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Focused on the South Asian Region

Institutionalised Children Explorations and Beyond
An International Journal on Alternative Care

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Editorial

The September 2017 issue of this journal marks a turning point in our publication history. Our combined efforts to make this a journal that gradually gains a stellar reputation in the region and beyond has finally culminated in the journal's move to a peer-reviewed platform. This ensures our steadfast commitment to publishing clinical and research papers that address issues related to mental health, policy, care and management of children who have been institutionalised or are otherwise in need of care and protection. While our format remains essentially unchanged, we do take the liberty to publish special journal issues when relevant. The current issue is an example of this trend. We stand with the World Health Organization's recognition and resulting global campaign against depression for this year and are therefore devoting the current journal issue to research and clinical papers that focus on various aspects of this debilitating disease in the population we represent. I am extremely thankful to my editorial committee for the guidance and hard work that they put in behind the scenes and of course to our esteemed reviewers who assisted us in the review and ultimate selection of the papers presented in this issue. I hope that as you peruse through this issue, you will feel encouraged and motivated to be part of our growing team of contributors and reviewers.

This topic of depression is of growing concern nationally and globally. I have therefore chosen to write a short foreword to introduce this topic and shed light on emerging trends and concerns. Writing as a psychoanalyst, my perspective is informed by how an individual's internal world and psyche is shaped by both internal and external factors. I hope this foreword along with the following articles in this issue will inform the reader to the imperative need to address the problem of depression aggressively and with sensitivity.

My foreword examines the psychodynamic underpinnings of depression. Freud highlighted the process of depression in his paper "Mourning and Melancholia" and the profound impact of the loss of a loved one. From an initial denial to the gradual resolution of grief, the process is complex and takes time. Since then, the impact of trauma and compromised attachment has shed further light on this, process as has the understanding of neurobiological underpinnings of this disorder. This along with contemporary psychoanalytic speculations on the dynamics and clinical treatment of depression is further examined.

The issue then follows a well-established format. We begin with our customary interview of an individual whose contributions in this field have been exemplary. We are honored to present an interview of Dr. Leon Fulcher, who has spent over forty years working with maladjusted and delinquent adolescents in residential settings. He has a distinguished academic record, serving as the assistant provost and dean

of students at the UAEU University and as a foster carer in different parts of the world. He is superbly qualified in discussing matters of culture and geographical concerns that impact team working, caring for caregivers and advancing the well being of them. His interview conducted by Ms Leena Prasad is informative, enlightening and provides inspiration and highlights the depth of his work and experience.

I am happy to include a paper from our research students from Duke University. Under the tutelage of Dr. Sumedha Gupta and with the support of Dr. Kiran Modi, these students provide us with another stellar contribution. In their paper, they examine the connection between depression and other mental health indicators and provide support for alternative care programs and mental health professionals in combating this potentially debilitating disease. In addition, their study provides evidence to attend to the mental health needs of the care taker populations who are also identified as being significantly depressed and in need of care. The care giving after all is only as good as the caregiver.

Pradeep Nair and Manisha Pandit expand on this topic by providing a socio-cultural perspective on depression among children of Tibetans in exile. Using semi-structured interviews they explore this further in the care centers of the Tibetan community-in-exile in Dharamshala. By broadening the scope of their investigation they shed light on the complex interplay of factors: social, cultural, religious and political that impact the mental health of a child and particularly as it pertains to the notion of shared memories and the intergenerational transmission of narratives. Following this is a paper from Jed Yalof, who is known for his extensive research and analysis on subjective and objective assessment instruments for understanding personality functioning and assisting in diagnosis and treatment. He explores the use of the Thematic Apperception Test, a structured assessment tool to organize information that can enhance our understanding of ego functioning and intrapsychic conflict. Dr. Yalof references a case that highlights multicultural concerns and depression. Broadening the scope of our discussion and drawing attention to the global imperative for understanding depression, Drs. Liranso Selamu and Singhe's paper on working with orphaned children in Ethiopia inform us that these children are more likely to experience depression. Their findings are consistent with other research findings in this population. They along with others, emphasize the provision of appropriate psychosocial support, education and developmentally appropriate care in addition to skills training and counseling programs.

From the SAARC region, we have a paper by Esther John and Roshan Mendis in which they examine external factors and relationships that impact the emotional well being of institutionalized children. Using case studies from LEADS, a NGO based in Sri Lanka, they obtained information on over 200 children and followed this with expert interviews. The relationship between several factors and the

adjustment of these children is explored. The authors stress that institutionalised children always yearn to go home and be part of a family and their research appears to support government policies to move in that direction.

A research paper from Shefali Mishra, Drs. Khan and Sen and Parvati Patni, examine the existence of mental disorders in street institutionalised children. The propensity for mental illness in this population is high and the authors discuss the various disorders that exist in this population. Using a variety of measures, the authors explore the high risk for these children for a variety of disorders and alert us to the prevalent abuse and neglect that exists in these children and the ramifications of this as they transition to adolescence.

Smritikana Ghosh and Roma Debabrata, drawing from their experience with the STOP Trafficking and Oppression of Women and Children program, present a sensitive analysis of the mental health status of individuals who have a history of trauma. The sense of rootlessness often manifesting as depression is acute and not always visible. They are mindful of how the face of depression is different in childhood and emphasize how it is important to address this for the optimal psychosocial development of the child.

