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A Study on Stakeholders in Strengthening Mental Health Services for Children with Intellectual Disability in Delhi, India

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ABSTRACT

Mental health services are important, complex and changing fast in India. These services are in rapid transition as a result of new policies and laws. The caregivers of children with intellectual disability face lots of problems in accessing the available services. Researches show professionals know little about intellectual disability, problems arise in affording the available services. The objective of the present research study is to understand the role of multiple stakeholders in strengthening mental health services for children with intellectual disability and evolve an intervention model based on suggestions by the stakeholders. The researcher used qualitative research methods (Interview Guides and Focussed Group Discussion) to fulfil the objectives of the study. The sample was drawn from a different set of stakeholders- head of the departments (24), clinical psychologists (17), social workers (21) and special educators (5) from the 13 government hospitals, 6 Institutions and 32 Non-Government Organisations (NGOs). Also, the 66 parents of children were taken into account to study the service consumer perspective. The nine research studies were reviewed indicating that in spite of substantial public healthcare, there are unfulfilled targets in mental health care. The Indian healthcare system shows a stronger bias towards curative care rather than preventive care. The present paper identifies the roles that are expected to be performed by different type of service providers as well as the parents collectively called the Stakeholders.

KEY TERMS: *children, clinical psychologists, health services, India, intellectual disability, stakeholders*

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INTRODUCTION

A society's ability to function depends on the provision of healthcare. A society's abundance is reflected in its state of health. Delhi, the India's capital, is growing at the fastest rate and drawing in a wide range of services. The term stakeholders here refer to the individuals dealing with children with intellectual disability (CID) in different capacities. The important stakeholders in the study include service providers and beneficiaries of available services. The service providers comprised of heads, clinical psychologists, social workers and special educators from various agencies. No single health provider in isolation can assume the responsibility in dealing with health problems. The purpose of the research is to study the role of multiple stakeholders in strengthening mental health services for children with intellectual disability in Delhi and evolve an intervention model based on suggestions and recommendations. The following paragraphs narrate review of literature, methodology used in the research process with results and discussion for strengthening the services for children with intellectual disability.

BACKGROUND

Malapela (2024) revealed lack of proper facilities for children and adolescents living with intellectual disability. He did a qualitative study to solicit nurse managers' views of the challenges and opportunities in rendering rehabilitation services to children and adolescents with intellectual disabilities in Tshwane District, Gauteng province, South Africa. Malapela concluded- inadequate age-appropriate rehabilitation services and a lack of material and non-material resources are the challenges in rehabilitation of children and adolescents with ID.

In 2022, Modula discussed the support needs provided to families raising children with ID in the Capricorn District of the Limpopo province, South Africa. In-depth individual interviews and focus group discussions were conducted with 26 families directly affected by the experience of caring for and raising children with ID. Most families raising such children experience a range of difficulties and require supportive systems to cope with physical, social and mental demands in a home environment. Overall, the totality of challenges, demands and inadequate support services coalesced in marginalisation of children with ID and their families.

Hamdani, Minhas, Iqbal and Rahman (2015) highlighted the huge gap between the needs of the caregivers of children with intellectual disability and available services. Majority of these children have no access to any service and there are no resources to develop such services. He used qualitative methods to explore carers' perspectives about such a care-delivery model. His study concluded that evidence-based packages of care after appropriate training is a feasible system that can help reduce the treatment gap for childhood intellectual and developmental disorders.

The Mental Health Action Plan (2013-2020) of India, recognized the essential role of the different stakeholders in implementing the mental health programs in achieving overall health for the people. It aimed to achieve equity through universal health coverage and stresses the importance of health professionals. The parents on the other hand, also assume their responsibility sincerely in executing the services for CID. Lennox, Driel, & Dooren (2014) said persistent and contemporary challenges exist for primary healthcare providers and researchers working to contribute to improvements to the health and well-being of people with intellectual disability. They presented three strategies to support primary healthcare providers: (i) effectively using what we know, (ii) considering other strategies that offer support to primary healthcare professionals and (iii) researching primary health care at the system level. Kashyap, Thunga, Rao (2012) did a retrospective studies saw the trends of disability benefits by the Government of India among the persons with ID. Government of India issues the disability certificate to the persons with disabilities so that they can apply for different government benefits. The study reviewed the certificates of patients certified for mental disability in the period of January 2006 to December 2008.

