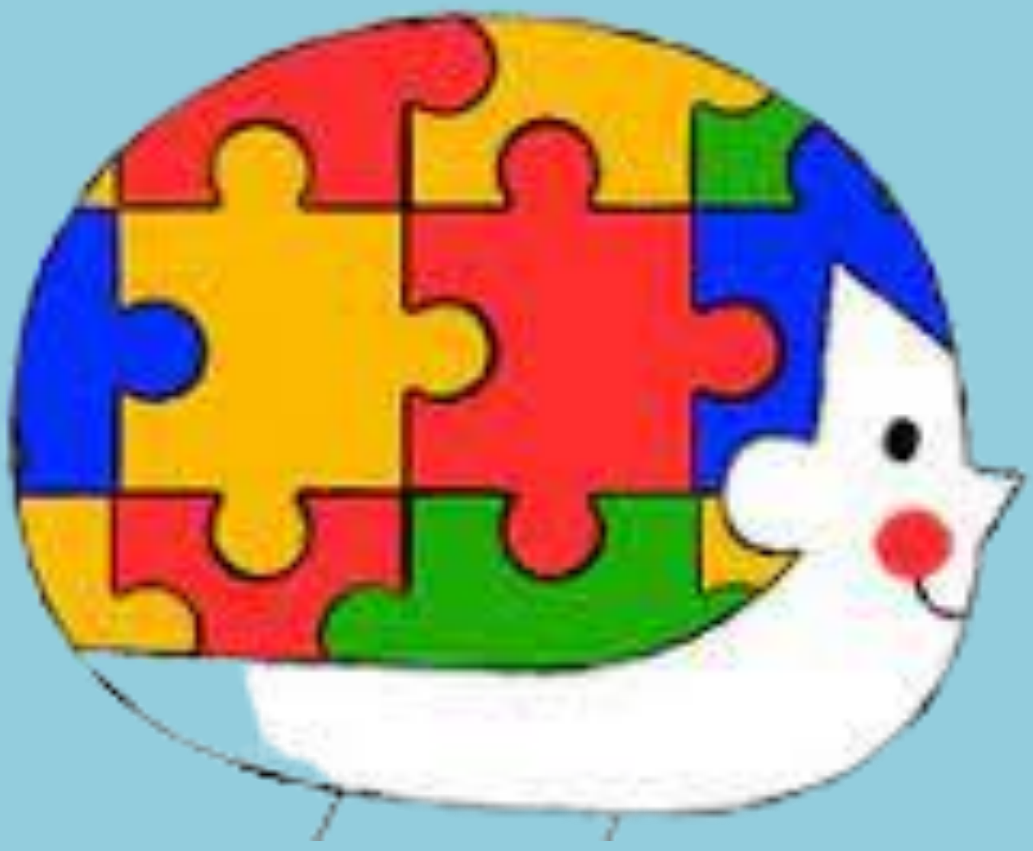
Towards a new dawn
Ministry of
Women and Child Development
Government of India

ESSENTIAL CHILD AND ADOLESCENT MENTAL HEALTH INTERVENTIONS & PSYCHOSOCIAL CARE

For Mental Health Service Providers in
Secondary & Tertiary Levels Facilities



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 of the Ministry of Women & Child Development, Government of India
Located in the Dept. of Child and Adolescent Psychiatry, National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore

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NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES
समत्वं योग उच्यते

ABOUT SAMVAD

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, established by the Ministry of Women & Child Development, Government of India. This initiative is located in the Dept. of Child & Adolescent Psychiatry, NIMHANS. With the aim of enhancing child and adolescent psychosocial well-being, through promotion of transdisciplinary and integrated approaches to mental health and protection, SAMVAD was established to extend its support and activities to all the states in the country. It comprises of a multidisciplinary team of child care professionals, with expertise in training and capacity building, program and policy research pertaining to child mental health, protection, education and law.

SAMVAD has been mandated by the Mission Vatsalya Guidelines of the Ministry of Women & Child Development, Government of India ***"to develop and increase counselling capacity as well as resource persons at the State/UT level, including Psychiatric counselling and mental health wellbeing of children in coordination with Support, Advocacy & Mental Health Interventions for Children in Vulnerable Circumstances And Distress (SAMVAD)- National Institute of Mental Health and Neurosciences (NIMHANS)."***

SAMVAD's Vision & Strategic Objectives

Develop

Standardized child-centric modules and resources for the capacity building of primary, secondary and tertiary level psychosocial and mental health care service providers.

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.

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.

Undertake

Studies, audits, research and advocacy on issues pertaining to child and adolescent protection and related issues of mental health and psychosocial care.

Utilize

The experiences of capacity building, technical programmatic support and research in informing child and adolescent laws and policies in the country.

The SAMVAD Model

CHILD CARE & PROTECTION

Integration of CAMH into country's child protection systems through training & capacity building of child protection functionaries.

Equipping child protection system with skills to identify, refer and provide first level response to mental health risks & concerns in vulnerable children.

***Stakeholders: community-level care providers, child care institution staff, District Child Protection Office personnel, members of Child Welfare Committees & Juvenile Justice Boards.**

POLICY & LAW

Integration of CAMH issues into judicial systems, through judicial education, deliberations.

Critical reviews of child policies and legislations to reflect children's developmental and mental health concerns.

***Stakeholders: Juvenile Justice Committees of Supreme Court of India & State High Courts; National & State Judicial Academies, Judicial Officers**

SAMVAD

Develop standardized CAMH-protection methods and protocols for direct intervention and capacity building.
Strengthen CAMH and protection knowledge and skills in child care service providers.
Undertake Research, technical support in CAMH & protection.
Develop scalable CAMH-Protection models

MENTAL HEALTH

Integration of CAMH awareness at primary and community level.

Training & Capacity Building of secondary & tertiary level mental health service providers.

Linking mental health services to child protection systems.

***Stakeholders: (Pre)school teachers, community health workers, District Mental Health Program (DMHP) functionaries, tertiary mental health care service providers**

EDUCATION

Integration of CAMH issues into education spaces by enhancing the capacities of educators, teachers, school counselors to identify and respond to emotional, behavior and learning problems in school children.

Promotion of first level mental health supports, including interventions for early stimulation, development and life skills education for preventive-promotive purposes.