For our international paper, we have a contribution from Dr. Niels Peter Rygaard, who drawing from the global online-based training programs examines the global forces, that drive research, policies and intervention programs. Dr. Rygaard's international perspective and the depth and breadth of his knowledge is immediately evident as the paper weaves in and out of policy, intervention and global trends. We are very fortunate to have an ongoing association with Dr. Rygaard. His clear and concise analysis of global trends, especially as the move towards foster care and adoption gains steam internationally, is helpful to the SAARC region as they begin their own transition to these alternative forms of care. Dr. Rygaard analyzes beliefs, ideology and other factors that contribute to the well being of the child and his paper is a rich contribution to this issue.

To complete the research section of our journal, we have a paper examining the factors associated with depressive symptoms among orphans and vulnerable children in Cambodia. The authors conclude that several factors such as physical health and exposure to violence have an impact on mental health in this population and suggest that since health plays a crucial role, early intervention possibly through schools can act as a buffer against the development of these symptoms. The expanding role of schools in the treatment of this disorder and in increasing ego-resiliency cannot be overemphasized.

The movie "Philomena" is showcased for the movie review and Dr. Sonia Parikh provides a succinct yet enlightening description of this 2013 movie that explores a mother bond's with her child. Set in the 1950's, the movie is a true story of Philomena

Lee who, having grown up in an orphanage, is coerced to give up her little boy. The abrupt rupture leaves her and her son (as we later learn) feeling like a part of them is missing and each seeks to find the other. For those longing to see a happy outcome, the ending is tragic as Philomena in search of her son, some fifty odd years after his adoption, learns that he died, though not without making attempts to find his biological mother. This beautiful movie resonates with many Bollywood movies that portray the powerful connection between mother and child and the inevitable sorrow and 'melancholia' that exists when one loses the other prematurely.

For our book review, Dr. Kakul Hai takes a look at "My Heart and Other Black Holes" a book by Jasmine Warga. The book explores the inner mind of a young sixteen-year-old girl who is grabbles with feelings of sadness and is perplexed by the possibility of depression. Family history and the intergenerational transmission of depression are beautifully portrayed in the young girl's relationship with her depressed father along with thoughts of suicide and the desire to end it all. For many clinicians the idea of a 'black hole' aptly describes the painful feelings or rather the numbness that accompanies this debilitating mental condition. It also highlights how prevalent this is among teenagers along with the potential for peer and group support that exists among them. It is the ability to draw upon such support and carry each other through that marks a life that is lived versus one that drowns in abject sorrow. Dr. Hai once again does not disappoint us with her sensitive exploration of these issues in her review.

The journal concludes with a section on brief communications and upcoming events to inform the reader and keep research efforts and us abreast of the enormous clinical work that are underway in the region.

It is my sincere hope that you will become a member of our growing family and join us as a contributor, subscribers, reviewer and perhaps even more.

Monisha C. Nayar-Akhtar
Editor-in-Chief

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Foreword to the Special Edition

DEPRESSION: THE BLACK HOLE OF DESPAIR

Monisha C. Nayar-Akhtar

'Depression isn't just being a bit sad. It's feeling nothing. It's not wanting to be alive anymore'. ***– J.K. Rowling***

J.K. Rowling, the author of the internationally renowned Harry Potter book series suffered from depression for years and often had suicidal thoughts. Her story of survival is inspirational and perhaps sometimes it takes someone like J.K. Rowling to alert us to the fact that depression is universal, and spares no one, irrespective of race, colour, creed, gender or age.

In the overwhelming and ever increasing population, globally, of orphans and children and adolescents who are institutionalised as well as those in need of care and protection, the World Health Organization serves a similar function. Their global campaign for the year 2017 is defined by a singular motive. To increase awareness of depression, it's debilitating and devastating impact on children and adolescents and the imperative need for interventions and treatment that will aid in the amelioration of this tragic illness. Their efforts are to be applauded, and it is in recognition of this that I submit my foreword to this journal issue on depression and what I call the Black Hole of Despair.

As a psychoanalyst and psychologist, both my academic training and discipline and clinical practice inform me. Psychoanalytic theories of the origin and mechanisms of depression began with Freud's (1917) Mourning and Melancholia in which Freud advanced several ideas about depression. These continue to be widely accepted. According to Freud, pathological depression has a normal analogue: grief and mourning for a loved one or for someone or thing that has been lost through death or separation. The loss can be real or imagined (alluding here to the role of fantasy), and the person maybe believed to be either, consciously or unconsciously, dead and gone. The experience of loss is usually restricted in duration, and after a period of mourning, the person is able to return to a pre-mourning state. When a person is unable to return to their premorbid functioning, depression is the clinical condition that ensues. In this seminal paper, Freud identified the symptoms of pathological

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depression from loss of interest, feelings of helpless and hopelessness, loss of self-esteem and the retreat into an internal world. In addition, he identified the complex interplay of psychic structures that get ruptured in the process. The compromise formations that result are often attempts to stave off despair and are adaptive especially when the person is young. However, during the course of one's life, unresolved issues pertinent to these earlier stages can reappear as one encounters normal and/or unusual losses. These can then trigger profound feelings of sadness that does not abate. Freud also added that for the depressed individual, identification with the loss person and aggression become conflated, that is, one tends to become like the person who has been lost. The role of identification becomes more nuanced when one considers the prevalence of ambivalence in one's psychic discourse. Unable to resolve these feelings, the individual turns their aggression inwards and becomes depressed. Freud's initial documentation of the this pathological process was later expanded upon by Blatt (1998) and Brenner (1991) who further identified the role of guilt and judgments towards oneself as a precursor to suicidal tendencies often seen in depressed individuals.

