MAR GREGORIOS COLLEGE OF ARTS & SCIENCE

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PG DEPARTMENT OF SOCIAL WORK

SUBJECT NAME: PSYCHIATRIC SOCIAL WORK

SUBJECT CODE: HBWDB

SEMESTER: III

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Objectives:

- To acquire knowledge of various treatment approaches and to develop the skill to apply the same to Mental Health needs of thepeople
- Tounderstandtheneedforpreventiveandpromotiveapproachesandtodevelop theability to apply Social work methods in the promotion of mentalhealth.
- TodevelopaholisticandintegratedapproachtoSocialworkpracticeinthefieldo fMental Health.

UNIT - 1

Psychiatric Social Work Practice in India

Definition, History and Scope of Psychiatric Social work in India, Changing perspectives of psychiatric Social work, Social work practice in various MentalHealth services.

Mental Hospital as a Social system - Concept of Milieu therapy and Therapeutic Community, Working with Multi-Disciplinary Team and Psycho Social aspects of Hospitalization

DEFINITION:

Psychiatric social work is a specialized type of medical **social work** that involves supporting, providing therapy to, and coordinating the **care** of individuals who are severely mentally ill and who require hospitalization or other types of intensive **psychiatric** help.

SOCIAL ORIGIN OF MENTAL DISORDERS:

Psychiatric social work has been largely depends on social psychiatry.

Mental problems in biological conditions which are relatively unaffected by social factors and need medical rather than psychological or social treatment.

CONTRIBUTION OF SOCIAL WORK:

Psychiatrist had to understand the kinds of social information, for that special group of workers who assisted the psychiatrists in using the social evidence of mental cases.

The psychiatrist social workers were not only called upon to make the diagnostic work of psychiatrists more meaningful; they were also needed to participate in the treatment. They need both analysis and therapy.

FORMATION OF PROFESSIONAL ORGANIZATION:

In 1920 a group of psychiatric social workers met at the psychopathic hospital in Boston to discuss the possible formation of a professional body to serve their interests.

Psychiatric social workers club which had its purpose “to maintain the standard of psychiatric social work throughout the country”.

Under the leadership of this association, psychiatric social work was encouraged and became an active speciality in the field of social work.

In 1926 formed the American association of Psychiatric social workers.

In 1955 this association became a part of the National association of social workers.

RECENT TRENDS:

Psychiatric social workers are being employed increasingly in programs for older persons and for juvenile delinquents, in residential treatment homes for children, and in diagnostic and consultation services for the mentally retarded and their families.

Psychiatric social workers are recently participants in various research studies which are aimed at understanding, preventing , and treating mental illnesses. And also employed by private psychiatrists.

SCOPE OF PSYCHIATRIC SOCIAL WORK:

PLACES OF PRACTICE:

Psychiatric social workers are employed in

Hospitals

Clinics

Public health nursing agencies

Educational institutions

Veterans administration is the largest employing agency of psychiatric social workers in the country, with over 1,300 social work personnel. These workers are employed in administration sponsored hospitals, clinics and regional offices.

SOCIAL WORK PRACTICE IN VARIOUS MENTAL HEALTH:

Clinical **social workers** diagnose and treat **mental health** conditions as well. They provide individual, family, and couples therapy, and they assist with depression, anxiety, family problems, and other **mental health** or **behavioral** issues. They may **work** in private practice or at a **mental health** or therapeutic facility.

MENTAL HOSPITAL AS A SOCIAL SYSTEM:

An awareness of the actual structure and functioning hospital plus a willingness to make a basic role changes,if the welfare of the patient require it, will be enough in smoothening functioning of the psychiatric hospital of the social system

CONCEPT OF MILIEU THERAPY AND THERAPEUTIC COMMUNITY:

Milieu therapy or therapeutic community is defined as "a scientific structuring of the environment to effect behavioural change and to improve the psychological health and functioning of the individual"

WORKING WITH MULTIDISCIPLINARY TEAMS:

A **multidisciplinary team** (MDT) should consist of psychiatrists, clinical nurse specialists/community mental health nurses, psychologists, social workers, occupational therapists, medical secretaries, and sometimes other disciplines such as counsellors, drama therapists, art therapists, advocacy workers, care workers .