Reinke, Herman, Puri and Goel (2011) did significant research in mental health practices. The participants included 292 teachers from five schools. Understanding the teacher's perspective provides important information about contextual influences that can be used to bridge the research to practice gap in school-based mental health practices. The study discussed mental health needs and the emotional problems relating to developmental processes. It concluded that children require early identification, home based stimulation, special education, behavioral training for self-care and daily activities and at a later age vocational training.

Thara and Vikram (2010) pointed the paucity of treatment facilities and unavailability of psychiatrists in the government sector has widened the treatment gap in mental health. Non-governmental organizations (NGOs) have played a significant role in the last few decades in not only helping bridge this gap, but also by creating low cost replicable models of care. NGOs are active in a wide array of areas such as child mental health, schizophrenia and psychotic conditions, drug and alcohol abuse, dementia etc. Their activities have included treatment, rehabilitation, community care, research, training and capacity building, awareness and lobbying.

Kohn, Saxena, Levav and Saraceno (2004) studied the treatment gap in mental health care in India. They reviewed community-based psychiatric epidemiology studies that used standardized diagnostic instruments and included data on the percentage of individuals receiving care for anxiety and other non-affective psychotic disorders. The median rates of untreated cases of these disorders were calculated across the studies. The median treatment gap for ID and other non-affective psychosis was 32.2%.

The present review effort has been to highlight the major stances and the findings of the mental health services in the area of intellectual disability. The role of multiple stakeholders in providing these services varies in length and breadth. Parents and children face quite acute problems in availing these services. Stigma is an added impediment in enabling them to avail mental health services which arises from lack of information about the importance and nature of mental health and mental disorders. The barriers in seeking the services are many- Major barriers are unavailability of mental health services, low literacy, socio-cultural barriers, traditional and religious beliefs, and stigma and discrimination associated with mental illness. Unavailability of mental health services and lack of resources, particularly in terms of human resources, financial constraints, and infrastructure are one of major barriers which makes access to mental health services more difficult. The researcher has realized that there is a dearth of comprehensive literature on mental health services for CID, there is less literature available on the service practices because of the shaded framework of the intellectual disability. Thus, the present study would take into account- present mental health services for children with intellectual disability, the role of stakeholders and proposed models of intervention for improved service delivery mechanisms.

LITERATURE

The present review is purely based on secondary data that includes government and U.N. Documents, research studies on the subject, seminar and conference proceedings, books, journals and newspaper articles. The researcher has made extensive use of material available at the library of IHBAS (Institute of Human Behaviour and Allied Sciences) Delhi, AIIMS (All India Institute of Medical Services), Delhi and library of the Department of Social Work, University of Delhi as well as books available in her personal collection. All types of search engines were explored. Online references were made for journal articles and research studies at J-Store, Proquest as well as Google Scholar. In these search engines, different texts were put in the search icons, to name few- “mental health services for special children, services available for children with mental retardation, empirical studies on the needs of children with intellectual disability”. The researcher employed the content analysis method to examine these studies and identify the research gaps.

Table 1: Articles included in the review

Article number	**Authors**	**Title**	**Year published**	**Brief summary**
1	Rakgadi G. Malapela	Challenges and opportunities in adolescent intellectual disability care and rehabilitation	2024	The study concerns over the lack of proper facilities for adolescents living with intellectual disability and the struggles in South Africa. Care and rehabilitation services are required to improve their normal but have been scarce or non-existent in most communities.

