



Specialized Service for Children in Need of Care and Protection at NIMHANS

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ABSTRACT

This paper describes the issues and interventions for children in Need of Care and Protection in India. To cater to the needs of these children referred by the Juvenile Justice System and Child Care Institutions, a specialized service called 'Swatantra' was initiated by the Department of Child and Adolescent Psychiatry, NIMHANS, with the support of the Department of Women and Child Development. The detailed mental health and psychosocial assessments and interventions are executed by the 'Swatantra' multidisciplinary team. The study gives an account of the psychosocial characteristics of these children and their families, along with the array of specialized interventions for this population. It was found that all these children were subjected to adverse childhood experiences that contributed to their emotional and behavioral problems. The nature of the interventions include individual and family counseling along with liaison work. These form the key components of a comprehensive, collaborative, time-bound and holistic care model to cater to the distinct psychosocial issues of this vulnerable population of children.

INTRODUCTION

Children are the most vulnerable section in society. They are dependent, have the least power, and have less control over their own lives. Among children there are some who are more marginalized and neglected than others because of their socio economic cultural circumstances. These children are considered as Children in Need of Care and Protection. These Children in Need of Care and Protection (CNCP) according to section 2 of the Juvenile Justice Act, 2015 are those found in situations such as in families at risk, on the street and in institutions. The street children, orphaned, abandoned and destitute children, working children, abused children, children who are victims of commercial sexual exploitation and trafficking, those engaging in substance abuse, children in conflict and disaster situations, children in families at-risk, differently-abled children, mentally ill children, HIV / AIDS-affected/ infected children along with juveniles in conflict with the law comprise this population. This paper gives a detailed account of the issues and concerns of this population and the nature of the specialized services rendered at the hospital by the multidisciplinary team

METHODS

Objectives:

- To describe the concerns and issues of children in Need of Care and Protection referred to NIMHANS.
- To describe the nature of the specialized services rendered at NIMHANS for this population.

Description of the Service:

- In order to cater to the needs of the children referred from the Child Welfare Committee (CWC) and Child Care Institutions (CCI), a specialized service called 'Swatantra' has been initiated by the Department of Child and Adolescent Psychiatry, NIMHANS in June 2018, with the support of the Department of Women and Child Development.
- The multidisciplinary treating team comprises of Psychiatrists and Psychiatric Social Workers.
- The Mental Health and Psychosocial Assessment Proforma (MHPAP) is administered with all the children to have a comprehensive understanding of the child's mental health issues.
- The information taken from the child is corroborated by a responsible parent or caretaker.
- The domains of MHPAP focus on (i) Basic Information, (ii) Presenting Problems, (iii) Institutional History, (iv) Family Issues Identified, (v) Schooling History, (vi) Childhood Temperament, (vii) Work Experiences, (viii) History of Abuse, (ix) History of Substance Abuse, (x) Feeling and Emotions, (xi) Observation of the child and (xii) Summary of the Child's Problems.
- The summary of the child's problems is based on the assessment of the main problems and concerns of the child, including protection needs and psychosocial issues, thereby stating any disability, psychiatric diagnosis, medical problems and the psychosocial context of the problem.
- The care plan is hence formulated based on the summary, enlisting the emergency and short term actions to be taken by the treating team to assist the child along with the list of referrals.
- The treating team facilitates the decision on the short term plans with the child and the parents, keeping in view the child's safety and developmental needs.
- In cases of no psychiatric diagnosis, brief counselling sessions on personal safety and life skills are given with respect to the child's vulnerabilities.
- The liaison with schools, child welfare committees, clinical psychologist, pediatrics, neurology, center for addiction medicine, vocational training centers, childline personnel and other non-governmental organizations is a vital part of the psychosocial spectrum of interventions.
- The official letter is sent to the Child Welfare Committee with the detailed account of the child's mental health and psychosocial issues along with the recommendations for the child's long term care plan.

