PSYCHOSOCIAL MATTERS
THE APSWP NEWSLETTER

· Newsletter – No. 6 | · For Private Circulation Only | · January 2023

IN THIS ISSUE :

MESSAGE FROM OUR PRESIDENT

Happy 2023! Wish you all a very healthy and prosperous New Year! Sincerely hoping that this year and those ahead will change the course of our profession for the better. We are at a watershed moment of our profession. The implementation of NEP has furthered the uncertainty over the continuity of the M.Phil. Psychiatric Social Work programme. The Association continues to make efforts to keep the course afloat either in the current format or under a different nomenclature. The efforts initiated by APSWP will be highlighted in our Secretary's Report in this 6th issue of ***Psychosocial Matters***. I extend my heartfelt gratitude and congratulations to our editorial team for successfully putting it together for three years now.

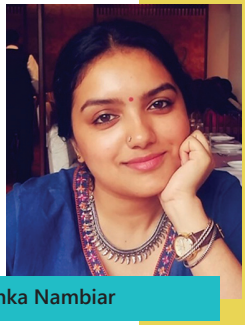
Wishing you all once again a very Happy and Healthy New Year!

Regards

Sobhana H

CONTRIBUTORS TO THIS ISSUE

Kavita Jangam



Priyanka Nambiar

Malathi Swaminathan

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

EDITORIAL

The nice thing about editing is the chance to read on a wide variety of topics. But for me, even better than that is the chance to interact with writers with varied personalities, interests, and viewpoints. I read everything that I receive, and before putting the article into the newsletter, I try and make sure I understand exactly what the writer is trying to say. Every so often I have doubts that can only be resolved by contacting the concerned writer. When I email or dial for clarifications, I usually find myself drawn into stimulating conversations. I think about things that I have never thought about before, or discover that there are other interesting facets and dimensions to subjects that I thought I knew quite well. This leads me to do tiny bits of my own research that open up new vistas for me and I marvel that there is so much that is happening all around us in the psychosocial space that we are a part of but not completely and radically familiar with.

As you will discover when you read this 6th issue of ***Psychosocial Matters***. What do children go through when their parents decide to part ways? Why do Courts in India not yet involve with Psychiatric Social Workers in discovering what is best for the separation-impacted child? Priyanka Nambiar and Kavita Jangam also question the ethics of being privy to the child's innermost thoughts in therapy and then having to break that confidentiality in Court. And then we have Malathi Swaminathan who is driven by her personal passion to take the Social Emotional Learning route to nurturing children at home and school, and this raises the very pertinent question of how to make SEL a ubiquitous feature of our educational system instead of dependent on the passions of individual PSWs. (We can ask this question of so many issues)

To those of us who have experienced depression or have bi-polarity affected persons in our closest circles of family and friends, Ranjani Murthy's personal journey emphasises the need to recognise that one size does not fit all; in fact, there isn't a one size as far as therapy is concerned. Recovery is dependent on many factors coming together to create a wholesome gestalt to aid the restoration and maintenance of equilibrium.

I'm a lover of stories and I'm so glad to be able to include in this issue a Greco-Roman myth on the origin of the word Narcissism, a word familiar to people in the field of mental health as describing a person with an inflated sense of self. A sad story but an educative one.

And finally, we take a closer look at our beautiful logo to discover that it is a complex piece of creativity that is steeped in meaning – not a single part of it is there by chance; everything is there by design and purpose and speaks to us of who we are and what we should be doing. And of course you do know already that whatever we do, we should be doing it happily! So,

A Happy New Year to all of you!

Vidya Ramachandran

May your choices reflect your hopes, not your fears

- Nelson Mandela

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FROM JULY TO DECEMBER 2022…OUR SECRETARY SPEAKS

The transition from the old Board to the new was smooth and seamless, no doubt aided by the fact that the Office Bearers were all elected unopposed and four out of five were re-elected to their offices while the fifth, the Vice-President, was new to the post but not new to the Committee, having served on it as a member the past three years.

In terms of activity it was a relatively quiet half year although in terms of angst, it continued to raise issues painful to the professional trajectory of psychiatric social work. Doubts about the future of the M.Phil. programme continue to persist. In November 2022, an online consultative meeting was held with the Heads of Departments of all Institutes offering the programme to decide on the course of action to enable continuation of the M.Phil. (PSW) programme. The meeting was initiated by APSWP and moderated by our President, Dr. Sobhana. Currently there are 22 institutions across India carrying out the M.Phil. (PSW) programme, and it was heartening to note that a majority of them were represented at the meeting. Discussions focused around exploring the various means available to continue the programme mainly as the best way to provide clinical experience to students to negotiate mental health best practices in the psychosocial field. Following from this meeting, APSWP prepared a list of all the 22 institutions and submitted the same to the Director of NIMHANS, Bengaluru, to take it up with the concerned Ministry for further action. Meanwhile, a memorandum on retention of M.Phil. (PSW) has also been sent to various stakeholders in the Government of India, including the Ministry of Health and Family Welfare, Directors of various institutes, the University Grants Commission, the Ministry of Social Justice, and the Rehabilitation Council of India. We will keep you updated on progress.

