APSWP
SOLIDARITY STANDARDS ETHICS

# PSYCHOSOCIAL MATTERS
## THE APSWP NEWSLETTER

▪ Newsletter – No. 4 ▪ For Private Circulation Only ▪ January 2022

## Editorial

Let's start the New Year with Alen Chandy Alexander's small piece of anguish that forms the concluding note of this issue of Psychosocial Matters. Now and again over the past two years, APSWP members will recollect agonising over the various difficulties confronting psychiatric social workers – qualifications and job titles, pay parity with other similar professions, accreditation with the Rehabilitation Council of India, the National (new) Education Policy and the status of M.Phil. (PSW), and other such issues. Alen's response has come in the form of this plea to younger PSWs to create a battle vanguard rather than dealing with problems by looking the other way and hoping for the best from the seniors. The psychosocial space is large and immensely rich. Do rise up to the challenge, dear younger members!

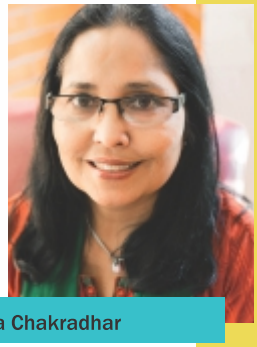
As for the ageing populations, data from the newest National Family Health Survey (2019-21) tells us that we are now truly on the way to becoming an 'elderly' nation, with fertility rates for the first time falling below replacement levels. If chronic illnesses are a part of the ageing syndrome, we have Kala Chakradhar sharing her experiences on Kate Lorig's CDSMP Approach to help people with age-related morbidities as well as their caregivers to use their very problems as the basis for stimulating discussions on how life can get better. It is a group based approach that adapts well to the natural inclinations of Indians – despite all their diversities – to talk their way to better coping and management. Try it and let me know how it works for you, she says.

Our President's upbeat Message quotes Robert Frost to keep us going, while our Secretary's Report informs us that it's been a fairly active half-year after all, despite the pandemic and other hiccups. And finally, I have included a piece of my own that I wrote some time ago based on my rural development project experiences with colleagues. I bare my soul to you, if I have to be honest about it. I'm sharing the small but grim caselets only for the lessons they hold for all of us on Psychosocial Matters.

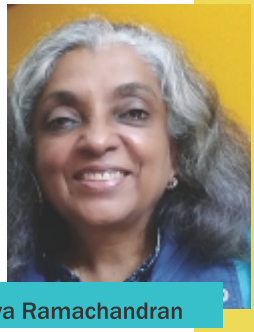
*2022! Fill it with your best and make it your own!!*

Vidya Ramachandran

## CONTRIBUTORS TO THIS ISSUE



Kala Chakradhar



Vidya Ramachandran

Alen Chandy Alexander

APSWP.Newsletter No.4
Registered : DRB-3/SOR/396/2019
Email : apswp.india@gmail.com
Website : www.apswp.org Facebook : apswpindia Twitter : @apswp Instagram : apswp_india

# MESSAGE FROM OUR PRESIDENT

Happy New Year and welcome to the 4th issue of 'Psychosocial Matters'. Hope this year finds you all in good spirits! The pandemic still rages on, with new variants adding more chaos to the existing conundrum! In this context, I am reminded of Robert Frost and his take on life, "In three words I can sum up everything I've learned about life : It goes on."

We mourn the passing on of two stalwarts from the field of professional social work - Dr. Vimla Nadkarni, former President of the IASSW and one of the architects of the ongoing campaign for the National Council for Social Work Education, and Dr. Usha Bapat, a pioneer psychiatric social worker in the field of Nephrology and one of the founder members of the Kidney Foundation of India. We pay our respects to both these extraordinary women.

In our continued effort to provide platforms for growth and knowledge in the field, the Association in partnership with RINPAS and with the participation of all the Departments of Psychiatric Social Work, conducted an academic lecture series for M.Phil. PSW trainees from across the country. Psychiatric Social Work academicians, practitioners and other professionals like psychiatrists, lawyers and clinical psychologists from India and abroad consented to be resource persons for this lecture series. I would like to place on record our appreciation to the organizers of this academic lecture series and thank all the resource persons who participated pro-bono.

APSWP would also like to appreciate the APSWP Kerala Chapter for having successfully organized a two-day online conference SOWOCO 2021 – The Road to Synergy, with the Department of Psychiatric Social Work, IMHANS, Kozhikode. I take this opportunity to request all our members to actively contribute to the newsletter their experiences and expertise in the form of articles, snippets and messages. Our editorial team has been tirelessly working to ensure the standards in the dissemination of knowledge. Let us take a moment to applaud their efforts.