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RESULTS

Table 1. Context of Referral

Variables	Percentage (N= 58)
Internalizing Disorders	13.7%
Externalizing Disorders	15.5%
Adoption Counselling	13.7%
Family Issues	40.6%
Substance Use	12.1%
Child Sexual Abuse	13.7%
Child Marriage	8.6%
Run Away Behaviour	18.9%

Table 2. Types of Interventions

Variables	Percentage (N= 58)
Brief Counselling	79.3%
Individual Therapy	20.6%
Family Counselling	27.5%
Recommendation to CWC	82.7%
Referral for IQ Assessment	25.8 %
Referral to Addiction Medicine	12.1%
Other Medical Referrals	13.7%
NGO Placement and Liaison	12.1%

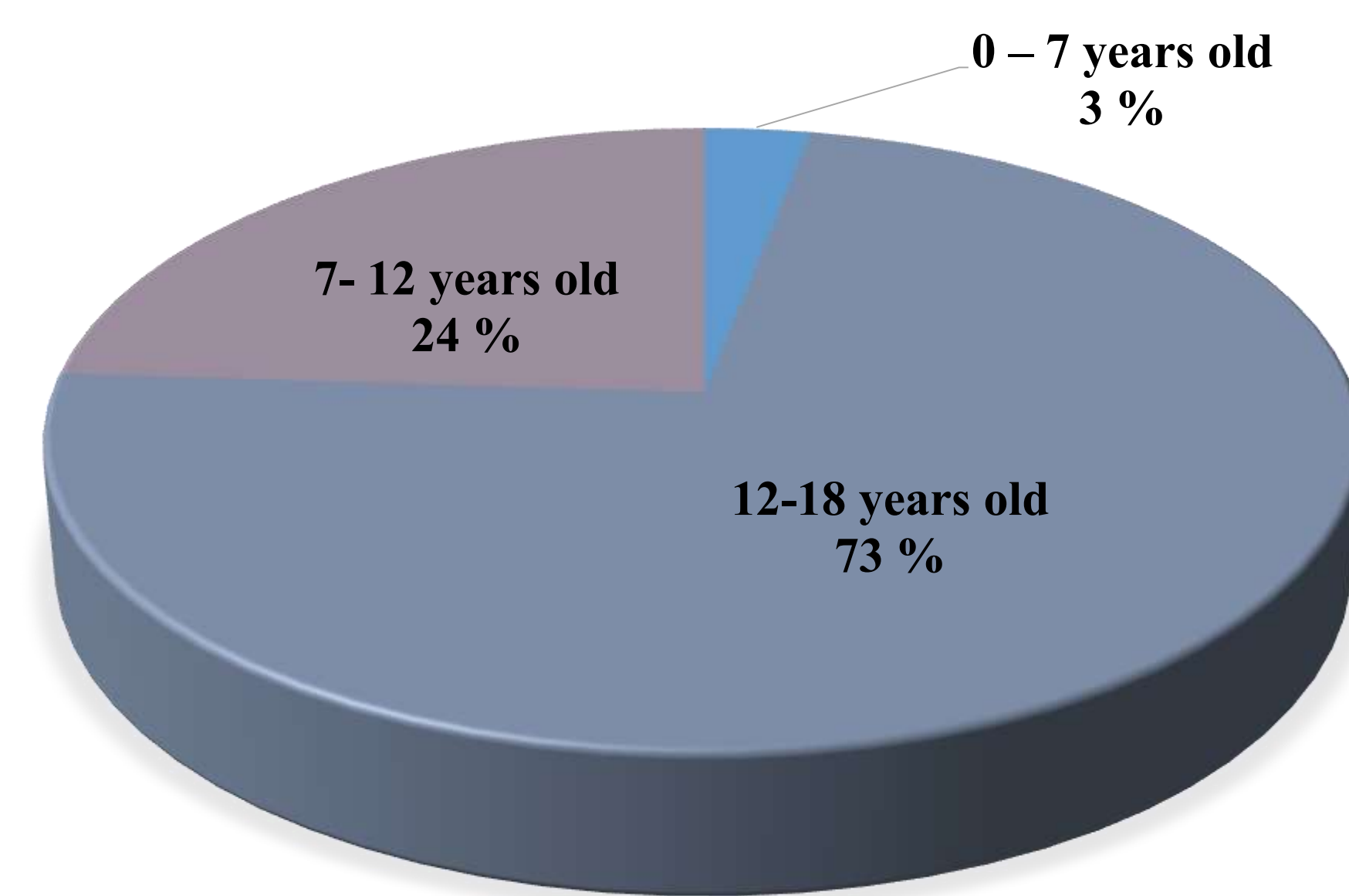


Chart 1: Age Range (N= 58)

CONCLUSION

The aim of this paper was to describe the concerns and issues of children in Need of Care and Protection referred to NIMHANS along with the account of the specialized services rendered at NIMHANS for this population. It was observed that 82.7% of the referrals were made by the child welfare committee directly. The results found that most of the children referred to this clinic were boys (55.2%). The majority of the children referred to the clinic were above the age of 12 years (73%). In addition, it was observed that most of the children referred to this clinic did not have any psychiatric disorder (55.2%). In terms of the context of referral, it was observed that it was primarily for internalizing issues (13.7%) like self harm, suicidal ideation and other depression symptoms as well as externalizing issues (15.5%) such as stealing, anger out bursts, truancy, etc. It also included issues such as Adoption Counselling (13.7%), Substance Use (12.1%), Child Sexual Abuse (13.7%), Child Marriage (8.6%) and Run Away Behaviour (18.9%). In almost all cases the most common concern was family issues (40.6%) in terms of domestic violence, parental substance abuse, parental mental illness, single parenting, poverty, etc.