2	Mantji J. Modula	The support needs of families raising children with intellectual disability	2022	The aim of this study was to explore and describe the support needs provided to families raising children with ID in the Capricorn District of the Limpopo province, South Africa. The deinstitutionalization of children suffering from intellectual disability (ID) is a global phenomenon. Most families raising such children experience a range of difficulties and require supportive systems to cope with physical, social and mental demands in a home environment.
3	Syed Usman Hamdani, F.A. Minhas, Zafar Iqbal and Atif Rahman	Model for Service Delivery for Developmental Disorders in Low-Income Countries	2015	The study conducted in Pakistan revealed the treatment gap for developmental disorders in rural Pakistan is near 100%. The study settings have established that community-based female family volunteers can deliver evidence-based mental health care in community settings to bridge the mental health treatment gap.
4	Lennox, Driel & Dooren	Supporting primary healthcare professionals to care for people with intellectual disability: a research agenda	2014	Strengthening primary care by supporting equitable provision of health-related care for people with intellectual disability is a much needed step towards improving health outcomes among people with intellectual disability.
5	Mental Health Action Plan, India	World Health Assembly Report	2013-2020	The action plan recognizes the essential role of mental health in achieving holistic health for all people. It is based on a life-course approach, aims to achieve equity through universal health coverage and stresses the importance of prevention.
6	Kashyap, Thunga, Rao	Trends of utilization of Government disability benefits among chronic mentally ill.	2012	The study highlighted the hurdles due to disability measurement have been crossed, disability benefits are still elusive to the vast majority of the disabled. Proper awareness and education will help in reducing the stigma and in the effective utilization of benefits.
7	Reinke, Stormont, Herman, Puri & Goel	Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers.	2011	The study shows the significant research to practice gap in the area of mental health practices and interventions in schools. Understanding the teacher perspective can provide important information about contextual influences that can be used to bridge the research to practice gap in school-based mental health practices.
8	Thara and Vikram	Role of non-	2010	The paucity of treatment facilities and

		governmental organizations in mental health in India		psychiatrists in the Government sector has widened the treatment gap in mental health. Non-governmental organizations (NGOs) have played a significant role in the last few decades in not only helping bridge this gap, but also by creating low cost replicable models of care.
9	Robert Kohn, Shekhar Saxena, Itzhak Levav, & Benedetto Saraceno	The treatment gap in mental health care	2004	The study examines the world wide treatment gap for psychological disorders. The treatment gap represents the absolute difference between the true prevalence of a disorder and the treated proportion of individuals affected by the disorders. The study concludes failing to reduce the treatment gap has implications beyond the impact and increased treatment gap has indirect economic costs.

METHODOLOGY

The objective of the study is to assess the role of multiple stakeholders in strengthening mental health services for children with intellectual disability in Delhi and evolve an intervention model based on suggestions and recommendations. Qualitative research methods were employed to gain insights into the perspectives of stakeholders, including professionals and parents. Verbatim responses were coded for transparency. The research question guiding the study is: "What is the role of multiple stakeholders (such as heads, clinical psychologists, social workers, and special educators) in strengthening mental health services for children with intellectual disabilities in Delhi?" Descriptive research was used to gather opinions from stakeholders about improving care standards. Non-probability sampling techniques were applied to select the required sample. The study included professionals from various government hospitals, institutions, regulatory bodies, and NGOs, as well as parents of children with intellectual disabilities. Participants were chosen in two stages: first, the agencies were selected, followed by the selection of stakeholders from these agencies.

The researcher used purposive sampling to select hospitals that issue disability certificates for children with intellectual disabilities (CID), a total of 13 hospitals participated in the study. For institutions and regulatory bodies, all six relevant agencies in Delhi—comprising three institutions and three regulatory bodies—were included to gather information on policies, legislation, and service delivery mechanisms. To collect data from non-government organizations (NGOs), a list of 32 NGOs for CID, derived from the PWD Act, was created. The researcher approached all 32 NGOs, and 23 agreed to participate, forming part of the study's sample. Professionals from four service delivery ranks—heads, clinical psychologists, social workers, and special educators—were selected from the hospitals, institutions, regulatory bodies, and NGOs.

The total sample consisted of 133 stakeholders: 24 heads, 17 clinical psychologists, 21 social workers, 5 special educators, and 66 parents. The study also included input from parents of children in special schools, selected through non-probability sampling.

Data for the study were collected from both primary and secondary sources. This included an interview schedule for parents of CID, four interview guides for different stakeholders, and one focused group discussion (FGD) guide for professionals on CID needs. Another FGD was conducted with parents about the availability and use of mental health services. Qualitative data was analyzed using content analysis and field notes were also used to provide context and capture non-verbal reactions.

