



Ministry of Women and
Child Development

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**SAMVAD-NIMHANS
National Consultation on
Child & Adolescent
Mental Health,
19th & 20th November 2021.**

SAMVAD

**Support, Advocacy & Mental health
interventions for children in Vulnerable
circumstances And Distress
(A National Initiative & Integrated Resource
for Child Protection, Mental Health &
Psychosocial Care)**

Report on the National Consultation on Child and Adolescent Mental Health

19th and 20th November 2021

SAMVAD

Support, Advocacy & Mental health interventions for children in
Vulnerable circumstances And Distress

(A National Initiative & Integrated Resource for Child Protection,
Mental Health, & Psychosocial Care)

Dept. of Child and Adolescent Psychiatry
National Institute of Mental Health & Neurosciences (NIMHANS),
Bangalore

Supported by Ministry of Women & Child Development,
Government of India



A. Introduction & Background

SAMVAD (Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And Distress), is a National Initiative & Integrated Resource for Child Protection, Mental Health and Psychosocial Care, supported by the Ministry of Women & Child Development, Government of India, and located in the Dept. of Child & Adolescent Psychiatry, NIMHANS. With the aim of enhancing child and adolescent psychosocial well-being, through promotion of integrated approaches to mental health and protection, SAMVAD extends its support and activities to all the states in the country by way of: development of standardized child-centric modules and resources for child protection functionaries and psychosocial and mental health care service providers; training and capacity building activities to strengthen knowledge and skills in child and adolescent protection and psychosocial care at primary, secondary and tertiary care levels of child protection and mental health; research, advocacy and a range of technical support on the aforementioned issues. It, thus, comprises a multidisciplinary team of child care professionals, with expertise in training and capacity building, program, policy and research pertaining to child mental health, protection and law.

In the current times there has been a serious shift in the landscape of child mental health, and its ever changing and increasing needs and challenges, there are many new imperatives for CAMH services, training and research. In the light of the above in order to reach out to CAMH professionals in Centres of Excellence as well as other key state institutions, so as to better plan and collaborate on ways to address and work towards effectively meeting CAMH needs across the country, SAMVAD organized a brief National Consultation on Child and Adolescent Mental Health on 20th November 2021, in NIMHANS, Bangalore.

B. Objectives of the Consultation

- (i) Sharing NIMHANS-SAMVAD's integrated model of child and adolescent mental health care, including its (national) mandate, scope of work and experiences.
- (ii) Exploring possibilities of collaboration, in order to increase access to quality CAMH services and training across the country, through understanding the work and initiatives of the delegates in the Consultation, proffering NIMHANS & SAMVAD support, as necessary.
- (iii) Developing plans to implement collaborative work, across the country, particularly through joint training and capacity building programs and/or research, through the aegis of SAMVAD.

C. Delegates

The Child and Adolescent Mental Health professionals in Centres of Excellence as well as other key state institutions, along with the All-India Institutes of Medical Sciences were invited for SAMVAD's National Consultation for Child and Adolescent Mental Health. The consultation was attended by 32 delegates representatives from the above-mentioned prestigious institutions. A detailed list of delegates is attached as Annexure 1.

C. Inaugural Programme

The Consultation was organized by SAMVAD as part of the **Azadi ka Amrit Mahotsav Campaign** of the Government of India, launched by the Prime Minister Hon'ble Shri Narendra Modi on 12th March, 2021 to

celebrate and commemorate 75 years of the India's independence. Ms. Sheila Ramaswamy, Technical and Operational Lead of SAMVAD initiated the proceedings of the consultation by first laying down the objectives of the consultation for all the delegates, to build a strong foundation for the discussions and work with the delegates throughout the day. Ms. Sheila Ramaswamy then invited Dr Pratima Murti, Director NIMHANS for her Introductory Remarks.



C.1 Inaugural Address by Dr Pratima Murti, Director, NIMHANS

Dr Pratima Murti expressed her gratitude towards Hon'ble Minister Smt. Smriti Irani, Ministry of Women and Child Development, Government of India, for her guidance and support to SAMVAD, a one of its kind National Initiative in the country. She also congratulated SAMVAD for the impact that SAMAVD created within a short span of one year, reaching out to over 1 lakh duty holders and counting, across the country since its inception. She particularly appreciated SAMVAD's transdisciplinary approach to child work and said that its multidisciplinary team is its core strength, calling it a fertile ground for the growth of any such National Programme.

Dr Pratima Murti in her address highlighted the issue of the invisibility of children and therefore the need for strengthening the systems through building strong collaborations amongst the stakeholders, and engaging in sensitization and training/ capacity building programs for the duty holders and service providers to ensure a strong safety net for vulnerable children. She expressed concerns about the widening gaps between the child protection and child mental health work due to the lack of any communication between the stakeholders. She urged the mental health professionals, especially the young professionals to redouble their efforts and their resolve to support vulnerable children and the cause of child protection and child mental health issues.

“My long journey through psychiatry has helped me understand children’s issues. Understanding vulnerability means engaging properly with the key stakeholders. Connections have not been strengthened properly. So, connections have to be strengthened between duty bearers. ”



Dr Pratima Murti, also announced SAMVAD's upcoming course on **“Essentials & Skills for Working with Child Sexual Abuse-Introducing Mental Health & Legal Dimensions of Forensics”** and requested the delegates to join the course and disseminate the details of the course in their networks.

C.2 Welcome Address and Introductory Remarks by Dr John Vijay Sagar, the Head of the Department, Dept. of Child and Adolescent Mental Health

Dr Pratima Murti's inaugural address was followed by Dr John Vijay Sagar, Head of the Department, Department of Child and Adolescent Psychiatry, NIMHANS introductory remarks. Dr John welcomed the delegates on behalf of SAMVAD and appealed to them to pledge their support to vulnerable children in difficult circumstances, through their individual efforts as institutions. Dr John Vijay Sagar also assured SAMVAD's technical and handholding support to each participating institution to take the child protection and mental health work in the country forward.



