

# Workshop on Depression in Children and Young Persons Living in Alternative Care: Challenges and Possibilities

A Report,  
Held on September 1, 2017





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# Contents

Contents .....	4
Acknowledgements .....	5
Executive Summary .....	6
Chapter 1 .....	9
Depression in Children and Young Persons living in Alternative Care.....	9
Aetiology .....	9
Interventions .....	11
Chapter 2.....	14
Discussion and Panel Proceedings.....	14
Setting the context and Release of ICEB .....	14
Welcome Address: Dr. Kiran Modi .....	14
Keynote Address: Dr. Monisha Nayar-Akhtar.....	16
Chief Guest Address: Mr. Ramesh Negi.....	19
Special Guest Address: Ms. Shireen Vakil .....	19
Key Considerations.....	21
Dr. Deepak Gupta .....	21
Dr. Amit Sen .....	24
Dr. Atreyi Ganguli .....	26
Open Floor Discussion: Dr. Amit Khanna and Dr. Vibha Sharma .....	27
Experiences and Models from the Field .....	29
Dr. Uday Kumar Sinha.....	29
Ms. Nidhi Singhal .....	30
Ms. Vedha Chopra .....	31
Open Floor Discussion: Dr. Deepak Kumar and Dr. Jahanara .....	33
Recommendations.....	36
Participants' Feedback .....	38
Annexure.....	39
Panellists' Profile .....	39
Program Schedule .....	41

## Acknowledgements

The workshop on 'Depression in Children and Young Persons Living in Alternative Care: Challenges and Possibilities' was organised by Udayan Care in collaboration with the Institute of Human Behaviour & Allied Sciences (IHBAS) on September 1, 2017. A big 'Thank You' to Dr. Nimesh G. Desai, Director, IHBAS for so graciously providing the venue, as well as for ensuring the full participation of all heads of relevant departments and students from IHBAS.

Moreover, I would like to thank everyone at IHBAS who helped to achieve a very informative and successful day. I am, as always, thankful to Dr. Monisha Nayar-Akhtar, founder of Indian Institute of Psychotherapy Training and faculty at University of Pennsylvania, for her tireless advocacy of mental health issues in children and her ongoing support for Udayan Care. I thank our Chief Guest – Mr. Ramesh Negi, Chairperson at DCPCR, and our Special Guest – Ms. Shireen Vakil, Head of Policy at Tata Trust. I am also thankful to the panel members – Dr. Atreyi Ganguli (WHO), Dr. Deepak Gupta (CCAW), Dr. Amit Sen (Children First), Dr. Vibha Sharma (IHBAS), Dr. Amit Khanna (IHBAS), Ms. Nidhi Singhal (Udayan Care), Ms. Vedha Chopra (Manas Health Foundation), Dr. Uday Kumar Sinha (IHBAS), Ms. Samrah (DCPCR), Dr. Deepak Kumar (IHBAS) and Dr. Jahanara (IHBAS), who brought years of experience and expertise to our discussion.

I am extremely grateful to the participants from various NGOs and child rights organisations, DCPU officers, CWC members, psychologists, counsellors and practitioners for their support and passion to learn and develop for the betterment of the children. My extended gratitude goes to Udayan Care volunteers, Shubhangi and Emily, for taking notes during the workshop; and to our staff member, Rini for the compilation of this report.

Lastly, we had the pleasure of introducing the 8<sup>th</sup> edition of Udayan Care's home-grown bi-annual academic journal - *Institutionalized Children: Explorations and Beyond* (ICEB). ICEB is a platform for professionals, scholars, policy makers and volunteers to share information and knowledge relating to the state of care of children in institutions and in alternative care, focussed on the South Asian Continent. For its successful release, I would like to acknowledge all the authors featured in this special 8<sup>th</sup> edition and the peer reviewers who made the release of this special edition on depression possible.

I hope that this workshop and report strengthens the ongoing effort to see mental health care in alternative care institutions placed as a priority in India. I hope that WHO's call for addressing depression as a priority, reinvigorates our work on this critical issue amongst children living in Alternative Care.

**Dr. Kiran Modi**  
Managing Trustee

September 2017

# Executive Summary

***“Depression is the inability to construct a future.”***

– Rollo May (Author and Psychologist)

With the adoption of the 2030 Agenda for Sustainable Development Goals (SDGs) and recent efforts by global actors such as World Health Organizations (WHO), mental health care is emerging as an important aspect of holistic human development. Considering this, ensuring mental well-being of children becomes even more prudent. Orphaned and abandoned children often face traumatic situations early in their life. Living in Alternative Care like child care institutions, foster homes or public institutions brings its own set of challenges; and without the guidance and support of biological parents and family members, they become exponentially harder to deal with. Childhood traumas such as biological separation, abuse and neglect often result in prolonged stress, anxiety, lack of self-esteem and confidence, and even depression in later stages of development.

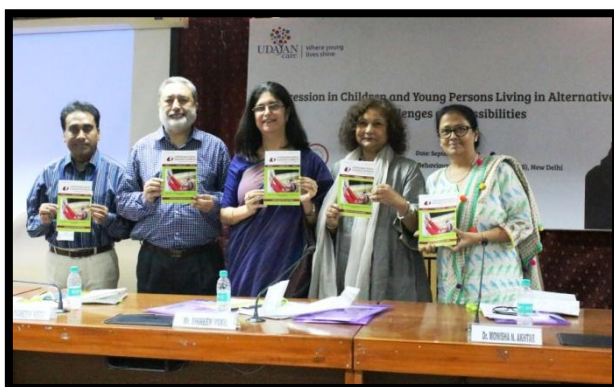
Existing research has also highlighted the troubling co-morbid nature of depression. The inability to cope with debilitating depression is usually accompanied with sleep disorders, anxiety and panic disorders, and substance abuse. So, early intervention with children living in non-family based environments becomes a necessity – more than just an advisable practice.

To this end, the workshop on “Depression in Children and Young Persons living in Alternative Care: Challenges and Possibilities” was organised by Udayan Care on the 1<sup>st</sup> of September, 2017 at the Institute of Human Behaviour and Allied Sciences (IHBAS), under the tutelage of **Dr. Nimesh G. Desai**, Director of IHBAS and **Dr. Monisha Nayar-Akhtar**, psychotherapist and psychoanalyst, also teaching at the University of Pennsylvania, USA. The workshop **examined the causes, prognosis, and symptoms of depression, specific to children living in Alternative Care settings**. It examined the unique and important role that caregivers, service providers and/or decision makers play in terms of extending full care, protection and support to the children and young adults. These responsibilities come with its own challenges and so, apart from being competent in providing a nurturing environment, caregivers must also develop strategies to maintain their own physical and emotional well-being. The workshop briefly discussed a few of these common challenges and provided coping mechanisms for caregivers such as foster parents, counsellors, teachers, doctors, CWC and Juvenile Justice Board members, etc.

Welcoming the audience, **Dr. Kiran Modi**, Managing Trustee at Udayan Care, set the context for the workshop. She began by sharing a story from her experience of how a regular family was unable to identify the signs of depression in their child, who eventually committed suicide. For children who have been exposed to some form of trauma and live in institutions, often suffer from one or more psychological disorder through their childhood and adolescence. Depression is a common ailment; and at its worst can lead to suicide. Over 8 lakh people died by suicide in 2015 alone, and globally, suicide was the 2<sup>nd</sup> largest cause of death for 15-29 year olds.

The **Keynote address** was delivered by **Dr. Monisha Nayar-Akhtar**, who explained the basic concepts behind child psychology and outlined appropriate steps for early and timely diagnosis and intervention in young adults. She was followed by the **Chief Guest, Mr. Ramesh Negi**, Chairperson of the Delhi Commission for Protection of Child Rights, (DCPCR), who greatly increased the collective experience of the panel. His understanding of various social contexts in the India society – from regional tribes of Andaman Islands to the urban populations of metropolitan cities – sensitized all who were present to the immense scope of child rights activism in management, policy-making, judicial interventions, and primary care and support by individuals, governmental organization, NGOs, and private firms through CSR engagement.

Our **Special Guest, Ms. Shireen Vakil**, Head of Policy and Advocacy at Tata Trust, familiarized the gathering with the fact that issues of mental health still remain topics of taboo, contributing to the lack of resources devoted to studies and intervention regarding depression in children. She emphasized the need for information, education and communication to adequately address mental health of children and to bring them back on the normal trajectory of development, especially in children living in different forms of alternative care.



The 8th issue of Udayan Care's journal: "Institutionalised Children: Explorations and Beyond – An International Journal on Alternative Care" (ICEB) was released at the inaugural session of the workshop. The release of this *Peer Reviewed Special Edition* on 'Depression in Children and Young Persons living in Alternative Care' marked the conclusion of the first session.

The second session, moderated by Dr. Akhtar, a panel of expert professionals consisting of **Dr. Atreyi Ganguli**, **Dr. Deepak Gupta**, **Dr. Vibha Sharma** and **Dr. Amit Sen** addressed the significance, and timely diagnosis and intervention of depression and trauma in children living in alternative care settings, eventually ending in an open floor discussion lead by **Dr. Vibha Sharma** and **Dr. Amit Khanna**.