1. Background and Rationale

India has 0.75 psychiatrists for every 100,000 people compared to the desirable number of 3 psychiatrists per 100,000 population. Whereas one in seven Indians were found to be affected by mental disorders of varying severity and the total disease burden in India was also found to have doubled since 1990. This would mean that the mental health needs of a significant part of the population in India may go unaddressed.

Mental health in general is a neglected field in India. India does not have a culture of acknowledging mental health needs and accessing help for the same due to superstitious beliefs and/or lack of awareness about mental health and wellbeing. People are more likely to seek medical help for somatic complaints such as aches and pains in the body, heightened blood pressure or insomnia rather than for anxiety or depression which may be the underlying cause of the somatic problems. In sum, availability of and accessibility to mental health resources is a significant concern in India which is compounded by the negative attitude towards mental health services and people's reluctance to access these resources in areas where the resources are available. This situation largely describes the status of adult mental health in India. Child and adolescent mental health in India are further hit as most of the psychiatrists in India are primarily trained in adult-centric work.

In order to address the burden of mental illness in the community, in 1982, the Government of India launched the National Mental Health Program (NMHP). This program aimed to prevent and treat mental and neurological disorders and the associated disabilities, through the use of mental health technologies to improve general health services, and the application of mental health principles to improve quality of life.

The District Mental Health Program (DMHP) was started under the NMHP in 1996 to decentralize mental health services by integrating these services with the general healthcare delivery system. In 2017, the Mental Health Care Act came into force and superseded the previously existing Mental Health Act, 1987. The new Act respects the right of people with mental illness to be treated like others and advocates for an environment that is conducive for recovery, rehabilitation and inclusion of people with mental illness.

Despite these interventions by the Indian government, the 'treatment gap' that exists in Indian mental healthcare is exacerbated by major barriers to mental health service utilization, including accessibility and availability of quality healthcare services, as well as lack of awareness and focus on a narrow biomedical approach that tends to ignore socio-cultural explanations for the occurrence of mental health issues.

Status of Child Mental Health in India

Healthy early childhood is a significant predictor of adult mental health. Left untreated, early mental health issues such as developmental disabilities, emotional and behavioural problems may lead to mental health issues such as personality disorders, unstable interpersonal relationships, poor job performance, etc. in adulthood.

Prior to the 1980s, children and adolescents with psychiatric disorders were approached and treated as "immature adults" by adult psychiatrists. In the 1980s, the child psychiatry movement gathered momentum in India and led to the establishment of routine CMEs, workshops and other training in Child and Adolescent Psychiatry (CAP); General Hospital Psychiatry Units (GHPU) for children within training institutes such as Post

Graduate Institute of Medical Education and Research (PGIMER), Chandigarh; and specialized training courses such as Doctorate of Medicine (DM) programs in Child and Adolescent Psychiatry (CAP). With the establishment of the Child and Adolescent Psychiatry in 2010, the National Institute of Mental Health and Neurosciences (NIMHANS) became the only training institute in India to have a department dedicated to CAP.

Mental morbidity among adolescents between the age of 13 and 17 years is estimated to be about 5.8- 8.7% in India. A multi-site study across India revealed that about 12% of children between the ages of 2 and 9 years had at least one Neurodevelopmental Disorder (NDD); and among the children with NDD about 21.7% had two or more NDDs. [Neurodevelopmental disorders, in this study, included vision impairment (VI), epilepsy (Epi), neuromotor impairments including cerebral palsy (NMI-CP), hearing impairment (HI), speech and language disorders, autism spectrum disorders (ASDs), and intellectual disability (ID).

To increase accessibility mental health has to be part of comprehensive primary healthcare, which will work in close collaboration with the district mental health programs (DMHP). Despite the community mental health movement being over four decades old and the current revitalization of the National/District Mental Health Programs (DMHPs), initiatives herein have been largely adult-centric. Therefore, orienting and building capacities of the DMHP professionals in child-centric work is one of the important objectives of this Initiative.

The Imperative for Capacity Building of DMHP in Child Mental Health

The District Mental Health Program is a flagship program of the Government of India, under the larger National Mental Health Program, to deliver mental health services at the district level. The programme was launched in 1996 in four districts and was

increased to 123 districts in the Eleventh Five Year Plan (2007-12) . In the period of 2016-19, 414 new districts were added to the program .

The following were the objectives of the District Mental Health Program:

- Provide sustainable mental health services to the community, and to integrate these services with other services;
- Early detection and treatment of patients (of mental illness) within the community itself;
- See that patients and their relatives do not have to travel long distances to seek treatment;
- Take pressure off mental hospitals;
- Reduce the stigma attached to mental illness through change in public attitudes;
- Treat and rehabilitate mentally ill patients discharged from the mental hospitals within the community.

One of the early capacity building initiatives for DMHP services was in Karnataka, where in 2019, the National Health Mission, Government of Karnataka, with a view to enhancing child and adolescent mental health at district and community level, supported the training 325 DMHP staff (including psychologists, social workers and nurses). The training initiative was implemented by the Dept. of Child & Adolescent Psychiatry, NIMHANS. The focus was on child development, parenting and a range of child and adolescent mental health disorders. While the impact is yet to be assessed, this program certainly highlighted the importance of child and adolescent mental health, erstwhile a frequently neglected agenda, especially in community health.

Some of the learnings from this training initiative were: the importance of using creative and participatory methodology, and the need for intensive case-based discussions and skills training in psychosocial care and therapeutic methods.

In other parts of the country, there have been mixed responses about the implementation and impact of the programme. The program is also not devoid of the usual systems level issues such as difficulty retaining staff, inappropriate training, professional apathy, delays in initiating program, and difficulty accessing and low utilization of the funds. Other issues in the current functioning of the DMHP service model pertain to lack of emphasis on psychotherapeutic interventions, inadequate involvement of family and community in the treatment and rehabilitation plan, insufficient referral of patients to tertiary centres, social welfare program and employment opportunities. Some reviewers of the DMHP program have criticized the over dependence on medication observed in the program thus:"Instead of embodying participation and access, the pill achieves the opposite: silencing community voices, re-enforcing existing barriers to care, and relying on pharmacological solutions for psychosocial problems. The symbolic inscription of NMHP policies on the pill fail because they are undercut by more powerful meanings generated from local cultural contexts".

