initiated in the coming quarterly—this decision for change in activity time-lines was made based on the resource mapping and needs assessment conducted in the preliminary phase of the project; assessments revealed that agencies/ staff were keen for the project team to make field visits and provide direct support to children in need rather than provide staff training (which will be undertaken at a later stage).

Note 1: Financial report for 1st Quarterly, September to December 2014 is enclosed.
Note 2: Preliminary work/ Resource Mapping & Needs Assessment Report also enclosed.