Unit I Psychiatric Social Work


History

• Mental health considered as illness because of demons and sins
• Barbaric treatment during medieval period in the name of cleansing and propitiation (pacify)
• Common adopted treatments were blood letting, starvation, blistering, purging (removal), whippings.
• There was overcrowding in insane asylums, criminal houses, jails and prisons.
• Pioneers in mental health care – Dorothea lynde dix, Rank, Meyer, Sullivan

• First social worker in mental health is considered as handmaidens to psychiatry
• First social worker in mental health field was in Massachusetts Neurological Department – then Manhattan state hospital NY – Boston psychopathic hospital.
• The surgeon general asked American Red Cross to establish SW federation in hospitals after World War I
• Child Guidance Movement supported SW’ers
• II world war emphasized need of SW for war veterans.
• Mental health act insisted the importance of social worker in psychiatric field.
• American Association of Psychiatric Social Workers – AAPSW (now merged into NASW – National Association for Social Workers) was formed – released journals and newsletters.
• Now – a – days PSW recognised worldwide.

Dates and important events in the history of Psychiatric social work

• Began in hospital setting in 1905 – nurse Garnet I. Pelton appointed by physician Richard Cabot at Massachusetts General Hospital in Internal Medicine Clinic
• 1907 – SW’ers placed in Neurology clinic of MGH – said to be the beginning of psychiatric Social work
• No distinction between MSW and PSW
• Ida Cannon succeeded Garnet I. Pelton – said – practice from Dr’s office to home visits – diagnosis and treatment.
• Speech by Cabot – ‘Hospital and Dispensary SW’ @ international conference of SW Paris 1928 – agreed that primary function of SW’er is to teach Dr’s and nurses about the social & psychological aspects of disease
• Period of Conflict – cannon spoke about – the direct treatment role of SW in health care, ie, removing obstacles in patients surroundings for successful treatment
  Cabot spoke about – SW’er a bridge, ie, liaison between hospital and patients.
Separation of MSW from PSW

- Both MSW and PSW same before 1920
- Separation because of Freudian Psychoanalytic concept around 1920
- Separation increased by Mental Hygiene Movement after I world war – soldiers suffered from Shell Shock (now PTSD)
- Abraham Flexnor – stated SW as not a profession
- Training school for PSW @ Smith College – 1918
- Section on PSW organized with AAHSW – 1922 (American Association of Hospital SW)
- After I and II World War Veterans Administration (VA) hospitals employed both MSW and PSW
- Deinstitutionalization Movement – Push patient from institution to community – 1950
  Movement because
  - Mental hospitals overcrowded
  - Increased warehouse and decreased treatment and rehabilitation centers
  - Social disability – secondary disability created
  - Increased cost to tax payers
- So found psychotropic drugs (drugs that alter mood and mental functions) – and patients treated in community
- CMHC (Community Mental Health Centres) and CMH services acts of 1963 and 1965

In India

- First psychiatric social worker in a child guidance clinic in 1937 @ Sir Dorabji Tata Graduate School of Social Work, Mumbai.
- Banarjee – pioneer of PSW training in India.
- Others – Vidyasagar, Saradha Menon (SCARF), Bhatia
- Training started @ NIMHANS National Institute of Mental Health and Neurological Sciences – institute for psychiatry and mental hygiene.

Scope of Psychiatric Social Work

- Scope is wider and broader
- PSW’ers can work as
  - Case Managers
  - Researchers
  - Rehabilitators
  - Work in acute psychiatric hospitals
  - In mental health
  - In community mental health
  - In multidisciplinary team
Changing perspectives and trends in mental health and PSW

Negative trends so far

- Salary
- Aging patients
- Doctors
- Communication
- Amotivation
- Tangible results
- Appreciation
- Funding
- Role
- Education
- Competition
- Supervision

Positive and Changing trends (cited by NASW)

- Old hierarchical method to team work method
- Importance of case management
- Research and evaluation
- Introduction of new models
  - Brief models
  - Critical models
  - Solution models
  - Research models
- Focus on
  - Health education
  - Health promotion
  - Health prevention

Indian view of mental health and wellbeing

History

- Mental disorders mentioned in Ayurveda, Unani and Siddha
- 3 stages of understanding
  - Mental illness because of sin
  - Introduction of psychoanalysis
  - Community psychiatry

- Institutionalisation of mentally ill in India
- King Ashoka concentrated on Mental Health
- Lord venkateswara temple – tirumukkudal, chingelput – chola period referred
  - Sri Veeracholaeswara Hospital
- Maulana Fazulur – Hakim & Mahmood Khiliji – started Asylums
• Kilpauk Mental Hospital

**Dates and important events**

• National Mental Health Program started in 1982  
  Training of mental health team within the state  
  Awareness about mental health problems  
  Services for early detection – treatment (OP, IP treatments)  
  Provide data and experiences for future planning and research

• District Mental Health Program started in 1996 – now in more than 20 districts and 18 states

• National Institute of Mental Health & Neurosciences, Bangalore (after recommendations of Bhore Committee)

• Integrating all other therapies like Ayurveda, Siddha, Unani, Yoga, Naturopathy & Homeopathy in the cure of Mental Illness.

• Mental Health Act 1987  
  Minimum standards  
  Authorities appointed  
  After care  
  Modern knowledge  
  Exclusion of Mental Retardation and Drug abuses (separate hospitals)  
  Simple procedures  
  Preservation of Human Rights

• Community Mental Health Camps

• Continuing Medical Education (CME)

• Psychiatric Association in India

• Indian Psychiatric Society

• Indian Journal of Psychiatry

• Prevention strategies with multidisciplinary team