Continuous PSW Education (CPSWE) Programme

No programme was conducted in this half-year under CPSWE for practicing Psychiatric Social Workers. On the other hand, we were able to conduct the second long-duration programme in the RINPAS-APSWP academic lecture series for students currently pursuing their M.Phil (PSW) programme :

Sl. No.	Dates	RINPAS-APSWP collaborative virtual Academic Lecture Series for M.Phil. PSW students across India	Coordinators
1.	September 2022	9 sessions were held to do with essential skills for PSWs and assessments and diagnostics from the PSW angle, including tele-assessments, queer-affirmative assessments, and assessments in disability contexts.	Dr. Manisha Kiran Dr. Renjith R Pillai Dr. Jobin Tom Dr. Supraja Ms. Abhishikta Ms. Humaira Khan Various resource persons from various premier Institutes were invited as faculty and gave their services *pro bono*.
2.	October 2022	7 sessions were held mainly focused on therapeutic understanding and interventions including an overview, Systems approach to therapy, three waves of CBT, Motivation enhancing therapeutic interventions, and strength-based therapeutic interventions.	
3.	November 2022	9 sessions were held and the focus continued to mainly remain on therapies in special areas such as Family therapy, Geriatric therapy, therapies in the areas of Women-violence-resilience building, Autism spectrum situations, Technology addiction, and interventions for relapse prevention.	
4.	December 2022	9 sessions were held on psychosocial therapies in the contexts of prisons, disaster situations, neurodevelopment disorders, expressed emotions related situations, and solution focused interventions.	

The programme plans to extend to January 2023 on topics related to understanding the Mental Health Act and other legalities impacting on the theory and practice of Psychiatric Social Work.

Association Meetings

One meeting of the Executive Committee was held in this half year :

Sl. No.	Dates	Meetings	Place
1.	November 04, 2022	15th meeting of the Executive Committee	Online

Membership

The printing of membership cards continues to experience delays but in terms of membership, we have now reached 210, with 5 new members joining in this half year, although the actual number is 209 because of the demise of a member in the previous half year. We continue to have a solitary student member.

Other Matters

I'm happy to report that the auditing of the Association's accounts for the financial year 2021 – 2022 has been completed.

Communications to various agencies

As always, we have continued with our letter writing, mainly related to discrepancies in advertised qualifications for PSW posts :

1. 18.07.22 – Letter (Ref No. 11,12,13,14/2022) to the Union Minister for Health, UPSC Chairman, DGHS and Secretary of MoH & FW regarding the discrepancies in qualification for the Asst. Professor of PSW in CIP, Ranchi through Advt. No. 13/2022, Vacancy No. 22071302109, Sr. No. 2 published in the Union Public Service Commission (UPSC) website- http://www.upsconline.nic.in
2. 18.09.22 – Letter (Ref. No.15/2022) to Mission Director, NHM, Jammu &Kashmir regarding the discrepancies in the qualification for the post of PSW
3. 18.09.22 – Letter (Ref. No.16/2022) to Mission Director, NHM, Maharashtra, regarding the discrepancies in the qualification for the post of PSW in tele mental health unit
4. 10.10.22 – Letter (Ref. No.17/2022) to the President, DHS, Tiruppur, regarding the discrepancies in the qualification for the post of PSW in DME
5. 10.10.22 – Letter (Ref. No.18/2022) to the Member Secretary, NHM, Odisha, regarding the discrepancies in the qualification for the post of PSW in Tele Manas

Future Plans

As we continue to lobby for our professional status we are also working on the annual renewal of the registration status of APSWP and planning for our Annual General Meeting in March 2023. With that, let me sign off wishing all of you the best for 2023.

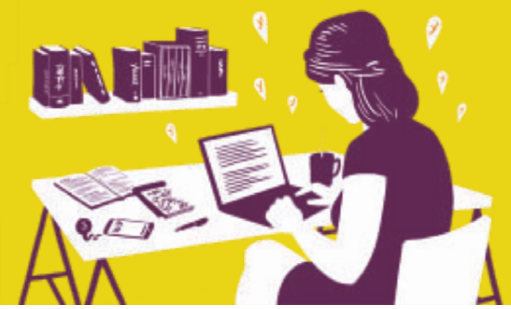
Aravind Raj

The world is changed by your example, not by your opinion

- Paulo Coelho

Lead Essay

By Malathi Swaminathan



Social-Emotional-Learning (SEL)

An embedded mental health approach for Psychiatric Social Work practice

Malathi Swaminathan *completed M.A. in Social Work from Stella Maris College, Chennai, M.Phil. in Psychiatric Social Work from NIMHANS, Bengaluru, and M.S. in Human Development from the University of Rochester, New York. After several forays into working with other organisations including a hospital, a women's organisation, a school, a special school, and a teachers' training institute attached with several schools, she went on to becoming an independent Mental Health cum Education Consultant, calling her workspace 'Vatsalya for Human Enrichment'. Malathi can be contacted at malathiswami@gmail.com*

Social Emotional Learning has been described by Maurice Elias as 'Our capacity to recognize emotions in ourselves and others and manage them appropriately, be organized and set goals, solve problems and make decisions effectively, establish positive and productive relationships with others, and handle challenging situations capably.' These social and emotional competencies are the interpersonal and intrapersonal intelligences described by Howard Gardner, and we find this in Daniel Goleman's book titled "Emotional Intelligence" as well, where he describes its five key components as Self-awareness, Self-regulation, Motivation, Empathy, and Social Skills. Much earlier, John Holt and Lev Vygotsky had expressed that development of competencies begins at home and in the child's other social environments.