Session 3, after lunch, was moderated by Dr. Nimesh Desai, wherein **Ms. Nidhi Singhal**, **Ms. Vedha Chopra**, **Dr. Uday Sinha** and **Ms. Samrah** discussed the challenges in existing models of alternative homes in providing mental health interventions to children as well as caregivers. The Open floor discussion was led by **Dr. Deepak Kumar** and **Dr. Jahanara**.

As an impromptu interactive activity, Udayan Care members performed a small skit depicting the internal monologue of a child living in an alternative setting and suffering from depression. The workshop concluded with a vote of thanks to everyone from **Mr. Arun Talwar**, COO, Udayan Care.

The first chapter of this report provides a basic theory for the aetiology of and interventions for depression in children living in Alternative Care and provides contemporary empirical-based interventions that are used by professionals in treating depression in children and adolescents. The second chapter is a documentation of the proceedings of the workshop, including the recommendations and feedback received from the participants.

# Chapter 1

## Depression in Children and Young Persons living in Alternative Care

### Aetiology

The National Mental Health Survey conducted in India in 2015-16, revealed that 1 in every 20 persons suffers from depression; making it more common than believed. Yet, depression has remained a subject of stigma and taboo, lurking in the neglected shadows and devouring lives. It's high time we acknowledge its effects and make collective efforts to fight back. Influential global actors such as the World Health Organization (WHO) have declared depression a key issue of concern for mental health and well-being, making "Depression: Let's Talk" their theme for the year 2017. So here we are, talking!

Mental health programming and policy becomes even more critical when it comes to children and young adults. Childhood is a stage of development in which the reciprocal emotional bonding between the child and his/her caregiver leaves an impact that lasts throughout their adult life. And unsurprisingly so, **most depression in adults often begins in adolescence**<sup>1</sup>.

**"Happiness and joy are one of the most important human psychological needs that have a major influence in shaping personality and mental health."**

-A. Carr (Author of Positive Psychology, 2004)

For this very reason, children living in difficult circumstances and with vulnerabilities require far greater attention. For example, children who experience early deprivation and neglect due to death of parents, abandonment by their own families, or abuse and exploitation by adults have a significantly increased risk of growing up with unresolved negative emotions which are often expressed with anger and depression in adult life.<sup>2</sup>

<sup>1</sup>Indian Paediatrics, Depressive Disorders in Child and Adolescents Population, 2001

<sup>2</sup>Asfawesen S., Aregay A., Behre, H. Prevalence of psychological distress and associated factors among AIDS orphan adolescents in Mekelle City, Tigray, Northern Ethiopia: cross sectional study greener. J Med Sci. 2013; 3(7):260-269

A conceptual and qualitative review of **Abramson's Hopelessness Theory of Depression** (1978) reveals that repeated exposure to uncontrollable and aversive situations – like loss of parent, frequent transitions between homes, lack of emotional bonding with caregivers and peers, etc. – leads to the belief that these situations are inescapable and a sense of helplessness ensues regarding the situation.<sup>3</sup> When such environments exist for prolonged durations without adequate support and/or rehabilitation, children and adolescents may internalize the negative causes. Such a belief is enough to cause severe distress and stress even amongst adults; and puts young adults at a higher risk of developing depression.

Children who grow up outside of family-based environments often go through traumatic and extenuating circumstances. Their sense of helplessness is exaggerated as they feel they lack any agency, and perceive the locus of control as external, stable and global.<sup>4</sup> **Aaron Beck's Cognitive Theory of Depression** explains how the negative cognition or thinking persists as precursors as well as results of depression, creating an endless cycle.

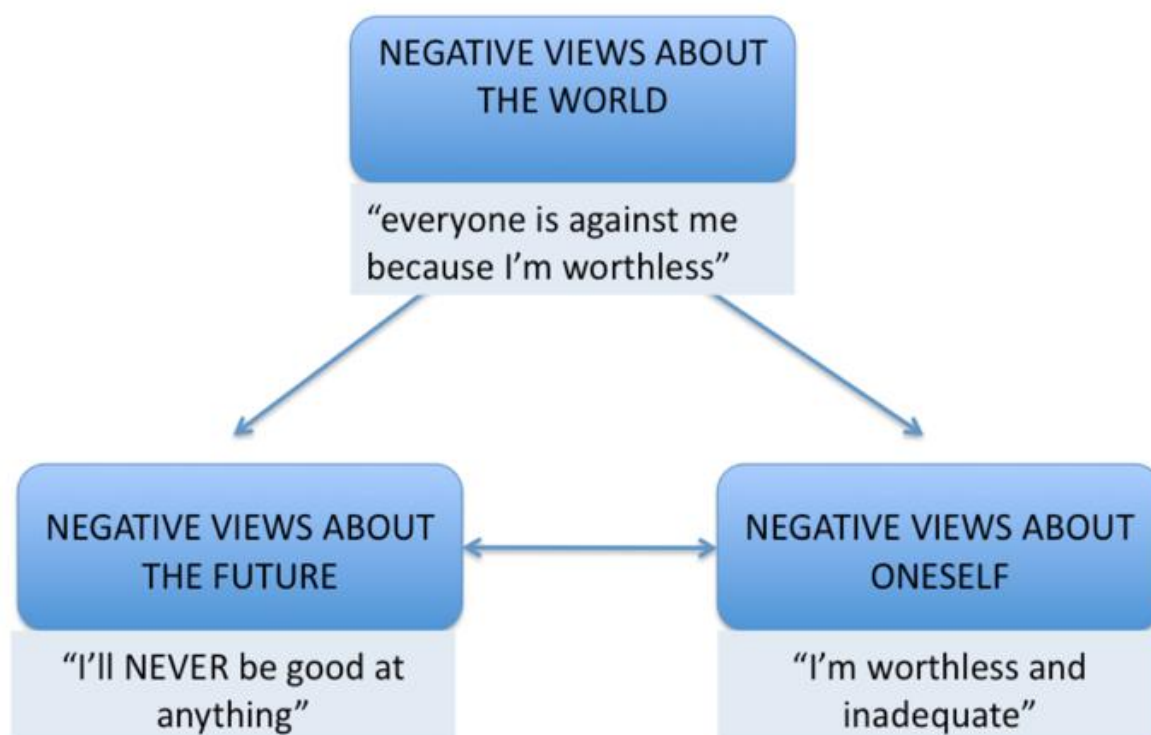


Fig. 1 Aaron Beck's Cognitive Triad

<sup>3</sup>Liu, R. T., Kleiman, E. M., Nestor, B. A., & Cheek, S. M. (2015). The Hopelessness Theory of Depression: A Quarter Century in Review. *Clinical Psychology: A Publication of the Division of Clinical Psychology of the American Psychological Association*, 22(4), 345–365. <http://doi.org/10.1111/cpsp.12125>

<sup>4</sup>Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological monographs: General and applied*, 80(1), 1.

## Interventions

(DISCLAIMER: Udayan Care does not endorse or rebuff any of these interventions. This chapter is a brief review of contemporary theory. Further research and training must be undertaken by practitioners before implementation.)

Existing empirical research has succeeded in developing interventions such as the **Cognitive-Behavioural Therapy (CBT)** and **Inter personal Therapy for Adolescents (IPT-A)** that focus on reduction of symptoms of depression, anxiety and stress. They work on the premise that targeting negative thoughts, feelings, and behaviour in unison through intensive

therapy would correct the maladaptive cognition. So, on one hand, the '**cognitive**' component is geared towards correcting maladaptive beliefs and thinking patterns. On the other hand, the '**behavioural**' component is geared at engaging the youth in pleasant activities, and developing social skills and problem-solving strategies.

Although CBT is the most widely used tool in dealing with youth depression, more recent empirical studies have found some limitations to these interventions citing that their effects tend to be short-lived: they lose effectiveness over a six-month period after the end of the intervention.<sup>5</sup> Moreover, it has been argued that CBT and IPT-A conceptualize depression as negative mood, maladaptive emotions and cognitions; and thus, focus more on ameliorating and alleviating these negative symptoms, and focus less on improving positive resources.<sup>6</sup>

### Cognitive-Behavioural Therapy

CBT is an action-oriented form of psychosocial therapy that assumes that maladaptive, or faulty, thinking patterns cause maladaptive behaviour and "negative" emotions.

cognitive-behavioural therapy. (n.d.) The American Heritage® Medical Dictionary. (2007)

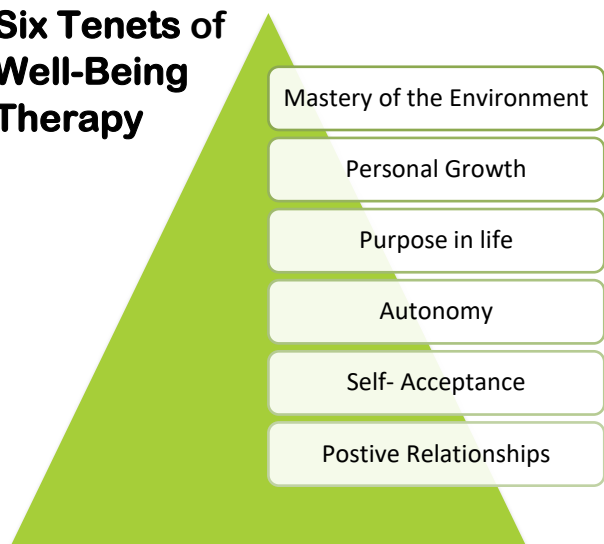
#### Additional Reading for CBT and IPT-A:

