

"Role of Psychiatric Social Work in Developing Countries"

It might yield fascinating insights to examine how titles for papers are generated. The above title was produced fully fledged upon my doorstep. Irrespective of its ancestry I took in this child and examined its nature briefly to see what I was being asked to take on.

Just a few of my findings relating to the title:

'Role' is stipulated, rather than roles

'Psychiatric' differentiates it from social work generally.

'Developing' separates it from developed (?)

'Countries' rather than country, which seems to suggest that one can talk about a large number of nations as though what they have in common is easier to grasp than their differences.

Well! The problem presented to me is how to be general enough to embrace such a broad subject and yet specific enough to say something of value.

Let me declare my hand... I believe that there are many roles for Psychiatric Social Workers to perform; that Psychiatric Social Work is and must be firmly rooted in the mainstream of wherever social work is at, in a given country; that whether the country is developing, developed, regressing, regressed, stagnant or dynamic, social work's responsibility is to address itself to the changing reality as it finds it, and to begin with the social problems as social work continuously struggles to define them. Social work must become more discriminating and sophisticated in making these problems more explicit and Social Work must move in directions which can be clearly stated in terms of objectives, and express values deeply rooted in a humanistic and person-oriented set of philosophic constructs. While using the as yet poorly perfected methods and person-related skills they must improve upon these and learn and invent new ones as they go. From a growing base of knowledge and skills Psychiatric Social Workers must seek to tailor-make action to fit the specific conditions of the situation being addressed.

Of course such a declaration begs as many questions as it attempts to answer. For one, 'Reality' depends on perspective, - time, place, manner of experiencing - Whose reality? What reality? When? and Where? - We may well ask! However, Psychiatric Social Workers must develop a special feel for realities... They, by virtue of the clientele they serve, are bound to be confronted with conditions, or the social ripples derived from conditions,

in which the grasp of realities is impaired, partial, or distorted, - where 'inner' realities may often seem to have only a tenuous link with outer 'objective' reality.

Psychiatric Social Work has the opportunity to explore a great range, depths, and subtleties of reality. Appreciating and giving himself over empathetically to the nature of these realities as expressed by individuals and by groups, the P.S.W. may catch a glimpse of the human condition which is not readily available to others who are embedded in their own particular set of conventions. Psychiatric Social Work can make a contribution by making explicit such aspects of reality so widening our grasp of the variety of human experience. The Psychiatric Social Work may also be engaged in helping to reconcile different versions of reality, be it between individuals beset by confusion, families and small groups who 'stand' in different relation to their worlds, or between institutional or conceptual ways of perceiving which determine ways of approach or action. A Psychiatric Social Worker's role is to give significant meaning to experience by seeking to place it within wider contexts - so enhancing reality. Sometimes the Psychiatric Social Worker can open up alternate realities for others to consider and relate to, and even to gradually help create new realities. These are profound contributions that can enthuse the life work of the Psychiatric Social Worker and should be the core of professional and personal striving. What one is attempting to convey here is a spiritual, philosophical, highly personal yet specifically professional stance to the world in which we find ourselves. This can mean everything or nothing. But it is something of this kind which must light up from within the more easily enunciated tasks. What are some of these?

Because of the present location of Psychiatric Social Workers within institutions influenced by the requirements of protection and control of persons for whom community provision has failed (often chronically, sometimes temporarily), and within institutions dominated by the medical profession and the application of an increasing armamentarium of modern medicines, the starting place of the profession is determined.

Nevertheless, an increasing (although uneven) trend in psychiatric medicine is to recognise the importance of psycho-dynamics, and the psychogenesis of human behaviour and disorder, and to place organic approaches and treatment within a broader framework of conceptualisation and action.

Psychiatric medicine is also turning towards considering and involving itself more firmly in 'community' processes within, and, importantly, outside of its hospital and clinical frontiers. In doing this, psychiatry is gradually teaming up with other professions.

