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PSYCHOSOCIAL MATTERS
THE APSWP NEWSLETTER

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Editorial

Rameela Shekhar

In challenging times, psychosocial health matters even more! When we speak of 'well-being' of a person, what exactly do we mean? In simple words, it is the experience of health, happiness and prosperity. It includes having good mental health, positive life satisfaction, a sense of meaning or purpose, and the ability to manage stress.

Unfortunately, well-being of an individual or of people, in general, appears to be in decline in this present testing time of the ongoing Global Pandemic. It is during times like these that every individual needs to channel their attention towards their mental health, as it gets highly affected with the chaos and confusion that is happening around. We focus on keeping our physical health but tend to neglect mental health, which is equally important.

Increasing one's well-being can be tough without knowing what to do and how to do it. So I would like to share my thoughts and give a few suggestions, with a request to all of us to do the following :

Practice Positivity /– Change our mind set from Negative to POSITIVE : Joy, Gratitude, Hope, Humour and Love. This will make us and the people around us happy and will also keep positive vibes around us. It is all about Celebrating Happiness. Small joys or big, just appreciate and celebrate.

Reframe Negative Thoughts /– Negative thoughts can overwhelm us, bring down our morale and cost us our mental health. So, the best thing to do when we have one is to reframe or challenge the negative thought patterns. Be thankful for what we have, be grateful, and replace fear with faith. Remember our 'bests' and let go of our 'worsts', and use them as lessons learnt.

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Maintain Social Contacts /– Social Distancing is just Physical Distance, it is not Social Isolation. People fail to see the time of lockdown as an opportunity. That is what we must focus on, making the best of whatever is in our hands. Generally, we all have busy lives and packed schedules. Now that we have a bit more of time, make sure to spend it on family and friends, to reconnect, to communicate and to catch up. Use it as a chance to vent anxieties and fears with dear ones. Getting positive and supportive people works wonders.

Focusing on what we can do within the limits of our present situation, rather than focusing on things that are out of our control, is the best way to keep our spirits high, enhance our well-being, and impact positively on the well-being of those around us.

All the best!

Rameela Shekhar

MESSAGE FROM OUR PRESIDENT

Hope all of you are in good health and cheer! If 2020 was a difficult year, 2021 has turned out be far more difficult and stressful with the Covid-19 pandemic showing no signs of abating. Most of us have lost family members, friends and colleagues to the virus. We pay our humble homage to all those who lost their battle against Covid-19, and send our good wishes and support to all those who survived and are still coping with its aftermath. Our salute to all the frontline workers and volunteers who continue to serve selflessly in an effort to better the lives of people affected by this pandemic.

Covid-19 has stopped short the lives two young professionals. Dr. Lovepreen Kaur, a young and bright NIMHANS Alumna and a practicing Clinical Psychologist at Delhi, breathed her last on the 30th of April 2021. Dr. Pushpalatha Arun Kumar, Assistant Professor, Department of Social Work, Bangalore University, another young and bright social work academician, also succumbed to Covid-19 on the 16th of June 2021. The Association expresses its condolences and support to their family and friends. We would also like to pay our respects to Dr. John Johnson, NIMHANS Alumnus and former Head of Social Work at Marian College, Kuttikkanam, Kerala, who passed away on the 13th of June 2021. The Association extends its heartfelt condolences to his family.

The Association has been busy and productive during these last 6 months. We are very happy to announce that APSWP now has a Chapter in Kerala. I congratulate the members of the APSWP Kerala Chapter for taking the initiative to form this Chapter and for the activities they have been carrying out. This is an important event for APSWP. It is important for all of us to find meaning and joy in these trying times. To bring us some respite from the day-to-day challenges, our dedicated and competent editorial team has put together motivating and informative articles in this 3rd issue of 'Psychosocial Matters'.

Stay safe.

Regards,

Sobhana H

I have striven not to laugh at human actions,
not to weep at them,
not to hate them,
but to understand them

Baruch Spinoza
17th Century Dutch Rationalist Philosopher

FROM JANUARY TO JUNE 2021…OUR SECRETARY SPEAKS

On the positive side, the Kerala Chapter of our APSWP was formed and started functioning actively. More about that further in my report. On the unfortunate side, COVID-19 continued to dominate the physical and mental landscape of our country. The second wave lashed with unexpected fury and this time we felt the impacts of both disease and death much closer. Our dormant or de-activated Covid-19 helplines had to be revived. 59 of our experienced members continue to volunteer on it to provide basic information, clarify myths and misconceptions, provide tips on quarantining of self and others, emphasize the specifics of Covid Appropriate Behaviour (CAB), share information on periodically updated details of State-level and local resources regarding treatment, vaccination, and other matters, and above all, support clinically overwhelmed children, youth, adults, and senior citizens with various permutations of psychosocial support. Apart from the helplines, in their individual capacities and as staff of organisations, many more of our members have been supporting Covid-impacted people with professional inputs. With thousands of caregivers permanently and pre-maturely snatched away, there is an abundance of grief, anxiety, and trauma that has to be recognised and reconciled. This work is likely to keep mental health professionals engaged for a long time.

