Seventh Edition of

Leadership Dialogues

Innovate. Collaborate. Strengthen.

Towards a Safer Future for Our Children.

Frequently Asked and Most Important Questions

What is MHPSS (Mental Health and Psychosocial Support)?

Mental Health and Psychosocial Support (MHPSS) refers to a broad range of services and activities designed to protect and promote the psychological well-being of individuals, families, and communities, and to prevent or address mental health conditions.

The term MHPSS is used by agencies such as WHO, UNICEF, and the Inter-Agency Standing Committee (IASC) to describe both clinical mental health care (like counselling, therapy, and psychiatric services) and community-based psychosocial support (like peer support, family strengthening, and social inclusion activities).

MHPSS emphasizes that mental health is not only about the absence of illness, but also about the presence of supportive relationships, safety, dignity, and participation in community life.

Key components include:
- Promotion: Building resilience and positive coping skills through education, awareness, and community engagement.
- Prevention: Reducing risk factors such as violence, neglect, or displacement that affect mental well-being.
- Care and treatment: Providing accessible mental health services, including counselling, clinical interventions, and referrals.
- Community and family support: Strengthening family and community networks to provide emotional and social care.

Why is Mental Health and Psychosocial Support (MHPSS) critical for children and families facing vulnerability and stress?

Children and families facing poverty, displacement, violence, exploitation, or social exclusion often experience high levels of psychological distress and emotional strain. In such contexts, Mental Health and Psychosocial Support (MHPSS) plays a vital role in safeguarding well-being, restoring a sense of safety and normalcy, and promoting resilience.

MHPSS interventions for vulnerable families adopt a holistic, layered approach that addresses immediate emotional needs while also strengthening long-term coping mechanisms and protective environments. Support may range from basic psychosocial care by trained community workers to specialized mental health services provided by professionals.

Key focus areas:
- Safety and Stability: Ensuring that children and caregivers feel secure and have access to basic needs such as shelter, food, and healthcare—critical foundations for psychological well-being.
- Emotional Support and Healing: Providing counselling, play-based therapy, peer support groups, or caregiver sessions that help process trauma, grief, or stress.
- Family Strengthening: Empowering parents and caregivers with skills in positive parenting, stress management, and emotional communication to enhance family relationships.
- Community Engagement: Rebuilding social networks and community support structures that reduce isolation and promote collective healing.
- Linkages with Protection and Social Services: Integrating MHPSS with child protection, education, health, and livelihood programs to address the interconnected causes of distress.

Why it matters:

When children and families receive timely psychosocial support, they are better able to cope with adversity, maintain nurturing relationships, and participate actively in community life. Investing in MHPSS not only improves mental health outcomes but also strengthens family systems and promotes social cohesion.

Resources:

- https://support.crs.org/sites/default/files/2025-06/jol_workshop_cig_main_eng.pdf The community implementation guide

What is the long-term impact of institutionalization on children, and how can MHPSS address these effects?

Institutional care, while often intended as a protective response, can have significant and lasting impacts on a child's mental, emotional, and social development. Decades of global research show that prolonged separation from family environments and exposure to institutional routines can hinder healthy attachment, emotional regulation, and social functioning.

Children growing up in institutional settings often experience deprivation of consistent caregiving, limited opportunities for emotional bonding, and restricted participation in community life. These factors can result in developmental delays, behavioural challenges, and difficulties in forming trusting relationships later in life.

Psychosocial and Developmental Impacts:

- Attachment and Trust Issues: Lack of stable, responsive caregivers often leads to insecure or disorganized attachment patterns, making it difficult for children to build healthy relationships in adulthood.
- Emotional Dysregulation: Institutionalized children may struggle with anxiety, depression, low self-esteem, or emotional withdrawal due to neglect or lack of individual attention.
- Cognitive and Social Delays: Limited stimulation and one-size-fits-all caregiving can impair cognitive growth, language development, and social skills.
- Identity and Belonging: Many children experience loss of identity, cultural disconnection, and feelings of abandonment that persist long after reintegration or leaving care.
- Intergenerational Effects: The trauma of institutionalization can carry into adulthood, influencing parenting styles and perpetuating cycles of emotional neglect or instability.

MHPSS Response:

To mitigate these long-term impacts, Mental Health and Psychosocial Support (MHPSS) must be integrated at every stage - from prevention of unnecessary institutionalization to rehabilitation and reintegration. Key strategies include:

- Strengthening family-based alternative care such as foster care and kinship care.
- Providing trauma-informed counselling and therapy for children in and transitioning out of institutions.
- Building caregiver capacities in emotional support, positive discipline, and responsive caregiving.
- Promoting community reintegration programs that restore belonging, identity, and support networks.