Once again wishing you all a Happy, Healthy and Safe New Year!!

***Stay safe.***
Regards,
Sobhana H

***From one of the occasional off-line Training programmes***

*The cracked waterpot was rather ashamed that he could not bring a full pot of water home from the river because he dripped, until he noticed that his side of the path was grassy and had flowers! Thank you for the water, they said to him.*



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# FROM JULY TO DECEMBER 2021…OUR SECRETARY SPEAKS

It may seem like a shorter report this half year than the previous three but in fact, it has been a packed half year mainly because of the lecture series that APSWP did in collaboration with RINPAS to input into the professional development of student PSWs. Allow me to report on it in the words of Dr.Renjith Pillai who, along with Drs.Manisha Kiran, Jobin Tom, and Bhupendra Singh, coordinated the whole effort.

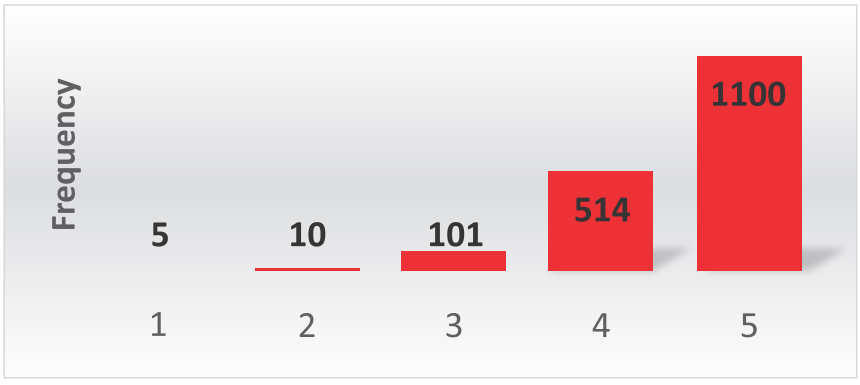
*The Association of Psychiatric Social Work (APSWP) in collaboration with the Department of Psychiatric Social Work, Ranchi Institute of Mental Health and Neuro Sciences (RINPAS), successfully completed an ACADEMIC LECTURE SERIES between the months of August and December, 2021. The series of 76 lectures was exclusively organised for M.Phil. PSW trainees from across the country, and largely focussed on the syllabus of their course. It was attended by 1,730 students from institutions across the length and breadth of India. They were charged no fee, and the programme was delivered online via the Zoom Platform.*

*The programme was formally inaugurated on 9th August, 2021, by Dr. D. Muralidhar, Professor (Retd.) and Former Head of the Department of Psychiatric Social Work, NIMHANS, Bangalore, who spoke on 'Strategies to improve the professional status of Psychiatric Social Work'. Dr. Sonia P. Deuri, Professor and Head of the Department of Psychiatric Social Work, LGBRIMH, Tezpur, was the keynote speaker and talked about 'Psychiatric Social Work Education in the Pandemic Period'. Dr.Sobhana H, President, APSWP, presided over the function. Lectures commenced on 10th August and the last lecture happened on 21st December, 2021. There were four classes in a week running Tuesdays through Fridays, held after office hours between 6.30 pm and 8.00 pm.*

*A multidisciplinary mix of resource persons (faculty members, practitioners and researchers) from the fields of psychiatric social work, psychiatry, clinical psychology, psychiatric nursing, law, public health, and other connected subjects drawn from within the country and abroad were part of the programme. All the 76 lectures were delivered pro bono. Certificates of Appreciation were given to all the resource persons. Their cooperation was truly a matter to be gratefully acknowledged during this pandemic period impacting academic exercises at many institutions. The Valedictory Address on 21st December was delivered by Dr. A. Thirumoorthy, Professor and Former Head of the Department of Psychiatric Social Work, NIMHANS, Bangalore. Dr.Kalpana Sarathy, Professor and Deputy Director of the TISS Guwahati Campus was the Guest of Honour and spoke on 'Professionalism in Psychiatric Social Work'.*

*The entire programme was coordinated by Dr.Manisha Kiran, Associate Professor and Head, Department of Psychiatric Social Work, RINPAS, Ranchi, Dr.Renjith R. Pillai, Associate Professor (PSW), Department of Psychiatry, PGIMER, Chandigarh, Dr.Jobin Tom, Assistant Professor, Department of Psychiatric Social Work, IMHANS, Kozhikode, and Dr.Bhupendra Singh, Assistant Professor and Head, Department of Psychiatric Social Work, Institute of Mental Health Pt. BDSUHS, Rohtak.*