Other activities of the APSWP in this half year have been as follows :

1. **Disaster Mitigation Response /–** The recent hydropower power plant disaster in Chamoli resulted in psychosocial and mental health impacts on the affected families who lost loved family members who were also the main earning members. Apart from them, those who were rescued were also traumatised. Six APSWP members volunteered and provided online psychosocial and mental health support for the needy persons and families.

2. **Continuing PSW Education (CPSWE) Programmes /–** Several interesting and useful programmes were held in this half-year, mainly for members and one for others.

Sl. No.	Dates	Topics	Resource persons
CPSWE Programmes conducted in this half-year			
1	08.01.2021	Professional PSW practice in corporate/industrial setting over three decades – Some reflections and lessons learnt	Dr. Tara Rebecca Chacko
2	12.02.2021	Socio legal management of Child Sexual Abuse	Dr. Kavita V. Jangam
3	27.04.2021	Three decades of PSW interventions in an Engineering School - An Experiential account	Ms. Shalini Sharma
4	08.05.21 to 22.05.21	A series of 9 sessions on Grief Interventions • Locating grief in the Covid-19 context • Psychosocial aspects related to grief • Grief assessment • Psychosocial first aid and support in bereavement • Trauma-informed lens to transcend grief • Reclaiming life and purpose	Dr. Juvva Srilatha Dr. Anita Rego Ms. Chandra Ramamurthy Ms. Sowmya Dr. Kamble Dr. Shalini Anant Dr. Gayathri K.R.
5	22, 23, 28 and 29 June 2021	Workshop on Psychological First-aid and Psychosocial Care for volunteers of the Indian Institute of Science, Education, and Research	The APSWP in collaboration with Radical Transformational Leadership, Mumbai
6	29.06.2021	Psychiatric Social Work practice in Rehabilitation	Dr. M. Ranganathan

The feedback on all programmes was uniformly very positive.

3. **Association Meetings /–** A lot of activities could not happen as scheduled due to the pandemic and its fallouts. Hence, only one meeting – i.e. the 7th Meeting – of the Executive Committee was held. It was an online meeting held on March 17, 2021.

4. **Membership /–** Life membership which stood at 170 six months ago has now gone up to 183. Although several categories of membership have been provided, as of now all members of the APSWP are life members.

5. **Letters /–** The following are some of the letters written to State and Central Governments in pursuit of the professional interests of the APSWP :

I. 03.01.21: Letter (Ref. No.23-2020/01-2021) regarding recommendations to the draft bill on Disability University.

ii. 30.01.21: Letter (Ref. No. 2/2021) to Ministry of Health and Family Welfare requesting the inclusion of PSWs under RCI.

iii. 19.02.21: Letter (Ref. No. 3/2021) to the DG of Prisons, Government of Kerala, for the appointment of PSWs in prisons.

iv. 19.02.21: Letter (Ref. No.4/2021) to The Under Secretary, Health and Medical Education Department, Government of Jammu & Kashmir.

v. 21.04.21: Letter (Ref. No.5/2021) to the Secretary, Jammu & Kashmir SSB & Finance Commissioner, Health and Medical Education Department, regarding qualification for the post of PSW called for by SSB.

vi. 04.05.21: Letter (Ref. Nos.6,7,8/2021) to the Director CIP, Ranchi, Secretary, Ministry of Health and Family Welfare, and Union Minister for Health and Family Welfare regarding the change in recruitment rules for the faculty and PSW posts at CIP, Ranchi.

vii. 19.05.21: Letter (Ref. No.9/2021) to The Deputy Secretary, Delhi Subordinate Services Selection Board (DSSSB) regarding inclusion of Social Work Degree for qualification for the post of Counsellor.

viii. 15.06.21: Letter (Ref. No. 19/2021) to the Director, AIIMS Rishikesh, regarding qualification for the post of Social Worker.

6. **Statutory Compliances /–** Because of the Covid-19 situation the State and Central Governments have extended the last dates for filing of reports and accounts with the Registrar of Societies and the Government of India. All reports are under preparation and will be available by the next month.

7. **Formation of the Kerala Chapter of APSWP**

As already mentioned, this chapter was formed through the initiative of local APSWP members and has been very active since then. Some of its major initiatives have been :

- A webinar on May 29 on **Schizophrenia – Discover Better Mental Health**
- A poster on Tobacco Awareness to coincide with World Tobacco Awareness Day
- A one-month internship programme for MSW students of Christ College, Bengaluru
- Starting a Facebook page to promote APSWP activities in Kerala.

The Kerala Chapter has many more interesting programmes planned for the coming months.

In conclusion, the APSWP members have been active in their stimulating discussions on the WhatsApp group, and dialogues continue on matters like PSW domain clarifications, accreditation, matching job titles and salaries with qualifications, the Allied and Healthcare Professionals' Act, and other such issues impacting the identity of PSW.

Let me end with the good news that the President of the APSWP, Dr.Sobhana Hariharan, has been nominated the North East Zonal Representative for the National Council for Social Work Working Group.

