

Launch of Rashtriya Kishor (i) Swasthya Karyakram and National Adolescent Health Consultation

Translating Strategy into Programme: Counselling Shubhada Maitra, Ph.D Professor, Centre for Health and Mental Health, School of Social Work, TISS

Overview

- Conceptual framework
- Evidence from the field
- Operationalising strategy into programme
- Conclusion

Conceptual Framework

Disclosure/ Help-Seeking

Enhance access
Build confidence
Ensure confidentlality
Reduce stigma

Mental health issues confronting adolescents

Scholastic performance
Bullying, lying, stealing
Sexual abuse, violence
Sex, sexuality, sexual orientation related concerns
Substance use

- •Suicidal thoughts
- •Self-harm
- Anxiety, depression, phobias

Supervision/ mentoring

Discovery

- •Early identification
- Screening
- Capacity building

Evidence from the field: Case illustrations

- H, a 12 year old Muslim boy, belonging to a middle income family. Studying in 7th std in an English medium school in Mumbai. Referred for failure in 4 core subjects
- A, a 10 year old Hindu boy, living in a single parent family, with his mother and maternal grandmother. Was in a hostel school studying in 5th std. Mother was asked to withdraw the boy from the school for 'bizzare' behaviour. Mother suspected sexual abuse by peers

Intervention (role of the counsellor)

- In the first case, counselling the child, his parents and elder sister
- In the second case, intensive play sessions with the boy and counselling with mother

Evidence from the field: *Muskaan* experience

- Work in municipal schools focused on promotion of mental health and well-being and prevention of problems (group interventions with children, teachers and parents)
- Work with individual children, groups and their parents

Evidence from the field: Flying High (*Oonchi Udaan*)

Referral to specialised

counselling

School-based individual counselling

Group sessions with 5th, 6th, 7th std. children, teachers and parents

Counselling for change?

- Not an apolitical process
- While individual and the group is a focus, social change is a goal

Operationalising strategy into programme

• Where?

Education and training institutes In and out of schools, communities Ashram shaalas in tribal areas Adolescent friendly spaces Juvenile institutions/ correctional settings Health facilities

• Who?

Teachers, parents, peers, community youth volunteers, community workers, juvenile justice workers, police personnel

• Characteristics

Adolescent-centered, interested in going beyond their 'traditional' roles, open to ongoing learning, empathetic with good communication skills (listening, observation...)

• What?

Training on adolescent developmental and mental health issues

- Basics of communication
- Screening for mental health 'distress'

Rudimentary counselling skills including providing emotional support and referrals

• When?

Duration and severity of the issue

- The problem does not seem to be of a transient nature
- Affects other areas of life such as academics, relationships, selfhood, sexuality

- When does one refer to a mental health professional?
- When the 'identified problem' is not resolved through initial interventions by 'barefoot' counsellors
- When the 'identified problem' is resolved but another one crops up in its place
- When the problem requires a thorough assessment and intervention by mental health professionals

Conclusion

- Counselling is a professional activity requiring skilled personnel
- Counsellors need to develop the ability to address issues along a continuum
- Need for multi-sectoral linkages (education, juvenile justice, community)
- Monitoring and evaluation