I have been a practitioner of SEL for decades in many different mental health settings. However, here I have restricted my article to the field of school education, although SEL can be practiced across all domains of psychosocial work. In writing this article I have

drawn extensively from my own personal experience. Working as a Psychiatric Social Worker (PSW) in educational settings I crafted mental health well-being of students, teachers, and parents as a whole and as separate populations utilizing SEL. In addition, I worked closely with teachers for them to tune their pedagogy to embed SEL. There were individuals who needed one-on-one interventions and I continued with that wherever necessary.

Understanding Social Emotional Learning

Educational settings are the context where socialization messages get imparted. It is the reason why educators believe that SEL 'can and should be promoted' in schools, though the inception of these skills actually begins at home. Next to their own homes, schools form such a large part of children's lives that their influence on social and emotional development can neither be disputed nor ignored. If holistic development is the primary purpose of education, it stands to reason why schools must focus on SEL. The various facets of SEL include ♦ Self-concept ♦ Affect ♦ Emotional resilience ♦ Peer relationships ♦ Bodily awareness ♦ Expressing emotion ♦ Managing anger ♦ Conflict resolution ♦ Verbal communication ♦ Body language ♦ Empathy and respect ♦ Making friends ♦ Decision making ♦ Problem solving. All of them add up to defining and shaping one's attitudes, values, and practices.

SEL helps students **build social skills**, **form healthy relationships**, and **manage their emotions**. SEL emphasises

- Self-awareness
- Self-management
- Social awareness
- Relationship skills
- Responsible decision making

Seer and philosopher of the 20th century, J.Krishnamurti, reiterates how SEL has a place within education. According to him 'education for children is by beginning to think, to observe, to learn, not just from books, but for yourself from watching, listening to everything that is happening around you, then one grows up to be one who cares, who has affection, who loves people.' For him, education encompasses making a 'total human being'. For this he believes that observation, attention, exploring, discussing is crucial and needs to be encouraged. There is a network of KFI (Krishnamurti Foundation of India) schools that have been operating by this philosophy.

There are two ways in which SEL may happen in schools. One common way is what is described as the prevention or the 'pull-out' (Cowen *et al* 1996) programme. The skills are imparted in separate sessions, outside the curriculum. The programmes aim to address specific problems such as drug abuse or aggression, or special needs such as children whose parents are in the process of divorce; that is to say they aim at populations that are assessed to be at risk. Pull-out sessions may also focus on building specific skills such as conflict resolution, problem-solving, assertiveness training, etc.

Another way that SEL may happen in schools is through the use of instructional strategies such as Cooperative and Collaborative Learning. Though used for academic learning it was found that the students were gaining in their non-academic areas too. In these learning methods, the teacher functions more as a coach, facilitator, or a role model that are an extension or an addition to the roles a teacher already has. Team learning, or, as it is being called, building a community of learners, is beginning to be seen as a sound alternative to that of the pull-out programme. SEL in educational settings can also happen through activities outside the classroom, including sports and other school community activities, especially when structures are designed that encourage learners to be responsible and accountable for their actions.

The way children experience their school and the classroom climate has been shown to relate to their psychosocial and academic development, and school adjustment is closely related to performance outcomes. In classrooms, it is common to see students compete with each other for the teacher's attention. When these underlying feelings take a

Some of the activities encouraging SEL are:

- Art activities
- Team sports
- Engaging in chores and maintenance functions like watering plants, arranging the class, etc.
- Mindfulness activities like attentive breathing, observing things, etc.
- Discussing feelings and emotions
- Setting academic and behaviour goals
- Ice-breaking activities to get to know more people better
- Encouraging volunteering to help others
- Positive self-talk
- Appreciation of others

(source : prodigygames.com)

constructive place in the classroom, they bridge the academic requirements they are providing to students' learning. This approach integrates both the social and the emotional needs of the academics, and helps to create individuals who develop holistically. Empowering, nurturing and competence enhancing happen in environs where students are respected; students then see themselves as both important and that their future matters too.

SEL and Mental Health

Physical capabilities, personal resources, and social resources are counted as equally necessary. This aligns well with the way the World Health Organization defines health. It is defined as 'a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity'. Weighing this vis à vis SEL components we see a large portion of the competencies, i.e. the intrapersonal and interpersonal skill sets along with the understanding of our emotions and ability to make decisions fall within the gamut of the holistic health perspective. SEL carries a lot of similarity to what is described by WHO as Life Skills Education (LSE).