UNIT 2

Social Work Treatment in Psychiatric Settings- Theory and models

Psycho analytical, Psycho Social, Transactional analysis, Family therapy, Crisis Intervention, Behaviour therapy, Rational Emotive Therapy, Group Therapy & Strength approach

PSYCHO ANALYTIC:

Psychoanalytic theory is the theory of personality organization and the dynamics of personality development that guides psychoanalysis, a clinical method for treating psychopathology. First laid out by Sigmund Freud in the

late 19th century, psychoanalytic theory has undergone many refinements since his work

Psycho social Stages

Approximate Age	**Virtues**	**Psychosocial crisis**[3]	**Significant relationship**	**Existential question**[4]	hide **Examples**[4]
Infancy Under 2 years	Hope	Trust vs. Mistrust	Mother	Can I trust the world?	Feeding, abandonment
Toddlerhood 2–4 years	Will	Autonomy vs. Shame/Doubt	Parents	Is it okay to be me?	Toilet training, clothing themselves
Early childhood 5–8 years [5]	Purpose	Initiative vs. Guilt	Family	Is it okay for me to do, move, and act?	Exploring, using tools or making art
Middle Childhood 9–12 years [6]	Competence	Industry vs. Inferiority	Neighbors, School	Can I make it in the world of people and things?	School, sports

Adolescence 13–19 years [7]	Fidelity	Identity vs. Role Confusion	Peers, Role Model	Who am I? Who can I be?	Social relationships
Early adulthood 20–39 years [8]	Love	Intimacy vs. Isolation	Friends, Partners	Can I love?	Romantic relationships
Middle Adulthood 40–59 years [9]	Care	Generativity vs. Stagnation	Household, Workmates	Can I make my life count?	Work, parenthood
Late Adulthood 60 and above [10]	Wisdom	Ego Integrity vs. Despair	Mankind, My kind	Is it okay to have been me?	Reflection on life

Hope: trust vs. mistrust (oral-sensory, infancy, under 2 years)

Will: autonomy vs. shame/doubt (muscular-anal, toddlerhood, 2–4 years)

Purpose: initiative vs. guilt (locomotor-genital, early childhood, 5–8 years)

Competence: industry vs. inferiority (latency, middle childhood, 9–12 years)

Fidelity: identity vs. role confusion (adolescence, 12–19 years)

Love: intimacy vs. isolation (early adulthood, 20–39 years)

Care: generativity vs. stagnation (middle adulthood, 40–59 years)

Wisdom: ego integrity vs. despair (late adulthood, 60 years and above)

TRANSACTIONAL ANALYSIS THEORY:

Transactional analysis is a psychoanalytic theory and method of therapy wherein social transactions are analyzed to determine the ego state of the patient as a basis for understanding behavior. In transactional analysis, the patient is taught to alter the ego state as a way to solve emotional problems.

GROUP THERAPY:

Group psychotherapy or **group therapy** is a form of psychotherapy in which one or more therapists treat a small group of clients together as a group. The term can legitimately refer to any form of psychotherapy when delivered in a group format, including cognitive behavioural therapy or interpersonal therapy, but it is usually applied to psychodynamic group therapy where the group context and group process is explicitly utilised as a mechanism of change by developing, exploring and examining interpersonal relationships within the group

STRENGTHENED APPROACH:

The **strengthened approach** reflects the principles that guide all international support for development. The Monterrey Summit of 2002 proposed a new partnership based on mutual responsibility and accountability between developed and developing countries in support of sound policies, good governance and the rule of law.

UNIT- 3

PSYCHIATRIC SOCIAL WORK PRACTICE IN SPECIAL SETTING:

a) Child Mental Health (Special reference toCGC)
b) DeaddictionClinics
c) Crisis Intervention Clinics
d) Geriatricclinics

e) Schools
f) Family counselingcenters
g) Industrialsetting

Child mental health (special reference to CGC):

Clinical **social workers** diagnose and treat **mental health** conditions as well. They provide individual, family, and couples therapy, and they assist with depression, anxiety, family problems, and other **mental health** or behavioral issues. They may **work** in private **practice** or at a **mental health** or therapeutic facility.