*The programme was rated as follows by the participants :*




*1 = Very Poor*
*2 = Poor*
*3 = Average*
*4 = Good*
*5 = Excellent*

*The team plans to bring out a book based on the lectures delivered, and also upload the recorded lectures on the APSWP YouTube Channel with the permission of the resource persons.*

Other than the above, two more academic programmes were completed in this half year :

- A week-long intensive training programme in July 2021 on Clinical Social Work Practices for students of Medical and Psychiatric Social Work, in collaboration with Manashanthi, Mangaluru, and Prasanna School of Public Health, MAHE, Manipal.

- A Webinar Series to mark the Mental Health Week in October 2021, in collaboration with PDMS Nursing College, Swami Vivekanand Subharth University, Meerut.

**Association Meetings /–** The pandemic continued to dominate the scene. Nevertheless, three meetings were held as follows, all of them online :

***i.*** The 9th meeting of the Executive Committee on July 3, 2021

***ii.*** The 10th meeting of the Executive Committee on August 30, 2021

***iii.*** The 4th meeting of the APSWP Core Group on August 30, 2021

**Membership /–** Life membership which stood at 183 six months ago has now gone up to 195. A slow rise but a rise, nevertheless. This includes 8 members living outside of India (U.K., U.S.A., Canada). Although several categories of membership have been provided, as of now all members of the APSWP are life members. The map included alongside locates the areas in India from where members have joined; it does not include overseas members. This pictorial representation is an immediate pointer to the fact that the northwestern part of the country is under-represented. We have to put in efforts to solicit members from Rajasthan, Gujarat, etc. while encouraging more and more PSWs from everywhere to also join.


**Letters /–** The concern with regard to qualifications specified for the appointment of Psychiatric Social Workers to posts in various institutions continues to prevail, as can be seen from the majority of the letters that were sent out by APSWP in this half year, with the other letters reflecting other continuing areas of concern :

***i. 03.07.21:*** Letter (Ref. No. 15/2021) to the Dean, Gandhi Medical College, Bhopal, regarding the qualification for the post of PSW.

***ii. 19.07.21:*** Letter (Ref. No. 16/2021) to the Director, MIMH, Pune, regarding the qualification for the post of PSW.

***iii. 10.08.21:*** Letter (Ref. No. 17/2021) to the Director, LGBRIMH, Tezpur, regarding the qualification for the Faculty position of PSW.

***iv. 13.08.21:*** Letter (Ref. No. 18/2021) to the Secretary, Public Health, Dept. of Health and Family Welfare, Govt. of Maharashtra, regarding the qualification for the post of PSW.

***v. 16.11.21:*** Letter (Ref. No.20/2021) to NHM, Assam, regarding the qualification for the post of PSW.

***vi. 30.09.21:*** Letter (Ref. No.19/2021) to RCI regarding reconsideration of PSW to be brought under RCI.

***vii. 17.12.21:*** Letter (Ref. No.21/2021) to Karnataka SMHA, regarding waiver of registration fees for PSWs.

**Nominations /–** Details of APSWP were sent to be included in the status document of Professional Social Work Associations in India being prepared by NAPSWE.

**Statutory Compliances /–** A somewhat complicated situation prevails since the twin problems of the pandemic on the one hand and the serious scrutiny by the Central Ministry of Home Affairs of all the thousands

of organisations registered under the Societies' Registration Acts of all States on the other hand has meant that renewal of registrations of hundreds of organisations in Karnataka are still pending, and that includes APSWP. This has nothing to do with the performance of APSWP; as of now it is only a matter of bureaucratic procedural delay.

**Other Matters /–** Formation of APSWP State-wise Chapters has been a matter that has been discussed and encouraged right from the beginning.

- The Kerala Chapter that had already been formed was formally incorporated as a registered Society on September 9, 2021. With this, it now has its own independent legal status. In this half year, the Chapter conducted SOWOCO – Social Work Conference – referred to in our President's Message above, a two-day online conference on the main theme of Social Work Practice in Addiction Settings. This was on the 10th and 11th of December 2021. That apart, on the World Mental Health Day, October 10, the Kerala Chapter conducted a Mental Health Literacy Training Programme for ESAF Santhanam Mental Health Volunteers.