Let us understand a little more about mental health to see how SEL fits within the mental health framework. WHO defines mental health as 'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'. Each of these attributes can be facilitated with SEL. Social Workers then play a dual role of enriching SEL competencies and holistic health.

The definition of health has a holistic perspective of well-being. We must particularly note that it has a place for resilience and positive psychological outlook embedding gratitude and optimism. WHO states clearly that 'social capital such as trust, social support and social networks are also considered important determinants of mental health and well-being of individuals.' Each of these facets are embedded within SEL interpersonal and intrapersonal competencies. Juxtaposing these with the features of SEL can operate as a tool to enrich health, specifically mental health. The reason we need to go this way is further indicated in recent neuroscience research. An example is 'mirror neurons'. Mirror neurons have been shown to influence and impact learning, behaviour and functioning. With these in place, given that the focus is in the educational setting, the impact on cognitive aspects would happen too. Cognitive success or academic success as it is often referred to, is proven to be a motivator in navigating educational performance at various levels (Welsh, 2000, Wertsch, 1979).

Mirror neurons are a type of brain cells that act in the same way whether we ourselves perform an action or watch someone else perform an action. A simple example would be, if we see someone near us put out their hands and duck their head to avoid coming in the path of a speeding ball, we also instinctively put out our hands and duck our heads. Mirror neurons illustrate empathy.

Where does the Social Worker figure in this scenario? Strasser described the concept of

'primordial prevention' by which he meant paving ways to filter out risk factors before they percolated to the population. For instance, programmes related to stress-prevention rather than stress-management would be an effort at primordial prevention. To prevent something negative from happening is always better than to scramble to correct and manage the ravages after the negative has happened. To carve out primordial prevention necessitates building SEL competencies. Parallel to nurturing SEL in children, working in tandem with parents and partnering with the community will enhance the efforts and the successes. Weaving these at the individual level and simultaneously with that of the family and the community is within the forte of a Social Worker's training. Such an approach facilitates working towards comprehensive SEL which is very much within the Social Work dictum of 'help people to help themselves'.

SEL, Mental Health and Educational settings

Naturally then, a Psychiatric Social Worker within an educational setting becoming aware of this would be able to chart ways to enhance the mental health of individuals. The focus would not necessarily be confined to the learners per se. Instead, as explained earlier, it needs to permeate in a holistic manner. The holism in an educational setting would include the learners and as much the educators, assisting staff, administrators, parents, and the community. When you take the training component of a professionally trained Social Worker, the educational component and field work nurtures a firm base to understand the human development processes and field work facilitates transferring the learning into practice. Psychiatric Social Work enhances these capabilities multi-fold!

Given these factors, an educational setting becomes a befitting place for a Psychiatric Social Worker. With the understanding of human development, working with individuals and groups, including educators, can be done with élan. Roping in other resources and associate members is always part of Social Work training. This comes in use to evolve group work and community activities. Our professional grounding bound by our professional principles and goals entrenches whatever we do within the gamut of professionalism.

Evolving paths and customising them to suit their respective settings will enrich social work practice. In the context of SEL, being specialised in Psychiatric Social Work has that added edge. On the whole, this part of mental health can function as a prevention promotional tool, a vision that I have always carried close to my heart!

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Justice Denied

Divorce, Children, Family Courts and Psychiatric Social Work

By Priyanka Nambiar and Kavita Jangam

Priyanka Nambiar has completed both M.Phil. and Ph.D. in Psychiatric Social Work from NIMHANS, Bengaluru, and is currently working as a Psychiatric Social Worker at NIMHANS. Her work is mostly focused around children and families where she specializes in issues related to child custody, child sexual abuse, and children in conflict with law.

Kavita Jangam completed M.A. in Social Work from the Tata Institute of Social Sciences, Mumbai, after which she did her M.Phil. and Ph.D. in Psychiatric Social Work from NIMHANS, Bengaluru, where she now works as Associate Professor of Psychiatric Social Work in Child and Adolescent Psychiatry. Her repertory of interventions includes psychosocial and socio-legal care for children and their families, and training of national and international agencies on child sexual abuse and personal safety, among other topics. She coordinates the Parent Child Wellbeing Clinic at the NIMHANS Centre for Wellbeing.

Researchers have extensively studied divorce, its predictors, and its impacts on the lives of couples and children. The changes in family structure post-divorce result in adjustment issues for the adults as well as the children involved. There is significant evidence that parental conflict and animosity, post-separation, negatively impact children. Most studies in the field show that children of divorced parents display more problems than other children in the social and academic areas. A higher preponderance of health problems such as depression, anxiety, and physical ailments are observed in these children. Research has also indicated that families who take care to maintain effective cooperative roles in nurturance and mutual support along with some family rituals like a weekly meal together, a birthday party that has the presence of both parents, etc. post-divorce, tend to minimize the maladjustments in their children. Hence, it is appropriate that psychiatric social workers educate the divorcing parents to come to terms with the acceptance of flexible, cooperative roles meeting the child's needs post-divorce too. Both the parents' attention to the children's well-being through their active involvement in child management is contingent to and determines better adjustment and psychological development of the child post-separation or divorce.

