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Q: So on that note, could you speak a little about how you first came to be here?

SM: I was a student here in 1980-'82 and actually in those years TISS- also I may think- was not a brand that it is today. So we really didn't know how important or how big it was to get into the Institute. Really, I mean, someone just happened to tell here of my interests and tell me, so why don't you try in TISS and I came here all by myself, did the group discussion, written test, interviews, all of that. And it was not with that kind of a competitive spirit of must get in, it's a matter of life and death and all of that and of course, then when, you know, I got into the Institute...And my specialisation was Medical and Psychiatric Social Work.

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SM (cont.): In fact I remember during the interview, we used to have these big interviews in the Director's office- Doctor Gore's office- with all the Heads of the Departments and others. So there was some ten, twelve people and I was repeatedly asked; if you don't get MPSW- as in Medical and Psychiatric Social Work- would you choose anything else? Because I had given only that as my choice, once again not knowing that *agar MPSW nahin hai toh aur kuchchh bhi chalega*. And I kept saying no, I want to do only MPSW, not anything else. But anyway, yeah, that's how I come to TISS. Yeah, is this too long a story?

SM: i was a day scholar. Oh yes, we only had the Ninety Limited then, the double-decker with a, you know... a trailer bus. And, of course we used to have the Institute bus coming and picking us up from Plaza, and if we missed it, we missed it. There was really not many other options which



we could take to, you know, bring ourselves in to the Institute. So the Institute bus was really a big boon; the Institute bus was also a great place to, you know, bond with friends and teachers and others... grapevine! So everything that you don't get to hear on campus, some of it you got to hear on the bus.

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SM (cont.): So that was.... But otherwise it was only the Ninety Limited. Campus was much more quiet, much more green; definitely not so much of, you know, construction. We used to be very small batches, so in our batch, MPSW, we were only eleven of us then. I think across all the batches we were 75 social work students. Most days we would finish the Institute by one o'clock; only on a few days- I think one day in a week- we had classes in the afternoon, 2-4. But yeah, I mean you know, we used to spend a lot of unstructured time on campus. It was... life was not so structured in terms of classes and things like that. And into... although I was a day scholar, sometime in the rooms in the hostel with people from different specialisations, so it wasn't like, you know, you were mixing with only people from your own specialisation, but others as well.

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Q: Do you remember any incidents or can you just [?] for any anecdotes you could share with us or....



SM: You know this was not on campus. We had gone with Miss Mathew and Rema Balchandran on a study tour to Pachore. This was in 1981, we were a batch of eleven, only one boy in our batch. We were travelling on the ST, overnight ST. While going, at every stop, someone from the bus got down and checked our luggage. While returning we had a big massive fight on the... you know social workers, we were young budding ideal in the eye, that kind of, you know social workers. And the bus was overloaded, so we thought that it was our bounded duty to make sure that the bus was not overloaded because of accidents and all that. So we fought with the driver, conductor, passengers, we said everyone must get down, all kinds of things.

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SM (cont.): So there was one big *halla* on the bus- again, overnight, Aurangabad to Bombay- and we reached Panvel and we were all so, so upset with that fight that we didn't check our luggage. When we reached Panvel, then Miss Mathew and others who were living in Chembur were to get down. So they said okay, now let's get the bags down, hostelites and others. And there was not one bag on that bus. And this guy had gone up and he said, not a bag! Imagine, at 4.30 or five in the morning he's saying not a bag. And we thought rubbish, and we gave him lots of gaalis and we said just bring the bags down. We thought he was fooling, you know, we didn't want to believe that there were no bags. Of course we went through the rigmarole of, you know, waking up the police guys, lodging a complaint, but that was really a memorable incident because Miss Mathew was carrying her PHD students' chapters, library books, we were all carrying library books so it was....



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SM (cont.): And, you know, we just lost our bags and none of us got them back. [Laughs]. But that was something memorable; for our bags, that was really something that all of us remember, all of us remember so vividly.

Q: Is there any professor you remember...

SM: Suma Chitnis. Suma Chitnis was a wonderful teacher, her... you know the ease with which she connected with the students, her- you know- she was so strong with the concepts, a wonderful teacher. Very inspiring teacher. She was very good, yes, I remember her. But not just one, I remember Doctor Gore- he was our Director then- but Doctor Gore, more as the Director and, you know, he's very very quiet but very firm persona so we knew that once he said something, there was no ground for negotiation, absolutely no ground for negotiation.

