



# IACAMCON-2023

## Abstract e-booklet

17th Biennial National Conference of the Indian Association for Child and Adolescent Mental Health



Theme: Spaces that children occupy: The real, the virtual & the difficult...



November 16-18, 2023,  
Convention Centre, NIMHANS

Organized by: Department Of Child and Adoloscent Psychiatry, NIMHANS

**Compilation**

Dr Eesha Sharma- Associate Professor

Dr Dhamodhara Pandian- Senior Resident

Department of Child and Adolescent Psychiatry  
NIMHANS

## CONTENTS

THEME SYMPOSIUM	5
Spaces the children occupy:the real, the virtual and the difficult	5
KEYNOTE ADDRESS	6
Child Psychiatry: A dying tradition	6
POONA PSYCHIATRISTS ASSOCIATION ORATION AWARD	6
FROM FREUD TO ZUCKERBERG AND BACK	6
INVITED SYMPOSIA	6
IS1: Curating Safety Nets in the Difficult Situations	6
IS2: Globalization impact on Substance Use	7
IS3: Emerging Collaborative Efforts in Asian Region In Child Mental Health	8
IS4: Optimizing Infancy Growth	8
IS5: Changes in Educational System & Mental Health Challenges in Exams: Stress & Remedy	10
IS 6: Training for mental health	10
IS7: Rhythms of Life & Psychiatric Disorders in Children	11
IS8: ACAMH-ICAMH joint symposium on Pediatric Liaison Psychiatry: Opportunities and challenges	11
INVITED LECTURES	13
L1: Autism is AutismS: Role of subgrouping in autism	13
L2: ADHD and health risk behaviour: towards prevention and health promotion	13
L3: New Horizons in Fetal Psychiatry - the role of prenatal stress	13
L4: Assessment and interventions in Childhood anxiety disorders	14
L5: Children’s vulnerabilities in the Post Covid Era	14
L6: Early interventions in psychosis	15
INVITED WORKSHOPS	16
IW 1: Tips for writing and submitting a research paper to JIACAM: A workshop for young and emerging researchers.	16
IW2: Integrating qualitative methodologies in child and adolescent mental health research	17
SYMPOSIA	18
S1: Internet Gaming Disorder among Adolescents: Concept, Concerns, Risk Factors and Management	18
S2: Functional MRI In ADHD: Insights, Diagnostic, Management Implications, and the Future of AI-Integrated Machine Learning.	18
S3: Specific learning disability: An in-depth understanding	19
S4: Intellectual disability: Past, Present and Future in a developing country like India .	20
S5:Newer Frontiers in Management of Dissociation in Children and Adolescents	21

S6: PTSD in children: Complexities and challenges	22
S7: Neuroeconomics of ADHD – An alternative approach to understanding of ADHD	23
S8: Changing trends in sexuality and sexual exploration	23
S9: Digital Revolution and Mental Health among Children and Adolescents – A boon or a bane?	24
S10: Solution focused school mental health programme-a practical approach	25
S11: Experiences of treatment of adolescents with opiate addiction in the community	25
S12: Participatory Methods for Mental Health Research with Children	25
S13: EEG in understanding autism – Highlighting clinical and computational characteristics	27
S14: The challenges that children and adolescents face in the virtual world.	28
S15: What is the right age to fall in love? Resolving the issue of consenting adolescent romantic relationships	29
<b>WORKSHOPS</b>	<b>31</b>
W1: Creating nurturing spaces for the developing personality: What does mentalization offer?	31
W2: Life Skills Education in Practice: Methodologies for Socio-Emotional Development of Children	31
W3: Implementing Preliminary Assessments for Children in Conflict with Law, under Section 15 of the Juvenile Justice Act 2015: A Brief Practice-Based Orientation for Mental Health Service Providers	32
W4: Navigating mandatory reporting dilemmas in child sexual abuse: Practice Guidelines & Methods for mental health service providers	33
<b>FREE PAPERS</b>	<b>34</b>
P1: Role of Perceived Burdensomeness, Thwarted Belongingness, and Resilience in Suicidal Ideation among Adolescents of Punjab	34
P2: Development and content validation of a group intervention module for adolescents in conflict with law.	34
P3: Exploring Diverse Stakeholder Perspectives for Optimizing Youth Mental Health Clinic Spaces in Healthcare Settings	34
P4: Developing Strategies to Improve Patient Engagement Among Young People Accessing Mental Health Services at SCARF, Chennai: An Experience-Based Co-Design Approach (STAY Project)	35
P5: Adolescent Problem-Solving Behavior: Insights from a Techno Fest Pilot Study	35
P6: Efficacy of the Mental Health Awareness and Destigmatisation Program (MHAD) among Adolescents: Preliminary Findings	36
P7: Resilience-Based Interventions for Adolescents and Young People in India: A Systematic Review and Narrative Synthesis	36
P8: Acquiring MRI data for research in infants and toddlers with Autism using a natural sleep protocol: Challenges, learnings, and potential solutions	37
P9: Social concerns among parents of children with Type 1 diabetes	37
P10: Experiences of children with brain tumor- A Qualitative Study	38
P11: Lived experiences of families of adolescents with neurodevelopmental disorder: A Qualitative Study	38

P12: Pathways of care and exploration of experiences of parents with children who are diagnosed with specific learning disability	39
P13: Dance Movement Therapy- Is it for Autism spectrum Disorder?	39
P14: Parental perspectives on Juvenile Diabetes -A qualitative study	40
P15: UNDERSTANDING PATHWAYS OF DISSOCIATION THROUGH EARLY EXPERIENCES OF TRAUMA, METACOGNITION, COGNITIVE FAILURES AND FANTASY PRONENESS	40
P16: Psychopathology in children with Disruptive Mood Dysregulation Disorder	41
P17: Experiential insights about social media use by adolescents seeking treatment for mental health concerns	42
P18: Nutritional status of children with mental illness admitted at tertiary care Psychiatric centre, Benagluru-A Pilot Study	42
P19: Post-Traumatic Stress Disorder in Adolescents of Low and High Crime Zones of Delhi	43
P20: Youth Depression Inventory – Preliminary Evidence of validity	43
P21: A study exploring the occurrence of internet gaming disorder among adolescents attending the psychiatry out patient department in a tertiary care hospital in western india.	44
P22: A Cross-sectional Study of Psychopathology and Neurological Soft Signs in children of patients with schizophrenia	44
<b>E-POSTERS</b>	<b>46</b>
PO1: Gender Incongruence in Children and Adolescents: A Narrative Review of Psychotherapeutic Care	46
PO 2: Efficacy of Eclectic Play Therapy on Lived Experiences in Dissociative Disorders: A Mixed Method Intervention Study	46
PO3: Adolescent sexuality and the school – A qualitative exploration of teachers’ attitudes and response practices	46
PO4: School Refusal: A Cry For Help!!	47
PO5: Therapeutic Processes aiding wellbeing of Single Mothers and their Children- Case Series	47
PO6: Problematic internet use in offspring of parent with severe mental illness: A case report	48
PO7: Internet Addiction in Children and Adolescents: Role of a Psychiatric Nurse	48
PO8: Psychosocial support in cases with Duchenne muscular dystrophy: a case series	49
PO9: Comparing Resilience and Well-being among College Students across Urban and sub-urban Settings in Chennai, Tamil Nadu -An Analytical Cross-sectional Study	49
PO10: High -Resolution 3T MRI Insights: Dissecting the Cerebral Contours of Pediatric ADHD	50
PO11: Efficacy of the Mental Health Awareness and Destigmatisation Program (MHAD) among Adolescents: Preliminary Findings	50
PO12: The sickly breath: a case of dissociative disorder in a young child with school refusal	50
PO13: METAMORPHOSIS; Assisting an adolescent with gender incongruence compounded by trauma and psychopathology	51
PO14: Profile of children suspected of ASD in a tertiary care Centre	52
PO15: Translation and validation tamil version of SMILE - C	52

PO16: Journaling: Emotional Regulation, Sleep Quality and Self Compassion in Students Preparing For Entrance Examination	53
PO17: Symptom Profile and Associated Risk Factors in Childhood / Adolescent Onset Depression: A Case Series	53
PO18: Children’s disclosures of sexual abuse – reflections on school policies and response practices	54
PO19: Wolf – Hirschhorn Syndrome – A Case Report	54
PO20: Premenstrual dysphoric disorder (PMDD)	55
PO21: A case report on Hypomyelinating Leukodystrophy: Management of global developmental delay in a rare genetic disorder with multidisciplinary approach	55
PO22: When the Virtual and the Difficult Meet- Gaming, Mood and Parental Supervision.	56
PO23: Internet use pattern among adolescents seeking mental health services	56
PO24: Suicide among Children and Adolescents in India: Understanding the Urgent Need for Action	57
PO25: Ovarian teratoma in the guise of Adolescent catatonia	57
PO26: Classroom-based life-skills sessions: reflections on challenges in the learning environment	58

<b>AUTHOR INDEX</b>	<b>60</b>
---------------------	-----------

---

 SPACES THE CHILDREN OCCUPY: THE REAL, THE VIRTUAL AND THE DIFFICULT
 

---

*Authors: Henal Shah<sup>1</sup>, Alka A Subramanyam<sup>2</sup>, Nishant Goyal<sup>3</sup>*

1- Professor (Additional), Dept of Psychiatry, TNMC & BYL Nair Ch. Hospital

2-Associate Professor, Department of Psychiatry, TNMC & BYL Nair Ch. Hospital, Mumbai

3-Professor of Psychiatry, I/C, fMRI Centre & K S Mani Centre for Cognitive Neurosciences & Erna Hoch Centre for Child and Adolescent Psychiatry Central Institute of Psychiatry, Ranchi

*How Safe are “safe spaces “ in the real world?  
Henal Shah*

The increasing global incidence of child maltreatment, encompassing neglect, exploitation, and various forms of abuse, underscores the imperative for professionals in Child and Adolescent Mental Health (CAMH) to address this pervasive issue. Child maltreatment has immediate, enduring, and intergenerational consequences, necessitating a comprehensive approach. This talk emphasizes understanding risk factors and the genesis of maltreatment, focusing on prevention and treatment. CAMH professionals play a vital role in identifying, screening, and managing cases, working at the child, family, school, and community levels. The multilevel approach recognizes the complex interplay of factors influencing a child's well-being. Crucially, an intersectoral collaboration involving education, healthcare, social services, and law enforcement is advocated for effective intervention. By highlighting these factors, the talk aims to raise awareness and mobilize a concerted effort to create safer environments, ensuring the holistic well-being and positive development of children and adolescents, breaking the cycle of maltreatment.

*Safety in the Virtual World- Alka A Subramanyam*

The ‘virtual world’ in the lives of children and adolescents has opened up a plethora of new avenues of learning and interaction. Education, entertainment, play and social connections are all met, through a single device or means of contact.

As clinicians, we our concern in the virtual world interaction is two-fold: impact on the developmental trajectory and safety. The latter will be the focus of our purview and discussion in this session.

Through a series of cases, we will discuss issues about how easy it is for child to navigate the virtual world/ be an unknowing part of the virtual world. Today as a parent, teacher, caregiver—adequate knowledge of virtual spaces for children, the possibility of presence of predators; data or confidentiality breach and what measures one can adopt to make these spaces safer pre-emptively, or post-hoc, will be discussed.

*Neurobiology of Threat and Safety Learning-  
Nishant Goyal*

Threat is defined as an organism, an object, or a situation that is likely to inflict damage on an organism's physical or mental wellbeing. Fear can be used to describe feelings that occur when the source of harm, the threat, is either immediate or imminent. Fear is induced through Pavlovian conditioning, and it implicates involvement of deeper brain structures such as the amygdala, the insula, and the anterior cingulate cortex. Safety signals are learned cues that predict the absence of an aversive event, effectively acting as inhibitors of fear and stress responses. In the process of extinction and safety learning the ventro-medial prefrontal cortex (vmPFC) is crucial in inhibitory learning, regulating the amygdala's activity and hippocampus is involved in contextual aspects of extinction learning. Studies have found that greater amygdala reactivity may impede safety learning whereas enhanced prefrontal cortex (PFC) regulation may act as a resilience trait in the growing brain. Addressing anxiety and fear-related disorders in youth is crucial for their well-being and academic success. Improving safety learning, especially in brain regions like vmPFC and hippocampus, can help distinguish threat from safety cues, aiding in fear reduction.

## KEYNOTE ADDRESS

## CHILD PSYCHIATRY: A DYING TRADITION

*Author: Daniel Fung*

*Adjunct Associate Professor, Chief Executive Officer, Institute of Mental Health and a Senior Consultant with the Department of Developmental Psychiatry, Hougang, Singapore.*

Dr Fung will be presenting the challenge that faces the practice and profession of child and adolescent psychiatry. He will discuss the clues that suggest how our profession is in fact dying. He presents the practice challenges of child and adolescent psychiatry and then makes suggestions on how to meet the challenges to ensure that the profession and the social compact we have with our society continues.

## POONA PSYCHIATRISTS ASSOCIATION ORATION AWARD

## FROM FREUD TO ZUCKERBERG AND BACK

*Author: Malavika Kapur*

National Institute of Advanced Studies  
Indian Institute of Science Campus  
Bengaluru

India has a large child and adolescent population. Their Mental health and overall development and wellbeing remain our major commitment. The pandemic and resultant use of excessive Digital Technology is a double jeopardy faced by the very young at a very critical, sensitive and rapid development and in adolescence wherein all the faculties reach their peak levels of performance, only to decline thereafter. There are multiple psychological theories offered to explain child and adolescent development in the bio-psycho-social contexts. Several theories are diluted versions of theories based on adult brain and behaviour. However, the theories built on naturalistic observation, experiments and research on children such as those of Darwin, Piaget, Bowlby and Ainsworth have stood the test of time. However, the Information Processing model is the most inappropriate one as it is entirely based on functioning of adult brain, which is compared to a computer. In this the role of emotions is conspicuously absent. This void is filled by the evolutionary theory of emotion, of a most formative domain of a child's existence.

## INVITED SYMPOSIA

## IS1: CURATING SAFETY NETS IN THE DIFFICULT SITUATIONS

*Authors: Satish Girimaji<sup>1</sup>, Naresh Nebhinani<sup>2</sup>, Sheila Ramaswamy<sup>3</sup>.*

- 1- Ex-Head of Department of Child and Adolescent Psychiatry, NIMHANS, Bengaluru
- 2- Professor, Department of Psychiatry, All India Institute of Medical Sciences, Jodhpur
- 3- Technical & Operational Lead, Dept. of Child & Adolescent Psychiatry, NIMHANS, SAMVAD (Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And Distress) Department of Child & Adolescent Psychiatry, National Institute of Mental Health & Neurosciences, India

*Supporting Children & Families with special needs- Satish C Girimaji*

In simple terms, children with special needs (CWSN) are those who need specialised services and specific supports because of the presence of some or other impairment. The impairments may be mild to severe, and can be of any kind - from sensory or motor impairments to neurodevelopmental problems. Special needs also can be of multiple kinds – medical, developmental, educational, psychosocial, vocational and so on.

Thus, supporting such children and their families comprises a wide range of services, initiatives, accommodations, and affirmative actions at multiple levels. A key driving principle is that of inclusion. This presentation deals with basic concepts, and constructs, and mainly focusses on 'doables' that professional can carry out that makes a difference for these children and their families.

*Relationships & Resilience- Naresh Nebhinani*

Human resilience is dynamic, and it is generated through interactions of multiple systems from biological to sociocultural aspects. Several factors, such as social skills, peer support, environment, contact with peers, parent-child relationship, family problem-solving, parental resilience, parental stress and goal orientation are related to resilience.

Relationship fosters resilience, and good parenting is often the most significant factor that boost



resilience. These relationships provide scaffolding, and protection from developmental disruption. The composite resource of supportive relationships, adaptive skill-building, and positive experiences is the foundation of resilience.

Better understanding of resilience factors might offer new avenues for comprehensive clinical management and for preventive strategies and early intervention programs.

This section of symposium will focus on the following areas:

- Concept of Resilience
- Components and Correlates of Resilience
- Role of the Individual in developing Resilience
- Role of the Family in developing Resilience
- Role of the School, peers and other organizations in developing Resilience
- Resilience promoting strategies and interventions: Opportunities, evidence & gaps

*Empowering Adolescents in conflict with Law - Sheila Ramaswamy*

Amongst other Adverse Childhood Experiences (ACEs), children in difficult circumstances, whether in institutional or community contexts, are characterized by a range of vulnerabilities and risks pertaining to dysfunctional families, experiences of physical, sexual and emotional abuse, bullying and discrimination, schooling and educational problems, and child labour. Such ACEs, in themselves, or in combination with individual characteristics, such as (pre-existing) developmental problems and temperamental difficulties, also result in negative mental health consequences in children. Depending on the internalization of individual ACEs and other related variables, one manifestation of negative mental health consequences is of children and adolescents engaging in socially inappropriate behaviours, and thus coming into conflict with the law. These children and adolescents form meta-minorities, even amongst the category of children in difficult circumstances, and are rendered relatively more disempowered by: (i) the stigma and discrimination of engaging in anti-social activities; (ii) public opinion that tends to favour retributive as opposed to restorative justice approaches; (iii) institutional

cultures that often fail to offer them opportunities for transformation; (iv) legal and judicial interventions that have aligned with public opinions on 'get tough' policies.

In light of this, this sub-theme of the symposium will discuss the need to apply a transdisciplinary lens to developing and providing interventions to empower adolescents in conflict with the law, so as to include psychosocial and legal measures, at individual, family, institutional, societal and law-related levels, towards creating ecologies for healing and transformation.

---

IS2: GLOBALIZATION IMPACT ON SUBSTANCE USE

*Authors: Biswadip Chatterjee<sup>1</sup>, R C Das<sup>2</sup>, Sheena G Soman<sup>3</sup>*

1-Additional Professor, Department of Psychiatry and NDDTC, All India Institute of Medical Sciences, New Delhi  
2-Professor, Department of Psychiatry, Kalinga Institute of Medical Sciences, KIIT Deemed to be University  
3- Consultant Psychiatrist, Deaddiction centre in charge Mental Health Centre, Trivandrum

*Treatment of Substance Use disorders in Adolescents - Sheena G Soman*

Substance use is on the rise across all age groups. In the post covid era new psychoactive substances has also taken it's place among the addictive agents. The adolescents are known to experiment more and resort to peer group activities centering around substance use. The beer and liquor has been replaced with cannabis, nicotine and widespread stimulant use. Polysubstance use is highly prevalent in Indian states particularly Kerala. Hence the treatment regime also has become complicated. Mental Health Centre Trivandrum has a tertiary care deaddiction centre which caters to mainly adult population. However adolescents aged 12 to 18yrs are commonly seeking detoxification in child wards. One strategy may not work with everyone and a individual specific tailor-made treatment approach seems to have more success. Not just pharmacotherapy like naltrexone, Bupropion, mood stabilizers also psychotherapy with elements of motivation enhancement, family interventions and engagement strategies are used. It will be a challenge to address novel substances with existing treatment protocols or prepare new strategies. Multilevel interventions with concentration on primary prevention in high risk adolescents, implementation of Kaaval project and

mass awareness programs for detection and interventions in Kerala is ongoing. Social welfare, Legal and health systems work hand in hand for addressing at risk adolescents through combined plans and team work currently.

---

IS3: EMERGING COLLABORATIVE EFFORTS IN ASIAN REGION  
IN CHILD MENTAL HEALTH

*Authors: Arun Raj Kunwar<sup>1</sup> and Shekhar Seshadri<sup>2</sup>*

1.The Chair, CAMHSAN.The Head Child and Adolescent Psychiatry, Kanti Children's Hospital, Kathmandu, Nepal  
2.Advisor, SAMVAD NIMHANS Dept. of Child & Adolescent Psychiatry

#### Arun Raj Kunwar

Global estimates reveal that over 13% of adolescents aged 10–19 face mental disorders, impacting 10–20% of children worldwide, with half of these conditions emerging by age 14. In South Asia, home to over 600 million children and adolescents, 10–12% are affected by mental health challenges, emphasizing the need for urgent action. To address this, the project proposes establishing the Child and Adolescent Mental Health South Asian Network (CAMHSAN), functioning as a think tank advising governments on overall CAMH development in the region. This consortium, involving experts, mental health organizations, and partners like UNICEF and WHO, will focus on innovations, research, education, and CAMH programs, particularly within PHC. The center's goal is to increase accessibility and equity in CAMH services. Advocating for increased investments, the center aims to provide evidence-based cases and recommend feasible care models through research and field testing. The inception Meeting/Workshop was conducted in Kathmandu on from 5th to 7th April 2023 and was attended by experts from Pakistan, India, Nepal, Maldives, Sri Lanka, Bhutan and UNICEF, Nepal aiming to establish a regional center to address mental health challenges among children in the South Asian region

#### Shekhar Seshadri

WHO supported brief exchange of professionals has been going on for many years. Through this, professionals from Nepal, Bangladesh, Afghanistan, Sri Lanka and the Maldives have visited several centres in India. Serious professional collaboration for manpower development started a few years ago with

an understanding between Kanti Government Children's Hospital, Kathmandu and NIMHANS, Bangalore . Through this understanding two doctors each completed their DM and PDF in Child Psychiatry in NIMHANS. Further, three psychologists completed their six month fellowship. The Sri Lanka College of Child Psychiatry has now begun to send doctors specializing in Child Psychiatry for the six month fellowship as part fulfilment of the training requirement.

The North East England South Asia Mental Health Alliance ([neesama.org](http://neesama.org)) was developed between partners from across North East England and six South Asian countries in 2018. It brings together partners in Bangladesh, India, Nepal, Pakistan, Sri Lanka, Afghanistan and the UK to improve research, education and clinical service delivery within mental health services by fostering collaboration between policy makers, researchers and clinicians from across South Asia and the North East.

More recently, Dr Arun proposed a South Asian regional network in the form of (Child and Adolescent Mental Health South Asian Network) CAMHSAN, and centres in each country in the region which become part of the CAMHSAM Network.The initial phase will primarily focus on developing a comprehensive status paper for the South Asian (SA) region. This paper will serve as a critical foundation for our efforts in addressing mental health challenges in the region. The second part involves finalizing a CAMH mhGAP like package specifically tailored for the SA region. This package will outline evidence-based interventions, treatment guidelines, and capacity-building strategies to address the mental health needs of the region. Like the status paper, this process will also involve active participation from all the member states to ensure a well-rounded and contextually appropriate approach.

---

IS4: OPTIMIZING INFANCY GROWTH

*Authors: Satya Raj<sup>1</sup>, M.Thomas Kishore<sup>2</sup>, Nidhi Chauhan<sup>3</sup>*

1- Professor, Child and Adolescent Psychiatry Unit, CMC, Vellore

2- Professor of Clinical Psychology & Consultant- Child and Adolescent Mental Health Services NIMHANS

3-Assistant Professor, Dept. of Psychiatry PGIMER, Chandigarh.

*Attachment - Understanding newer developments.*  
*Satya Raj*

**Objectives** – The objective of the presentation is to study the evolution of the concept of attachment. To see how our understanding of the attachment theory has expanded and diversified over the decades, starting from the initial work of John Bowlby and Mary Ainsworth to the neuroscience of attachment.

**Methods** -Systematic search and review of literature on attachment was done. Attachment as a construct, its implications and recent developments were studied, and an overview has been presented. Attachment is a specific and circumscribed aspect of the relationship between a child and caregiver that is involved with making the child safe, secure, and protected.

There has been a debate on the heritability of attachment. Nurture rather than nature has been implicated in the development of secure attachment base. Behavioural vs neural systems in attachment, have been implicated in understanding the attachment patterns. The ventral tegmental area, amygdala, hippocampus, hypothalamus, and the prefrontal cortex have all been implicated. Recent studies have thrown light on the “Neuroanatomical models of human attachment.

**Conclusion** - Humans are born social and are wired to connect to other minds. Attachment theory, in combination with social neuroscience, will aid in better understanding of the fundamental nature of the human species.

*Assessment & Interventions in infant Mental Health*  
*- M. Thomas Kishore*

Infancy is generally understood as a developmental period beginning prenatally and ending at age three years in the context of mental health. This period is marked by rapid brain growth and development, with many critical and sensitive periods for development. This period denotes the parental expectations of the to-be born; and the maternal capacity for bonding with the infant. But, most importantly, this period also signifies the infant’s progression from complete dependence on caregivers to developing capacities for experiencing, regulating, and expressing emotions; forming close and secure relationships, and exploring the environment independently. And, all

of these processes can be affected by the responsive care and enabling environments within a cultural context. In this regard, this talk will focus on need-based assessments and interventions for infant mental health with a special reference to the Indian setting.

*Neuroplasticity and Brain stimulation- Nidhi Chauhan*

The development of the human brain is a fascinating, essential and arguably the most complex of all biological systems. It is a protracted process that begins antenatally and continues for an extended period postnatally. Critical genetic signaling and essential environmental input is required for brain to develop normally. Early experience of the living being plays an essential role in normal brain development, particularly in the early postnatal period, as although the cortical patterning begins in the embryonic period it remains malleable for an extended period of time. This capacity of the central nervous system to undergo structural and functional reorganization in response to the environment, its afferent stimuli, and efferent demands is referred to as ‘neuroplasticity’. Neuroplasticity is expressed at all organizational levels and spans different time scales, securing the ability to adapt and learn throughout the human lifespan. Two simple ways to alter this experience of the developing brain is to alter the input- either enrichment or deprivation and both have dramatic effects on the structural and functional organization of the developing brain. The enrichment and deprivation studies provide powerful evidence of the role of experience on brain development. While enrichment studies suggest widespread effects of stimulatory experience on the complexity and function of the developing brain, the deprivation studies document the capacity for neural reorganization within particular sensory systems. There is evidence to show that neuroplasticity in developing brain can extend to the capacity to develop fundamentally different patterns of organization & function in the face of insults to the brain. Thus, this talk is going to focus on the basics of neuroplasticity and underscore the importance and significance of brain stimulation for optimal infant growth & development.