The implicit role of trauma in this discourse was not ignored by Sigmund Freud who identified the mind's internal capacity to deflect traumatic experiences as acting as a protective shield (or the stimulus barrier). When the mind is flooded with stimuli (Freud referred to this as the breakdown of the stimulus barrier) from external and internal sources, the child experiences trauma. The impact of external/internal factors is of course dependent on the child's developmental stage and the coping mechanisms that have developed including ego-resiliency and the capacity for language and affect modulation. Since then, the literature on trauma and its impact on the mind, body and developing child have exploded. Implicit in the literature is the role of the maternal figure (or caretaker) and their capacity to mitigate the impact of unavoidable events that would otherwise render a child helpless and subsequently impaired. Early childhood trauma is now known to impact the development of the mind and later contribute to interpersonal difficulties, to cognitive impairment and increases the risk for depression and suicide. I cannot do justice to this literature in this foreword but would remind the reader to bear in mind the myriad of environmental and constitutional factors that are precursors to the development of a healthy social, cognitive and emotional life in a child.

Recognising the complex world of a child who is developing and growing within the context of a social and familiar environment, Erna Furman (1986, 1982) elaborated on these distinctions in her seminal book on this topic. In 'A Child's Parent Dies' (Furman, 1981), she used a psychoanalytic lens to elaborate on her clinical work with young children. She stressed the age and maturity of the child as a factor in combating susceptibility to trauma. While recognising that the mother compensates for the infant's and young child's initial immaturity, she also recognised that this

auxiliary function contributes to child's vulnerability as well. If the mother does not function well or suffers from illness and traumatic history of her own, the task of protecting her child can be jeopardised. According to Furman, 'in assessing the developmental factor we therefore have to take into account the interaction of two variables, the developmental status of the child's personality and the nature and availability of the auxiliary ego of the mothering person'. Children will always turn to the mother, regardless of whether she is available or not, looking for her even when she does not exist as if to magically procure her from the unseen and unknown to once again be the reparative ego in charge.

According to Furman, these traumatic or immediately post-traumatic states may last for minutes, hours, days, months or years. They may recur, even recur repeatedly under certain conditions. The French movie 'Ponette' (1996) by director Jacques Boillon captures the wide array of symptoms that a child displays when they lose a mother. It centres on a 4-year-old Ponette who loses her mother in a car crash. Boillon captures beautifully the young girl's struggle to come to terms with the loss of her mother, the process of identification and finally the acceptance of things as they are. Moreover, who can forget the 1954 Bollywood film 'Bootpolish' where brother and sister find themselves separated after their mother dies and their poignant reunion years later. In more contemporary times, the film 'Lion' has gained international fame as a young Indian child, separated from his mother and raised in another country, finds himself searching for his mother in his adult years.

The power of films to ignite feelings as we identify with characters or find ourselves on a desperate journey to reclaim a lost one reminds us of the significant role of observation and participation in understanding human behaviour and development. The work of Bowlby (1980) and Rene Spitz (1945) comes to mind as both focused on infant observations to understand the impact of maternal deprivation on the developing infant. Their combined contributions resulting in the theory of attachment and the role of maternal deprivation and its impact on the child's social and emotional development is well-documented. Bowlby identified the parameters of healthy attachment and its impact on the child and their capacity to form healthy relationships later in life. The significant body of research emanating from their initial findings is of particular relevance when working with orphans and institutionalised children. While Bowlby's findings enhanced our understanding of how one could inoculate a child against adversity and contribute to a healthy adaptation, it was Rene Spitz's investigation of maternal deprivation in an infant population confined to institutions that furthered the discussion of depression in young children. Spitz noted the abject misery and retreat from the external world in young infants who were institutionalised and lacked the normal day-to-day contact with maternal figures. He coined the term "anaclitic" depression to describe this phenomenon and later introduced the term "hospitalism" to describe infants who face severe maternal deprivation. His clinical

observations and subsequent theoretical contributions significantly impacted the care of children in orphanages and perhaps in conjunction with Bowlby's understanding of attachment theory contributed to contemporary guidelines for alternative care for orphaned.

Maternal loss is however, as Freud pointed out, not always real. Shengold (2000), a psychoanalyst, whose early work on trauma is well known, emphasised the consequences of maternal child abuse and deprivation on a young child and referred to what happens to the child as a form of 'soul murder'. This term was famously defined by Ibsen (1896, p. 269) as the 'killing of the joy in life-or of the capacity for love-in another human being. It is not a diagnosis, but a crime with a perpetrator and a victim. The perpetrator may be, or at least can come to play the role of, a parent; the victim is either a child or as helpless and powerless as a child', (quoted by Shengold, 2000) In a similar vein, Green (1986), a French psychoanalyst defined the 'dead mother complex', which results from an early and destructive identification with a mother who is emotionally unavailable and depressed. The child's early identification leads to a failure to thrive and later to the onset of depression and depressive symptoms.

The relationship between a mother and child served as the crux of Winnicott's (1965, 1960) literary contributions as he emerged as an outspoken voice on the role of the mother and the developing child. Known for his observation that there is no 'baby without a mother', Winnicott went on to postulate on this dyadic relationship and coined the phrase 'a good enough mother' which allowed for maternal frustrations and other emotions to be present without the fear of irreversible damage on the child. Winnicott's (1975) theoretical contributions along with those of others gave some hope to many who worked with juveniles and young children. The unique array of symptoms that mask depression is highlighted in Winnicott's explication of the anti-social personality where juveniles in trouble with the law could now be viewed and understood through a psychoanalytically informed lens. Contempory psychoanalytic thinkers recognise that normal depression is a feature of the life cycle. There are losses and gains at each step of development (Rustin, 2009) and the ability to navigate through each step is marked by one's initial ability to negotiate losses with parental figures and other important relationships.