RESULTS

All the stakeholders gave diverse view about the roles and responsibilities towards the rehabilitation of CID, which is discussed in the following paragraph-

Heads

The heads in healthcare have the legal and moral obligation to ensure the quality care and strive towards improved health care delivery. The heads are in prime position in mandating policy and organizational culture. The Heads of Departments, Chairpersons, Program Associates, Director, Principals were interviewed in the capacity of Head. In total there were 24 Heads.

Nearly, all the heads (22/24) stated that they have a pivotal role to play in dealing with the services for CID. It is important to supervise the staff, train new professionals, assign new projects, provide support and address unsatisfactory performance. The large majority of the respondents (20/24), ought to have the role in planning programs and policies for differently abled and sensitizing society towards them.

According to the respondents (16/24), their main role should be to diagnose and manage complex cases involving co-morbidity. For instance, the combination of locomotor disability and ID require complex interventions, heads want to handle these types of issues. They (16/24) also see their role in the respective medical boards constituted at the State level to issue the disability certificates. For the persons with IDs, psychiatrist, clinical psychologist or special educator must be the part of the Medical board to issue a disability certificate for them.

As per the heads (19/24), they play a significant role in research and innovation in issues related to disability. They aspire to be proactive in carrying out research and also keep themselves updated with newer researches and interpret their significance to provide services for the cases with ID. The heads (12/24) view themselves in clinical leadership- developing, managing and delivering clinical services. They are leaders in planning and delivering services, which are accessible and appropriate for the special children.

Clinical psychologists

All the clinical psychologists (16/17) confirmed that their major role is to conduct a psychological assessment; they assess child's behavior, his/her cognitive abilities and other developmental domains. The assessment tests, measure child’s intellectual abilities and give information relative to other children of the same age. The test gives an overall IQ score, which is measured on various scales like verbal ability, nonverbal ability, spatial ability, memory and processing speed. The assessment also addresses the nature of supports and resources in the child’s immediate social circle. Comprehensive assessments are carried over time and contribute to the development of Individual Educational Plans for CID. A clinical psychologist (B09) shared that-
'Assessment is a continuous process, it is repeated over time and again..... it is important to formulate Early Intervention Program for special children'.

The majority (14/17) of the respondents confirmed that they need to work with the parents and siblings. They enable families to understand the child's emotional and social needs and acknowledge his/her developmental level. One clinical psychologist (B02) shared-
'B*esides child, the family is an integral part- all the family members- mother, father, siblings and grandparents impacts the mental health of the child, so the family has to develop as a strong support system for the child; I work according to the problem.... with child and with family members....*'.

More than half of the respondents (12/17), viewed their role in promoting positive behavioral support. The aim of positive behavioral support is to improve the child's quality of life by altering the environmental conditions contributing to the challenging behavior. More than two third (9/17) of the respondents felt that, they have a key role in staff training, designing and delivery of courses on mental health and consulting with individuals and agencies delivering training. In the study, clinical psychologists (6/17) confirmed that they ought to work in an interdisciplinary team rather than as an isolated practitioner. The services in the area of ID, needs to be comprehensive and integrated, with the professionals and specialists from all fields, an interdisciplinary team comprising psychologist, psychiatrist, special educator, social worker, speech therapist with the involvement of parents best suits for the CID.

Social workers

The majority of the social workers (19/21), validated to establish a warm relationship with the parents so that they open up for the free communication on talking about the major life crisis of the CID. The important objective of interaction with parents is to gain insight into the child's behavior to get a proper perspective from the point of view of the home environment. Social worker is valuable for the family of CID to help parents cope with painful feelings about the child's condition and the patience needed for the care and education of the special-needs of the child. Thus, parent counselling is one of the important services that help and foster a healthy home atmosphere. One of the Social workers (C03) noted-

'*I work with great caution and professionalism to win over the confidence and trust of the parents and help them to see the shortcomings or the problems of their child in an objective manner'.*

'I comprehend the insights of parents and help in reducing their tensions and anxieties as well as of the child. Parental counselling deals with the dimension of parent-child interaction and dependence-independence'.

The social workers (15/21) agreed that they have a responsibility to take the case history of the child, assess the case for objective and subjective information to identify the problem with the child. The most important part of this process is creating a rapport with the child and other interviewees that would encourage them to divulge information honestly. Thus, it is important for social workers to develop positive rapport with the child and with the family to gain insights about the situation. One social worker (C15) shared-
'When a child comes to the agency, I am the first person to meet him/her.... I take the case history, fill the social assessment form, give the safe and friendly environment to the child to open up....'