Nevertheless and very unfortunately, it has been regularly observed that in matters of custody, the child is used as a 'pawn' to meet the individual parent's vested interests. A high degree of animosity between parents often breaks out in the form of emotionally charged arguments over simple issues like deciding

The Guiding Principles of the International Convention on the Rights of the Child, briefly summarized (by the Smile Foundation) for ready reference, are :

- Non-discrimination
- The child's inherent right to life, and the State Parties' obligation to ensure to the maximum extent possible the survival and development of the child
- The best interests of the child as a primary consideration in all actions impacting the child
- The child's right to express their views freely in all matters affecting them, with those views being given due weight

the child's weekends or participation in a school picnic. These factors affect the child's mental well-being and also go against Child Rights' principles. In cases that go to Family Courts, psychiatric social workers face an ethical dilemma in balancing the expected roles of forensic evaluation and that of a clinician in mental health assessment and intervention. In the forensic field, custody evaluation is a complex area that warrants specialized training and expertise.

Unlike other legal procedures, child custody disputes involve fundamental decisions regarding the living arrangements and legal guardianship of the child between the contesting parents. Therefore, the psychological complexities of child custody cases demand a sound foundation of mental health knowledge and practical experience through supervised training that entails the legal, social, familial and cultural dimensions along with child development and adult psychopathology. However, in the Indian context, reality is far different and the processes of custody-related mediation and decision-making are taken up by legal professionals with little or no knowledge of and consideration for the mental health impacts of the divorce and its consequences, whereas it really ought to be pertinent that psychiatric social workers, with training and experience in the areas of child, adolescent and family psychiatry, need to be engaged in child custody evaluation and the judicial processes.

Forensic Psychiatry is a psychiatric sub-specialty that concerns the interface between mental health and law. Along with Forensic Psychology, it involves using scientific knowledge and clinical techniques to help answer legal questions arising from matters being investigated in criminal, civil, and other judicial areas. Forensic Psychiatric Social Work ought to have evolved as a science to bring in the social connections with the psychological. However, it has not yet received the full recognition that it deserves.

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The many roles that can be executed by a psychiatric social worker in the context of child custody disputes are:

1. Mental health assessment and interventions : The purpose of child custody-related assessments is to conduct a thorough and scientifically sound evaluation of a family in order to help the Court determine what living arrangements and parenting plans would best meet the needs of the child. In order to accomplish this, it must encompass assessing the child's psychological and developmental needs, the parenting capacities of each of the parents, and subsequently determining the best fit between the child's needs and parental capacities, in order to serve the best interest of the child. All of these assessments and subsequent interventions must include the multiple psychosocial problems within the families, especially in cases where parental termination (ceasing to be involved in child care) is warranted in the case of personality disorders, substance abuse, delinquency, or incarceration that are likely to affect the child's security and well-being.

2. Advocacy and Liaison : Article 12 of the United Nations Convention on the Rights of the Child states that children's views must be considered in matters that affect them. Since the Indian Government is the signatory to the Convention, Indian Courts urgently need to implement judicial measures and guidelines to safeguard the child's best interests. Hence, the need to advocate for a participatory empowerment approach by exploring the child's subjective experiences and taking these narratives as the underpinning for child-centric child custody processes is vital. Additionally, liaison with parent groups and organizations for social advocacy and action research on shared parenting can be taken up by psychiatric social workers in the legal process. They can also liaise with the judiciary as child experts to assess the needs of the children involved, and share the information with both parents in conjoint meetings along with their respective advocates. Here, the psychiatric social worker unequivocally advocates for the child's rights and their best interests.

3. Social Research, Training and Policy Influencing : Psychiatric Social Workers also need to be involved in reviewing the efficacies and outcomes of legal practices with the existing guidelines as practiced in a few States of India and develop child-sensitive recommendations for child custody evaluation and parenting plans. Empirical research should ideally be providing inputs to formulate such recommendations and hence, there is urgent need in the field of Psychiatric Social Work in India to undertake much more extensive empirical research connected to forensic mental health in the psychosocial sphere. Research, advocacy, and practice should focus on and propagate the importance of keenly listening to the child on the one hand and interpreting unspoken behavioural cues on the other. Further, the need to standardize content and procedure with regard to child-custody recommendations must be balanced with the space to take unique situational factors into account that may differ from case to case. Additionally, training programmes for lawyers, judges, police, and other legal stakeholders should be undertaken to sensitize them on the psychosocial impacts of child custody cases for policy-level interventions.

In conclusion, when Courts are approached on matters related to child custody, psychiatric social work intervention must automatically be invoked to ensure the protection of the best interests of the child. This can happen only when the Discipline of Psychiatric Social Work is able to convincingly highlight the importance of specialized medico-legal assessments by psychiatric social workers within the legal context. The factors associated with children's living arrangements and parental cooperation in joint custody matters as promotive factors to the child's well-being must be emphasized. The act of embedding psychiatric social workers in the Indian legal system can help safeguard and uphold the best interests of the child in the legal process.