The complex and disturbing world of depression continues to intrigue us. As clinicians and professionals, we see not only its devastating impact as through suicide and loss of life but also the remarkable ability in some children and adolescents who survive despite having grown up in neighbourhoods that would induce despair in many of us. In 'Behind the Beautiful Forevers', the author, Boo (2012) writes about such life, death and hope. Set in the slums of Mumbai, the book portrays the lives of families and orphaned children as they contend with the daily struggles and challenges. This is a non-fiction book and Boo's personal 3-year journey of getting

to know the inhabitants of the Annanwadi slums is poignant, riveting and transforming in its message of how one wrenches hope from the jaws of death and despair. Moving to a fictional realm but one that provokes deep feelings in many of us is the award winning movie 'SlumDog Millionaire'. Who can forget little Jamal as his journey from a young child to a young man captures the essence of survival, hope and reparation in life? Many of life's lessons are learned in little encounters that disappear in the deep recesses of our mind. Yet, years later, they reappear and foster adaptive functioning in complex situations.

While Jamal's story may not resonate with many orphaned children, his journey nevertheless reminds us of the imperative need to investigate the factors that make the difference. From despair that spirals downwards to the abyss of sorrow and ultimate suicide to despair that finds expression in recovery, reparation and resolve.

The treatment of depression and its sequelae is informed with our initial understanding gleaned from Freud's initial contributions regarding the psychic apparatus at play. Since then, contributions from the field of neurobiology, psychiatry and neuropsychology have added to our understanding of the neurological underpinnings of depression and its devastating impact. Recognising the genetic predisposition to depression does not negate the impact of environmental factors that can either mitigate its expression or accelerate it beyond repair. Advances in early mother–child–infant research which stresses the importance of the early maternal attunement to the child enhances our understanding of this debilitating condition and contributes to our early intervention efforts. That children and adolescents suffer from depression can no longer be ignored or refuted. It is not enough today to believe only in the power of love. Early diagnosis and intervention remains the key to hope and survival and for many that is their only hope to escaping the Black Hole of despair. The constellation of symptoms that define the depressive disorder also occur in conjunction with other disorders and the treatment therefore is complex and nuanced. From individual short and long term therapy, from insight oriented to cognitive approaches, to working with family systems and addressing institutional systemic functioning, to developing ego strengths, and to the use of medication, the diagnosis and treatment of depression continues to evolve. Perhaps by incorporating ideas from several disciplines we will eventually find ways to combat this disease and reverse its alarming increasing global trend.

I end with a quote from David Foster Wallace, a brilliant award-winning writer, who also suffered from depression for years. According to Wallace, 'we all suffer alone in the real world. True empathy's impossible. But if a piece of fiction can allow us imaginatively to identify with a character's pain, we might then also more easily conceive of others identifying with their own. This is nourishing, redemptive; we become less alone inside. It might just be that simple'.

David Foster Wallace was 46 years old when he died. He hanged himself in 2012 having suffered from depression for years.

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Interview

INTERVIEW WITH[1], LEON FULCHER[2], CHILD AND YOUTH CARE CONSULTANT

Leena Prasad

INTRODUCTION

The International Liaison Editor of the Institutionalised Children: Explorations and Beyond (ICEB) Journal and also the Managing Trustee of Udayan Care, Dr. Kiran Modi, has had a long association with Dr. Leon Fulcher and colleagues at the CYC Net. Dr. Modi is also a Board member of the CYC Net.

The following interview was divided into four segments. Firstly, we take a stock of the general situation of children and get to know the views of Dr. Fulcher. In the second part, Dr Fulcher reflects on issues of depression in children living in alternative care: prevalence & interventions deinstitutionalization. In the third and fourth section, Dr. Fulcher shares his views on the way forward to improve overall care and protection for children without parental care in South Asia and as he rightly puts it: 'there are many pathways!', to improve care and protection for children without parental care in South Asia.

[1]This interview was conducted on email in May 2017 by Ms Leena Prasad, Consultant at Udayan Care.

[2]Leon Fulcher, MSW, PhD, has more than 40 years of experience as a social worker with maladjusted and delinquent adolescents in residential child and youth care work, as a joint warden of a university residential college for 18 years, as assistant provost and Dean of students at the United Arab Emirates University and as a foster carer in different parts of the world. As a practitioner, supervisor, manager, researcher, scholar and author, Leon has given special consideration to working across cultures and geographies, how this impacts on what we notice with children and young people, on team working, supervision and caring for caregivers, as well as promoting learning with adult carers. Now in semi-retirement living near Lake Waikaremoana in New Zealand, Leon continues as an author published at The CYC-Net Press, and as a co-director of Transform Action International, a child and youth care consultancy group at www.transformaction.com. Since 1999, Leon has contributed a monthly Postcard from Leon at www.cyc-net.org/cyc-online where he has explored child and youth care themes from around the world. Biography with access to video interviews about Cross-Cultural Working and Outcomes that Matter at: http://www.transformaction.com/index.html. Those interested in exploring the ideas presented below further may find references to e-books or paperback copies and articles in the references section of assistance and most are available through The International Child and Youth Care Network at www.cyc-net.org is offering Amazon-supported search and translation options.

Chairperson of The International Child and Youth Care Board of Governors @ www.cyc-net.org, 44 Mountain Road, RD 5, Tuai, 4195 New Zealand

I. VIEWS ON THE GENERAL SITUATION OF CHILDREN

(1) You have over four decades of work experience and expertise on issues of child and youth care. Can you share with us what got you started working in this sector? What was the situation 40 years back on issues of child protection and what has changed in this sector now? Would you wish to share an anecdote with us from your journey so far?