---

IS5: CHANGES IN EDUCATIONAL SYSTEM & MENTAL HEALTH CHALLENGES IN EXAMS: STRESS & REMEDY

*Authors: Chhitij Srivastava<sup>1</sup>, Nandini Chatterjee<sup>2</sup>, Bichitra Nanda Patra<sup>3</sup>*

1-Consultant Child & Adolescent Psychiatrist Allahabad Child Development Centre, Prayagraj

2-Senior National Project Officer, UNESCO Mahatma Gandhi Institute of Education for Peace and Sustainable Development

3- Additional Professor, All India Institute of Medical Sciences (AIIMS), New Delhi

*Challenges in Exams: Stress & Remedy*

Stress due to studies, exams and various other pressures in school is a common phenomenon that affects students of all ages. Given the level of competition in India, students feel a constantly increasing pressure to perform. This stress can be a significant risk factor for developing mental health problems in the young population. This is especially relevant as according to WHO, half of all mental health disorders start by age 14 although most cases go unrecognised. Levels of stress for some can be so high that failure in exams drives some of these students towards suicide. The National Crime Records Bureau (NCRB) data from 2021 showed that student suicides were at a five-year high with more than 13000 students dying by suicide representing 8% of the total suicides. Failure in examinations was listed as the cause of suicide in 1673 cases in 2021. In this presentation I will discuss various factors related to school, studies & examinations that are a source of stress in the young population and explore ways through which we can help them. I will also summarise key results from a recent school survey we did with class 11th & 12th children from 2 private schools of Prayagraj that identified various factors that increase stress in students

*Training the brain for well-being – Nandini Chatterjee*

The existing design of education systems focuses on academic skills but not so much on and cognition and emotion development. Accumulating research indicates this sole focus on economic growth has led to increasing anxiety, depression and poor mental health in addition to poor learning outcomes. Building on recent research from the neurosciences that demonstrates that learning is a cognitive as well as a social and emotional process, we postulate that education systems must include training in social and emotional learning (SEL).

SEL is the process of developing competencies and attitudes necessary to recognize and control emotions, develop caring and concern for others, form positive relationships, make responsible decisions, and deal with challenging situations. Explicit training in SEL enables deep learning but also trains learners to experience positive emotions, exhibit prosocial behavior and cultivate brain networks for mental well-being. I will discuss the impact of SEL training on both teachers and school children including some research implementations in Indian classrooms.

*Challenges for Vulnerable children in Education – Bichitra Nanda Patra*

In the intricate tapestry of a child's development, nearly half of all enduring mental disorders take root before the age of 14 year, precisely when significant educational strides are made. Amidst this critical juncture, approximately 10% to 20% of children worldwide grapple with mental health disorders, underscoring the pervasive nature of this issue during a period crucial for their education. This reality confronts children with vulnerabilities, adding complexity to their educational journey. The ensuing discussion delves into the myriad challenges faced by these youngsters, encompassing stigma, labelling, negative attitudes, and cultural impacts. It scrutinizes existing government provisions, identifying both commendable efforts and lingering loopholes. The dialogue culminates in evidence-based recommendations, drawing insights from initiatives in India and globally, offering a roadmap to fortify mental health support for children and adolescents. In essence, this discourse serves as a call to action, emphasizing the imperative of a comprehensive approach to secure the well-being and educational prospects of the younger generation facing mental health challenges.

---

IS 6: TRAINING FOR MENTAL HEALTH

*Authors: Savita Malhotra<sup>1</sup>, Adarsh Kohli<sup>2</sup>, Vijaya Raman<sup>3</sup>*

1- Former Dean & Professor of Psychiatry; Head Department of Psychiatry and Deaddiction & Treatment Centre, PGIMER Chandigarh

2- Former Professor Clinical Psychology , PGIMER

3-Professor of Clinical Psychology, St. John's Medical College

*Effectivity Of Online Training in Child Psychotherapy- Vijaya Raman*

Despite the advances in psychotherapy treatment worldwide, there remains a high rate of unmet needs. One of the main reasons for this is the lack of professionals trained in the use of psychotherapy. In India, there is a dearth of quality training facilities for psychotherapy in general and child psychotherapy in particular. This presentation aims to look at the advantages, and disadvantages of online training. These guidelines for such training are not available. Uniformity in training across centers needs to be maintained. The dearth of trained psychotherapists and the availability of resources to conduct such courses are major reasons for the lack of such facilities. A possible workable module for online training in psychotherapy is presented.

---

#### IS7: RHYTHMS OF LIFE & PSYCHIATRIC DISORDERS IN CHILDREN

*Authors: Jitendra Aneja<sup>1</sup>, Rachna Bhargava<sup>2</sup>, Malay Dave<sup>3</sup>*

*1- Additional Professor, Department of Psychiatry, AIIMS, Bathinda*

*2- Associate Professor, All India Institute of Medical Sciences, New delhi*

*3- Consultant Psychiatrist - Gayatri Polyclinic, Ghatkopar East, Mumbai*

#### Circadian neuro-markers of mood disorders- Jitendra Aneja

Mood disorders have been shown to have strong correlation with chronobiological patterns such as sleep/wake cycle, day/night activity levels, neuro-transmitter and hormonal changes. Supra-chiasmatic nucleus in the hypothalamus acts as the master clock in human body which maintains the endogenous circadian rhythms. Further, the later are regulated by cellular processes named transcription-translation feedback loop that is controlled by genes such as CLOCK, BMAL1, Period Genes, Cryptochrome genes and retinoic acid receptor-related orphan receptors. Certain cortico-limbic structures which are indirectly connected with the SCN are believed to influence the circadian rhythms in normal state as well as mood disorders. The monoaminergic pathway, implicated in the mood disorders, also has a role to play in maintenance of the chronobiology. Lastly, certain drugs such as agomelatine, lithium have been shown to exert their action by modulating the circadian rhythms.

#### *Circadian neuro-markers of mood disorders- Rachna Bhargava*

Mood disorders have been shown to have strong correlation with chronobiological patterns such as sleep/wake cycle, day/night activity levels, neurotransmitter and hormonal changes. Supra-chiasmatic nucleus in the hypothalamus acts as the master clock in human body which maintains the endogenous circadian rhythms. Further, the later are regulated by cellular processes named transcription-translation feedback loop that is controlled by genes such as CLOCK, BMAL1, Period Genes, Cryptochrome genes and retinoic acid receptor-related orphan receptors. Certain cortico-limbic structures which are indirectly connected with the SCN are believed to influence the circadian rhythms in normal state as well as mood disorders. The monoaminergic pathway, implicated in the mood disorders, also has a role to play in maintenance of the chronobiology. Lastly, certain drugs such as agomelatine, lithium have been shown to exert their action by modulating the circadian rhythms.

#### *Circadian Disturbances & Neurodevelopmental disorders- Malay Dave*

Disturbances in the circadian rhythms have been associated with neurodevelopmental disorders like Autism Spectrum Disorders & Attention Deficit Hyperactivity Disorder. Circadian rhythm disturbances are often the earliest pointers to the existence of these disorders & persist in the course of these disorders as well. Sleep disorders, for example, often pose a management challenge in the context of neurodevelopmental disorders. The exact mechanisms at a very basic level are yet not understood fully. Understanding these mechanisms will not only help us in understanding and managing issues related to circadian disturbances, but also provide an opportunity to look at the etiopathogenesis of neurodevelopmental disorders themselves.

---

#### IS8: ACAMH-ICAMH JOINT SYMPOSIUM ON PEDIATRIC LIAISON PSYCHIATRY: OPPORTUNITIES AND CHALLENGES

*Authors: 1. Gordona Milavich<sup>1</sup>, Soumitra Shankar Datta<sup>2</sup> Jai Ranjan Ram<sup>3</sup>*

1. Gordona Milavich, Chair of Association of Child and Adolescent Mental Health, UK and is the former Clinical Director of the Child Psychiatry Directorate of the Maudsley Hospital. Gordana was part of the pediatric liaison team for some time at Kings College Hospital before she started the

National and Specialist Children's Affective Disorder Service at the South London and Maudsley Foundation Trust.

2. Soumitra Shankar Datta, had set up the pediatric and adult liaison service in Tata Medical Center, Kolkata and had been part of the institute since inception in 2011. He was a substantive consultant pediatric liaison psychiatrist at the Maudsley National and Specialist Services prior to his current job. He has a dual affiliation with the Institute of Clinical Trials, University College London.

3. Jai Ranjan Ram, is a child psychiatrist and runs a pediatric liaison service at the Institute of Child Health, Kolkata for the past 2 decades. He is also part of the child psychiatry service in a large multispecialty hospital. Liaison is one of his special interests and he regularly organizes training for pediatricians on issues related to children's mental health. Dr Ram is also the founder of Mental Health Foundation, an NGO active in the space of children's mental health.

Pediatric liaison psychiatry is a specialist area of child and adolescent psychiatry that addresses mental health issues of medically ill children and their carers. This requires joint working with pediatric specialties to identify mental health issues early on and intervene promptly when needed. It is a crucial part of the care, for engaging this group of children to pediatric care, reduce drop-outs and optimize the outcome of their physical and psychological health. For certain specific diseases, e.g. children with brain tumors, the management of psychological issues requires specialized assessments. There is paucity of training on this aspect of child psychiatry worldwide.

*Topic of discussion and speakers*

ACAMH introduction and role of pediatric liaison psychiatry- Gordana Milavich

Opportunities of pediatric liaison psychiatry with a special focus on pediatric oncology- Soumitra Shankar Datta

Challenges of pediatric liaison psychiatry- Jai Ranjan Ram

## INVITED LECTURES

## L1: AUTISM IS AUTISMS: ROLE OF SUBGROUPING IN AUTISM

*Author: Valsa Eapen*

*Professor, University of New South Wales & Sydney South West Local Health District*

Autism Spectrum Disorder (ASD) is significantly heterogeneous leading to a recognition that autism is “autisms”. Such clinical and aetiological heterogeneity has been linked with variability in treatment outcomes across different interventions and between individuals receiving the same intervention. Subgrouping individuals with autism into homogeneous subgroups that share similar pathogenesis, clinical course, and treatment outcome seems to be the next best logical step. Earlier studies have focussed primarily on clinical profile while subgrouping ASD but such subgroups have been eliminated in the most recent edition of the Diagnostic and Statistical Manual -5<sup>th</sup> Edition (DSM 5) owing to inconsistent diagnoses between clinicians and lack of predictive value in determining the course, treatment response or prognosis. Further, the variability in the signs and symptoms of ASD, along with the considerable behavioural overlap with other neurodevelopmental conditions continues to pose significant diagnostic challenges. Hence better ways of finding homogeneous subgroups are critically needed. Using data from aetiological, epidemiological, phenomenological, neuroimaging and treatment response studies, this presentation will elucidate the possible pathogenetic processes and unique differentiations between ASD and the common comorbidities such as attention-deficit hyperactivity disorder, obsessive compulsive disorder (OCD) and Tourette syndrome.

## L2: ADHD AND HEALTH RISK BEHAVIOUR: TOWARDS PREVENTION AND HEALTH PROMOTION

*Authors: Shoba Srinath*

*Consultant Child and Adolescent Psychiatrist. Retired Senior Professor, Nimhans, Bangalore.*

Attention deficit hyperactivity disorder (ADHD) is classified as a developmental disorder (DD) and rightly so. Clinicians are now more aware that adolescents and adults are presenting with this disorder and need care. The search for aetiology is going the gene – environment interactions way. It can be understood as a disorder of the executive functions of the brain. That it is heritable and that a

number of environmental risk factors adds to the vulnerability for its occurrence is also understood.

ADHD often presents with other developmental disorders like specific learning disabilities, autism spectrum disorders, coordination disorders and intellectual disability. Like other DDs it can manifest itself at different levels of severity.

As a consequence of the disorder in self-regulation, inattention and impulsivity, it puts the individual at risk for accidents, substance use disorders, challenges in decision making, damages to interpersonal relationships, teenage pregnancy, academic/ occupational underachievement and premature death.

The aim then must be prevention of such consequences. The fact that this is a developmental disorder means one takes a life- cycle approach to the management. The management must start with a good clinical diagnosis, education of the parents and the stakeholders involved, the plan for a management program that includes medication when needed and non-medication management. Strategies for prevention and health promotion include the presence of a parent/ caretaker/ teacher/coach/health professional in this endeavour but research in the area is in its infancy.

## L3: NEW HORIZONS IN FETAL PSYCHIATRY - THE ROLE OF PRENATAL STRESS

*Author: Prabha S. Chandra*

*Dean of Faculty, Behavioral Sciences, Professor, Department of Psychiatry, National Institute of Mental Health and Neurosciences, Bangalore, INDIA. President, International Association for Women's Mental Health*

Maternal stress during pregnancy is known to impact fetal growth as well as offspring cognitive and behavioral development. Exposure to stressful events during the prenatal phase predisposes the infant to the risk of developing emotional, behavioral and cognitive disorders during their life including depression, anxiety, attention regulation problems and conduct disorders. Prenatal stress also increases the risk of preterm delivery and low birth weight. Ways in which prenatal maternal stress could mediate its impact on offspring are thought to be through alterations in the maternal immune system and Hypothalamic Pituitary and Adrenal (HPA) axis as well as DNA methylation

changes in critical pathways such as HPA axis, inflammatory and neurotransmitter pathways of the offspring. There is also some data albeit conflicting regarding the impact of placental blood flow to the fetus and heart rate variability related to prenatal stress. The presentation will discuss the current findings in this area of research and also focus on the interplay between time and type of exposure as well as protective and vulnerability factor

---

#### L4: ASSESSMENT AND INTERVENTIONS IN CHILDHOOD ANXIETY DISORDERS

*Presenter: Preeti Kandasamy*

Senior Consultant Child & Adolescent Psychiatrist, Maanas, Neuro Foundation, Salem

Anxiety disorders are the most common psychopathology among children and adolescents with a prevalence of 14.4% (ADAd study), yet it often goes unrecognized. In the Indian context, they often do not reach a mental health professional unless it causes significant academic impairment.

A comprehensive assessment includes a thorough understanding of the child's temperament, attachment, adverse childhood experiences, parenting style, parental anxiety, school-related stressors, comorbidities and the child's strengths. Oftentimes children with anxiety present as school refusal or significant somatic complaints. Structured assessments and scales can help diagnose and understand the severity of symptoms as well as assist children and families to reflect on the pathological nature of the problem.

There is enough literature to favor CBT as the first-line evidence-based intervention for childhood anxiety disorder or a combination of CBT+SSRI based on the baseline severity of symptoms. A qualitative study from NINHANS highlights the importance of problem-solving techniques as one of the most effective tool from the child's perspective. However, there is also a need to address insecure attachment, parental anxiety and plan trauma-focused therapy whenever indicated to address relapse prevention.

One of the challenges is the limited resources available for non-pharmacological interventions for young children in the Indian context. Research on developing simple and cost-effective interventions such as online video-based CBT in vernacular

language for delivery in non-specialist settings has been undertaken. There is also a need for research on universal interventions for childhood anxiety disorders among school-going children considering the high prevalence rates.

---

#### L5: CHILDREN'S VULNERABILITIES IN THE POST COVID ERA

*Author: Rajesh Sagar*

Professor of Psychiatry, AIIMS, Delhi

The Covid 19 pandemic has had a profound effect on the lives of children. This impact has led to several vulnerabilities that continue to exist even post-pandemic. Children have special needs that might get compromised during periods of disaster and thus make them prone to several hardships that affect their growth and development. These hardships are continued in different domains, including emotional, psychological, and physical problems.

Mental health issues encountered include anxiety and depressive states, along with grief and traumatic states due to the loss of family and friends. Social isolation may amount to loneliness, which can affect their social development. An Indian systematic review in 2021 reported that reduced physical activity, delayed sleep time, increased sleep duration and screen time, and sedentary habits among children correlated with mental health issues(1). These habits are challenging to modify and persist even into the post pandemic period.

An increase in parental stress due to various pandemic-related reasons may put children at risk of domestic abuse and violence. Other problems accentuated during the pandemic and post-pandemic period may include exploitation and trafficking, displacement and migration, lack of access to play and recreation, and impact on children with disabilities.

To address these issues, various steps need to be undertaken by the local communities as well as governmental institutions. Awareness campaigns for early recognition and intervention become important. The unmet needs of children need to be addressed in a proper way.



---

L6: EARLY INTERVENTIONS IN PSYCHOSIS

*Authors: Vivek Agarwal*

*Prof and Head, Department of Psychiatry, KGMU*

Early intervention in psychosis was started about 3 decades ago with the aim to improve the outcome of first episode psychosis. During this process prodromal phase was identified prior to onset of full blown illness. Various psychosocial interventions like CBTp, family therapy, nutritional supplements etc have been tried in this population to delay or prevent the onset of psychosis with some success. The talk will discuss the outcome of these interventions as well as the newer approaches of transdiagnostic interventions and second generation of interventions in this population.

## INVITED WORKSHOPS

---

**IW 1: TIPS FOR WRITING AND SUBMITTING A RESEARCH PAPER TO JIACAM: A WORKSHOP FOR YOUNG AND EMERGING RESEARCHERS.**

*Authors: Nitin Gupta<sup>1</sup>, Jitender Aneja<sup>2</sup>, Nidhi Chauhan<sup>3</sup>, Prerna Sharma<sup>4</sup>*

1- Consultant Psychiatrist, Gupta Mind Healing and Counselling Centre, Chandigarh.

2- Additional Professor, Department of Psychiatry, AIIMS, Bathinda.

3- Assistant Professor, Department of Psychiatry, - PGIMER, Chandigarh.

4- Associate Professor, Department of Clinical Psychology, IHBAS, New Delhi.

This workshop is specifically tailored to offer essential insights to young mental health professionals seeking to publish their research. This workshop will provide an in-depth insight from Writing to Publication stage of a Research Paper. This workshop will provide a unique perspective by covering the expectations, roles and responsibilities of author, editor, reviewer, and publisher. As part of the Core JIACAM Editorial Team, the presenters will provide an interactive discussion with personalized examples of the painstaking and detailed journey from submission to final publication. At the end of the workshop participants will be well prepared to navigate the intricate process of manuscripts preparation and publication in mental health research demystifying the peer review process, enabling authors to address reviewer feedback.

Editors are responsible for overseeing the entire editorial process, from manuscript submission to publication. This includes: Screening manuscripts for relevance and quality. The speaker will delve into the process of determining when and whether manuscripts are within the scope of the journal and if they meet the journal's standards for scientific rigor. How the peer review process is managed and articles are assigned will be told. Making editorial decisions based on the peer reviewers' recommendations and own assessment of the manuscript, how to make decisions about whether to accept, reject, or revise manuscripts will be discussed. Ensuring ethical standards is an important role of the editor hence how ethical concerns are addressed will be discussed. Shaping the direction of the journal: Editors play a key role in determining the journal

content and editorial direction. How editors can provide valuable guidance and support to early-career researchers, helping them to improve their writing and research skills. Overall, editors play a vital role in ensuring the quality, integrity, and impact of mental health research published in scientific journals. They are responsible for upholding the highest standards of scientific rigor and ethical conduct, while also promoting the dissemination and application of mental health research findings.

Reviewers are experts in their respective fields who provide independent and objective assessments of manuscripts submitted to the journal. Their feedback helps editors make informed decisions about whether to accept, reject, or revise manuscripts. The workshop will discuss how reviewers evaluate the study's methodology, findings, and conclusions to determine if they are sound and supported by the data. The presenter will discuss how the manuscript is scrutinized and how the inconsistencies are identified. How the constructive feedback is provided to authors highlighting the strengths and weaknesses of their work and suggesting ways to improve the manuscript. How the feedback is provided on the clarity and conciseness of the writing. The role of reviewer is a voluntary one, but it is also an important one. The presenter will illustrate through example how the process of review is followed from first submission to the acceptance of the article. How the feedback is provided as an opportunity to enhance the quality of the academic writing for young professionals. There are several important aspects to consider before researchers intend to publish their work. As authors they must choose the right journal. Presenter in this section will be illustrating through example how to conduct thorough research. The presenter will demonstrate how the authors need to conduct a comprehensive literature review in order to identify gaps in existing research and position their study accordingly. The art of writing clearly and concisely in a well-structured manner will be discussed. How the authors have to consider organizing the manuscript into distinct sections: Introduction, Methods, Results, Discussion, and Conclusion. Seeking feedback on the manuscript from experienced researchers and mentors is equally important to strengthen one's overall presentation. Hence these aspects will be discussed in detail for the upskilling of the participants.

Lastly how to respond effectively to Reviewers' Comments and how to address the concerns thoughtfully and professionally, providing detailed explanations and making necessary revisions will be discussed.

Submission guidelines must be adhered to carefully. It is crucial for ensuring the manuscript is considered for publication in a particular journal. The key points like scope and relevance, formatting and style, length requirements will be discussed by the presenter. The entire submission procedure involving uploading files through an online submission system will be discussed. Specific statements to be Included for the required ethical statements or declarations as specified by the journal will be discussed by the presenter. How to communicate and respond to the journal, such as requests for clarification or revisions. Maintaining a professional and courteous tone in your correspondence will be illustrated by an example. Lastly familiarizing oneself with the journal's review process and timelines. Understanding the expectations for revision and resubmission as core processes in publication will be discussed in detail.

---

#### IW2: INTEGRATING QUALITATIVE METHODOLOGIES IN CHILD AND ADOLESCENT MENTAL HEALTH RESEARCH

*Authors: Priya Treesa Thomas<sup>1</sup>, Eesha Sharma<sup>2</sup>, Harshini Manohar<sup>3</sup>*

1-Additional Professor of Psychiatric Social Work, NIMHANS, Bengaluru

2-Associate Professor of Child & Adolescent Psychiatry, NIMHANS, Bengaluru

3-Assistant Professor of Child & Adolescent Psychiatry, NIMHANS, Bengaluru

In mental health, qualitative methodologies focus on experiential and dynamic aspects of human life and behavior that are not amenable to quantifiable observation. In work with children, they can support phenomenological understanding of the child placed in their psychosocial reality. This workshop is open to mental health practitioners already conducting, or keen on incorporating, qualitative methodologies in mixed methods designs. In the workshop participants will be introduced to basic theoretical aspects of the qualitative method, followed by hands-on work with research questions suitable for mixed methods designs. The workshop aims to be a primer on identifying the scope and utility of

qualitative methodologies in child mental health research.

Priya Treesa Thomas – The first section of the workshop will cover basic principles of qualitative methods. Beginning with drawing parallels and distinguishing features of quantitative and qualitative science, this section will introduce participants to different qualitative approaches, data gathering and analysis methods.

Eesha Sharma- The second section will focus on illustrating a few qualitative data and how the data was used in research for participants to gain an idea about what all forms qualitative data can take, and the ways in which it can be systematically understood and explored to generate themes.

Harshini Manohar- The third section will focus on an example of research done with a neurodiverse population to illustrate the challenges and troubleshooting methods in a scenario where there are limitations with language use, the critical tool in qualitative methods.

All 3 resource persons working with small groups - In this section, each of the resource persons will guide small participant groups in identifying aspects of given research questions are would be suitable for qualitative approaches, and thereafter, enunciating data collection methods, analysis approaches, and integration with the quantitative parts of the research.

Plenary-One participant from each group will be asked to give a presentation on their research question and the possible mixed methods design. The resource persons will facilitate discussion and respond to any questions that come up.

## SYMPOSIA

---

**S1: INTERNET GAMING DISORDER AMONG ADOLESCENTS: CONCEPT, CONCERNS, RISK FACTORS AND MANAGEMENT**

*Authors: Nitin Anand<sup>1</sup>, Rajesh Kumar<sup>2</sup>, Anamika Sahu<sup>2</sup>*

1- Additional Professor & Consultant, Service for Healthy Use of Technology (SHUT) Clinic

2- Assistant Professor & Consultant, Service for Healthy Use of Technology (SHUT) Clinic, Department of Clinical Psychology, National Institute of Mental Health & Neuro Sciences (NIMHANS), Institute of National Importance (INI), Bangalore - 560029, Karnataka.

Playing is an integral activity for physical and mental development among children and adolescents. However, in this digital era, along with social and traditional mass media, online games have replaced other activities. There is no doubt that these online games help them in education, self-regulation, thinking aloud, cognition, problem-solving skills, positive mood, and pro-social skills. However, on the other hand, there is a risk of transition to engaging in excessive gaming, which can decrease socialization, impact educational activities, and minimize interest in offline life. Further, it may lead to internet gaming disorder (IGD). IGD is more prevalent among the adolescent age group. Adolescents with IGD may also experience psychological problems (impulsivity, depression, ADHD, peer problems, and poor self-esteem). Hence, early screening and preventive strategies for at-risk adolescents are required steps to work on. Additionally, effective multimodal psychotherapeutic intervention programs are needed to minimize salience, preoccupation, and conflict related to gaming and enhance overall quality of life, including psychological health, physical health, and environmental problems in adolescents with IGD. The index symposium will comprehensively overview IGD in children and adolescents.

*Topic of discussion and speakers*

Anamika Sahu -Conceptualization of IGD, Nosology, Prevalence, Comorbid Mental Health Conditions, Need for Mental Health Services for IGD

Rajesh Kumar- Negative consequences, Risk Factors, Causational Models of IGD and assessment

---

**Nitin Anand- Psychological interventions for online gaming addiction**


---

**S2: FUNCTIONAL MRI IN ADHD: INSIGHTS, DIAGNOSTIC, MANAGEMENT IMPLICATIONS, AND THE FUTURE OF AI-INTEGRATED MACHINE LEARNING.**

*Authors: Vivek Agarwal<sup>1</sup>, Amit Arya<sup>2</sup>, Uttam Kumar<sup>3</sup>*

1-Professor, Department of Psychiatry, KGMU, Lucknow

2- Department of Psychiatry, KGMU, Lucknow

3- Additional Professor, Centre for Biomedical Research, SGPGI Lucknow

Attention-Deficit Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder requiring precise diagnostic and therapeutic approaches. Recent advances in Functional Magnetic Resonance Imaging (fMRI), including both resting-state and task-based methodologies, have illuminated the neurobiological underpinnings of ADHD. Resting-state fMRI analyses reveal intrinsic neuronal activities and their aberrancies in ADHD, while task-based fMRI provides insights into how individuals with ADHD may process tasks differently, illuminating deficits in specific cognitive domains. This symposium provides a comprehensive overview of the current state of fMRI techniques and findings in ADHD, with a specific focus on the distinctive values and implications of resting-state and task-based methods. Emphasizing their clinical implications, this symposium sheds light on how these imaging techniques can refine diagnosis, elucidate pathophysiology, and guide individualized management. Moreover, the integration of Artificial Intelligence (AI) with Machine Learning (ML) is spotlighted, showcasing its transformative potential to enhance data interpretation, inform personalized treatment regimens, and predict prognosis. As these technological advancements will shape the future of ADHD care, it becomes imperative for clinicians and researchers to stay abreast of their capabilities and constraints, ensuring the most effective and individualized patient care.