- In July 2021, action was initiated to form a Chapter of APSWP in Tamilnadu.

To conclude, APSWP members have continued to remain active on WhatsApp and elsewhere. Covid-19 has seen a huge spurt in mental health problems as people learn to re-negotiate their livelihoods and relationships under circumstances that could not even be imagined two years ago. As we go into releasing this fourth issue of Psychosocial Matters, a new variant of the virus is spreading and a 'Third Wave' seems to be upon us. In the same way that we have faced many difficult situations in the past, I have no doubt that we will face this one too, with resolve, strength, and good cheer.

E. Aravind Raj

# Lead Essay

By Kala Chakradhar

## A GROUP-SUPPORTED SELF-MANAGEMENT INITIATIVE THAT TOUCHED A CHORD

*Kala Chakradhar teaches Bachelor's level Social Work students in the United States of America at the Murray State University, Kentucky. Her teaching areas are research, mental health, substance use prevention and treatment, health care, gerontology, practice skills and international social work. She has recently introduced courses on Immigration, Financial social work, Peace building for the helping professions, and Human trafficking. Kala is also a licensed clinical practitioner and spends part of her time in practice in a community mental health centre. She is passionate about community-based practice interventions and empowering individuals, groups and communities in different ways. Kala will be happy to connect with anyone who wants to know more about her work or share experiences of their own. She can be contacted at <kchakradhar@murraystate.edu>*

Namaste and hello to all APSWP readers! I am Kala Chakradhar, and am happy to introduce myself as a relatively recent member of APSWP and a first-time contributor to the Newsletter. In this piece that I am writing, I would like to share with you about an evidence-based group-focused intervention facilitated by lay leaders. It is directed towards self-managing chronic, noncommunicable health conditions like diabetes, cardiac disease, arthritis, asthma, hypertension, and others, along with adhering to medical guidelines. While I implemented this intervention with an interprofessional team in the US about 10 years ago, it got me thinking about its natural fit for the Indian context. Prevention at multiple levels (primary, secondary and tertiary) using the public health model, has always been a key feature of health promotion in India. There is also an openness within major segments of the population to pursue multiple interventions to foster and support recovery from illness and disease. These, as we know, also include the traditional systems of healing which are sought as a first step, simultaneously, or to complement other interventions. The Chronic Disease Self-Management Programme (CDSMP) that I will write about here is the group-based intervention that can complement conventional medical care for chronic illnesses.

Chronic illnesses by their very description extend life-long once diagnosed, requiring regular monitoring and consistent care. A recent news release by the Union Ministry of Health and Family Welfare early this year highlighted some findings from the first Longitudinal Aging Study in India (LASI). According to this report about 7 out of 10 senior citizens deal with some chronic condition, with about 23% (more women) managing 'multiple-morbidities'. What is not unexpected is the identification of accompanying depression in one-third of this population as well as instances of hospitalization in the past year and inevitable health care expenses. Some disturbing trends are also evident in the 45–59-year age group in terms of unprecedented health crises and their higher health care utilization. Given these orientations to health maintenance and the evolving dynamic with chronic health concerns, the following narrative may hold promise for suitable adaptation.

The CDSMP was created by Kate Lorig and her colleagues in the late 90s at Stanford University, California. It is a highly structured 6-week programme for participating group members who are dealing with one or more chronic illnesses. The group is led and facilitated by 2

peer instructors who are either managing their own chronic illnesses or are caregivers for someone with a chronic illness. The group meets once a week for 2½ hours for these 6 weeks. The instructors/facilitators are trained and guided by a Manual that they follow, with each week dedicated to topics related to managing various aspects common to most chronic illnesses. These topics include managing negative emotions, pain, diet and nutrition, exercise, creating and maintaining social support networks, managing medications, and communicating with doctors/health care providers. Creating 'action plans' and reporting back weekly to the group is a distinct feature of the group experience to motivate members to initiate change and share successes and challenges.

This approach is founded on building self-efficacy through supporting knowledge and skill acquisition in problem-solving, decision-making, information processing, understanding one's own responses to the disease, and coping in suitable ways. It is also close to our training and practice as social workers, our familiarity with group work and the transformative benefits of the group process and mutual support. This intervention also draws on Albert Bandura's social learning theory facilitating opportunities for group members to observe, model, collectively learn and change health-related behaviours.

How this played out in the community we were part of involved a sequential process of :

**1.** Getting trained in implementing the group intervention utilizing the Manual to ensure fidelity. The Department of Aging and Independent Living at the State level was actively promoting this intervention and the training and materials were offered at no cost.