Enjoy this issue of Psychosocial Matters and share your thoughts with us.

E. Aravind Raj

Know Your Concepts

Imposter Syndrome

Continuously experiencing strong feelings of self-doubt and inadequacy in spite of factual evidence of success as normally understood. The term was coined in 1978 by Suzanne Imes and Pauline Rose. The Imposter Syndrome is supposedly prevalent in more than 60% of the population, more so in minority communities of various types.

Lead Essay

By Sayee Kumar

DOES 'PSYCHOSOCIAL' MATTER?

Dr.Sayee Kumar was formerly Head of the Department, D.G.Vaishnav College, and currently Consultant in Counselling and Psychotherapy at Chennai. He is a member on the Advisory Council of the APSWP.

PSYCHOSOCIAL is not a merely a word but a world in itself. It has been in vogue for some decades, especially since the advent of psychosocial theories of various disciplines. It represents the fact that there exists a firm relationship between people's mental and emotional well-being and their milieu or environment. Erik Erikson popularized its use in his description of the stages of personality development. Mary Richmond, pioneer of American social work, appropriated its relevance to the realm of social work, seeing a linear cause-effect relationship between mind and milieu in the diagnostic process.

Psychosocial Theory represents human development as a product of interaction between individual needs and abilities at one level and societal expectations and abilities at another. Dictionaries classify the word as an adjective that refers to the influence of social factors on an individual's mind and behaviour. The exact origin of this word is not clear though cyber search gives an indication of its emergence in the 1800s with Adolf Meyer who said "We cannot understand the individual presentation of mental illness without knowing how that person functions in the environment; it is here that the concept of psychosocial assumes significance". Then, later in the 1890s, it appeared as a metaphysical insistence on a deep and mutually constitutive connection between personality and social life. Erik Erikson, already referred to above, attempted to expand Freud's original five stages of psychosexual development to develop an Eight Stages of Life Cycle Theory on the premise of social environment playing a critical role in self-awareness, adjustment, human development and identity. Hamilton, who published an article on 'The Underlying Philosophy of Social Case Work' in 1941 used the word 'diagnostic' in relation to psychosocial problems, since diagnosis was made on the basis of understanding the client in the context of their interactions and transactions with their environment. Three stages were identified: Psychosocial Study, Psychosocial Diagnosis and Treatment Plan, and Psychosocial Support through counselling and other means.

Since then, psychosocial theories have started dominating the landscape of mental health disciplines, finding place not only in etiology of mental disorders but also in therapeutics, prognosis, and rehabilitation. The entire range of prefixes and taglines with 'psychosocial' started appearing in literature, gradually filling up primarily mental health space. In the United Kingdom, a fairly recent development (2013) has been the establishment of the Association for Psychosocial Studies (APS), dedicated to promoting the academic discipline of psychosocial studies. It runs the Journal of Psychosocial Studies. Such a society is the need of the hour in India as well, with all the social and cultural factors that govern much of our behaviours.

PSYCHOSOCIAL – Whose domain it is? Can this term provide an exclusive identity for Psychiatric Social Workers?

This word, PSYCHOSOCIAL, I feel, is being used too loosely and liberally by every professional in mental health,

education, and welfare. In fact, its extensive and liberal usage has blurred its meaning. This has blunted its use as an exclusive method for psychiatric social work practice. ***Why have we, PSWs, more or less lost the game of holding exclusive domain of psychosocial to other professionals?*** I am now going to be deliberately hard-hitting, critical, and provocative since I believe we have no more time to lose. We have to examine our profession closely in order to stimulate it to remain relevant and regain vibrancy.

1. Mental health concepts learned from the disciplines of behavioural, social and medical sciences, especially psychiatry, all talk about psychosocial factors from etiology to rehabilitation. Hence, every mental health professional, and not just PSWs, designs their interventions integrating psychosocial factors.

2. On the other hand, except PSWs, other mental health professionals have their clear subject related core knowledge and skill base, thus, enabling them to define as well as assert their clear roles for mental health service delivery. They use psychosocial concepts and approaches to complement or enrich their statutory roles.

3. PSWs, especially in India, have not been able to establish even their presence, leave alone their role, until the Indian Mental Healthcare Act (2017) was enacted replacing many Victorian-era asylum based concepts of the Indian Lunacy Act (1912). But here again, the Act is silent on the specific role of PSWs with clear psychosocial domain, leaving the space open for other professionals.

4. Professional social workers in the country have still not been able to establish either their own Council with statutory powers granting registration, or gain entry into statutory bodies like the Rehabilitation Council of India, to enable them to work in a recognised manner as Psychosocial Specialists.

5. The problem of establishing domain-specific professional expertise is further compounded because of a lack of adequate and meticulously carried out research to explain the efficacy of psychosocial interventions by psychiatric social workers using Social Work specific knowledge, skills and techniques. Hence, the profession is not taken seriously or credited for specialised interventions.

Thus, the Psychosocial domain is nebulous, abstract and not amenable for exclusive ownership of professional PSWs. As a result, it is a free-for-all area for anyone to enter-play-exit at will, leaving PSWs with confusion and heartburn. You can see the table that follows making an attempt to illustrate this. As a PSW, how will you complete this table?