Looking back, I guess I started working in this sector through my involvement in scouting and voluntary youth work, first as a participant and then as a leader while undertaking concurrent university studies in Sociology and Social Work. I was fortunate to receive a National Institute of Mental Health (USA) scholarship to study and train as an MSW qualified Psychiatric Social Worker at the University of Washington in Seattle. During that time, and following graduation, the focus of my professional life was with emergency mental health and residential child and youth care practice with young women in secure care – many of whom suffered from depression. What has changed? The UN Convention on the Rights of the Child (2010) for a start! The USA has signed that Convention but sadly, along with the Cook Islands, Niue, the State of Palestine and the Holy See, the USA is not a party to it. I find the politics associated with children, young people and families suffering from pain, deeply distressing – especially when refugees of war zones are re-labelled economic migrants and walls are built to pen them in, or pen them out indefinitely. In my early work as a psychiatric social worker with maladjusted teenagers in Scotland and with young women in secure care, I learned about the personal and family stories behind depression, and of the importance of restorative practices. Such stories are highlighted in ***Sisters of Pain – An Ethnography of Young Women Living in Secure Care*** (Fulcher & Moran, 2013)*, written with Aliese Moran now grandmother, author and Native American activist but one of the young women back then who lived in that secure unit.*

(2) Why do child protection issues remain largely unaddressed in many parts of the world, even today?

As a generalisation, I would argue that the experts who write and publish about child protection are doing so from a mostly western perspective, or from what the post-modernists might claim as to be their location or place from which they speak. Gun crime remains unaddressed in many parts of the world. In America, more toddlers kill their parents while playing with a loaded revolver in their mother's handbag than the total number of Americans killed by so-called terrorists – in a country that has signed the UN Convention on the rights of the child but has so far failed to fully enact it. Guns are a central feature around war zones, along with missiles, barrel bombs, shrapnel and now suicide bombers. Trauma and post-traumatic stress syndrome continue to challenge restorative efforts with children, young people and

families the world over. The nature of trauma is heavily shaped by economic, social and cultural dynamics, and these require attention alongside any professional efforts to provide therapeutic remedy and support through crisis times into times of restorative equilibrium.

(3) What worries you most when you think of the various vulnerabilities of children globally, especially children in out-of-home-care?

I worry when children and young people have no real sense of belonging or present as someone without any personally rewarding relationships with another or others. Children and young people are vulnerable to exploitation – everywhere! Moreover, there are those who would exploit children for financial gain – everywhere! I worry that the people with money who are paying others to help them exploit children are becoming bolder and more aggressive in their activities! I worry that in many places in our world, local politicians and law enforcement agents help wealthy people exploit children on a scary scale. I can see why, for many child and youth care workers or policymakers, it just feels too hard! So the experts tell us what to do without ever having been there 'doing Child Protection work' on a Saturday night in any urban centre.

(4) Given your extensive work with so many individuals and organisations, could you list out the most important issues in child protection in the times to come?

In contemporary times, we already see survivors of war zones arriving at and crossing borders as refugee immigrants seeking new lives in places more peaceful than the places left behind. There and elsewhere, old socio-cultural practices confront new socio-cultural realities, with patriarchal family order maintained in the old country but severely challenged and undermined in the new. Establishing a sense of belonging whilst undergoing cultural adaptation, learning a new language and re-establishing a livelihood are themes that generate ripple effects in families through at least three generations. Throughout Africa and Asia, children and young people have been pressed into becoming child soldiers or sex slaves, now even suicide bombers with hopeful promises about how paradise will be better than present circumstances offer. Religious training and residential education continue to present important challenges, especially in places where private education may be the only options available. Western experts commonly assume that public education such as they received is available for the most part everywhere. Social class and the Hindu socio-cultural caste system cannot be simply intellectualised away through a mental health and psychiatric diagnostic process. How does one make sense of the symptoms of post-traumatic stress syndrome presented by an 'untouchable child' as compared with the physically and emotionally abused child of an aspiring 'merchant-class' family, or 'mixed-religion' family? Professional child protection practices will need to take

issues such as these into consideration from the very first contacts with children at risk and families at risk of endangering their child (ren).

(5) What has been the overall impact of your kind of writings and trainings you do and have you in any way been able to measure the impact of the work you do?

Who knows? I know Aliese Moran has formally published an evaluation of my care and protection work carried out with her and her mother. Then there are the young people with whom I worked during the past 40 years who are now Facebook friends, and our relationships continue in multiple ways. I guess that says something about impact. A Google Search would be the easiest way for somebody to 'check me out' quickly, or even https://www.academia.edu/.

(6) You have said that 'Child and Youth Care will not ever be recognised as a profession just because child and youth care workers and educators assert that it should be'. Can you elaborate on this and suggest ways of positioning the work done by this cadre of professionals more seriously?

Child and Youth Care Workers are the day-to-day keepers of stories fundamentally important to the lives of children and young people who spend time in out-of-home care. Those who are successful in this work are those to whom young people return as young adults to restore relationships, if only for brief moments, that remain important in young peoples' lives after leaving care. When young people leave care with their pain acknowledged, respected and with restorative efforts having assisted them to move on with comparative success, these are what make other professionals acknowledge child and youth care workers for their personal authority to act in the best interests of each child in their care. When young people leave care being angry, having experienced added pain in addition to that they suffered before entering care, then every incident like that undermines the professional recognition of child and youth care work. Child and youth care work, as best evidenced in Canada and South Africa where professional certification is required to practice, is most comparable to professional recognition of social pedagogues in Scandinavia and Western Europe as a distinctive professional occupation compared with social arbeiters.

II. REFLECTIONS ON DEPRESSION IN CHILDREN LIVING IN ALTERNATIVE CARE: PREVALENCE AND INTERVENTIONS

(1) Werner discovered that, at least during sensitive periods of their development, children have to be supported by an empathic and caring adult. Would you agree with this proposition and how far have we come on this aspect with children in out-of-home care?