Need for Linkages between Child Mental Health Services and Juvenile Justice System

Finally, as also observed at tertiary levels, there is a need for the DMHP to integrate mental health issues with child protection. A child who comes within the state child protection system, whether as a child in need of care and protection, or as a child in conflict with law, given their difficult psychosocial circumstances, is invariably in need of mental health assistance. Children require assistance with the trauma of loss and abuse, sexuality-related decisions, and conduct-related issues to name a few.

Children in conflict with the law, if aged between 16 and 18 years, and accused of alleged heinous offences require for preliminary assessments to be conducted for decisions on transfer, as per Section 15. State governments are also considering empaneling DMHPs to conduct such preliminary assessment. However, the Juvenile Justice system in India, namely the Integrated Child Protection Scheme (ICPS) staff, the Child Welfare Committees (CWCs) and Juvenile Justice Boards(JJBs) struggle to identify appropriate mental health professionals and services to whom such children may be referred.

Most districts do not have access to mental health services, given their distance from a tertiary mental health centres. The recent Supreme Court Directive (in July 2022) instructing that the NIMHANS methodology for preliminary assessment under Section 15 of the JJ Act be followed across the country, has also created new imperatives for training of mental health professionals in India.

DMHP's services in child mental health become critical at district and community level therefore, in providing access to mental health services, to many of the most vulnerable children in the country. In order to effectively provide services to children in the Juvenile Justice system, it is thus imperative for DMHP staff to develop an understanding of the child protection system and the unique needs of various sub-groups of children within this system.
Despite the myriad challenges stated above, DMHP enables delivery of mental health services to some of the most remote parts of India and may be the only option for mental health services in states where access to tertiary care services is difficult. Based on the above-described needs, it may be inferred that capacity building of DMHP staff would necessitate sensitizing them to children and childhood, and understanding children from a development lens as well as developing a contextual understanding of children and their emotional/behavioural problems.

Within this framework, they would need to acquire knowledge on basic child and adolescent mental health issues i.e. clinical disorders, including history-taking and assessment, identification of signs and symptoms, interventions for the child and family (basic pharmacological interventions as well as other therapeutic and rehabilitation related methods). It is hoped that such will also equip DMHP staff to more effectively play their roles in executing mental health awareness and training programs at community level, for other child care service providers, such as Anganwadi workers, school teachers, and allied child services such as pediatrics, gynecology, and protection.

2. Training Objectives

Objective 1:
Understanding children, childhood and child development in the context of child mental health.

Objective 2:
Building counselling, communication and interviewing skills with children.

Objective 3:
Identification of and orientation to emotional, behavioural and learning problems in children through:

- Understanding signs and symptoms of child and adolescent mental health disorders, based on standardized classificatory systems of disease and disorder.
- Use of relevant screening and assessment protocols.
- Pharmacological and non-pharmacological management i.e. behavioral and therapeutic techniques for responding to child and adolescent mental health disorders.

Objective 4:
Linking child mental health services to child protection systems through:

- Orientations to the juvenile justice system and its needs for child mental health intervention.
- Extending child mental health interventions to vulnerable child contexts such as child sexual abuse, children in conflict with law and child adoption.

3. For Whom

The training program is primarily designed for mental health professionals working in secondary-level mental health services, such as in the DMHPs. However, it is applicable to mental health professionals i.e. psychiatrists, psychologists, and social workers, working in other mental health settings as well, and who are looking to learn the essentials of child and adolescent psychiatry. For instance, the program would be helpful to those working in child guidance clinics, such as those run by the National Institute of Public Cooperation and Child Development (NIPCCD), and also to mental health professionals in tertiary care facilities that are running child services.

4. Training Curriculum & Content

The Ministry of Women & Child Development (MoWCD) established SAMVAD with a view to ensuring creation and delivery of standardised, technically accurate content on issues of child protection, mental health and psychosocial care. The training curriculum and content (detailed below) has been developed based on the NIMHANS Dept. of Child and Adolescent Psychiatry's long experience with child protection and mental health in multiple settings and contexts, including in training of child protection and other related functionaries, over the years. Therefore, programmatic content cannot be abbreviated or altered in ways that dilute the program or the purpose of the training program. SAMVAD reserves the right to adapt the program as necessary, solely in accordance with the aim of ensuring teaching-learning quality—in order that vulnerable children ultimately benefit from the service providers.

4.1 Childhood, Power & Rights

Objectives:

- To sensitize participants to children, and childhood experiences, particularly in the context of disability.
- To identify and to be aware of issues of power hierarchies relating to children with disabilities.
- To introduce perspectives on vulnerability and child rights-oriented thinking.

Content:

This session sets the tone for child work, specifically with children with disability, introducing themes and ideologies that underpin the of the program. It comprises of various activities using methods of visualization and narratives to enable participants to re-connect with their childhood and reflect on their childhood experiences. It enables participants to begin to deeply empathize with children…to enter their worlds and view life from the perspective of a child. It also introduces to participants the ways in which power hierarchies play out in adult-child relationships, and enables further reflection on what it means for translation of child rights into practice, in the context of child mental health.

4.2. A Brief Overview of Essential Child Laws

Objective:

- To develop an understanding of key legal provisions and the scope of their applicability to vulnerable children.
- To identify areas of child protection and law that require mental health interventions.

Content:

This session will orient participants to the objectives and key provisions of child laws in India. As children's psychosocial issues are complex and layered, this session will enable mental health service providers to identify the linkages between child mental health and law, including the areas where their specific interventions would be critical to assisting vulnerable and at-risk children.

4.3. Liaising with Child Protection Systems

Objectives:

- To orient mental health service providers to the Indian Juvenile Justice system and frameworks.
- To acquaint them with their roles and responsibilities towards children in difficult circumstances.

Content:

Children in difficult circumstances, who have serious protection risks, and consequent mental health problems, are least likely to access mental health services. Given the paucity of linkages between the child protection and mental health system in the country, and in keeping with the imperatives to ensure that child mental health services reach those who are most vulnerable, and take into cognizance child protection concerns, this session provides mental health service providers with an overview of the Juvenile Justice (Care and Protection) Act 2015, including an understanding

of how the child protection system in India is organized. Against this backdrop, it orients mental health service providers to their responsibilities towards children in difficult circumstances (those within the community as well as in the state child protection system), particularly with regard to mental health assessments, treatment and rehabilitation support to be provided under the juvenile justice framework.