C.3 Address by the Chief Guest by Hon'ble Minister Smt. Smriti Zubin Irani, Ministry of Women and Child Development, Government of India

The delegates were then addressed by the Minister, Women and Child Development Ministry, Smt. Smriti Zubin Irani. The Minister in her address congratulated SAMVAD- NIMHANS for organizing the National Consultation on Child and Adolescent Mental Health, bringing the duty bearers to a common platform and for enabling support to the institutions across the country for ensuring better safety and mental health for vulnerable children.

“There is a story less told, when the world was struggling, and the pandemic hit, SAMVAD was born, for the children of the country when Dr Seshadri stepped up. The response to SAMVAD by the duty bearers has been overwhelming.”

The Hon'ble Minister also said that a National Initiative like SAMVAD is a testimony to the Ministry's commitment



to support those who are motivated to provide services to children and assist them through children's difficult life experiences.

SAMVAD through its training programs for the duty holders in the JJ System, Judicial Systems, Child Care Institutions and the Government Organizations has empowered them with skills essential for working with children, especially in the context of trauma. The Hon'ble Minister also shared that through SAMVAD's collaboration with the participating institutions, it is envisioned that outreach at the grassroots i.e., to address the child protection and mental health issues at the school level and community level. The Hon'ble

Minister also talked about SAMVAD's flagship program for linking child protection and child mental health at the panchayat level and that the Ministry sees the consultation as an opportunity and as the first step towards the same.

“The essence of any democracy lies in how each child in a democracy is supported, every child has access to justice. SAMVAD is a platform building the core of the key child protection systems and mental health systems and in the success of each institution and duty bearer lies the future of the children of our country. Because there is no democracy or freedom till every child feels protected and safe and there is hope for a better future.”

In her closing remarks, the Hon'ble Minister thanked SAMVAD for its efforts in instilling hope in the child protection and mental health systems and the children of the country. She also appreciated SAMVAD's efforts towards knowledge building, through development and delivery of courses for the skill building of duty holders. The upcoming course **“Essentials & Skills for Working with Child Sexual Abuse-Introducing Mental Health & Legal Dimensions of Forensics”** is one such effort, towards ensuring access to justice and enabling assurance of quality and elaborate mechanisms for working with sexually abused children and handling disclosures.

C.4 Vote of Thanks, Dr BR Shankranarayana Rao, Registrar, NIMHANS

The inaugural session was concluded by a Vote of Thanks by the Registrar, NIMHANS, Dr BR Shankranarayana Rao thanked the Hon'ble Minister Smt. Smriti Zubin Irani, Director NIMHANS for their unconditional support for the promotion of child protection and mental health work through SAMVAD.

Dr BR Shankranarayana Rao also said that the consultation was just the beginning and the first step. The impact of the consultation will only be felt when the services will be accessible through the Panchayati Raj Institutions, Primary



Health Centres, School and there will be a shift from institutions to community. He invited the delegates to share their ideas for further work and also feedback and suggestions to strengthen SAMVAD's work, as these would be valuable in ensuring the well-being and best interest of the country.

He also congratulated the delegates for being the active force for the promotion of child mental health and child protection in the country. The learnings from SAMVAD's work – the training and judicial deliberations, consultations will also steer change at policy level.

D. Technical Sessions

After the Inaugural Programme, the technical sessions were scheduled for the delegates to introduce NIMHANS-SAMVAD's integrated model of child and adolescent mental health care, including its (national) mandate, scope of work and experiences So far SAMVAD through its work has trained 99,782 professionals, developed specialized curriculums, and has reached out to more than 26,23,341 people through its public discourse series .

D.1 The SAMVAD Model by Dr Shekhar Seshadri, Principal Investigator, SAMVAD and Senior Professor, Department of Child and Adolescent Psychiatry, NIMHANS

Dr Seshadri, Principal Investigator and Senior Professor at the Dept. of Child and Adolescent Psychiatry NIMHANS initiated the technical sessions, laying the ground for further discussions. He started by highlighting that child protection and mental health systems worked in isolation, not adequately understanding the nuances of mental health and vice versa, therefore creating a huge gap in the service delivery system catering to children in vulnerable circumstances.

Dr Seshadri explained that SAMVAD during its operations has been flexible and has always stepped up and adapted to new and relevant ways of working. Talking about the child protection systems, he explained that the child protection system was consolidated under the Integrated Child Protection Scheme (ICPS) of the Government of India. However, the Government has made shifts in the implementation of these schemes to mission mode . As part of these changes the Integrated Child Development Scheme now subsumed under mission Poshan 2.0, the one stop centres under Mission Shakti and the Integrated Child Protection



Scheme under mission Vatsalya . Dr Seshadri, quoting the Hon'ble Minister Smt. Smriti Zubin Irani, said that one of the primary focuses of the Ministry of Women and Child Development has been on taking the child protection and mental health services to the panchayat level. Based on the recent amendments made in the parliament more powers have been entrusted upon the elected representatives, and the district magistrates. Acknowledging these new demands and needs to reach out to the community SAMVAD in addition to its ongoing work will shift its mode of operations and initiate work with the panchayat functionaries in a campaign mode. This would include the launch of special training programs for panchayat functionaries and awareness generation activities for communities on child protection and mental health issues. The first training program for the master trainers is scheduled towards the end of November, 2021 with the State Institute of Rural Development, Assam.

The focus at the panchayat level would be to equip the functionaries with the knowledge and skills to - identify signs of abuse, initiate the reporting processes, and sensitise the families, because until we reach the community, we cannot ensure access to mental health and protection to children.

Dr Seshadri also mentioned that while COVID is a current pandemic but the adverse childhood experiences (ACEs) have been an everlasting epidemic, making child protection and mental health long term issues. He further added that protection risks are not just about abuse but are also related to the unmet developmental needs of the children in the communities.