Personal Stories...

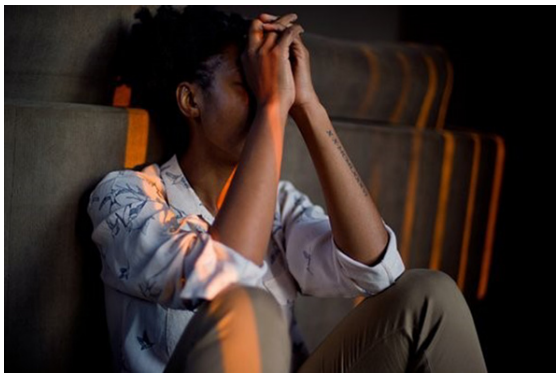
Battling The Blues
(Or How I Have Managed to Deal With Depression)

By Ranjani Murthy

***Ranjani Murthy** has completed M.Phil. in Development Studies from the United Kingdom. Her tryst with mental illness has not been easy but the worst, she believes, is behind her. She feels that sharing her experiences may ease the way for others and help to normalise this all-important aspect of total health and well-being. Ranjani wrote this article in 2015 for Abilities, who published it in their magazine. It is being reprinted here with minor editorial changes and updation.*

Thirty two years ago I was on a plane returning to India from the USA. I was immensely gloomy. I had not slept for 45 days and my appetite had plummeted. I felt extremely tired. Memories kept whizzing past of my childhood, my parents and my friends. I could almost hear their loving voices.

I was studying in the United Kingdom at that time, doing an M.Phil. programme in Development Studies. It was a 2-year programme and I only had one semester left to complete the course. The first sign that I recognised telling me all was not fine with me was when I felt acute anxiety before submitting my paper though I was amongst the top three in my class. Looking back I now realise that, in fact, over one and a half years my personality had changed from being an extrovert with a good social life to a bookworm with no social life. After my bout of anxiety followed by deep sadness, a couple of my friends took turns to see that I was never alone, especially at night when the feelings became more overwhelming. Soon I could not concentrate in classes. It scared me and I was advised to see the University Counsellor. After two sittings with her I decided to go and see my brother in the USA and come back later to complete the M.Phil. programme. As my grades were good I was allowed to go. Although it was good to be with my brother and sister-in-law, the deep sadness persisted. My brother and I took a call and felt it was best that I returned to India till I improved. "Why me?" was a question that came into my head again and again.



My parents were at the airport to meet me, shocked to see how thin I had become. They had fixed an appointment with a psychiatrist, and I am eternally grateful to them for taking that immediate step instead of losing time in denial and in prayers and rituals aimed at resolving the problem. They assured me that what I had was curable, pointing to my aunts and others who had been treated and were fine now. Yes, my family has a history of mental illness. When I went to the psychiatrist, my stomach was churning. What if he said it was incurable? Who would look after me after my parents, with my brother so far away? After several hours of interactions I was diagnosed as suffering from major depression and put on medication. I vomited on taking the medicines and had to take something to prevent that. But the medicines (lithium therapy for five years) helped almost immediately. After days of wakefulness I was able to sleep, with my father on one side and mother on the other in those first few days. When I felt very low I sought the company of friends and also volunteered for some time in a non-profit hospital. My parents, brother, the doctor and this routine of volunteering gave me a second lease of life.

Slowly I learnt to go out again by myself. Visiting spiritual places gave me some solace. The question "Why me?" could only be answered by speculative philosophising.

Around five months after I started treatment I started getting work related to gender and development.

With some fear I took the assignments. They mainly involved working from my own home. The south Indian organisation with which I had worked before I left for the UK offered me the first assignment I took up outside of my home. A majority of the nights I slept well, surrounded by my friends from the organisation, but on a few I would toss and turn wondering whether I would be able to write the report. I did, and it was received well. This gave me the confidence to take the next offer, a 5-month assignment to look at human resource needs of an NGO in north India. I met my future husband on the way to Bihar, who loved me for what I am! He knew that I was on medication for major depression. He continues to be a pillar of support to me.

By the time I finished my assignment in north India, I was ready to write my thesis. The UK Institute had granted me leave for a year and said I could write my thesis in India and come back to submit it and get my degree. I went back, submitted my thesis and got my M.Phil. degree in Development Studies. A friend and a Foundation helped me secure the scholarship to go back. Though I was afraid that I may slip back into depression in the U.K. again, nothing like that happened. Three years later I went back as a Visiting Fellow and now I am their Alumni Ambassador for India.

In 1994 my husband and I had a baby. Our child was born in a hospital close to our home and at that time, I also changed my psychiatrist to someone from this same hospital for its proximity and convenience. He helped me reduce my medication during pregnancy and beyond. Reducing medication was not easy but I somehow managed and the dosage was increased after my baby was weaned off breast milk after a full year of breastfeeding.