De addiction clinics:

A **social worker** may also recognize an individual at risk for becoming addicted to drugs, and recommend appropriate action. The **substance abuse social worker** educates clients, acts as a patient advocate, provides crisis intervention, manages cases and facilitates individual and group therapy.

Crisis intervention clinics:

Crisis intervention is an immediate and short-term psychological care aimed at assisting individuals in a **crisis** situation in order to restore equilibrium to their bio-psycho-**social** functioning and to minimize the potential of long-term psychological trauma.

Geriatric clinic:

Geriatric social workers, however, can help **elderly** individuals adjust to and cope with problems they may experience. These professionals help make sure the needs of their **elderly** clients are met, each and every day. They might help them with financial issues, medical care, mental disorders, and **social** problems.

Schools:

A **school social worker** provides counseling and psycho-social services to children and adolescents in schools at both micro and macro levels. Social workers work as mental health experts, leaders of social and emotional development within the school community, family-school liaisons, and program development experts. They aim to address student issues by working with an ecological, systems approach with parents, the school, and the community

Family counselling centre:

Social workers help families improve relationships and cope with difficult situations such as divorce, illness or death. They guide families through the counselling process, by helping them identify problems, set goals and find solutions to their troubles. In a crisis situation, such as neglect, substance abuse or violence, they may also recommend legal action, such as having children temporarily removed while the parents work through their difficulties.

Industrial setting:

Industrial social work is one of the area in which the **social worker** extend their skill and expertness in helping personnel managers in the **industry** directly and organisational development indirectly, by intervening the employee management.

UNIT - 4

REHABILITATION IN PSYCHIATRY:

Concepts, Principles, Process and programmes, Role of a Psychiatric Social worker Concept of Community Psychiatry and Community based Rehabilitation, Role of a Psychiatric Social worker.

CONCEPT

Rehabilitation: The process of helping a person who has suffered an illness or injury restore lost skills and so regain maximum self-sufficiency. For example, **rehabilitation** work after a stroke may help the patient walk and speak clearly again.

PRINCIPLE:

- **A: Avoid aggravation**. It is important not to aggravate the injury during the rehabilitation process. Therapeutic exercise, if administered incorrectly or without good judgment, has the potential to exacerbate the injury, that is, make it worse. The primary concern of the therapeutic exercise program is to advance the injured individual gradually and steadily and to keep setbacks to a minimum.
- **T: Timing**. The therapeutic exercise portion of the rehabilitation program should begin as soon as possible—that is, as soon as it can occur without causing aggravation. The sooner patients can begin the exercise portion of the rehabilitation program, the sooner they can return to full activity. Following injury, rest is sometimes necessary, but too much rest can actually be detrimental to recovery.
- **C: Compliance**. Without a compliant patient, the rehabilitation program will not be successful. To ensure compliance, it is important to inform the patient of the content of the program and the expected course of rehabilitation. Patients are more compliant when they are better aware of the program they will be following, the work they will have to do, and the components of the rehabilitation process.
- **I: Individualization**. Each person responds differently to an injury and to the subsequent rehabilitation program. Expecting a patient to progress in the same way as the last patient you had with a similar injury will be frustrating for both you and the patient. It is first necessary to recognize that each person is different. It is also important to realize that even though an injury may seem the

same in type and severity as another, undetectable differences can change an individual's response to it. Individual physiological and chemical differences profoundly affect a patient's specific responses to an injury.

- **S: Specific sequencing**. A therapeutic exercise program should follow a specific sequence of events. This specific sequence is determined by the body's physiological healing response and is briefly addressed in the next section of this chapter.
- **I: Intensity**. The intensity level of the therapeutic exercise program must challenge the patient and the injured area but at the same time must not cause aggravation. Knowing when to increase intensity without overtaxing the injury requires observation of the patient's response and consideration of the healing process.
- **T: Total patient**. You must consider the total patient in the rehabilitation process. It is important for the unaffected areas of the body to stay finely tuned. This means keeping the cardiovascular system at a preinjury level and maintaining range of motion, strength, coordination, and muscle endurance of the uninjured limbs and joints. The whole body must be the focus of the rehabilitation program, not just the injured area. Remember that the total patient must be ready for return to normal activity or competition; providing the patient with a program to keep the uninvolved areas in peak condition, rather than just rehabilitating the injured area, will help you better prepare the patient physically and psychologically for when the injured area is completely rehabilitated.