I totally agree with this proposition, and the sooner and more often such support is recurring, the greater the benefits. If you were to check out ***The International Child***

and Youth Care Network *at www.cyc-net.org, you will find both qualitative and quantitative evidence that supports Werner's proposition. How far have we come? Not far enough!*

(2) Would you know of specific instances of how prevalent depression is amongst children in out-of-home care globally and whether there is literature available through evidence-based studies on this subject?

In answer to this question, my answer is No. I am more interested in what happens in the daily life spaces of children's lives. My claim is that every child or young person admitted to out-of-home care has very good reason to feel afraid, sad and depressed, without hope about their present or future life circumstances. I do not need to confirm a psychiatric diagnosis of depression – regardless of professional typology being used in a particular clinic or service-delivery centre. As a professional, I need to connect with and work in relationship alongside others to make moments meaningful through the purposeful use of daily life events (see ***Making Moments Meaningful in Child and Youth Care Practice -*** Garfat *et al.* (2013).

(3) Is it true that poor social support is the main cause leading to excessive depression in children living under alternative care globally?

When asked a question like this, I always answer 'It all depends'. It's a 'no brainer' that children, young people and families living in poor conditions without social supports available to others will live with depression or use alcohol or drugs to try and numb the pain. When someone is in pain, a child, a young person, or a young parent or grandparent, what support can they turn to? When 'naebudy cares', as might be heard in Scotland, why wouldn't somebody feel excessively depressed? Moreover, always lurking around depression is anger about what caused this present state of being for this young person. Experience has shown that there is always 'somebody' about whom a young person experiences a cocktail of emotions – including pain, anger, rationalisation as well as motivating episodes of acting out.

(4) What, in your opinion are the symptoms of post-traumatic stress disorder in children exposed to abuse, neglect and abandonment and what is the role of trauma informed care for such children?

Anyone who has ever been around an animal that has been beaten or abused will know how it may cower or attack, depending on closeness. Vygotsky's notion of Zone of Proximal Development is worth considering. It emphasises the importance of entering a child's personal zone of influence if we are to have any capacity to nurture pro-active responses that are restorative after children have been exposed to abuse, neglect and abandonment. For further information about this, see 'Zoning In to Daily Life Events that Facilitate Therapeutic Change in Child and Youth Care Practice' in ***Making Moments Meaningful in Child and Youth Care Practice*** (Garfat

et al. (2013). *I'm less interested in the symptoms of post-traumatic stress disorder than I am in ensuring that this child feels safe now and has experienced personal connection with another or others from the first hour of contact, and for every hour thereafter – hence the importance of good child and youth care workers. After a good safe wash, a good feed, and a good sleep in this place that sort of feels safe, or at least a little bit safer than yesterday, I want each child to feel a little more hopeful about tomorrow. What is the role of trauma informed care? To advocate with and for each child or young person to become active participants in their own personal care plan, a plan that also includes for example urgent yet sensitive health and dental care wherever possible.*

(5) How would you suggest developing the ability in caregivers to help the child make meaning of the negative events and be able to re-fashion their art of developing resiliency and coping skills in them? Particularly for children, the process of interpreting the negative experiences is characterised by a dynamic interaction whereby the child looks to the reaction of immediate caregivers as a means of interpreting the threat (Ainsworth *et al.*, 1978).

I wouldn't start from that place. ***Child and Youth Care in Practice*** *edited with Thom Garfat outlines a different starting place, a more holistic approach to working with children, young people and families in pain (Garfat and Fulcher, 2012). My psychiatric training has helped to inform my professional practice over the years and has been particularly helpful in guiding me through meaningful moments that matter with psychiatrists and clinical or developmental psychologists, and even traditional indigenous healers. However, it is best to remember that a diagnosis is always 'an informed guess', but the truth is only made known through a meaningful relationship that nurtures restorative opportunities for learning, personal achievement and happiness. I think of the 'dynamic interaction' referred to in this question as better explained as a 'mirroring dynamic' as a child or young person in pain reacts to prospective caregivers. We have to find our way into 'their zone', and spend less time requiring a young person in pain to enter 'our zone' so we can help them.*

(6) What is the role played by gender when it comes to depression and success in interventions? Do boys and girls have different responses to social support received?

Gender plays a central role, located – as gender is – within socio-cultural norms in any given society and family constellation. Family secrets and relational pain frequently underscore depression, sometimes over generations. Some children and young people experience trauma and internalise the pain, whereas others block off the pain and act out with aggressive or anti-social behaviour. Are there gender patterns? My experience tells me that generally speaking, boys are more socialised to act out their pain, whereas girls are socialised to internalise their pain. There are of course exceptions to this, where young men are at higher risk of suicide and

young women place themselves at higher risk through acting out behaviour. In a study with Professor Gale Burford from the University of Vermont called Resident Group Influences on Team Functioning published in ***Group Care Practice with Children and Young People Revisited*** *(*Burford and Fulcher (2006). *It was shown how, for example, over a 3-year period, placing young people with internalised pain together in a residence prompted different staff teamwork responses than was found amongst care worker teams working most commonly alongside young people with histories of acting out behaviour. An interesting insight was that staff members working with young people with internalised pain are more prone to have feelings of tiredness, lethargy and mild depression. In short, to work effectively with young people with internalised pain, one must enter their zone or existential life space and share something of their load of pain. Meanwhile, staff working with acting out teenagers – whether young men or young women – were more prone to smoking and drinking more heavily, eating more and exercising less. This mirroring aspect of relationships between carers and those for whom they care remains a professional interest.*

(7) Would you be able to elaborate upon your proposition of 'youth care approach' while working with children in out-of-home care with depression? Does it help if the child and youth care workers are involved with families as they live their lives; and if daily life events are used for therapeutic purposes, as they occur?