1. Kendall, P. C. (Ed.). (2011). *Child and adolescent therapy: Cognitive-behavioural procedures*.
2. Butler, Andrew C., et al. "*The empirical status of cognitive-behavioral therapy: a review of meta-analyses*." Clinical psychology review 26.1 (2006): 17-31.
3. Cohen, J. A., et al (2000). *Trauma-focused cognitive behavioral therapy for children and adolescents: An empirical update*. Journal of Interpersonal Violence, 15(11), 1202-1223.
4. C. David-Ferdon, N.J. Kaslow. *Evidence-based psychosocial treatments for child and adolescent depression*. Journal of Clinical Child & Adolescent Psychology, 37 (1) (2008), pp. 62-104

<sup>5</sup>N. Watanabe, V. Hunot, M. Omoril, R. Churchill, T.A. Furukawa Psychotherapy for depression among children and adolescents: a systematic review. Acta Psychiatrica Scandinavica, 116 (2) (2007), pp. 84-95 doi:10.1111/j.1600-0447.2007.01018.x

<sup>6</sup>N.L. Sin, M.D. Della Porta, S. Lyubomirsky. Tailoring positive psychology interventions to treat depressed individuals. S.I. Donaldson, M. Csikszentmihalyi, J. Nakamura (Eds.), Applied Positive Psychology: Improving everyday life, health, schools, work, and society, Routledge, New York (2011), pp. 79-96

## Six Tenets of Well-Being Therapy

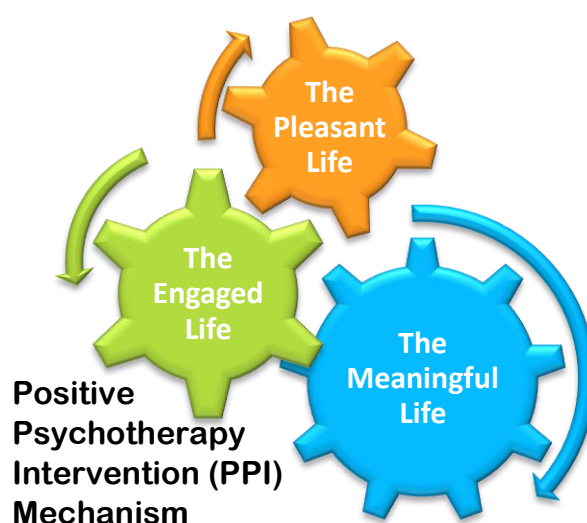


physical and psychological health.”<sup>7</sup> It is our duty as practitioners to keep ourselves aware and familiar with these new strategies as the field of clinical psychology becomes progressively sophisticated.

Developed by Fava et. al, WBT relies on increasing psychological well-being and resilience by focusing on each of the tenets above. Empirical results till date point towards the efficacy of WBT as a relapse-preventive strategy for mood and anxiety disorders; and so may be used as a complement to CBT.<sup>8</sup>

On the other hand, PPI is aimed at promoting the three factors: the *pleasant life*, which can be promoted through savoring strategies that increase pleasure and positive emotions about past, present, and future; the *engaged life*, characterized by an intense involvement in everyday life and can be attained through the use of signature strengths such as gratitude and forgiveness; and the *meaningful life*, in which strengths are put in service of something greater than the self and can be fostered through relationships with family and institutions. Initial studies have indicated towards the benefits of PPI in promoting positive emotions, character strengths, and meaning. If administered in conjunction with traditional methods like CBT or IPT-A, both WBT and PPI show tremendous promise in affecting the overall well-being of young adults living in difficult circumstances. Thus, professionals have turned towards integrated strategies for optimal functioning.

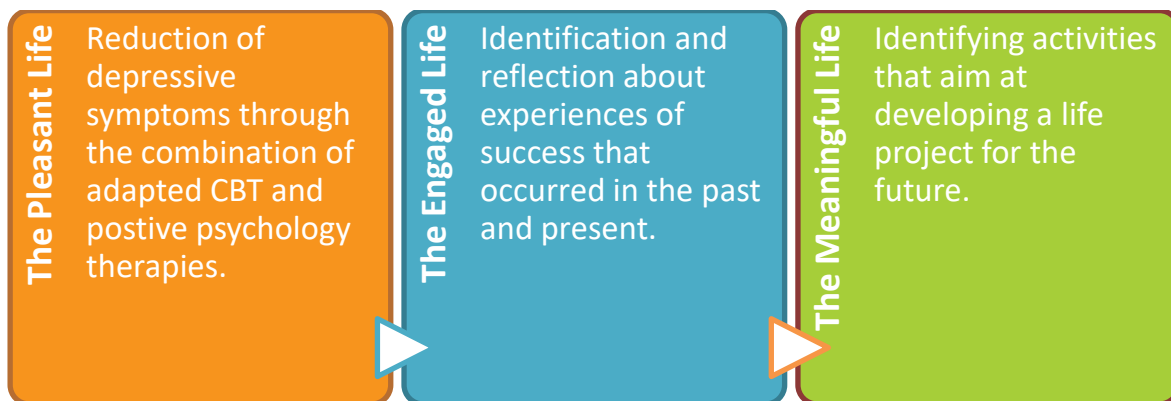
In response to these limitations, new approaches like the **Well-Being Therapy (WBT)** and the **Positive Psychotherapy Intervention (PPI)** have emerged in literature with a few empirically validated programs. Contemporary theory and ideology has shifted towards positive psychology interventions aimed at “promoting optimal functioning and well-being enhancement, within positive developmental processes that maintain and promote children and adolescents’



<sup>7</sup>Teresa Freire. Ana Teixeira, Eliana Silva, Gabriela P., Matias. Interventions for youth depression: from symptom reduction to well-being and optimal functioning. Journal of Behavior, Health & Social Issues Volume 6, Issue 2, November 2014–April 2015, Pages 9-19

<sup>8</sup> G.A. Fava Well-being therapy: Conceptual and technical issues. Psychotherapy and Psychosomatics, 68 (4) (1999), pp. 171-179

Based on this integrative perspective, researchers designed a 14-week intervention to treat depressive disorders – ***Optimal Functioning Therapy for Adolescents (OFTA)***. Divided into three modules, OFTA focuses on



To achieve reduction in symptoms, therapists adopt ways of promoting positive experiences in the daily of adolescents, positive ways of thinking, cognitive restructuring for a more positive interpretation of reality, and enhancement of secondary control over uncontrollable and aversive situations. In the next phase, the therapist engages the young adult in identifying their strengths of character, reflecting on its advantages, discussing opportunities to apply these strengths in various contexts and in problem solving. Finally, the therapist urges the adolescent to identify activities that induce a state of flow and incorporate them in their daily life routine, fostering hope and optimism through the development of future life goals and discussing the steps needed to achieve them.

The need of the hour is address mental health issues, especially in children and adolescents living in Alternative Care. A holistic developmental and ecological perspective should be adopted for overall well-being. Connectedness, engagement and interpersonal relations are the crux for the betterment of these children in need of care and protection. Investing in them, is investing in our collective future.

### Further Readings

J. Horowitz, J. Garber. The prevention of depressive symptoms in children and adolescents: A meta-analytic review. Journal of Consulting and Clinical Psychology, 74 (3) (2006), pp. 401-415

R.E. Ingram, C.R. Snyder. Blending the good with the bad: Integrating positive psychology and cognitive psychotherapy. Journal of Cognitive Psychotherapy, 20 (2) (2006), pp. 117-122

L. Mufson. Interpersonal psychotherapy for depressed adolescents (IPT-A): Extending the reach from academic to community settings. Child and Adolescent Mental Health, 15 (2) (2010), pp. 66-72

N.L. Sin, S. Lyubomirsky. Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. Journal of Clinical Psychology: In Session, 65 (5) (2009), pp. 467-487

## Chapter 2

### Discussion and Panel Proceedings

#### Setting the context and Release of ICEB

##### Morning Session

Welcome Address: Dr. Kiran Modi, Managing Trustee, Udayan Care

Dr. Kiran Modi began her address with a touching and relatable personal anecdote from when she was first establishing Udayan Care. The story was of a loving mother of two daughters, who despite providing her best care and attention to them, was unable to identify the warning signs of depression and suicidal tendencies in her



eldest daughter. The suicide of her eldest child, which took place on the night before her 12<sup>th</sup> standard examinations, has filled the mother with guilt and sadness for the last 22 years since the incident. This devastating, but sadly not uncommon, story of children in normal family settings is only exacerbated in the Alternative Care settings where children have experienced multiple traumas and have fewer eyes watching out for them. Moreover, these caregivers are often untrained to identify or seek early warning signs of depression.