The nature of the interventions included family counseling, assessment of intelligence and learning disabilities and individual therapy. The spectrum of psychosocial intervention includes liaisoning with schools, child welfare committees, pediatrics, neurology, center for addiction medicine, vocational training centers, childline personnel and other non-governmental organizations, which is crucial in providing comprehensive care and rehabilitation of these children. Overall, these findings reflected the need for a time-bound, collaborative and holistic care model with focus on psychosocial interventions to cater to the distinct needs of the children in need of care and protection.

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Chart 2. Gender (N=58)

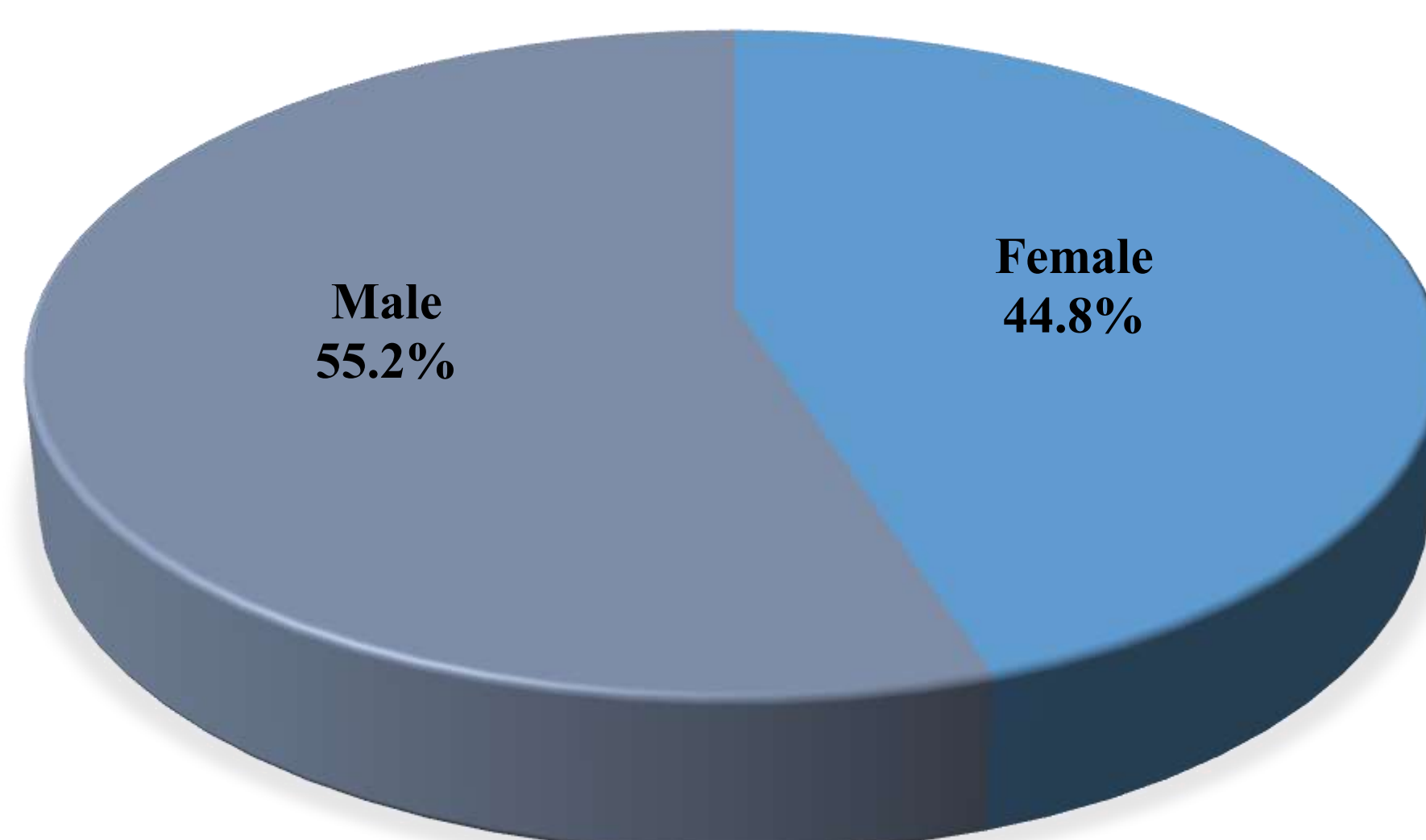


Chart 3: Source of Referral (N= 58)