PROCESS:

1. Diagnosis and evaluation – the team receives the patient and performs initial diagnosis and evaluation to determine rehabilitation objectives, including a preliminary prognosis as to the individual’s ability to improve his functioning level. During evaluation the professionals recommend how treatment should proceed, whether it

should be conducted in the hospital or in the community, and what kinds of treatments are most suitable.

Patients hospitalized following an illness or trauma are evaluated prior to their release by a geriatric or rehabilitation specialist, in consultation with a therapist from one of the health professions, such as a physiotherapist or social worker.

2. Rehabilitation – the rehabilitation itself includes: medical monitoring and a structured medical program for balancing risks and preventing complications; therapies as needed – occupational, physical, speech and/or others; a social worker who follows the patient's progress, helps him/her obtain all relevant services and rights from BituachLeumi, and eases his/her return to the community. Throughout the process the multi-professional team monitors progress and helps the patient and his/her family prepare for the new lifestyle to be expected at home, which is suitable for the patient's condition and capabilities after rehabilitation.

3. Evaluation and conclusion – the evaluation and conclusion of the rehabilitation process include recommendations for continued treatment as needed. The multi-professional team evaluates the rehabilitation's outcome, formulates recommendations for continued treatment and instructs the patient and his/her family with regard to the patient's new needs. This summation is recorded in writing and a copy is given to the patient's family.

REHABILITATION PROGRAMME:

rehabilitation program - a **program** for restoring someone to good health. **program**, **programme** - a system of projects or services intended to

meet a public need; "he proposed an elaborate **program** of public works"; "working mothers rely on the day care **program**"

ROLE OF PSYCHIATRIC SOCIAL WORKER:

Performs Intakes and Evaluations

A social worker is often one of the first professionals a patient has contact with when he seeks treatment in a psychiatric setting. Before a patient can receive treatment, he must complete an intake and evaluation process. In many cases, social workers are the main providers of these services in a psychiatric setting. The assigned social worker will meet with the client to perform an intake, which usually consists of obtaining general identifying information, medical insurance information, previous history of medical and psychiatric treatment and the presenting problem, or the reason the patient is seeking treatment at this time.

Formulates Treatment Plans

Once a client has completed the evaluation process, a social worker will formulate a treatment plan. A treatment plan consists of a proposed course of treatment based on the patient's presenting problem and any other problems identified during the evaluation. Depending on the patient's specific concerns and problems, a social worker may consult other professionals, such as psychiatrists or psychologists, to ask for assistance in treatment plan formulation. This is usually the case, for example, if a patient presents with severe psychiatric symptoms, such as delusions or suicidal tendencies, that require medication or other, more intense forms of intervention.

Intervenes in Crisis Situations

A social worker in a psychiatric setting is usually involved in crisis intervention, which may include providing telephone crisis coverage, helping walk-in patients who require immediate treatment and offering community referrals to patients who need specific types of emergency assistance, such as housing or

food. The goal of psychiatric social worker in such situations is often to evaluate whether the patient can return to his normal level of functioning or whether to provide additional, more long-term treatment or assistance. For example, a psychiatric social worker who helps a severely depressed walk-in patient might decide to admit the patient to a short-term care unit for additional monitoring and treatment, with the patient's consent.

Provides Treatment and Other Services

A psychiatric social worker provides a wide range of treatments and other services to patients based on their specific presenting problems. Some of the treatments and services a psychiatric social worker might provide include short-term psychotherapy, play therapy with children, substance abuse counseling, cognitive-behavioral therapy, group counseling, family therapy, supportive counseling, case management and advocacy. In addition, a psychiatric social worker often provides consultation to other professionals involved in a patient's care. This might include discussing a patient's progress in treatment with family doctors or private therapists, as long as the patient has provided written consent.