At this time I decided to go for counselling (talk therapy) with a therapist who delved a lot into my past. I felt that rather than helping me, this kept raking up thoughts that were then being interpreted one way or another, mostly to no purpose (it seemed to me). I stopped seeing him. My second psychiatrist then recommended another counsellor who dealt with the here and now. Interacting with him was more helpful. I am told now that there are newer schools of counselling that do not force focussing on features of the past but put them behind and look ahead. In subsequent years, my psychiatrist himself included some here-and-now talk therapy during my regular visits.

I have to mention here that I also started swimming and hitting the gym on a regular basis and felt quite energized. With family and work doing well, life looked good. In 2000 I decided to experiment with Ayurveda. My allopathic medicines were phased out slowly. However, it did not work and I slipped back into severe depression and went back to my psychiatrist. It took four months for me to get back on my feet again. My psychiatrist was totally non-judgemental.

Slowly I received a lot of recognition in work, was on the editorial board of an international journal on gender and development and on country programme teams within and outside India to advise governments on gender and development. Life was going well when I had to be hospitalised with jaundice, and my medicines had to be cut. My husband developed a mild stroke and had to be hospitalised. The stress was too much and I slipped, for the first time, into the opposite of depression, a manic and aggressive phase. My family suggested that I go back to the psychiatrist but I did not listen. I felt everything was fine. One day when I was returning from the USA after presenting a paper on what should be done to address the feminization of poverty, there was a total turnaround and I slipped from mania into deep depression. I went back to my psychiatrist. Again, both he and my family were absolutely non-judgemental. It took me one and a half years to recover. But for the first time I realised what is the opposite of depression and I monitor myself everyday.

It is now almost 10 years since I recovered from this manic depressive phase and got back into the flow of life. I had joined a Buddhist chanting group during that period, and it has taken a permanent place in my life. My friends have expanded with social media, and I meet them often. I swim or walk, and remember that my physical fitness is important to increase my 'happiness hormone' levels as well as to be able to take the medicines I need. Quite recently I lost my precious, loved, and dearly-devoted father and although I miss him everyday, I am coping with grief without going into depression. I do not know when the next challenge from the disease will come, but I am better prepared to deal with it. Medicines, family, friends, sports, spirituality and satisfying work are crucial for rising above sadness. Perhaps I may never really 'overcome' depression but I need not let it take over my life!

The APSWP Logo Explained

A Logo is a unique and evocative symbol that can establish the identity of an organisation. It is an emblem through which the organisation can be recognized.

It is **unique** because the logo of one organisation cannot be appropriated by another.

It is **evocative** because it contains hints to the viewer to guess at the nature of the organisation.

The logo of the Association of Psychiatric Social Work Professionals (APSWP) was designed in October 2019 through a consultative process that involved around 25 members who made up the core committee of the Association as it was steered to form and register itself.

Social workers strive to improve the quality of life for individuals, families, and communities through research, pedagogy, and advocacy, that converge and translate into transformational practices. Psychiatric Social Workers (PSWs) are engaged in fostering a process of healing that primarily involves transformation in thought – and consequently, in behaviour spurred by such thought – from the negative to the positive, from the non-functional or dysfunctional to the functional. Thoughts are believed to emerge out of the brain, which is also where the communication triggers for behaviour are located. These facts have been the core informants to the design of the logo. Notice that the arrangement of leaves mimics the shape of the brain. The hands holding up the leaves in this brain-shaped arrangement are hands that support, hands that nurture, hands that care, and hands that carry the assurance of holding up.

However, a defining point not to be lost sight of is that APSWP is PSW-centred and not client-centred, and so it is also necessary to represent this fact in the logo. The leaves can be interpreted to represent the individuals and communities that PSWs work with but in this case they also stand for the PSWs themselves. APSWP is an association formed to support the practitioners of psychiatric social work and so, the hands are, in fact, APSWP. The choice of leaves to depict PSWs is deliberate. Flowers happen because of leaves. It is the leaves that transpire, that photosynthesise, that enable flowers to bloom and fruits to form. If help-seekers are to blossom and come into their own, PSWs are the leaves that help with life giving juices. And APSWP contributes to creating an enabling environment in which PSWs can give their professional best.

The three words below the leaves form a crucible – a container that can withstand immensely high temperatures without melting down or being otherwise distorted. The words themselves have been chosen with care.

Solidarity is the commitment made by the members of APSWP individually, collectively, and organisationally to protect and promote the professional interests of psychiatric social work and its practitioners. Advocacy is an important component of this commitment. .

Standards refers to the commitment to maintain and promote professionalism that achieves the best at all times in a fast-changing world. Networking, linking, learning, and teaching are important components of this commitment.

Ethics is the commitment to ensure that the profession can look itself in the face anytime and feel proud. Professional integrity is an important component of this commitment.

An extremely meaningful logo; a logo to be proud of!