*Functional Magnetic Resonance Imaging in ADHD: Overview- Vivek Agarwal*

Functional Magnetic Resonance Imaging (fMRI) has emerged as a pivotal tool in advancing our understanding of Attention-Deficit Hyperactivity Disorder (ADHD). By offering non-invasive visualization of brain activity, fMRI elucidates the

neural correlates and anomalies associated with ADHD. This presentation provides a comprehensive overview of the utilization of fMRI in ADHD research, charting its evolution and detailing its contributions. Key findings underscore the differences in brain activation patterns between individuals with and without ADHD, especially in regions associated with attention, impulse control, and executive functioning. Additionally, fMRI studies have highlighted the dynamic interplay of various brain networks, shedding light on the disorder's neurodevelopmental trajectory. The integration of these insights promises to refine diagnostic criteria, inform therapeutic interventions, and contribute to the broader discourse on ADHD's etiology and manifestation. As we navigate the intricacies of ADHD through the lens of fMRI, it becomes increasingly clear that this imaging modality holds immense potential for furthering our comprehension of neurodevelopmental in children.

*Functional Magnetic Resonance Imaging in ADHD: Clinical Implication in Diagnosis and Management- Amit Arya*

Functional Magnetic Resonance Imaging (fMRI) is transforming the realm of Attention-Deficit Hyperactivity Disorder (ADHD) research and treatment. By offering dynamic visualizations of the brain's inner workings, fMRI has unearthed intricate insights into ADHD's multifaceted neurobiological underpinnings. These insights, revealing distinctive neural pathways and networks implicated in ADHD, have equipped clinicians with an enriched understanding of its neurobiology and predictions on clinical manifestations. This presentation delves deep into the manifold clinical implications of fMRI in ADHD. By pinpointing ADHD-specific neural patterns and distinguishing them from typical neural activities, fMRI has emerged as an invaluable tool, fostering diagnostic accuracy and significantly reducing the potential for misdiagnoses. Furthermore, the technique's ability to continuously monitor and evaluate the neural responses to therapeutic interventions has opened the door to more tailored and effective treatment strategies. Beyond mere diagnostics and treatment modulation, fMRI offers clinicians a unique window into the neurodevelopmental intricacies of ADHD, aiding in the development of preventive strategies and early interventions. As we continue to tap into the expansive potential of this

imaging modality, it is poised to usher in a new era of enhanced ADHD diagnosis, management, and overall patient care.

*Functional Magnetic Resonance Imaging in ADHD: Future of AI integrated Machine learning.- Uttam Kumar*

The interconnection between neuroimaging and computational advancements is a transformative era for understanding and managing Attention-Deficit Hyperactivity Disorder (ADHD). While Functional Magnetic Resonance Imaging (fMRI) has consistently deepened our insights into ADHD's neurological landscape, the sheer complexity of the data requires innovative analysis methodologies. Integration with Artificial Intelligence (AI) and Machine Learning (ML) opened the new arena. These cutting-edge technologies have begun to play a pivotal role in refining the interpretation of fMRI data, enabling more precise diagnostics and tailored therapeutic strategies for ADHD. Looking ahead, the future of AI and ML in this realm seems particularly promising. Predictive modelling, real-time data analysis, and individualized treatment prediction are just a few potential applications on the horizon. This presentation aims to elucidate the burgeoning synergy between fMRI, AI, and ML, emphasizing the foreseeable advancements and how they might redefine the trajectory of ADHD research and clinical practice. By integrating current knowledge with a forward-looking perspective, we offer a comprehensive view of the potential that lies at the intersection of neuroimaging and AI-driven analytics in the realm of ADHD.

---

S3: SPECIFIC LEARNING DISABILITY: AN IN-DEPTH UNDERSTANDING

*Authors: M. Thomas Kishore<sup>1</sup>, Anamika Sahu<sup>2</sup>, Roopesh B N<sup>3</sup>*

1-Professor, Dept of Clinical Psychology, NIMHANS

2- Associate Professor, Dept of Clinical Psychology, NIMHANS

3- Additional Professor, Dept of Clinical Psychology, NIMHANS

Specific Learning Disabilities (SLD) though having high prevalence, is still poorly understood by all the stake holders, starting from the parents, teachers, affected children, and to some extent as well by some of the mental health trainees and early career mental health professionals. With respect to the mental health trainees and young professionals, there appears to be no confusion in

understanding and diagnosing the severe cases of learning disabilities. However, in some conditions, such as where the severity is relatively less or when different academic boards are involved, the diagnosis becomes difficult. Given this, the proposed symposium address three major aspect of SLD, such as (i) the etiology and the developmental aspects, (ii) assessment and its approaches, and (iii) evidence-based intervention with respect to SLD.

*Brain basis of Specific Learning Disabilities- B.N. Roopesh*

Substantial number of parents, teachers or a children find it difficult to believe and accept the diagnosis of learning disability, as academic abilities have always been associated with intellectual abilities. As a corollary, when the child academics is affected, with apparently intact intellectual abilities, the child is blamed as being lazy and careless. In these scenarios, if they are psychoeducated about, how the etiology of learning disabilities lies in the brain, its structure and its functions, there are better chances of acceptance of the condition, better adherence to remediation and lesser punishment to the child. Further, if some of the etiology is determined, for example, neuropsychological deficits, it would aid in planning remediation. This part of the symposium, will discuss theories and findings from the structural and functional imaging techniques, neuropsychological assessments, phonological aspects, and the structure of the script and languages.

*Approaches to the assessment in Specific learning disabilities: M. Thomas Kishore*

Specific learning disabilities (SLD) is a neurodevelopmental disorder with phonological processing deficits that present as deficits in reading, writing and arithmetic in the absence of sensory-motor or intellectual impairments. Manifestation of this condition varies according to the developmental stages, for example motor-coordination issues, letter-sound association difficulties as compared to spelling errors, poor reading comprehension relative to a better listening comprehension in childhood, and behavioural and emotional difficulties secondary to the learning difficulties during the adolescence. The condition can be reliably diagnosed after certain duration of

teaching-learning because academic skills are acquired through these processes than merely developed as the child matures. In this regard, this talk focuses on the approaches to assessment of SLD, with a special reference to the tool being developed at NIMHANS as funded by the Indian Council of Social Science Research.

*Evidence-based interventions for specific learning disabilities in children: Anamika Sahu*

Specific learning disabilities (SLD) involve phonological processing skills deficits manifesting as any or all of the following- reading, writing and arithmetic. It also presents with comorbid conditions like ADHD, anxiety, school refusal, low self-esteem. The manifestation of these issues may vary according to the developmental stage of the child and the supports made available to the child. Therefore, any intervention should be comprehensive and go beyond the remediation, and also consider the developmental perspectives. The interventions can be grouped into remediation-based, strengthening the individual skills, and medication addressing the comorbid medical conditions. This talk will focus on the evidence-based non-pharmacological interventions in SLD.

---

**S4: INTELLECTUAL DISABILITY: PAST, PRESENT AND FUTURE IN A DEVELOPING COUNTRY LIKE INDIA .**

*Authors: Priti Arun<sup>1</sup>, Shivangi Mehta<sup>2</sup>, Gurneet Kaur<sup>3</sup>*

1- Professor and Head, Department of Psychiatry, Government Medical College and Hospital, Chandigarh

2- Assistant Professor, Department of Psychiatry, Government Medical College and Hospital, Chandigarh

3- Senior Resident, Department of Psychiatry, Government Medical College and Hospital, Chandigarh

Intellectual Disability has been associated with people who were judged to be incompetent hence often neglected and consigned to a segregated life more so house bound, full of limitations. The past 2-3 decades have seen a major change in all spheres from gradual acceptance in the society, special school enrolment to disable friendly public places, reservation in parking, employment, vocational rehabilitation, extracurricular activities- special Olympics and internet usage and marriage. This symposium aims to highlights the issues like marriage, sexual knowledge, reintegration to society and what future might hold for persons with ID.

*Intellectual Disability: A glance at history- Priti Arun*

This segment aims to shed light on how a person with intellectual disability is now more involved in society, playing their roles, getting recognition for their endeavors, and given their due rights. It encompasses the drastic change in their management and the opportunities offered to them in past 2-3 decades starting from restricted and segregated life to full involvement in the society embarking on the journey to special Olympics, Paralympics, with change in legislation .

*Intellectual Disability: The current scenario- Shivangi Mehta*

The current scenario of opportunities and challenges in treatment , therapy , extracurricular activities, vocational rehabilitation and job placement ,marriage, sexual knowledge and integration into society will be addressed . Life span approach and Community based approaches will be some highlights.

*Intellectual Disability: The future direction - Gurneet Kaur*

The needs and aspirations are now better understood, but a lot of dedicated work is required to meet them. Some domains remain untouched, especially in Indian context.

---

S5:NEWER FRONTIERS IN MANAGEMENT OF DISSOCIATION IN CHILDREN AND ADOLESCENTS

*Authors: Nishant Goyal<sup>1</sup>, Ritwika Nag<sup>2</sup>, Sneha Das<sup>3</sup>*

- 1- Professor of Psychiatry, CIP, Ranchi  
2- Research Assistant, NIMHANS, Bengaluru  
3- PhD Scholar, CIP, Ranchi

Clinical experience over many years has taught that patients who have dissociative disorders routinely experience significant emotional pain and struggle with overall functioning and safety. Finding therapeutic techniques with which to stabilize functioning, create internal safety, alleviate suffering, and further the progress of the treatment within the psychodynamic framework of the psychotherapy is challenging for clinicians who treat this population. In the pursuit of looking into newer understanding and treatment avenues in dissociation in the young population continued research is warranted. In this symposium we wish

to present the research carried out at CIP, Ranchi in this ever-growing area.

*Introduction and setting of context- Nishant Goyal*

*Revisiting the psychological landscape of Dissociation in Children and Adolescents: Ritwika Nag*

In adolescents grappling with dissociative disorders, the intricate interplay of information processing biases, attachment styles, cognitive emotion regulation, coping strategies, and impulsivity plays a pivotal role in shaping their psychological landscape. In a hospital-based study done at the Central Institute of Psychiatry, we assessed these variables to understand their relationship. Emotional Stroop, Face-Dot probe task, Attachment Style Questionnaire, Cognitive Emotion Regulation Questionnaire (CERQ), Adolescent Coping Orientation for Problem Experiences (A-COPE) and Barratt Impulsiveness Scale (BIS) were administered. Attachment styles, initially formed through early caregiver relationships, significantly impact the development of information processing biases, where heightened sensitivity to trauma-related stimuli or fragmented memory recall is common. These biases, in turn, intensify dissociation symptoms, perpetuating emotional turmoil. Cognitive emotion regulation strategies, influenced by attachment and biased processing, become crucial tools for managing distress, either facilitating adaptive coping or exacerbating maladaptive behaviors. Impulsivity, often heightened in these adolescents, can disrupt emotion regulation and coping efforts, leading to impulsive actions as a means of emotional relief.

Understanding these multifaceted relationships is pivotal for clinicians and caregivers to provide effective therapeutic interventions. Tailored treatments addressing attachment-related issues, cognitive processes, and impulsive tendencies can empower adolescents with dissociative disorders to develop healthier coping strategies, regulate their emotions, and ultimately improve their overall psychological well-being.

*Newer Management Approaches in Treating Young adolescents with dissociation: Sneha Das*

Dissociative Disorder (DD) in adolescents pose significant challenges for clinicians and caregivers alike, necessitating effective interventions. As

Dialectical Behaviour Therapy for Adolescents (DBT-A) is a relatively new intervention module, the number of well-designed prospectively registered randomized controlled trials (RCTs) may be limited. Existing literature suggested the effectiveness of DBT-A for a range of psychiatric disorders. However, there is a scarcity of published articles highlighting the application of DBT skills in DD, which generates the need for research in this arena.

We conducted research at Erna Hoch Centre for Child and Adolescent Psychiatry (in-patient), Central Institute of Psychiatry, Ranchi, to see the effectiveness of DBT-A in treating spectrum of dissociation and associated psychopathology. In this intervention study, DBT-A sessions were delivered to participants along with caregivers. Participants received 20 sessions of DBT along with medication. Baseline, post and follow-up assessment scores were statistically analyzed. Results suggested that DBT-A has been proven to be efficacious in mitigating dissociative symptoms, improving anxiety and mood symptoms, impulsivity, fostering healthy and adaptive coping and emotion regulation skills.

Considering the dearth of intervention research in this context, DBT skills can fill up the gaps among several existing goal standard therapies. Henceforth, early identification and early modifications may prevent further development of psychopathology, such as- personality disorders and other psychiatric illnesses. Future research includes extension of this study into a RCT and conduct extensive DBT programmes in Indian population across socio-demographics and clinical parameters.

---

#### S6: PTSD IN CHILDREN: COMPLEXITIES AND CHALLENGES

*Authors: Mahadev Singh Sen<sup>1</sup>, Nishtha Chawla<sup>2</sup>, Kamini Verma<sup>2</sup>, Ashlyn Tom Vincent<sup>4</sup>*

1- Assistant Professor, IHBAS, Delhi

2- Professor, AIIMS, New Delhi

3- Assistant Professor, NIMHANS, Bengaluru

4- Senior Resident, NIMHANS, Bengaluru

In today's rapidly evolving landscape, children navigate physical spaces, digital realms, and emotionally complex situations. This symposium brings together experts to explore the multifaceted aspects of these spaces and their

impact on children's well-being, including a specific focus on the complexities and challenges of addressing post-traumatic stress disorder (PTSD) in children.

#### *Unmasking the Hidden Scars: Understanding PTSD in Children- Mahadev Singh Sen*

In this presentation, MSS, will explore the unique challenges in diagnosing and treating PTSD in the pediatric population. He will shed light on the various triggers, symptoms, and long-term consequences of childhood trauma and provide insights into evidence-based interventions and therapies that can help children on their path to recovery.

#### *The Digital Playground: Unveiling Virtual Spaces and Child PTSD- Nishtha Chawla*

NC will lead a comprehensive exploration of how virtual spaces impact child development and PTSD. In today's digital age, children spend significant time in virtual environments. She will analyze the cognitive, social, and emotional implications of this digital immersion, shedding light on opportunities and challenges for parents, educators, and healthcare professionals in addressing PTSD in the context of virtual spaces.

#### *Navigating Real-Life Challenges: Child PTSD and Beyond- Kamini Verma*

KV will delve into the multifaceted challenges faced by children in real-life, emotionally taxing situations. From bullying and family crises to societal pressures, children often encounter complex circumstances. She will provide strategies to recognize signs of distress in children and offer guidance for professionals and caregivers to support them in navigating these challenges, including the complexities of PTSD.

#### *Building Resilience in Children: A Shield Against PTSD-. Ashlyn Tom Vincent*

ATV will highlight the pivotal role of resilience in promoting children's well-being, particularly in the context of PTSD and challenging environments. He will explore the factors contributing to resilience in children and offer practical interventions and strategies to enhance their ability to thrive, even in the face of adversity. He will equip professionals



and caregivers with tools to nurture resilience in children, mitigating the impact of PTSD

---

S7: NEUROECONOMICS OF ADHD – AN ALTERNATIVE APPROACH TO UNDERSTANDING OF ADHD

*Authors: Jitty George<sup>1</sup>, Sumit Rana<sup>2</sup>, Shivangi Mehta<sup>3</sup>*

1- Consultant Psychiatrist at S H Medical Center, Kottayam, Kerala

2- Associate Professor, Deptt of Psychiatry, Lady Hardinge Medical College, Delhi.

3- Assistant Professor, Psychiatry, GMCH, Chandigarh

Attention-deficit/hyperactivity disorder (ADHD) is a prevalent life span mental health condition characterized by pervasive and persistent inattention, hyperactivity, and impulsivity and associated with impairment for patients, great burden to families and society, and high social and health care service costs. From a translational perspective, successful therapeutic development is most likely when built on basic science. Despite the growing volume of basic research on ADHD, its causes and the neurobiological mechanisms that mediate them remain to be determined, a situation that hampers the emergence of the translation science of ADHD. Psychiatric neuroeconomics offers a radical alternative approach to understanding mental disorders by studying the way disorder-related neurobiological alterations constrain economic agency, as revealed through decisions about choices between future goods.

*Topics of discussion and authors:*

Contemporary Neurobiological Understanding of ADHD – Jitty George

Neuroeconomics of ADHD: Reconceptualizing ADHD as Compromised Economic Agency – Sumit Rana

Role of ADHD medicines on Neuroeconomics – Shivangi Mehta

---

S8: CHANGING TRENDS IN SEXUALITY AND SEXUAL EXPLORATION

*Authors: Henal Shah<sup>1</sup>, Alka A Subramanyam<sup>2</sup>, Prajakta Patkar<sup>3</sup>, Ritika Pugalia<sup>4</sup>, Allauki Dani<sup>5</sup>, Shourouq Motwani<sup>6</sup>*

1- Additional Professor and Head of Unit, Department of Psychiatry, TNMC and BYL Nair Hospital

2- Associate Professor, Department of Psychiatry, TNMC and BYL Nair Hospital

3- Assistant Professor, Department of Psychiatry, TNMC and BYL Nair Hospital

4. Fellow in Child and Adolescent Mental Health, Department of Psychiatry, TNMC and BYL Nair Hospital

5., Fellow in Child and Adolescent Mental Health, Department of Psychiatry, TNMC and BYL Nair Hospital

6. Fellow in Child and Adolescent Mental Health, Department of Psychiatry, TNMC and BYL Nair Hospital

**Context setting - Alka Subramanyam**

Shaping an individual's overall personality, sexuality is less talked about, being a sensitive and personal issue. The environmental, sociocultural factors and information availability have all rapidly changed which in turn affects sexual exploration in this age and this symposium aims to discuss the same

**Concepts Of Sexuality And Sexual Exploration And Nature And Nurture- Effect Of Personal Experiences, Socio Cultural Beliefs And Parental Attitudes - Shorouq Motwani**

Adolescence marks the time for sexual exploration and sometimes confusion. Evidence suggests that orientation changes over time. Heterosexual adolescents may have some kind of sexual interaction with same sex. Parental beliefs, attitudes and comfort about sexuality and sexual orientation have significant effects on this process in the current age. Discussing the various sociocultural beliefs which influence the ideas and concepts of sexuality and sexual exploration is important to understand the changes that have occurred over the last few years.

**Digital Evolution and Sexual Exploration - Ritika Pugalia**

Adolescents rely on social media for sexual knowledge and experiences, which is more frequent in sexual minority groups. However, the content is largely conflicting. Negative experiences like abuse, harassment, frauds, etc are commonly reported by adolescents having online sexual partners.

**Effect of the COVID-19 on Sexual exploration - Allauki Dani**

The Covid -19 pandemic, saw a huge increase in the usage of social media for a plethora of reasons- education, entertainment and indulgence. This exposed the adolescents to a plethora of content

related to sexuality through an “online/virtual” mode of exploration and experimentation. Hence, it is imperative to discuss this variation in sexuality and sexual exploration over the covid pandemic.

**How can Psychiatrists handle these changing trends in sexuality in young adults: - Prajakta Patkar**

Child and adolescent psychiatrists (CAPs) have an opportunity and duty to intervene and provide relevant sexual health information to patients and families in order to improve their patients' health. One of the most significant reason physicians fail at this task is the lack of sexual health education in medical education, which trainees and physicians are overtly aware of

---

#### S9: DIGITAL REVOLUTION AND MENTAL HEALTH AMONG CHILDREN AND ADOLESCENTS – A BOON OR A BANE?

*Authors: Preethy Kathiresan<sup>1</sup>, Ragul Ganesh<sup>2</sup>, Kamini Verma<sup>3</sup>*

1-Assistant Professor, Department of Psychiatry, AIIMS New Delhi

2-Assistant Professor, Department of Psychiatry, AIIMS Jammu

3-Assistant Professor (Psychiatry), NIMHANS Bengaluru

There has been a digital revolution in the past few years with increase in the use of digital technologies. Also, there has been advancements in the technologies used like the advent of artificial intelligence. This in turn has brought in lot of scope for opportunities to improve or promote mental health for the children and adolescents, as well as brought in lot of risks as well as challenges in handling the risks associated with these advancements. The current seminar aims to give the audience an overview of both the benefits and challenges associated with this digital revolution and way forward in handling them.

*Epidemiology and Factors affects Mental Health- Preethy Kathiresan*

The National Statistics Organisation Survey on Digital Education Divide found that one in ten households in India have either a Desktop computer or laptop or tablet, whereas 79% of households have at least one mobile device. This increase in penetration of digital technologies is bound to influence the growth of the children and adolescents. However, this effect can be modulated by various factors like the socio-demographic

details (age of the child, gender of the child), psychological factors like temperament, coping skills, etc., as well as environmental factors like parenting styles, peer influence, availability of internet, encouragement at school for use of digital devices, etc. While some of the factors may be non-modifiable, some factors can be modified in such a manner that the effect on the mental health can be positive.

*Artificial Intelligence and Mental Health of Children and Adolescents- Ragul Ganesh*

The impact of AI on the mental health of children is multifaceted and contingent upon its specific applications. AI-powered educational tools tailored to children's needs have the potential to bolster their mental well-being by bolstering their self-esteem and educational experience. Additionally, AI tools like Dall E can stimulate creativity in children by generating images and textual descriptions. Furthermore, AI-driven tools have the capacity to play a pivotal role in the early detection of developmental disorders and learning disabilities, facilitating timely interventions and support for children in need. However, it is vital to acknowledge that there are potential areas of concern associated with the proliferation of AI in children's lives. These concerns encompass issues such as increased isolation, privacy breaches, the potential for behavioural addiction, extended screen time, and the prevalence of cyberbullying. As we navigate these emerging challenges, it is imperative to develop innovative solutions rooted in our core values and ethical principles. Maintaining an equilibrium between technology use and outdoor activities has taken on newfound significance. Striking a harmonious balance between the advantages and risks of AI is essential. Moreover, it is incumbent upon us to provide appropriate guidance and safeguards to safeguard the mental well-being of children in this digital age

*Internet Addiction among Children and Adolescents – An Overview- Kamini Verma*

Internet is used extensively across the globe. It is now in India the internet has moved into a new era called 5G and 4G. Children are the most at risk of problems with their internet usage due to their time spent on the internet. It can start with having a constant urge to search for new games, attractiveness towards social media, curiosity to

explore the vast world of internet. It could have adverse effects on their mental, physical and social wellbeing. Therefore, they are more susceptible to developing an addiction to the internet. Excessive internet use negatively impacts children if they spend so much time on screen they skip on their daily activities like eating, sleeping, doing homework or spending time with family and friends. Their outdoor activities also get compromised. Heavy social media use can also be a risk factor for anxiety and depression in teenagers.

---

#### S10: SOLUTION FOCUSED SCHOOL MENTAL HEALTH PROGRAMME-A PRACTICAL APPROACH

*Authors: TV Anilkumar<sup>1</sup>, P.S.Indu<sup>2</sup>*

1- Professor and Head, Department of Psychiatry, Govt Medical College, Ernakulam, Kerala

2- Professor and head, Department of Community Medicine, Govt Medical College, Kollam, Kerala

School mental health intervention is a great opportunity for primary prevention in mental health. Solution focused approach is a very simple and easy to implement to address positive mental health and wellbeing in school setting. We aim to demonstrate how to incorporate solution focused school mental health programme through the resources available in the schools in resource limited situations. Symposium will cover basics of Solution focused approach, development and implementation of school based Solution focused mental health programme, a pictorial screening tool to assess the need for support and a pictorial 4 step frame work for Solution Focused intervention for individual intervention and follow up.

Dr Anilkumar TV will explain the SFBT (Solution Focused Brief Therapy) principles using FRAMES model (Future oriented questions, Resource activating questions, Miracle questions, Exception questions/success stories and Scaling questions) and how this can be used in school setting.

He will also introduce the development and usefulness a simple pictorial BASICS (Behaviour, Affect, Somatic, Interpersonal, Cognitive and Skills) screening tool which can be easily used by teachers and parents to identify and grade children who are in need for support. Practical use of SFBT for targeted intervention for a child will be explained using a pictorial frame work, the KITE model (K – Know the strength, resources, expectations and challenges, I – Involve all

important people like parents, teachers, friends, T – Train the skills to achieve the goals, E-Evaluate- self evaluate functioning in biopsychosocial domains using the pictorial model and follow up).

The evolution and implementation of ‘Solution focused Wellness (So Well)’ programme in the school setting will be discussed in detail by Dr. Indu

---

#### S11: EXPERIENCES OF TREATMENT OF ADOLESCENTS WITH OPIATE ADDICTION IN THE COMMUNITY

*Authors: Biswadip Chatterjee<sup>1</sup>, Manmeet Kaur Brar<sup>2</sup>, Siddharth Sarkar<sup>1</sup>*

1-Additional Professor

2-Senior Resident (Academic)

Department of Psychiatry and NDDTC, All India Institute of Medical Sciences, New Delhi

Opioid use disorders have been a growing problem in certain parts of the country. Opiate addiction among adolescents is a particular challenge clinically. Initiation of opiates in the adolescence quickly ascends to dependence and results in several physical, psychological familial and social adverse consequences. Treatment provision in the community aims to provide ‘low threshold’ treatment to the individuals to geographical location of their residence, thereby reducing access barriers. A community addiction treatment centre in Trilokpuri, a high vulnerability area in Delhi provides treatment to individuals with substance use disorders. An overwhelming majority of the treatment seekers are those with opioid dependence, and opioid substitution treatment is provided free of cost. Some of the treatment seekers are adolescents. This symposium describes our experiences of treatment of adolescent with opiate addiction in this centre. The first speaker would lay out the context with description of the clinic and the processes followed, and would discuss the vulnerabilities that lead young individuals to develop opioid dependence. The second speaker would present some cases from the clinic, and would describe the treatment modalities followed and the outcomes observed. The third speaker would discuss the specific challenges encountered in this population during clinical care, and consideration for way forward.