COMMUNITY BASED REHABILITATION:

Community-based rehabilitation (CBR) is a strategy within **community** development for the **rehabilitation**, equalization of opportunities and social integration of all people with disabilities.

CONCEPT OF COMMUNITY:

A **community** is a social unit (a group of living things) with commonality such as norms, religion, values, customs, or identity. **Communities** may share a sense of place situated in a given geographical area (e.g. a country, village, town, or neighbourhood) or in virtual space through communication platforms.

UNIT - 5

PROGRAMMES AND LEGISLATION RELATED TO MENTAL HEALTH:

Mental Health Act 1987, International Conventions relevant to mental health - Convention on Rights of Persons with Disabilities (CRPD) Narcotics & Psychotropic Substances Act 1987, Rights of the mentally ill & Advocacy. National Mental Health Program (NMHP) 1982, Revised Version 2002, District Mental Health Programs (DMHP) and their implementation.

MENTAL HEALTH ACT 1987:

In India, the **Mental Health Act** was passed on 22 May 1987. The law was described in its opening paragraph as "An Act to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto"

INTERNATIONAL CONVENTIONAL RELEVANT TO MENTAL HEALTH-CONVENTION ON RIGHTS OF PERSON WITH DISABILITIES:

The **Convention on the Rights of Persons with Disabilities** is an international human rights treaty of the United Nations intended to protect the rights and dignity of people with disabilities. Parties to the Convention are required to promote, protect, and ensure the full enjoyment of human rights by people with disabilities and ensure that they enjoy full equality under the law. The Convention has served as the major catalyst in the global movement from viewing people with disabilities as objects of charity, medical treatment and social protection towards viewing them as full and equal members of society, with human rights. It is also the only UN human rights instrument with an

explicit sustainable development dimension. The Convention was the first human rights treaty of the twenty-first century.

NARCOTICS AND PSYCHOTHRPIC SUBSTANCE ACT 1987:

The Narcotic Drugs and Psychotropic Substances Act, 1985, commonly referred to as the NDPS Act, is an Act of the Parliament of India that prohibits a person to produce/manufacture/cultivate, possess, sell, purchase, transport, store, and/or consume any narcotic drug or psychotropic substance.

RIGHTS OF MENTALLY ILL AND ADVOCACY:

In many countries people do not have access to basic mental health care and treatment they require. In others, the absence of community based mental health care means the only care available is in psychiatric institutions which are associated with gross human rights violations including inhuman and degrading treatment and living conditions.

Even outside the health care context, they are excluded from community life and denied basic rights such as shelter, food and clothing, and are discriminated against in the fields of employment, education and housing due to their mental disability. Many are denied the right to vote, marry and have children. As a consequence, many people with mental disabilities are living in extreme poverty which in turn, affects their ability to gain access to appropriate care, integrate into society and recover from their illness.

NATIONAL MENTAL HEALTH PROGRAMME:

The Mental Health Care Act 2017 was passed on 7 April 2017 and came into force from July 7, 2018.The law was described in its opening paragraph as "An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental healthcare and services and for matters connected

therewith or incidental thereto. “This Act superseded the previously existing the Mental Health Act, 1987 that was passed on 22 May 1987.

REVISED VERSION 2002:

The National Mental Health Survey was undertaken as a large scale, multicentered national study on the various dimensions and characteristics of mental health problems among individuals aged 18 years and above, across 12 Indian states during 2014–2016. As per the survey, overall weighted prevalence for any mental morbidity was 13.7% lifetime morbidity and 10.6% current morbidity.[5] In this regard, Government of India started to make efforts to improve the mental health services in the form of formulating the National Mental Health Policy (NMHP), 2014 and Mental Healthcare Act (MHCA), 2017. The latter was enacted with the support of all parties in both Houses of the Parliament

DISTRICT MENTAL HEALTH PROGRAMME:

The **District Mental Health Programme** was started as a component of NMHP. The aims of DMHP are: To provide sustainable **mental health** services to the community and to integrate these with **Health** services. ... To reduce the stigma attached towards **mental illness** through change of attitude and public education.