Nearly half of the social workers (14/21) identified their role in supporting the family and child, in coordinating community resources, counselling, crisis intervention and extending emotional support. They wanted to be engaged in providing short-term psychotherapy, play therapy with children, cognitive-behavioral therapy, group counseling, family therapy, supportive counseling and advocacy. They ought to provide consulting services that include home visits at the child's home, discussion with other professionals, such as psychologists and doctors regarding the care of the CID. A social worker (C05) explained-
'*I work with the early intervention team and access various resources for the child....psycho social support, material resources... my main work lies with the children, giving therapy of different kinds...* '.

Special educators

All the special educators (5/5) are involved in developing an individualized education plan that addresses the needs of the child. The plan includes the statement of the child's present levels of development, about the family's resources, priorities and concerns related to enhancing the child's development. Accordingly, they work with each child for his/her development. They (4/5) work with parents of CID, meet them regularly and discuss the priorities for the child and determine the needed resources, discuss child's progress and help them meet the set goals for the child. Two amongst five special educators work as a part of a team of professionals to provide appropriate services to the children.

The role of special educators is involved in planning and imparting the individualized education plans for each child. Further, they also work with the parents and discuss about the needs of the child. These teachers require to be aware of the latest technologies available in the field. Hence, the up gradation of their existing knowledge is required.

Lennox, Driel & Dooren (2014) has rightly pointed out the interdisciplinary collaboration of professionals to bring about social change in varied areas of disability, he highlighted the significant tasks of assessment, planning, monitoring and review, along with other relevant issues which are rightly talked about by diverse professionals.

Parents

Family is believed to be the first socialization agency for all the members. Parents need to fulfil certain responsibilities for the smooth functioning of all the members of the family. The role of family becomes even greater where there is a paucity of trained personnel, with the number of mental health professionals not exceeding 5000. For such a huge population, both settings and service providers are grossly inadequate (Rao, 2005). Most of the parents (46/66) thought, they have to come out of their shell and shed reticence for their children with intellectual disability. Until, the parents remain in the inhibitions, they cannot strive for the services.

The large majority of parents agreed that they have to sensitize family members towards the child, communicate effectively, maintain and create constructive and responsible relationships. They also needed to grow with and through their children, accept help when appropriate, be capable of self help, perform family roles flexibly and have mutual respect for each family member. Parents (52/66) also saw their role in preparing the child for the services.

DISCUSSION

Decisively, it can be emphasized that mental health services are required for all the children regardless of the intellectual status and is subjectively linked to the environment of an individual and the responses to the challenges faced. India's Mental Health Action Plan acknowledges mental health as a vital component of overall well-being. It adopts a life-course perspective, promotes equity through universal health coverage, and places strong emphasis on prevention efforts. It is observed by the researcher that many of the institutions have not appointed, professionally trained social worker; which was the big lacuna in the existing system. Most of the professionals were in the opinion that after a certain age and training, inclusion is necessary for such children wherein they need to be integrated along with other children, which would enhance their social skills and help them in adjusting better in society. There is a need for more inclusive schools, where non-disabled children are sensitized enough to get along with CID.

Interventions in social work are "analogous to the physician's term treatment" (Trevithick, 2000) and is defined as taking a decision or intrusive role in order to modify or determine events or their outcome. Hence, the interventions bring change in the systematic sense. It represents a leap in social work, from understanding a person in a situation to purposefully bring about the change in the person situation phenomena. Based on the findings and the role of the important service providers and the parents, the researcher proposes the model of intervention in strengthening the mental health services for CID in Delhi. The intervention model illustrates the necessary role; the stakeholders must play in strengthening the mental health services for children with intellectual disabilities:

Heads

The responsibility of the head is to assess the intricate cases coming to their organization and plan effective programs and policies according to them. Heads play a pivotal role to sensitize other professionals in the area and build their capacity to handle and manage the CID. They are considered capable of taking decisions in the appointment of clinical psychologists and fill all the vacant posts to minimize the service gap. Review of literature has clearly shown that there is a dearth of research pertaining to intellectual disability, particularly in the Indian context and hence, the heads need to promote research work on the said issue by providing fellowships and funds.