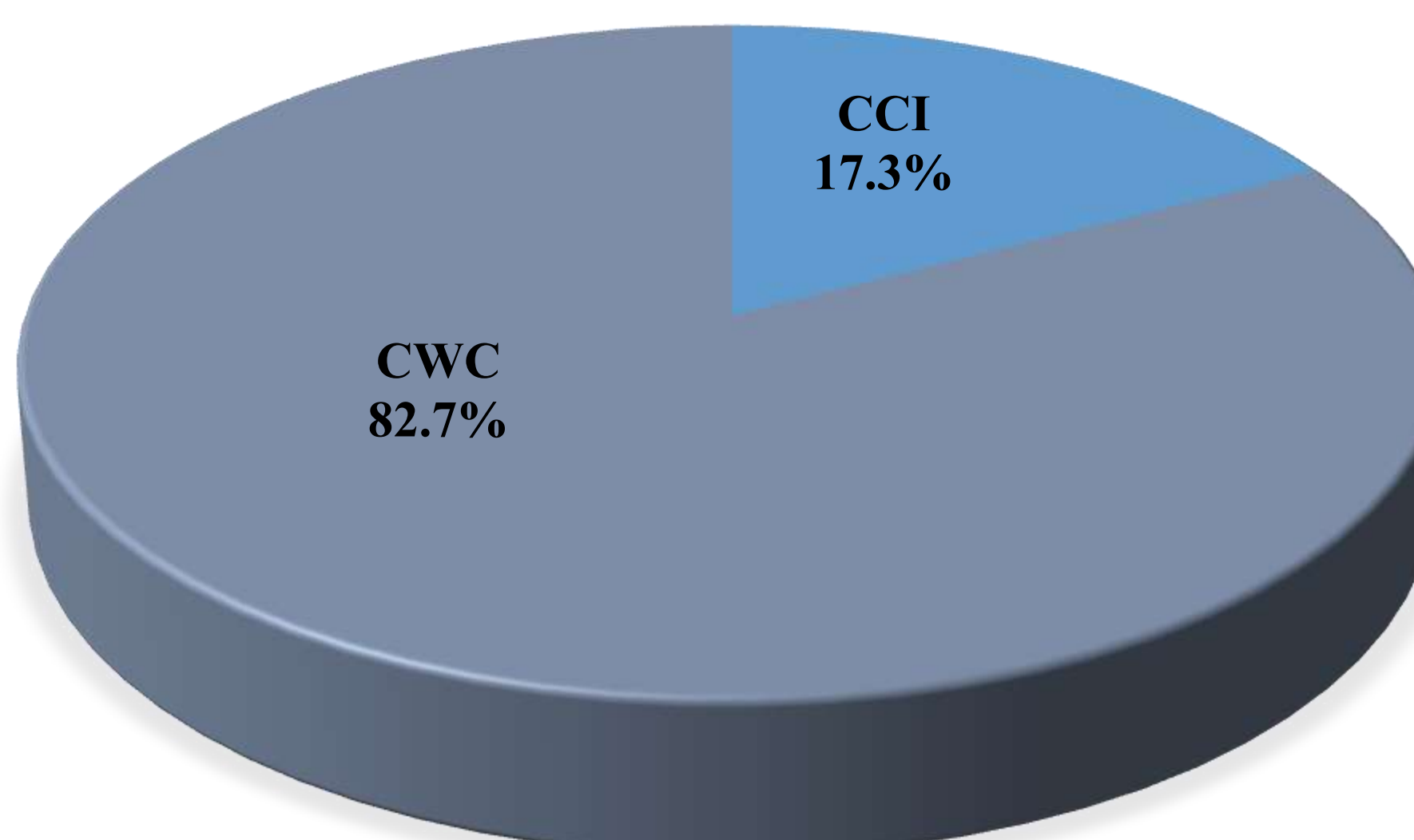


Chart 4. Psychiatric Diagnosis (N=58)