4.4. Applying the Child Development Lens: From Theory to Practice

Objectives:

- To examine normative child development in accordance with key domains of child development.
- To be able to identify any existing gaps and deficits in each domain of development, and consider the child's needs for stimulation and education thereof.
- To understand the inter-linkages between the domains of development, and the impact of developmental deficits in one domain on another.

Content:

The ICD and the DSM diagnostic manuals usually form the basis of diagnosing any mental health and developmental problems in children, and are mostly used as the only basis for diagnosis by mental health professionals. This session underscores the importance of using a child development lens in child mental health work, also enabling the translation of theoretical understandings of normative child development, into practice. These sessions employ methodologies such as pile sorting, quizzes and case study discussions to introduce child development concepts. They equip participants to systematically identify the abilities and skills (and the lack of them), in the five key domains

of child development i.e. physical, speech and language, cognitive, social, and emotional development, to also aid early identification and early intervention in the area of childhood disability. It encourages participants to be cognizant of the inter-linkages between the various domains of development, so that interventions are designed in a holistic way to encompass all the child's growth and development needs, as applicable even if a child should have an emotional or behaviour disorder in the absence of a disability.

4.5. Identifying Contexts & Problems: The Child's Inner Voice

Objectives:

- To enable the participants to: identify the basis of the child's problem, by analyzing the psychosocial context of the child;
- To understand how children perceive and internalize their experiences i.e. what is the child's voice, and how this manifest in emotional and behavioural issues.

Content:

A child's behavioural problem seldom occurs in isolation; there is always a reason why it occurs, a place or a context that it grew out of. This session forms the cornerstone to understanding the basis of children's emotional and behavioural concerns . In other words, why does a child behave the way he/she does? Participants are introduced to a simple, yet effective framework for child behaviour analysis, comprising of key elements such as the child's context or universe, the experiences arising out of a given context, his/her internalizations of these experiences i.e. inner voices, and resultant emotions, and how they lead to the behaviors that we see. Case study analysis methods will be used to provide participants with conceptual frameworks to understand children's behaviours in various contexts of family, school, community and institution, with

a focus on child experiences such as sexual abuse, learning difficulties, bullying, conduct issues, loss and abandonment, adoption, runaway behaviours, and family conflicts.

4.6. Representations of Childhood

Objectives:

- To reflect on images and experiences of childhood disability.
- To take perspective on multiple childhoods and emerging psychosocial themes and narratives.

Content:

These sessions facilitate reflection and perspective-taking on issues and themes of childhood through use of films. These films contain representations of the lives of children and their experiences. They explore themes of attachment, friendship and relationships, children's interests, motivations, dreams and aspirations and of caregiver concerns. They enable us, in essence, to view the world through the eyes of children, thereby getting us to adopt a child-centric approach to dealing with this vulnerable group and their families.

4.7. Essential Communication Skills

Objectives:

- To develop communication skills to for interviewing children, with a view to equipping participants with a foundation for assessment and history-taking, and providing first-level responses and other requisite mental health interventions.

The skills listed below will be practiced, using role plays and case studies:

- **Skill 1: Getting to Know the Child**

Rapport building it is the first stage towards building a relationship with children. It involves introducing yourself; preliminary establishment of context; getting to know the child.

- **Skill 2: Listening**

This involves paying attention to a client's verbal and non-verbal messages and listening in a way that conveys respect, interest and empathy.

- **Skill 3: Recognizing and Acknowledgement of Emotions**

This involves recognizing the child's emotions and acknowledging his/her emotions is a powerful technique that reassures children and convinces them that the child worker is empathetic.

- **Skill 4: Acceptance & Non- judgmental Attitude**

This involves acceptance of the child as a person, irrespective of the problem; and be non-judgmental which means to take a position and be able to discuss (difficult or controversial) issues with children based on their realities, opinions and understandings, (i.e. by setting aside the child worker's personal opinions & prejudices) and enabling the child to make decisions about their lives.

- **Skill 5: Questioning and Paraphrasing**

This entails learning about different methods of questioning and inquiry i.e. how and when to use open and close-ended questions in child interviewing, to allow for children's narratives to emerge freely.

4.8. Internalizing Disorders

Objectives:

- To develop a comprehensive understanding of signs and symptoms of internalizing disorders.
- To develop skills for first-level responses to children, and psychoeducation for parents and caregivers.

Content:

Some of the common internalizing disorders in children and adolescents, namely anxiety, depression and mood disorders, are the same types that are seen in adults. However, they differ because of the contexts in which they occur, and the ways in which they manifest, due to the developmentally different life stage that children are at. This group of sessions, that comprises of anxiety, mood disorders, self-harm and suicide, focuses on understanding the signs and symptoms of these disorders in children; and builds on the erstwhile (taught) content of children's internalization to help understand the differential ways in which these disorders manifest in children and adolescents. The sessions also focus heavily on first-level responses and methods of intervention that health workers and service providers may use to assist children in whom such problems occur .

4.9. Externalizing Disorders

This sub-group of sessions focuses on providing mental health service providers with an understanding of working with children with conduct issues, including those who come into conflict with the law. The objectives of each session are detailed below:

a) Pathways to Risk, Vulnerability and Conduct Problems

Objective:

- To develop frameworks of understanding children's pathways to conduct issues and alleged offence—namely, psychosocial and environmental factors, and mental health problems.

Content:

There may be a number of factors that render a particular child vulnerable—such as family dysfunction, poor socio-economic status, experiences of violence/ abuse/ neglect, school dropout—various permutations and combinations of these factors lead to children developing conduct issues such as stealing, aggression, substance use, and sexually inappropriate behaviours. This session enables service providers to use a vulnerability lens to understanding conduct issues in children and adolescents—so that they use rehabilitative rather than a retributive lens to approaching these children.

b) Substance Use

Objectives:

- To introduce basic contents to understanding substance use in children and adolescents, including protective and risk factors for children in this context.
- To identify signs and symptoms of substance use and dependency in the context of child and adolescent mental health.
- To develop interventions and first level responses for the child.