The SAMVAD Model

Dr Seshadri presented to the delegates the rationale and need for a project like SAMVAD and its impact so far. SAMVAD (Support Advocacy Mental Health Support, **A**dvocacy & **M**ental health interventions for children in **V**ulnerable circumstances **A**nd **D**istress) is National Initiative and Integrated resource for child protection, mental health and psychosocial care located in the Department of Child and Adolescent Psychiatry, NIMHANS. SAMVAD through its works aims to enhance child and adolescent psychosocial well-being, through promotion of integrated approaches to mental health and protection.

SAMVAD in addition to the delivery of extensive training programs across 29 states and 4 union territories, SAMVAD also has a comprehensive repository of resources that any stakeholder/ duty bearer working with children can readily use. SAMVAD currently works in 4 thematic areas- child protection, mental health, education and law and policy.

SAMVAD's approach towards working on children's issues has been transdisciplinary. Explaining further Dr Seshadri added that as a child mental health professional while working with a child in trauma, Post Traumatic Stress Disorder (PTSD) due to the experience of child sexual abuse it is not enough to only understand the context, the nature, severity of the mental health issues and provide trauma informed care and healing centred engagement. The interventions must go beyond just the therapeutic interventions to assist the child through court processes, in evidence gathering and the

SAMVAD's Four Key Verticals

 <p>Care & Protection A safe, healthy and child-friendly environment for the children everywhere, with measures for prevention of and redressal for abuse and exploitation of children.</p>	 <p>Mental Health Access to quality mental health and psychosocial care services for every child, at primary, secondary and tertiary levels, for preventive and curative purposes.</p>
 <p>Education Safe and inclusive schools and educational spaces...where teachers and school counsellors are sensitized to identify and provide first level responses to children with emotional, behavioural and learning difficulties.</p>	 <p>Policy & Law Integration of child mental health concerns into legal and judicial practices to enable child-friendly, child-centric legislation and judicial processes in contexts such as child sexual abuse, juvenile justice and child custody.</p>

Trans-disciplinarity

- Embraces complex systems analysis
- Integrates child mental health with children's contextual needs and concerns
- Involves convergent dialogues with multiple stakeholders (child welfare and protection functionaries, law enforcement, and judicial personnel)
- Enables Child and Adolescent Mental Health professionals to understand children's contextual realities of family, school, institution and law, whose cultures, functioning and responses play a pivotal role in determining CAMH

management anxiety and trauma the child is likely to face during the court processes. And therefore, SAMVAD comprises of a multi-disciplinary team of child care professionals, with expertise in training and capacity building, program, policy and research pertaining to child mental health, protection and law.

SAMVAD's Objectives

- To develop **standardized child-centric modules and resources** for the capacity building of primary, secondary and tertiary level psychosocial and mental health care service providers.
- **To strengthen knowledge and skills in child and adolescent protection and psychosocial care** in various cadres of child care service providers in the country, through **training and capacity building initiatives** at primary, secondary and tertiary care levels of child protection and mental health.
- To **enhance child and adolescent protection and psychosocial care programs implemented by government and non-government agencies**, by providing technical support on program design and quality
- To undertake **studies, audits, research and advocacy** on issues pertaining to child and adolescent protection and related issues of mental health and psychosocial care.
- To utilize the experiences of capacity building, technical programmatic support and research in **informing child and adolescent laws and policies in the country.**

Dr Seshadri elaborated upon each of the objectives and SAMVAD was started with an aim to enhance child and adolescent psychosocial wellbeing. It is a known fact that the child and adolescent mental health issues are often invisible and overlooked and these populations are in high need of mental health care. This also calls for a public health/ community mental health approach, as the accessibility to the prevention and treatment resources is relatively low in these populations. In addition to these factors, the adverse childhood experiences also are important and must be factored in any treatment plan/ care plan. The adverse childhood experiences are the experiences of trauma, loss, grief, neglect, violence, discrimination, abuse etc. These experiences also form the roots of the mental health issues that a person may develop in their adult life. COVID can also be looked at as an adverse childhood experience, as it has disrupted the normal developmental processes and caused trauma which can have serious mental health and protection implications for children.

LMICs -vulnerable children and adolescent populations are in high need of mental health care

MhGAP - access to prevention and treatment resources is relatively low

ACEs-Adverse Childhood Experiences (deprivation and discrimination, abuse and neglect, trauma, loss, and grief)

COVID -disruption of normal developmental processes, and greater risk of childhood mental disorders

SAMVAD through its work, aims to integrate child protection, mental health and psychosocial care.

SAMVAD to maximize its outreach has also used public private partnership approach referring to the 1000 school program and Masti ki Pathshala to provide mental support to children rescued from child labour by training and capacity building of teachers. He also talked about the public discourses that SAMVAD has carried out to engage with the duty bearers over the last 14 months, engaging 26,23,341 duty bearers and right holders only through online mediums.



During the COVID pandemic SAMVAD also initiated special tele mentoring services to assist the staff of the child care institutions in managing and supporting children dealing with issues of loss and grief, and other mental health issues through the COVID-19 pandemic.

He concluded by appealing to the delegates to work together and make at least one small commitment for the promotion of the child protection and child mental health services and awareness in the country. Envisioning that each of the institutions in their own capacity and initiate even one activity, training program, workshop, talk, discussion, research he said that every single step would make a huge difference to the overall child protection and mental health work in the country, exponentially increasing the pace of its development. He acknowledged that SAMVAD alone cannot reach out to the most vulnerable populations in the country and therefore collaborations and more initiatives like SAMVAD are necessary. For every one child who manages to reach mental health there are 99 others who remain unassisted. He urged the delegates to change perspectives and move beyond the clinical diagnosis in child psychiatry. He mentioned that child mental health is not in the textbooks of psychiatry it is in spaces that children occupy- streets, communities, schools, families, child care institutions and trafficking spaces etc. the child SAMAVD would be available with unconditional support and guidance. He concluded his presentation by summarizing the key points which included the rationale behind the SAMAVD initiative and the need for transdisciplinary approaches. He offered and assured SAMAVD's unconditional support and guidance to any institution interested in promotion of child protection and child protection work.