Psychosocial Exercise Table

Please go through this carefully. At the end, try to fill up the empty boxes carrying the '?' mark

Mental Health Professionals sharing common theories and skills for mental health work

E.g. Theories of Psychology – Psychotherapy – Behaviour Therapy – Marriage and Family Therapy – Counselling – Child and Adolescent Work – De-addiction work – Psychosexual Therapy – Psychosocial rehabilitation, etc.

Medical Doctor (specialisation – Psychiatry)	**Psychology** (specialisation – Clinical Psychology)	**Social Work** (specialisation – Psychiatric Social Work)	**Nursing** (specialisation – Psychiatric Nursing)
Roles Clinical Diagnosis Pharmacological Treatment	Roles Psychometric testing Psychotherapy Behaviour therapy	Roles Psychosocial Assessment Psychosocial Diagnosis Psychosocial Treatment	Roles (with all psychosocial elements) Nursing assessment Nursing Diagnosis Nursing Interventions
Psychosocial Interventions (applied by all the above four specialisations) Case work, Individual counselling, Group therapy, Family therapy, Psychotherapy, de-addiction interventions, Child and Adolescent interventions, Psychosocial rehabilitation work etc.			
Please identify interventions that are in the exclusive domain of Psychiatric Social Work and taken up by none else			
?	?	?	?

What follows is another small exercise that tries to clarify our thoughts about our specific roles. The table below has a **PSYCHOSOCIAL GLOSSARY** – phrases occurring in the psychosocial domain with the word psychosocial included as a prefix or tagline. The glossary has three empty boxes alongside each word or phrase. Please use your actual experience to tick which of the three professions the word applies to. A word may apply to any one or two or even all three professions. If so, you may tick one or two or all the three boxes for that word.

Sl. No.	Psychosocial Glossary	Psychiatrist	Clinical Psychologist	Psychiatric Social Worker
1.	Psychosocial			
2.	Psychosocial Medicine			
3.	Psychosocial Assessment			
4.	Psychosocial Approach			
5.	Psychosocial Care			
6.	Psychosocial Characteristics			
7.	Psychosocial Aspects			
8.	Psychosocial Factors			
9.	Psychosocial Diagnosis			
10.	Psychosocial Health			
11.	Psychosocial Disability			
12.	Psychosocial Development			
13.	Psychosocial Education			
14.	Psychosocial Adaptation			
15.	Psychosocial Model			
16.	Psychosocial Concepts			
17.	Psychosocial Support			
18.	Psychosocial Programmes			
19.	Psychosocial Interventions			
20.	Psychosocial Therapy			
21.	Psychosocial Work			
22.	Psychosocial Hazard / Risk			
23.	Psychosocial Services			
24.	Psychosocial Skills			
25.	Psychosocial Needs			
	Total Number of Ticks (✓)			

What is the picture of Psychiatric Social Work that emerges from counting the ticks in comparison to the other columns?

To conclude, it is fair to state that from start to finish, social workers constantly rely on a wide range of psychological and social factors at play for effective therapeutic interventions. In order to make a correct assessment to render quality service, psychosocial concepts provide enough space for the professional social worker especially in the mental health field. But are they exclusive to Psychiatric Social Work? That is the debatable question. There is great potential to make it the primary identity for PSWs in course of time if we can work in that direction.

PSYCHOSOCIAL IN INDIA: Much of the work and literature on the concept of psychosocial have come from the west and not anything significant from India. The fact is that human behaviour cannot be understood in India without the context of not only socio-cultural factors but also philosophical and spiritual factors. In psychosocial adjustment, we work towards facilitating a balance between mind and social environment as the goal.

In Indian philosophy, the mind and its functioning permeate both orthodox – *astika*– systems, namely, the *Nyaya*, *Vaisheshika, Samkhya, Yoga, Purva-Mimamsa (or Mimamsa),* and *Vedanta* schools of philosophy, and unorthodox – *nastika* – systems, such as Buddhism and Jainism. Our clients and their adjustment behaviours are often guided by their belief systems covering concepts like different stages in life (*ashramas*) and aim at *moksha* – liberation of soul from the cycle of birth and rebirth – as the ultimate aim of life. Three basic concepts form the cornerstone of Indian philosophical thought : the self or soul (atman), works (karma), and liberation (*moksha*). Around the emerging time of Buddhism, there was another sect of religious mendicants, the *Ajivikas*, who held unorthodox – *nastika* - views. So it is not only the harmony between mind and environment alone that leads to psychosocial adjustment but the harmony between body, mind, and soul, as in yoga. Or it can also be achieving Nirvana through some *Nastika school* of thoughts. Hodkinson (2008) supports this Indian view of adjustment as he observes that psychosocial support involves the culturally sensitive provision of psychological, social, and spiritual care.

