

EDITORIAL

ADHD AND MENTAL HEALTH: FROM MISUNDERSTANDING TO MEANINGFUL CARE

Attention-Deficit/Hyperactivity

Disorder (ADHD) is perhaps the most misunderstood neurodevelopmental disorder, all too often dismissed as restlessness, disobedience, or bad parenting. **ADHD is not a behavioral nuisance. It is a neurological variation that influences the way people think, feel, relate, and live.** ADHD is not a childhood condition—it is a lifespan disorder. **Its psychological toll—in the absence of support—is realized as** anxiety, depression, substance abuse, burnout and emotional dysregulation.



The condition is multifactorial - genetics, delay in brain development, perinatal complications, and environmental exposures all play a part. In our fast-paced world, ADHD is no longer rare. Globally, it affects about 8% of children, with prevalence higher in boys.

Despite increasing awareness, ADHD remains understood in deficit terms. Many live with the disorder without access to treatment or recognition. Misdiagnosis—or worse, no diagnosis—can cause lifelong silent suffering. Without accurate assessment, children are labelled “problematic” or “lazy,” while adults internalize failure, struggling with low self-esteem, disorganized lives, emotional volatility, and underachievement. When girls are overlooked—because their symptoms are quiet—they grow into women battling anxiety, perfectionism, or fatigue, never knowing why.

In India, the silence is louder. Limited awareness among caregivers and educators means many children are punished, not supported. With no structured training to identify atypical ADHD symptoms, most slip through the cracks—especially in public healthcare, where mental health is not a priority. Undiagnosed adults are mislabelled as anxious, depressed, or personality-disordered—receiving treatments that never quite fit. The cost of misdiagnosis is not just personal—it is societal. Children drop out. Adults burn out. Families are left confused, professionals undertrained, and society deprived of the brilliance these minds can offer when supported correctly.

ADHD is not a defect —it's a wildfire. Left misunderstood, it burns self-esteem, relationships, and futures. **But when supported, and given a little care and regulation—it becomes a lamp of wisdom, shining with brilliance, creativity, and compassion.**



-Dr Sripriya Shaji

Co-Editor, Mind Matters

PRESIDENT NEERJA SHUKUL ROTARY CLUB OF NAGPUR

Neerja Shukul, The President of Rotary Club of Nagpur, is a woman of grace and wisdom. She is a homemaker holding a degree in Economics Honors from Banaras Hindu University. She is married to Adv. Navneet Shukul, a lawyer having his own practice and legal consultancy in property matters. They have two sons (Kartik, Kunal), 1 daughter (Kanika) and 4 grandkids. Kartik is an advocate practising in the Bombay High Court, Nagpur Bench and the Supreme Court of India. Kunal is a real estate developer and holds a degree in law. Kanika is a clinical psychologist practicing in U.S.A since the past 15 years.



Neerja follows a strict schedule that keeps her enthusiasm and energy levels high. Her daily routine consists of Puja, Pranayama and Yoga Nidra followed by workout and a healthy diet. She meditates to disengage from the chaos of the external world and keep her mind at peace.

Her Happiness Mantra is ‘Giving back to Society’. She believes in Rotary’s motto ‘Service above Self’ and follows it too. Neerja feels that there is endless scope in Community service and a lot can be done for the upliftment of women and children.

Neerja is passionate about mental health. In her tenure, RC Nagpur **has started ‘Chaitanya’, a Center for Counseling and Positive Mental Health** which offers free services. It also collaborates with colleges and schools to provide counselling and training. The club conducts regular workshops for different target audiences on various topics such as, emotional regulation, anxiety and stress management.

Neerja has immense respect and **admiration for the work done by DAGMHI 3030.** She says, ‘In today’s day and age, there are innumerable challenges that people are facing due to changing times and early exposure to social media. I hope, using this platform, people find the confidence to recognize their mental health struggles and to have them addressed. Together we can work through these issues and have a healthier society to make people feel safe to deal with their challenges’.

-Dr. Aabha Pimprikar

Co-Editor, President - DAGMHI 3030 India

CHAITANYA COUNSELLING CENTRE



Chaitanya Counseling Centre, RC Nagpur, conducted a three-day workshop on ‘Emotional Regulation’ using expressive art, for kids of 9-12 years of age from May 09-May 11. The workshop was facilitated by Psychologist Devika Gokhale.

ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADHD is a **neurodevelopmental condition** that actually affects the child's ability to regulate attention, express emotions and it impacts the behaviour. ADHD is a **lifelong condition** but with a timely support the condition can be improved to a negligible level too. The symptoms of ADHD usually are **visible between the age 5 to 7**, but with proper developmental screening the symptoms can be seen as early as 3 years of age, most of the clinicians prefer to wait until age 4 before doing a formal diagnosis, but the support can start even before the formal diagnosis. Though ADHD is one of the most diagnosed neurodevelopmental disorders in children still it is lesser known and a lot of work is needed to create awareness on this.

ADHD affects millions of children globally, and many parents, teachers, and caregivers remain unaware of its profound impact on mental health, education, and overall quality of life. ADHD is beyond just being inattentive or restless. Such children are generally **described by their parents as forgetful, inattentive, overly active, or emotionally volatile.**

We may classify the symptoms into two:

- 1. Inattention** - trouble sustaining focus, disorganized tasks and belongings, frequently losing items (toys, homework, etc.), forgetfulness in daily activities, easily distracted by extraneous stimuli.
- 2. Hyperactivity and Impulsivity**- fidgeting, tapping, or inability to stay seated, talking excessively or interrupting conversations, difficulty waiting for their turn, running or climbing in inappropriate situations.

The **exact cause of ADHD is still unknown** but it is usually related with genetics, neurological differences, prenatal and early life factors like premature birth, low birth weight, and exposure to toxins and sometimes environmental stressors like chaotic environments can exacerbate symptoms.

Treatment and Management of ADHD

We use a multidisciplinary approach for the management of ADHD. There is no one medicine or line of treatment for all, so we need to plan case to case different strategies. **Along with medicine, behavioral therapy, psychological counseling, lifestyle support and educational support.** And the most important is education and awareness of the family & caregivers.

Early intervention is the key. Timely intervention prevents the development of more serious mental health problems and improves school readiness, family harmony, and long-term confidence. We also need to train the school teachers to handle these children and to avoid bullying at schools. **The holistic model** recognizes the unique emotional, cognitive, and sensory needs of each child, supported by experts in psychology, therapy, and nutrition.

ADHD is not a limitation—it's a different way of engaging with the world. With the right support, children with ADHD can flourish in all areas of life. **Let's break the stigma, embrace neurodiversity, and ensure every child gets the support they need.** Let us pledge to recognize the silent emotional struggles that ADHD brings and offer the support these children deserve—**because every child has the right to thrive, not just survive.**

-Dr. Alok Arora

Clinical Psychologist & Director

JKP Care Foundation

www.jkp.ngo

LITTLE -RECOGNIZED MANIFESTATIONS OF ADULT ADHD

About **sixty percent of children who have ADHD continue to have at least some signs of the disorder as adults.** Though hyperactivity and impulsivity, two amongst the hallmarks of the childhood disorder, significantly reduced by adulthood, the latter age-group continues to show some subtle and not-so-subtle signs of the disorder. Some subtle signs are:

•**Impulsive decision-making in relation to jobs, finances, travel or social sphere.** The attenuated childhood impulsivity may now manifest as impulsive decisions in the above areas, often leading to errors in judgement and subsequent regrets.

•**Changing jobs frequently.** Difficulties arising out of cognitive (intellectual) symptoms of ADHD may interfere with a person's effectiveness in jobs, making him/her keep quitting them serially. Such symptoms may also lead to the employer's dissatisfaction with the employee, leading to serial firing from the jobs.

•**Frequent accidents.** Persons with ADHD are more likely to meet with traffic accidents due to compromised driving skills related to impaired concentration, with the mind shifting away to unrelated thoughts. Such driving-related accidents are likely to lead to injuries more grievous and the vehicular damage more severe than with the average person.

•**Better performance away from the family.** The family's attitude and behavior is often characterized by frustration and hostility, hence it may lower the self-esteem of the person and hamper the potential outputs. Moving away from the family often allows the person to take up an education or job suited better to the individual's personality and abilities, away from the critical eyes of their families.