D.2 Mental Health Concerns in Vulnerable Populations - Linking Child Mental health and Protection by Ms. Sheila Ramaswamy, Technical and Operational Lead, SAMVAD

Ms. Sheila Ramaswamy, Technical and Operational Lead, SAMVAD highlighted that the gaps between child protection and mental health exist as the professionals from both sectors continue to work in silos and despite the increase in individual efforts to strengthen the child protection and mental health work, there have been very little efforts to work together. The need for the mental health professionals to step up to bridge the gaps between both systems to ensure holistic care and support to children is quite evident.

Specific Areas for Work in Children

- Children with Learning & Education Difficulties
- Children with Disability
- Children in Conflict with Law
- Children with Sexual Abuse
- Children Rescued from Sex Trafficking
- Loss & Grief Counselling
- (Young) Children with Neglect/Abandonment
- Children Infected with HIV
- Adoption Counselling

Talking about childhood adversity and vulnerability, she emphasized that globally the focus has been on adverse childhood experiences which form the roots of most adult mental health issues. Therefore, it becomes important to recognize adverse childhood experiences and address them. She added that the child protection concerns are an important part adverse childhood experiences. Ms.

A Context, Theme Lens

- Chronic Illness
- Trauma and Abuse
- Disability
- Learning/educational issues
- Conduct & Externalizing disorders
- Early Childhood/Young Child Issues

Sheila Ramaswamy then talked about the categories of vulnerable children and the contexts of children with adverse childhood experiences. She emphasized the need to look beyond the clinical diagnosis and take a more comprehensive approach by examining the contexts of children, their adverse childhood experiences from where most of the mental health issues stem. The contexts of children with adverse childhood experiences could be many - abandoned children, neglect in families, socio economic circumstances , children in conflict with the law, children living in institutions, HIV infected/ affected children etc. She emphasized that ACEs is not just a phenomenon within the low socio-economic strata, but also prevalent in groups where there is no deprivation and ample opportunities. Children from higher socio-economic backgrounds may have adverse Childhood Experiences due to marital discord between parents,

neglect, separation of parents, experience of abuse. The understanding of context characterized by psychosocial factors is important.

It is therefore important to look from a child maltreatment lens which includes acts of omission and commission. While acts of commission are noticeable, acts of omission are fairly hard to see



She further explained that it is important to understand children’s lived realities and their internalizations of their experiences. The way children internalize or the way they make sense of their experiences influences their emotions and their behaviour. A child when he/ she comes for assistance may not fulfil the DSM criteria but may be in deep distress due to adverse experiences, and may be in need of serious assistance. These may be children who come within the radar of subclinical symptoms. If not provided with the right assistance they may eventually develop mental health morbidities, which they may carry into adulthood.

An Imperative to Shift in Mental Health Professionals' Roles...From Mono-Disciplinary to Transdisciplinary Approaches

Polarization of child mental health interventions, with a focus on isolating key drivers of human behaviour NOT helpful to children

An imperative to working with contextual and systemic factors by...

- Constructing knowledge and understanding of children’s problems in full recognition of the complexities that characterize their life realities
- Fostering convergent dialogues with multiple stakeholders—in research and practice
- So as to provide universal and quality access to CAMH services, for children in adverse circumstances.

Establishing links between child

protection and mental health, she mentioned that the protection risks often get exacerbated due to the underlying mental health issues or the adverse experiences that the child undergoes.

Sharing experiences of working previously in Muzaffarpur on the issue of institutional abuse of children, she discussed the impact of trauma and its unique presentations in different children in forms of internalizing and externalizing disorders. She emphasized on the need to look at the mental health issues,

not cross sectionally but longitudinally which means – examining their context, their circumstances, their developmental stage, understanding the adverse childhood experiences etc. She also emphasized on the need for strengthening the District Mental Health Programs and building the capacities of the mental health professionals to cater to the needs of the children. In summary, given the varied contexts of child mental health work there is a need for shift in the role of the mental health professionals and from monodisciplinary to transdisciplinary approaches i.e. convergence with law and education and child protection systems.

D.3 Swatantra Services, Department of Child and Adolescent Psychiatry, NIMHANS, Dr Eesha Sharma, Faculty, Dept of Child and Adolescent Psychiatry, NIMHANS

The delegates were briefed about the Swatantra Clinic, which is a specialized service for vulnerable children started in June 2018. Swatantra was initiated upon the requests of the Child Welfare Committees to provide counselling support and assist them in making placement decisions for the children. The Swatantra Clinic was set up in response to the request of the CWC by setting up a specialised service every Wednesday, at the Child Psychiatry Out Patient Department.



Swatantra carries out assessments to identify needs of children, however, it is not limited to clinical diagnosis. It takes a holistic approach, and looks at each child's present circumstances, their history, their vulnerabilities and the risks so that a child can be assisted all possible ways including those related to determinants of a child's life like school, family, social systems etc. These help in understanding the child's social, legal and personal predicaments so that the child's care and protection needs can be defined, and communicated with the child welfare system while figuring out how to maintain longitudinal contact

At Swatantra, the preliminary assessments are also carried out for the children in conflict with the law as per the mandate of the JJ Act, with a transformational approach focusing on aiding their mental health and providing them with rehabilitation support.

In the plenary, the participants particularly raised questions about preliminary assessments and working with the children in conflict with the law. The participants acknowledge that there is a lack of clarity about the procedures pertaining to the children in conflict with the law. A number of requests were raised to conduct trainings on the complex issue of the children in conflict with the law.

On being asked about Dr Esha talked about the importance of understanding the psychosocial contexts, vulnerabilities and the pathways to an offence of a child. She emphasized on the importance of eliciting narratives about their lives and refraining from taking positions based on the reported offence that took place on one particular day at a particular time in order to understand the child's situation in entirety and make fair decisions. She highlighted that the children who come into conflict with law, given their contexts and the lack of opportunities to learn may have poor life skills (which means they may experience difficulties in decision making, problem solving, conflict resolution, assertiveness etc.). The psychosocial factors (experience of violence, abuse, stigma, family conflicts, parental marital discord, bullying etc) and psychological factors (depression, ADHD, Conduct Disorder etc.) and their own developmental stages significantly influences their choices and decisions.