The first requirement for Psychiatric Social Workers then is to help to establish, maintain and improve upon the formation of a therapeutic team. The team will inevitably be from the P.S.W.'s view lop-sided, skewed from his point of view by the 'culture' of organic medicine and the social status and mystique of the medical profession. This is a conflict-making situation, and sometimes typical of the social work professions response to this environment is either a sour and tension-building competitiveness which seeks to elevate its own position by denigrating the others, or an over-identification with the 'powerful aggressor'. While constructively dealing with the permeating irritation - that the medical profession, and the administration in terms of resources, salary etc. does not adequately recognise them - the Psychiatric Social Workers' role is to painstakingly make themselves recognisable by relaxed and constant demonstration of their skills and the creative contribution made in defining, redefining, and carrying out the tasks to be performed.

The Psychiatric Social Worker, while trying to understand the real contribution and occasional follies of organic approaches to psychiatric disorders, has a firm meeting ground with psychiatrists in exploring the processes and developing the skills of human relationships. The Psychiatric Social Worker should be able to contribute his particular expertise in this common area of human relationships, backed by his training which should give him a broader and profounder grasp of social and community influences on behaviour, and the existing and potential social and community resources which can be drawn upon, enhanced and created. The Psychiatric Social Worker's contribution to an approach to mental illness is to consider, even where pathologies are demonstrably located within the skin-frontiers of a patient, that the illness-however defined - triggers off, may be the result of, or at any rate becomes encompassed by, an interacting network of disturbed social relationships. Mental illness threatens integrity and functioning well beyond the patient. The Psychiatric Social Worker's role is to comprehend the nature of response and counter-response to and from

patients, by family, society, and other professional workers. The Psychiatric Social Worker must spell out specific social "prescriptions"* based on his diagnostic and prognostic evaluation of each situation, and these social prescriptions need to be every bit as sound, clearly stated, and recorded as are medical diagnosis and prescriptions for treatment.

While constantly emphasising that disturbance can rarely be understood solely within the confines of the patients' skin boundaries, the Psychiatric Social Worker must also work to broaden perception beyond the geographic and 'culture' boundaries of the hospital or clinic in which his team functions. Thus a vital role for the Psychiatric Social Worker is to bring 'humanity' into his institution and to play a part in dismantling the negative or destructive accretions of the institution's past, and in creating the condition for its becoming a vital 'therapeutic community' in the present, with increasing potential for its future. This is a task of perceptive sensitive analysis, innovative experimentation, and the establishment of new processes, - a version of what C.Wright Mills has called 'sociological imagination'.

The Psychiatric Social Worker needs to understand and have skills in sparking off organisational and institutional change. Our present institutions still tend to be a human repository at the end of a long line of inadequate diagnosis and care outside in the community. The Psychiatric Social Worker has a role to play in working back along that line and contributing something to every link in the chain. The role is not to turn every social institution into being capable of diagnosing and treating psychiatric symptoms but to work out with each - schools, general practitioners, the family, etc. etc. how in performing their functions, they can incorporate in their very structures and processes the tenets of good mental health and positive living as we have come to understand them. We must also familiarise others with whatever supportive and specialised facilities can be made available to them as required. In so doing Psychiatric Social Workers must also appraise those who have power, latent talents or resources, that there is clearly a deficiency of facilities provided by the community (for example, up-to-date legislation and procedures, half-way houses, hostels, fostering programmes, counselling services, and on on). It is the Psychiatric Social Workers' role to spearhead, stimulate and support community action in setting up and maintaining such facilities.

*See Social Prescriptions - a Discussion Paper, D. Drucker, Bangalore, June 77.

This is not a 'spare time' role for Psychiatric Social Workers but an essential role, and the Psychiatric Social Worker must be taught the related theory and trained to practice this kind of community organisation. The assumption here is that Psychiatric Social Work has a firm footing and set of functions within the community and within community organisations and is knowledgeable about community relationships, for this is where social work does and should have its roots.

What all this adds up to so far is nothing less than suggesting that the Psychiatric Social Worker is paving the way for hospitals and the medical profession to rethink and make over its skills. These skills are at present mainly confined and embedded, as we have seen, in institutions and 'clinics'*¹ and concentrated on 'patients'*² and yet all over the world organised medicine is in the process of rediscovering the community. There is an irony that in some places Psychiatric Social Work is eager to identify itself with medicine, with its attendant 'scientific' and 'statue' respectability, and finds itself burrowing into the psychiatric institutions, out of the hurly-burly and seeming chaos of the community, just as modern psychiatry and medicine itself are struggling to break out of the institutions and into the community!