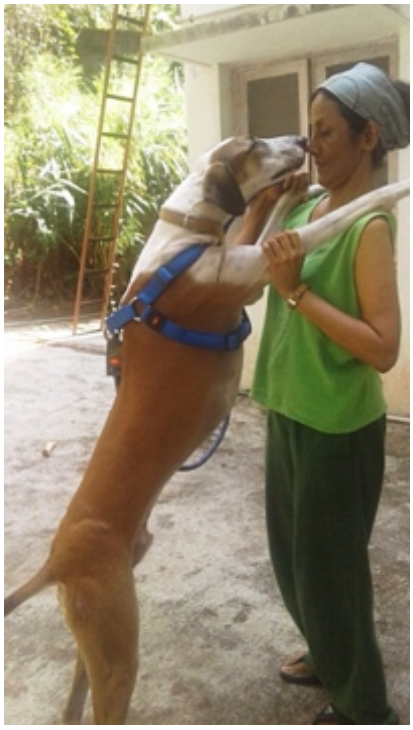
Connecting with Creatures for Health and Happiness

By Shalini K. Sharma

Shalini K. Sharma works with the Nitte group of educational institutions and is based in Manipal. She heads the Department of Counselling, Welfare, Training and Placement at an engineering college. In personal and professional life, she recognises how well-being can expand exponentially if we lovingly and respectfully include diverse life forms in our psychosocial space.

Growing up in a large nuclear family of seven children amidst an acre of unmanicured nature, we constantly interacted with birds, bees, reptiles, trees and animals. We had many fruit bearing trees and domesticated animals – cows for milk, fowl for eggs, a cockerel to wake us at the break of dawn, cats to keep rats at bay, and a dog, Tommy, to alert us to strangers entering our gate. Tommy was agreeable to transform as a tiger when we played 'Devi Mahatmé', a Yakshaganaprasanga. Being the 4th child amidst five brothers, I was privileged to play the Devi, wielding a silver foil wrapped cardboard sword, sitting atop the transtiger, hair flying loose!

My very own pet came when I bought a little fluff of a chick, smaller than my fist, for one rupee from a vendor on my way home from school. It was nurtured in my room and it soon became a robust cockerel that followed me around. It flew high and attacked any stranger entering our gates or even mother or Muthakka, the help, if they wore a saree it didn't recognise. I remember the frightened screams, 'Umma,Umma' of the child Gaffoor defecating in the adjacent lane, running away leaving his shorts behind, what with the cockerel piling on him, not letting him complete his job there!



My next exclusive pet, a pup that looked doped, came later, from the Ayurveda ward in NIMHANS while working as a PSW. Dopey lived with me in the staff hostel, in Byrasandra after I married, went with us to CIP, Ranchi, and returned with us to Manipal. While in Byrasandra, we picked up another pup begging at Shri. Narayan Rao's canteen in NIMHANS. Moushey (because the only fur she had was a moustache), provided companionship to Dopey and we treated her skin disorder with gentian violet. Dopey, by the way, had TLE becoming generalized which was treated with Tab. Gardenal 30mg for 6 months and that was the last of the single seizure that we saw. Moushey had Pseudocyesis. Oophorectomy had to be performed before we took her to Ranchi. We were a family who travelled in a coupé in trains, just the four of us!

We've had many pets since then which were gifts, picked up, or bought. We now have Sultan, a four year Mudhol hound, and Sanghavai, a three month old stray picked up in a Coonoor estate after her mother was taken away by a leopard. Our rescued cats, Mimi and Momo, are no longer with us but changed our perspectives on life and allowed us to speculate on who makes a good pet, a dog or a cat. I've seen my dogs give birth, seen their fierce protective maternal instinct and their hard work at labour to ensure survival of their progeny. We evolve as we learn so much from animals.

Why do humans adopt pets?

There's no doubt whatsoever that they are good for our wellbeing. They delight us with their adoration, pranks and unconditional love. They do not judge us on our appearance, our bank balance, educational qualifications or smell! They make us feel whole, complete, and add an inexplicable nurturing dimension to our life, thereby enriching it. To be able to have a four-legged bundle of joy in your arms, to be licked by it, to have it look into your eyes with undiluted devotion, to stroke its soft fur and to feel loved, is a huge Oxytocin surge. To have it greet us with enthusiasm, hang around as we cook, lie down, read, work, walk, drive, feel under the weather, to assure us that we are not alone, lifts us releasing Serotonin. The exercise it provides by way of brisk walk, run, play catch, gets us the fitness neurotransmitter Endorphin. Having people look longingly at our pet, initiate conversation or walk or jog along with us, facilitates socialisation, approval and that's a huge Dopamine shot! There we go, the happiness hormones are all there to keep us smiling with gratitude and abundant love. I guess that's the reason as to why people have therapy animals who are taken to meet children, adults and elderly in distress, people with long standing illnesses, cancer, Alzheimer's, Parkinson's, depression or plain loneliness as it brings a ray of bright sunshine into their lives.

