

NATIONAL SEMINAR ON

Emerging Role of School Leadership in Child Protection & Child Rights Education in India

6th August 2016, 09.15am – 01.30pm, Moolchand Medcity, Lajpat Nagar, New Delhi.

PROGRAM SCHEDULE

09:15am - 09:45am	REGISTRATION	
09:45am -11: 30am	<p style="text-align: center;"><u>INAUGURATION & SCIENTIFIC SESSION - I</u></p> <ul style="list-style-type: none"> ✓ Emerging Issues and Concerns of Child Abuse in India - Global & Indian Scenario. ✓ Lessons Learnt from RTE, J J Act and the POCSO Act. 	<p style="text-align: center;"><u>Resource Faculty</u></p> <ul style="list-style-type: none"> ❖ Shri. Alok Agarwal ❖ Smt. Geetanjli Goel ❖ Dr. J.L Pandey ❖ Mr. Kush Kulshreshtha ❖ Dr. Pooja Jaitly
11.30am - 11.50am	<u>TEA BREAK</u>	
11:50am - 12:50pm	<p style="text-align: center;"><u>SCIENTIFIC SESSION - 2</u></p> <ul style="list-style-type: none"> ✓ Socio Legal Implications and in Operationalizing the POCSO Act in Schools-Role of the Special Committees ✓ Psychosocial Aspects of Child Care and Protection including Mental Health Trauma. 	<p style="text-align: center;"><u>Resource Faculty from</u> National Legal Services Authority (NALSA) & <i>Expressions India</i></p>
12.50pm - 01.30pm	<p>Open house and launch of the school based PAN India Training Programs on <i>Effective Child Protection & Child Rights Education</i></p>	

REPORT - NATIONAL SEMINAR ON Emerging Role of School Leadership in Child Protection & Child Rights Education in India 2016

Good health is not just about our physical fitness but also about our mental wellbeing. However, more often than not, mental health and wellbeing remains a neglected aspect of healthcare in India. **All over the world there's a huge stigma attached to mental illness and India is no exception. Inadequate focus and lack of awareness on the importance of mental health plague the healthcare system and community responsibility of our country.** Moreover, lack of sensitivity in handling such cases, stigma, labelling and ostracism inflicted by society and lack of a robust policy framework are part of the plethora of issues pertinent to mental illness and wellbeing.

The UNCRC in article 24 recognizes the right of the child to enjoy the best attainable standard of health that they can have and places responsibility on the state to ensure that no child is denied access to facilities for the prevention and management of mental illness, disability and its rehabilitation. **Article 25 highlights on the care, protection, treatment for physical and mental health, with scope for relapse prevention.**

All children & adults have psychosocial needs across different settings and at all points of time in their life. **It is very important to acknowledge that there is a strong need to promote positive mental health care whether or not they are suffering from any mental health problems or disorders.** There is a strong need to train primary care manpower for the early identification of mental health problems more so for children and adolescent at various levels of schooling esp. the role of teachers and student peer group as first aid counselors, mentors and peer educators. Mental health has been strongly highlighted as an integral part of nations growth, as reflected in the definition of health in the Constitution of the **World Health Organization: "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".**

It has been stated by WHO, that nearly 20% of children and adolescents suffer from a disabling mental illness worldwide. Few available epidemiological studies from India suggest that nearly 10-15% of those aged 16 and below suffer from a diagnosable psychiatric disorder. Nearly 5% have a significant disability attributable to mental disorders. Suicide rates in Indian adolescents appear to be several-fold higher than anywhere else in world, accounting for 25% of deaths in boys and 50-75% of deaths in girls aged 10-19 years.