---

#### S12: PARTICIPATORY METHODS FOR MENTAL HEALTH RESEARCH WITH CHILDREN

*Authors: Janardhana<sup>1</sup>, Poornima<sup>2</sup>, Spoorthi<sup>3</sup>, Muthuraju<sup>4</sup>, Ritwika<sup>5</sup>*

*1- Professor of Psychiatric Social Work, Dept of PSW, NIMHANS*

*2- Professor, Department of Clinical Psychology, NIMHANS*

*3- Project SAMA, Dept. of Psychiatric Social Work, NIMHANS*

*4- Research Manager, SAMA Project, NIMHANS*

*5- Research assistant, Project SAMA, NIMHANS*

Mental health issues among youth in India have been on the rise, necessitating a more inclusive and culturally sensitive approach to understanding and addressing their unique mental health challenges. Traditional research methodologies sometimes fail to capture the nuanced experiences and perspectives of children and adolescents. In contrast, participatory methods empower young individuals to actively engage in the research process, offering them a platform to voice their concerns, preferences and solutions.

Project SAMA has used different participatory methods by centering the voices of children and adolescents in developing and implementing whole school interventions for their well-being and creating a culturally relevant approach to addressing their mental health needs

### Project SAMA Background

The 2016 Indian National Mental health Survey reported 9.3 million (7.3%) 13-17 years suffer from severe mental illness and the levels are higher (23%) in school going adolescents (Ministry of Health and Family Welfare, Government of India). Poor mental health during adolescence can impact one's physical health and education which could further affect the occupational and social trajectories. Although treatment for anxiety and depression exists, the importance of adolescent mental health has been overlooked and there is a huge treatment gap in India. To address these concerns, an evidence-based, public health approach for young people is required which is lacking in India. Therefore, project SAMA, a three-year research project was started in 2021 with the long-term aim of preventing anxiety and depression in adolescents. The project has developed and feasibility tested whole school-based interventions, delivered by trained SAMA lay counselors, to provide Indian adolescents with information and strategies to take care of their emotional well-being and to improve school environment, including teacher and parent mental

health literacy to support the well-being of their young people. We took a systems approach, recognising the various 'systems' which shape adolescent well-being. In developing interventions and working with the schools, we used participatory research approaches which will be discussed in this symposium.

### Co-production Approach

Co-production "is a collaborative model of research that includes stakeholders such as patients, the public, donors, clinicians, service providers, and policy makers. It is a sharing of power, with stakeholders and researchers working together to develop the agenda, design and implement the research, and interpret, disseminate, and implement the findings" (Redman, Greenhalg, Adedokun, Staniszewska & Denegri, 2021). It is therefore, non-coercive in the delivery of services and is for a complete involvement of the people at various stages of the research.

In SAMA, we used this approach to develop the interventions. We followed the ADAPT model of intervention, starting with initial local assessment of context and needs, augmented with umbrella reviews and Perera et al. 's (2020) approach to cultural adaptation (Phase 1). We then crafted a provision programme (intervention model, phase 2). We conducted co-production with the stakeholders prior to feasibility testing (Phase 3). Lastly, through robust analysis, we finalised intervention ready for testing, including training the delivery agents.

The co-production methodology enabled us to facilitate early engagement with the ultimate end-users of our intervention. Our discussions formed an important source of knowledge and enabled their highly significant feedback to become embedded early in the intervention development.

### Youth Advisory Board

Globally, youth involvement to improve relevance and innovation in mental health research is an essential step. The growing prioritization of young people's voices, heralded by the UN Convention on the Rights of the Child, is now reflected in research guidance and funding body requirements for Patient and Public Involvement (PPI) in many high-income nations (UNICEF, 1989) and also increasingly in low- and middle-income countries (LMIC), (Ennis

& Wykes, 2013). The dearth of evidence in LMIC with regard to the involvement of adolescents in research is anchored by studies (Franklin & Sloper, 2006, Evans et al., 2014). SAMA involved youth advisory board (YAB) adolescents' opinions at various stages of the project.

We have recruited YAB members from Kolar and Bengaluru. The YAB comprised 17 adolescents. Meetings were conducted in online and offline mode. So far, we conducted 12 meetings with YAB. They evaluated and fed back the SAMA intervention modules, data management protocol and the safeguarding protocol. Further, they also guided the project team on various project activities such as data collection, filming, impact events etc. The youth reflection about each meeting was also captured.

Contribution of YAB was very critical for the project SAMA. Their involvement helped us understand the population better and plan strategies to effectively deliver our intervention to targeted the population.

Participatory Video (PV)/ film making is also used in SAMA for engagement, education, advocacy and impact. 'Shaw and Robertson (1997) describe PV as using a process similar to the conscientization advocated by Freire in Pedagogy of the Oppressed (1970). They found that in the process of making films about their own social circumstances, participants learnt to use the camera to "read the world" more critically, reflect on the causes of social injustice, and better articulate the change they wanted to see in the world.' (Roberts and Lurch 2015).

In SAMA, we planned to use the PV in the interventions for engagement, education, advocacy and impact and for (i) a community and stakeholders' event to screen the film to promote shared understanding and solutions; (ii) a social media education campaign targeting young people's mental health literacy and (iii) an advocacy campaign targeting national level policy makers.

Nine films are already produced involving the stakeholders, out of which three produced by adolescents have explored aspects of the SAMA project that they found interesting/helpful. The team has delivered a further round of 'train the trainer'

workshops to the SAMA lay counselors with the aim of undertaking a further round of PV with schools to achieve the aforementioned outcomes.

---

### S13: EEG IN UNDERSTANDING AUTISM – HIGHLIGHTING CLINICAL AND COMPUTATIONAL CHARACTERISTICS

*Authors: Sowmyashree Mayur Kaku<sup>1</sup>, Manjula William James<sup>2</sup>, Abhijith Vasishtha<sup>3</sup>.*

1- Assistant Professor

2- Nursing Research Fellow,

3- Research Fellow, Computational Sciences

Centre for Advanced Research and Excellence in Autism and Developmental Disorders (CAREADD), St. John's Medical College Hospital and St. John's Research Institute, Bangalore

Autism Spectrum Disorders (ASD) is an increasingly identified neurodevelopmental disorder. Interventions employ behavioural, educational, and language-based approaches and need to be carried out in an intensive manner from very early in life. Electroencephalography (EEG) has been frequently used for clinical evaluations of children with autism, particularly in those with comorbid epilepsy. But many children also have abnormalities on EEG without epilepsy. These are frequently accompanied by behavioural symptoms. EEG is also a powerful tool lending itself to non-linear analysis and is being increasingly subjected to machine learning based computational approaches. We are actively exploring the role of EEG in understanding autism at our centre.

#### *Clinical section – Sowmyashree Mayur Kaku*

We intend to discuss clinical indications, symptom profiles of children and adolescents with ASD who underwent EEG at our centre. We will also elaborate the process of deriving a natural sleep-based protocol for extended EEG acquisition. We will be presenting interesting findings from our cohort. We also will be presenting the implications of conducting awake and sleep EEG. We will discuss the contribution of EEG in clinical and neurophysiological understanding of ASD. We have done work on understanding Interictal Epileptiform Discharges (IEDs) and what they may inform. We have conducted a study on exploring where anti-epileptic drugs are indicated for children with ASD. We will share our results briefly.

#### *Technical section – Manjula William James*

Extended sleep EEG recording in children with low functioning ASD, with multiple medical and neurological comorbidities, presents immense

practical challenges. These children are restless and frequently have hypersensitivity which can interfere with EEG lead application and recording. Sleep deprivation is a commonly used method for inducing daytime sleep in children. Medications such as trichlofos, chloral hydrate, promethazine, and melatonin have also been used. We explored practical and feasible protocols for recording EEG in awake and sleep states in children and adolescents with ASD and proposed technical guidelines and considerations.

#### *Computational section – Abhijith Vasishtha*

Computational analytics with EEG primarily focused on pre-school children diagnosed with Autism and other neurodevelopmental disorders. In pursuit of reliable biomarkers, EEG characteristics were investigated during NREM sleep stages along with pre-sleep awake states. Spectral analysis included power spectral densities, band powers across the whole frequency spectrum with 64 electrodes. This yielded significant group differences and intrinsic patterns among the groups presenting insights on cortical organization, connectivity and maturation in the developing children when mapped to social behaviours. Hemispheric asymmetries across the whole cerebrum were also investigated in both awake and sleep states. Measures from non-linear dynamics like Recurrence plots, Entropy, Correlation Dimension and Hurst exponents were investigated to characterize chaos and fractal geometry of EEG in Autism. Features extracted from both linear and non-linear parameters were employed in Machine learning pipelines to classify ASD among other neurodevelopmental disorders. The outcomes in terms reliable metrics & stability of predictive models has bolstered our approach towards early detection and prediction of a spectrum like Autism.

---

#### S14: THE CHALLENGES THAT CHILDREN AND ADOLESCENTS FACE IN THE VIRTUAL WORLD.

*Authors: Devika Kosana<sup>1</sup>, Nithin Kondapuram<sup>2</sup>, M. Hrishikesh Giri Prasad<sup>3</sup>*

1-Assistant Professor, Dept. of Psychiatry, ESIC Medical College and Hospital, Sanath Nagar, Hyderabad.

2- Consultant Psychiatrist, Aster Prime Hospital, Hyderabad.

3- Associate Professor of Psychiatry, Niloufer Hospital, Osmania Medical College, Hyderabad.

In this digital era, children and adolescents are prone to social media addiction, cyberbullying, gaming disorder, gambling disorder etc. They are at

greater risk due to immature cognitive development, high novelty seeking, impulsivity, academic stress and peer pressure. This may predispose them to mental health issues like sleep deprivation, anxiety, depression and substance use. Life skills training is a preventive measure to improve coping strategies that will empower the child to tackle real-world challenges and reduce the negative impact of digital technology. Timely intervention from mental health professionals, involving family and school will mitigate both short-term and long-term adverse effects.

#### *Problematic social media use in children and adolescents- Devika Kosana*

Social media refers to a class of mobile and Internet-based applications that enables people to receive information, build and share user-generated content, and comment. It has become an integral part of the personal and social life of the current generation of children and adolescents. Forgetting sorrows, reducing stress, countering boredom and escaping reality are the common motives cited by adolescents for resorting to social media use.

Excessive use of social media can have detrimental effects on social interaction, personal identity, cognitive growth of this vulnerable population, and has been linked with substance abuse, depression, anxiety, eating disorders and cyberbullying. Data from the UK Millennium Cohort Study revealed that social media use was associated with sleep disturbances, online harassment, low self-esteem and poor body image, which in turn related to depression.

Hence, it is of paramount importance to assess and address the deleterious impact that social media has on child and adolescent development and mental well-being. It's crucial for youth to develop healthy social media practices such as limiting screen time, navigating online social interactions, enhancing self-regulation, and being mindful of how social media content may impact users. Concerted efforts of mental health professionals with client and family support are required.

#### *Cyberbullying: A major concern for children and adolescents- Nithin Kondapuram*

In the digital era, cyberbullying has emerged as a pervasive issue affecting individuals across all demographics. Cyberbullying encompasses various

online hostile behaviors, such as harassment, threats, slander, and exclusion, leading to severe consequences like psychological distress, social isolation, and, tragically, self-harm or suicide. Understanding the diverse manifestations and impacts of cyberbullying is crucial for effective intervention and prevention.

Examining the root causes of cyberbullying reveals a complex interplay of factors, including personal traits, societal norms, and online environments. Social media exacerbates the effects of anonymity and disinhibition on cyberbullying behaviors, while underlying issues like low self-esteem, anger, and peer pressure can drive individuals to engage in such behavior.

Preventive strategies are essential to combat cyberbullying. This abstract explores prevention methods like online safety guidelines, education, awareness campaigns, and legal regulations. It underscores the importance of teaching digital empathy, responsible online conduct, and conflict resolution skills, especially to vulnerable young individuals.

In conclusion, cyberbullying is a significant societal concern due to its dynamic nature and profound effects on individuals. Implementing comprehensive prevention measures and promoting a culture of empathy and respect online are vital steps in reducing cyberbullying's prevalence and negative impacts in our digital society.

*Gaming disorder: An emerging problem- M. Hrishikesh Giri Prasad*

Gaming disorder is described as a persistent or recurrent gaming behaviour that can be online or offline which is characterized by impaired control, giving more priority to gaming over other activities and persistence or escalation despite negative consequences. In these current times, more children and adolescents are resorting to gaming as a means to socialize, escape boredom and beat stress. According to a recent systematic review and meta-analysis, the worldwide prevalence of Internet gaming disorder (IGD) is around 2% to 3.05%. It affects males 2.5 times more than females. The Covid pandemic and the consequent lockdown had resulted in an increase in IGD.

It has negative consequences such as sleep disturbances, increased loneliness, anxiety,

depression, poor scholastic performance, and withdrawal from social activities. Games such as the Blue Whale Challenge also led to the death of young people.

Parental supervision on the time spent online, the games played and also encouraging participation in other hobbies are the essential preventive measures. Cognitive behaviour therapy has been proven to be effective in the management of Internet gaming disorder. Family therapy and mindfulness-based intervention were also found to be useful.

---

#### S15: WHAT IS THE RIGHT AGE TO FALL IN LOVE? RESOLVING THE ISSUE OF CONSENTING ADOLESCENT ROMANTIC RELATIONSHIPS

*Authors: Pallavi Abhilasha<sup>1</sup>, Jina Heigrujam<sup>2</sup>  
Vibha Vijaykumar<sup>3</sup>*

1- Assistant Professor, Department of Psychiatry, Christian Medical College, Ludhiana

2- Consultant Psychiatrist, Manipur State Health Service

3- Senior Resident, Tele Manas, Department of Psychiatry, NIMHANS, Bangalore.

Love is a huge canvas and there is no age to fall in love. Engaging in sexual acts with a romantic partner and exploring sexual aspects are normal processes of development among adolescents but unfortunately in India, it is coloured by complex interplay of socio-cultural phenomena. Under Protection of Children from Sexual offences Act ,2012, consent of a child below 18 years of age is immaterial and any person who attempts sexual activity with such an underage children would be guilty of sexual assault. There is a matter of conflict between age-appropriate developmental needs and legal obligation for the children In India. There is an urgent need to address this issue as the real cases of child sexual abuses are getting eclipsed. It is of utmost importance to protect the children from sexual exploitation and promoting their healthy growth and development.

#### Learning Objectives-

1. Background to the POSCO ACT, 2012.
2. Where does the issue of criminalisation of consensual adolescent sexual relationships come from?
3. Overcriminalisation and Under criminalisation

4.Binary view of Child sexual abuse in criminal justice system

5.Difference in case Trajectory

6.Role of Parents and Ideal Age of falling in Love

7.How does the Psychiatrist respond to when he/she is informed about the sexually explicit photos?

8.Role of restorative Judiciary system



## WORKSHOPS

---

**W1: CREATING NURTURING SPACES FOR THE DEVELOPING PERSONALITY: WHAT DOES MENTALIZATION OFFER?**

*Authors: Sreyoshi Ghosh<sup>1</sup>, M. Nithya Poornima<sup>2</sup>*

1-Consultant Child and Adolescent Psychiatrist, Independent practice, Bengaluru

2-Consultant Clinical Psychologist, Independent practice, Bengaluru

While the personal, interpersonal and societal costs of maladaptive personality patterns are immense, the key to support healthy personality development appears to lie in the routine, everyday interpersonal exchanges between the developing young person and the adult caregivers significant in their life. The framework of *Mentalizing* offers us a potent window to recognize and respond therapeutically to the unhelpful, repetitive interaction patterns that children and adolescents experience in their close family relationships. This workshop aims to illustrate what effective mentalizing and non-mentalizing may look like. Hypothetical case vignettes will be used to encourage participants to recognize non-mentalizing stances. Pointers on how a clinician could respond to non-mentalizing will be discussed through group activities.

---

**W2: LIFE SKILLS EDUCATION IN PRACTICE: METHODOLOGIES FOR SOCIO-EMOTIONAL DEVELOPMENT OF CHILDREN**

*Authors: Kritii Tikku<sup>1</sup>, Sheila Ramaswamy<sup>2</sup>, Shekhar Seshadri<sup>3</sup>*

1-Project Officer, Mental Health

2-Technical & Operational Lead

3- Advisor

SAMVAD NIMHANS Dept. of Child & Adolescent Psychiatry

The World Health Organization (WHO) defines Life Skills as ‘adaptive and positive behaviours that enable individuals to deal effectively with the demands and challenges of everyday life.’ Core life skills for the promotion of child and adolescent mental health include: decision-making, problem-solving, creative thinking, critical thinking, effective communication, inter-personal relationship skills, self-awareness, empathy and coping with stress and emotions. This is done through learning appropriate emotional coping skills, avoiding being prone to

risky or problematic behaviours and negative social pressures. Life Skills do not naturally occur, but need to be taught to children in order to help them deal with stress and adversity. The lack of these skills or imparting these skills becomes difficult especially in context of children who come from difficult circumstances. Life Skills can be used by mental health professionals, while providing psychosocial assistance to children either in a curative context or for preventive work i.e. by equipping children with life skills to protect themselves from psychosocial problems, during individual therapeutic settings, as part of group interventions, community mental health initiatives or while working with children with adverse childhood backgrounds or difficult circumstances. Life Skills Interventions thus become critical for mental health professions as most child mental health issues can also be viewed as life skill deficits. For instance, violent and abusive behaviours result from children’s inability to regulate emotions, negotiate inter-personal relationships and/or resolve conflicts in alternative or creative ways; or children exposed to experiences of deprivation and abuse from early childhood, develop emotional and behaviour problems which may also be viewed as being created by life skill deficits i.e., due to their difficult circumstances, children have not learnt certain life skills, which results in emotional and behaviour problems. These life skill deficits, if not addressed, then exacerbate emotional and behaviour problems, increasing the risk for more serious and chronic mental health disorders.

Thus, the objective of any therapeutic work with such children should be to enable them to acquire the life skills to manage anger and aggression—in other words, to manage emotions, develop creative thinking, problem-solving and conflict resolution (life) skills.

This session will provide a brief understanding of life skills education, and expose the participants to various creative and experiential methodologies such as role playing, storytelling, discussions, games etc. to teach socio-emotional life skills to children in therapeutic settings, especially in context of children coming from difficult and vulnerable circumstances. It will focus on how life skills can be effectively delivered by triangulating three aspects: (i) the vulnerable contexts of children and their problems, (ii) the life skill(s) to be

imparted, (iii) the methodology for imparting these skills to children. The workshop will thus provide some conceptual frameworks on life skills education methods, and then use a ‘do and learn’ method to practice life skills.

---

W3: IMPLEMENTING PRELIMINARY ASSESSMENTS FOR CHILDREN IN CONFLICT WITH LAW, UNDER SECTION 15 OF THE JUVENILE JUSTICE ACT 2015: A BRIEF PRACTICE-BASED ORIENTATION FOR MENTAL HEALTH SERVICE PROVIDERS

*Authors:* Sheila Ramaswamy<sup>1</sup>, Shekhar Seshadri<sup>2</sup>

1-Technical & Operational Lead

2- (Former) Senior Professor

Dept. of Child & Adolescent Psychiatry, NIMHANS, SAMVAD Department of Child & Adolescent Psychiatry, National Institute of Mental Health & Neurosciences, India

There are a number of factors that render children vulnerable to coming into conflict with the law. These pertain to family dysfunction, poor socio-economic status, experiences of violence/abuse/neglect, school dropout—and various permutations and combinations of these vulnerabilities lead to children developing conduct issues such as stealing, aggression, substance use, and sexually inappropriate behaviours. However, following the Nirbhaya rape incident in 2012, India’s juvenile justice system has moved from more reformatory to retributive approaches vis-à-vis children in conflict with the law (CICL). According to the juvenile transfer provisions incorporated into the Juvenile Justice Act in 2015, the Juvenile Justice Board is mandated to conduct what is known as a preliminary assessment for children between 16 and 18 years alleged to have committed heinous offenses, to evaluate the child’s mental capacities to commit the offense, the ability to understand the consequences of the offense and the circumstances in which the offense was committed; they may, based on their decisions, particularly relating to the child’s maturity, transfer the child to the adult justice system for trial.

In the light of this, and the need to implement these psycholegal assessments in ways that are cognizant of adolescent neurodevelopmental issues, vulnerability, risk and related mental health issues, there are new imperatives for the role and function of mental health service providers, who are now required to undertake these assessments for the juvenile justice system.

Although the juvenile transfer law has come into force, there is also an imperative, for maintaining care, protection, mental health, treatment and rehabilitation agendas for CICL, by retaining them in the juvenile justice system. SAMVAD-NIMHANS therefore developed a methodology demonstrating how a law that is essentially retributive in its essence, and against the philosophies of child rights and procedural justice, can be implemented in ways that support child rights and procedural justice, through incorporating neurodevelopmental and mental health issues in adolescence as well as psychosocial factors of risk and vulnerability, and steering psycholegal assessment decisions towards rehabilitation and reformation instead of transfer. The Supreme Court of India, in its July 2022 judgement in the Barun Chandra Thakur v. Master Bholu & Anr. (2022 SCC OnLine SC 870) case, has directed the country i.e. all child mental health, protection and law-related stakeholders, to use of the SAMVAD-NIMHANS methodology for preliminary assessment. The workshop will thus introduce the above-described methodology to mental health practitioners. The initial part of it will introduce participants to a detailed psychosocial and mental health proforma developed for the assessment of CICL, by SAMVAD and the Dept. of Child and Adolescent Psychiatry, NIMHANS. The subsequent part of it will introduce participants to a methodology and proforma that NIMHANS has developed in order to conduct preliminary assessments under Section 15. An introduction of conceptual frameworks underpinning the methodology, and the items on the assessment proformas will be followed by a practice and application component—wherein workshop participants would attempt to fill out a preliminary assessment proforma.

The specific objectives of the workshop are therefore as below:

- To introduce frameworks of understanding children’s pathways to conduct issues and alleged offence—namely, psychosocial and environmental factors, and mental health problems.
- To obtain an understanding of conducting psychosocial and mental health assessments for children in conflict with law (CICL).

- To enable skills on conducting preliminary assessments for CICL, in accordance with the Juvenile Justice Act, 2015.

---

#### W4: NAVIGATING MANDATORY REPORTING DILEMMAS IN CHILD SEXUAL ABUSE: PRACTICE GUIDELINES & METHODS FOR MENTAL HEALTH SERVICE PROVIDERS

*Authors:* Sheila Ramaswamy<sup>1</sup>, Shekhar Seshadri<sup>2</sup>

1-Technical & Operational Lead

2- (Former) Senior Professor

Dept. of Child & Adolescent Psychiatry, NIMHANS, SAMVAD Department of Child & Adolescent Psychiatry, National Institute of Mental Health & Neurosciences, India

In India, punishment for perpetrators of child sexual abuse (CSA) is dependent on children's reporting of the abuse. This mandatory reporting of abuse, an important first step in the medico-legal processes of CSA work, and a gateway to other legal interventions in CSA cases, is enshrined in the Protection of Children from Sexual Offences (POCSO) Act 2012. There are, however, a plethora of barriers, ranging from social stigma, perceived harassment, gender stereotypes, unwillingness of families, to disbelief of the victim, and threats by the perpetrator. While the law mandates mental health service providers (amongst other child care and protection stakeholders), to report CSA, there are few guidelines or practical strategies available, on how they may navigate these challenges, to engage children in mandatory reporting processes, particularly in ways that consider children's rights to participation and decision-making. Following an elucidation of the challenges and dilemmas in mandatory reporting, this workshop will provide a conceptual framework for balancing the mandatory reporting law with children's rights to participation and decision-making. It will then introduce an 8-step practice guideline developed by the SAMVAD-NIMHANS, to facilitate implementation of the law, through the adoption of psychosocial and legal approaches in the child's best interest. This practice guideline will provide practitioners with a systematic and process-oriented method to carry put their obligations for mandatory reporting, by also applying a child-centric lens to addressing (i) developmental and mental health considerations in obtaining children's consent; and (ii) upholding children's rights to participation and decision-making.

From a praxis standpoint, this workshop will use audio-visual teaching aids, to demonstrate how mental health service providers may engage with children in processes of mandatory reporting. It will thus offer step-by-step support on navigating the challenges and dilemmas of mandatory reporting through suggested scripts that engage children to enable more effective reporting of CSA to child protection systems and relevant legal authorities.

Consequently, the specific objectives of the workshop would be as follows:

- To learn about a conceptual framework for balancing children's rights to participation & decision-making with the mandatory reporting law.
- To develop skills in to mandatory reporting through adoption of practice guidelines.

## FREE PAPERS

P1: ROLE OF PERCEIVED BURDENSOMENESS, THWARTED BELONGINGNESS, AND RESILIENCE IN SUICIDAL IDEATION AMONG ADOLESCENTS OF PUNJAB

*Authors: Amandeep Singh<sup>1</sup>, Harprit Kaur<sup>2</sup>*

1-Assistant Professor, Department of Liberal Arts Humanities & Social Sciences, Manipal Academy of Higher Education, Manipal  
2-Professor, Department of Psychology, Punjabi University, Patiala

More than 800,000 people worldwide lose their lives by suicide each year and it is the fifteenth leading cause of death, accounting for 1.4% of all deaths (WHO 2019). The main aim of the present study was to study the role of perceived burdensomeness, thwarted belongingness, and resilience in suicidal ideation in adolescents of Punjab. The study comprised 150 participants within the age range of 17 to 19 years from 18 districts of Punjab who were administered the scales of suicidal ideation, interpersonal need questionnaire, and resilience via offline and online methods. It was hypothesized that perceived burdensomeness, thwarted belongingness would positively contribute to suicidal ideation and Resilience would negatively contribute to suicidal ideation in adolescents of Punjab. The obtained results revealed that thwarted belongingness emerged to be the significant positive predictor and resilience to be the negative predictor of suicidal ideation in adolescents of Punjab.