The delegates also asked about the average duration for carrying out the preliminary assessment and Dr Esha explained that once a child is referred the preliminary assessment can be completed in 2 or more sessions depending upon the available time. In the first session the mental health screening is completed and in the following sessions, the child's detailed narrative about their history, contexts and circumstances of the offence.

D.4 Training and Capacity Building Experiences with District Mental Health Programme Functionaries, Dr Rajendra , Faculty, Dept. of Child and Adolescent Psychiatry, NIMHANS

Under the project titled "Strengthening primary and secondary level child and adolescent mental health services in Karnataka" NIMHANS team trained the District Mental Health Functionaries.

The aim of the project was to improve childhood mental health at community level by systematic integration with the existing district mental health program. Given the large child population in country and a huge gap in accessing child mental health services at the community level, it becomes imperative that efforts are made to reach out to them and make efforts to provide mental health services which are accessible.



Under the project training workshops were conducted to build skills and capacities of DMHP and district hospital mental health professionals who were directly involved in community mental health for better identification and management of common childhood mental health issues and to impart knowledge of preventive and promotive strategies to improve standards of care. Dr Rajendra emphasized that it is important that the community workers provide skills, information and material in order to ensure a successful outreach.

Under the project 491 DMHP functionaries were trained by the NIMHANS team. The training programs equipped the functionaries with skills that enabled them to design customized treatment plans for children while looking at their psychosocial realities.

Dr Rajendra further responded to the participant queries during the discussions. On being asked about engaging with the community workers at the grassroots and motivating them to drive change, he mentioned that the primary reasons for lack of motivation could either be because of overwork or the lack of skills to implement the work. Therefore, any program implemented at the community level must focus on building specialized skills in simple manners for its success.

It is important to be pragmatic and equip the community workers with information and skills that are easily usable. For Example, if a child is in anganwadi and is 4 years old, the child's developmental age of two years what can then the parents do? Or what role can the anganwadi play in supporting the child and the family? What activities can the parents do with the child to build functional skills and abilities? What to do when a child has epilepsy? The responses to the concerns of the stakeholders at the community level must be context based and age appropriate.

Adding to which, Dr Seshadri also mentioned that the pedagogy that a facilitator uses is of utmost importance. Teaching methods and the content must be strategically chosen. Quoting these lines- *"Information is not Knowledge; Knowledge is not Wisdom"* he suggested that the facilitators must first create a spirit of learning and teaching rather than just transferring the subject knowledge to the delegates.

D.5 Interface of Child Mental Health and Law, Saurabh Shashi Ashok, Project Officer, Law and Policy SAMVAD

The session highlighted the need for the mental health professionals to work in partnership with the law enforcement agencies and the judiciary. The mental health professionals play a crucial role in the medico legal processes, while one part of their work with the child is to provide therapeutic assistance, what remains unacknowledged and less talked about is their support in the judicial processes.



The presentation started with a brief overview of the Laws pertaining to children:

- **Juvenile Justice Act**
- **POCSO Act**
- **Child and Adolescent Prohibition Act**
- **Bonded Labour Act**
- **Trafficking Laws**
- **Custody Laws**

Following which the contexts of children who enter the Juvenile Justice System and their pathways to vulnerability were explained to the delegates, emphasizing the need for transdisciplinary approaches, as was also mentioned by Dr Seshadri.

The understanding of the psycho-social contexts of children while carrying out assessments and the standardisation of these assessment processes was also discussed. Thus, making the judicial processes rehabilitative for children, and avoiding any re traumatization for children.

The delegates were also oriented about the activities undertaken by SAMVAD under its law and policy vertical, which included:

- Training Programs on Working with Children in Conflict with the Law which includes understanding CICL's Pathways to Offence, their Implications for Section 15 & Assessments for CICL.
- Training Programs on The Child as a Witness which includes understanding the Developmental & Mental Health Implications for Eliciting Evidence under Protection of Children from Sexual Offences Act (POCSO) 2012 -The ABCs of Sexual Abuse and its perpetration, The Child's Capacity for Providing Testimony & Child-Friendly Methods and Techniques for Eliciting Evidence
- Deliberations on Section 15 of Juvenile Justice Act 2015 with the Judicial Personnel which includes engaging them in discussions, exploring various perspectives that influence decision making
- Deliberations on Child Witness Testimony under the POCSO Act, 2012 which explores the Judicial Understandings of Competency and Credibility

The delegates acknowledged the need for orientation on laws pertaining to children and specific roles that they are expected to play in the judicial processes in cases of child sexual abuse and children in conflict with the law. The lack of knowledge and understanding about issues of reporting, carrying out assessments, clarity about their own roles in the judicial processes becomes problematic and does not allow them to fully assist and support the child.

D.6 Use of Digital Technology to Leverage Gaps in Learning: SAMVAD's Model for Child Mental Health, Aurobind Ganesh, SAMVAD

SAMVAD over the last fourteen months has conducted training programs across the country, online. The in-person training programs had to be adapted to online mode during the COVID pandemic due to the travel restrictions imposed by the government. SAMVAD currently conducts its training programs through its own VKN system. It currently has 6 VKN room facilities, supported by the IT Team up to facilitate training programs for its four thematic areas.

Given the current pandemic and the need to adapt to the online medium for facilitating the training programs, the delegates were first introduced to the concept of Virtual Knowledge Networks.

A step-by-step process of setting up a VKN was explained to the delegates i.e.

- Learning about the VKN model
- Arranging Equipment which includes the devices, choosing the internet services
- Spoke Training and Trials to learn about hosting large scale programs
- Recruitment / Human resource requirement to run a VKN and provide IT support
- Development of Curriculum to be delivered



To ensure maximum learning outcomes and to overcome the challenges of online training fatigue SAMVAD's VKN model blends virtual learning and e-learning concepts, making the training more participatory and efficient. The online participatory methods include the use of breakout rooms for discussions and deliberations, quizzes through applications like Slido, teaching videos, film screenings etc.