•**Low frustration tolerance.** ADHD necessitates additional efforts at focusing and grasping environmental inputs and thus takes away much psychological energy. This leaves the person with less energy to cope with frustrations, thus lowering the frustration tolerance, often leading to increased irritability following trivial stimuli.

•**Selecting a partner who is more organized.** Persons with ADHD often choose partners/spouses who are more structured in their functioning as this helps them get more organized with things. But frequently, their marriages run into difficulties due to their inability to plan things and carry out life in an organized manner.

•**Inability to keep track of several things simultaneously.** Multitasking, which requires a rapidly shifting, though a reasonable focus onto different tasks sequentially, is difficult in ADHD. Persons with this disorder frequently get fatigued and ineffective in handling several tasks concurrently.

•**Missing deadlines.** Due to a disorganized way of functioning, such people frequently get delayed in carrying out complex tasks, and generally need absolute deadlines, e.g. the flight or train timings, to finish things in time.

•**Changing plans mid-stream.** Due to frequently shifting focus and interests, such persons frequently change their plans midway in an impulsive manner. This often creates difficulties for the persons close to them.

It must be remembered that the difficulties stated above are not limited to ADHD, individually, or in combination, they can be a part of other psychological disorders like anxiety or depression. A mental health expert needs to be consulted for assessment of ADHD.

-Dr. Sudhir Bhawe

Psychiatrist, Nagpur



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THE GUT-EMOTION LINK IN AN ADHD CHILD

Pavithra is a 6-year-old female referred for the problems of emotional regulation and difficulties with attention. Her complaint primarily entailed excessive crying tantrums, low tolerance of frustration, and hyperactivity. The observations constituted a lack of persistence on tasks and tantrums against slight criticism by teachers. Initial assumptions included the belief of sibling rivalry and being "over-sensitive". Subsequent psychological tests confirmed the occurrence of the Attention-Deficit/Hyperactivity Disorder (ADHD) with Rejection Sensitive Dysphoria (RSD) — a condition that is defined by the exhibition of extreme emotional reactions as a response to a felt rejection but in the absence of an actual rejection.

Dietary history confirmed a daily high consumption of HFSS foods, low protein intake, dependence on dairy foods, and the irregularity of the meals. Some gastrointestinal distress such as bloating, irregular bowel motions, and insufficient satiety also presented itself, suggesting possible gut dysbiosis.

In children with RSD-ADHD, nutrient intake and the health of the gut-brain axis become of critical importance. The enteric nervous system—the "second brain" of the gastrointestinal tract—is directly connected with the central nervous system via the vagus nerve. An imbalanced gastrointestinal milieu is most likely to cause heightened inflammation, impaired nutrient intake (such as iron, zinc, the B-vitamins), and disrupted serotonin and dopamine production—neurotransmitters involved in attention and mood regulation.

An individualised nutritional psychology programme was started for Pavithra. The objectives were:

- Decrease inflammation and intestinal irritants
- Regulation of blood glucose and delivery of neuro-supportive nutrients
- Remove possible allergenic precipitants of inflammation like casein
- Restoring the Gut Microbiome with Natural Prebiotics and Probiotics.

We excluded dairy (and substituted with almond milk, fortified ragi, and sesame) as there was deterioration of behaviour following consumption.

We started with complex carbohydrates with protein in each of the meals like millets with moong dal and idli with peanut chutney in an effort not to have dips in glucose that accompany emotional upsets. Replaced the HFSS (High Fat Salt & Sugar) snacks with the following high fiber snacks: sliced bananas, soaked nuts, roasted chana, and homemade flax laddoos.

Provided natural probiotics (Pazhankanji – overnight soaked rice, buttermilk, Koozh – fermented millet drinks) and prebiotics (onion and garlic, bananas) in a bid to balance the flora of the gut.

The outcomes were:

- Reduction in seemingly post-prandial emotional responses
- Enhancing sleep continuity and appetite control
- Enhanced capacity to cope with minor rejection and delays
- Reduced comfort-seeking behaviours with respect to screen and sugar

Pavithra's condition highlights the way that nutritional inputs influence emotional resilience in an RSD-ADHD. The relationship between the imbalance in the gut and inattentive behavioural has to be clinically verified and is treatable. Nutrition is not a cure in itself, but with a compassionate mother and an educated dietitian, it is an excellent co-therapy that cures the whole child and not merely suppresses the symptoms.