P2: DEVELOPMENT AND CONTENT VALIDATION OF A GROUP INTERVENTION MODULE FOR ADOLESCENTS IN CONFLICT WITH LAW.

*Authors: Margi Shah<sup>1</sup>, Bino Thomas<sup>2</sup>*

1-Psychiatric Social Worker (NIMHANS MPhil 2021-23)  
2- Additional Professor, Dept of PSW, NIMHANS

The Juvenile Justice Act requires providing counselling, education, and support to adolescents in conflict with law while staying in the observation homes. Tailored interventions are crucial to meet their needs, reduce repeat offenses, and promote safer communities. The aim of this study was to understand and assess the psychosocial issues of adolescents in conflict with the law and the personnel working with them in order to develop an intervention module for them.

The study used an exploratory research design and purposive sampling method. The data was collected through interviews and reports (Social Investigation Reports & Social Background Reports), and an intervention module was developed & content validated based on analysis of result. Result was analysed through both quantitative and thematic analysis. Quantitative analysis showed that adolescents in conflict with the law faced educational disparities, financial problems, and substance abuse. Challenges included parental disownment, lack of physical activity and difficulties in expressing and coping with emotions. Personnel faced human resource shortages and issues with repeat offenders. The intervention module covers coping with emotions, team building, and substance use awareness.

The discussion focused on the socio-demographic profile of adolescents in conflict with law, the SIR & SBR reports, challenges faced, coping strategies used, and interventions suggested by adolescents in conflict with law. It also discussed about the challenges faced by personnel working with these adolescents and the intervention suggestions given by them.

P3: EXPLORING DIVERSE STAKEHOLDER PERSPECTIVES FOR OPTIMIZING YOUTH MENTAL HEALTH CLINIC SPACES IN HEALTHCARE SETTINGS

*Authors: Helen Victory R<sup>1\*</sup>, Jagadeesan Settu<sup>1\*</sup>, Vijaya Raghavan D<sup>2\*</sup>*

\*Schizophrenia Research Foundation (I), Chennai, Tamil Nadu – 600 110, India

<sup>1</sup>Research Assistant, Department of Youth Mental Health

<sup>2</sup>Consultant Psychiatrist and Research Head, Department of Youth Mental Health

Youth mental health services are evolving in response to the multifaceted spaces young people occupy, encompassing the real world, and the intricate emotional challenges they face. Youth mental health is a rapidly evolving specialty and there is a growing need to understand the diverse perspectives of stakeholders involved in shaping the future of youth mental health services. Aim is to explore the various viewpoints of stakeholders on how the youth mental health space for youth should be designed and what it should encompass. A qualitative research approach was adapted to interview diverse stakeholder groups within the Youth Mental Health department. The sample was purposively selected to ensure representation and a

structured interview was conducted using the guide with diverse stakeholders. Thematic analysis was used to identify common themes and patterns in the stakeholders' viewpoints. We interviewed 7 service users, 9 mental health professionals, and 6 non-mental health professionals who expressed a variety of ideas and priorities, including accessibility, inclusivity, holistic care, early intervention, and the integration of technology to enhance the existing youth space at the healthcare institution. The theme that emerged was the youth space should be an easy-going, comforting ambiance that emphasizes a non-judgmental attitude from co-users, extremely anonymous and supportive, and highly informative to address any queries regarding youth-specific problems. This study highlights the importance of considering diverse stakeholder perspectives in shaping the future of youth mental health services.

---

**P4: DEVELOPING STRATEGIES TO IMPROVE PATIENT ENGAGEMENT AMONG YOUNG PEOPLE ACCESSING MENTAL HEALTH SERVICES AT SCARF, CHENNAI: AN EXPERIENCE-BASED CO-DESIGN APPROACH (STAY PROJECT)**

*Authors: Jagadeesan Settu<sup>1\*</sup>, Sanjana Shukla<sup>2\*</sup>, Helen Victory R<sup>1\*</sup>, Priyadharshini<sup>1\*</sup>, Vijaya Raghavan D<sup>3\*</sup>*

<sup>\*</sup>Schizophrenia Research Foundation (I), Chennai, Tamil Nadu

<sup>1</sup>Research Assistant, Department of Youth Mental Health

<sup>2</sup>Individual Psychologist,

<sup>3</sup>Consultant Psychiatrist and Research Head, Department of Youth Mental Health

Experience-Based Co-design (EBCD) is a participatory action research technique aimed at enhancing the experiences of both service users and service providers within healthcare services. Aim is to improve youth engagement with mental health services. We adopted the modified EBCD methodology, involving six stages. Stage I entailed interviews with service users and providers to identify factors that may lead young service users to disengage from treatment, stage II comprised separate group interactions with service providers and users to pinpoint key areas for improvement. Stage III involved a co-design process with all stakeholders, where solutions were refined using SMART criteria and rated on a scale of 1-5. Finally, Stage IV involved a meeting with SCARF management to discuss and decide on the implementation of the generated solutions. Despite some challenges, EBCD was successfully

implemented in SCARF's Youth Mental Health Department. Service users, providers, and stakeholders found it well-received. Key findings included the need for follow-up reminders and improved information sharing on mental health issues, separate space for young people and treatment plans. Empowering service users emerged as a significant benefit. EBCD was a promising methodology for service improvement and empowering service users. It identified crucial areas for enhancement and empowered the service users by involving them in the decision-making process, ultimately contributing to improved engagement and satisfaction with mental health services.

---

**P5: ADOLESCENT PROBLEM-SOLVING BEHAVIOR: INSIGHTS FROM A TECHNO FEST PILOT STUDY**

*Authors: <sup>1</sup>Shreshtha Chattopadhyay\*, <sup>2</sup>Pratibha Raghav, <sup>2</sup>Priyamwada Sharma, <sup>2</sup>Leena Jain, <sup>2</sup>Tanu, <sup>2</sup>Priya, <sup>2</sup>Dimple Shokeen*

<sup>1</sup>Teaching and Research Assistant (National Forensic Sciences University, Delhi Campus)

<sup>2</sup>MSc Clinical Psychology (SGT University, Gurugram)

\*Corresponding author

The aim is to explore the convergent and divergent problem-solving abilities of adolescents. In the study, participants were presented with a choice of three tasks for engaging in convergent problem-solving: a word-search puzzle, the nine-dot problem, and mazes. Following their completion of one of these convergent problem-solving tasks, participants then transitioned to a divergent problem-solving task. For the divergent problem-solving task, participants were given the alternate uses task. This involved presenting participants with an illustrated list of everyday objects. They were given the freedom to select as many items from this list as they wished and were then asked to brainstorm and provide alternate uses for the chosen objects. Additionally, participants were introduced to Alex Osborn's Brainstorming Checklist to guide their creative thinking, encouraging them to generate ideas related to alternate uses, design modifications, and other innovative concepts for the selected objects.

The study involved a total of 240 participants, all of whom were aged between 15 and 18 years and were enrolled in classes IX to XII. Among these participants, 56 individuals voluntarily participated

in the Alternate Uses task, which was designed to assess their divergent problem-solving abilities. Out of the 56 participants who engaged in the Alternate Uses task, only 11 were able to generate alternate uses for at least 6 out of the 9 presented items. It's noteworthy that the highest number of alternate uses provided by any participant for a single item was 4. For a comprehensive understanding of the study's findings and results, a detailed report will be made available during the upcoming presentation. This report will likely delve deeper into the participants' performance, patterns observed, and any significant implications or conclusions drawn from the data collected. The study described above serves as a pilot investigation aimed at exploring the problem-solving capabilities of adolescents. This research was carried out during a technology festival hosted by a private university in Gurugram. One of the primary objectives was to develop and standardize a list that could be utilized for future projects focusing on divergent problem-solving tasks. A notable observation from the study was that younger participants, appeared to exhibit a reduced interest in the divergent problem-solving task. This trend could be attributed to the inherent ambiguity often associated with such tasks, and this conclusion was drawn based on the written feedback received from participants. In contrast, older participants demonstrated greater enthusiasm for sharing creative ideas when engaging in the divergent problem-solving task. This divergence in behavior between younger and older participants suggests a potential difference in their approach to problem-solving. It implies that younger individuals may be more hesitant to explore unfamiliar and unconventional pathways, possibly preferring to conform to established norms and popular opinions. This insight sheds light on the role of age and attitudes towards ambiguity in the context of problem-solving among adolescents.

---

**P6: EFFICACY OF THE MENTAL HEALTH AWARENESS AND DESTIGMATISATION PROGRAM (MHAD) AMONG ADOLESCENTS: PRELIMINARY FINDINGS**

*Authors: Manjari A.S<sup>1</sup>., Sudhesh. N.T<sup>2</sup>.*

1- Ph.D. Scholar

2- Assistant Professor,

Department of Psychology, Christ (Deemed to be University), Bangalore, India

Most mental health problems emerge during adolescence, but only a minor percentage receive treatment. Stigma negatively impacts adolescents' mental health, reduces their desire to seek help, and promotes negative attitudes toward people with mental health problems. The MHAD module, which includes one module on mental health awareness and another on mental health destigmatisation, was developed based on outcomes of semi-structured interviews with seventeen mental health professionals with at least two to three years of work experience with adolescents aged 15-17 years. Six topics each in the module on awareness and destigmatisation were finalized based on themes endorsed by most participants. They were validated by experts with experience implementing mental health interventions with adolescents. The module was tested on 40 adolescent students of 1 PUC of both genders at a private pre-university college in Bangalore. The researcher obtained permission from the college to administer the module of twelve hours duration over eight weeks for two hours a week during regular working hours. The investigator assessed the knowledge, stigma, and attitude of adolescents towards peers with mental health problems using the Mental Health Knowledge Schedule (MAKS), the Peer Mental Health Stigmatization Scale (PMHSS), and self-designed case vignettes, which was reassessed using the same scales, after completion of the module to assess interventions' efficacy. Awareness and destigmatisation programs will improve adolescents' knowledge, reduce their fear of mental illness, and encourage them to seek help.

---

**P7: RESILIENCE-BASED INTERVENTIONS FOR ADOLESCENTS AND YOUNG PEOPLE IN INDIA: A SYSTEMATIC REVIEW AND NARRATIVE SYNTHESIS**

*Authors: Krupa A L<sup>1\*</sup>, Siobhan Hugh Jones<sup>2</sup>, Sphoorthi G Prabhu<sup>3</sup>, Mutharaju Arelingaiah<sup>3</sup>, Pavan Mallikarjun<sup>3</sup>, Janardhana Navaneetham<sup>2</sup>*

Ph. D. Scholar<sup>1\*</sup>, Research Manager<sup>3</sup>, Project Manager<sup>3</sup>, Professor<sup>2</sup>, Department of Psychiatric Social Work, NIMHANS, Bengaluru.

University of Leeds<sup>2</sup>, Leeds, UK, Institute of Mental Health<sup>3</sup>, UK

Adolescence and young people are in a crucial transitional period in which an individual undergoes considerable physical, behavioural, emotional, and cognitive changes (Bluth et al.,2016). Resilience is an essential element in

adolescents and young people and a life-long buffer to potential threats to well-being over time and transition.

Objective is to assess the types of resilience-based interventions for adolescents and young people in India

The primary databases: PubMed, Google Scholar, Cochrane Library, Web of Science, PsycINFO, and EBSCO-Psychological and behavioral sciences collection and keywords are adolescents, young people, youth, resilience, training, workshop, program, intervention, promotion, school, and India. Two reviewers retrieved eligible articles, assessed the risk of bias, and extracted the data, where studies were sufficiently homogenous and reported outcomes were amenable for pooled synthesis.

Overall, 178 citations were retrieved from different databases. After removing the duplicates, 122 were title and abstract screened. After full screening, eight studies met the inclusion criteria; four articles were included in the analysis. Most of the interventions were provided for enhancing resilience among adolescents in school settings, and one study provided intervention for college-going students. One study focused on enhancing emotional, physical, educational, and social. Types of resilience-based interventions are resilience curriculum, health curriculum, transforming stress into resilience, the psychological intervention of resilience, and resilience enhancement module.

This review provides evidence that resilience-based programs or interventions focus on building resilience in children, adolescents, and adults to positively impact them in managing daily stressors.

---

P8: ACQUIRING MRI DATA FOR RESEARCH IN INFANTS AND TODDLERS WITH AUTISM USING A NATURAL SLEEP PROTOCOL: CHALLENGES, LEARNINGS, AND POTENTIAL SOLUTIONS

*Authors: Chandrakanta S Hiremath<sup>1</sup> and Sowmyashree Mayur Kaku<sup>2</sup>*

1-Senior Research Fellow-Psychology, Centre for Advanced Research and Excellence in Autism and Developmental Disorder (CARE-ADD), St. John's National Academy of Health Sciences (SJNAHS), Bangalore.

2- Post Doctoral Research Associate, Centre for Advanced Research and Excellence in Autism and Developmental Disorder (CARE-ADD), St. John's National Academy of Health Sciences (SJNAHS), Bangalore.

MRI for infants and toddlers with Autism Spectrum Disorder (ASD) offers insights into neurobiological underpinnings. Studies have explored brain structural and functional connectivity differences in high-risk siblings and have used longitudinal study designs investigating trajectories of symptom evolution.

**Aims:** We intend to outline a comprehensive methodology for successfully acquiring MRI brain data from infants and toddlers, in natural sleep, without sedation. We will be elucidating the challenges encountered during the process, and recommending potential solutions based on our experience

**Method:** The methodology encompasses educating parents about MRI safety and preparation steps, planning a detailed sleep deprivation protocol, executing scanning procedures, and obtaining consent.

**Results:** Barriers to successful MRI acquisitions include sensory and behavioural issues, sleep patterns, positioning, machine noise, and scanner availability. We wish to propose potential solutions, including rapport-building with families, creating informative videos, navigating busy scan schedules, and emphasizing the need for central dedicated research MRI facilities. We intend to emphasize the need for community involvement in research that can help to broaden representation, sensitize the public, and highlight research significance.

**Discussion:** We will discuss our experiences as one of the few centres in the country that are acquiring MRI data for research in a unique population especially in natural sleep.

---

P9: SOCIAL CONCERNS AMONG PARENTS OF CHILDREN WITH TYPE 1 DIABETES

*Authors: Manjula B<sup>1</sup>, Prasanna C S<sup>2</sup>*

1-Psychiatric Social Worker

2-Child and Adolescent Psychiatrist,

Department of Psychiatry, Mazumdar Shaw Medical Centre, Narayana Health, Bangalore.

Existing literature on Type 1 diabetes highlighted impact of childhood diabetes on children and family and highlighted mental health an integral part of care plan. In Indian context. However, there are few studies focused upon social

issues and found economic problems, social discrimination and stigma in this population. Understanding social issues provides framework for comprehensive care and involving different stakeholders in empowering children and parents,

**Aims:** The study aimed at understanding social issues from parent's and children's perspectives on social aspects in the context of type 1 diabetes

**Method:** The study has adopted qualitative study with exploratory research design. Focused group discussion was done with 15 parents and 15 children with type 1 diabetes. Purposive sampling method was adopted for the study to collect the data from the participants. thematic analysis method was used for identifying, analysing, and reporting patterns (themes) within the data. The inductive approach used in the thematic analysis of qualitative data.

**Results:** Lack of awareness among the stakeholders mainly among school teachers and support staffs and need for educational programs on medical conditions and supportive and accommodating environment reported by participants. Financial difficulties in the form of treatment expense, insulin equipment, lack of insurance and government funds expressed by them. Need for Support groups to enhance their coping mentioned by participants.

**Discussion:** The present study highlighted social consequences of medical conditions. Role of schools and significant others emphasized need for community-based programs and advocacy to address insurance and equipment treatment cost related issue

---

#### P10: EXPERIENCES OF CHILDREN WITH BRAIN TUMOR- A QUALITATIVE STUDY

*Authors: Cathy Roshini V<sup>1</sup>, Kanmani T R<sup>2</sup>, Arivazhagan A<sup>3</sup>, John Vijay Sagar Kommu<sup>4</sup>*

1-Psychiatric Social Worker, Department of Psychiatric Social Work

2-Additional Professor, Department of Psychiatric Social Work

3-Professor, Department of Neurosurgery

4-Professor, Department of Child and Adolescent Psychiatry National Institute of Mental Health and Neurosciences

The incidence of pediatric brain tumors is 3/100,000 children around the globe. It is considered the most common causative factor for cancer death among children. Children undergo

various physical and psychological problems as a result of tumor. The child is emotionally laid back as the illness has separated them from their family, friends, school and social life.

**Aim:** To understand the psycho-social experiences of children undergoing brain tumor surgery in the treatment phase

**Method:** It adopts a qualitative research methodology and a cross-sectional design. The study includes 31 children with brain tumors between (5-18 years old) identified from a tertiary care setting from October 2020 to April 2021 using a purposive sampling method. An interview guide was used to conduct in-depth interviews. The data gathered was analyzed manually and generated themes as per thematic analysis.

**Results:** The study explored the areas affected because of the child's tumor. The major themes that emerged from the in-depth interviews were Physical experiences physical pain, Psychological Experiences- the need for information, fear, need for parents' bedside, need to go home, feeling bored in hospital, coping, Social experiences - inability to go to school, need to play, need for recreation from the children.

**Discussion:** The difficult experiences during a child's illness call for psycho-social interventions, aimed at supporting the child through the process of treatment with recreational activities, art therapy, and other developmentally appropriate support

---

#### P11: LIVED EXPERIENCES OF FAMILIES OF ADOLESCENTS WITH NEURODEVELOPMENTAL DISORDER: A QUALITATIVE STUDY

*Authors: Shrutika B Tayde<sup>1</sup>, Bino Thomas<sup>2</sup>, John Vijaysagar<sup>3</sup>*

1-Student

2- Additional Professor, Department of Psychiatric Social Work

3- Professor and Head,

Department of Child and Adolescent Psychiatry, NIMHANS

Existing literature on neurodevelopmental disorders tends to focus on children and parents of children, overlooking the experiences of adolescents and their parents. Limited research addresses the challenges faced by adolescents during their transition to adolescence or the parenting experiences of parents with adolescents with these disorders. This highlights the need to



explore the lived experiences of adolescents and their parents.

**Aim:** To understand the lived experiences of adolescents and parents of adolescents with Neurodevelopmental disorders with the objectives to understand the transitional challenges and concerns faced by adolescents with neurodevelopmental disorders.

**Method:** The study uses qualitative method to understand the lived experiences of adolescents and parents of Adolescents with Neurodevelopmental disorders (adolescents diagnosed with Attention deficit/hyperactivity disorders, Autism Spectrum disorders, Specific learning disability, or a combination of any two or all). A total of 10 adolescents with neurodevelopmental disorders and one of their 10 parents were selected using purposive sampling. The tools for data collection include a structured socio-demographic data sheet and interview guide for adolescents and parents of adolescents with Neurodevelopmental disorders.

**Results:** The qualitative interviews with parents and adolescents revealed several themes. These included interaction patterns within the family, such as experiences of social avoidance, changes in school settings, overinvolvement by parents in caregiving and managing peer influence during transitional period. Adolescents shared their experiences with family members, including a lack of understanding, strained sibling relationships, self-observation of anger issues, challenges faced during the transitional period included behavioral issues and difficulties in understanding physical changes.

**Discussion:** There is significant distress in the parent due to family conflicts, reduced social interaction, difficulty in managing multiple responsibilities and challenges at school level leading to poor academic performance with involvement of adolescent in high-risk behaviors. These findings are supported by evidence from other similar studies and emphasizes on the need for further researches on understanding the experiences of families of adolescent with Neurodevelopmental disorders.

---

**P12: PATHWAYS OF CARE AND EXPLORATION OF EXPERIENCES OF PARENTS WITH CHILDREN WHO**

**ARE DIAGNOSED WITH SPECIFIC LEARNING DISABILITY**

*Authors: Roopesh BN<sup>1</sup> Anagha A U<sup>2</sup>*

1-Additional Professor, Department of clinical psychology, National Institute of Mental Health

2- PhD Scholar, Department of clinical psychology, National Institute of Mental Health Neurosciences and Neuro sciences (NIMHANS)

The awareness of Learning disability is significantly less among the general public in India. Compounding the problem is the difficulty in recognizing it by the parents and teachers, as well as inadequate resources and facilities that provides remedial training and rehabilitation. Given this child with learning disability are often misunderstood and inappropriately treated in academic and other settings in India. Given this, the current research aimed to understand the whole experience of parents with children who are diagnosed with specific learning disability before and after being diagnosed. In this regard, 30 parents of children with Learning Disability, and age between 35 -45 years were interviewed in a southern city of India. Thematic analysis was done to interpret the data. The results found that pathways of care of specific learning disability comprise of traditional medicine practitioners, homeopathic doctors, astrologers, priest and mental health professionals. The results also found that life experiences of parents tend to differ before and after diagnosis. Common parental concerns are anxiety about future of child, burnout due to academic responsibilities and concerns regarding others behaviour towards their children. The analyses showed that the acceptance of learning disability goes through following stages: Denial, Negotiating with learning difficulty, Awareness of difficulty, Understanding learning disability, Focusing on strengths, and Helping the others with similar difficulty.

---

**P13: DANCE MOVEMENT THERAPY- IS IT FOR AUTISM SPECTRUM DISORDER?**

*Authors: Priti Arun<sup>1</sup>, Shivangi Mehta<sup>2</sup> Archana Sharma<sup>3</sup> Ashima Sharma<sup>4</sup> Aarzo Chawla<sup>5</sup>*

1-Head of the department, Government Medical College and Hospital, Chandigarh

2- Assistant Professor, Government Medical College and Hospital, Chandigarh

3- Clinical Psychologist, Government Medical College and Hospital, Chandigarh

4-Dance teacher, GRIID

5- Junior resident, Government Medical College and Hospital, Chandigarh

Autism spectrum disorder is one neurodevelopmental disorder that majorly affects ability to communicate and interact with others due to deep rooted atypical social and language development. The motor impairments are also a cardinal feature of ASD, which can lead to significant challenges hampering the functioning of children with autism. Dance and movement therapy thus makes for a creative and a feasible option for children with ASD.

**Aims:** To Determine if Dance and Movement therapy is useful in children with ASD

**Method:** The study design was prospective and interventional, 10 session of 1 hour each were conducted biweekly for 5 weeks with 10 children with ASD. Assessment was done using a sociodemographic profile sheet, INDT-ASD, ISAA, VADPRS, Nisonger Child Behaviour Rating Form, Autism Social Skills Profile. The treatment was continued as usual. Each participant was scored individually by 3 independent observers, for connectivity with the therapist, hyperactivity, connectivity with other children. After 10 sessions the assessments of the children was repeated using ISAA, VADPRS, NCBRF, Autism Social Skills Profile to document any change.

**Results:** Significant improvement seen in the total scores on ISAA. ( $P \leq 0.001$ ). Statistically significant improvement was found on the behavioural patterns domain of ISAA ( $P \leq 0.005$ ). On NCBR, a statistically significant improvement was obtained on positive social skill, problem behaviour ( $P \leq 0.005$ ). Statistically significant improvement was seen in social skills in the Autism Social Skill Profile ( $P \leq 0.001$ ).

**Discussion:** the findings of the study suggest adding DMT to treatment as usual has shown to be play significant role in improving the wellbeing of the children with ASD.

---

**P14: PARENTAL PERSPECTIVES ON JUVENILE DIABETES -A QUALITATIVE STUDY**

*Authors: C S Prasanna<sup>1</sup>*

1- Child and Adolescent Psychiatrist, Department of Psychiatry, Mazumdar Shaw Medical Centre, Narayana Health, Bangalore.

Chronic illness such as childhood diabetes places the child and family at greater emotional difficulties and stress. Identification of psychosocial wellbeing, diabetes specific quality of life, adjustment problems, depression, eating disorders, diabetes distress and other mental health problems is an integral part of care plan. There are limited studies on parental perspectives on juvenile diabetes in Indian context and there is a need to develop intervention package and specific guidelines for physicians. This would further help in to addressing these issues and referrals for mental health services

**Aims:** The study aimed at understanding parent's perspectives on psychosocial aspects in the context of juvenile diabetes

**Method:** The study has adopted qualitative study with exploratory research design. Focused group discussion was done with 15 parents of children with type 1 diabetes. Purposive sampling method was adopted for the study to collect the data from the participants. thematic analysis method was used for identifying, analysing, and reporting patterns (themes) within the data. The inductive approach used in the thematic analysis of qualitative data.

**Results:** Parents' psycho-social needs broadly categorized under two areas - Physical health related concerns, mental health concerns and social issues. Physical health related concerns are mainly information regarding condition, etiology, supervision of insulin, diet and physical activities. Mental health concerns are- initial emotional reactions, adaptability, parenting strategies and managing their own emotions. Managing behavioural issues among children and ensuring compliance was the major concern among parents

**Discussion:** The present study highlighted parent's concerns regarding juvenile diabetes and need for addressing their concerns and partnering them in the care plan. The findings emphasized upon empowering the parents and addressing their mental health needs. The findings provide framework to develop intervention program.