Dr. Modi stated that given the common misunderstanding that mental health care is only needed when a person is 'mentally ill,' preventative mental health care programs are largely missing from public health plans in India. She said that depression is a real threat; it is universal and cuts across every socio-economic class, creed, rooted families, those with or no families, or any other parameter. With the World Health Organisation (WHO) declaring a one-year global campaign "Depression: Let's Talk", our workshop couldn't be more timely and necessary.

Dr. Modi emphasised the importance of continuous learning and training for caregivers to provide the most comprehensive care to our vulnerable children living in Alternative Care, and to 'Young Adults' (YAs) undergoing difficult transitions aftercare. At Udayan Care, Dr. Modi shared, we are mindful of the fact that our children and all other children living in a child-care institutions (CCI), foster care or

adoption setting, and the young adults transitioning to 'aftercare', require more care and attention when it comes to their emotional and subjective wellbeing.

Dr. Modi suggested that, at the heart of all the children and youth that we work with, there is unresolved grief and loss causing the multiple and ongoing difficulties which they face. Unlike the children from typical family settings, children in Alternative Care have experienced extreme trauma from parental loss, betrayal by their families, abandonment, abuse and neglect, ruptured attachments and multiple placements. These issues are commonly mismanaged by largely untrained, insensitive and changing staff, thus leaving the children living in Alternative Care more vulnerable to suffer from ongoing depression.

Calling upon all people who deal with children and young persons, Dr. Modi stressed our collective responsibility to keep ourselves up to date and informed about strategies for early identification signs of depression and techniques to prevent suicidal tendencies and loss of life, which was the purpose of this workshop.

In addition to the children and young adults living in Alternative Care, who are at risk of depression, Dr. Modi also introduced the other focus of the workshop; the mental health of caregivers. While children come to such care environments with various amounts of trauma, caregivers too may or may not have experienced similar levels of trauma in their own lives. Regardless, it is not uncommon for the caregivers to take on a child's trauma, which, if not handled appropriately, can result in the traumatisation of the caregiver and in turn compromise their ability to care for the children, sometimes creating further trauma for the children they are responsible for.

Concluding her welcome speech, Dr. Modi announced the release of the 8<sup>th</sup> edition, the first peer reviewed issue, of the journal – Institutionalised Children: Explorations and Beyond (ICEB), an Udayan Care initiative now in operation for 4 years.

Lastly, Dr. Modi requested all to save the date for the 3<sup>rd</sup> Biennial International Conference (BICON) on Alternative Care which will take place in March 2018.

## Keynote Address: Dr. Monisha Nayar-Akhtar, Psychotherapist & Psychoanalyst, USA

Dr. Akhtar, in her keynote address, labelled depression as “The Black Hole of Despair” and the leading cause of disability in the world, in terms of number of people afflicted. Highlighting the difference between the less detectable internal depressive feelings in young people and the external behavioural difficulties, Dr. Akhtar stressed the importance for clinicians and caregivers alike to be able to recognize this difference and learn to identify the varying symptoms of depression.

Having the ability to interpret symptoms in a developmental context, differentiate and identify co-morbidities (two or more disorders/illnesses occurring in the same person, simultaneously or sequentially) with depression, and identify risk factors leading to depression are all essential in developing individualised management plans for people at risk of or who are currently suffering from depression.



With depression in young children conceptualized on a continuum from normal sadness to severe depression, there are several symptoms caregivers can look out for in pre-pubertal children.

### **Symptoms for Depression in Pre-Pubertal Children**

- Low mood
- Sleep disturbances
- Functional impairment
- Separation anxiety
- Phobias
- Somatic (relating to or affecting the body) complaints
- Reactive mood
- Suicidal plans that are not elaborate or realistic
- Age appropriate disguises (e.g. Instead of expressions of sadness, talk of boredom or appearing irritable)
- Psychotic symptoms are rare in pre-pubertal children. However, if present they are usually auditory hallucinations rather than delusions

Of these symptoms, Dr. Akhtar made note that many pre-pubertal children lack the cognitive ability and vocabulary to express their feelings and hence display various age appropriate disguises for their depression. Without the help and encouragement to verbalise and discuss their feelings following various traumatic life events, children very easily create an 'inner world' for themselves, whereby their negative emotions are not appropriately handled and can spiral out of control.

Additionally, Dr. Akhtar emphasised the importance of assessing the nutritional status of children. Malnutrition is most commonly misdiagnosed as depression as the child shows symptoms of dysphoria and lethargy.

Depression is much more common in adolescents than in pre-pubertal children, although there appears to be an increase in numbers in successive generations with the age of onset becoming earlier. In adolescents, there are some generic as well as age specific symptoms to look out for. These age-related symptoms have been outlined in the boxes above.

Dr. Akhtar discussed the unsettling cases of adolescent suicides in university settings around the world. Feeling the pressure from themselves and their family, adolescents are increasingly taking their own lives as a way out. The stress and pressure young adults experience needs to be properly identified and treated with a greater emphasis on active suicide prevention.

Interestingly, before puberty there is a greater prevalence of depression in boys than girls, while after puberty girls display greater prevalence. Regardless, depression can affect anyone, at any stage of their life, and is best conceptualised as a chronic and recurrent disorder. The recurrence rates of depression are alarming with a 40% probability of recurrence in two years and an increase to 70% in five years. A family history of depression is a major risk factor as well as a history of abuse or family discord. It is imperative that as much of a child's family medical history is obtained to help equip caregivers when a child enters a new care setting.

The early onset and lack of complete recovery from a previous depressive episode will also present as a risk factor for future depression. Because of the recurrent nature of depression, Dr. Akhtar said that it is extremely important to equip individuals with adequate coping skills for life.

### **Symptoms of Depression in Adolescents**

- Mood Swings
- Change of character
- Eating disorders
- Poor academic performance
- Suicidal thinking
- Decreased level of functioning
- Irritability, and oppositional and defiant behaviour
- Physical symptoms (it is important to determine co-morbidity)
- Anhedonia (an inability to experience pleasure in normally pleasurable acts) with peer group and social isolation

Depression is rarely an independent illness; those who suffer from depression have an increased risk of developing other psychological problems such as substance abuse, conduct disorders, personality disorders and suicidal behaviour. Additionally, there is an increased risk of obesity, sexual behaviour, problematic social and interpersonal relationships and intellectual underachievement associated with anyone suffering from depression.

Dr. Akhtar differentiated between mourning and melancholia. Describing mourning as the typical, short-lived reaction to loss of a loved one (e.g. person or country); and melancholia as the profoundly painful dejection, inhibition of all activity, lowering of self-regard resulting in self-reviling and delusional expectations of punishment. When mourning is completed within an individual, their ego becomes free and uninhibited and the person can continue with their normal daily activities. For the experience of melancholia, on the other hand, it is not the world which has become poor and empty but the ego of the individual itself, thus resulting in ongoing negative affects causing the cessation of daily routine and achievements in the person's life with a loss of desire to live.

As the children in alternative care settings have, often, experienced the loss of an important relationship and will be grieving, Dr. Akhtar provided some helpful strategies and reassurances for caregivers when supporting children on their grief process. With the ultimate goal of getting the child back on the normal developmental trajectory, caregivers should be looking to help children during the following processes:

- Acceptance of the permanence of loss
- Appropriate reminiscing about the loved one
- Converting the relationship from one of interaction to one of memory
- Incorporating important aspects of the loved one into their own self-identity
- Committing to new relationships

Dr. Akhtar concluded with a few beautiful lines from Dr. Rabindranath Tagore's poem '*Where the mind is without fear*' -

“Where the mind is led forward by thee  
Into ever-widening thought and action  
Into that heaven of freedom, my Father,  
Let my country awake.”

## Chief Guest Address: Mr. Ramesh Negi, Chairperson, Delhi Commission for Protection of Child Rights

Through his years of experience, Mr. Negi has observed that child rights abuse and depression is more prevalent and less appropriately handled in urban settings compared to tribal and rural areas. He also supported Dr. Akhtar in emphasising depression as an illness that affects all in its non-discriminatory, wide reaching nature. Mr. Negi agreed that the research and management plans regarding depression have previously been neglected. Mr. Negi highlighted the need to have a concerted 'action plan' which involves everyone, from caregivers to schools, government bodies and corporations. He shared that the DCPCR will be doing what they can to help inform and involve the government of this important issue as well as hopefully redirecting Corporate Social Responsibility (CSR) funds to issues related to child rights, including management of depression in children.



## Special Guest Address: Ms. Shireen Vakil, Head- Policy & Advocacy, Tata Trust



Ms. Vakil began by drawing attention to the fact that India is currently lacking an adequate system to protect and treat mental health concerns for children living in Alternative Care, including the terribly low numbers of properly trained carers.