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SM (cont.): So there was Doctor Gore, there was- you know- Miss Mathew who was our Head of the department and who was, you know... used to be busy poring over her papers and books 'til late in the evening. Professor Meenakshi Apte, who was such a, you know, grass-roots person at heart; very student centred, so.... So there are many. But Suma Chitnis of course stands out.

Q: Your fieldwork in your student days...



SM: In the first year, I was placed in Children's Orthopaedic Hospital and in the second year we used to do two placements; one in Sion Hospital, Department of Psychiatry and the second one, actually I was placed in the Child Guidance Clinic of TISS.

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Q: And TISS council, both as a student and after coming back, did this council time provide within social work to bridge the gap between what you've been taught in class and what you're doing out in the field. How well do you think TISS is able to- what does on here- is able to bridge the gap between the two, does it happen in the university?

SM: Yeah actually there is, in one way there is a lot of criticism saying that, you know, the theories are imported or that the books are all Western but I think there is a wealth of knowledge and experience that the faculty is bringing into the classroom through... with, you know, experience before coming in to teaching. You know and also with that association with field action projects, that we are able to bring that insights gained from field action, or previous experience into the classroom and bridge that gap I think. Yeah.

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Q: Could you talk to us a little about the inception of CGC as...



SM: You know the CGC was started in 1937 and so what I'm going to say is much of what I have heard and read about. So 1937, it was started because there were communal riots in Byculla and TISS was invited to start the CGC to attend to the emotional and behavioural problems of children affected by communal riots. So we started I think in- was it Nagpada Neighbourhood House, I'm not sure- but then we moved to the Children's Hospital, B J Wadia Hospital for Children again at the invitation of the then Dean, Dean Director of the hospital, saying that this was a unique place to be in because this was a national hospital catering to, exclusively to children and it was then recognised that mental health of children is a very important issue.

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SM (cont.): And services, many health services, or all services- both physical and mental- need to be available, under one roof. So it was with that idea that the CGC complimented everything else that the B J Wadia Hospital for Children did in terms of child health. And we were there for almost 52 years 'til in 1999 when, you know, Maureen Wadia took over and she asked all outside projects to leave. So there was a genetic counselling project of ICMR- which is also a very important area as far as children's health and wellbeing is concerned- and there was the TISS CGC. And we were not paying any rent, so you know, we didn't... could not contest. Of course there was a big campaign around allowing us to stay; how this is a public trust hospital and that it is important. And we don't have these kind of, not many of these kinds of child guidance services, so....



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SM (cont.): And yet when we were located within the hospital for children, the focus was very much clinical. It's only after, you know, we had started changing the focus to more community, community outreach, we had even appointed a Community Outreach Coordinator in the mid-80s I think, or the mid-90s. But the focus was much more on clinical even so. There were, you know, cases that we were handling that were referred by the hospital. It was only after moving out of Wadia Hospital that, you know, we decided as a strategy not to only cater to children coming to us for counselling services and child guidance needs, but to go out there and do a much more of- we were already doing it- but much more of preventive, promotive work. And more promotive, in terms of strengthening children's wellbeing, competence, those kind of things.

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Q: How did the change CGC to Muskaan come about?

SM: Yeah, so the Child Guidance Clinic is a clinic which offers clinical services and, you know, from there we decided to call ourselves Muskaan, hoping and aiming to bring a smile to every child's face. That we recognise... and mental health is really marginalised, it is an invisible... and particularly mental health of children, so one doesn't recognise children's needs, one doesn't, you know, even needs of wellbeing and positive development and things like that, let alone identifying problem children. So with that idea we said that we need to reach out to larger numbers of children. Every child's life we touch, every child we touch, the child should be happy



and smiling and we must have a lot of fun and games while doing this. So that's how they're changing; from a clinical context to more a wellbeing context, wellbeing idea.

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Q: Firstly, what the challenges that CGC would face; have they changed over time, have the nature of the challenges changed?

SM: I'd say as far as clinical interventions go, because of our location in Wadia Hospital for Children, there were huge numbers of children who were being referred to us automatically. Because within the hospital, among the doctors and all the departments and the hospital, they had an awareness of children's emotional and behavioural problems so referrals were automatic, referrals were appropriate and- you know- therefore the greater focus on clinical services. Also the clinical team was very, very strong, led by- at one point- Doctor B P Shah who used to... and Miss Mathew, who was the faculty in charge. And they used to have case conferences and a lot of writing and documentation of cases, you know, children's cases and things.