Content:

Substance use among children and adolescents ranges from experimentation to severe substance use disorders.

In addition to impacting school performance, it makes children and adolescents vulnerable to depression, suicide and other mental health problems, as well as other high-risk behaviours pertaining to conduct and sexuality. This session focuses on understanding key Contents in substance use, and the risk and protective factors for children, in the context of substance use; it then moves on to skilling participants in first level responses, using motivational interviewing techniques.

c) First Level Responses to Conduct Issues

Objectives:

- To develop skills to provide first responses to assist children with conduct issues, to enable them to reflect and motivate them for behaviour change.
- To practice skills in various contexts of conduct problems.

Content:

There are many problem contexts or problem behaviours due to which children develop conduct disorder and/or come into conflict with the law. Some of the common ones are stealing, violence and aggression, substance abuse and engagement in sexually inappropriate behaviour. Building on motivational interviewing approaches, this session provides a systematic four-part framework for provision of first-level responses to children and adolescents with conduct issues. The first level response aims to help lay the foundations for behaviour change and deeper levels of therapeutic engagements that may follow as required.

4.10 History-Taking and Assessment (A)

Objectives:

- To conduct clinical assessments for case formulations that would guide management decisions.
- To introduce screening and assessment proformas for use in clinical and outreach child mental health services.

Content:

Assessing children and adolescents for mental health problems is challenging, particularly as often, they have not initiated the consultation and maybe reluctant to cooperate in the process. This problem is compounded by the fact that children may not be able to always accurately report their symptoms due to lack of insight and/or embarrassment and hesitancy to disclose problems and experiences. This session focuses on equipping participants with skills to conduct clinical assessments, in ways that enable them to interview children and families, as well to obtain various types of information from multiple sources (i.e. child, parents, teachers…). The session also discusses how to use the information elicited in formulating cases and diagnosis. Participants will be introduced to screening and assessment proforma used in NIMHANS, and by SAMVAD in non-clinical child service settings.

4.11. History-Taking and Assessment (B)

Objectives:

- To conduct psychosocial and mental health assessments for children in conflict with law (CICL).
- To conduct preliminary assessments for CICL, in accordance with the Juvenile Justice Act, 2015.

Content:

Conducted in two sub-parts, these sessions focus on issues of children in conflict with law, in order to ensure adherence to the

Supreme Court directive on Section 15 of the Juvenile Justice Act 2015 and the need to apply NIMHANS's preliminary assessment methodologies in the JJ system. The initial session will introduce participants to a detailed psychosocial and mental health proforma developed for the assessment of CICL, by SAMVAD and the Dept. of Child and Adolescent Psychiatry, NIMHANS. It elicits information on psychosocial contexts, vulnerabilities and mental health issues of children with conduct issues and/or in conflict with the law. The purpose of this assessment is three-fold: (i) to plan interventions for a given child; (ii) to inform preliminary assessments under Section 15 of the Juvenile Justice Act (as subsequently detailed), in case of a child in conflict with law; (iii) for sharing with the Juvenile Justice Board as necessary for enabling treatment and rehabilitation decisions, also in case of a child in conflict with law.

The subsequent session will introduce participants to a methodology and proforma that NIMHANS has developed in order to conduct preliminary assessments under Section 15, in ways that enable adherence to the law but that duly consider the child rights, protection and rehabilitation mandate of the Juvenile Justice Act 2015.

4.12. Neuro-Developmental Disorders

Objectives:

- To identify developmental disabilities in children.
- To contextualize first- level responses, followed by parent psychoeducation.
- To be able to refer to psychiatric care facilities for further assistance and depth interventions.

Content:

This group of sessions will cover 4 key developmental disabilities, namely Intellectual Disability, Specific Learning Disabilities, Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorders. Beginning with signs and symptoms and ways to assess and identify these disabilities, the sessions move on to management of the disability; the latter part thus covers direct interventions that may be provided to the child as well as issues of parent psychoeducation. Inputs on testing and certification are also provided to participants.

4.13 Child Sexual Abuse

A series of sessions will be conducted to help the participants understand childhood trauma in context of Child Sexual Abuse (CSA). They will focus on mental health as well as key legal aspects of CSA interventions i.e. on the interface of mental health and legal issues, that require mental health professionals' support to sexually abused children. The content of the CSA sessions are described below.

(a) The Experience and Impact of Childhood Trauma

Objectives:

- To understand the experience of trauma.
- To introduce experiential methodologies in working with child trauma.
- To learn about the impact of trauma on children
- To familiarize participants with child and adolescent mental health problems that may result from trauma experiences.

Content:

Trauma may occur in different contexts such as natural disaster or war; it may be caused by accident, wherein disfigurement and loss of limb may be additional traumatic events. Death, dying, bereavement and other experiences of loss comprise traumatic experiences, as do physical and difficult sexual experiences.

In order to develop an understanding of trauma-related mental health impacts on children, this unit will seek to develop an understanding of the myriad contexts of trauma experiences. The difference between trauma and other difficult experiences is that traumatic events are usually out of the ordinary, and extreme in

nature, such as those described above. They are times when individuals feel ill-equipped to cope i.e., their normal coping mechanisms, mainly resilience, family and social supports, are either dysfunctional or inadequate in helping them address their problems. Traumatic events also have adverse long-term impacts on the individual's psyche, their inter-personal relationships, and interactions with the world. Traumatic events such as a death in the family, separation from family and institutionalization or sexual abuse often trigger strong or long-lasting reactions in children. Children affected thus may have a hard time coping with their emotions and may become depressed or anxious, exhibit hostility, pick fights, or refuse to go to school, among other responses. These 'abnormal behaviours' need to be understood as normal reactions to abnormal situations. While not all children will go onto developing mental health morbidities as a result of traumatic experiences (temperament, resilience, access to social support systems may play a protective role), it is important to be aware that many children will at least temporarily have some symptoms of mental health problems as they struggle to cope.

(b) The ABCs of Child Sexual Abuse and its Perpetration

Objectives:

- To understand the ABCs of child sexual abuse from a psychosocial perspective.
- To recognize the dynamics of abuse, including the various methods of abuse that perpetrators use.
- To be cognizant of the differential mental health impacts of CSA, dependent on the methods of (perpetration of) abuse.