---

**P15: UNDERSTANDING PATHWAYS OF DISSOCIATION THROUGH EARLY EXPERIENCES OF TRAUMA, METACOGNITION, COGNITIVE FAILURES AND FANTASY PRONENESS**

*Authors: Manaswita Sinha<sup>1</sup>, Sunil Kumar R. Suryavanshi<sup>2</sup>, Prakriti Sinha<sup>3</sup>, Umesh S.<sup>4</sup>*

1- Correspondent author: Doctorate Scholar, Department of Clinical Psychology, National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, India

2- Associate Professor, Department of Psychiatry, Central Institute of Psychiatry, Ranchi, India

3- Assistant Professor, Department of Clinical Psychology, Central Institute of Psychiatry, Ranchi, India

4- Associate Professor, Department of Psychiatry and KS Mani Centre for Cognitive Neurosciences & fMRI Centre, Central Institute of Psychiatry, Ranchi, India

Dissociative disorders invade and interfere with the person's continuity of normal psychological functioning by intruding on and/or deleting aspects of conscious experience, thought, or action with a lifetime prevalence rate of around 0.8% in adolescents and young adults aged between 14 to 24 years. From the psychological viewpoint, dissociation has been conceptualized as a response to trauma or maladaptive coping strategy. As trauma may have a profound effect on the sense of self, it may further disrupt the ability to reflect upon one's own thoughts and behaviours which is understood as metacognition. Therefore, early experiences of abuse or any other frightening behaviours may make individuals particularly vulnerable to traumatic experiences because of their inability to introspect one's own behaviour and dearth in perspective taking, thus leading to metacognitive immaturity. Lacking in metacognitive abilities, these individuals also exhibit cognitive failures which include lapses in attention and episodes of absent-mindedness, can be further conceptualized within the dissociative spectrum. Dissociation is also intimately related to a trait known as fantasy proneness because both of them might be an alternative psychological escape from a traumatic childhood. Thus it may be understood that dissociation is conceptualized from the cognitive-environment perspective which assumes that individuals who are highly dissociative have developed ways to cope in life that allow for their dissociation.

The present study for the first time assessed the dynamic relationship among dissociative experiences, early experiences of trauma, metacognition, cognitive failures and fantasy proneness in a sample of 15 adolescents with dissociative disorders. The severity of dissociative experiences was measured through Adolescent dissociative Experiences Scale-II, early experiences of trauma was assessed through Childhood Trauma

Questionnaire, metacognition was assessed by Metacognition Questionnaire- Adolescent Version, cognitive failure was assessed through Cognitive Failure Questionnaire and The Creative Experiences Questionnaire had measured the fantasy proneness of the group. Data were analysed using Statistical Package for Social Sciences (IBM SPSS Statistics version 25).

Findings have suggested that there is a positive correlation among dissociative experiences, metacognition, cognitive failures and fantasy proneness. There is also a positive correlation between childhood abuse and cognitive failure

The authors have suggested that dissociative disorders occur in the first place due to childhood maltreatment. It causes deficits in the self-memory system (SMS) and impairs metacognitive ability, further leading to cognitive failures and increased fantasy proneness. On the parallel, early experiences of trauma also leads to cognitive failures.

---

#### P16: PSYCHOPATHOLOGY IN CHILDREN WITH DISRUPTIVE MOOD DYSREGULATION DISORDER

*Authors: Swara Kulkarni<sup>1</sup>, Vinita Singh<sup>2</sup>, Ajita Nayak<sup>3</sup>*

1-Junior resident, Seth G S Medical College and KEM Hospital, Mumbai

2- Ex Resident, Seth G S Medical College and KEM Hospital, Mumbai

3- Professor and HOD, Seth G S Medical College and KEM Hospital, Mumbai

Disruptive Mood Dysregulation Disorder (DMDD) is a disorder seen in children characterized by severe and recurrent temper outbursts that are grossly out of proportion in intensity or duration to the situation. These occur, on average, three or more times each week for one year or more. It has been reported to co-occur with all common psychiatric disorders, with the highest rates of occurrence with depression and ODD. This results in great impairment in academic and social complications.

The aim is to study the clinical profile, co morbid psychiatric illnesses and academic performance in children with DMDD. This cross sectional observational study assessed 80 children between 6-18 years satisfying the DMDD criteria as per DSM 5. Data about illness variables and

academic performance was collected using a semi structured questionnaire. Psychiatric co morbidities were assessed as per DSM 5 criteria. In our study we found that mean age of onset was 7 years of age and the average duration of symptoms at presentation was around 3 years. Comorbid Attention deficit hyperactivity disorder (ADHD) was found in 53% of the children and conduct disorder in 11%. 55% children reported poor academic performance.

Our study showed that DMDD began at the age of seven years most commonly. The most common comorbid psychiatric illness in these children was ADHD and more than half of the children faced academic difficulties due to DMDD.

---

P17: EXPERIENTIAL INSIGHTS ABOUT SOCIAL MEDIA USE BY ADOLESCENTS SEEKING TREATMENT FOR MENTAL HEALTH CONCERNS

*Authors: Tony Lazar Thomas<sup>1</sup>, John Vijay Sagar<sup>2</sup>, Eesha Sharma<sup>3</sup>, Arun Kandasamy<sup>4</sup>*

1- Senior Resident, Department of Child and adolescent Psychiatry, NIMHANS

2- Professor and head, department of Child and adolescent Psychiatry, NIMHANS

3-Associate Professor, Department of Child and adolescent Psychiatry, NIMHANS

4- Professor of Psychiatry, Centre for Addiction medicine, NIMHANS

Social media is a prominent virtual space that young people occupy. For adolescents with mental health concern, it could facilitate coping or exacerbate distress. Experiential explorations could assist with development of appropriate assessment and intervention practices.

The aim is to understand the evolution and pattern of social media use in adolescents with psychiatric disorders and the link between their psychopathological experiences and social media use. Sixteen adolescents of either gender and representative of all socio-economic strata from urban backgrounds were recruited from the inpatient and outpatient clinics of the Department of Child and Adolescent Psychiatry, NIMHANS. In-depth interviews were conducted, recorded, and transcribed. Thematic analysis was used to inductively draw insights. The major themes underlying experiences of using social media were *normative adolescent experiences that play out in digital space*, and *conflictual relationships with*

*social media*. The major themes underlying mental health and social media were *social media as a socioemotionally controllable space* and the *socio-emotional impact of lack of external monitoring control*.

Social media is perceived as a controllable space by adolescents with mental health concerns, when other social interactions may seem uncontrollable and unsafe. However, the lack of supervision and monitoring and the lack of safety settings make adolescents vulnerable to the negative impacts on mental health. Social media use serves the purpose of connectedness, leading adolescents to use it even to the extent of losing control over it. The study results have implications for a phenomenological understanding about social media use. Enhancing social and emotional support that is safe and accessible might aid in facilitating a more balanced, safe and conducive virtual engagement by young people.

---

P18: NUTRITIONAL STATUS OF CHILDREN WITH MENTAL ILLNESS ADMITTED AT TERTIARY CARE PSYCHIATRIC CENTRE, BENAGLURU-A PILOT STUDY

*Authors: Chayanika Deka<sup>1</sup>, Radhakrishnan G<sup>2</sup>*

1-Psychiatric Nursing, Dept. of Nursing, NIMHANS

2-Corresponding author : Additional Professor, Dept. of Nursing, NIMHANS.

Nutrition has a large influence on the development and normal functioning of the body; thus, it has the potential to affect both physical health and mental well-being. Few people are aware of the connection between nutrition and mental disorders. Nutritional and dietary habits may affect children's behaviors and learning. The aim of the study is to assess the nutritional status of children with mental illness.

Descriptive Cross-sectional study on children with mental illness admitted in Child Psychiatric Centre, NIMHANS.- Pilot Study.

Data collection: tools used 1. Socio-demographic variables of Children and parents. 2. Anthropometric measurements. 3. Biochemical Profile 4. CEBQ (Child Eating Behaviour Questionnaire). Data Analysis: Descriptive analysis used Most of the children are boys (73.3%) between the age group of 10-11 years 46.7% of sample are diagnosed with depression and 86% are on medication. The CEBQ analysis reveals that

53.3% of parents expressed that even if their children are fed fully, they will always prefer to eat their favourite food 46.7% of parents reported that their children will have a big appetite and they will finish their meal quickly without completing their served food. Parents of children with mental illness are facing various eating behavioral challenges to meet the nutritional requirements of the children.

---

#### P19: POST-TRAUMATIC STRESS DISORDER IN ADOLESCENTS OF LOW AND HIGH CRIME ZONES OF DELHI

*Authors: Silky Arora<sup>1</sup>, Sujata Satapathy<sup>2</sup>*

1-Research Associate- ICMR, Dept of Psychiatry, AIIMS, Corresponding author

2- Professor, Dept of Psychiatry, AIIMS

Studies pertaining to adolescent PTSD are meagre and poorly investigated in India. Here research is more focussed on PTSD among adults after natural disasters such as earthquakes and cyclones. Crime in the neighbourhoods, a neglected context, is a potential risk factor for development of trauma and internalising disorders such as PTSD and depression in adolescents (Milauskas et al, 2022). Weisburd et al. (2018) and Guerra et al. (2018) reported that violent crime was associated with higher prevalence of depression and probable comorbid PTSD in residents of varied crime hotspots. This study outlines the prevalence and contributing factors in core adolescent population of different crime zones of Delhi.

**Methods:** Based on multi-stage cluster sampling model, 927 adolescents (Mean Age=14.85years, 52.63% females) from randomly selected government schools located in low and high crime zones in Delhi constituted the sample. Self-reporting questionnaires for the assessment of PTSD, depression and/or anxiety, adverse childhood experiences, sociodemographic and modified adverse childhood experiences (ACE) were applied. 873 adolescents completed the all assessments. For statistical analysis t test and Stepwise Logistic regression were performed.

**Results:** Experiencing or witnessing serious accidents or injuries to self were the highest reported trauma by 54.87% and 35.6% adolescents in low and high crime zones, followed by stressful/frightening medical procedure (low) and serious fights or altercations between parents or family members (high). Pooled PTSD prevalence was found to be 54.98% (n=480) in adolescents of Delhi. PTSD (CPSS >10) prevalence was 57.65%

and 51.35% in low and high crime areas. The prevalence of depression (PHQ>9) was 34%(low) and 29.72% (high). Anxiety (GAD>5) was reported 42.9% (low) and 39.18% (high) in adolescents. PTSD, depression, anxiety categorisation as mild, moderate, severe was also reported. Group mean differences of statistical significance were present in adverse childhood experiences (ACE) [M (low) =3.85 SD=3.10; M(high)=2.95 SD=2.90; t=4.34 p<0.0001] , PTSD (CPSS scores) [M (low)=16.81 SD= 14.51; M(high)= 14.29 SD=13.13, t=2.63 p=0.0086] and age [M(low)=14.69 SD=1.33; M(high)=15.07 SD=1.29; t=4.24 p<0.0001] in low and high crime zones. Reported depression [M(low)=7.65 SD= 5.96; M(high) = 7.08 SD=5.55; t=1.45 p=0.146] and anxiety scores [M(low)=4.87 SD=4.77; M(high) =4.54 SD= 4.51; t=1.04 p=0.29] were slightly higher in low crime zones. PTSD comorbidity with both depression and anxiety was present in 43.95% (n=211) adolescents. However, PTSD with anxiety only was seen in 21.04% (n=101) and with only depression 6.87% (n=33). PTSD without comorbidity was present in 28.12% (n=135) adolescents. PTSD, depression and anxiety scores for female adolescents were significantly higher than male adolescents. Predictor variables for PTSD were analysed through beta coefficients.

**Conclusions:** Adverse childhood experiences, PTSD and age of adolescents were statistically different in low and high crime zones. Negative family relations such as negligible support of family members, feeling unloved by family members; sudden deaths of a loved one in a violent way such as serious illness, road traffic accidents, suicide and murder; witnessing or experiencing community violence, threat, force, or weapon were associated in contributing to PTSD in adolescents. Female adolescents reported higher scores for PTSD, depression and anxiety comparatively. The comorbidity of depression and anxiety was also present. School based interventions focused on treating PTSD and comorbid conditions in adolescents could pose a bigger challenge in India where school mental health service is in a poor state and trained mental health manpower is inadequate, stigma is high, community mental health education programme is not yet operational, and crime rates are high.

---

#### P20: YOUTH DEPRESSION INVENTORY – PRELIMINARY EVIDENCE OF VALIDITY

*Authors: Uttara Chari<sup>1</sup>, Sowmya H.R<sup>2</sup>, Vijaya Raman<sup>3</sup>, Ramakrishna Goud<sup>4</sup>, Bobby Joseph<sup>5</sup>, Vaishali Raval<sup>6</sup>*

*1- Associate Professor of Clinical Psychology, Department of Psychiatry, St. John's Medical College Hospital, Bengaluru, India.*

*2- Research Associate, Centre for Advance Research and Excellence in Autism, St. John's Research Institute, Bengaluru, India.*

*3- Professor Of Child Psychology, Department of Psychiatry, St. John's Medical College Hospital, Bengaluru, India*

*4- Professor, Department of Community Medicine, St. John's Medical College, Bengaluru, India.*

*5- Professor and Head, Department of Community Medicine, St. John's Medical College, Bengaluru, India.*

*6-Professor, Department of Psychology, Miami University, Ohio, U.S.A*

The influence of culture in psychopathology is well established. Research indicates that although some of the core symptoms of depression may be the same around the world, the salience of specific symptoms differs across cultures. Adolescence is a period of development, very much influenced by the cultural context. In this regard, the experience and expression of depression will vary across cultures. Thus, there is a necessity for a culturally relevant self-report screener for adolescent depression in India.

Individual interviews were held with clinicians, teachers, parents, and adolescents across rural and urban settings, towards examining their understanding of depression in adolescents. These interviews were qualitatively analyzed, to yield items for the YDI. The YDI was administered, along with the Children's Inventory (CDI) and WHO-5 Wellbeing Index (WHO-5), towards examining for convergent and discriminant validity.

This paper presents an overview of the process of development of the Youth Depression Inventory (YDI); and examines its validity, vis-à-vis established self-report questionnaires for adolescents. A total of 329 adolescents from community and 23 adolescents diagnosed with depression were administered the YDI, CDI, and WHO-5. There was a significant negative co-relation between YDI and WHO-5 (-0.495,  $p < 0.01$ ); and significant positive co-relation with CDI (0.610,  $p < 0.01$ ). Preliminary data suggests that the YDI is valid as a culturally-relevant self-report measure of depression among adolescents in India.

---

P21: A STUDY EXPLORING THE OCCURRENCE OF INTERNET GAMING DISORDER AMONG

## ADOLESCENTS ATTENDING THE PSYCHIATRY OUT PATIENT DEPARTMENT IN A TERTIARY CARE HOSPITAL IN WESTERN INDIA.

*Authors: Jahnavi Kedare<sup>1</sup>, Siddhartha Nandi<sup>2</sup>*

*1- Professor Department of Psychiatry Topiwala National Medical College, Mumbai)*

*2- Fellow Department of Psychiatry Topiwala National Medical College, Mumbai, corresponding author*

The inclusion of Internet gaming Disorder (IGD) in DSM 5 reflects the significant burden of this disease. Despite of the high digital use, literature pertaining to IGD in India remains limited. Understanding the burden of this disease and its association with other psychiatric manifestations is important, considering India's vast youth population. The aim is to study the occurrence of IGD amongst adolescents attending Psychiatry OPD services in a Tertiary Care Centre in Western India and explore its associated psychiatric and academic manifestations. With proper ethical approval, 114 adolescents attending psychiatry OPD were interviewed after taking the individual's assent and parental permission, according to predefined inclusion and exclusion criteria. Case record form, Internet gaming disorder scale- short form (IGDS9-SF) (Pontes and Griffiths 2015) and other relevant scales were used for assessment. Data analysis was done using SPSS.

8.8% of the adolescents attending the OPD were found to be suffering from IGD, with higher incidence in males (10.4%). All adolescents with IGD had academic decline. ADHD was found to be the most common psychiatric comorbidity associated with IGD. The occurrence of IGD among adolescents in the study was found to be comparable to other studies conducted globally. Academic decline associated with IGD was a concerning feature although directionality for this association needs to be determined. IGD was commonly seen to be associated with ADHD, necessitating further studies to determine the management strategies best tailored to patients with such psychiatric comorbidities. This study reflects the urgent need to enhance clinical suspicion regarding IGD among adolescents.

---

P22: A CROSS-SECTIONAL STUDY OF PSYCHOPATHOLOGY AND NEUROLOGICAL SOFT SIGNS IN CHILDREN OF PATIENTS WITH SCHIZOPHRENIA

*Authors: Resmi Ramachandran<sup>1</sup>, Abhilasha Yadav<sup>2</sup>, Rupam Dhiman<sup>3</sup>, Rahul Saha<sup>4</sup>, Shaily Mina<sup>5</sup>, Ramesh Kumar<sup>6</sup>*

1- PG resident, Department of Psychiatry, VMMC & Safdarjung Hospital, New Delhi.

2- Professor, Department of Psychiatry, VMMC & Safdarjung Hospital, New Delhi

3- Ex. Senior resident, Department of Psychiatry, VMMC & Safdarjung Hospital, New Delhi

4- Associate Professor, Department of Psychiatry, VMMC & Safdarjung Hospital, New Delhi

5- Associate Professor, Department of Psychiatry, VMMC & Safdarjung Hospital, New Delhi

6- Ex. PG Student, Department of Psychiatry, VMMC & Safdarjung Hospital, New Delhi

Based on the results from the study, discussion will thereafter be presented later.

Schizophrenia is considered to be a neurodevelopmental disorder. Studies have reported higher frequency of externalizing, or disruptive behavioral disorders in children of patients with schizophrenia that is associated with a poorer outcome in subjects at risk for this disorder. Research on neurological soft signs (NSS) indicates a genetic component in the pathogenesis of soft signs, and higher levels of NSS are associated with an increased risk of developing schizophrenia. This cross-sectional study aims to investigate the presence of psychopathological symptoms and NSS in children of patients with schizophrenia, with the objective of early recognition of potential risk factors in susceptible children and provide a basis for informed preventive interventions. The aim of the study -

1. To assess psychopathology and neurological soft signs in children of patients with schizophrenia.
2. To find the association between Neurological soft signs and psychopathology.
3. To assess correlation of neurological soft signs and psychopathology with sociodemographic variables.

Children between age 6-18 years with one parent suffering from schizophrenia diagnosed as per DSM-5 will be recruited and semi-structured proforma with socio-demographic data and details of illness of parent will be filled. Healthy Parent would be screened for psychiatric illness by GHQ-12. Children would be screened for psychopathology and neurological soft signs by applying Kiddie-SADS-PL and Neurological Evaluation Scale respectively. Vineland Social Maturity Scale will be applied to rule out Intellectual Disability in study subjects.

As the study is currently ongoing, results will be presented at the conference.

## E-POSTERS

PO1: GENDER INCONGRUENCE IN CHILDREN AND ADOLESCENTS: A NARRATIVE REVIEW OF PSYCHOTHERAPEUTIC CARE

*Authors: Preeti Kodancha<sup>1</sup>, Akanksh Sharma<sup>2</sup>, Aruna Rose Mary Kapane<sup>3</sup>*

1,2 - Trainee Clinical Psychologist, 3- Additional Professor of Clinical Psychology, Department of Clinical Psychology, NIMHANS

Gender incongruence is characterized by a marked and persistent incongruence between an individual's experienced gender and the assigned sex (ICD-11). Often, gender incongruence has an onset in childhood and adolescence, with approximately 1.2% of children and adolescents (below the age of 18 years) identifying as transgender (Clark et al., 2014). The construct of gender incongruence has itself undergone considerable evolution over the years – from initially being seen as a disorder (gender identity disorder in DSM-IV-TR and trans-sexualism in ICD-10), to currently being understood as a part of the normal range of variation in the spectrum of gender identity and expression. This evolution has implications for clinical care (including mental healthcare) with reparative “conversion” approaches being abandoned in favour of viewing variations in gender from the lens of ‘diversity’. Although there continues to be some debate about the role of psychotherapy in gender medicine, there are currently two broad models of care – the dominant gender affirmative approach (seeks to affirm the self-identified gender whilst attributing all distress to systemic forces external to the individual) and the emerging gender exploratory approach (seeks to engage in an exploratory assessment process to uncover the aspects and meanings underlying incongruence). Within these models, a plethora of wide-ranging psychotherapeutic modalities and approaches are in use. Given the dearth of outcome-focused studies comparing different models and therapeutic approaches, the current narrative review attempts to provide a synthesis of existing trends in psychotherapeutic practices to guide future research.

PO 2: EFFICACY OF ECLECTIC PLAY THERAPY ON LIVED EXPERIENCES IN DISSOCIATIVE DISORDERS: A MIXED METHOD INTERVENTION STUDY

*Authors: Ankita Raipure<sup>1</sup>, Priyanka Lenka<sup>2</sup> and Nishant Goyal<sup>3</sup>*

1- Research Scholar, Clinical Psychology, Central Institute of Psychiatry, Ranchi

2-Assistant Professor, Department of Clinical Psychology, Central Institute of Psychiatry, Ranchi

3- Professor of Psychiatry, I/C, fMRI Centre & K S Mani Centre for Cognitive Neurosciences & Erna Hoch Centre for Child and Adolescent Psychiatry Central Institute of Psychiatry, Ranchi

Children and adolescents may experience certain painful events, due to which they may have emotional-based style of functioning, leading to poor coping with anxiety and regulating emotions along with self-esteem issues. Play therapy has been shown to be an effective medium to reach out for lived experiences and working on the coping difficulties, and self-esteem issues. The study intends to introduce a holistic model with a biological, psychodynamic and cognitive approach to work towards various impacted areas in an adolescent with Dissociative disorder.

Case summary: A 13 year old adolescent female visited OPD of the Central Institute of Psychiatry (CIP) with a diagnosis of Mixed Dissociative Disorder. She was assessed on various psychological assessments. It was done in 3 phases Pre-assessment, post- assessment and third time she was assessed on follow-up basis. Play Therapy based comprehensive intervention was done. The proposed intervention module consisted of 12 sessions with 45-60 minute sessions every alternate day. Participant completed self-report measures of Anxiety, Depression, Coping, Emotion regulation, Self-esteem and event related potentials pre and post treatment and follow up basis.

PO3: ADOLESCENT SEXUALITY AND THE SCHOOL – A QUALITATIVE EXPLORATION OF TEACHERS' ATTITUDES AND RESPONSE PRACTICES

*Authors: D Arunkumar<sup>1</sup>, Chaithra<sup>1</sup>, Sowmya SV<sup>2</sup>, Anupama PV<sup>2</sup>, Sahana V<sup>2</sup>, Eesha Sharma<sup>3</sup>*

1- Project-Co-ordinator, Department of Child & Adolescent Psychiatry, NIMHANS, Senior Scientific Officer, BCHADS Project, NIMHANS

2- Project Officers, Department of Child & Adolescent Psychiatry, NIMHANS



3 - Associate Professor & PI, Department of Child & Adolescent Psychiatry, NIMHANS

Adolescents acquire most of their knowledge and behaviors around sexuality in school, where they spend most of their time. Besides peers, teachers' attitudes and responses to adolescent behavior can influence their ideas about sexuality. Teachers are also expected to play a key role in transferring knowledge about gender, sexuality, and personal safety to the children.

**Aim:** To understand teachers' attitudes and response practices towards adolescent sexuality.

**Method:** Focus group discussions (FGDs) were conducted in four government schools in Bengaluru. The head master, along with most other teachers present that day in the school, who taught classes 6<sup>th</sup>-10<sup>th</sup> were part of the FGDs. An interview guide was used to facilitate the discussion. All FGDs were transcribed verbatim. Thematic analysis was used to identify themes and sub-themes.

**Results:** Teachers' attitudes are conjured up in the theme *misfit between emerging normative sexuality in children and the developmental environment*. While teachers' acknowledged normativity of adolescent sexuality, they emphasized an abstinence stance, citing the familial, social, financial cultural background realities. Teachers' response practices elicited another theme wherein they *strongly felt the need for a school-based gender, sexuality and personal safety program delivered through creative pedagogies*, but felt a lack of skills for implementing such programmes.

**Discussion:** School-based programmes on gender, sexuality, and personal safety programmes should be part of the curriculum. These programmes need to involve knowledge transfer to the students, alongside systemic support for the schoolteachers', families, and local areas. Experiential pedagogies are a viable and acceptable option in the school setting and can be implemented through schoolteacher upskilling.

---

#### PO4: SCHOOL REFUSAL: A CRY FOR HELP!!

**Authors:** Ayushi Soni<sup>1</sup>, Hiral Kotadia<sup>2</sup>

1-Senior Resident, Department of Psychiatry, Sri Aurobindo Medical College and PG Institute, Indore (M.P.)

2- Associate Professor, Department of Psychiatry, Sri Aurobindo Medical College and PG Institute, Indore (M.P.).

School refusal is a broad term that encompasses a child's avoidance of attending school and/or persistent difficulty staying in the classroom throughout the day. School refusal affects almost 1-2% of school aged children with most common age group of 5-7 and 11-14 years. School refusal can result in academic decline, difficulties in relationship with peers, reduced self-esteem and disruption in family dynamics. School refusal is a symptom/presentation of heterogeneous issues and not a syndrome/disorder in itself.

Here we present 3 cases of children, who presented with school refusal, to a tertiary health care centre of Indore and were evaluated. They differed in socio demographic profiles and the underlying cause of the refusal, they were all assessed using appropriate scales and managed accordingly. First case, highlights school refusal in a 7-year-old male, with underlying separation anxiety. Second case shows school refusal in an 11-year-old male, with underlying specific learning disability and the third case shows the presence of school refusal in a 15-year-old female due to constant bullying regarding her complexion.

The presentation of school refusal is a tip of iceberg of underlying of various Bio-Psycho-Social factors. This case series emphasises the necessity of thorough understanding of the child and his environment to address the possible underlying reasons for school refusal. Various etiological factors need to be considered in a child presenting with school refusal. Different possible causes of school refusal are discussed.

---

#### PO5: THERAPEUTIC PROCESSES AIDING WELLBEING OF SINGLE MOTHERS AND THEIR CHILDREN- CASE SERIES

**Authors:** Cathy Roshini<sup>1</sup>, Sakhardande Kasturi Atmaran<sup>2</sup>, Bino Thomas<sup>3</sup>, Harshini Manohar<sup>4</sup>

1-Psychiatric Social Worker, 2-DM Senior Resident, 3-Additional Professor, 4-Assistant Professor

1,3-Department of Psychiatric Social Work. 2,4- Department of Child and Adolescent Psychiatry

1,2,3,4-National Institute of Mental Health and Neurosciences (NIMHANS)

Parenting an adolescent is a skillful role in the changing times of our society. Single parenting is even more challenging as the parent is alone in the journey. Single mothers (widows, divorcees,

separated or single parent by choice) face enormous challenges in raising adolescents and all the more challenging when these mothers themselves have emotional issues.