In essence, long-term institutionalization can compromise a child's right to family life and holistic development. A robust MHPSS framework helps bridge this gap by ensuring emotional healing, continuity of care, and pathways to stable, nurturing family and community environments.

What is Psychosocial First Aid (PFA)?

Psychosocial First Aid (PFA) is an immediate, compassionate, and practical response given to people who are distressed after experiencing a crisis, trauma, or emergency. It is not professional counselling or therapy, but rather the first line of emotional and social support that helps individuals feel safe, connected, and supported in the aftermath of distressing events.

PFA is based on the understanding that human connection and reassurance can reduce the risk of long-term psychological harm and promote recovery. It can be provided by anyone trained in basic skills—including community volunteers, teachers, social workers, child protection staff, or health workers.

Key Principles of PFA (According to WHO and IASC):
- Look – Observe for safety, urgent basic needs, and people in distress.
- Listen – Approach people respectfully, listen with empathy, and allow them to share what they wish.
- Link – Help them connect to information, services, and social supports that can aid their recovery.

Core Objectives:
- Ensure the person feels safe and supported.
- Help meet immediate practical needs (like shelter, food, or medical help).
- Provide comfort and reassurance without forcing discussion of traumatic details.
- Encourage use of positive coping mechanisms and social networks.
- Connect individuals to longer-term support services, including MHPSS and protection systems.

PFA for Children and Families:
When working with children and caregivers, PFA emphasizes creating a sense of safety, restoring trust, and normalizing emotional reactions. Caregivers are supported to understand children's stress responses and to provide consistent reassurance and care.

Given the rise of digital tools, what role do you see for technology (like teletherapy or apps) in expanding access, and what leadership is required to ensure these solutions are equitable, ethical, and truly supportive?

Technology is transforming mental health care in low-resource settings by bringing services closer to families who otherwise lack access. At Sangath, we have found that teletherapy, digital counselling tools, and mobile-based interventions enable trained lay counsellors to reach adolescents and caregivers across rural areas. However, technology must be guided by strong leadership that ensures these tools remain equitable, secure, and culturally relevant. Digital

interventions should be low-bandwidth, multilingual, and privacy-protected, with clear referral mechanisms for complex cases. The goal is not to replace human care but to enhance it—combining digital convenience with compassionate, evidence-based support.

Action Points:
- Develop low-bandwidth, multilingual digital platforms for inclusive access.
- Ensure data privacy, informed consent, and ethical safeguards.
- Integrate tele-counselling with referral and emergency support systems.
- Train lay counsellors and supervisors in digital delivery and monitoring.
- Promote community co-design to keep interventions culturally relevant.

Resource:
https://www.sangath.in/projects/essence-su

Are Mental health services available for families in the community and how to access it? How to prepare community staff to provide basic first aid to the people in distress?

Community-level mental health services are the most accessible way for families to seek early help. Sangath's experience shows that lay counsellors, community health workers, and peer volunteers can provide brief counselling, parenting support, and referrals when trained systematically. Preparing community staff begins with short, skill-based training in psychological first aid—active listening, safety assessment, and crisis response—followed by continuous supervision. Simple job aids, referral lists, and debriefing sessions help them act confidently and prevent burnout. When families can reach such trained community workers through schools, Anganwadis, or local NGOs, early intervention becomes truly possible.

Action Points:
- Conduct short PFA (Psychological First Aid) training for frontline staff.
- Provide supervision and refresher sessions to ensure quality support.
- Equip workers with job aids, safety checklists, and referral directories.
- Establish community-based help desks or school counselling corners.
- Integrate MHPSS with existing government and NGO programmes.

Resources:
Scaling up task-sharing of an evidence-based psychological treatment for depression in rural India: an implementation study

https://52feb409-dec7-4746-87c3-5e71899f6cea.usrfiles.com/ugd/52feb4_a3aa4549190e4dd8b795b1b7b11dd551.pdf
https://www.youthkiawaaz.com/2016/09/mental-health-in-madhya-pradesh/ 30 Districts In Madhya Pradesh Now Have "Mann Kaksh" To Address Mental Health Issues

How can leadership best empower and resource local community leaders and parents themselves to become first-line providers of psychological support, especially in areas with a severe shortage of clinical professionals?