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SM (cont.): In terms of referrals that was not too much of a challenge. In terms of visibility within the community, hospital community and- this was in Parel- nearby areas everyone knew, children's problems, behavioural, emotional problems; CGC of TISS, located in Wadia Hospital.



So, you know. Therefore I would say that, given its visible location there was also visibility, greater visibility. Today one of the greatest challenges is that it's only recently that we are giving, we are waking up to child mental health issues. I'd say about five, seven years back child and adolescent mental health issues were pushed under carpet. So one of the greatest challenges is to mainstream child mental health issues, you know, and to say that these are important, these need to be addressed from the very childhood. So whether it's emotional and behavioural problems or, you know, anything else resulting out of any traumatic experience, life experience; like child sexual abuse, molestation to, you know, just promoting wellbeing and to help children develop positive sense of self, self-esteem, confidence, relationships that are able to manage their anger and emotions in a healthy manner that is healthy for them but also healthy for others.

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SM (cont.): I think this whole gamut... and for others to see that all of this work is important is something that is a great challenge. We tend to- even today- focus on only problem issues. So for example suicides happen, and we say well what are the suicide prevention strategies. But, you know, why do suicides happen at a particular age, stage, in a particular context is probably it has a different kind of history that we need to pay attention to. So those are the issues that we don't really need to... don't really pay attention to, and I think Muskaan's work today is to say that, you know, at least within the school system that we are able to mainstream some of these issues.



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SM: Yeah. You know parents from the advantaged backgrounds are... recognise the problem, want to address the problem and yet are not quick to take action, okay? So they will not be quick to seek out a counsellor. If the counsellor happens to be in the school; yes, perhaps, maybe. But in terms of getting a full assessment done, in terms of bringing the child, parents still tend to—although awareness may be there, and concern more than awareness; worry about my child, concern about my child— but, you know, to translate that concern into action is something that we don't see too much. So in a manner of speaking parents, and even more so from the lower socioeconomic groups. But it's not across groups. I would say just the Indian understanding and notions around childhood and how children should grow.

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SM (cont.): A lot of times we say, you know, oh this will pass with age. As he or she grows up, he will or she will grow out of this. You know; this child's aunt was also like that, or his father was also like that. We tend to justify problem behaviour in many different ways and don't want to acknowledge and actually to see little disturbances, upsets in the child and to recognise that, you know, this might need help. On the other hand, parents' own handling of children is become a much more indulgent. I would say today's parents are much more involved in bringing up their children; right or wrong. I don't know what they are doing in terms of this indulging and involvement but, you know, there is a greater ambition as far as their children are concerned,



there is a greater... so maybe academic ambition or, you know, extracurricular activities that no matter what the child does, the child must excel.

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SM (cont.): Much more focus on children being in structured activities and one doesn't understand that these structured activities are not the ones that teach children life's rules; it's the unstructured games and play that today's children don't play. They just don't play. So that is some... you know, we in the child and adolescent mental health field, we're really concerned about this. That, you know, the *lagori* and hide-and-seek and all other kinds of games we played as children taught us some very important rules and today's children... so therefore, frustration tolerance, or to allow someone else as the larger goals and, you know, subjugate one's own. Or the skills of negotiation, or to say well these are rules that everyone must abide by. In small families, nuclear families, single child families, children make their own rules.

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SM (cont.): So there is a lot of... I think parents also suffer from a lot of guilt because of one - their inability to spend too much time, we have many more- you know- dual income couples and things like that. Now because of this guilt, one tries to also, you know, compensate in other ways. This whole notion of being 'friends' with your child doesn't.... Being friendly is okay, but let the child have his or her own age-mates as friends. Somewhere we are blurring the lines, the



boundaries of parenting and friendships. So I think that is, that is how today's parents.... I think our parents were much more sorted and today's are a little more confused. They don't know whether to hold tightly, firmly, rules or to... you know, one is also afraid if you enforce too much rules, if you don't negotiate too much then will the child end up in a suicide and things like that. Those consequences we don't want to face ; drugs, suicides, pre-marital sex.