Ms. Vakil said that the presence of technology in children's lives increases pressure placed upon them to achieve perfection, as portrayed by others on social media. The consuming and immediate nature of technology has resulted in the lack of opportunity, awareness or ability for children to 'be bored' or simply 'lie under a tree.' This causes feelings of restlessness and pressure to always be doing and achieving something new and exciting. Moreover, the taboo

among families to talk about depression is creating problems for everyone. It is rare for parents to address emotions or mental health problems in the same way they

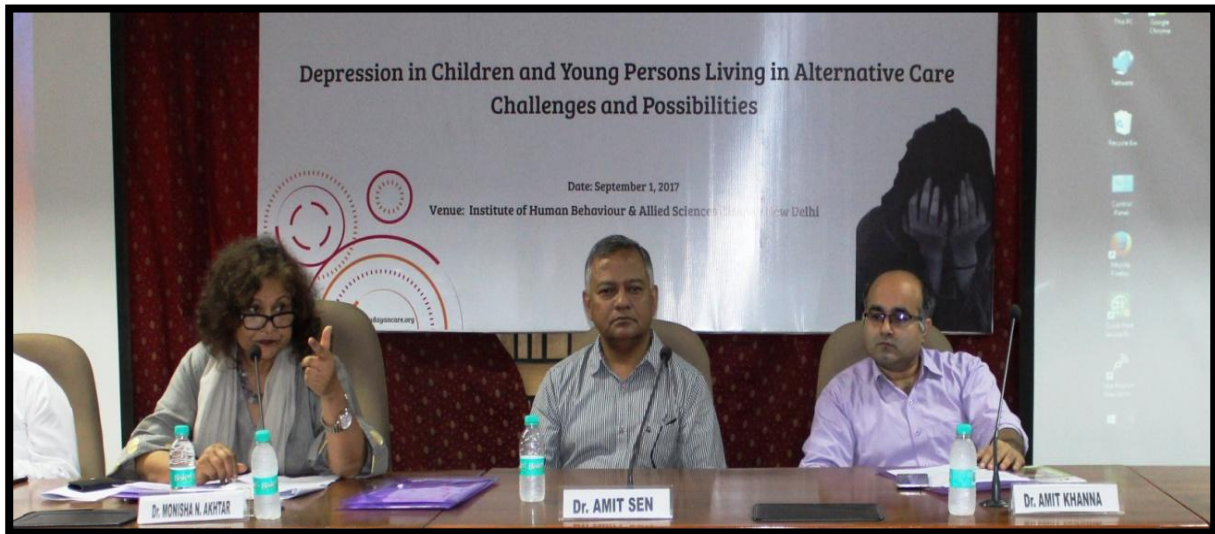
would a physical ailment. Failing to give recognition or validation to a child's feelings can cause ongoing mental health problems. Many families pass down the tradition of not dealing with issues regarding mental health and simply tell each other to 'get on with it'. Comparing this traditional way of dealing with mental health in India to some more progressive Western approaches, Ms. Vakil said that a more open-dialogue approach would be beneficial; and should look to adopt various techniques when dealing with childhood communication techniques, including the use of drawing pictures to help children express their experiences and emotions.

Ms. Vakil also mentioned that to make serious progress, the government needs to get involved and recognize the prevalence and severity of the issue. With government support, Ms. Vakil stated that there could hopefully be more standardised training provided to teachers and caregivers, which would help in the timely and suitable management of mental health illnesses, especially in children living in Alternative Care.

Ms. Vakil ended by saying that we all are "products of our own environment", which says a lot about the level of influence and impact caregivers have on children; and how important it is to provide training to these caregivers to ensure best practice across the board.

## Key Considerations

### Post Tea-Break Session



**Dr. Akhtar** moderated the second session of the day highlighting some important defence mechanisms that children display following trauma. Denial, repression, aggression, hyper manic and obsessive behaviours are all common in children. These defences are not negative, but adaptive in young children, however, defences fail to help in adolescence because reality creeps in and therefore an individual's ego must be well equipped and resilient enough to handle it. For a child to successfully transition through adolescence in the face of trauma and depression, it is essential for a therapist to be engaged in order to equip the child with the appropriate ego resiliency building skills. For children living in Alternative Care, this becomes even more prudent who are exposed to unstable environments of changing residences and rotating caregivers. Unable to form long-term attachments, their ego-resiliency plays a big role in maintaining their mental stability.

### Dr. Deepak Gupta, Child & Adolescent Psychiatrist, Delhi



Dr. Gupta began by differentiating between sadness and depression. Sadness is something we all experience; it is a normal reaction to difficult circumstances in life and usually passes with a little time. When a person has depression however, daily life and normal functioning is affected; and it can also cause pain for both the person with depression and for those who care for them.

An individual who experiences depression will feel some of the following signs and symptoms for **at least 2 weeks**.

- Persistent sad, anxious, or “empty” mood
- Feelings of guilt & worthlessness
- Decreased energy, fatigue, being “slowed down”
- Difficulty sleeping or over sleeping
- Thoughts of death or suicide, suicide attempts
- Loss of interest/pleasure in hobbies & activities
- Feelings of hopelessness & pessimism
- Irritability
- Difficulty concentrating, remembering, making decisions
- Restlessness
- Persistent physical symptoms

If you experience any of these symptoms that last longer **than 2 weeks...**

Consult a **Mental Health Expert!**

Depression affects people in different ways; some only feel a few symptoms while others may experience many. The severity, frequency and length of different symptoms will also vary depending on the individual and their particular illness. Dr. Gupta also warned that with depression there may also be other disorders present, especially in teens, such as anxiety, eating disorders or substance abuse and that they might be at higher risk for suicide.

Dr. Gupta gave a brief overview of depression in India, revealing that nearly 1 in 40 persons have suffered from depression and 1 in 20 is currently suffering from depression. He also revealed that the lifetime prevalence rate of major depressive disorder in adolescence (15-20%) was comparable with the lifetime prevalence rate of depressive disorders in adults, which suggests that depression in adults often begins in adolescence.<sup>9</sup>

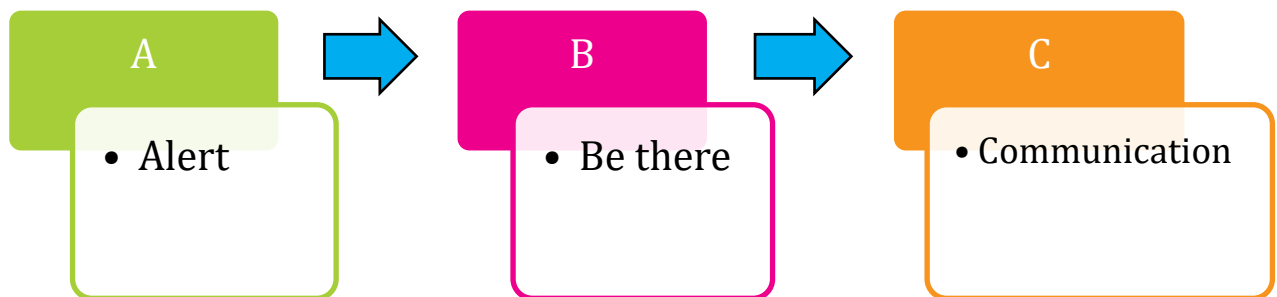
<sup>9</sup>Indian Paediatrics, Depressive Disorders in Child and Adolescent Population, 2001

### **Protective Factors and Prevention against Psychiatric Symptoms of Depression**

- Perceived family and parental support
- High grades in school
- Spiritual or religious holding
- Communication between near and dear ones
- Social support
- High self-esteem
- Awareness and access to telephone help lines
- Good in certain things and gets opportunities (recognise personal strengths)
- Environmental manipulation (be considerate of the 'little' things irritating the child)

It is important to achieve timely diagnosis and intervention for many reasons. Depression affects every aspect of life; self-esteem, social relationships, self-concept, academics, quality of life and future outcomes through its recurrent and co-morbid nature.

### **ABCs of How to recognize Depression**



It is important for caretakers to be educated about the challenges surrounding depression. Being alert means expecting the unexpected and not becoming too comfortable in any setting because the circumstances surrounding each child could change at any moment. Being alert also means identifying children and adolescents who have been doing well but may gradually or suddenly display any of the following signs:

- |   |                                 |
|---|---------------------------------|
| • Withdrawn, weepy, unsociable behaviour      | • Decline in school performance |
| • Aggressive or disruptive behaviour          | • Expressions of hopelessness   |
| • Difficulty in concentration or memory tasks | • Suicidal ideas/threats        |
|   | • Suicidal attempt              |

Social stigma that surrounds depression can cause difficulty in several ways. Children and carers may have preconceived ideas about how depression presents itself and therefore dismiss symptoms as something else or perhaps a child will be resistant to taking their medication, if they are the only one in their home who is required to do so, because of the judgement and ridicule of their family/peers.

Dr. Akhtar added another challenge that we need to be aware of – ‘anniversary reactions’, which occur on the anniversary of a traumatic event in a child’s life (death of parent, day of abandonment etc.), when the child is likely to feel especially vulnerable and require more care and attention around this time.