Some Facts and Figures

According to WHO:

- ★ Depression alone accounts for **4.3% of the global burden of disease** and is among the largest single causes of **disability worldwide**.
- ★ Suicide is the second most common cause of death among young people worldwide.
- ★ Between **76% and 85% of people** with severe mental disorders receive no treatment for their disorder **in low-income and middle-income countries**.
- ★ 20% of children and adolescents suffer from a **disabling mental illness worldwide**

ICMR Statistics reveal:

12.8% Children suffer from Mental & Behavioural Disorders

The alarming statistics by WHO and ICMR are in sync with the objectives of Global Mental Health Action Plan, which are as follows (2013 - 2020):

1. To strengthen effective leadership and governance for mental health;
2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings;
3. To implement strategies for promotion and prevention in mental health;
4. To strengthen information systems, evidence and research for mental health.

India is a signatory to the international instrument that provides persons with disabilities the same human rights that everyone enjoys. It marks a radical shift in defining and understanding disability. It moves from a medical/social perspective to a human rights based approach. The convention lists the rights of children with disabilities along with adults and establishes rules on how to put these into practice.

Children with disabilities shall have equal rights, shall not be separated from their parents against their will, except when the authorities determine that this is in the child's best interests, and in no case shall be separated from their parents on the basis of a disability of either the child or the parents (Article 23).

Mental Health Act 1987 and Mental Health Care Bill 2013

Mental Health Act 1987, focused on the equal opportunities, protection of rights and full participation of disabled persons. The growth of voluntary action for mental health care in the areas of suicide prevention, disaster mental health care, setting up of community mental health care facilities, movement of family members (care givers) of mentally ill individuals, drug dependence, public interest litigation to address the human rights of the mentally ill; research in depression, schizophrenia and child psychiatric problems are other major developments.

Mental Health Care Bill 2013: was drafted to promote access to the mental health care in the Country. This bill also give right to a person with mental illness to make an advance directive, how he/she should be treated for mental illness in future. Minor can nominate a representative for entire duration of admission. Treatment of the minor will be with informed consent of nominated representative.

The Bill addresses the issues of mental illness and capacity to make mental health care and treatment decisions; advance directive; nominated representative; rights of persons with mental illness; duties of appropriate government; central and state mental health authorities; mental health establishments; mental health review commission; admission, treatment and discharge. The Bill also consolidates the law regarding the responsibilities of other agencies, restriction to discharge functions by professionals not covered by professional offences and penalties.

POCSO Act

Under Section 5 of POCSO Act: Children with mental or physical disability have been given special consideration where any sexual assault with these children would be considered as aggravated sexual offence, special care, protection and support is provided to a child victim with mental or physical disability during trial and recording of evidence.

RTE Act, 2000

Under Section 2 (d) and as amended in 2012 has considered children with disability as a disadvantaged group hence have the right to free education. Section 17 of the Act focuses on prohibition of physical punishment and mental harassment to the child in the school which is a step for mental health care of children in schools.

Keeping in view the growing community needs in the awareness and intervention for mental health concerns Expressions India plans to escalate the school and college mental health awareness with enrichment of responsibility and early intervention by counselling procedures wherever required. Schools & colleges play a crucial and a formative role in the spheres of cognitive, language, emotional, social and moral development of a children and youth. However, **the role of school & colleges in the emergence of mental health problems and disorders has generally been overlooked. There is a growing recognition that school & college may play a significant role in determining the nature of psychological problems in children, especially due to the formative influence of education and institution.** It is therefore becomes imperative to view the education system from the perspectives of primary, secondary and tertiary prevention with reference to child, adolescent & youth mental health.

In this regard, 'Expressions India' also takes the lead to launch the '**Mobile Classroom Van for Health, Education & Social Justice. This initiative will involve a** series of the awareness campaign for the schools, colleges & community at large. The *Mobile Classroom for Health & Wellness Education (MCHWE)* is to provide knowledge and skills of Early Childhood, Adolescents Issues, Youth & Community Mental Health. Furthering the noble cause for the aforementioned areas Expressions India earnestly seeks collaboration and support of the **National Legal Services Authority (NALSA)** in taking forward this urgent and timely crusade. A **National Seminar** and update on '**Creating**

Awareness on Effective Legal Services in Community Mental Health & Child Protection', is planned on 6th August 2016 at the National Science Centre, New Delhi.