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SM (cont.): So there are a whole lot of issues that parents of today.... These are realities, I'm not saying these are not realities but, you know, there is a lot more awareness on one hand but you know, not.... a lot of confusion about parenting itself. One may feel that, well, there are so many books and there are so many inputs on... but really I mean there is quite a bit of confusion around parenting that we see in the field.

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Q: So you were telling us about Muskaan's activities.

SM: Like I said, that we are much more into promotion of wellbeing rather than, you know, looking at clinical interventions. So currently we are working in the R Ward, which is the Kandivli-Borivali-Dahisar area, and actually beyond Andheri there are no child guidance services. So we are working in the R Ward with BMC schools, about twenty BMC schools



through different projects. But this is essentially about promoting children's wellbeing and whatever work we do, we do it in a participatory manner where children are engaged in games, activities, experiential learning. And we take up such complex issues like gender and violence and discrimination, to- you know- enhancing children's social and emotional competence, looking at anger, relationships, emotions, body, sexuality.

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SM (cont.): So you do a whole range, but the whole focus is on using the experiential methodology- which children enjoy- and learning is faster and that kind of learning also stays with them, so you're able to retain much more of that learning when you're engaged in that kind of thing. And really taking up some of the issues that really need addressing. I mean, we see wellbeing not only in terms of- again, very clinical terms that, you know, absence of childhood disorders- but also wellbeing in terms of being gender sensitive, being able to say no to violence, being able to nurture relationships, being able to express oneself respectfully to others even in the face of disagreements. So those are the kind of things that we are doing through different projects in BMC schools. And we have in the last two, two or three years, we have actually reached out to approximately 4000 children in the R Ward through the different activities that we have.

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SM (cont.): Two of our projects are being funded by the Bombay Communities Public Trust, BCPT and one by International Centre for Research on Women. So we are able to take much more of this kind of work, promotive work, into schools and the long term aim is that, you know like I said, mental health is so invisible. The long term aim is that at least within the school system we are able to mainstream mental health; that every school, particularly you know the BMC schools- all of our interventions are in the BMC schools- that within every BMC school we must recognise children's mental health needs. We must engage children in activities that promote wellbeing, promote their confidence in doing things, promote their sense of self, a positive sense of self around themselves.

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SM (cont.): Otherwise, I mean, what do kids get out with after seven or eight years of education in a Municipal school, you know. There is so much chaos that happens, so we hope that we are able to demonstrate this and mainstream mental health within the BMC school system. In this process, we are also working with teachers and parents and communities to create awareness on similar issues but also create awareness on child and adolescent mental health issues.

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SM: You know, one way is that students are placed here for field work and those who are placed for field work see all of this work. Some get excited by it, some don't see... you know, want to



move on to other areas. Like I said, you know, children is not a hot topic, children is something not everyone wants to engage in. And mental health then, children and mental health. Children by themselves, yes maybe; but children and wellbeing, children and mental health become a little bit complex. I think that, you know, students definitely need to engage much more with field action than they currently... because current engagement of students with field action projects is only through fieldwork placements. But otherwise I would say, apart from the experiences that we bring to our teaching from the field action projects and, you know...

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SM (cont.): Various... Say for example if I'm teaching Health Research and I'm talking about randomised control trials, I am able to say how we are using an experimental design to assess or, you know, whatever. So one tries to bring that in in whatever you're teaching. There is, there is not really too much organising within the Institute to disseminate about field action and, you know, talk to students about, or get students to link up. I remember when we were students, we used to have a charity show and all students across the Institute used to go around selling these tickets for the charity show and the money that we collected went to the fieldwork agencies fund or something, you know. And that... we decided to help one organisation every year. So it wasn't too big a money. You know how much we collect through a charity show.



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SM (cont.): And yet, you know, there was... when we, all of us organised ourselves around a particular organisation and say well this year we are collecting money, we did come to know about what that organisation was doing and things. I'm not saying charity show is the only way or one way of doing it; today the students are involved in many other activities like Sameeksha and you know Quintessence and other things. But, yeah, students' engagement with field action and a greater sharing around field action... there is definitely much more scope to do that.

Q: What would you see as a way forward for Muskaan? So I wanted to ask you where you see Muskaan ten years from now?

SM: Oh, ten years is [laughs] too long a time. I would say five years from now we definitely want to see- like I said earlier- mental health mainstreamed in the school system.