The relationship between pets and humans is pre-historic, say V.P.Reddy and Kishor Manohar Rao of JSS Medical College. Published studies show that paws have an indisputable place in mental well-being. All humans experience pressure and stress. Pets help divert attention from worrisome thoughts, distracting us from negativity, giving us a break – a breath of fresh air. Studies show that pets, especially dogs and cats, can reduce stress, anxiety, and depression, ease loneliness, encourage exercise and playfulness, and improve our cardiovascular health. Caring for an animal can help children grow up more secure and active. Pets also provide invaluable companionship for older adults, who may have no control over bowel or bladder or flatulence, without judgement or ridicule.

People adopt birds, snakes, fish, rabbits, guineapigs, turtles, goat, sheep, cows, horses, donkeys or other creatures as pets. What pet you have, does not matter; but what you've invested in it by way of time, energy and love, decides the quality of your relationship with it. What you need to bear in mind before acquiring a pet, however, is whether you have the space, time, energy and income to keep a pet and whether the family members, the apartment building or neighbours are agreeable to having it. It can turn out to be a nightmare otherwise.

Picture courtesy www.michellejobphotography.com

Mandy Oaklander in her article 'Science Says Your Pet Is Good for Your Mental Health' speaks of pets being incredibly well loved in America with 95% of the owners considering their animal as family. "People who have pets tend to have lower blood pressure, heart rate and heart-disease risk than those who don't. Those health boons may come from the extra exercise that playing and walking require, and the stress relief of having a steady best friend on hand" she says.

According to Alan Beck, Director of the Centre for Human-Animal Bond at Purdue University, while at one time it used to be a 'No-No' to have an animal in a hospital for fear of infection, nowadays, every major paediatric hospital engages in animal programmes. The choice of animals in therapy is the outcome of research affirming that social support that heals anxiety and loneliness can come on four legs too. Live pets of any species help calm stress, fear and anxiety in children, adults and the elderly. Beck vouches for strong evidence in support of animals in healing people. Psychologists at the

Miami University have found that people who own pets are more conscientious, have better self-esteem, are more social and have healthy relationship styles.

In a Study where group of adults under stress petted a rabbit and a turtle in their real and toy forms, it showed that the toys had no effect. Stroking a living, breathing creature, whether hard-shelled or furry, relieved anxiety. Surprisingly it worked for people who had no prior exposure to animals too. A Study in 2016 published in the journal Gerontology showed that elderly people who were given five crickets in a cage to care for became less depressed after eight weeks when compared to a control group. The act of caring for a living creature – even a few insects – seemed to make the difference. Activities like grooming pets and walking them around have shown to reduce PTSD symptoms in children and adolescents in Europe since the 1860s. When people at an Alzheimer's facility dined in front of aquariums with bright fish, they ate better, were more attentive and less lethargic. Children who struggled with reading, improved on reading aloud to a trained dog, showing fewer anxiety symptoms. "Their attitudes change and their skills improve," says Lisa Freeman, Director of the Tufts Institute for Human-Animal Interaction. Animals make socializing easier for kids who find it stressful, according to Maggie O'Haire of Purdue. When children with autism had a guinea pig in the classroom, they were more social with their peers, smiled, laughed more, and showed fewer signs of stress. Pet research is of relatively recent origin in India but studies like the one done by Shreya Chaudhry and S.K. Srivastava of Gurukul Kangri University in Uttarakhand show very similar results.

In the enforced isolation currently being experienced across the world due to Covid-19, pets are emerging on the top of the list for their therapeutic influence on coping with inertia, languishing, loneliness and depression. I, for one, would say that my quarantine of 17 days in isolation in a room upstairs in my house in August 2020, was liveable thanks to my wonderful Momo who almost never left my side. He hung around me with devotion and never for a moment made me feel alone!

While I strongly endorse having pets to make your life more joyful, it is essential to be aware that we may lose them by accident, illness or death at the end of their full life and that can leave an emptiness behind. Bidding good bye to them can be tough. But like the old saying goes, it's better to have loved and lost than never to have loved at all!

I would like to end by suggesting two possible actions to psychiatric social workers:

- As you feel your way around the problem presented by your client, do think of whether and how you can subtly but consciously include the role of pets in the therapy process.
- Do think of researching further into the contribution of other life forms to the psychosocial wellbeing of humans.

Meanwhile, check out this wonderful infograph by happify. All good wishes, always!

https://hpf-happify-marty-prod-user-uploads.happify.com/cms_uploads/en_US/img/happifiers/pets_happiness.png

WE CONCLUDE WITH

The NCAHP Act 2021: An Overview

Anita Victorina Rego and Shreya Pooja Deuri

Anita Victorina Rego, is a Psychiatric Social Worker with M.Phil and Ph.D from NIMHANS. A public health and mental health practitioner, educator, researcher and policy analyst, she is the Founder Director of Pearlss 4 Development, a consulting, training and strategy development organisation. She also provides therapy services for mental health issues.

Shreya Pooja Deuri is a psychology major with a background in English literature and journalism. A trained Indian Classical dancer, her research interests lie at the interface of psychology and movement. With a

commitment to expand mental health literacy and wellness, she aspires to contribute towards incorporating artistic elements into rehabilitative practice in the future.