Clinical psychologists

The foremost role of clinical psychologists is to assess the cases with intellectual disability and diagnose their mental age. Psychological assessments contribute to the development of the Early Intervention Plan and Individualized Educational Plans. Therefore, clinical psychologists must take holistic approach or an overview of all aspects of the child's functioning in life rather than of one discrete aspect of functioning. The clinical psychologists also devise treatment strategies for children, involving therapeutic interventions to develop their self-esteem, self-control, personal independence and general psychological wellbeing. Their role is also to enable families to understand the child's emotional and social needs and reduce the isolation among family members towards the child. Clinical psychologists have the prominent role in the interdisciplinary team of professionals and suggest therapeutic mechanisms for the rehabilitation of the child with intellectual disability.

Social workers

Social workers need to intervene to facilitate smooth functioning of different services at various levels along with activities to be undertaken. The role of social worker in the field of intellectual disability is of enabler, a guide, an advocate, liaisoner, a networking specialist, a counselor and an ally. Rakgadi G. Malapela (2024) study highlights the urgent need for improved care and rehabilitation services for adolescents living with intellectual disabilities in South Africa. It reveals significant gaps in infrastructure, access, and support within communities, resulting in these young individuals being excluded from opportunities for development, social participation, and independence. The lack of proper facilities and services has placed an additional burden on families and caregivers. The findings underscore the necessity for inclusive, community-based interventions, strengthened policy implementation, and multi-sectoral collaboration to ensure that adolescents with intellectual disabilities receive the support they need to lead meaningful and dignified lives. In this context, social workers have to liaison between various groups in order to strengthen the mental health services for CID. The role of social workers is diverse and different at various levels, namely- individuals, family and institution as described below-

➢ Individual level (with Children with intellectual disability)

At the individual level, the social worker will work with children with intellectual disability. Initially, the key role of social worker is during the Primary care, where providing emotional support to individuals and families dealing with the psychological impact of disability, offering counseling to manage stress, grief, anxiety, or social isolation. Strengthening primary care to ensure equitable, health-related services for people with intellectual disability (ID) is essential for improving their overall health outcomes. People with ID often face significant barriers in accessing quality healthcare, including discrimination, lack of provider training, and systemic neglect. The integrating tailored support within primary care systems, promotes inclusive practices, and helps address health disparities and foster better long-term well-being for this vulnerable population as stated by Lennox et al. (2014).

The social worker has to help in identifying children with ID with associated conditions and assist them in day to day activities. They need to assess child's strengths and needs in order to determine the kind of support system child requires. After the social assessment is complete, social worker creates an individualized plan to support the child and improve his/her sense of wellbeing. The social workers have to act as advocates for the CID to get them the resources they need. When the services are implemented, the social workers follow up with the clients to make sure that their condition has improved and further refer the clients for more advanced services. The social worker also evaluates the services regularly to confirm that the programs are meeting the needs of the child.

➢ Family level

Environment at home, support and acknowledging the children with intellectual disability in the family plays a significant role in preparing CID for the future. Social workers need to sensitize parents and other family members towards the condition of CID and build their capacities to deal with the child. This can be achieved through organizing regular training programs for the parents of CID in building their knowledge base and skill enhancement. They can also take the responsibility to form support groups of parents, where parents can learn from each other's experience further leading to therapeutic healing. They can counsel parents on an individual basis or in groups and also provide family therapy. Social workers can teach parents how to advocate effectively for their children and locate services that can enable the child as an independent adult. The goal for the CID should be to lead a fulfilling and productive life and not just simply survive. Social workers are the resource persons in organizing sensitization programs and capacity building workshops for parents of CID. Modula (2022) also emphasized the need for a multifaceted approach to support these families, involving collaboration among various stakeholders, including government entities, NGOs, healthcare providers, and the broader community. Such an approach aims to address the diverse challenges faced by families raising children with ID and enhance their overall quality of life.

