

AISUCAP NEWSLETTER



September 2020

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MEET THE CORE TEAM (AISUCAP)



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Rekha Chauhan (President)



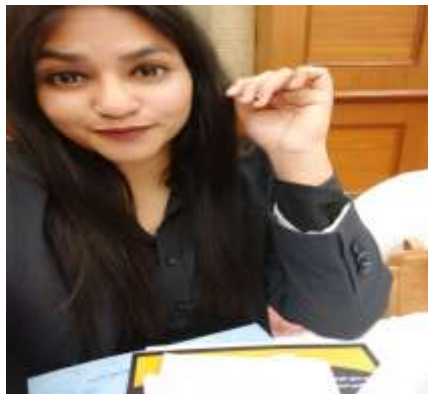
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(Deputy Secretary)



Aprajita Dixit
(Organizational Secretary)



Dr. Jaishri Iyer
(Editorial Team)



Ms. Meghna Gupta
(Editorial Team)



Ms. Hemlata Shukla Suri
(Editorial Team)



Ms. Aditi Jain
(Editorial Team)



Ms. Ankita Pareek
(Editorial Team)

Upcoming Events



AISUCAP VIRTUAL NATIONAL SUMMIT ON "PREVENTION AND PROMOTIVE MENTAL HEALTH CARE"

AISUCAP
VIRTUAL NATIONAL
SUMMIT



**"PREVENTIVE AND PROMOTIVE
MENTAL HEALTH CARE"**
Overcoming the Challenges of COVID-19 and Beyond

 **14th October 2020 (Wednesday)**
One full day conference (9:30am-5:30pm)

Technical Support by:

Expressions India
 The National Life Skills, Inclusive Education & School Wellness Program, Institute of Mental Health & Life Skills Promotion Moolchand Medcity, New Delhi

GUIDELINES FOR PAPER SUBMISSION:

- An abstract of the proposed paper, not exceeding 300 words, with minimum 3 key words should be sent on members@aisucap.com
- The paper must be formatted in MS Word, font size 12, Font style - Times New Roman, line spacing 1.5, not exceeding 3500 words.
- A synopsis should be sent on or before **10th October 2020**.

NOTE:Registration is mandatory for all selected papers for final compilation of presentation slot.

IMPORTANT DATES

Description	Last Date
Submission of Abstract	25/09/2020
Submission of Full Paper	10/10/2020
Last date of Registration	10/10/2020

TARGET DELEGATES

- Mental Health Professionals,
- Medical Professionals,
- Special Educators,
- SchoolCounselors,
- Physiotherapists,
- Cross Disability Experts,
- Clinical Psychologists,
- Rehabilitation Psychologists,
- Occupational Therapist,
- Speech Therapists,
- Rehabilitation Practitioners,
- Social Workers,
- Any other Category of RCI-CRR registered Professional

VIRTUAL NATIONAL SUMMIT ON	
"PREVENTIVE AND PROMOTIVE MENTAL HEALTH CARE"	
14th October 2020 (Wednesday)	
One full day conference (9:30am-5:30pm)	
REGISTRATION FORM	
Name : _____	
CRR No. * : _____	
Address: _____	

Pin Code: _____	
Designation : _____	
Mobile : _____	
E-Mail : _____	
Gender : _____	
Payment Details	
Date of Payment : _____	
Name of Remitting Bank : _____	
Branch : _____	
Transaction No : _____	


GLIMPSES OF PREVIOUS EVENTS :



WATSON'S COLLEGE
'EXIMIOUS'
Expressions India

WEBINAR ON COVID 19
AND
MENTAL HEALTH CONCERNS: TAKING CARE
OF MYSELF AND MY FAMILY

BY



Mrs REKHA CHAUHAN

Sr Psychologist
EXPRESSIONS INDIA

President
AISCAP

9TH MAY 2020
10:30 AM
GOOGLE MEET APP


ALL ARE INVITED
WE WOULD REQUEST YOU TO REGISTER FOR THE SAME BY
08TH MAY 2020

FOR MORE DETAILS CONTACT
8119555455
0996 22999

You are cordially invited to join
AISCAP
launching a series of webinars
in collaboration with
Expressions India
The National Life Skills, Values Education &
School Wellbeing Program