In areas where professionals are few, empowering local leaders and parents as first responders can transform community resilience. Leadership should focus on building structured training, supervision, and modest incentives so these individuals can provide safe, empathetic listening and early guidance. Parent-led support groups, peer mentorship, and clear referral pathways ensure that no one works in isolation. Recognition and ongoing capacity-building keep motivation high and reduce burnout. By resourcing communities instead of relying only on specialists, we strengthen the foundation of psychological support where it's needed most.

Action Points:
- Create parent and community champion networks for peer-led support.
- Offer training modules with supervision and certification.
- Provide small incentives or recognition mechanisms for volunteers.
- Establish clear referral pathways to higher-level mental health services.
- Build community support circles for regular dialogue and wellbeing.

What new perspectives are needed in MHPSS for survivors of gender-based violence?

A trauma-informed, survivor-centred approach must anchor psychosocial support for survivors of gender-based violence. New perspectives emphasise integrated care—linking emotional recovery with safety, health, and livelihood support. Sangath's model encourages survivor participation in designing services and peer-led healing groups to restore agency and dignity. Brief, scalable interventions by trained lay counsellors, supported through digital platforms, can make help more accessible and private. Above all, leadership must ensure safety, confidentiality, and cultural sensitivity so that survivors find strength and support within their communities, not stigma or silence.

Action Points:
- Adopt trauma-informed, survivor-centred protocols.
- Integrate psychosocial care with legal, health, and livelihood support.
- Create peer-led healing circles and survivor support groups.
- Use safe digital platforms for confidential counselling and referrals.
- Train staff on cultural sensitivity, safety planning, and ethical handling.

How does early adversities or trauma experiences from his/her family continue to affect Mental Health within the Family or Institution context? How do we handle such cases? What are the preventive measures to be considered?

Early adversities such as neglect, abuse, or family conflict can leave long-lasting impacts on children's emotional health and behaviour. In institutional settings, these traumas often appear as aggression, withdrawal, or difficulty in social interactions. At SCARF, we adopt trauma-informed care that combines counselling, family engagement, and consistent

routines to rebuild trust. Preventive measures include early screening, safe spaces for disclosure, and staff sensitisation on non-punitive approaches. Collaboration between families and institutions ensures children feel secure and supported. Continuous staff supervision prevents secondary trauma and maintains quality care.

Action Points:
- Train CCI staff in trauma-informed, empathetic care.
- Conduct early screening for adverse experiences.
- Provide family counselling and reintegration support.
- Maintain consistent routines and safe communication spaces.
- Conduct staff debriefs and case reviews.

Resources:
https://www.youtube.com/watch?v=DNIDjSMKq-k&t=7s Neurobiology & Epigenetics: Decoding A Child's Brain | Protsahan India Foundation/ English
https://www.youtube.com/watch?v=M6V8QAVeio0 Neurobiology & Epigenetics: Decoding A Child's Brain | Protsahan India Foundation/ Hindi

What can be the strategies to coping Trauma specially in young people?

Young people process trauma in varied ways, often through behaviour, silence, or emotional withdrawal. SCARF's youth programs use peer support, psychoeducation, and expressive therapies like art, drama, and sports to build resilience. Open conversations about feelings help normalize help-seeking. Mentorship and school-based counselling offer consistent adult support. Early guidance can help transform trauma into coping skills and adaptive resilience.

Action Points:
- Develop peer-support and mentorship programs.
- Use expressive arts and group activities for healing.
- Embed school-based counselling.
- Provide psychoeducation on coping and resilience.
- Ensure confidential, youth-friendly spaces.

Resources:
https://journals.sagepub.com/doi/10.1177/09731342231179625 Juveniles Accessing Mental health Services: A Novel Approach to Enhance Mental Health Among Vulnerable Adolescents
https://iris.who.int/bitstream/handle/10665/374996/9789240082755-eng.pdf?sequence=1 Handbook on Early Adolescent Skills for Emotions
https://iris.who.int/bitstream/handle/10665/382374/9789240113718-eng.pdf?sequence=1 Training module for youth and care givers

Whenever we talk about any intervention for any cause, the biggest challenge comes from a lack of quality resources. How do we deal?

The shortage of skilled mental health professionals is a major challenge. SCARF addresses this through task-sharing, training lay counsellors, and structured supervision. Collaboration with academic institutions and online training modules builds a pipeline of trained personnel. Quality is maintained through ongoing supervision, mentorship, and monitoring. This model ensures services reach more children without compromising standards.