SAMVAD also has its own e-learning platform or a learning management system (LMS) , that allows the trainees to access all the resources related to their course, access the recordings of the teaching sessions, submit their assignments etc. at any time, at anyplace. Thus, allowing them to revisit the teaching sessions to build their understanding and skills at their own pace.

The special features like the discussion threads, calendar, multimedia etc were also explained to the delegates along with the budgetary considerations.

In his closing remarks, Mr. Aurobind Ganesh also assured the participants that SAMVAD will support the institutions in setting up the VKN facilities and training the IT staff on implementing the VKN model, if they express their willingness to build VKN facilities in their institutions.

E. Working Group Discussions and Presentations - Key Points of Discussion

The objective of this activity was to develop plans with the participating mental health institutions to implement collaborative work on child mental health with SAMVAD, across the country, particularly through joint training and capacity building programs and/or research.

The delegates were divided into 6 small groups for brainstorming and discussions on the available child mental health facilities, resources and human resources in their institutions. The discussions also involved delegates discussing the different ways in which SAMVAD could assist their institutions to enhance or initiate child mental health work. SAMVAD team members moderated these discussions. Dr Seshadri and Dr John Vijay Sagar, moved between the groups supplementing these discussions.

E.1. Discussion Points emerging from working groups

Given below are key discussion points and recommendations by the working group along with their requests for support from SAMVAD to integrate child mental health work in their institutions:

- **Training of manpower and mentoring/ support** in order to **build their capacities as trainers for training other stakeholders on child mental health** within their institutions and surrounding communities where they work. The requests centered primarily to better understand **issues of children in conflict with the law, child sexual abuse, lifeskills training for adolescents and child related laws with a focus on section 15 and POCSO.**



- **Technical support** was also requested to **set up infrastructure to train professionals and community members**, to develop **child development programs within communities**, given SAMVAD's extensive work in community child mental health. This also includes handholding support to the institutions for **setting up the VKN services** for training and capacity building
- **Guidelines for recruitment and SOPs** for the ways of work for the staff working with children in order to ensure effective recruitment and child friendly work being embedded into their clinical and therapeutic practice.
- Technical support from SAMVAD was requested also for **establishing separate services for children and adolescents in collaboration** with other departments like the Department of Paediatrics to provide efficient and effective services to children. It was also suggested that SAMVAD undertakes **training of Paediatricians on child protection and mental health issues.**
- **Establishing Satellite Centres** within their institutions through SAMVAD to help facilitate and execute work on child protection and mental health in their institutions.
- To build a **network of professionals from different mental health institutions in the country**, leading to sharing of knowledge, work and to facilitate collaboration.
- To advocate for **creation of Disability Boards** to enable the certification process
- To **support research work** - AIIMS Deogarh also expressed interest initiate research on drug addiction in adolescents, and LGBRIMH expressed their interest in initiating research on Psychological Co-morbidities in children and adolescents post COVID
- To support the institutions in setting up the **early intervention centres for children with disability.**

- It was also suggested that AIIMS Kalyani and AIIMS Deoghar, which are newer institutions, may start their work by **identifying and establishing contact with the Child Welfare Committees and the Juvenile Justice Boards in their areas.**
- **Technical and training material** to conduct trainings
- To initiate **training of the Judicial Personnel**, including child protection functionaries, family court judges.
- It was suggested that **CIP Ranchi with its VKN facilities** support the other institutions in **hosting the online training programs.**

Overall Challenges highlighted by the delegates:

- Shortage of human resource was highlighted as one of the biggest barriers in implementing new initiatives within the Institutions
- Inadequate space to initiate any specialized services
- Slow administrative processes leading to delays and de-motivation
- Absence of any clear directives from the government to initiate and allocate resources specially for child and adolescent mental health work and services.
- Absence of any standardized methods for working with children in difficult circumstances.
- No adequate training opportunities focusing on child work for counsellors or even psychiatrists
- Shortage of space to expand the inpatient facilities, or set up new facilities like the Virtual Knowledge Networks or set up facilities for a project
- Lack of infrastructure and technical know how to set up facilities like the Virtual Knowledge Networks
- Lack of knowledge and skills to work in the context of vulnerable children i.e., children in need of care and protection and children in conflict with the law.
- Lack of coordination amongst the departments for carrying out child and adolescent mental health work.



E.2 Plenary Discussion- Responses by Dr Seshadri to the working group discussions

Dr Shekhar opened the floor for discussions, and expressed SAMVAD's keenness to expand the work not just through collaborations but also through independent thoughts and ideas of the participating institutions. Dr Shekhar emphasized on the importance of networking for the implementation of the

ideas. The delegates were asked to not get overwhelmed by the discussions, even a single small step counts and even one training programme a month or a single tele mentoring session would be a good start. Dr Shekhar assured that given SAMVAD's mandate and having completed one year in operations SAMVAD is ready to support the delegates through technical teaching content and IT support. Dr Shekhar also explained that, SAMAVD itself was conceived after extensive research and on ground work of 6 years through another community-based project, implemented within Karnataka State.



- **Replicating the SAMVAD Model - New Initiatives** : SAMVAD envisions reaching out to every last person through the participating institutions. The new initiatives emerge as a new branch of SAMVAD and the message spreads across the country, while SAMVAD would handhold these initiatives, the ownership of the initiatives will still be with the Institutions. He added that each institute can choose their levels of operations-

- The delegates may start an orientation, sensitization program or capacity building program once in a month.
- Further, after their trials and errors they may decide to pick a particular geographical area with a specific target group for the implementation of their activities.
- They may further decide to operate a project mode depending on the responses or depending on the availability of resources for implementation of the program.

On the subject of logistical considerations in replicating a model like SAMVAD, Dr Seshadri explained that all institutions may not have the same level of preparedness, resources, capacities and experience to start a project almost immediately. While it may be fairly easy for an institute like CIP, Ranchi to envision a project like SAMVAD and arrange for resources (exclusively work with them to support the operations or service delivery) In that case, in order to implement large scale activities given its experiences in implementing such projects operations in the last many years others like AIIMS Kalyani and AIIMS Deoghar may not be in a position to initiate something at such a large scale. The key idea was to not be overwhelmed and feel limited by the lack of resources but to get started with something which is small, sustainable and realistic.