Panel Discussion # 1
**Decoding Inclusive
Education for
21st Century Learners**

Thursday, 18th June 2020, 4pm to 5pm



Facilitator
Dr. Arun Kumar
Senior Consultant Psychiatrist
1998, Chhatrapati Shivaji Maharaj
MCH Hospital, New Delhi
Prof. (emeritus), Institute of
Psychiatry, Lucknow, India

Panelist
Ms. Anjali Arora
Principal, St. Xavier's School
Bhamburda, Patna
South West Zone, AISCAP
Lucknow, India

Panelist
Dr. Rekha Chauhan
President, AISCAP
Sr. Psychologist, Expressions India
New Delhi, India

SPRINGDALES SCHOOL, PUSA ROAD


TOWARDS THE SCHOOL MENTAL HEALTH
& WELL BEING CHARTER
- DURING & BEYOND THE COVID 19

FOR PRINCIPALS AND COUNSELLORS

IN CONVERSATION




Mrs. ANETA BHATTA DUTTAL
Mrs. Duttal is a Senior Counsellor,
Springdales School, Pusa Road,
New Delhi.



MR. GAJENDRA CHANDRA
Mr. Chandra is a Senior Counsellor,
Springdales School, Pusa Road,
New Delhi.



DR. JYOTSNA KHANDEWAL
Senior Consultant Psychiatrist
1998, Chhatrapati Shivaji Maharaj
MCH Hospital, New Delhi



Mrs. ANURADHA
Mrs. Anuradha is a Senior
Counsellor, Springdales School,
Pusa Road, New Delhi.

15th JULY 2020 Time : 5:00 pm IST

WEBINAR SERIES EDUCATION 4.0

IN SUPPORT WITH EXPRESSIONS INDIA
THE NATIONAL LIFE SKILLS & SCHOOL WELLBEING PROGRAM

**DECODING THE SOCIO EMOTIONAL
WELLBEING OF
CHILDREN & ADOLESCENTS**

"The Inclusion & Wellbeing Webinar Series"

August 16, 2020 | 3:00pm to 4:00pm
JOIN VIA ZOOM PLATFORM



Building Positive Self Esteem
Promoting a Bullying free Climate
Empowering Peer Leadership in Life Skills
Advocacy for Inclusive Wellbeing

Participating Delegates:
Chancellors, Coordinators, Special Educators, School Doctors, Nurses
For registration :
Email to us - inclusion@expressionsindia@gmail.com
Contact us at 9992094396, 9399968077, 9871232946
Website: www.expressionsindia.org
E- Certificate shall be provided.

**DECODING THE SOCIO EMOTIONAL
WELLBEING OF
CHILDREN & ADOLESCENTS**

Promoting a Ragging/ Bullying Free Climate

AUGUST 27, 2020 | 2:00PM TO 3:00PM | JOIN VIA ZOOM PLATFORM

Chairperson
Dr. Arun Kumar
Joint Secretary
University Grants Commission

Moderator
Dr. Jyotsna Khandelwal
Senior Consultant Psychiatrist
Chhatrapati Shivaji Maharaj
Hospital - New Delhi

Facilitator
Dr. Aneta Bhatta
Senior Counsellor
Springdales School,
Pusa Road, New Delhi

Panelist
Dr. Anjali Arora
MCH Central Psychiatry
MCH Hospital, New Delhi

Panelist
Mrs. Anuradha
Senior Counsellor
Springdales School,
Pusa Road, New Delhi

Join this Crucial Dialogue & Interactive Session with Renowned Experts

Building Positive Self Esteem
Empowering Peer Leadership in Life Skills
Advocacy for Inclusive Wellbeing in Schools

Participating Delegates:
Principals, Vice Principals, School Managers, Education Leaders & Counsellors
Email to us - inclusion@expressionsindia@gmail.com
Contact us at 9992094396, 999968077, 9871232946
Website: www.expressionsindia.org
E- Certificate and Academic Handouts shall be provided.