**2.** Recruiting potential group facilitators (lay leaders) from the community for the training.

**3.** Identifying, inviting, and making a group of members for the 6-week group intervention.

**4.** Setting up the logistics such as meeting venue, meeting time, breaks and snacks, if any, etc., to the convenience of both group members and group facilitators.

We facilitated 5 groups over 2 years and some former participants, in turn, formed and facilitated more groups. The setting/venue for these groups included senior centres, health departments, wellness centres, community centres, and so on. The training format itself was identical to the group intervention where we, as trainees, took on the roles of people with chronic illnesses. All of us were either experiencing a chronic illness or had experience in caregiving. Given the extended duration of the group meetings, a break with light refreshments formed another opportunity to learn and share about healthy diet options.

For me, the only social worker in this team, what I also found fulfilling and energizing was the groundwork that was required to pursue community partners as part of promoting this programme and enlisting members for the group. I want to share an excerpt from what we published about this initiative which reflects member experiences.

***"... Some were caregivers of aging and sick spouses/parents/siblings in addition to managing their own health. There were struggles with feelings, relationships, physical limitations, sexual orientation, compulsive habits, initiating change, and there were remarkable stories of awe-inspiring accomplishments, life journeys and resilience as well. There were losses through members' passing and crises in members' lives. The power of the group in instilling hope and courage, motivating change, sustaining focus, recognizing universality and creating bonds was an experience beyond what words can capture"*** (Chakradhar et al., 2015).

Given that this initiative has made its mark not only in several states in the US but internationally as well, reducing hospitalizations, health care costs and most important, building people's confidence and self-efficacy, I see promise for this approach in the Indian context. While the CDSMP Manual is available in Hindi, I find only a couple of reports on use of this intervention and with the Sikh population in the UK. These reports share some unique cultural aspects to consider specifically within group diversity that can pose a barrier. While I acknowledge my limits in familiarity with the changes here in the past 2 decades, I see possibilities for use of this approach in primary health centres, hospitals, workplaces, community centres, neighbourhoods, residential common areas, educational institutions, specialty clinics, retirement communities, and many other settings. Cultural differences like language, health beliefs, dietary practices, gender, class and caste sensitivities can be sensitively navigated in the planning and implementation. Some of these differences may prove to be strengths with mutual sharing and learning with the added recognition of the illness experience members would share in common. The illness itself does not discriminate.

I want to close with inviting readers' thoughts, inputs, questions and comments on the feasibility of adapting this approach to communities and populations here managing chronic illness.

## Confessional...

### The Three Mistakes Of My Life

**When I failed to do what I had to do and have to live with myself**

By Vidya Ramachandran

*VidyaRamachandran trained at NIMHANS in the first batch of the M.Phil. Programme in Psychiatric Social Work. However, she went into the field of rural development that engaged her for the rest of her economically active life. The piece that she has written here is from her time spent in rural work. Deciding to retire while still strong enough to move around and connect with family and friends, she is also reconnecting now with the field of mental health, thanks to APSWP.*

The title is a straight lift from Chetan Bhagat, of course, but if anything, it is only attention grabbing. It really does not fit. To call these acts mistakes is to let myself off lightly, and to trivialise the trauma of those who suffered. The stories are true. I have changed the names of the people I'm writing about (whereas actually, it is my own name that I ought to be hiding).

Prasanna Kumar was a Project Officer I liked and admired although I found it impossible to share the same rapport with him that I did with most of my other colleagues. I was his supervising officer and did, indeed, help him with his plans, budgets, fundraising efforts and reports but I probably learnt more from him than he did from me. Personality-wise, he seemed like a man who held himself on a leash. He was always brusque and morose; I don't think I ever once saw him even smile let alone laugh but his field work was practical, his meetings were efficiently conducted, and his staff respected him. He had no time for arguments; he was very much the boss. At the time when we started working with each other, Prasanna was the father of two small children; the younger was still a babe-in-arms; the older a toddler who was very attached to him. In a rare confessional moment Prasanna told me he had married for love but that this love was now under some stress. He felt that Sudha Rani was a poor mother. 'My son does not like being with her. He cries when I'm away and stops only when I return', he told me. I had seen that to be true. On the days when we were at meetings on the campus – which had the Project Offices as well as a few staff quarters – I could hear the child crying the entire day. He calmed down only when Prasanna picked him up, the morose, joyless Prasanna.