All over the world the member nations of the United Nations through their relationships with the World Health Organisation are beginning to declare as priority health policies, the need to turn away from the concentration of medical services in "disease palaces", to the establishment of Primary Health Care in, for, and by the community. In the developing countries, where populations are overwhelmingly rural-based, the situation is even more distorted, for the disease palaces are all urban-located. The growing emphasis in health policy is both on health grounds and on grounds of social justice (and perhaps political necessity) turning attention to the rural masses. It is not accidental therefore that here close at home, in NIMHANS, Bangalore, we have a Community Psychiatry Unit which is beginning to make a potentially profound contribution in working out the way in which the care of the psychiatrically ill (almost totally unprovided for in the villages) can be integrated into the development of Primary Health Care.

*1 Note 'clinic' derives from the Greek word meaning a bed.

*2 Note too the passive meaning of "patient". In mental illness we do not need to think in terms of beds, for most of our patients are ambulatory. So too they and the community are becoming increasingly impatient with the provision of services to privileged minorities.

Significantly enough, it is planned that such care is to become the responsibility not of highly trained psychiatrists, but will profoundly involve health workers, lay-persons and the community itself. It is here perhaps that the future lies and where psychiatric social work can and must make its essential contribution in the mainstream of social endeavour.

I can do no better here than refer you to my discussion paper "A village (bed) side manner"*, which describes the experience of the psychiatric team in the village and suggests a style of approach. Instead of directing attention almost exclusively to an individual patient, one concentrates very much on the village 'audience'. The underlying implications are that psychiatric care cannot be separated from the overall health needs of a village, and the health needs cannot be separated from the total needs of economic, social and political development at the village level. It suggests that true community participation must be promoted in effective modes of village level planning. This means a profound change in our thinking and in operation, leading to a process of "planning upwards - support downwards" which if successful would truly revolutionise the human condition not merely in the developing countries but throughout the world.

My view is that it is the role of the Psychiatric Social Worker to initiate and even teach this community-based 'style' to the medical profession and to take the necessary steps to utilise these pioneering psychiatric inputs as the model and forerunner of truly creative and far-reaching social change - a social change which might in time eliminate the need for much of what we presently struggle to provide for the mentally ill, and much else besides.

In this paper I cannot begin to spell out the many ramifications of this kind of practical vision but hope only to place it firmly on your professional agenda for the coming years.

But one last point: The ideas outlined here - 'therapeutic community,' 'village-side manner', 'Primary Health Care', 'village level planning', and much else point to a vast area of research which needs to be undertaken. I would refer you to another discussion paper.** In this I argue

*See... "A village (bed)? side manner" a typical visit to a village with the Psychiatric team and some suggestions for the development of a village service delivery "style". - D. Drucker, Bangalore, June 1977.

**See.. "The scapegoating of students and professional/academic failure in Research requirements and activity". D. Drucker, Bangalore, June 1977.

that Psychiatric Social Workers must begin by adequately describing social behaviour and the social aspects of their working situation. Only with a rich base of indigenous description can we contribute to theory rather than be straight-jacketed in our perception by theory derived from elsewhere. We must also turn our face away from the research concerns and methods of other professions and the standards and respectability that can be derived from following in their footsteps. Of course we have much to learn from our colleagues but we must reinterpret their experience from our own professional social work perspectives. We must begin to identify the questions we need answered, which spring from our own professional practice, and develop theory which can be derived from it. Social work research must be directed to social considerations, some of which I have touched on here, and must not be second-hand in method or in subject matter. Although Psychiatric Social Work is currently practiced in secondary settings (psychiatry and psychiatric institutions) it must build its research and practice on primary social material and critical social questions.

I hope in this small contribution, I have started you on your way to spelling out in detail for others an adequate response to the title bestowed upon me, the "Role of Psychiatric Social Work in Developing Countries."

Thank you.

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Bangalore
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