THEME OF THE MONTH- SUICIDE AWARENESS AND PREVENTION



SUB THEMES:

1. Introduction- Ms. Meghna Gupta
2. Importance of Suicide Awareness and Prevention-Ms. Aditi Jain
3. Myths and Facts related to Suicide- Ms. Hemlata Shukla Suri
4. Warning signs, Risk and Protective Factors- Ms. Ankita Pareek
5. How to Help Someone who is Suicidal? - Ms. Meghna Gupta

SUICIDE HELPLINE NUMBERS

1. iCall: +91 9152987821 (Mon-Sat, 8 AM to 10 PM), Languages: English, Hindi
2. Sumaitri: +91 011 23389090 (Mon-Fri, 2 PM to 10 PM and Sat-Sun, 10 AM to 10 PM), New Delhi
3. Snehi: +91 011 65978181 (Daily, 2 PM to 6 PM, New Delhi)
4. Sanjeevani: 011 24311918, 011 24318883 (Mon- Fri, 10 AM to 5.30 PM); 26862222, 26864488, 40769002 (Mon-Sat, 10 AM to 5.30 PM), New Delhi
5. Fortis Stress Helpline: +91 8376804102 (24*7), New Delhi

INTRODUCTION

BY MEGHNA GUPTA



An estimated one million people die by suicide per year or about one person in every 10,000 which means a death every 40 seconds. More people die from suicide than from murder and war.

In India, in the last two decades, the suicide rate has increased from 7.9 to 10.3 per 100,000. Also, it has the highest rate of suicides among people in the age group of 15 to 29 years. In addition, WHO states that India does not have an adequate suicide prevention policy in place.

There are lack of resources, lack of data and research, restricting us to fight suicide.

These statistics are very alarming and many people are struggling silently and battling suicidal ideation on a daily basis. Many more think of self-harm. In fact, such ideation and behavior is actually very common. Suicide threats and attempts are less common, but much more frequent than most people realize. Suicide is the most common psychiatric emergency and a leading cause of death in India and around the world.

Many people say that it happened "out of the blue" but it is a fact that a decision like suicide is not impulsive but a person who eventually attempts suicide goes through a lot of stages and it finally results from a downward spiral when people around fail to recognize the warning signs and clues. These signs may manifest themselves in the form of direct verbal clues such as "I am going to commit suicide", "If (such and such) does not happen, I will kill myself" or indirect verbal clues such as "I just want out", "I won't be around much longer". Many changes in the behavior may also be observed such as sudden interest or disinterest in religion, unexplained anger or irritability, putting personal affairs in order. Hence, people who are contemplating suicide try to communicate in a lot of ways and want somebody to recognize what they are trying to say and reach out.

Some of the common causes of suicide include:

1. Mental Illness (Depression, Anxiety, Schizophrenia, Bipolar Disorder)
2. Trauma (PTSD, Physical Abuse, Sexual Abuse, War)
3. Bullying
4. Personality Disorders

IMPORTANCE OF SUICIDE AWARENESS AND PREVENTION

By ADITI JAIN



Suicide Awareness and Prevention

Suicide is a devastating problem that affects families and friends in very profound ways. In most cases, people say that they did not know that the person who died by suicide was depressed or even thinking about harming themselves. This is why recognizing the warning sign of suicide is so important for prevention. When people feel hopeless, they often think of suicide as a way to end the pain they're feeling. It is important that others pay close attention to the ones they know and love so they can help whenever they're concerned about a possible suicide attempt.

The stigma attached to suicide has lessened in recent years, owing to more people and families starting to speak out. Don't be afraid to ask someone directly if they're considering ending their own lives. Being conscious and aware that someone is a suicide risk is the first step to helping them to get the assistance they need before it is too late. While not all suicides can be prevented, if you know someone who may be suicidal, there are some things you can do to help.

Empowering your community

1. Encourage those in distress to tell their own story in their way and at their pace.
2. By engaging in active listening and reaching out to those who are vulnerable in the community
3. Together we can build resilient and strong communities.

Connect, Communicate, Care at the heart of Suicide Prevention.