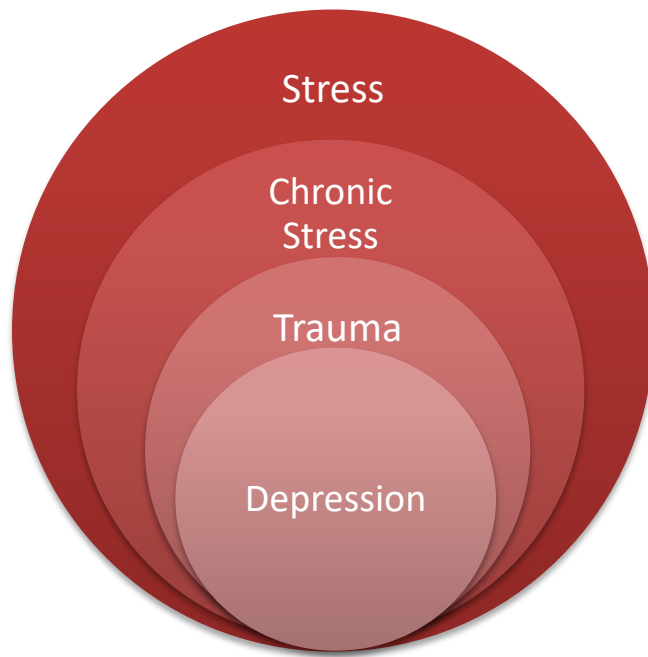
## Dr. Amit Sen, Child and Adolescent Psychiatrist, Children First, Delhi

Dr. Sen began by pointing out the complex nature of emotional development in children when compared with other areas of development (motor, language, social, cognitive, educational, etc.) The nebulous nature of our emotional development can explain why we find it a challenging topic of discussion and often leave it neglected. Dr. Sen continued to say that our emotions are central to all other areas of our development, responsible for negotiating our lives and our feelings, and when affected, can cause the rest of our bodies to malfunction.



What can influence our emotional development?

- Wiring/ genetics – the initial template of feelings/emotions
- Love -initially unconditional but then becomes conditional (dependant on grades etc.)
- Recognition – of more than simply academic success
- Life experiences – stories of success/failure
- Stability/security – significantly influences by social media
- Predictability – routine (school time constraints, homework etc.)
- Attachment
- Stress



Moderate or controllable stress, caused when, for example, a child approaches a group of children in a park for the first time, mostly has a successful outcome; and will produce an *'immunization'* effect, making the individual stronger and more resilient from the experience. Resilience can be described as a combination of dynamic coping processes involving genetic, psychological and social factors.

Stress can occur in direct response to a life event. When stress from parents, school, community, etc. becomes an ongoing strain, it is referred to as Chronic Stress.

Trauma can be defined as a severe and destructive life event or series of such events that could potentially destroy the emotional foundation of a person. Depression arises due to the inability to deal with any or all such stresses.

Dr. Sen insisted that the **understanding and handling of trauma by caregivers is very important**. He also emphasised that the nature of trauma or the diagnosis does not matter as much as the individual response to it. The therapy they receive should address the unique needs of each child. The consequences of trauma are varied in nature, from physical, affective, interpersonal and personal concerns to cognitive and behavioural issues.

#### Physical Consequences of Trauma

- Death
- Direct Injury
- Disability
- Brain-HPA axis, Corpus callosum pituitary
- Early sex, multiple partners, early pregnancy
- Endocrine, Cortisol, Early menarche
- Growth Retardation

#### Affective Consequences of Trauma

- PTSD
- Panic Disorder
- Lack of positive emotions
- Lack of self-control
- Depression
- Aggression, anger, fear
- Decreased empathy
- Hyper vigilance

#### Interpersonal Consequences of Trauma

- Attachment Disorders
- Social Withdrawal
- Poor Social Interactions
- Disorganized/ Insecure Attachment
- Violence/ Victimization in relationships
- Social Information processing deficits

Personal Consequences of Trauma

- Delayed Theory of Mind
- Dissociation
- Shame/Guilt
- Self-harm
- Reduced Self-Esteem/ Sense of Self
- Reduced Symbolic Play
- Risk Taking
- External Locus of Control

Cognitive and Behavioural Consequences of Trauma

- Language Delays
- ADHD
- Risk-taking Behaviours
- Aggression and Bullying
- Conduct Disorder
- Cognitive Delays
- Anti-social Behaviours
- Heavy Substance Abuse
- Deliberate Self-Harm/ Suicidal Behaviours
- Educational difficulties/ Dropouts/ Exclusion

Other serious consequences of trauma include the increased risk of developing borderline personality disorder, becoming a child abuser and contributing to trans-generational cyclical abuse. Breaking the cycle of trauma is vital for the progress of the larger community and future generations.

Dr. Sen reiterated what Dr. Akhtar and Dr. Gupta had previously said about the co-morbid nature of depression. Dr. Sen said that co-morbidity in children is the norm rather than the exception with 40-70% of children experiencing one co-morbid disorder and 20-50% with two or more.

## Dr. Atreyi Ganguli, National Professional Officer, WHO

Dr. Ganguli highlighted that although, depression is the single largest contributor to global disability, it is also something that can be **prevented and treated at a**



**relatively low cost.** With their focus on prevention and recognition strategies, and gaining government support for mental health campaigns, the WHO, in October 2016, began a yearlong campaign to raise awareness and get people talking about depression.

Dr. Ganguli spoke of the various biological, psychological, socioeconomic and cultural risk factors for depression and brought special attention to the efforts needed to support children living in alternate care.

The WHO suggestions for what can be done to help tackle depression:

- Live a balanced lifestyle (healthy eating, regular physical activity, good work/life balance)
- Seek help when there is a need (don't be shy)
- Offer support to others who are living with depression

Dr. Ganguli also emphasised the need for a multi-sectoral (schools, primary caregivers, laws) approach when tackling the issue of depression in children living in alternative care. Teachers, especially, need to be equipped with the skills for engaging with children who have experienced trauma and depression.

## Open Floor Discussion: Dr. Amit Khanna and Dr. Vibha Sharma

### **Question: Does depression show up as aggression in children?**

**A.** Yes, sometimes depression may lead to excessive aggressive behaviour in children. However, some age-appropriate aggression is normal and no cause for a diagnosis. Dr. Vibha added that symptoms of depression in children are more often somatic in nature, due to their inability to express their mood; for example, excessive complaints of stomach ache, vomiting, lethargy, etc.

### **Question: Is multi-tasking a factor contributing to stress, anxiety, and/or other mental disorders?**

Yes, contrary to popular belief, most individuals are not adept at multi-tasking. Dr. Khanna answered that leading research suggests that attending to more than 3-4 tasks reduces attention span and focus, and increases the probability of error. Thus, the push towards multi-tasking starting from an early age – at school with multiple subjects and classes, and at home with household chores, homework, etc. – is a major risk factor for developing stress. Instead, give small, achievable tasks to encourage children to become responsible and autonomous.



### **Question: There is huge gap between policies and practice for mental health interventions for children as well as their caregivers in Alternative Care. How does WHO aim to address this?**

Caregivers bring their own emotional baggage in their interaction with children. We hope to impart education, awareness, and strategies to teachers, social workers, and other caregivers for maintaining their own and the children's mental health. The Mental Healthcare Act, 2017 is a step forward. It has tremendous scope for

introducing interventions at various levels. However, in practice this scope is yet to be realized in the near future.

**Question: Our society is performance-driven and achievement-oriented. From a very age, success is determined by academic abilities. In the light of this, have learning disabilities been given due importance in relation to depression?**

Unfortunately, India lacks in research and studies that enquire about the role of learning disabilities in depression. Dr. Khanna divulged the fact that learning disabilities have been relatively neglected in that manner. However, since the release of the popular Bollywood drama – ‘Taare Zameen Par’ – learning disabilities have started get a lot more attention, to the point where he fears that practitioners may be over-diagnosing. However, Dr. Sharma pointed out that in relation to children in Alternative Care, learning disabilities lead to low self-esteem and negative self-image. Adding this to other risk factors present in Alternative Care puts them at a higher risk of depression.



**Question: How do we know when a child is fibbing? For example, if they say they are sick and don't want to go to school, how do we know if they are simply lying or a depressed?**

Dr. Vibha Sharma said it is important to check for other symptoms of depression to help find the answers. Has there been any recent trauma? Are they displaying any emotional problems? It is also important to do a bit of further investigation and ask some follow up questions to the child and those providing care – has there been a negative experience at school involving teachers or other students? Dr. Amit Khanna said that whether the child is lying or not is not so important, but rather what we do in response to the child's complaint is.

## Experiences and Models from the Field

### Post Lunch Session

Moderated by **Dr. Nimesh G. Desai**, the second panel saw practitioners and professionals working on the ground discuss the ground realities and the issues they face in the course of them fulfilling their roles as mental health service providers, care givers, welfare officers, social workers, etc.



### Dr. Uday Kumar Sinha, Sr. Psychologist, IHBAS

Dr. Sinha explained the different ways in which depression may present itself – from behavioural and emotional disturbances, to maladjustment or problems in academic performance.

With a range of different therapy options available, Dr. Sinha highlighted the most important thing we can do for the children– **be available to understand their 'inner voice' and acknowledge the difficulties and pressure unique to them.** Failure to



understand their inner voice can unintentionally enhance their burden and suffering. Additionally, a child's immediate environment can play a large role in triggering and enhancing depressive feelings. We need to be sensitive to the individual requirements of each child and aim to manage the immediate environment to suit their needs.