-Dr Sripriya Shaji Ph.D

**Counselling Psychologist & Nutritionist,
Kozhikode**

THERAPIES FOR CHILDREN DIAGNOSED WITH ADHD

The mode of intervention for ADHD can be a multi-model approach, as the main areas of dysfunction are seen in academics and social behaviour. **Not addressing these may lead to low self-esteem, lack of motivation, poor social behaviour, and mood variations.** They may be accompanied by anxiety, depression, defiance, substance abuse, etc. The main components of this approach are mainly medication, behavioural therapy, parental psychoeducation, and occupational therapy.

The Process of Therapy: The interventions start with an assessment to identify the individual's needs, strengths, and challenges. Then an Individualized Plan is made focussing on the specific goals tailored to address the specific ADHD symptoms and other behavioural patterns. The child will be engaged in a certain skill-building program following the goals set in the tailor-made plan which eventually help the child to apply the learned skills in daily life situations like school, home and different social scenarios.

Medication: A paediatrician or a child psychiatrist will prescribe medication after a thorough diagnosis based on the type of ADHD. Along with medication, the child will be put on necessary speech therapy, physiotherapy or psychological therapy.

Behavioural Therapy: It is given by a trained counsellor or a behavioural therapist to control the undesired behaviours of the child. It helps in improving the child's focus, controlling impulsivity, and emotional outbursts. It teaches the child different strategies and coping skills to face daily life challenges. It offers long-term benefits to manage ADHD. This therapy involves both parents and teachers in the child's intervention plan for a more integrated approach.

Parental Psychoeducation: The impact of the diagnosis is very high on the parents, as it may push them to face a lot of stress, depression, guilt, lack of support from the extended family, and financial burden due to various therapies. This psychoeducation is given to the parents to make them understand and accept that some changes cannot be brought about overnight. They are trained to hold their patience through the process of intervention without giving up in the middle. This is to educate them about the importance of interventions and on how to follow the program suggested by the behavioural therapist and the occupational therapist without fail, to be on the same page with them.

Occupational Therapy: It is a vital intervention to enable these children to overcome his/her physical functioning deficiencies. The purpose of giving this therapy is to bring improvement in the domains of sitting tolerance, hyperactivity, executive functioning, time management, organizing skills, impulse control, mindfulness, self-care, social skills, fine motor control, sensory integration to calm down and productivity by improving their focus on the given task.

-Keerthy Sudha Ramani

**Counselling Psychologist & Remedial Teacher,
Hyderabad**

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An appeal to our Readers!**

Dear Readers, If you think our work is significant in bringing Mental Health Awareness across the globe, please support us with your generous contribution. Please scan the QR code and donate (Please pay only in INR).

**-Warm regards,
Team Mind Matters**



CREATING COMFORTABLE
SPACES FOR ADHD KIDS

An ADHD-friendly environment isn't just about structure; it's about understanding what works best for the child. Each child is unique, so finding the right balance to help them feel calm and in control is essential. By exploring each element in detail—routines, organization, visuals, and time management—one can create a supportive home that nurtures the child's growth and well-being.

To minimize the distraction of any child, a clutter free space should be designed with minimal organisers and furniture.



- Place the furniture to promote focus and minimize unnecessary movements.
- Lights, acoustics and color palettes should be chosen to calm the sensory organs, reduce stress and promote relaxation of nerves. Natural lights, Neutral colors and Soundproof rooms should be used.
- A quiet corner should always be there for the child.
- The ADHD kids have immense love for nature so Biophilic design should be used to calm them.
- Visual aids and clear signages should be used to help with spatial awareness and navigation. This clearly creates a sense of order and control.
- For outside areas a sensory garden plays a vital role thus enhancing their comfortability.



Quality room design for a child with ADHD is undoubtedly an investment in their well-being and development, as well as a boost for concentration, organization, and calm behavior.

-Arch. Nivedita Singh
Nagpur.

