

Psychosocial & Mental Health of Children in Conflict with the Law (Age 16 to 18 Years)

Preliminary Individual Assessment Report for Juvenile Justice Board

Community Child & Adolescent Mental Health Service Project

Dept. of Child & Adolescent Psychiatry, NIMHANS-DWCD

As per the JJ Act 2015, the objective of the preliminary assessment of a child, is to 'evaluate the role of the child in the alleged offence, as well as his mental condition and background'. In keeping with this, the psychosocial and mental health assessment report provides information on the child's mental condition and background, namely the developmental level of the child, family history and relationships, school and education, involvement in child labour, peer relationships and experiences of trauma and abuse; it also provides information on any mental health disorders and developmental disabilities that the child may have. Finally, the report makes recommendations for treatment and rehabilitation interventions for the child. The report presents the above-said information using the framework proposed by JJ Act 2015 i.e. whether the child has the mental and physical capacity to commit the offence, the circumstances of the offence committed, whether the child knew the consequences of the offence.

This assessment report is dated: 6th December 7, 2016

Name of Child: Praveen

Age: 16 years

Sex: Male

Place of Origin: Karmellaram

A. Mental & Physical Capacity to Commit Offence

The child's ability to make social decisions and judgments are compromised due to:

Life skills deficits (emotional dysregulation/ difficulty coping with peer pressure/ assertiveness & negotiation skills /problem-solving/ conflict-resolution/ decision-making)	✓ (Gap in decision-making)
Neglect / poor supervision by family/ poor family role models	✓
Experiences of abuse and trauma	NA
Substance abuse problems	✓
Intellectual disability	NA
Mental health disorder/ developmental disability	NA
Any other (specify):	NA
No treatment/ interventions provided so far to address the above issues	✓

B. Circumstances of Offence

Family History:

The child is from a low socio-economic strata; father is an auto driver and the mother works as a domestic helper.

The child's father is alcohol dependent and spends most of his income on alcohol. The child also reports that the father had asked the child to procure/buy cigarettes for him over the last several years (as a result of which the child has been exposed to substance use since childhood).

No history of parental marital conflict or domestic violence.

The child is attached to his parents and enjoys good family relationships.

School History:

He has finished 7th std and later discontinued due to lack of motivation/ interest in studies.

Child Labour:

Due to the financial difficulties the child has been working in 2 auto garages over the past 3 years. He is currently therefore one of the main bread winner of the family (given his father's alcohol dependency and the mother's meager income).

Peer Relationships:

The child has few friends and does not spend much time with his friends.

Abuse and Trauma:

None

Mental Health Disorder/ Developmental Disability:

His developmental milestones followed normal trajectories.

Substance abuse—prior to joining the OH, child was using nicotine (Cigarettes- 2 to 3/day).

C. Child's Knowledge of Consequences of Committing the Offence

Child's Understanding of Social/ Interpersonal and Legal Consequences of Committing Offence:

He has some understanding of the social and interpersonal consequences of committing such an offence. His knowledge of the legal consequences was inadequate i.e. he was aware that commission of offence would lead to conviction by the police and was not aware of the POCSO act and other relevant laws.

D. Other Observations & Issues

He has been of easy and friendly/ social temperament since early childhood.

Based on the history taken from the child's mother and the Observation home staff, child has no anger/ aggression issues, or any behavioural issues; in fact, he is observed to be very gentle and soft-spoken, of a serious nature and largely concerned about his mother's/ family's socio-economic situation and is the main financial support for the family.

E. Recommendations

A brief intervention has been carried out for the child's substance use practices. Child is motivated to quit and responded well to the inputs given.

Some discussions were had with the child (and his mother) regarding his future and what he intends to pursue as a career. Child wishes to stay at home and continue his work in the garage.

Given the nature of the alleged offence, we recommend that the child be referred to Dept. of Child & Adolescent Psychiatry NIMHANS, after he is released on bail in order to address his life skills deficits namely, decision making skills in the context of relationship and sexuality issues. These learnings and skills would be greatly beneficial to the child and protect him in the future.

Again, thank you for your referral; we are, as always, happy to assist vulnerable children, in particular children in conflict with the law, and the systems working with them.

Thanking you,
Yours sincerely,

Dr. Shekhar Seshadri
Professor & Head of Department
Dept. of Child & Adolescent Psychiatry
NIMHANS, Bangalore