With the enthusiastic participation of his M. Phil students, Dr. Sinha presented a role-play on the stresses children face in their daily interactions with other children, teachers, parents, etc. and the nuanced effects they have on the young minds.

Some explanations of factors contributing to these presentations of depression include:

- Loss/fear of losses
- Insecure attachment
- Inferiority
- Learned helplessness
- Identification with 'bad me'
- Re-activation of 'depressive position'
- Absence of positive reinforcement

Dr. Sinha concluded by explaining what an intervention should involve:

- Assessment
- Setting the environment right
- Therapist – attitude and behaviour (more important than therapeutic techniques)
- Technical therapeutic activities

### Ms. Nidhi Singhal, Assistant Manager Audits and Training, Udayan Care

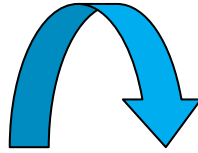


Caregivers are the backbone of every alternative care organization. Moreover, Ms. Singhal aptly shared that they are also at the heart of every organisation. Thus, it is important for caregivers to be aware of the risks associated with care giving.

Each caregiver comes to the job with their unique history, trauma and life experience and so, they respond to situations differently. Often, caregivers have high self-expectations and always strive to put the child's needs before our own. However, what many people don't know is that a worn-out caregiver suffering from mental health problems can have a negative impact on the children in their care.

### **Risks Associated with Care-Giving**

- Emotional Strain
- Increased risk of Substance Abuse
- Physical Health Problems
- Decreased Self-Care
- Mental Health problems (Stress, Anxiety, Anger, Depression)



### **Potential Negative Impacts on Children**

- Behavioural Problems
- Conduct Issues
- Staff Attrition
- Non-Conducive Environment
- Bad Relationships and Communication
- Abuse, Bullying and Exploitation
- Increase in Mental Health Concerns
- Need for Medication and Therapy
- Increased Episodes of Run-Aways and Self-Harm

Ms. Singhal also provided the following suggestions to make care giving more effective.

- Be proud of yourself
- Prioritize yourself
- Take scheduled breaks
- Enhance empathy
- Participate in activities
- Understand self-limitations
- Allow yourself time and space to adjust
- Communicate clearly about the problems you face
- Confide in others/ Create a support group for yourself
- Take positive feedback from others
- Take professional assistance when needed

### **Ms. Vedha Chopra, Counselling Psychologist & Project Coordinator, Manas Health Foundation**

Ms. Chopra emphasised that trauma does not always refer to an incident, but rather the absence of resources when the incident took place. She outlined the successful psychological rehabilitation model used at the Manas Health Foundation, involving the following stages:



## I. CRISIS INTERVENTION: Offering Psychological First-Aid

- Psychological first aid with the aim of stabilizing the person and fostering improved ability to function
- Two major structural and procedural challenges are:
  1. Custodial care set-up: threat to freedom of mobility
  2. Lack of familial and social support

## II. INDIVIDUAL THERAPY AND ASSESSMENT

- Symptoms of depression can emerge at any time during ongoing therapy
- Create a safe and comfortable environment
- Accept their emotional understanding of the incident within their socio-economic and cultural context
- Screening for symptoms of Depression, Anxiety or Trauma
- Working through major life challenges such as grief or loss
- Understanding precipitating factors and coping mechanisms
- Addressing maladaptive coping strategies
- Building cognitive and emotional insight
- Providing psycho-education to the client
- Encouraging active-coping or task-focus
- Certain specialized precautions and techniques are warranted when working with clients with a history of abuse/assault

## III. FAMILY THERAPY

- Impact assessment
- Assess the role dynamics, decision making processes and current functioning of the family (Who is the authoritative figure? Is there a patriarchal set up?)
- Educate family members about symptoms of trauma/depression/anxiety/suicidal tendencies
- Facilitating the development of healthy family dynamics and management strategies

## IV. GROUP SESSIONS & WORKSHOPS

- Preventative and promotion work including health, hygiene and life skills

## V. FOLLOW-UP SESSIONS

- Ensure successful reintegration and adjustment into community and familial set up
- Re-evaluate the effectiveness of previous strategies and management plans

Ms. Chopra enlightened all in the different ways depression manifests itself; and warned that **due to social conditioning and stigma, it often takes time and persistence to break past a child's disguise of "I'm fine"**. All interactions with children should be carried out in a non-interrogative manner with the child's best interest in mind. It is important to consider the physical, social, vocational and legal rehabilitation needs of the child while simultaneously working towards psychological rehabilitation. It is also important to note that psychological rehabilitation is a long-term process which continues even after restoration of the client.

## Ms. Samrah, Member, Delhi Commission for Protection of Child Rights

Ms. Samrah shared her experience in dealing with children with various psychological disorders, disabilities and speech disorders. She reminisced that, as a child, she herself was an introvert, and because of that had a hard timing during her childhood. Even today, children in schools and play environments aren't sensitized towards speech disorders. Unwittingly, some children end up bullying others who are introverts, or are suffering through speech or behavioural problems. Due to their inability to vocalize their feelings, such children are at increased risk of developing depression and must be afforded extra care. Moreover, it is equally important to sensitize mainstream children to those who may require special assistance. Ms. Samrah related an experience where she played an important role in bringing children from mainstream schools to get acquainted with children with disabilities and/or special needs. Interaction between these children turned positive when they were given tasks and activities to do together. Collaboration and proximity was able to make children see their peers in more composite lights, thus sensitizing them.



## Open Floor Discussion: Dr. Deepak Kumar and Dr. Jahanara

Dr. Deepak Kumar opened the discussion stating that everyone present here is a key stakeholder in alleviating the mental health or psychological issues of children. In addition to individuals and families seeking help, IHBAS also gets referrals from the Child Welfare Committee (CWCs) and Juvenile Justice Boards (JJBs), and work in liaison with Childline and different NGOs.



In response to the proceedings of the day, he highlighted that fact that when assessing the mental status of a child, gather information from multiple sources is advisable. We cannot get complacent with the information received from only one informant or from the case summary provided by the referral agency. Moreover, a group of professionals from varied fields should play a part in the assessment. For example, it is a good idea having a speech therapist along with a psychologist and psychiatrist to assess the needs of the child in a wholesome manner. Collaboration with government facilities and NGOs is also prudent. To that end, IHBAS is involved in training and sensitizing staff and caregivers at Alternative Homes.

**Question: Through the proceedings, it is evident that children in Alternative Care often have underlying trauma, what is the “wellness” model or preventive coping strategy for these children?**

Ms. Vedha replied that in Manas Health Foundation, the entire team of mental health providers, vocational training staffs, legal and financial services work in conjunction with the welfare officer to determine a course of action for each child. Activities like dance therapy, arts and music engagement can be made available for all, even those who have not shown any symptoms yet as preventive strategies. Moreover, being in constant communication with the superintendants, facility maintenance staff, etc. to identify at-risk behaviours and children before hand is a necessity. According to her, such cohesive plans, which continually evolve in response to the needs, must be in place in all Alternative Care homes.

Dr. Kiran Modi added that although the topic of discussion is one that requires a robust intervention, we need to remember that we are dealing with children. The approach should, thus, be child-friendly. At Udayan Care, we allow the child his own time to get acquainted with the place, all the caregivers and staff, and the other brothers and sisters he now has at that home. Once the child gets accustomed and accepts his new home and family, we can introduce activities to engage them, and bring in professionals for primary assessments. The child then requires time to adjust to the school, extra-curricular activities and their social life. Frequent outdoor excursions, celebrating occasions and festivals, etc. creates a sense of normalcy wherein the process of rehabilitation can take place.

Although, there isn't a standard model, care-giving at Udayan Care is a process individualized to the needs of each child. Broadly, the caregivers who stay with the children 24/7 are the bedrock of stability. Then there are the social workers who visit routinely and frequently to assess and report any immediate needs. Finally, we have our unique model of Mentor Parents – who are devoted to the children for life, like any parent would be. Lastly, peer relationships formed at the house have proved to be the most important as these foster siblings are together every step of the way.



# Recommendations

## For All

- It is important to remember that depression is much more common in adolescents than in pre-pubertal children
- There is a wide-spread need to make people aware of depression – its symptoms and nature, so that the stigma and taboo around it is minimized.
- It is critical to encourage children to verbalise and discuss their feelings, in general. It is altogether more important to do so after traumatic events to avoid the creation of an ‘inner world’ for the child, wherein their negative emotions are not appropriately handled and can spiral out of control. A more open-dialogue approach and latest techniques when dealing with childhood communication, including the use of drawing pictures to help children express their emotions should be universally used in practice.

## For Caregivers and Practitioners

- When developing an individualized management plan for at-risk children, it is important to –
  - a. Have the ability to interpret symptoms in a developmental context,
  - b. Differentiate and identify co-morbidities with depression,
  - c. Identify risk factors leading to depression.
- It is important for caregivers to be available to understand the child’s ‘inner voice’, and acknowledge the difficulties and pressures unique to him/her. Failure to understand their inner voice can unintentionally enhance their burden and suffering.
- For a child to successfully transition through adolescence in the face of trauma and depression, it is essential for a therapist to be engaged in building ego resiliency and appropriate skills. For children living in Alternative Care, this becomes even more prudent as they are exposed to unstable environments of changing residences and rotating caregivers. Unable to form long-term attachments, their ego-resiliency plays a big role in maintaining their mental stability.
- It is equally important to assess the nutritional status of children. Malnutrition is most commonly misdiagnosed as depression as the children show the same symptoms of dysphoria and lethargy for both these disorders.