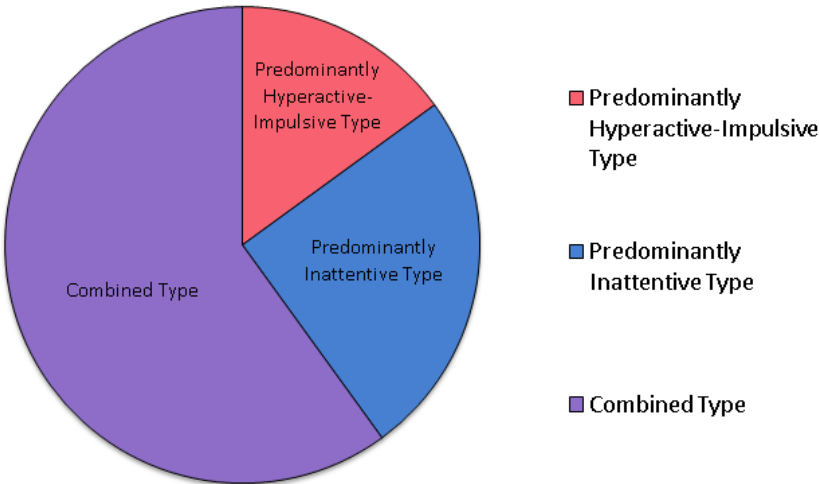
Technology and ADHD:
Challenges, Risks, and Emerging
Tech-Based Solutions

In today's hyper-connected world, the intersection of technology and Attention-Deficit/Hyperactivity Disorder (ADHD) presents both unique risks and promising opportunities particularly for children in educational environments. While digital tools can support ADHD management, excessive and unregulated screen exposure has been shown to aggravate **impulsivity, emotional dysregulation, and attention deficits**, driven in part by altered dopamine responses and reward-seeking behavior (Beyens et al., 2022; Twenge & Campbell, 2018). Children with ADHD are especially vulnerable, as prolonged screen time can **impair academic performance, trigger anxiety, and reduce sleep quality, creating a compounding cycle of behavioural challenges**. In schools, sports teachers and appointed guidance counselors serve as the first line of defence playing a vital role in identifying early behavioural signs, implementing awareness programs, and guiding students toward healthier digital habits. **When thoughtfully applied, technology can transform into a powerful assistive tool.**

AI-based apps like *Focus Will* (B2B: concentration aid) enhance focus through tailored soundscapes, while *Forest* (B2B: gamified productivity) rewards staying offline, promoting task persistence. *Brili Routines* (B2B: visual scheduling) helps young learners manage daily routines, and *Mightier* (B2B: biofeedback-based emotional regulation) uses wearable sensors to support emotional control in real time. *GoZen!* and *BeMe* (B2B: CBT-based wellness apps) deliver guided mental health support suited for children with ADHD. Additionally, apps like *Qustodio* and *Bark* allow parents and school IT teams to moderate digital exposure effectively. Ultimately, **technology is neither a threat nor a cure; it is the framework of use that defines its impact**. When digital tools are embedded into structured school systems with trained staff and supportive caregivers, they can evolve from distractions into dependable allies, helping children with ADHD thrive emotionally, socially, and academically.

-Randeep Kumar
Founder, Jamitson Healthcare

Approximate Prevalence Distribution
of the Subtypes of ADHD



FROM GUILT TO GUIDANCE TO GLORY!

As a toddler, Sahil often ran into walls while crawling and running. By the age of 5, he was constantly fidgeting, unable to stay still or stop talking. His parents noticed he couldn't follow routines without repeated instructions and seemed inattentive. As he grew older and began interacting with peers, he frequently picked fights, became angry without reason, and troubled his sister beyond normal sibling quarrels. His parents tried disciplining him, but his behavior persisted. His school teacher would call every day and report about his 'misbehavior'. His father's transferable job also made it quite difficult for him in adjusting and adopting.

At the age of 10 years, he was referred to a specialist, by the school counselor, who after certain tests diagnosed that Sahil had moderate (combination of inattentive and hyperactive-impulsive) ADHD. The parents were devastated with guilt of not being able to understand their child for the last 10 years. However, counselors helped them **accept the fact and reduce their guilt**. They all came up with some **strategies to tackle his ADHD**.

1.Sahil's parents started **being vocal** about his ADHD. They explained to others that Sahil's behaviour is not his choice but is a part of how his brain processes information and responds to the environment.