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SM (cont.): That we begin to recognise that children's wellbeing is important; that there are things that adults can do to enhance children's wellbeing and school as a system where, you know, our enrolments are going up. That children spend so much time in the school that school as healthy environment, as a healthy school is something that we want to... because much of the abuse and violence happens a lot in the school also. So school as a responsive system to children's emotional needs is something that we would definitely like to see five years from now; that there is greater recognition and there is greater organising around this. I also feel that, you



know, 1937 when Muskaan was established- and we will be stepping also in our 75th year- it is time to provide a different kind of model leadership.

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SM (cont.): So in fact recently- not really, three, four years back- we started a project in the Family Courts of Mumbai. So in Bandra we are providing mental health interventions to children of parents going through a divorce. More recently we have been invited by the Thane Family Court also to start similar interventions. I feel now, you know, to be within the Family Court system and to a lot more parents ending their marriages, and a lot more younger couples are ending their marriages invariably involving younger children. So even within the Family Court system and while, you know, couples are going through a divorce, to understand children's emotional needs and to address these randomised confusions.

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SM (cont.): Sometimes blame and guilt. So you know to innovate in a different kind of way, to show what are the different possibilities, what are the different locations for mental health of children and how do we need to do it differently. A third way- a dream- is to really salvage the resource centre. You know so much of the research- writing, current trends and practices to look and evaluate practices, what's working, what's not- there's really not much that is written. So I



would say that, innovations in a different kind of way, mainstreaming mental health within the system, school system, education system is a way to go forward.

Q: So could you tell us about how you feel the campus has changed over the last thirty years?

SM: Well I think and I believe that this is still one of the most beautiful campuses a university could boast of. We are still green, but definitely the green cover has come down. In those days, Professor Pannakal who was such a lover trees used to really look after the trees. Any exotic or unusual trees he used to... wherever he went he would bring them here. We had one such tree in the new teaching block, you know where I'm currently sitting. But that tree just died, it died when the new library building came up.

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SM (cont.): So we do boast of very rare trees on campus and a lot of green, but we are also becoming much more concrete now, there is so much construction activity. And of course, I mean you know the way we are growing we need all of this construction, and yet there is today... I see much more buildings rather than green and open spaces. In, when I was a student.... This whole thing just outside, I mean, the whole expanse you just got a sense of space. Today you get a sense of, you know, a larger body of students. So many people on campus! There's much more activity and... not that everyone knows about that activity, so in that sense although we are still relatively small, a smaller... we're still not completely connected with each other in that sense.



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SM (cont.): Yeah, and we have AC rooms and faculty rooms have started changing in ambience, decor, things like that. So the struggle is somewhere to keep up the- you know- academic university life look and not give in or not become too corporatised. I don't think many of us at TISS would like to see that the Institute has become a, too much of corporate kind of.... Not that kind of a, definitely not that kind of an ambience or, you know, a feel is something that we would like to....

Q: Is there any, any message you have for the students or anything you'd like to say to the Institute.

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SM: Well I would say that this is really a very proud moment, and a very proud time in the history of the Institute, to do this journey for 75 years, but also in the history of social work education because with the Institute, the social work education program is also in its 75th year. And I think that the one feeling that I get as an alumna and a faculty here and having been associated with the Institute for over thirty years is of pride. That, you know, we were small then when I was a student and there was a certain kind of commitment and there was a certain body of work that we were engaged in. And we have grown, we have grown tremendously in the last few years and we are still able to maintain that kind of quality and vibrancy and the enthusiasm among faculty to, you know, giving their best to the students.



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SM (cont.): Students still remain, you know, the centre of our activity I would say. Many of us organise ourselves around students first and then...So classes still remain sacrosanct. I remember in those fifteen weeks not one faculty missed his or her classes. Today we still, at least in the School of Social Work, there's not too much reorganising of classes, cancelling of classes. So I think it's, it's.... I'm proud that I'm associated with this Institute and now I know what it means, the brand that TISS is and what it means to be associated with this. And this is a journey that has been very positive, very, very positive for... I mean I'm happy also to see this wonderful growth; there's so many programs and so much opportunity, educational opportunity at higher educational level. So one can just only grow, strength by strength from here.

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SM (cont.): And move on. You know one dream that everyone is talking about is to become a university of national importance. Well I hope we do that.