Anyone can read (for free!) the first half of Chapter 1 in ***Child and Youth Care Practice with Families*** *edited with Thom Garfat where* ***Characteristics of a Child and Youth Care Approach*** *to practice are summarised in Figure 1 (Fulcher and Garfat, 2015).*

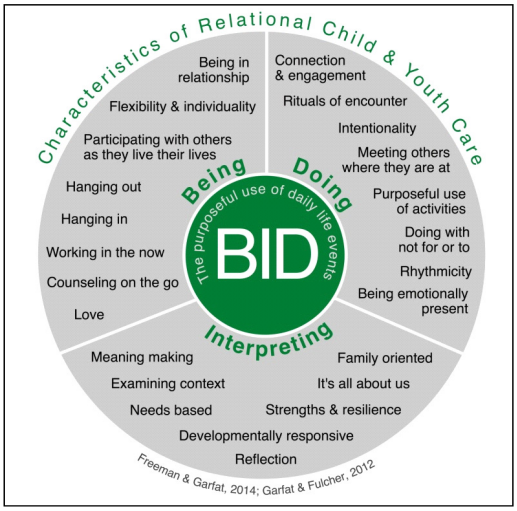

Figure 1: Characteristics of relational child and youth care

Each characteristic and grouping – being; interpreting; doing – is illustrated to show how it is enmeshed with characteristics in each of the groupings. Together, they help guide decision-making and planning by focusing on the following questions:

- *How does my or our way of **Being** with this child or young person and family members influence our working relationship?*
- *What am I noticing and how am I **Interpreting** what is happening with this young person and her or his family, at this particular time in their lives, and in the particular social and cultural context in which we are engaging together?*
- *What might I or we be **Doing** to keep this child safe and help nurture her or his voice about what they need to make their life better, helping to restore diplomatic relations between this young person and her or his family members, or others most important to them?*

IV. THE WAY FORWARD TO IMPROVE OVERALL CARE AND PROTECTION FOR CHILDREN WITHOUT PARENTAL CARE IN SOUTH ASIA

(1) What, in your opinion, are the key factors for child and youth care organisations to keep in mind while working in South Asia on issues of alternative care?

Key factors to which policy and practice attention will need to be addressed include (1) poverty and rural–urban migration; (2) acts of religious violence; (3) inequality of opportunity; (4) tribalism and 'them and us' warfare by political leaders who demonstrate little care for the children, young people and families killed and displaced by nationalist and sectarian acts of genocide; (5) restricted access to educational and employment opportunities for displaced children and young people, whether through rural–urban migration or as war refugees and (6) youthful disillusionment as highlighted in the youth suicide statistics in any given country and now includes youth suicide bombers. Children, young people and family members move daily from rural areas into the cities, seeking work even at below subsistence level, including scouring rubbish tips, cleaning sewage drains, begging, prostitution, drugs and human trafficking. As family structures weaken, so does religion challenges new behaviours amongst children, young people and re-constituted families. These challenges include a re-examination of Hindu socio-cultural traditions around social caste and prescriptions for children or young people in need of out-of-home alternative care. Fundamentalist Islam, whether Sunni or Shiite, requires nurturing from within local communities to negotiate safe places where each can become better shepherds of their own peoples instead of blaming others as perceived threats from other socio-cultural traditions like Buddhism or Christianity. Buddhism and Christianity also have their own fundamentalist zealots amongst those socio-cultural traditions, adults always ready to exploit children and young people in out-of-home

care to gather a following, and in some cases, make money through donations from benevolent Westerners with little idea of how their money is really used. ***Residential Child and Youth Care in a Developing World: Volume 1 – Global Perspectives,*** *edited with Tuhinul Islam (2016), offers several accounts of how alternative care is being developed and is operating across eight South Asia and Middle Eastern countries, including India, Bangladesh, Saudi Arabia, Palestine, Jordan, Cambodia, Malaysia and Japan. Volume 2 _ European Perspectives (Islam and Fulcher, 2017a) may be of interest but* ***Volume 3 – Asian Perspectives*** *(Islam and Fulcher 2017b) in that series (September release) will include additional material from Hong Kong, five further states of India (including Telengana & Andhara Pradesh, West Bengal, Maharashtra, Rajasthan and Jammu & Kashmir), two states of Pakistan, Sri Lanka, Iran, Iraq, Turkey, Lebanon, Yemen, Thailand, Indonesia and the Philippines. Volume 4 in this series, African Perspectives will follow at the end of the year (Islam and Fulcher, 2017c).*

(2) What is the significance of developing skills in caregivers in South Asia on trauma informed care when working with children and young people? Would you know of any successful interventions in this regard?

Caring for the caregivers is fundamental to providing quality developmental care for children and young people. Across South Asia, there is no real tradition of training for child and youth care workers, as with European Social Pedagogues, at a comparable level. Instead, most care workers are recruited, mostly women, at low pay and with low expectations from those responsible for placing children in their out-of-home care. Ironically, the profession of Social Work has strong recognition across South Asia as the lead agent of the state with assigned authority to case manage a child or young person's case, even though they may rarely have face to face contact with that child or young person at different times of the day or week. Some efforts have been made to make education and training materials available for direct care workers, houseparents and foster carers during the past two decades, as with The International Child and Youth Care Network @ www.cyc-net.org to supply free internet-based training materials for use in local training initiatives carried out by local service organisations. With the Motto 'Help Children Save The World', the Danish-based Fairstart Foundation @ http://fairstartfoundation.com/ now offers free online training in 17 languages for people taking care of abandoned and vulnerable children, whether as foster parents, kinship carers or staff in children's institutions.