The Project Campus was at some distance from any refreshment facility, and there was the rare occasion when I ended up having to eat dinner at Prasanna's home. Sudha Rani had a broad smile that never left her face but never reached her eyes either. Despite my efforts to engage her in conversation she never said a word but served the meal in smiling silence and did not join us at the table. The tension between husband and wife was very obvious; there was no conversation between them and I got the feeling that Prasanna was actually repelled by her. At the same time I also got the feeling that in some vague way Sudha Rani felt she could connect with me.

With changes in the organisation there came a time when I no longer had direct contact with Prasanna. Some months after this I was surprised to get a letter from Sudha Rani. It was written in English. It talked of the sheer torture she was undergoing in her marriage. She feared to remain in it and begged to be given a job, even a very small one like a tailoring instructor at some village skills training programme, just so that she could get away from Prasanna with a tiny measure of economic independence. Her own family had rejected her because of her love-marriage, and she had no one to turn to. What should I have done? I very much wanted to help, the problem ate into me, but the fact is, I did little. I took it up with a senior administrator who simply joked about the hysterical ways of women. I smiled when I probably should have hit him. I reminded myself that there was no tailoring instructor's post, I told myself that in any case, a small job like that would be of no use at all, I let myself think that things would work out between Prasanna and Sudha Rani, and mostly, I told myself that it was prudent not to get involved in the family matters of staff.

Prasanna left the organisation soon after. Some months later, I heard that Sudha Rani had died of burns in a kitchen accident. There were those who believed it was an accident and those who believed she had been killed. There were those who said that her family had now materialised with threats of court cases and settled for cash paid out by Prasanna. But as far as I was concerned, I had known that she was afraid of Prasanna, known that she had wanted out, known that she had tried to place her faith in me, and now knew that I had failed to float even a straw that she could clutch at, with a consequence irreversible in this lifetime.



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Email : apswp.india@gmail.com
Website : www.apswp.org Facebook : apswpindia Twitter : @apswp Instagram : apswp_india

Avinashalingam was a simple young man with strong roots in rural Tamilnadu. Employment brought him to Karnataka where he got a job as a village-based Extension Officer. He was ordinary and insignificant and would probably have been unnoticed but for his cheerful demeanour and positive outlook. He was scruffy in appearance and not particularly good at his work but carried out instructions satisfactorily. He came from a poor family and his own salary was rather meagre as well. He was married to a woman who had a low-level Government job – a Gramasevika or an Anganwadi worker or something like that – and since it was stable employment with an assured monthly income, she chose to remain with their two young children in their home-village in Tamilnadu. He visited her a few times in a year. A few years into the job, he fell in love with his co-worker, the young and beautiful Beenakutty. I came into the picture when the Project Officer discovered the affair and chose to tackle it head-on. NGO staff are often public figures who have to watch their step, so there was nothing wrong with advising discretion or caution or even pointing out to the couple that one was a married man with obligations and the other a young woman in an affair without much of a future. Maybe this was done and the couple chose to ignore any such advice. In any case, the problem was escalated to the Head Office and the senior administrator – yes, the same one who had scoffed at Sudha Rani – called them both for a meeting. By now, Beenakutty had discovered she was pregnant and wanted to have the baby with or without marriage. Avinashi was determined to be by her side even if it meant a divorce. The senior administrator decided that one of the two had to quit the job and leave the project area, no matter which of the two. There was no reason given for this. Only because I was a woman was I called in to talk to Beenakutty and place the choice before her. Before this I had neither known Avinashi nor Beenakutty, but in both my thoughts and my gut I knew that there was something horribly wrong in the approach being taken. Beenakutty wept and asked at least for an explanation; I didn't have any. The matter had been needlessly polarised; someone had to give in and it was not going to be the administrator. What should I have done? In retrospect, I think I should have called more senior colleagues into the discussion. I could, perhaps, have taken the matter up with the Executive Director as well. I'm certain I could have mobilised solutions combining both empathy and practicality. I could have at least communicated my anger, initiating some polarisation dynamics of my own. I had sufficient status in the organisation to make my voice be heard. None of that happened. Even before either of them could resign, Beenakutty's parents had been called in and they took her away. Later I learnt that they had terminated her pregnancy and got her married to a relative. As for Avinashi, he left too, and went back to his wife and children. I would have put the entire episode out of my mind had it not been for the fact that some years later I bumped into Avinashi quite by chance and discovered that he had lost his mind.