Content:

Child Sexual Abuse is the involvement of children and adolescents in sexual activities (usually for adult sexual stimulation or gratification) that they cannot fully comprehend and to which they cannot consent as a fully equal, self-determining participant, because of their early stage of development.

This session will facilitate a nuanced understanding of child sexual abuse, over and beyond definitions of abuse, keeping in mind the importance of such an understanding in the processes of inquiry and investigation. Contrary to what is commonly understood, child sexual abuse is not always a one-off act nor is it merely a series of sexual actions against a child. Particularly in cases where abuse is perpetrated by known people, it is also a process comprising of a series of actions leading up to the act of sexual abuse. This session will focus on developing an understanding of the different methods and processes by which child sexual abuse is perpetrated, and the mental health impacts that children experience thereof.

(c) Psychosocial Responses for Sexually Abused Children

Objectives:

•To develop first-level psychosocial responses to children's confusions and queries about child sexual abuse experience.

•To learn about the types of psychosocial interventions that require to be provided to children in the immediate aftermath of sexual abuse.

Content:

Detailed inquiry and attempts to conduct depth interventions when the child is facing a crisis i.e., in the immediate aftermath of abuse, is not a useful beginning. If there are serious and disruptive

manifestations --like self-harm behaviours, incapacitating anxiety, post-traumatic stress disorder symptoms, specialized psychiatric assistance may also be required for some children.
First-level psychosocial responses to sexually abused children thus consist of a range of interventions from referral for pharmacotherapy, to ensuring the child's immediate safety to responding to children's anxieties regarding the abuse, to rest, relaxation, leisure and maintenance of the child's developmental trajectories. In this unit, attendees will be provided a framework to develop and provide first-level responses to children.

(d) Addressing Mandatory Reporting Dilemmas: Guidelines for Implementation

Objectives:

- To briefly explore the challenges in implementation of mandatory reporting provisions in India.
- To learn about a conceptual framework for balancing children's rights to participation & decision-making with the mandatory reporting law.
- To develop skills in mandatory reporting through adoption of practice guidelines.

Content:

This session will introduce reporting laws in India through child sexual abuse legislation in the form of POCSO, and current dilemmas and challenges in the implementation of the law for caregivers and child care service providers. Specifically, the session will discuss the contours of a framework to understand the child's perspective & the system's perspective on children's rights to participation and decision-making in reporting CSA.

Following an elucidation of these challenges and dilemmas, this session will develop an understanding of 8- Step Practice Guidelines developed by the SAMVAD-NIMHANS team to facilitate implementation of the law regarding mandatory reporting through the adoption of psychosocial and legal approaches in the child's best interest.

From a practice-oriented standpoint, this session will use role-playing exercises and discuss a case study wherein the aforementioned mandatory reporting guidelines were implemented by the NIMHANS-SAMVAD team.

4.14. The Use of Life Skills Education Methodologies in Child and Adolescent Mental Health

Objectives:

- Developing an understanding of the importance of life skills education in the context of children in difficult circumstances.
- Learning practical skills to deliver activity-based life skills to assist children with disability in areas of socio-emotional development.

Content:

The World Health Organization defines life skills as, "the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". Life skills refer to skills such as emotional regulation, interpersonal communication, assertiveness, negotiation, problem solving, decision-making…skills that we use constantly to navigate the world around us—and that are often especially challenging for children in difficult circumstances. This session introduces participants to essential tenets of the use of life skills education with children, following which it adopts a 'do and learn' methodology to equip participants with practical skills in this area.

SAMVAD's activity- based life skills manuals on socio-emotional development (available @ https://nimhanschildprotect.in/children-7-12-years / and https://nimhanschildprotect.in/adolescents-13-18-years/) are used to demonstrate life skills education engagements to participants.

4.15. An Orientation to Adoption Counselling

Objectives:

- To orient participants to essential pre-adoption counselling issues and methods in prospective adoptive parents and older children.
- To equip them with the skills to guide parents on adoption disclosure.

Content:

While adoption is generally considered a 'niche' issue in child mental health, in recent times, it has taken on a new importance, especially at district level. This is also due to the amendments in the Juvenile Justice Act 2015, and the issuing of (new) adoption guidelines, that require District Magistrates (DMs) to make key decisions in child adoption procedures. Given that adoption counselling, at its core, is in fact a mental health issue, it would be critical for mental health professionals to liaise with child protection functionaries and district administrative authorities, to ensure that due counselling processes are completed, in order to ensure successful adoptions that are in children's best interests. This session therefore orients participants to essential pre-adoption counselling issues and methods in prospective adoptive parents and older children; it also skills them to support (prospective adoptive) parents in adoption disclosure concerns.

5. Training Schedule

5.1 ONLINE TRAINING SCHEDULE

Theme & Content		Session
Childhood, Power & Rights	• Reconnecting with Childhood • Issues of power hierarchies relating to children. • Introduction to child rights-oriented thinking	1
A Brief Overview of Child Laws	• Salient child laws in India • Key provisions and areas for mental health intervention	2
Liasoning with Child Protection Systems	• Orientation to the Juvenile Justice System and the DMHP's role in supporting the CWC and JJB.	3
Child Development: From Theory to Practice	• Physical Development • Speech & Language Development • Cognitive Development	4
	• Social Development • Emotional Development • Impact of Trauma & Deprivation on Child Development	5
Identifying Contexts & Problems: Child's Inner Voice	Frameworks for Analyzing Children's Behaviours & Emotions	6
Representations of Childhood- 1	Film Screening & Discussion	7
Essential Communication Skills	• Skill 1: Rapport Building	8
	• Skill 2: Listening	
	• Skill 3: Recognizing & Acknowledgement of Emotions	9
	• Skill 4: Acceptance & Non-Judgmental Attitude	10
	• Skill 5: Questioning & Paraphrasing	11