Given that SAMVAD has undergone the process of implementing activities at such a scale, SAMVAD can handhold other institutions and provide support in conceptualizing a project and designing activities, preparing proposals, budgets, technical resource material , training and capacity building etc. in a structured, planned and professional manner to avoid any systemic overwhelm.

- **Assistance for the Satellite Centres - Improving Outreach through Satellite Centres:** Ms. Sheila Ramaswamy, the Technical and Operational Lead, SAMVAD added that it is one of the mandates of SAMVAD to initiate Satellite Centres and any institution willing to collaborate to set up the same will be supported by SAMVAD.
- **Integrating Mental Health and Child Protection with the Community work- SAMVAD's Panchayat Programme:** Responding to the suggestions made by the delegates about taking the child mental health work to the communities, Dr Seshadri shared that SAMVAD will soon be rolling out, a first of its kind program for panchayat functionaries, SAMVAD will now also shapeshift and move its operations to campaign mode. The work through panchayat roll out is something that is very simple for families and communities, for aspirational districts in Bihar. You can take it all together or you can take it one by one. Further, Dr Seshadri proposed that the institutions willing to initiate community work can join hands with SAMVAD to take the panchayat programme to the grassroots, thus expanding outreach through this newly formed network.

- **Issues of inadequate funding - Partnership with the Public Sector Companies:** In response to the concerns about the lack of funding to implement a project like SAMVAD, and the administrative issues in requesting for the funds through the State Departments. Dr Seshadri suggested that approaching public sector companies like Indian Oil for funding new projects or for expansion of the child and adolescent mental health services may be useful, given their mandate to support social welfare projects.



- **Initiating Special Services for Children and Adolescents - Child Guidance Clinics:** Since some of the institutions expressed interest in initiating special services for children and

adolescents through child guidance clinics. The SAMVAD team will be sharing the guidelines for initiating a Child Guidance Clinic with the delegates.

- **Accessing the Target Populations - Step by step process of initiating communication with the Government Departments/ agencies:** As one of the delegates raised queries about accessing the target population, Dr Seshadri invited Keneikhrienuo Junia Dzuwichu, Project Officer, Education Theme, to explain the step-by-step process of engaging with State Departments and Government agencies for the training/ capacity building programs of SAMVAD.

Step -1 Approaching the relevant state department . Sending out SAMVAD's introductory letter with the concept note.

Step-2 Requesting for the appointment of a key contact person/ nodal officer for further communications

Step-3 Following up with the Nodal Officer through telecons and email

Step -4 Finalizing a date for starting the training program.

Step -6 Issuance of letters by the Department, informing schools the dates and days of training so that the trainee teachers can be relieved during the training period.

Dr Seshadri further added If we get frustrated with systems and we only focus on advocacy and criticism, then we will not make any significant change. Therefore, it is important to work with the systems and support them for their better functioning.

- **Scaffolding of Knowledge- Learning with the Communities:** Dr Jairanjan Ram from the Mental Health Foundation also requested the delegates to step out of their comfort zones and learn from the communities, by not confining themselves to the classrooms and DSM-5. He said that mental health professional's knowledge of child development and child mental health is robust and there is a need to share the same with the communities where children and caregivers live, and at the same time understand from them their challenges and come back with newer questions and responding to what the community asks for, by developing relevant responses through study and research. He concluded by adding that the scaffolding of knowledge is important, and this sharing and communication is the only way forward.

In the end, Dr Shekhar also called upon the delegates to start small, acknowledging that each institute may have its own priorities and own limitations, therefore starting at a pace that is slow and then gradually expanding would be a more systematic approach.

F. Closing Remarks by Dr Seshadri

In his closing remarks Dr Seshadri mentioned that child mental health is not restricted to clinics and clinical diagnosis. When we talk about child mental health services one track is hospital, in-patient facilities, out patients etc. that is only one track, the other track is of public mental health. Both these tracks are parallel tracks they go together. The superstructure which involves the efficient delivery of child mental health services occurs only if it is firmly placed on both the tracks. One does not function without the other.

A visit to the Child and Adolescent Psychiatry wards was arranged for all delegates with Dr Seshadri and Dr John Vijay Sagar.



ANNEXURE-1

LIST OF DELEGATES NATIONAL CONSULTATION FOR CHILD AND ADOLESCENT MENTAL HEALTH 2021- SAMVAD

Sr No	State	Institution	Designation	Name
1	New Delhi	AIIMS	Additional Professor Department of Psychiatry	Dr Bichitra Nanda Patra
2	Jodhpur	AIIMS	Clinical Psychologist Department of Psychiatry	Dr Tanu Gupta
3	Raipur	AIIMS	Child Psychologist Department of Psychiatry	Dr Sharda Singh
4	Gorakhpur	AIIMS	Assistant Professor Department of Psychiatry	Dr Manoj Prithviraj
5	Patna	AIIMS	Additional Professor and Head of the Department of Psychiatry	Dr Pankaj Kumar
6	Kalyani	AIIMS	Associate Professor Department of Psychiatry	Dr Annirudha Basu
7	Deogarh	AIIMS	Assistant Professor Department of Psychiatry	Dr Venkata Lakshmi Narasimha
8	Chandigarh	Department of Psychiatry, Govt. Medical College	Associate Professor Department of Psychiatry	Dr Shivangi Mehta
9	Delhi	IHBAS, Shahdara	Assistant Professor (Psychiatry)	Dr Amit Khanna
10	Gujarat	Hospital for Mental Health, Ahmedabad	Senior Psychiatrist	Dr Deepti Bhatt
11	Himachal Pradesh	Dr. Rajendra Prasad Govt. Medical College, Kangra, Tanda	Associate Professor Department of Psychiatry	Dr Pankaj Kanwar
12	Kerala	IMHANS, Kozhikode	Asst. Professor & Head Department of Clinical Psychology	Dr Jaseem Koorankot
13	Maharashtra	IMH, Pune	Associate Professor Department of Psychiatry BJGMC Chief Administrative Officer IMH Pune	Dr Niteen Abhivant
14	Telangana	Kakatiya Medical College, Warangal	Associate Professor Department of Psychiatry	Dr Gireesh Kumar