Therapeutic healthcare – which includes not only healing but also research and academics that further the processes of healing – is not just a matter that can be left to doctors and nurses but requires the engagement of numerous other professionals. And yet, upto now in India, Public Policy related to the Health Sector has focused on the regulation of doctors and nurses only. In effect, this has denied public acknowledgement to other professionals whose roles are critical to holistic therapy. That status has now been corrected. After more than a decade in the making, The National Commission for Allied and Healthcare Professions (NCAHP) that was introduced as a Bill in September 2020, was passed in the Rajya Sabha on March 16, 2021 and thereafter, by the Lok Sabha on March 24, 2021, followed by Presidential assent on March 28, 2021, transforming it from Bill to Act. With the passage of this Act, India has made a major policy shift to acknowledge the contributions of 56 categories of Allied and Healthcare Professionals and provide them an equal platform to serve in the health sector.

The Act provides for mechanisms to regulate and standardise the education and practice of allied and healthcare professionals. It purports to set up a **National Commission for Allied and Healthcare Professions,** along with a **National Allied and Healthcare Advisory Council,** a **State Allied and Healthcare Council,** an **Allied and Healthcare Professional Council** and **Autonomous Boards**.The proposed National Commission will further work on maintaining an online **Central Register** and a **State Register** for the registration of all qualified allied and **healthcare professionals**.

The Act defines two broad categories of health workers – the **Allied Health Professional** and the Healthcare Professional. The two are differentiated by the number of years of training and the hours of educational input. The Allied Health Professional is a technical and supportive role while the Healthcare Professional is built over therapeutic, advisory, research and supervisory roles. The Act defines the **Allied Health Professional** as "an associate, technician or technologist who is trained to perform any **technical and practical task to support diagnosis and treatment of illness, disease, injury or impairment, and to support implementation of any healthcare treatment and referral plan** recommended by a medical, nursing or any other healthcare professional, and who has obtained any qualification of **diploma or degree**, the duration of which shall not be less than **two thousand hours** spread over a period of **two years to four years** divided into specific semesters."

A **Healthcare Professional** under the Act is defined as a "**scientist, therapist or other professional who studies, advises, researches, supervises or provides preventive, curative, rehabilitative, therapeutic or promotional health services** and who has obtained any **qualification of degree**, the duration of which shall not be less than **three thousand six hundred hours** spread over a period of **three years to six years** divided into specific semesters."

The above professionals have been classified under 10 broad categories. Keeping in mind the ILO International Standards of Occupations under which Social Work is a globally recognised health profession (**ILO Code 2635**), the Act categorizes social workers including Clinical Social Worker, Psychiatric Social Worker, and Medical Social Worker under the head, **Behavioural Health Sciences**, the seventh category in the list. 'Behavioural health' is used as the preferred term to 'mental health' and includes professionals such as counsellors, analysts, psychologists, educators and support workers, who provide counselling, therapy and mediation. It specifies conditions and restrictions regarding practice. Every person whose name is on the Central Register will be entitled to provide any service within the defined scope of practice as an allied and healthcare professional and to be monetarily compensated for the services provided.

Interestingly and strategically, the Act has brought in the concept of 'Task shifting' whereby specific tasks are moved, where appropriate, to related allied and healthcare professionals specialised in those tasks, by reorganising the health workforce efficiently for improved healthcare. An important achievement has been the inclusion of education at the super-speciality level, the result of sustained lobbying.

Registration of Allied and Health Care Professionals

The State and the National Commission will maintain the **State** and **Central Allied and Healthcare Professionals' Register**, a public record, wherein qualified Allied and Healthcare Professionals will register themselves once the Commission opens up for registration. Any person whose name has been entered in the Register is entitled to get a certificate of registration and that will be valid for five years, and is renewable. Thereafter, the person can work for the government or in any organisation as an allied and healthcare professional.

The Act deals with professional offenses and elucidates procedures to be followed in any eventuality. If a professional's name is removed from the State Register, the change will be reflected in the Central Register as well, and the registration certificate becomes invalid. The Act also provides for restoration of removed names subject to fulfilling applicable conditions.

There are provisions for addition of any other recognised qualifications in addition to any allied and healthcare qualification, through prescribed applications processes. There are also provisions to include qualifications granted by foreign institutions to Indian citizens provided they are duly recognised under the Act. Similarly, under conditions of reciprocity, the Act also provides for including foreign nationals possessing duly recognised qualifications, provided they fulfil the terms under the Act and are accepted by the Commission.

Allied and HealthCare Institutions

The Act emphasises the recognition and regulation of academic programmes, Institutes and Universities, provides for creation of new courses and mandates their recognition through the State Boards, and lays emphasis on limiting the creation of unrecognised courses or increasing the admission of students in such courses. The State Councils are made responsible for the verification of standards of the Allied and Health Care Institutions and share the remarks to the Commission as part of the recognition process.