Kenisha – what an unusual and modern name for an older woman, I remember thinking. She was the wife of Anwar, one of our Project Officers, and she mostly kept to herself. I don't think I ever met her. I knew though, that a degenerative eye disorder had left her blind in both eyes a few years ago. This was around the time when she started to believe that her 'unsupervised' husband was having affairs with sundry women. I came to know of this from Anwar himself, who felt both harassed and embarrassed by her behaviour, since she had started to complain about him to his colleagues. I had no way of telling whether she was right or wrong. I knew Anwar to be a bit of a flirt, but there's a big difference between some harmless flirting and having affairs. From my little bit of knowledge of psychology I was also aware that sighted people who become blind are quite often inclined to be suspicious. Yet, wives tend to know their husbands better than most, and I had also seen the occasional wink and smile from his colleagues when his name came up in this matter.

Kenisha telephoned me once and begged me to save her marriage. She said she had heard that I was a 'good person who tried to help others'. I told her not to worry but she did not sound convinced. Once she came to the office to see me but I cannot recollect the meeting. On these occasions she made sure her husband was travelling and took the help of a neighbour to lead her around. Then I got a long letter from her. She must have taken some help in the writing. She listed her problems, named a few names, and again begged me to help her get back her husband. Her suggestion to solve the problem was to (a) transfer the named women staff to other locations, and (b) somehow ensure that Anwar worked in an all-male environment both at office and in the field. I drafted a letter in response but not knowing how she would get it read, I did not post it. In a roundabout way when I tried to raise the matter with Anwar he gave me his own bitter story of how his life had become a living hell and how he was afraid it would affect the mental well-being of his only child. Two people and a child, all of them hurting. One of them had approached me thrice for help and I had no answer for her except to suggest to Anwar to seek professional help for her from a counsellor or a psychiatrist. This suggestion was not followed up. Anwar moved to a more remunerative job and it was some time before we ran into each other again. I asked about his wife. He told me she had walked out of the house one day when he was away and he had never been able to discover where she had gone. She had taken some property documents with her and had sold off the little piece of land they owned, and that was where the trail ended. I had no way of knowing whether this was true or not. I later enquired with a couple of other common colleagues but they were equally unaware of what had happened to Kenisha.

These incidents occurred in the late 1980s-early 1990s when I was young and many things were different from now, but to make that an excuse will serve no purpose. In my work I was held in reasonably high regard. I worked hard on my own chores and also helped others with theirs. I could have done without these painful experiences. There is a line in the TV show Desperate Housewives (of all the shows!) that says something like 'We all do things that diminish us, but there is redemption if we learn from them'. What did I learn?

It would be clichéd to list things like walking the talk, having the courage of one's convictions, and so on. We all know that. Besides, try telling a vernacular-educated person in a two-bit job with five mouths to feed and an uncaring boss to have the courage of their convictions. For many such people, holding on to the job is the only thing that matters when the choice is between dignity and penury.

But I'm sharing these stories because there are lessons in it for all of us, although they are difficult to capture. For me, there were two major takeaways. The first thing I decided for myself was that calls for help must never be ignored and responses must never be postponed. If the call is a hoax the laugh may be on me but if it is not a hoax, well, there you are. Woven into this decision was also the realisation that while we – as social workers – pull out all the stops to help 'The Community', we hesitate to get involved in the intimate affairs of colleagues and friends. So I decided that for myself, this distinction had to go. If husband-wife-family eventually got together and changed my status from concerned helper to interfering busybody, so be it.

The second decision I took was never to try and deal with any problem all on my own, but to involve other sahhrudayees, my close circle of colleagues and friends within the organisation who knew the people involved, would help me think through issues, and would add their strength to mine in any action to be taken. I would recommend this to all of you. Several heads are definitely better than your head all by itself. If things pan out well, great, and if they don't, at least you won't have to grieve alone.

*Know Your Concepts*

## Non-Suicidal Self Injury (NSSI)

*Nock MK and Favazza AR define it as*
*The intentional destruction of one's own body tissue without suicidal intent and for purposes not socially sanctioned. It is most common among adolescents and young adults. It is typically associated with emotional distress and the need to alleviate overwhelming negative emotion.*
*If unattended, it does increase the risk of more serious suicidal behaviour.*



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Email : apswp.india@gmail.com
Website : www.apswp.org Facebook : apswpindia Twitter : @apswp Instagram : apswp_india

WE CONCLUDE WITH

# A Call To Take Up The Cudgels...!

## By Alen Alexander Chandy

*AlenChandy Alexander was born in Kerala, grew up in the Middle East, took interest in social work from India, and chose Karnataka for his higher education in schools of Social Work. He is currently working as Psychiatric Social Worker in the Department of Psychiatry, NIMHANS, at the Accelerator Programme for Discovery in Brain Disorders using Stem Cells (ADBS). Alen is interested in constantly exploring how to be useful, and find happiness!*

What will it take for young Social Workers to rise up to voice their concerns and work for them in our fraternity?