Theme & Content		Session
Internalizing Disorders	Anxiety Disorders in children	**12**
	Anxiety Interventions for Children & Adolescents	**13**
	Depression and other Mood Disorders	**14**
	Self-Harm & Suicide	**15**
Representations of Childhood - 2	Movie Screening & Discussion	**16**
Externalizing Disorders	Understanding Pathways to Conduct Problems	**17**
	Substance Use	**18**
	First Level Responses to Conduct Issues	**19**
Life Skills Methodologies to address Emotional & Behavioural Concerns in Children & Adolescents (A)	Life Skills Basics	
	Life Skills in Action: Life skills to address Emotional & Behavioural Concerns	**20**
History Taking & Assessment	• Clinical assessments for case formulations and management • Introduction to screening and assessment proformas for use in clinical and outreach child mental health services.	**21**
	Assessments for Children in Conflict with Law: • Mental Health & Psychosocial Assessments	**22**
	• Preliminary assessments under Section 15 of Juvenile Justice Act	**23**
Representations of Childhood- 3	• Movie Screening & Discussion	**24**

Theme & Content		Session
Neuro Developmental Disorders	Intellectual Disability	**25**
	Specific Learning Disability	**26**
	Autism Spectrum Disorder	**27**
	Attention Deficit Hyperactivity Disorder	**28**
	Understanding Mental Health Comorbidities in Children with Disability	**29**
	Behavioural Management of Childhood Developmental Disabilities	**30**
An Overview of Child Sexual Abuse	The Experience and Impact of Childhood Trauma	**31**
	The ABCs of Child Sexual Abuse & Methods of CSA Perpetration	**32**
	First Level Responses to Child Sexual Abuse	**33**
	Addressing Mandatory Reporting Dilemmas- Guidelines for Implementation	**34**
Life Skills in Action (B)	Gender & Sexuality and Relationships	**35**
Adoption Counselling	Pre-adoption counselling for prospective adoptive parents Pre-adoption counselling for older children Adoption disclosure	**36**

Each Session is for a duration of 3 hours

5.2 In-Person Training

Day	Timings	Theme & Content	
Day 1	**9:00am -9:30 am**	**Orientation to the Training Program**	
	9:30am– 12:00 am	**Childhood, Power & Rights**	• Orientation and Introduction. • Reconnecting with Childhood • Issues of power hierarchies relating to children. • Introduction to child rights'-oriented thinking
	12:00 pm – 1:00 pm	**Lunch**	
	1:00 pm – 4:00 pm	**A Brief Overview of Child Laws**	• Salient child laws in India • Key provisions and areas for mental health intervention
	4:00pm-5:30 pm	**Liasoning with Child Protection Systems**	• Orientation to the Juvenile Justice System and the DMHP's role in supporting the CWC and JJB
Day 2	**9.00 am- 12:00 pm**	**Child Development: From Theory to Practice**	Key Domains of Child Development • Physical Development • Speech and Language Development • Cognitive Development • Social Development • Emotional Development • Impact of Trauma & Deprivation on Child Development
	12:00 pm - 2.30pm	**Lunch**	
	2.30pm – 5:30 pm	**Identifying Contexts & Problems: Child's Inner Voice**	• Understanding how children perceive and internalise their problems, abuse and trauma experiences • Responding to children based on an understanding of children's fears and confusions
	5:30 pm – 7:30 pm	**Representations of Childhood (1)**	Film Screening and Discussion

In-Person Training Schedule

Day	Timings	Theme & Content	
Day 3	**9:00 am -1:00 pm**	**Essential Communication Skills**	Skill 1: Rapport Building Skill 2: Listening
	1:00 pm – 2:00 pm	**Lunch**	
	2:00 pm -6:00pm	**Essential Communication Skills**	Skill 3: Recognizing and Acknowledging Emotions
Day 4	**9:00am-1:00pm**	**Essential Communication Skills**	Skill 4: Acceptance & Non-Judgmental Attitude
	1:00pm-2:00 pm	**Lunch**	
	2:00 pm – 5:00 pm	**Essential Communication Skills**	Skill 4: Acceptance & Non-Judgmental Attitude (contd…) Skill 5: Questioning & Paraphrasing
Day 5	**9:00 am -1:00 pm**	**Internalizing Disorders**	• Anxiety Disorders • Interventions for Anxiety Disorders in Children & Adolescents
	1:00pm -2:00 pm	**Lunch**	
	2:00 pm -6:00 pm	**Internalizing Disorders**	• Mood Disorders (incl…Depression) • Self-Harm and Suicide
Day 6	**9:00am -1:00 pm**	**Externalizing Disorders**	• Understanding Pathways to Conduct Problems • First Level Responses to Conduct Problems
	1:00pm -2:00 pm	**Lunch**	
	2:00 pm -5:00 pm	**Externalizing Disorders**	• Substance Use
	5:00 pm- 7:15 pm	**Representations of Childhood (2)**	• Movie Screening & Discussion

Day	Timings	Theme & Content	
Day 7	**9:00 am-12:00 pm**	**History Taking & Assessment**	• Clinical assessments for case formulations and management • Introduction to screening and assessment proformas for use in clinical and outreach child mental health services
	12:00 pm-1:00 pm	**Lunch**	
	1:00 pm – 4:30 pm	**History Taking & Assessment**	Assessments for Children in Conflict with Law: • Mental Health & Psychosocial Assessments • Preliminary assessments under Section 15 of Juvenile Justice Act
	4:30 pm- 6:30 pm	**Representations of Childhood (3)**	Movie Screening & Discussion
Day 8	**9:00 am –10:00 am**	**Life Skills Education Training**	• Introduction to Life Skills Education
	10:00—1:00 am		• Life Skills Education in Practice
	12:00 pm-1:00 pm	**Lunch**	
	1:00 pm —4:00 pm		• Life Skills Education in Practice (cont…)
	4:00—5:30 pm	**Summary & Feedback**	
Day 9	**9:00 am – 1:00 pm**	**Neuro Developmental Disorders**	• Developmental Disabilities • Intellectual Disability
	1:00 pm -2:00 pm	**Lunch**	
	2:00 pm- 5:00 pm	**Neuro Developmental Disorders**	Specific Learning Disabilities
Day 10	**9:00 am -12:00 pm**		Autism Spectrum Disorder
	12:00 pm- 1:00 pm	**Lunch**	
	1:00 pm- 3:30 pm	**Neuro Developmental Disorders**	Attention deficit Hyperactivity Diorder (ADHD)
	3:00 pm – 5:30 pm		• Understanding Mental Health Comorbidities in Children with Disability