An exploratory case study method is used to understand the contributions of a vulnerable mother to the existing adolescent's hardships and healing process. A case of an adolescent with complex Post Traumatic Stress Disorder and attachment trauma post-adoption, a bereaved mother with unresolved grief and her child with internalizing disorder, a widowed mother and her child with depression are the case scenarios that will be discussed.

Interventions in the relational context of mother and child were tailor-made due to complex situations individually, and as a family within an eclectic model, largely taking an attachment-based family therapy approach. Managing the emotionally vulnerable subsystem with reluctance to take support from extended families made the therapeutic processes complex. Mothers' skill sets, ideologies of parenting, personality traits and lack of opportunities to address their own emotional vulnerabilities resulted in conflicts with the adolescent. Reflecting on parenting as just one of the roles as a person, improved mothers' perspective in parenting. Overall, the therapeutic process reflected hope, attachment, resilience, independence, and growth for the mother and adolescent.

---

#### PO6: PROBLEMATIC INTERNET USE IN OFFSPRING OF PARENT WITH SEVERE MENTAL ILLNESS: A CASE REPORT

*Authors: Gayathri Rajan<sup>1</sup> Akhilesh Sharma<sup>2</sup>*

<sup>1</sup>Senior Resident DM, Department of Child and Adolescent Psychiatry, PGIMER, Chandigarh

<sup>2</sup>Associate Professor, Department of Child and Adolescent Psychiatry, PGIMER, Chandigarh

Problematic internet use, is the umbrella term for Internet-related behaviors that impair psychosocial functioning. Having a parent with a severe mental illness is a significant childhood adversity. In children, when problematic internet use combines with genetic vulnerability, family discord & permissive parenting, it gives rise to issues that are challenging.

Case Summary: An 8-year-old girl from a Sikh joint family in Punjab experienced changes in

behaviour since the 2020 lockdown. She had slow warm-up temperament, average academic performance and permissive parenting. Following lockdown she had unmonitored screen media exposure of 6-9hours, was found watching horror movies online, struggled with online classes and had difficulty falling asleep. Interpersonal issues between parents on account of mothers illness (maintained on Clozapine 100mg) worsened family atmosphere. She was referred to Paediatric Neurology and Child Psychiatry where organicity was ruled out patient was admitted for further management. With initial non response to 10mg Aripiprazole gradually she responded to a combination of play therapy, activity scheduling, Olanzapine 2.5mg, along with other psychosocial measures. The diagnosis at discharge considered was Unspecified Psychotic Disorder, Problematic Internet Use, and Parent Child Relational Problems. Currently, the patient maintains well on Olanzapine 7.5mg and follows up regularly.

Discussion: The index case presents features of problematic internet use, permissive parenting which along with parental conflicts in a pre-adolescent with familial risk of severe mental illness which ultimately precipitated childhood onset psychotic illness. The case highlights how these factors interact and the importance of the bio-psychosocial model in case management and challenges faced.

---

#### PO7: INTERNET ADDICTION IN CHILDREN AND ADOLESCENTS: ROLE OF A PSYCHIATRIC NURSE

*Authors: Janarthanan B*

Tutor in Psychiatric Nursing, College of Nursing, JIPMER, Puducherry

Advancements in science and technology had helped mankind in multi-faceted ways. At the same time, the fact that, mishandling of it resulting in distressing impact on the quality of life of human beings can not be ignored. Major group of individuals who are highly getting succumbed to the ill effects of improper usage of technology is children and adolescents. One such ill effects is internet addiction, which is increasingly evident among the individuals in the age group of 6 – 18 years. Internet addiction among children and adolescents had not only become a social issue but also a much sorted mental health issue these days. In spite of considerable progression made in

preventing, diagnosing and treating internet addiction disorder, psychiatric nurses role in this area is less explored. The effects that internet addiction creates on individual's life has to be given paramount importance, failing which irreversible damage to the overall functioning and well being of the individual occurs. Effect of extended hours of screen exposure and uncontrolled participation in online gaming and social networking sites, affects their physical health and makes them more vulnerable, becoming the victims of harassment, bullying, cyber crime and online suicides. Taking into account the globalization and the ever increasing complexity of internet addiction, psychiatric nurses in collaboration with the mental health team, must plan, organize and implement an effective program in managing internet addiction. As far as the clinical context of treating individuals with internet addiction is concerned, psychiatric nurses can certainly have an effective role not only in the assessment, diagnosis and treatment of internet addiction, but also in the prevention of it at large.

---

**PO8: PSYCHOSOCIAL SUPPORT IN CASES WITH DUCHENNE MUSCULAR DYSTROPHY: A CASE SERIES**

*Authors: Kailash Ganga<sup>1</sup>, Priya Treesa Thomas<sup>2</sup>*

1-PhD. Scholar, Department of Psychiatric Social Work  
2-Addl. Prof, Department of Psychiatric Social Work  
NIMHANS, Bengaluru

Muscular dystrophy (MD) is group of genetic disease that causes the muscle to become damaged and progressively weak, resulting an increasing level of disability. There are many different kinds of muscular dystrophies, which vary in symptoms and severity, Duchenne Muscular Dystrophy (DMD) is the most common form of MD, which primarily affect boys and symptoms usually begin in childhood. Changes in cognition and behaviour are common in Duchenne muscular dystrophy. In India, family caregivers are the primary source of support and care. Here we present 7 cases with DMD, aiming to address psychosocial concerns of patient and family caregivers as well as advanced care plan and support.

Seven male children, age group between 8- to 14-year-old, belongs to lower socio-economic strata from Karnataka, Andhraparadesh and west Bengal were brought to NIMHANS by their parents with complaints of walking difficulty, getting up from

seating position and dependent ADL. Among them, 3 children with 1 year of duration, remaining 4 children are more than 3-year duration of illness. When those children were seen by the Neuropalliative and Supportive Care (NPSC) team at the hospital. There was noted that children had social isolation, learning disability, hyperactive behaviour and family also required emotional and physical, financial support and coping with periodic crisis. Based on the above concerns, they were provided psychosocial interventions.

Psychosocial support is needed both for the patient and the family. Therefore, it is important that holistic treatment approach along with pharmacological treatment. The advance care plan support should be provided right from the diagnosis of the illness.

---

**PO9: COMPARING RESILIENCE AND WELL-BEING AMONG COLLEGE STUDENTS ACROSS URBAN AND SUB-URBAN SETTINGS IN CHENNAI, TAMIL NADU -AN ANALYTICAL CROSS-SECTIONAL STUDY**

*Authors: Kalaveena V S<sup>1\*</sup>, Karthikeyan Pandiyambakkam Rajendran<sup>2\*</sup>, Helen Victory R<sup>1\*</sup>, Sangeetha Thiruthuvarani S<sup>1\*</sup>, Thariq Akthar A<sup>1\*</sup>, Ramakrishnan P<sup>1\*</sup>, Vijaya Raghavan D<sup>3\*</sup>, Thara Rangaswamy<sup>4\*</sup>*

1- Research Assistant, Department of Youth Mental Health  
2- Research Co-ordinator, Department of Youth Mental Health  
3- Consultant Psychiatrist and Research Head, Department of Youth Mental Health  
4- Vice Chairman  
\* Schizophrenia Research Foundation (I), Chennai, Tamil Nadu

Resilience is an essential coping parameter, that equips one to adapt to any adversaries and respond positively in life. Resilience in youth enables them to achieve higher mental, social, and academic success, all possibly- contributing to mental health well-being.

**Objective:** To measure the mental well-being and resilience among young people in the urban and sub-urban settings of Chennai city.

A cross-sectional study was conducted using a convenient sampling method to recruit 214 young participants aged 18-24 years. Two pre-validated Quantitative tools, the Resilience Scale (17 items) and Warwick Edinburgh Mental Well-being Scales (14 items) were administered to measure mental well-being and resilience. Relevant Socio-demographic details were also collected. The collected data was analyzed using R software, for the appropriate statistical inference.

The study involved 214 participants, with 105 samples collected in the urban setting and 109 samples collected in the suburban setting. Results indicated good well-being and overall resilience among young people in the suburban settings, which had a statistically significant difference in comparison to youth belonging to the urban setting. ( $P < 0.001$ ).

This cross-sectional study is an excerpt of the larger study and it shows the significant difference in young people's resilience and mental well-being from suburban Chennai.

---

**PO10: HIGH-RESOLUTION 3T MRI INSIGHTS: DISSECTING THE CEREBRAL CONTOURS OF PEDIATRIC ADHD**

*Authors: Kalpana Dhanik and Uttam Kumar*

Center of Biomedical Research, SGPGIMS Campus, Lucknow

Attention-Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental anomaly often differentiated from normative neural trajectories. The precise neuroanatomical disparities distinguishing ADHD-afflicted individuals from typically developing ones remain a subject of intensive scientific inquiry.

This study aimed to elucidate specific deviations in cerebral structures and indices within pediatric subjects diagnosed with ADHD in comparison to age-matched healthy controls using advanced 3T MRI modalities.

High-resolution data acquisition was performed utilizing a 3T Magnetic Resonance Imaging (MRI) system. A total of 28 participants were included, bifurcated into two cohorts: 14 children diagnosed with ADHD and 14 typically developing children. Subsequent data analysis probed for discrepancies in Fractal Dimension (FD) and Gyrfication metrics across delineated cerebral territories.

Preliminary analyses revealed pronounced variations between the ADHD and control group, particularly in regions previously associated with attention modulation, impulse control, and executive functioning. Specific alterations in FD and Gyrfication indices within certain cerebral domains were discernible, offering a nuanced understanding of ADHD-associated neuroanatomical aberrations.

The findings underscore the efficacy of 3T MRI in elucidating neuroanatomical deviations inherent to ADHD. The highlighted disparities might augment current diagnostic protocols and potentially inform tailored therapeutic

---

**PO11: EFFICACY OF THE MENTAL HEALTH AWARENESS AND DESTIGMATISATION PROGRAM (MHAD) AMONG ADOLESCENTS: PRELIMINARY FINDINGS**

*Authors: Manjari A.S<sup>1</sup>, Sudhesh. N.T<sup>2</sup>*

1- Ph.D. Scholar, Department of Psychology, CHRIST (Deemed to be University), Bangalore, India

2- Assistant Professor, Department of Psychology, Christ (Deemed to be University), Bangalore, India

Most mental health problems emerge during adolescence, but only a minor percentage receive treatment. Stigma negatively impacts adolescents' mental health, reduces their desire to seek help, and promotes negative attitudes toward people with mental health problems. The MHAD module, which includes one module on mental health awareness and another on mental health destigmatisation, was developed based on outcomes of semi-structured interviews with seventeen mental health professionals with at least two to three years of work experience with adolescents aged 15-17 years. Six topics each in the module on awareness and destigmatisation were finalized based on themes endorsed by most participants. They were validated by experts with experience implementing mental health interventions with adolescents. The module was tested on 40 adolescent students of 1 PUC of both genders at a private pre-university college in Bangalore. The researcher obtained permission from the college to administer the module of twelve hours duration over eight weeks for two hours a week during regular working hours. The investigator assessed the knowledge, stigma, and attitude of adolescents towards peers with mental health problems using the Mental Health Knowledge Schedule (MAKS), the Peer Mental Health Stigmatization Scale (PMHSS), and self-designed case vignettes, which was reassessed using the same scales, after completion of the module to assess interventions' efficacy. Awareness and destigmatisation programs will improve adolescents' knowledge, reduce their fear of mental illness, and encourage them to seek help

---

**PO12: THE SICKLY BREATH: A CASE OF DISSOCIATIVE DISORDER IN A YOUNG CHILD WITH SCHOOL REFUSAL**

*Authors: Neha B Kulkarni<sup>1</sup>, Bikram Sutradhar<sup>2</sup>, Siddeswara B L<sup>3</sup>*

1- Post Doctoral Fellow in child and adolescent Psychiatry, LGBRIMH, Tezpur

2- Registrar, Department of Psychiatry, Nalbari Medical College and Hospital, Assam

3- Assistant Professor, Child and Adolescent Psychiatry, Department of Psychiatry, LGBRIMH, Tezpur

A systematic bio-psycho-social approach is necessary to any Dissociative disorder in children. We present a case where there is overlap between unconscious and conscious motivation for the symptoms.

9-year-old boy studying in class IV, from urban Assam and belonging to HSES who was born by LSCS due to IUGR, had neonatal jaundice but normal developmental milestones. Child had developmental onset of ADHD and h/s/o ODD since the age of 5yrs (with family accommodation and permissive parenting) which was untreated. K/C/O Bronchial asthma since 4 yrs of age with seasonal exacerbation. 3 months back, Child had an asthma exacerbation which subsided with Salbutamol inhaler but following that, child developed dissociative symptoms in the form of noisy rapid breathing for the last 3 months, and limping gait with c/o of difficulty to walk. Both these behaviours increased when not paid attention by family and subsided during sleep. Multiple treatment measures had failed and child presented with secondary gain of skipping school, getting expensive gifts, and latest electronic gadgets.

Spirometry -normal, ECG- normal, CBC, LFT, RFT, TFT, S/e- WNL, ADHD-RS IV-confirmed ADHD.

On clarification, child faced bullying for his aggressive behaviour and ostracized by peers in school. A diagnosis of ADHD, ODD, Mixed Dissociative disorder, anxiety disorder was made and started on T. Atomoxetine 10mg OD, T. Fluoxetine 10mg OD. Play therapy focussing on anger regulation, healthy communication and healthy expression of emotions with bullying interventions. PMT focussed on psychoeducation, age-appropriate behaviours and parenting styles. Child improved after 3 weeks of in-patient care and resumed school post discharge.

Innovative multi-disciplinary therapeutic approaches are essential to address young children with school refusal.

---

PO13: METAMORPHOSIS; ASSISTING AN ADOLESCENT WITH GENDER INCONGRUENCE COMPOUNDED BY TRAUMA AND PSYCHOPATHOLOGY

*Authors: A.Parvathy Praveen<sup>1</sup> Anagha A.U<sup>2</sup> Tony Lazar Thomas<sup>3</sup> Eesha Sharma<sup>4</sup>*

1-Junior Resident,Department of Psychiatry,NIMHANS

2-PhD scholar,Department of Clinical Psychology,NIMHANS

3-Senior Resident,Department of Child and adolescent Psychiatry,NIMHANS

4-Associate Professor,Department of Child and adolescent Psychiatry,NIMHANS

Gender dysphoria is the discomfort or distress caused by gender incongruence, a discrepancy between a person's gender identity and the gender assigned at birth. It commonly presents in adolescence or young adulthood. It could be commonly associated with mood and anxiety disorders. History of child sexual abuse (CSA) can have complex dynamics impacting the gender and sexuality developmental trajectories. We discuss here our work with a 15 year old who had gender dysphoria with obsessive-compulsive disorder and depression; past CSA experiences had also contributed to post-traumatic stress disorder.

A 15 year old, biological female, with male gender identity, with temperamental difficulties in self-regulation, with family history of depression, hypothyroidism and colon ulcer in the mother, presented with illness duration of 2 years, with contamination and aggressive obsessions, need to know or remember, with intrusive images, counting compulsions, repetitive rituals, ordering and arranging. For the past one year, he (preferred pronoun) was noted to have pervasive low mood, fatigueability, anhedonia, suicidal ideas, visual and auditory pseudo-hallucinations, decreased appetite and disturbed sleep with significant bio-socio-occupational dysfunction. Upon exploration there were two prominent stressors – one, gender incongruence and second, history of sexual abuse by a relative. The adolescent experienced features of post-traumatic stress disorder as arousal and intrusive images.

The adolescent was admitted in view of the complex presentation and high risk to self. In addition to medication management (Fluoxetine, Risperidone and Lithium) and symptom monitoring, we focused on psychotherapeutic interventions. First, forming a therapeutic alliance, empathic validation and support alongside an explanation about 'what was

happening' (in terms of the various symptoms he was experiencing, what they were and what could be done to manage them) were the focus in several sessions over the first couple of weeks of inpatient stay. Second, a gender affirmative stance was taken, including organising an endocrinology referral for hormonal interventions to suppress menstruation. Third, a narrative approach was used to help the adolescent process his experiences and to jointly conceptualise the different symptoms being experienced. Fourth, skills for emotion regulation and distress tolerance were repeatedly discussed and demonstrated in the sessions. Fifth, the mother's supportive role for the adolescent was facilitated through repeated educational and attachment focused discussions.

At the time of discharge, around 5 weeks later, adolescent reported a reduction in mood and obsessive-compulsive symptoms, and no self-harm ideas.

Therapeutic alliance, narrative approach, and a gender affirmative stance were instrumental in recovery for this adolescent. Generally, adolescents cognitively understand the biological and pragmatic complexities of gender transitions, but are emotionally unable to cope with the distress, especially with the compounding role of trauma and other psychopathology. It is critical to support the emotional vulnerabilities and help the adolescent make sense of their experiences.

---

**PO14: PROFILE OF CHILDREN SUSPECTED OF ASD IN A TERTIARY CARE CENTRE**

*Authors: Adi Pratyusha<sup>1</sup>, M. Gowri Devi<sup>2</sup>*

1- pursuing fellowship in child and adolescent psychiatry Asha hospital, Hyderabad

2- HOD, Department of child and adolescent psychiatry, Asha hospital, Hyderabad

Autism spectrum disorder(ASD)is a neurodevelopmental condition seen in children during their early developmental phase when children lack in achieving age appropriate skills or unable to meet the social demands due to their limited capacities. It is characterised by impairments in social communication, interaction and presence of restrictive, repetitive interests/behaviours. Prevalence of ASD has increased in recent times which warrants for early identification and intervention.

**Aim:** To profile children less than 5yrs of age specifically brought for suspicion of ASD by parents.

This is a descriptive study conducted at child psychiatry department of Asha hospital for 1year with children less than 5yrs of age.44 children with suspicion of ASD, brought by parents were evaluated through clinical interview using DSM-5, psychological tests- Developmental screening test, CARS-2(Childhood Autism Rating Scale), M-CHAT and CBCL

Most children were between 3-5yrs of age (68.18%), predominantly males (72.73%),47.73% had significant prenatal factors, (22.73%) preterm delivery, (27.27%) postnatal complications, (36.36%) Delayed milestones, (59.09%) speech delay. The symptoms presented were, 'poor/no' response to name (90.90%), poor Eye-Eye contact (95.46%) and poor socialisation (97.73%), stereotypic behaviour (81.18%), sensory issues (52.27%). ADHD (54.54%)& intellectual disability (95.45%) were the common psychiatric comorbidity.18.18% children had mild autism and 15.90% children were at a risk of autism.

The symptoms presented by parents for suspicion of autism were depicted to be either mild or risk of ASD on screening.

---

**PO15: TRANSLATION AND VALIDATION TAMIL VERSION OF SMILE - C**

*Authors: Ramakrishnan P<sup>1</sup>, Sangeetha Thiruthuvarani S<sup>2</sup>, Jyothi Lakshmi D<sup>3</sup>, Vijayaraghavan D<sup>4</sup>*

1-Research Assistant Schizophrenia Research Foundation

2-Research Assistant Schizophrenia Research Foundation

3-Statistician Schizophrenia Research Foundation

4-Consultant Psychiatrist Schizophrenia Research Foundation

Maintaining healthy lifestyles is crucial for preventing various diseases and promoting positive mental health in individuals., we have the lack of a multidimensional tool for this specific group. The SMILE-C tool encompasses seven lifestyle domains and can provide valuable insights into the health and well-being of individuals.

This study aims to translate and validate the SMILE-C tool for assessing lifestyle among the Tamil-speaking population

An online survey was conducted among the general public along with socio demographics factors. In addition to socio demographics, participants self-reported changes in seven lifestyle domains.

A total of 431 participants were enrolled in the online survey, the internal consistency of the SMILE-C to assess lifestyles during confinement was shown (Cronbach's Alpha =0.95). All eight factors on this scale had a high rating for reliability. The initial 43-item structure explained 63.5% of the variance in the pattern of relationship among the items.

The data collected from the study indicated that the scale is validated for the Tamil speaking population. Overall, this study contributes to the growing body of knowledge on psychological assessment tools in diverse cultural settings.

---

PO16: JOURNALING: EMOTIONAL REGULATION, SLEEP QUALITY AND SELF COMPASSION IN STUDENTS PREPARING FOR ENTRANCE EXAMINATION

*Authors: Rashi Hakim<sup>1</sup> and Aiswarya VR<sup>2</sup>*

Department of Psychology, Christ (Deemed to be University) Bangalore Central Campus Hosur Road, Near Diary Circle Bangalore

Adolescence, a critical phase with significant emotional challenges, presents intensified stress for students preparing for competitive exams.

This study aimed to understand the effect of journaling on emotional regulation, quality of sleep, and self-compassion, and to study the relationship between emotional regulation, quality of sleep, and self-compassion.

A total of 138 participants were recruited for the study. Participants were randomly assigned to either the experimental group (n=68) or the control group (n=68). Participants were asked to complete self report which measured emotional regulation (ERQ-CA), Quality of sleep(PSQI) and self compassion scale(SCS) at baseline and after the completion of the intervention. The experimental group received a journaling intervention, while the control group did not. The results showed that the journaling intervention was effective in improving emotional regulation(p < .001), quality of sleep(p < .05), and reducing self-judgment(p < .001). The intervention didn't have a statistically significant

effect on self-compassion. The results showed that the journaling intervention was effective in improving emotional regulation(p < .001), quality of sleep(p < .05), and reducing self-judgment(p < .001). The intervention didn't have a statistically significant effect on self-compassion. These results are consistent with previous studies and suggest a potentially important role for journaling in improving emotional regulation, quality of sleep, and reducing self-judgment among students preparing for entrance examination. The study also highlights the importance of emotional regulation and self-compassion for improved quality of sleep.

---

PO17: SYMPTOM PROFILE AND ASSOCIATED RISK FACTORS IN CHILDHOOD / ADOLESCENT ONSET DEPRESSION: A CASE SERIES

*Authors: Resmi Ramachandran<sup>1</sup>, Abhilasha Yadav<sup>2</sup>, Abhishek Kumar<sup>3</sup>, Rahul Saha<sup>4</sup>*

1- Junior Resident, Department of Psychiatry, VMMC & Safdarjung Hospital, New Delhi.

2-Professor, Department of Psychiatry, VMMC & Safdarjung Hospital, New Delhi.

3-Senior Resident, Department of Psychiatry, VMMC & Safdarjung Hospital, New Delhi.

4-Associate Professor, Department of Psychiatry, VMMC & Safdarjung Hospital, New Delhi.

Depression is a common mental disorder, occurring in all age groups. As per global health estimates of the World Health Organization (2017) 4.4 % of the world population suffer from depression. Point prevalence of depression/affective disorders ranges from 1.2%- 21% in the clinical based studies. A limited number of studies have focused on symptom profile of childhood /adolescent onset depression. We aim to present three cases of childhood/adolescent onset depression with focus on symptomatology, possible risk factors and management part.

**Cases Summary:** We will be reporting three cases of childhood/adolescent onset depression as per ICD-10, presented in Child Guidance Clinic in Psychiatry Department of a tertiary care center in Delhi.

**Discussion:** Symptom profile of the cases and possible risk factors for developing depression and management will be discussed in detail.

---

PO18: CHILDREN'S DISCLOSURES OF SEXUAL ABUSE –  
REFLECTIONS ON SCHOOL POLICIES AND RESPONSE PRACTICES

*Authors: Sathish Kumar R<sup>1</sup>, Vanishree Joshi<sup>2</sup>  
Chaitra SR<sup>2</sup>, Chethan Kumar C<sup>2</sup>, Eesha Sharma<sup>3</sup>*

1-Project Coordinator, Department of Child and Adolescent Psychiatry, NIMHANS.

2- Project Officer, Department of Child and Adolescent Psychiatry, NIMHANS.

3- Associate Professor & PI, Department of Child and Adolescent Psychiatry, NIMHANS

Schools provide opportunities to educate children on health and safety and encourage disclosures to get assistance for abusive experiences.

**Aim:** To understand school policies and practices for disclosures of child sexual abuse (CSA).

**Method:** Life-skills program on sexuality and personal safety had 90–120-minute sessions for children (11-16years). Standard Operating Procedures (SOPs) were followed to respond to a) children with any behavioral or emotional difficulties, and b) CSA disclosures. These included first-level *emotional support* by the facilitator, followed by systemic response through the project coordinator, and activating school and/or state child protection mechanisms.

**Results-** Over 18 months, the program reached 11,684 students in 81 schools. There were 30 instances of CSA disclosure from 14 schools. Of 30, 11 were high risk (recent/ proximity to perpetrator/ poor psychosocial support). The child was emotionally validated and supported. A report was shared with the school/ child protection system. One school had a pre-existing child protection committee that took cognizance of the disclosure and planned a conducive protective response with the child and family. Other schools lacked policy and skills in responding to CSA disclosures. Ancillary issues were prominently expressed (non-cooperation by family/ local community, school's *reputation*). Where responses were initiated through the project's intervention, children withdrew statements under fear, social stigma, and lack of support from school/family.

**Discussion-** Despite national and state-level child protection laws/policies, the ground realities of response to CSA are disheartening. There is an urgent need to implement policies, train teachers in child safety, foster child-friendly environments, and

standardize procedures for inter-sectoral coordination.

---

PO19: WOLF – HIRSCHHORN SYNDROME – A CASE REPORT

*Authors: Sharnita.P<sup>1</sup>, Satya Raj<sup>2</sup>, Sneha Maria Sebastian<sup>3</sup>*

1- PDF- Child and adolescent psychiatry -1 st year, CMC VELLORE.

2- HOU- Child And Adolescent Psychiatry, Cmc Vellore.