MYTHS AND FACTS RELATED TO SUICIDE

BY HEMLATA SHUKLA SURI



MYTHS

1. Someone who is suicidal will always remain suicidal.
2. Talking about suicide or asking suicide questions directly may plant ideas of suicide into a person's mind or encourage such behaviour.
3. Most suicides are sudden and happen without any warning. People who may be thinking of suicide look and act just fine before attempting it.
4. Those who commit suicide are determined to die.

FACTS

1. The suicidal thoughts and heightened risk are often short lived and situation specific. At times the suicidal thoughts might revisit but they are transitory in nature and surely an individual with suicidal thoughts and attempt can live a long life.
2. If we openly address and speak about suicide, it might offer an opportunity to the person with suicidal intent to communicate and thereby, the person may reach out.
3. Those who are suicidal often display a range of clues which may be verbal or behavioral.
4. If we see it is completely contradictory as the suicidal people are often inconclusive or equivocal about living or dying.

WARNING SIGNS, RISK AND PROTECTIVE FACTORS

BY ANKITA PAREEK

WARNING SIGNS

Direct Verbal Clues

"I have decided to kill myself"

"I wish I were dead"

Indirect Verbal Clues

"I am tired of life, I just can't go on"

"My family would be better off without me"

"Who cares if I am dead
anymore?"

BEHAVIOURAL CLUES

1. Any previous suicide attempt
2. Stockpiling pills
3. Co-occurring depression, moodiness, hopelessness
4. Putting personal affairs in order
5. Giving away prized possessions
6. Sudden interest or disinterest in religion
7. Drug or alcohol abuse, or relapse after a period of recovery
8. Unexplained anger, aggression, irritability

RISK FACTORS

1. A prior suicide attempt(s) is the biggest risk factor
2. Abuse of any kind
3. Misuse and abuse of alcohol or other drugs
4. Mental disorders, particularly depression and other mood disorders
5. Access to lethal means
6. Knowing someone who died by suicide, particularly a family member
7. Social Isolation
8. Chronic disease and disability
9. Lack of access to behavioral health care
10. Belonging to marginalised social groups

PROTECTIVE FACTORS

1. Social connections to friends and family
2. Life skills and building emotional resilience
3. Self-esteem and a sense of purpose or meaning in life
4. Cultural, religious, or personal beliefs that discourage suicide

EXTENDING SUPPORT TO SOMEONE WHO IS SUICIDAL BY MEGHNA GUPTA



Many people are hesitant to talk about suicide and become clueless when someone close to them conveys that he/she may be thinking about suicide. This is because of widespread myths surrounding suicide. Many people think that talking about suicide is a bad idea as it may encourage such behavior but the reality is that it actually opens a window for someone silently suffering to reach out. You may help someone in a variety of ways, providing them with a safe place to express their feelings is absolutely necessary and active listening is the key.

Being a Certified Suicide Prevention Gatekeeper in the Q-P-R (Question-Persuade-Refer) Model, I would like to pen down how we can act as a reliable bridge between those thinking about suicide and the appropriate sources of help. The first step when a person reaches out is to question; the questions may be asked directly or indirectly. The direct approach involves asking questions like, "Do you feel like ending your life" or simply, "Are you thinking about suicide". Many people believe that asking direct questions surrounding suicide may plant suicidal ideas in someone's mind which is not actually true as the direct approach provides a non-judgmental environment where the person can talk freely about what he or she is going through. The indirect approach involves asking questions like, "Do all the things that you are going through make you feel like you want to give up?" Remember that how you ask the question is as important as what you ask. Asking questions such as, "You would not do anything stupid, would you" is a big NO as it invalidates the experience of the person and may lead them to withdraw reaching out. The next step is to persuade the person to stay alive and to get help. Listening to the problem and giving the person your full attention and offering hope in any form may do wonders. Asking questions like "Will you go with me to get help" may persuade the person to think about getting help. The last step is to refer the person to someone who can help. Many people believe that giving referral information is enough but suicidal people often believe that they cannot be helped so you may have to do more. Taking the person directly to someone who can help is the best way. The next best referral is getting a commitment in good faith from them to accept help and making the necessary arrangements for getting it. Any willingness to accept help now or any point in future is a good outcome.

LET'S NOT STIGMATIZE SUICIDE, LET'S CREATE AWARENESS.