2.Sahil had a **fixed routine** every morning which kept him focused and on track. This also reduced his feelings of being overwhelmed and anger issues. The parents developed a **family calendar** where parents could give quality time even to the younger sibling.

3.Sahil started **cycling** with his father which improved the quality of his sleep, he engaged better in classes and also reduced fights.

4.Sahil's mother **identified those parts of his routine** where he would get agitated or distracted easily (getting ready for school and beginning the homework). She would give simple, clear and positive instructions to get him going.

5.**Frequent reminders and positive attention** instead of critical correction helped Sahil to be on the right track without feeling low. Sahil's mom would praise him as he began his routine and never waited for the task to get completed. This increased his confidence.

6.Clear instructions with **rewards and incentives** (at the point of behaviour) motivated Sahil to complete his routines. Story time was kept reserved for the boring part of the day – it is difficult to get most of the ADHD kids into bed. Sahil also faced **consequences** occasionally (e.g. a time out if he troubled his sister).

7.A tiny part of the day where the parents monitored Sahil **without much instructions** but discussed his behaviour with him later; **made him responsible and work on the condition on his own**.

Sahil's parents reframed and reworked these strategies for many years with the help of the counsellor. Sahil is now working as a resident doctor in a leading medical institute of India and helping his patients and the students who have been diagnosed with ADHD.

-Dr. Aabha Pimprikar
(Dental Surgeon)
Co-Editor

BEYOND THE MYTHS: HELPING KIDS WITH ADHD THRIVE IN SCHOOL

Several families struggle with a child having Attention-Deficit Hyperactivity Disorder (ADHD). Despite being slowly recognized by many, there are a lot of misconceptions that continue to persist, which need to be addressed, especially in educational settings, which absorb a significant portion of the child's day.

Let's discuss some of the most common myths that people know of:

Myth 1: "ADHD is the outcome of poor parenting or lack of proper discipline."

This oversimplification is incorrect. ADHD is a neurodevelopmental disorder that defines how children manage attention, impulse control, and activity in the brain. It is neither the result of a parent's failure nor a child's misbehaviour.

Myth 2: "ADHD only occurs in boys."

Even if there is a higher prevalence of diagnosis in boys, girls also experience ADHD to varying degrees, often characterized by inattention or mind-wandering. These signs are frequently much more subtle, which results in many girls going undiagnosed or receiving diagnoses without thorough evaluation.

Myth 3: "Children with ADHD are not intelligent."

This statement is incorrect. While children with ADHD may face challenges with focusing or remaining still, they are often highly creative and resourceful. They need support that matches their learning style rather than facing criticism.

By accepting ADHD, we can help children face the challenges in school. Children with ADHD find it difficult to sit through long classes, complete their homework on time, or obey instructions, and frequently deal with misleading labels like lazy, disruptive, or careless.

Below are some suggestions for Parents to step in as Supportive Caregivers:

1.Use strategies to work closely with your child's educators: Provide reports of the child's challenges, strengths, and medical evaluations. A collaboration of this ecosystem results in helping the child feel acknowledged.

2.Request suitable school accommodations: Regulations like sitting in the front row, providing step-by-step verbal instructions, and extra time for tests can create a major difference.

3.Build a supportive home with routines and reminders: Setting clear goals, using visual aids, and celebrating even the tiniest of achievements can help in the improvement of a child's self-confidence.

4.Actively progress with your child as they grow: Understand that ADHD will not fit in a standardized box, and as a parent, you must adapt to changing needs and strengths as your child develops.

Supporting a child with ADHD does not mean transforming their identity; it means understanding how they engage with the world around them. **When families set aside misconceptions and approach with compassion and understanding, these children not only manage but also flourish. ADHD does not limit children; a lack of understanding confines them. Give these children the facts, not misguided assumptions, and the chance to excel.**

Akanshaa Hirraani

Founder & Head Psychologist,

CALMFIT COUNSELLING

(<https://calmfitcounselling.com>)



EXCLUSIVE CONVERSATION WITH MRS. SHASHI GUPTA

VIDHYANJALI: FOR CHILDREN WITH LEARNING DIFFICULTIES.