Institutional mechanisms

The Act has instituted several institutional mechanisms at National and State levels to facilitate its smooth implementation

- **Central Bodies**

The **National Commission for Allied and Healthcare Professions** is mandated to develop policies and guidelines for the regulation of Allied and Healthcare-related education, training, research and professional services; regulate professional conduct and ethics for allied and healthcare professionals; establish and maintain a Central Register of Allied and Healthcare Professionals; provide entry and exit or licensing examinations and conduct quarterly meetings of the Commission for the transaction of business and the Annual Meeting of the Commission with the National Medical Commission. The Commission will be bestowed with a fund, the accounting of which will follow the said rules laid down in the Act. Until such time the National Commission for Allied and Health Care Professionals is in place, the Central Government will appoint an Interim Commission. It will carry out the duties delegated to the Commission by this Act until a permanent Commission is formed, which should be within 60 days.

To assist the Commission, the Act provides for two other nationals bodies :

I. The Allied and Healthcare **Professional Council** has members representing each profession in the recognised categories. The Commission may delegate some of its functions to this Council.

II. The Allied and Healthcare **Advisory Council** advises the Commission on the issues relating to allied and healthcare professionals.

- **State Bodies**

A **State Allied and Healthcare Council** will be appointed by State Governments within six months from the date of commencement of this Act. Some of the functions of the State Councils include registering recognised categories of professionals, enforcing professional conduct and code of ethics, taking disciplinary action, ensuring minimum standards of education, and conducting uniform entry and exit or licensing examination.

The State Councils will constitute the following **Autonomous Boards** for regulating the standards of education:

(a) Under-graduate Allied and Healthcare Education Board,

(b) Postgraduate Allied and Healthcare Education Board,

(c) Allied and Healthcare Professions Assessment and Rating Board, and

(d) Allied and Healthcare Professions Ethics and Registration Board.

The first two Boards will set standards for Allied and Healthcare Education at graduate, postgraduate level and super-speciality level. The third Board will determine the procedure for the assessment and rating of Allied and Healthcare Institutions to ensure maintenance of minimum essential standards. The last mentioned Board will maintain State Registers of all licensed allied and healthcare practitioners in the State, and regulate professional and ethical conduct.

Other pertinent areas addressed in the Act

The Act gives the outline of the procedures involved in establishing, recognizing/de-recognising allied and healthcare institutions, financial commitments, offences and penalties, legal proceedings, preparation of rules and regulations for implementation and the schedule of recognised professionals.

Conclusion

The World Health Organization has estimated the requirement of approximately 18 million healthcare workers by 2030. The NCAHP Act will open doors in India to harness the vast potential in the field of allied health care, leading to a strengthening of healthcare. The recognition of social work as a separate professional entity in the field of healthcare is welcoming. Psychiatric Social Workers as a professional category fulfil the total requirements that are necessary to be considered as a health care professional. The PSW profession fulfils the criteria on the required training hours, clinical and research exposure and the requirements as healthcare professionals as specified in the other health care instruments such as the National Data Management Policy. Nevertheless, the consideration of Psychiatric Social Work as a super-specialisation in the field of mental health and providing it a special status just as Clinical Psychologists have been provided under the Rehabilitation Council of India would have elevated the professionalism that is required to work with people with mental disorders. The Act has stayed away from providing mental health a distinct identity and has compromised by considering Psychiatric Social Work under the Behavioural Health category when the professional role as envisaged in the Mental Healthcare Act 2017 is well envisaged and expansive as part of the Mental Health team. Furthermore, the duration of experience of the professionals should be aligned and considered in the Council as aligned with the Mental Healthcare Act 2017, which considers a Post Graduate degree in Social Work and a Master of Philosophy in Psychiatric Social Work obtained after completing a full-time course of two years with supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956. Alignment with existing Acts can validate and build on the professional standing and bring about more robustness to Psychiatric Social Work education, practice and research.

Stop Press!

Film Review by Anindita Biswas

Anindita Biswas completed her M.Phil. in Psychiatric Social Work from NIMHANS and is currently based in Kolkata where she works as a dalit psychotherapist and freelancer.

The documentary movie, The Wisdom of Trauma, featuring Dr. Gabor Maté is a project by Science and Nonduality. It is the most insightful movie that I have seen in a while. The takeaways are many, some of them being:

1. That mental illness is already an epidemic and yet, it receives little or no attention from people who can make a difference to the affected persons and to society as a whole.

2. The seriousness of generational trauma and the multiple ways in which it affects one's life.

3. Although the root cause of almost all physical and mental illness is trauma ,the medical paradigm fails to recognize the importance of trauma-informed practice.

4. The myths about addiction being either a behavioural choice or a biological disorder, ignoring the root cause that is trauma.

5. We are centred in traumatized systems and hence, unable to bring about any meaningful change. Only new and radical ideas can trigger change.

6. And most importantly, trauma associated with minorities and vulnerable groups.

These insights have provoked me to think about how we can evolve as Psychiatric Social Workers whose strength is trauma-informed therapy. Being closer to witnessing people in traumatizing circumstances, i.e. their living conditions, social ascriptions, family environments, behavioural responses, etc., I believe that we are better placed to identify and work with trauma. We should be incorporating more and more trauma-informed interventions in our individual case work as well as while doing relationship and family counselling.

To those who have not watched this film I would say, watch it. It is well worth your time.

You can catch it on https://wisdomoftrauma.com/movie/

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