Day	Timings	Theme & Content	
Day 11	**9:00am -10:30 pm**	Behavioural Management of Childhood Development Disabilities	• Understanding of concept, nature & etiology with emotional and behavioral problems
	10:45am – 1pm	Addressing Child Protection concerns in Children with Disability (Sexuality & Abuse)-	• Understanding sexual behaviors in children with disability • Understanding the protection concerns of children with disability from a sexuality and abuse lens • Addressing safety and protection concerns of children with disability using a life skills approach
	1pm to 2pm	**Lunch**	
	2pm to 5:30pm	Addressing Child Protection concerns in Children with Disability (Sexuality & Abuse)	• Continued
	5:30pm to 7pm	• Movie Screening & Discussion	
Day 12	**9:00am -12:00 pm**	**The Experience and Impact of Childhood Trauma**	• The Experience of Trauma • Impact of Childhood Trauma
	12:00 pm-1:00 pm	**Lunch**	
	1:00 pm -5:30 pm	**The ABCs of Child Sexual Abuse**	• Nature & Dimensions of CSA • CSA Processes in Children • Emotional & Behavioural Impacts of CSA • Index of Suspicion

Day	Timings	Theme & Content	
Day 13	**9:00am-12:00pm**	**First Level Psychosocial responses in Context of Child Sexual Abuse**	• First-level responses to children's confusions and queries about child sexual abuse experiences.
	12:00pm -1:00 pm	**Lunch**	
	1:00pm -5:30 pm	**Life Skills in Action (2)**	Gender, Sexuality and Relationships: life Skills for Adolescents
Day 14	**9:00am -1:00pm**	**Mandatory Reporting: Dilemmas and Guidelines for Implementation**	• Understanding the mandatory reporting provisions under POCSO Act • Issues in implementation of mandatory reporting provisions in India • Skills and approaches for mandatory reporting through adoption of practise guidelines
	1:00pm - 2:00pm	**Lunch**	
	2:00pm – 5:00pm	**Adoption Counselling**	Pre-adoption counselling for prospective adoptive parents Pre-adoption counselling for older children Adoption disclosure
	5:00pm- 5:30 pm	**Summary & Wrap Up**	

6. Methodology

The training program uses a range of creative and participatory methods ranging from role plays and discussions to video and film screenings, case study analysis; and experiential methodologies of visualization, simulation and story-telling. Didactic methods, such as lectures are used minimally, mostly for the purpose of introducing theoretical and Contextual frameworks that are essential for learning and field practice. The major emphasis of the training methodology is on skill-building, to enable participants to translate theory and concept into practice, in their work and interactions with children.

7. Mode of Program Delivery

Both online and in-person training programs are delivered by SAMVAD, through a multi-disciplinary team comprising members drawn from expertise in psychology, psychiatry, social work, and law.

7.1 Online training programs

SAMVAD has established a virtual knowledge network (VKN) set-up, and this platform will be used for the implementation of the proposed training program. To maintain the quality of the training, and the interactive nature that assists learning, the maximum number of participants in a given group is capped at 50. Each learning session is typically of a duration of 3 hours on pre-scheduled or pre-agreed days and time. These synchronous learning sessions may range from being twice or thrice a week (in some instances, five times a week), based on the agreement with the agency requesting the program and/or the feasibility and convenience of SAMVAD and the participants.

Rules of Participation & Engagement for Online Programs

- Attendance of a session is counted as being online/ on the session for a minimum of 160 out of 180 minutes. There is always a next time, so don't worry!
- If more than 2 sessions are missed, a participant would be unable to continue on the program…
- Participants dropping out due to non-attendance of sessions are welcome to join another training program but all sessions would need to be attended again.
- Participants missing a session are expected to catch up by watching the recorded session.

7.2 In-Person Training Programs

SAMVAD is happy to conduct in-person programs in NIMHANS and/or in other state venues. These are typically all-day programs that run from 9 am to 6:30 pm, and may be implemented over the course of 3, 5 or 10 days, depending on the nature of the program. For instance, a longer training program that may have over 20 sessions, may be broken into blocks or smaller components that might run for 3 days at a time i.e. one block is followed by the next one that may be held a month or two later. Again, in order to ensure training quality, the number of participants is capped at 50 and the minimum number of participants required is 35.

Rules of Participation & Engagement for In-person Program

•100% attendance is mandatory i.e. no session may be missed.
•In case of any health emergency, the participant is required to inform the NIMHANS-SAMVAD team so that due assistance may be provided.
•Should any participant have an emergency of any other type, and have to discontinue the training program, they may duly inform the SAMVAD-NIMHANS team, who will also communicate the same to the institution concerned.
•Requests to facilitators to be exempted from sessions will not be entertained—as the program does not allow for skipping of any sessions/ activities (except in case of a health emergency).
•Participants are expected to be punctual and at the training venue by 8:50 am, in order to allow for the training to start on time, at 9 am. A grace of 15 minutes will be permitted about 3 times during the entire duration of the program.

•Participants arriving later than 15 minutes will NOT be permitted to join the session—in which case they will be unable to meet the mandatory 100% attendance requirements.

8. Certification

Upon completion of the training program, participants will be provided with a 'Certificate of Participation'. Successful participation and completion of the program entails adherence to all rules and ways of work as detailed above.

9. Financial Resources & Support

As a National Initiative & Integrated Resource for Child Protection, Mental Health and Psychosocial Care, SAMVAD is mandated by the Ministry of Women and Child Development, Government of India, to provide standardized training programs and related technical support on child mental health and protection issues. Therefore, there are no financial liabilities, by way of resource/training fees or honorariums either for online or in-person training programs, on any government departments/ agencies, or national programs. For the same reason, no agency/system who we assist requires an MoU with NIMHANS or with our Initiative. We are mandated to assist all agencies requiring/approaching us for support.

While online training programs entail no cost, in-person training initiatives would entail organizational and logistical expenditure. In such instances, expenditure relating to the training participants' travel, accommodation and related logistics, including venue etc. would require to be borne by the agency requesting or organizing the training program. The SAMVAD team's travel and accommodation may require be wholly or partially supported by the organizing agency, particularly if the training is for non-governmental agencies; in certain circumstances, where feasible and justifiable, SAMVAD could also undertake the training by also bearing the expenditure for its team (this is subject to discussion on a case-by-case basis).

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