(3) Can you share with us some experiences from your vast training work on child and youth care? What are the key happy moments and some challenges that you have had to counter in the process?

The important elements of Child and Youth Care education and training, as with Social Work and Nursing education and training, are not learned in a lecture theatre

or tutorial. The most important learning – about Praxis or theory into practice – comes through actively doing something in a child or young person's life space. That also means knowing when 'doing nothing but waiting and attending' are the most important elements of Praxis in this opportunity moment. This also highlights the importance of professional supervision for child and youth care workers as highlighted by Charles et al. (2016). My greatest challenges have come from professional social work specialists, psychologists and psychiatrists who are so expert that they no longer require being in daily life space encounters with children, young people or families. Diagnoses are all too often a power and control issue which give little regard for participation in decision-making by either young people themselves, or family members engaged in decision-making around expert opinions. Statistics for racial dis-proportionality across youth and adult prison populations for indigenous and lower class or caste young people are likely to confirm this assertion in almost any country. I am most interested in what are the key happy moments in young peoples' lives while living in out-of-home care.

(4) What would you suggest as the first key priorities in the area of child and youth care reform globally? What would the future decade be like for child protection and how is a network like CYC-Net contributing in this regard?

Keeping children and young people safe, wherever they are, is a key priority and helping each one of these children and young people find pathways towards personal achievement and learning. Each young person seeks after a sense of belonging, can be nurtured and encouraged to master challenges and requires support as a care leaver as they grow towards independent and inter-dependent living. To the extent possible, young care leavers need support to enter a shared community that is enriched by generosity and celebrations of relationships. Through the CYC-net discussion list and discussion list threads, and also through the archive of materials published monthly since 1999 through e-Journal ***Child and Youth Care Online*** *available at www.cyc-net.org, now the largest library holding of specialist child and youth care literature is available anywhere in the world. A search facility powered with Amazon helps to make this service very accessible and useable to all engaged in child and youth care work worldwide – at no cost to end users!*

IV. WAYS FORWARD IN SOUTH ASIA (THERE ARE MANY PATHWAYS!)

(1) How would you suggest the World Health Organisation campaign on depression can be taken forward in the context of children living in out-of-home care in South Asia?

Instead of starting with the latest Diagnostic and Statistical Manual of Mental Disorders *IV diagnostic criteria and then applying these criteria across cultures and with children under the age of 14 to 17, why not start from the notion that* ***All***

Children in Out-of-Home Care have Reason to be Depressed! *Those who act out their pain are likely to have somebody throw a diagnosis of behaviour or personality disorder at them, or even (Attention Deficit Hyperactivity Disorder) ADHD. Young people who internalise their pain and present symptoms of (Obsessive-Compulsive Disorder) OCD, bed wetting, tummy pains, along with suicidal rumination are more likely to achieve diagnoses of post-traumatic stress, adolescent adjustment crisis or neurotic disorders. If we start from this different place, then the challenge is to create and nurture living and learning environments where vulnerable children and young people can feel safe, find nurturing and encouragement to learn and find their special passion, experiencing meaningful moments in relational daily living opportunities. If South Asia is not careful, the only depression that mental health services may try to address – and often quite badly – would be clinical depression with a readiness to use regimes of psychotropic medication or cognitive behavioural therapy which doesn't cross socio-cultural boundaries terribly well.*

(2) What should be the role and responsibility be of Governments in tackling depression and push for stronger child protection systems that strengthen families and community-based care for children? Do you think this can help reduce depression at a scale that is appropriate?

How easy it is to forget that governments are run by people, albeit, most frequently people located on organisational charts where bureaucracy commonly takes over from personal relationships. Child health, education and welfare professionals – social workers, psychologists, paediatricians, psychiatrists, nurses, allied health professionals like audiologists and speech therapists, opticians and ophthalmologists, as well as teachers – may need to spend more time using their expertise towards enabling politicians and policy makers to see the opportunity cost-benefits that can be achieved through better child protection services that work in partnership with families to support community-based care for their children and young people. More training for front-line child and youth care workers is essential. When children, young people and family members start to feel as though somebody is actually listening to their stories, and offering to share some of the emotional burdens associated with such stories, it is quite often a new experience. Most often, the professionals have been telling them what to do. A central task involves attending to personal safety and shelter while nurturing realistic hope for the future. That is what helps to reduce depression, especially for young mothers with children, and with young people who have lost – for whatever reasons – parental and family contact.

(3) For countries in South Asia, what would you suggest as the best strategy to reduce depression amongst children living in alternative care settings in South Asia?

Along with national aspirations to enter the space race as a significant player on the world stage, India's strategic priorities might do well to extend its explorations

of space to a focus on the significant challenges faced through the rural–urban migration of children, young people and families. With few regional development strategies to create family opportunities in regional centres, rural–urban migration to the mega-cities in search of employment is a dynamic now prominent across all of South Asia. The opportunity cost-benefit strategy would seek to address concurrent housing, health and sanitation challenges – even before one thinks of depression rates in shanty town communities or the precise etymology of depression in any given state or region of South Asia. I would submit that concentrated efforts directed towards making moments meaningful for children, young people and family members living in, or with family members living in alternative care across South Asia would make a world of difference to WHO statistics on depression rates for children and young people – wherever they live. Many live in their own families, as do many live in out-of-care. More and more children – especially younger children – now have opportunities to live in foster care, with extended family members or kinship carers (Fulcher and Garfat, 2008). At the same time, more and more young war refugees and asylum seeking youths are to be found living in small, youth-centred residential group living communities.

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