3- Assistant Professor, CMC VELLORE

Wolf–Hirschhorn syndrome (WHS) is a multiple congenital anomaly syndrome, caused by deletion of critical region on chromosome 4p16.3. The prevalence is estimated to be around 1 in 50,000 births, with a female predilection of 2:1.<sup>1</sup> Loss of the WHSC2 gene is associated with many of the facial features of WHS and developmental delay.<sup>2</sup> WHS is characterised by distinctive facial features, such as a broad, flat nasal bridge, a high forehead described as the “Greek warrior helmet” appearance in which the eyes are protruding and widely spaced, short philtrum, micrognathia, poorly formed ears with small holes (pits) of flaps of skin (tags) and microcephaly. Intellectual disability ranges from mild to severe in people with WHS. Compared to people with other forms of intellectual disability, their socialization skills are strong, while verbal, communication, and language skills tend to be weaker.<sup>3</sup> Approximately 90% of individuals with WHS are affected with seizures.<sup>4</sup> Case reports of this syndrome from India are scarce.

**CLINICAL SUMMARY:** A 10-year-old boy born out of 3<sup>rd</sup> degree Consanguineous marriage, with significant motor and language developmental delay, seizure disorder since 1 year of age and features of attention deficit hyperactivity disorder. The child displayed characteristic facial appearance which prompted further investigation leading to the diagnosis.

**DISCUSSION:** This case emphasizes on the variability in clinical presentation, the significance of recognising the characteristic phenotypic features for timely diagnosis and management of WHS as well as about the challenges in managing this genetic condition. Genetic counselling for the affected parents provides them information regarding the illness, its implications and help them to make informed decisions.



---

PO20: PREMENSTRUAL DYSPHORIC DISORDER (PMDD)

Authors: *Henal Shah<sup>1</sup>, Prajakta Patkar<sup>2</sup>, Vaidehi Arwari<sup>3</sup>, Shorouq Motwani<sup>4</sup>*

1- Additional Professor, Department of Psychiatry, TNMC and BYL Nair Hospital

2- Assistant Professor, Department of Psychiatry, TNMC and BYL Nair Hospital

3- Fellow in Child and Adolescent Mental Health, Department of Psychiatry, TNMC and BYL Nair Hospital

4- Fellow in Child and Adolescent Mental Health, Department of Psychiatry, TNMC and BYL Nair Hospital

Premenstrual dysphoric disorder (PMDD), is a severe form of premenstrual syndrome (PMS) affecting women of childbearing age. Nearly 5% of adolescent girls suffer from PMDD, with higher prevalence among those with depression, GAD, and higher perceived stress. PMDD is characterized by cognitive–affective and physical symptoms during the premenstruum. It is unique from that of other affective disorders in its symptoms and cyclicality.

**Case Summary:**

Case 1: Ms. A, a 14 years old girl was brought by parents for excess sleeping and change in behavior in the last year, lasting for 10 days around her menstrual cycles. A bright and bubbly child would turn into a sulky, drowsy, withdrawn individual. She would miss school every month making her disinterested, not just in academics but also in her daily routine during that period. Constant failed attempts at engaging her to stay cheerful and active started leading to irritability and anger outbursts, thus prompting the worried parents to get her to the hospital for evaluation.

Case 2: 14 years old, female, diagnosed with autism by a family physician with an average IQ and independence in daily living, presented after 7-8 months of menarche, with intense distress and discomfort with this new change in her body and life. 5-6 days prior to menstrual cycle, her behavior changed significantly in the form of crying spells, low mood, aggressive outbursts and cursing god that he was punishing her with menstruation and subsiding with it.

Discussion: In the above-mentioned cases, on further analysis and investigation, all hormonal assays and neurological evaluation being normal, they seemed to be probable severe forms of PMDD. Psychometric testing also suggested the

same. PMDD, which is not a very usual diagnosis can present as a very confusing picture during the early adolescent period. It is necessary to differentiate it from other mood or psychotic disorders and any endocrinological derangement which may often be the contributors of such rapid change in behavior at such early age. Management must be symptomatic and may also get complicated by the presence of a neurodevelopmental disorder

---

PO21: A CASE REPORT ON HYPOMYELINATING LEUKODYSTROPHY: MANAGEMENT OF GLOBAL DEVELOPMENTAL DELAY IN A RARE GENETIC DISORDER WITH MULTIDISCIPLINARY APPROACH

Authors: *Sutanuka Ghosal<sup>1</sup>, Swagata Sinha<sup>2</sup>*

1- Consultant Psychiatrist, Manovikas Kendra Kolkata

2. Consultant Psychiatrist, Manovikas Kendra Kolkata, IACAM Life fellow (LF/S-078)

Hypomyelinating Leukodystrophy is a rare X linked genetic disorder which is associated with deficiency in myelin production in the Central nervous system. It presents with delayed milestones, impaired coordination, hypotonia, nystagmus as well as problem in feeding and poor weight gain. Till date no specific and satisfactory treatment is available for this condition.

Case summary: AAS, aged about 3 years 10 months, born out of a non-consanguineous marriage came with concerns regarding global developmental delay and seizures (controlled) and inability to walk or express his needs. He was the 1st child born to a 26yr old lady who had hypertension during pregnancy necessitating emergency CS, had delayed birth cry, neonatal jaundice (given phototherapy) & poor nutrition. All milestones (gross motor, fine motor and language) were delayed. He was unable to even sit independently. Examination revealed pendular nystagmus, difficulty in swallowing, hypotonia, poor coordination, muscle power 3/5, no neck control and exaggerated jerks, inadequate babbling

Psychological tests: Vineland Social Maturity Scale - Social quotient 22.39 (profoundly impaired social maturity)

Developmental Screening Test (DST):  
Developmental Quotient (DQ) 16.73 (profoundly impaired developmental functioning)

Previous brain imaging reports including MRI and MRS had revealed features of Hypomyelinating Leukodystrophy.

Chromosomal microarray analysis had revealed duplication on a specific location on X chromosome that encompasses PLP1 gene- which is essential for myelin production.

Discussion: Treatment is supportive and symptomatic. Goal of treatment was to improve his quality of life and train him in basic self-help skills.

A multidisciplinary team consisting of Psychiatrist, psychologist, special educator, speech therapist and physiotherapist looked after the child for a span of six months. The interventions (tailored according to his developmental needs) included speech and language stimulation along with physical exercises. Clinical improvement was noticed in following domains:

- Better neck control
- Absence of nystagmus
- No startling on being touched as previously
- Production of some babbling noise on seeing his grandmother and mother
- Increased receptivity- response to caregiver by nodding or smiling
- Attempts to draw caregiver's attention by pulling their hands
- Better tongue movement, less time taken to swallow food
- Development of a keen interest in music

This indicates that a multidisciplinary approach to developmental delays can improve the quality of life for the child and thus motivate the parents/ caregivers to continue treatment.

---

PO22: WHEN THE VIRTUAL AND THE DIFFICULT MEET- GAMING, MOOD AND PARENTAL SUPERVISION.

Authors: Maj (Dr) Tanmay Agrawal<sup>1</sup>, Lt Col (Dr) BK Dutta<sup>2</sup>

1- Asst Prof, CHNC, Udhampur (Corresponding author)  
2- Professor, BHDC, New Delhi

Background: There is correlation between ADHD, gaming disorder and other mental health conditions. High levels of stress, younger age, co-morbid anxiety or depression, games with violence

and less parental supervision increase the risk for gaming addiction.

Case Summary: Abhi (name changed), 12 years old boy, 7th std student, from upper middle class family with working parents, his mother reported recent increased online gaming, anger outbursts, defiance and declining grades. Child was diagnosed as ADHD inattentive presentation 4 years back, not on any medication. He disapproved of mother's reports, and blamed negative home environment'. He claims to be playing video game 'Fortnite' since few months, mostly late into the night. This he enjoyed as it involved slaying opponents. His parents had no idea of the game he played, also differed on the permissible time limit. He admitted inability to stop and increased play time on nights he either witnessed or engaged in negative interaction with parents. He scored high on Childhood Depression Rating Scales (CDRS), Vanderbilt ADHD scales and Gaming Addiction Scales.

He was started on tab Atomoxetine 20mg/d, tab Sertraline 25mg/d, day structuring including early morning riding classes. Parental psychoeducation carried out on measures to reduce stressful home environment.

Discussion: Parental supervision is necessary while children are playing video games to monitor what games they play and the time they spent on this activity. Playing games with violence increases the risk potential for aggressive behavior. Any recent changes in gaming activity should alert towards co-morbid anxiety or mood disorders.

---

PO23: INTERNET USE PATTERN AMONG ADOLESCENTS SEEKING MENTAL HEALTH SERVICES

Authors: Rachna Bhargava<sup>1</sup>, Tanvi Agarwal<sup>2</sup>, Anamika Sahu<sup>3</sup>, Debabani Bhattacharya<sup>3</sup>, Rajesh Sagar<sup>4</sup>

1- Professor, National Drug Dependence Treatment Centre, AIIMS, New Delhi (Corresponding Author)  
2- Scientist B, National Drug Dependence Treatment Centre AIIMS, New Delhi (Presenting author)  
3- Ex PhD Scholar, Department of Psychiatry, AIIMS New Delhi  
4- Professor, Department of Psychiatry, AIIMS, New Delhi

The advent of the internet has had cataclysmic effects on our lives. It has reconstituted the field of entertainment, communication, exchange of information, education and social

interaction. The Internet with its many blessings and burdens is no exception to influencing adolescent life. This phenomenon has come to much more prominence with the onset of the COVID-19 pandemic. Bounded by the four walls of their homes, a surge in the overall use of the internet for various reasons has been seen.

**Aim:** The aim of the study was to examine the extent of problematic internet use in adolescents.

**Methodology:** This was a cross-sectional study carried out in a tertiary care hospital setting. All consecutive cases visiting Psychiatry outpatient clinic during the period of six months falling in the age range of 12-18 years, comprised the sample. They were administered socio-demographic sheet and Young Internet Addiction Test. Data was analysed using descriptive statistics. **Results:** Among 292 adolescents, children whose parents refused to give written consent and children who were unable to comprehend instructions were excluded from the study. Thus data was analysed for 153 cases out of which 60.1% were using internet. These cases were further analysed to understand the behavioral patterns and how they are associated with demographic profile.

**Conclusions:** The pattern had clinical and research implications as there is scarcity of data based evidence among the clinical population on internet use

---

**PO24: SUICIDE AMONG CHILDREN AND ADOLESCENTS IN INDIA: UNDERSTANDING THE URGENT NEED FOR ACTION**

**Authors:** *Thangadurai pandi Ramakrishnan<sup>1</sup>, ALEN Chandy Alexander<sup>1</sup> Anish V. Cherian<sup>1</sup>, R. Dhanasekara Pandian<sup>1</sup>.*

1. Department of Psychiatric Social Work, National Institute of Mental Health and Neurosciences, India  
Corresponding author: Thangadurai pandi Ramakrishnan, PhD Scholar, Department of Psychiatric Social Work, National Institute of Mental Health and Neurosciences, Bangalore, Karnataka, India

This article abstract discusses the issue of suicide among children and adolescents in India, a growing problem and a significant public health concern. According to the 2014-2021 reports from Accidental Deaths and Suicides in India (ADSI), the number of deaths by suicide among this population is around 9-10k every year, with the leading causes being related to marriage, failure in

exams, family problems, mental illness, prolonged illness, love affairs, unknown causes, and other factors. The article highlights the urgent need for action to address this alarming trend and stresses that the rising suicide rates in this population should be taken seriously and addressed promptly.

---

**PO25: OVARIAN TERATOMA IN THE GUISE OF ADOLESCENT CATATONIA**

**Authors:** *Tony Lazar Thomas<sup>1</sup>, Rajendra K.M<sup>2</sup>, J.S.S Anjusha<sup>3</sup>, Hansashree Padmanabha<sup>4</sup>*

1- Senior Resident, Department of Child and Adolescent Psychiatry, NIMHANS  
2- Associate Professor, Department of Child and Adolescent Psychiatry, NIMHANS (Corresponding author)  
3- Senior Resident, Department of Neurology, NIMHANS  
4- Associate Professor, Department of Neurology, NIMHANS

Catatonic manifestations in children and adolescents are uncommon. Approximately 20% of catatonias are secondary to underlying genetic, neurological, viral, or autoimmune conditions. Studies show that 5% of NMDAR encephalitis patients presents with isolated psychiatric symptoms. It is essential to keep in mind a possibility of autoimmune encephalitis in adolescents who present with catatonia.

**Case Summary:** A 17-year-old girl was brought to the Child & Adolescent Psychiatry outpatient services of NIMHANS with complaints of decreased speech output, sedation, and slowness of gait over the last 2 months. This was preceded by a few days of sleeplessness, pacing around the house at night, and crying spells precipitated by exam failure. She was admitted and evaluated in a psychiatric setting locally and was being treated as a primary psychiatric illness.

After admission in NIMHANS, a preliminary diagnosis of Catatonia was being evaluated. In addition, the patient's family reported that after obtaining an injection of Inj. Haloperidol from a local psychiatric hospital, the patient's slowness and decreased speech output deteriorated. Considering this, the likelihood of heightened sensitivity and extrapyramidal syndrome was also examined. She was being treated with Inj. Lorazepam and Tab Promethazine, and she showed some response in the form of improvement in BFCRS (Bush Francis Catatonia Rating Scale) score.

To rule out an organic aetiology, a comprehensive neurological examination was scheduled, and a Serum Autoimmune panel was performed. The presence of an anti-NMDA receptor antibody in the patient led to a diagnosis of NMDAR Autoimmune Encephalitis and immunomodulation therapies were initiated by the neurology team. Due to the fact that Ovarian teratomas are one of the most common causes of paraneoplastic NMDAR encephalitis in adolescent females, USG abdomen and MRI abdomen were performed, and the Ovarian teratoma was identified and treated with surgery. Following the surgery, the adolescent is on monthly steroid pulse therapy and significant improvement was reported by the family and she is attending to her school regularly.

**Discussion:** This adolescent's morbidity was significantly reduced by the early diagnosis and surgery for an ovarian teratoma. The Psychiatry treating team considered organic aetiology in this patient due to sleep disturbance symptoms, sensitivity to antipsychotics and development of extrapyramidal symptoms with verbal output reduction. As Catatonia is more likely to cause morbidity and mortality in children and adolescents, and as research shows that organic causes are common in this age group, it is crucial to do a full and thorough investigation whenever a patient presents with Catatonia.

---

**PO26: CLASSROOM-BASED LIFE-SKILLS SESSIONS:  
REFLECTIONS ON CHALLENGES IN THE LEARNING  
ENVIRONMENT**

*Authors: Virupaksha HG<sup>1</sup>, Manohar SR<sup>2</sup>, Ume  
Hani Khanum<sup>2</sup>, Seema S<sup>2</sup>, Eesha Sharma<sup>3</sup>*

1- Project Coordinator, Department of Child & Adolescent Psychiatry, NIMHANS (Corresponding Author)

2- Project Officers, Department of Child & Adolescent Psychiatry, NIMHANS

3- Associate Professor & PI, Department of Child & Adolescent Psychiatry, NIMHANS

In India, though there is a substantial policy framework for life-skills programs in schools, there is little empirical evidence on implementation effectiveness.

**Aim:** To systematically examine classroom-based life-skills sessions to identify – a) feasible programme components, b) suitable learning pedagogies, and c) sustainable delivery models.

**Method:** Life-skills program on sexuality and personal safety was delivered to grades 6-10 in 81

Bengaluru government schools, covering >11,000 children. Each of the 4-6 sessions had group of 20–30 students, lasted 90–120 minutes. Modules drew upon experiential methods (activities, games, story-telling, group-reflections). Observations from facilitators' daily self-appraisals, field coordinators' supervision, and weekly team discussions were systematically recorded and thematically analysed.

**Results:** *Administrative challenges* centered around schools' curricular priorities, and teachers' (non)-availability for the programme given multiple responsibilities. *Infrastructural challenges* arose from limited space and technical support to implement experiential activity modes.

*Classroom challenges* resulted from a) children's lack of prior exposure to experiential learning formats resulting in hesitant participation, b) difficulties with classroom management of noise levels and consistent participation, c) poor reading and writing competencies of children, even at the middle school grade levels, d) percolation of loco-regional socio-religion-political attitudes and beliefs among students resulting in difficulties with discussions on scientifically normative developmental themes.

**Discussion:** Life-skills sessions in the classroom can be made more effective through long-term administrative liaison that would help overcome infrastructural challenges, too. A pre-assessment to guide program preparation, and pedagogically flexible approaches are needed to increase engagement and learning outcomes.



## AUTHOR INDEX

<i>Aarzo Chawla</i>	40	<i>Chaithra</i>	46
<i>Abhijith Vasishta</i>	27	<i>Chaithra SR</i>	54
<i>Abhilasha Yadav</i>	45, 53	<i>Chandrakanta S Hiremath</i>	37
<i>Abhishek Kumar</i>	53	<i>Chayanika Deka</i>	42
<i>Adarsh Kohli</i>	10	<i>Chethan Kumar C</i>	54
<i>Adi Pratyusha</i>	52	<i>Chhitij Srivastava</i>	10
<i>Aiswarya VR</i>	53	<i>Debabani Bhattacharya</i>	57
<i>Ajita Nayak</i>	41	<i>Dhanasekara Pandian</i>	57
<i>Akanksh Sharma</i>	46	<i>Dimple Shokeen</i>	35
<i>Akhilesh Sharma</i>	48	<i>Eesha Sharma</i>	17, 42, 46, 51, 54, 58
<i>Alen Chandy Alexander</i>	57	<i>Fung</i>	6
<i>Alka A Subramanyam</i>	5, 23	<i>Gayathri Rajan</i>	48
<i>Allauki Dani</i>	23	<i>Gordona Milavich</i>	11
<i>Amandeep Singh</i>	34	<i>Gurneet Kaur</i>	20
<i>Amit Arya</i>	18	<i>Hansashree Padmanabha</i>	57
<i>Anagha A U</i>	39	<i>Harprit Kaur</i>	34
<i>Anagha A.U</i>	51	<i>Harshini Manohar</i>	17, 47
<i>Anamika Sahu</i>	18, 19, 57	<i>Helen Victory R</i>	34, 35, 49
<i>Anish V. Cherian</i>	57	<i>Henal Shah</i>	5, 23, 55
<i>Ankita Raipure</i>	46	<i>Hiral Kotadia</i>	47
<i>Anupama PV</i>	46	<i>Hrishikesh Giri Prasad</i>	28
<i>Archana Sharma</i>	40	<i>J.S.S Anjusha</i>	57
<i>Arivazhagan A</i>	38	<i>Jagadeesan Settu</i>	34, 35
<i>Arun Kandasamy</i>	42	<i>Jahnvi Kedare</i>	44
<i>Arun Raj Kunwar</i>	8	<i>Jai Ranjan Ram</i>	11
<i>Aruna Rose Mary Kapanee</i>	46	<i>Janardhana</i>	26
<i>Arunkumar</i>	46	<i>Janardhana Navaneetham</i>	36
<i>Ashima Sharma</i>	40	<i>Janarthanan B</i>	48
<i>Ashlyn Tom Vincent</i>	22	<i>Jina Heigrujam</i>	29
<i>Ayushi Soni</i>	47	<i>Jitender Aneja</i>	16
<i>Bichitra Nanda Patra</i>	10	<i>Jitendra Aneja</i>	11
<i>Bikram Sutradhar</i>	51	<i>Jitty George</i>	23
<i>Bino Thomas</i>	34, 39, 47	<i>John Vijaysagar</i>	38, 39, 42
<i>Biswadip Chatterjee</i>	7, 25	<i>Jyothi Lakshmi D</i>	53
<i>BK Dutta</i>	56	<i>Kailash Ganga</i>	49
<i>Bobby Joseph</i>	44	<i>Kalaveena V S</i>	49
<i>C S Prasanna</i>	40	<i>Kalpana Dhanik</i>	50
<i>Cathy Roshini</i>	47	<i>Kamini Verma</i>	22, 24
<i>Cathy Roshini V</i>	38	<i>Kanmani T R</i>	38

<i>Karthikeyan Pandiyambakkam Rajendran</i>	49	<i>Preeti Kandasamy</i>	14
<i>Kritii Tikku</i>	31	<i>Preeti Kodancha</i>	46
<i>Krupa A L</i>	36	<i>Prerna Sharma</i>	16
learning outcomes	See	<i>Priti Arun</i>	20, 40
<i>Leena Jain</i>	35	<i>Priya Treesa Thomas</i>	17, 49
<i>M. Gowri</i>	52	<i>Priyadharshini</i>	35
<i>M.Thomas Kishore</i>	8	<i>Priyamwada Sharma</i>	35
<i>Mahadev Singh Sen</i>	22	<i>Priyanka Lenka</i>	46
<i>Malavika Kapur</i>	6	<i>R C Das</i>	7
<i>Malay Dave</i>	11	<i>Rachna Bhargava</i>	11, 57
<i>Manaswita Sinha</i>	41	<i>Radhakrishnan G</i>	42
<i>Manjari A.S</i>	36, 50	<i>Ragul Ganesh</i>	24
<i>Manjula B</i>	38	<i>Rahul Saha</i>	45, 53
<i>Manjula William James</i>	27	<i>Rajendra K.M</i>	57
<i>Manmeet Kaur Brar</i>	25	<i>Rajesh Kumar</i>	18
<i>Manohar SR</i>	58	<i>Rajesh Sagar</i>	14, 57
<i>Margi Shah</i>	34	<i>Ramakrishna Goud</i>	44
<i>Mutharaju Arelingaiah</i>	36	<i>Ramakrishnan P</i>	49, 53
<i>Muthuraju</i>	26	<i>Ramesh Kumar</i>	45
<i>Nandini Chatterjee</i>	10	<i>Rashi Hakim</i>	53
<i>Naresh Nebhinani</i>	6	<i>Resmi Ramachandran</i>	45, 53
<i>Neha B Kulkarni</i>	51	<i>Ritika Pugalia</i>	23
<i>Nidhi Chauhan</i>	8, 16	<i>Ritwika</i>	26
<i>Nishant Goyal</i>	5, 21, 46	<i>Ritwika Nag</i>	21
<i>Nishtha Chawla</i>	22	<i>Roopesh B N</i>	19
<i>Nithin Kondapuram</i>	28	<i>Roopesh BN</i>	39
<i>Nithya Poornima</i>	31	<i>Rupam Dhiman</i>	45
<i>Nitin Anand</i>	18	<i>Sahana V</i>	46
<i>Nitin Gupta</i>	16	<i>Sakhardande Kasturi Atmaran</i>	47
<i>P.S.Indu</i>	25	<i>Sangeetha Thiruthuvarani S</i>	49, 53
<i>Pallavi Abhilasha</i>	29	<i>Sanjana Shukla</i>	35
<i>Parvathy Praveen</i>	51	<i>Sathish Kumar R</i>	54
<i>Pavan Mallikarjun</i>	36	<i>Satish Girimaji</i>	6
<i>Poornima</i>	26	<i>Satya Raj</i>	8, 54
<i>Prabha S. Chandra</i>	13	<i>Savita Malhotra</i>	10
<i>Prajakta Patkar</i>	23, 55	<i>Seema S</i>	58
<i>Prakriti Sinha</i>	41	<i>Shaily Mina</i>	45
<i>Prasanna C S</i>	38	<i>Sharnita.P</i>	54
<i>Pratibha Raghav</i>	35	<i>Sheena G Soman</i>	7
<i>Preethy Kathiresan</i>	24	<i>Sheila Ramaswamy</i>	6, 31, 32, 33

<i>Shekhar Seshadri</i>	8, 31, 32, 33	<i>Swagata Sinha</i>	55
<i>Shivangi Mehta</i>	20, 23, 40	<i>Swara Kulkarni</i>	41
<i>Shoba Srinath</i>	13	<i>Tanmay Agrawal</i>	56
<i>Shorouq Motwani</i>	55	<i>Tanvi Agarwal</i>	57
<i>Shourouq Motwani</i>	23	<i>Thangaduraipandi Ramakrishnan</i>	57
<i>Shreshta Chattopadhyay</i>	35	<i>Thara Rangaswamy</i>	49
<i>Shrutika B Tayde</i>	39	<i>Thariq Akthar A</i>	49
<i>Siddeswara B L</i>	51	<i>Thomas Kishore</i>	19
<i>Siddharth Sarkar</i>	25	<i>Tony Lazar Thomas</i>	42, 51, 57
<i>Siddhartha Nandi</i>	44	<i>TV Anilkumar</i>	25
<i>Silky Arora</i>	43	<i>Ume Hani Khanum</i>	58
<i>Siobhan Hugh Jones</i>	36	<i>Umesh S</i>	41
<i>Sneha Das</i>	21	<i>Uttam Kumar</i>	18, 50
<i>Sneha Maria Sebastian</i>	54	<i>Uttara Chari</i>	44
<i>Soumitra Shankar Datta</i>	11	<i>Vaidehi Arwari</i>	55
<i>Sowmya H.R</i>	44	<i>Vaishali Raval</i>	44
<i>Sowmya SV</i>	46	<i>Valsa Eapen</i>	13
<i>Sowmyashree Mayur Kaku</i>	27, 37	<i>Vanishree Joshi</i>	54
<i>Sphoorthi G Prabhu</i>	36	<i>Vibha Vijaykumar</i>	29
<i>Spoorthi</i>	26	<i>Vijaya Raghavan D</i>	35
<i>Sreyoshi Ghosh</i>	31	<i>Vijaya Raghavan D</i>	34, 49
<i>Sudhesh. N.T</i>	50	<i>Vijaya Raman</i>	10, 44
<i>Sudhesh. N.T.</i>	36	<i>Vijayaraghavan D</i>	53
<i>Sujata Satapathy</i>	43	<i>Vinita Singh</i>	41
<i>Sumit Rana</i>	23	<i>Virupaksha HG</i>	58
<i>Sunil Kumar R. Suryavanshi</i>	41	<i>Vivek Agarwal</i>	15, 18
<i>Sutanuka Ghosal</i>	55		