15	Uttar Pradesh	King George Medical University, Lucknow	Additional Professor Department of Psychiatry	Dr Amit Arya
16	Uttar Pradesh	Institute of Mental Health & Hospital, Agra	Professor	Dr Anil Sisodia
17	West Bengal	Institute of Psychiatry- Kolkata	Director	Dr Pradeep Kumar Saha
18	Ranchi	Central Institute of Psychiatry	Associate Professor of Psychiatry	Dr Nishant Goel
19	Tezpur Assam	Lokopriya Gopinath Bordoloi Regional Institute of Mental Health	Assistant Professor (I/C Child & Adolescent Psychiatry)	Dr Siddeshwara
20	Gujarat	Government Medical College, Surat	Dean	Dr Ritambara
21	Jharkhand	Ranchi Institute of Mental Health and Neuro Science	Additional Professor and Head, Dept. of Clinical Psychology	Dr Masroor Jahan
22	Tamil Nadu	Institute of Mental Health, Chennai	Senior Assistant Professor of Psychiatry	Dr Vimal Doshi Veerappan
23	Kerala	Government Medical College Thiruvananthapuram	Assistant professor in Psychiatry	Dr Rajani Raju
24	Chandigarh	PGI Chandigarh	Associate Professor, Dept of Psychiatry	Dr Akhilesh
25	Calcutta	Mental Health Foundation	Mental Health Foundation	Dr Jairanjan Ram
26	Karnataka	Dharwad Institute of Mental Health	Associate Professor Department of Psychiatry	Dr Raghendra Nayak
27	Kashmir	IMHANS - Kashmir	Professor Head of Child Guidance and Wellbeing Centre	Dr Zaid Ahmad Wani
28	Puducherry	JIPMER	Additional Professor	Dr Balaji Bhardwaj
29	Bikaner	DIMHANS, PBM HOSPITAL SP Medical college Bikaner	Professor (Psychiatry)	Dr Shri Gopal
30	Karnataka	NIMHANS	Assistant Professor Dept of Child & Adolescent Psychiatry	Dr Eesha Sharma
31	Karnataka	NIMHANS	Assistant Professor Dept of Child & Adolescent Psychiatry	Dr Rajendra KM

Annexure -2

**A National Consultation on Child & Adolescent Mental Health
19th & 20th November 2021**

SAMVAD

**Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And
Distress**

**(A National Initiative & Integrated Resource for Child Protection, Mental Health, & Psychosocial
Care)**

Dept. of Child and Adolescent Psychiatry

National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore

Supported by Ministry of Women & Child Development, Government of India

Day 1: Friday 19th November 2021		
All-Day (preferably by 5 pm)	Arrival in Bangalore	Assistance provided by SAMVAD team
	Check-in to Hotel (Temple Tree)	
7 pm onwards	Welcome Dinner Café Take a Break * No 8, 15th Cross Rd, 5th Phase, J P Nagar Phase 5, J. P. Nagar, Bengaluru, Karnataka 560078	Hosted by SAMVAD

Day 2: Saturday, 20th November 2021		
*Venue: 2nd Floor, Seminar Hall Child Psychiatry Centre, NIMHANS		
Time		
9:00—9:20 am	Inaugural Address	Dr Pratima Murthy, Director, NIMHANS
9:20—9:30 am	Welcome & Introductory Remarks	Dr John Vijay Sagar Head of Department, Child & Adolescent Psychiatry, NIMHANS
9:30—9:40 am	Vote of Thanks	Dr B.S. Shankaranarayana Rao Registrar, NIMHANS
9:40—10:10 am	Integrating Child Mental Health, Protection & Psychosocial Care --SAMVAD's Model for Child & Adolescent Mental Health	Dr Shekhar Seshadri Senior Professor & PI, SAMVAD Dept. of Child & Adolescent Psychiatry, NIMHANS
10:10—10:35 am	Mental Health Concerns in Vulnerable Child Populations	Sheila Ramaswamy Technical & Operational Lead SAMVAD Dept. of Child & Adolescent Psychiatry, NIMHANS
10:35—10:45 am	Coffee Break (1)	
10:45—11:05 am	Swatantra Services at the Dept of Child and Adolescent Psychiatry, NIMHANS	Dr Eesha Sharma Assistant Professor Dept. of Child & Adolescent Psychiatry, NIMHANS

11:05—11:25 am	Training & Capacity Building Experiences with State District Mental Health Program Functionaries	Dr Rajendra K.M. Assistant Professor Dept. of Child & Adolescent Psychiatry, NIMHANS
11:25 am—11:40 am	Coffee Break (2)	
11:40—12:00 pm	The Interface of Child Mental Health & Law --Role of Child Mental Health Professionals in Medico-Legal Processes	SAMVAD Law & Policy Team
12:00—1:00 pm	Visits to Child & Adolescent Psychiatry Out-Patient Department & Ward	Dr Shekhar Seshadri Senior Professor & PI, SAMVAD Dept. of Child & Adolescent Psychiatry, NIMHANS Dr John Vijay Sagar HoD, Dept. of Child & Adolescent Psychiatry, NIMHANS
1:00—2:00 pm	Lunch	
2:00—2:45 pm	Working Groups	Dr Shekhar Seshadri, Dr John Vijay Sagar & SAMVAD Team
2:45—3:00 pm	Coffee Break	
3:00—4:45 pm	Plenary Discussions	Dr Shekhar Seshadri, Dr John Vijay Sagar & SAMVAD Team
4:45—5:15 pm	Closing Remarks	Dr Shekhar Seshadri, NIMHANS