- It is imperative that all of a child's family medical history is obtained to help equip caregivers when a child enters a new care setting.
- It is extremely important to equip children and young adults with adequate coping skills for life as often early onset and lack of complete recovery from a previous depressive episode presents a risk factor for future depression.
- Understanding and handling trauma by caregivers is very important. With the ultimate goal of getting the child back on the normal developmental trajectory, caregivers should be looking to help children during the following processes:
  - a. Acceptance of the permanence of loss
  - b. Appropriate reminiscing about the loved one
  - c. Converting the relationship from one of interaction to one of memory
  - d. Incorporating important aspects of the loved one into their own self-identity
  - e. Committing to new relationships

### For the State Public Sector

- There is a need to develop a multi-sectoral (schools, caregivers, government bodies and corporations CSR, laws) approach concerted 'action plan' for management of depression in children involving all stakeholders (from caregivers to schools, through). Teachers, especially, need to be equipped with the skills for engaging with children who have experienced trauma and depression.
- It is the collective responsibility of everyone who provides care to children and youth to be able to recognize the different symptoms of depression, and be informed about the strategies, techniques and interventions to alleviate the seriousness of the situation; and to prevent suicidal tendencies and loss of life of children and young adults living under Alternative Care. **The Government** should make this issue a priority, and invest maximum possible resources for the same.

# Participants' Feedback

"Agenda on this Workshop is very relevant and urgent. We must follow this up further."

- Arvind Sahni

"Firstly, I understood the issues and needs of children and the resources available for mental health issues among children and youth. Plus, I engaged with different stakeholders and built up positive relationship with them for long-time support."

- Aditya Charegaonkar

"Such workshops organized by Udayan Care gives a platform for people to meet others from the field and widen their knowledge.

It is a way forward for like-minded people to come together and push towards the common goal of enhancing the lives of children and young adults living in Alternative Care."

- Maninder Kaur

"Very lively!!!"

"The content and fraternity networking was amazing."

"Listen to the child; try to hear their ***inner voice.***"

- Indrani Ghosh

# Annexure

## Panellists' Profile

**Dr. Kiran Modi** is the Founder Managing Trustee of Udayan Care, which provides nurturing family homes to orphaned and abandoned children; higher education to underprivileged girls; and training and employment opportunities to youth. Dr. Kiran Modi strives towards ensuring the rights of the underprivileged, and inculcates the desire to give back to society in each of her endeavour.

**Dr. Monisha C. Nayar-Akhtar**, Psychotherapist and Psychoanalyst, is the founder of the Indian Institute of Psychotherapy Training and has been a pioneer in research related to orphaned and vulnerable children in the South Asian region. Dr. Akhtar is on the faculty of the University of Pennsylvania, and also supervises psychiatric residents and psychology interns. She is also an adjunct professor at Widener University in Chester, Pennsylvania and Immaculata University in Malvern, Pennsylvania.

**Prof. (Dr.) Nimesh G. Desai**, Director of IHBAS, is a visionary leader in mental health and the leader of a number of research and advocacy projects for Indian Council of Medical Research (ICMR) & the World Health Organization (WHO).

**Mr. Ramesh Negi**, Chairperson at the Delhi Commission for Protection of Child Rights (DCPCR).

**Ms. Shireen Vakil**, Head of Policy and Advocacy, Tata Trust. With extensive experience in the child rights field, Ms Vakil was an important driver in the establishment of Save the Children India, the largest independent organisation on child rights in the world, where she was Director for Advocacy, Campaigns and Communications.

**Dr. Atreyi Ganguli** is National Professional Officer for the World Health Organisation India. She is a public health professional having experience in implementation of various national health programmes. Dr Ganguli has worked extensively with adolescents and in Reproductive and Child Health Programme under National Rural Health Mission (NRHM)

**Dr. Deepak Gupta**, Child & Adolescent Psychiatrist, is the Founder & Director of Centre for Child & Adolescent Wellbeing (CCAW) and has conducted various workshops and lectures for mental health professionals and doctors. He heads the mental health care program at Udayan Care.

**Dr. Amit Sen**, Founder of Children First, is a Child & Adolescent Psychiatrist with extensive experience in training and research of child and adolescent mental health and has been practicing child psychiatry for 20 years now.

**Ms. Vedha Chopra**, Counselling Psychologist and Project Coordinator at Manas Health Foundation, has experience developing and implementing mental health awareness campaigns for college students, training modules for counsellors, and age specific workshops for school students.

**Dr. Uday Kumar Sinha** is the Senior Psychologist at the Institute of Human Behaviour and Allied Sciences.

**Ms. Samrah**, Member at Delhi Commission for Protection of Child Rights has 24 years experience in the education sector. Her work has been varied, helping children with different abilities or who are mentally challenged as well as counselling for children and families. She has been a special Educator at Golden Key Asha School, Dehradun.

**Ms. Nidhi Singhal** is the Assistant Manager at Udayan Care, with experience of managing and supervising professionals in social services by Auditing thirteen Udayan Ghars and two after care facilities, and also actively involved in training, government officials and NGO staff on child rights and standards of care.

**Dr. Amit Khanna**, Assistant Professor of Psychiatry, Institute of Human Behaviour and Allied Sciences

**Dr. Vibha Sharma**, Associate Professor of Clinical Psychology, Institute of Human Behaviour and Allied Sciences

**Dr. Jahanara**, MG, Associate Professor of Psychiatric Social Work, Institute of Human Behaviour and Allied Sciences

**Dr. Deepak Kumar**, Associate Professor of Psychiatry, Institute of Human Behaviour and Allied Sciences

# Program Schedule

1st September, 2017

Time	Theme	Resource Persons
09:30	<b>Registration</b>	
<b>Session 1: Setting the Context &amp; Release of Journal (ICEB)</b>		
10:00	Welcome and Key Objectives	Dr. Kiran Modi, Managing Trustee, Udayan Care
10:10	Setting the context	Dr. Nimesh G. Desai, Director, Institute of Human Behaviour and Allied Sciences (IHBAS)
10:20	Key note address	Dr. Monisha Nayar-Akhtar, Psychotherapist & Psychoanalyst, USA
11:00	Address by the Chief Guest	Mr. Ramesh Negi, Chairperson, Delhi Commission for Protection of Child Rights (DCPCR)
11:15	Address by Special Guest	Ms. Shireen Vakil, Head – Policy and Advocacy, Tata Trust
11:25	Release of the 8th issue of “Institutionalised Children: Explorations and Beyond”, (ICEB)	Peer Reviewed Special Edition on ‘Depression in Children and Young Persons Living in Alternative Care’
11:30	<b>Tea Break</b>	
<b>Session 2: Key Considerations</b>		
12:00	Moderator’s note	Dr. Monisha Nayar-Akhtar, Psychotherapist & Psychoanalyst, USA
12:10	Significance of addressing depression in children living in Alt. Care settings	Dr. Atreyi Ganguli, National Professional Officer, WHO India
12:30	Timely diagnoses and intervention in cases of depression in children in CCIIs	Dr. Deepak Gupta, Child & Adolescent Psychiatrist, Delhi
12:50	Depression and Trauma in Institutionalized children	Dr. Amit Sen, Child & Adolescent Psychiatrist, Children First, Delhi
01:10	Open Floor – Lead Discussant	Dr. Vibha Sharma, Associate Professor of Clinical Psychology, IHBAS Dr. Amit Khanna, Assistant Professor of Psychiatry, IHBAS
01:30	<b>Lunch</b>	
<b>Session 3: Experiences and Models from the field</b>		
02:30	Moderator’s note	Dr. Nimesh G. Desai, Director, IHBAS
02:40	Mental Health of Caregivers – a social work perspective	Ms. Nidhi Singhal, Assistant Manager Audits and Training, Udayan Care
03:00	Models that have worked on the ground	Ms. Vedha Chopra, Counselling Psychologist & Project Coordinator at the Nirmal Chhaya Complex, Manas Health Foundation, Delhi
03:20	Multidisciplinary management in child and adolescent depression	Dr. Uday Kumar Sinha – Sr. Psychologist, Institute of Human Behaviour and Allied Sciences, Delhi
03:40	The Role of Child Rights Commissions NCPCR DCPCR	Ms Samrah, Delhi Commission for Protection of Child Rights
04:00	Open Floor – Lead Discussants	Dr. Deepak Kumar, Associate Professor of Psychiatry, IHBAS Dr. Jahanara, MG, Associate Professor of Psychiatric Social Work, IHBAS
04:20	Summing Up	Mr. Arun Talwar, COO, Udayan Care
	Vote of thanks	Mr. Arun Talwar, COO, Udayan Care
04:30	<b>Tea Break</b>	



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