- **Institutional level**

At the institutional level, social workers play a key role in raising awareness and reducing the stigma around intellectual disabilities (ID). They work to shift public attitudes by partnering with media to create positive portrayals of people with ID. In collaboration with government institutions, social workers advocate for dedicated funding to raise awareness and call for policies and laws tailored to individuals with ID. To strengthen mental health services for children with ID (CID), social workers push for accessible and affordable special schools and advocate for professional training to better support CID and their families. Organizing case conferences and rehabilitation programs, including daily living and sensory activities, is also vital in providing timely interventions. Thara and Vikram (2010) have highlighted the role of social worker in service delivery, community awareness, rehabilitation, advocacy, and research**.** NGOs often fill critical gaps in government services, using innovative, community-based approaches that are culturally appropriate and cost-effective. The authors also emphasize the challenges NGOs face, such as limited funding, sustainability, and integration with public health systems, and call for stronger collaboration between NGOs and government bodies to strengthen mental health care nationwide.

Special educators

At an early age, when the child goes to school to study, the role of special teacher occupies an important place in the intervention model. They are responsible in developing effective Individualized Education Plans for the child according to his/her capabilities. Planning achievable educational goals and executing them with the child using different methods (learning by doing, repetitive learning) is the task of special educator. They have the key role in the inclusion of CID in mainstream school with the appropriate support. Reinke et al. (2011) underlined the substantial gap between research and practical application when it comes to mental health interventions in schools. Gaining insight into special educators' perspectives offers valuable information about the contextual factors at play, which can help close this gap and enhance the implementation of school-based mental health practices.

Parents

Parents play a crucial role in creating a supportive home environment for children with intellectual disabilities (CID) and educating other family members. They help prepare the child for various services like therapy and special education while advocating for necessary support. Parents are the first to notice developmental delays and should ensure proper assessments and services are pursued.

Professionals must work as an interdisciplinary team, collaborating on assessments, diagnoses, interventions, and treatment plans for CID. This approach addresses the child's complex needs, improves healthcare processes, and avoids repetitive assessments, leading to more comprehensive and holistic care. Parents should also be involved in the treatment planning process.

REFERENCES

Hamdani SU, Minhas FA, Iqbal Z, Rahman A. (2015). Model for Service Delivery for Developmental Disorders in Low-Income Countries. Pediatrics.Dec;136(6):1166-72. doi: 10.1542/peds.2015-0861. PMID: 26598452. Retrieved on August 10, 2024.

Kashyap, K., Thunga, R., Rao, A. K. & Balamurali, N. P. (2012). Trends of utilization of Government disability benefits among chronic mentally ill. *Indian Journal of Psychiatry,* 54(1), 54–58.

Kohn R, Saxena S, Levav I, Saraceno B. (2004) .The treatment gap in mental health care. Bull World Health Organ. Nov;82(11):858-66. PMID: 15640922; PMCID: PMC2623050. Retrieved on July 12, 2024.

Lennox, N. , Van Driel, M. , & van Dooren, K. (2014). Supporting primary healthcare professionals to care for people with intellectual disability: a research agenda. *Journal of Applied Research in Intellectual Disabilities,* 53 (2).

Mantji J. (2022). The support needs of families raising children with intellectual disability. *African Journal of Disabilities.* 11 (9), doi: 10.4102/ajod.v11i0.952. Retrieved on August 8, 2014.

Rakgadi G. Malapela. (2004). **Challenges and opportunities in adolescent intellectual disability care and rehabilitation.** *South African Family Practice* 66(1): 5798. Retrieved on August 12, 2024.

Rao, U. (2005). Childhood depression and risk of suicide: a preliminary report of a longitudinal study. *American Journal of Child and Adolescent Psychiatry*, 32 (21), 322- 330. Retrieved on July, 12, 2016.

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly, 26*(1), 1–13. Retrieved on October, 12, 2017.

Thara, R. and Patel, V. (2010). Role of Non-Government Organisations in mental health in India. *Indian Journal of Psychiatry*, 52 (1), doi: 10.4103/0019-5545.69276

Trevithick, Pamela. (2003). Effective relationship-based practice: A theoretical exploration. Journal of Social Work Practice, 17 (3). 163-176. 10.1080/026505302000145699.

World Health Organization. (2013). *Comprehensive mental health action plan 2013–2020*. World Health Organization.