Mrs. Shashi Gupta, Founding Principal

Mrs. Shashi Gupta is a much accomplished, recognised and celebrated educationist in Hyderabad. After serving for 17 years as Headmistress and Head of Department of Science in a much reputed school, she founded **Vidhyanjali in the year 2001- a unique one-of-its-kind school**. She created a nurturing educational space for children who 'are generally looked down upon'. Children with learning disabilities, ADHD, autism, slow-learners and other challenges were all welcome. We are delighted and grateful that she agreed to spare some time to share her inspiring journey with Devika Gokhale, our team member.

-Rita Aggarwal, Editor



Team, Vidhyanjali

on the rise. Today's parents have less time for their children and hence push them to be independent at a young age. Due to this, they become impatient, impulsive and lack expression. **We encourage expression in all forms-** be it yoga, pottery making, public speaking, aerobics, dancing, music, painting, home science. For children with ADHD, we realise **Pet Therapy and Music Therapy** specifically have been very helpful. Recently we introduced Pet therapy and that has helped the children calm down, relax, feel and connect to another living being and be happy.

We make sure that a lot of **sensory experiences (through nature) and expressive activities** are included along with academic learning. We encourage children to play with sand, clay and water and also encourage scribbling as much as they want, to promote proper regulation of emotions. We ensure that there are **no strict directives from the teachers** to do these activities in a specific way, since the attention span of these children is low and freedom of movement is important. We celebrate all the festivals besides, fetes, picnics and melas.

Such children have a **good memory, are highly functional** and are good at music and dance! Their energies once channelized into the right direction gives wonderful results."

Devika- What about the role of parents and their challenges?

Shashi Gupta-"The biggest challenge for parents is accepting the fact that the child has a problem and needs a proper diagnosis from a professional. We tell them **not to neglect the early signs and not to waste time**. Early diagnosis and early intervention is the key to handling such situations. The role of parents is very important in all ways. **They need to be patient and very positive in their approach throughout**. We spend a lot of time counselling them, assuaging their guilt, doubts and fears and assuring them to be confident and to have faith. We maintain a Whatsapp group of parents for open communication."

Devika- What is your vision for inclusive education?

Shashi Gupta- "In bigger schools, segregation still persists even though they claim to follow an inclusive education system. A certain percentage of children do score between 45% to 50% as they struggle with formal education. I feel they have every right to seek education. It takes all types to make a world. For such children instead of higher academics, vocational courses are ideal and hence we keep searching for appropriate courses and institutes for them. For example, courses such as lab technicians, simple data entry jobs, office work etc., can be suitable for them after twelfth std.

I always tell others that it's not important to be a high scorer- it is more important to build your personality, confidence, character and build a life for yourself."

Devika- Madam, Please tell us about 'Vidhyanjali'?

Shashi Gupta-"The institute celebrates each child's uniqueness, offering personalized support that fosters academic growth, emotional well-being, and social development. Following the **NIOS curriculum and enriched with a range of extracurricular activities**, 'Vidhyanjali' helps students evolve into confident, capable individuals. The institute's dedicated team and inclusive approach ensures every learner receives the care and opportunities they deserve. Vidhyanjali is **a non-profit organization, supported by well-wishers**. In my teaching years, I saw a good percentage of students facing issues with learning, slowness, autism, hyperactivity etc. Mostly such students were either asked to change schools or were ignored in class. I was compelled to help such children, so we started 'Vidhyanjali'. Initially people were skeptical and critical, but my husband and children supported me throughout. My sister Rita Aggarwal has been of great help.

I treat every child like a normal child. We started with just 25 students in the first year with classes up to 5th grade. Now we run it like a proper school, with uniform, time table and exams, with classes till senior secondary level and courses from Indira Gandhi Open University (IGNOU)."

Devika- Can you share some proud moments in your journey?

Shashi Gupta- "Oh there are so many! Children from our school, today, are proud professionals earning their livelihood. We have doctors, engineers, management graduates, administrative staff, bankers, railway employees, hotel managers and entrepreneurs!. Many of them are married with children and it's wonderful to meet them when they visit us. We are also happy to tell you that children from other states as well as from other countries such as Kuwait, Bahrain, Singapore and Australia seek admission with us, stay here for the entire course till completion."

Devika- How common is ADHD in children and do creative activities help them?

Shashi Gupta- "ADHD is very common among my children and I also feel it's