Action Points:
- Develop modular online/hybrid training for non-specialists.
- Use task-sharing with supervision.
- Partner with universities and NGOs for skill development.
- Establish quality assurance and monitoring systems.
- Advocate for policy-level workforce strengthening.

What approaches have proven most effective in integrating trauma-informed care into government child-welfare programs in India?

Embedding trauma-informed care requires both mindset shifts and structural support. SCARF works with authorities to train staff and embed trauma awareness into child protection protocols. Effective models include early trauma assessment, safe caregiving, and referral pathways to mental health services. Coordination between CCIs, CWCs, and professionals ensures child-centred care. Alignment of policy, training, and practice can prevent institutional trauma and promote recovery.

Action Points:
- Embed trauma-awareness modules in training.
- Introduce standardised trauma assessments and referral protocols.
- Promote multi-sector coordination.
- Implement supervision and case review mechanisms.
- Advocate for child-centred policy reforms.

Resources:
https://drive.google.com/file/d/1RI9prX99fpSLcyu9h2CC8yQF2JVTu_YA/view?usp=sharing YFS ACTIVITY MANUAL JAMS (Juvenile Accessing Mental Health Services)

How do we handle conduct disorder cases in CCI? What are the preventing measures to be taken?

The government emphasizes structured, child-centred care rather than punitive methods for conduct disorder. Early behavioural assessment identifies needs, followed by consistent routines, counselling, and positive reinforcement. CCI staff are trained in behavioural management and empathetic responses. Preventive measures include psychoeducation for caregivers, life-skills training for children, and supportive adult relationships. The goal is rehabilitation, integration, and

Action Points:

- Conduct regular behavioural screening.
- Train CCI staff in positive behaviour management.
- Maintain structured, safe, and supportive environments.
- Implement life-skills and emotional regulation programmes.
- Involve caregivers, mentors, and child protection teams.
- Monitor progress through periodic CWC reviews.

How can existing government policies and schemes be better integrated with community-led initiatives?

UNICEF sees strong opportunities to link government schemes with community-led initiatives for mental health support. Programs like ICDS, school health initiatives, and Mission Vatsalya can act as platforms for preventive and promotive interventions. Community groups and NGOs extend these schemes, ensuring timely, culturally relevant outreach. Integration requires participatory planning, capacity building, and referral pathways. Leadership coordination avoids duplication and enhances accountability, allowing services to reach children most in need.

Action Points:

- Map government schemes to identify MHPSS integration points.
- Partner with NGOs, youth groups, and community leaders.
- Establish referral mechanisms connecting community initiatives with government services.
- Conduct joint training sessions.
- Implement monitoring and accountability frameworks.

Resources:

https://nhm.gov.in/WriteReadData/l892s/6479141851472451026.pdf National Mental Health Policy
https://mohfw.gov.in/?q=en/pressrelease-206 Advancing Mental health care in India

How can the existing child protection system be better integrated with mental health and psychosocial support services at ground level? I would like to gain the knowledge on strategies for mainstreaming trauma-informed care in family and child welfare services.

Child protection systems can be strengthened by embedding MHPSS at every stage. UNICEF promotes trauma-informed approaches to understand the effects of abuse, neglect, or family adversity. Training child protection officers, social workers, and CCI staff in psychological first aid and counselling is essential. Safe spaces and integrated counselling services ensure timely, consistent care. Multi-sectoral collaboration reinforces resilience, and monitoring wellbeing alongside protection outcomes ensures interventions remain effective.

Action Points:

- Train child protection personnel in trauma-informed care and PFA.
- Embed psychosocial support services in CCIs, schools, and health centres.
- Establish referral networks for mental health specialists.
- Monitor child wellbeing indicators.
- Facilitate cross-sector coordination.

Can you please share some informative data and status of mental health in vulnerable children?

Vulnerable children face higher risks of anxiety, depression, behavioural issues, and trauma exposure. UNICEF reports that around 20–30% of children in disadvantaged settings show signs of psychosocial distress, yet access to services remains limited. Factors include family adversity, poverty, displacement, and violence. Community and school-based programs, along with caregiver support, improve resilience and wellbeing. Scaling and integration of interventions remain a challenge, requiring evidence-based programming and monitoring.

Action Points:
- Conduct routine mental health and psychosocial assessments.
- Expand school- and community-based mental health programs.
- Provide caregiver and family support.
- Use data to guide policy and programming.
- Promote research and evaluation for best practices.

Resources:
https://www.unicef.org/media/52171/file/Mental%20health%20and%20psychosocial%20support%20guidelines%202019%20.pdf