For a profession that believes it has to raise its voice for the underprivileged and displaced as their own, many within our profession, especially the young people, tend to keep silent and watch the senior practitioners, academicians and policy makers speak, hoping they bring some good changes of which they can also reap the benefits. Have we, as young Social Workers listening to conversations about the hardships in our fraternity, become so disillusioned already that we simply look ahead to be safe just for ourselves, afraid to step in and build a community in our regions and across that befriend, learn, teach and support our fellow professionals? At times I worry that I have become one myself.

Yes, we have seen well-performing and exceptional students in our batches and watch how they continue to be so. But our voices and actions have strength too, and aren't just measured for merit through score sheets. We saw in the last two waves of the Covid pandemic how the citizens in our country stood up and used the skills in their professional communities within States and across to help people find treatment, medicines, food, financial support and psychosocial support. Similarly, to stand for our own, I believe we should create State Chapters with the guidance of our seniors even if it means that we have to nudge, ask, and shake a few branches. I believe these State Chapters can take up concerns and represent us legally within our States and also show support for Social Workers in other States. I believe that within these State Chapters there can be support groups for Social Workers in different fields such as schools, health settings, criminal correction, families, corporates and industries, NGOs, public administration, etc., where we can contribute our insights, find mentors, share how we have found strength in improving our work skills, and ask others frankly to chip in with some words of wisdom that can tell what works and what may not. These State Chapters can also break the barrier of language if that is what deters a Social Worker to speak in the larger space; finding the space to speak up locally can later lead on to representing the fraternity outside. My choice in my place of education at the Masters level, M.Phil. level and my first place of work being in three different locations has been part of my belief that to do well, it is not necessary for Social Workers to come from a specific institution. If there are any divisive lines or delusional politics of sticking to having professional colleagues and friends from only a particular institution or school, I pray that these Chapters can erase that as well, and we make collaborations bringing positive results in our fields of work.

When we complain of regressive times, we have to be there in the present to take up our positions (not just of power) to bring corrections and cannot just ask our seniors alone to bring change in the situation of our profession for being recognised, represented and get its due attention and respect. We have to battle in our favour and against those who malign us while incorrectly calling themselves 'Social Work Professionals'. We can start to work together to clarify the scope of our work within our multi disciplinary teams, places of work, and further outside in our communities. And that's another place where we can use our voices and actions to build connections with the rest of the fraternity. What's your

story? Let's see how we can start building foundations where we can grow and appreciate each other and not sink believing that the great era of Social Work belongs in the past or in another part of the world.

*Dying to say something relevant to psychosocial care? Say it here! Write for the APSWP Newsletter!*

# A Ghazal to mourn Robin Williams

## *Composed by Padmanabhan Srinagesh*

***Robin Williams was a Hollywood actor known for playing comedy. He was born in 1951 and died by suicide in 2014, diagnosed with Lewy Body Dementia because of which he had reportedly been experiencing insomnia, confusion, and paranoia.***

"I have tried to stay within the restrictions of the ghazal form, except for meter. I am not sure how to translate Urdu's rukn/wazn system into western prosody", says Padmanabhan Srinagesh, based in the United States of America and an Urdu scholar, amongst other things. This is a ghazal he composed in English to mourn the suicidal death of Robin Williams, ironically, best known for his comic roles.

*The sky is tinged with gold and pink as evening shadows lengthen,*
*A forlorn hope begins to sink as evening shadows lengthen.*

*A sadness permeates the air as memories come, unbidden.*
*A tearful eye, a sudden blink as evening shadows lengthen.*

*"Drink to me only with thine eyes and I will pledge with mine -"*
*Is a broken promise. Goblets clink as evening shadows lengthen.*

*A chance to temporize is gone, as time and space contract,*
*Night closes in; horizons shrink as evening shadows lengthen.*

*An urgent need to write a note about one's tawdry choices.*
*A frantic search for pen and ink as evening shadows lengthen.*

*Darvesh stands on the chasm's edge and contemplates the fall*
*Before he leaps across the brink as evening shadows lengthen.*



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