Know Your Concepts

Grooming

In the context of mental health The (American) National Society for Prevention of Cruelty Towards Children describes GROOMING as a form of abuse that involves manipulating someone until they are isolated, dependent, and more vulnerable to exploitation. Its ugliest variant is between an adult male and a pre-teen or adolescent (minor) person and involves a process that is gradual and seemingly benign but predatory, with sexual intentions. It involves several stages starting with identifying the potential victim, gaining their trust through various means, emotionally isolating the victim by building a secrecy around the relationship, and then controlling the relationship. Grooming is not criminal because of its benign and acceptable exterior but its intent is malafidé and its fruitful culmination is criminal. In recent times there has been a huge upsurge in online grooming with traumatic and disastrous consequences.

WE CONCLUDE WITH

The Myth of Narcissus

Narcissist, narcissistic*....these are words familiar to mental health professionals. Here is the myth behind the word. There is a Greek version to the myth, and a Roman version. The Greek version has been written by Conon and the tale only features Narcissus. The more popular version is by the Roman poet, Ovid, who introduces Echo into the story. Both enhance the tale with different elements.*

Narcissus was the son of a river king, Cephissus, and a nymph, Lyriope. When he was a child, Lyriope asked the soothsayer poet, Tiresias, whether Narcissus would live to a ripe old age. Tiresias replied cryptically that he would, "as long as he did not know himself". Lyriope had to be content with that and Narcissus grew into adolescence. He was a lovely boy and there were many men who desired him but he spurned them all. It seemed he wanted perfect beauty, and no one measured up.

Echo was a lovely young mountain nymph who loved to talk all the time. One day she came upon Hera (Juno) who was looking for her husband Zeus (Jupiter), the chief of all the Gods. Hera was a jealous wife and she suspected that Zeus was frolicking with some nymphs. She was not wrong. Echo knew what was going on and she engaged Hera with so much chatter that the nymphs and Zeus made good their escape. Hera, who was not a fool, was so enraged by Echo that she cursed her by taking away her voice. 'You, who love to talk so much', she said, 'You'll talk no more. From now on you will only be able to repeat what someone else says. Okay, I'll grant that you'll always have the last word but never shall you ever have the first word'!

Poor Echo wandered about on her own, lonely and sad because there was so much she wanted to say and could not. One day she chanced upon Narcissus and fell hopelessly in love with him from the moment she saw him. She started to follow him around, hiding behind trees and rocks. One day, when he was out hunting with friends he got separated and started calling out to them. Echo, who was desperate to get close to him, responded in the only way she could.

Narcissus, like a number of men in Greek mythology, seems to have been homosexual. In Conon's version he has spurned a number of men. Aminias is a young man who is very much in love with him. Narcissus spurns him too. Aminias is so broken by this rejection that he kills himself at Narcissus' doorstep praying to the Gods that they teach him a lesson for all the pain that he has caused. Nemesis, the Goddess of Revenge, grants this prayer and Narcissus himself eventually pines away from unrequited love.

'Where are you', called Narcissus to his friends
'You', said Echo
'Who's here'?
'Here'.
'Come'
'Come'
'Why do you shun me'?
'Shun me'.
'Let's join one another', said Narcissus
'One another', said Echo, joyfully, and ran to throw her arms about him. Narcissus was shocked. 'Hands off', he said, 'I would rather die than be with you'!

Echo's heart broke from this rejection and she went off to live forever by herself in the mountain cliffs and caves where she faded and wasted away and her bones turned into rocks and finally, only her voice remained. We can still hear her if we go to the hills and call out. She repeats after us and continues to have the last word.

Meanwhile, Nemesis, the Goddess of Revenge, heard the call of one of Narcissus' thwarted lovers (see box) and decided that enough was enough. One day, thirsty after a hunt, he came upon a silvery pool and bent down to drink. Seeing his own image in the clear water he thought it was a water spirit and fell in love immediately. He knew now that this was the partner he had been waiting for. He stooped down to kiss the boy and found the face reaching up towards him. But when his lips touched the water and he put his arms in to embrace the youth, he found he had fled from him. When the water stilled again and he looked in, there he was, come back to look into his eyes. He smiled when Narcissus smiled; he blew a kiss off his fingertips when Narcissus did the same. One could say here was the action version of the same phenomenon that Echo was a voice version of! At first, Narcissus thought the boy liked him but then he realized that he was never going to leave the water to be with him. At some point he must have realized that the figure was his own image and yet, he could not bring himself to take his eyes off and leave the poolside. 'Alas', he once cried out aloud, and 'Alas', said Echo who hung about Narcissus (hidden from sight) just as Narcissus hung about his reflection (hidden from touch).

Over time, Narcissus, like Echo, wasted away from hunger and thirst. And let's not forget Tiresias' prophecy – Narcissus' downfall came when he 'knew himself'! There were many who mourned the passing of Narcissus but when they prepared the funeral pyre and came to take his body they only found a purple flower by the edge of the pool, looking into the water. To this day, the flower is called Narcissus and is often found growing along lake edges and river banks, looking into the water at its own reflection. Thus, what happened to Echo happened to Narcissus. What goes around comes around. We call it karma.

Dying to say something relevant to psychosocial care?

Say it here! Write for the APSWP Newsletter!