

## Social casework practice in psychiatric setting in India

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Sahu KK. Social casework practice in psychiatric setting in India. *Dysphrenia*. 2013;4:146-7.

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Social casework has been a predominant social work method of practice in psychiatric setting. Casework involves wide variety of activities in various settings, aimed to help individuals, couples and families to cope up more effectively with problems which impaired their socio-occupational functioning. Casework practitioners (psychiatric social worker) work face to face with the clients (patients), their family, and sometime visit their community to provide services. They perform many roles besides delivering direct psychosocial service; they also work in collaboration with other professionals, organisations and institutions, and act to advocate with agencies, administrators, policy makers, boards and legislatures. These practices must reflect in contemporary Indian literature particularly in published casework reports but we hardly find that.

Casework method based on systematic and orderly practice experiences which includes a processes of intake, social study and diagnosis, treatment, termination and follow up towards problem solution and social functioning among individuals, couples and families. There are more than fourteen models in social work practice which also implies in psychiatric setting. Many of the models were extensively elaborated by Robert and Nee[1] and Turner,[2] while others were cited in the social work literature.[3] These social casework reports based on some of these models which are mostly referred to practice in psychiatric setting. These models included: (1) Psychosocial model, (2) Problem solving model, (3) Behaviour modification, (4) Crisis intervention, (5) Family therapeutic model and (6) Task centred model. All these models has theoretical base which has been taken from various disciplines like psychology and sociology. In western countries, social work is well stabilised and occupies a major place in mental health care not only in terms of number but also in terms of getting prominence, recognition, and adequate role and responsibilities. One of the major reasons behind that is practice of psychiatric social work (PSW) is firmly bonded with these models. In literature one can easily find out social work interventions particularly casework practices includes various psychological approaches, viz., psychoanalysis, psychodynamic, cognitive behavioural etc. In many countries, they are licensed for psychotherapy and all other therapies. Whereas in India, psychiatric social

workers are preferred for auxiliary mental health services,[4,5] though their presence in the mental health field completed more than seven decades. There have been arguments of success and failure in helping the clients, the matter of training and competencies etc. It could be because a large number of social workers are practicing in mental health without an adequate qualification/training which gives a wrong impression to fellow professionals in multidisciplinary team and in the community about the competencies of social worker. It often results to poor recognition and inadequate allotment of role or responsibilities. Secondly the trends in training,[3] practice and documentation also, some time contributed negatively. The present publications of PSW case reports articulate various theoretical frameworks in social casework practice.

Documentation should matter to every practicing social worker, student or trainees considering entry into the profession. It is a vital professional responsibility in which ongoing training is needed. Social workers often have a negative response to documentation - it is the barrier for many professionals' existence. To many social workers, it means spending time away from their true passion of working with the clients, responding to unnecessary bureaucratic demands, and tending to tedious and boring details. Many overworked social workers do not appreciate the requirement for case recording and often delay the task. Often the phrase "if it's not documented, it's not done" is used to encourage better documentation habit, but the details of how to do so (casework reports) are less well noted particularly in psychiatric settings. As a result, many psychiatric social workers are ill-prepared for recording of the casework services provided by them, which have negative effect on acceptance or acknowledgement of their efforts and subsequently getting adequate roles and responsibilities.

There has been a long standing need of some basic literature for Master of Social Work (MSW), Master of Philosophy (MPhil), PSW students and other trainees in various formal, non-formal courses and new professional are beginning their profession in various psychiatric settings. There are various good books available on social casework which includes case reports but very rarely any casework is cited from psychiatric field. Professional journals are not publishing common simple case report

rather they focus on atypical case presentations, new evidences in practice of new intervention packages etc. If someone wants to see the basic casework reports, he has to struggle a lot. Some higher educational institutions have made available this kind of casework reports (submitted by trainees as a partial fulfillment of their course) in their library which is not easily accessible to all. So, still there is a need for published case reports for reference purpose. So, this is a humble effort to fulfill that.

This publication aspires to provide specific training on case reporting in psychiatric settings to PSW trainees. This will help to build better recording skills to manage their record-keeping responsibilities or academic submissions. All casework reports adhered to a particular format in order to give uniformity but this is not the only way to write. There can be various ways to report casework depending on the nature of work done and the kind of setting where it has been practiced. Here reports are written in length which may be perceived lengthy but reason behind it is to give a clear understanding on process. We seek for manuscript from middle level (below ten years of experience as a practitioner or faculty) psychiatric social workers from reputed mental health institutions, through emails to alumni groups and personal contacts. I would like to share the fact that this project was started around one year back. I am sorry to say that in spite of my best efforts I failed to collect sufficient

number of case reports for publication. Reasons behind could be lack of adequate afford by me or my tiny professional contact or image. Around 52 case reports were collected or submitted but very few adhered to guideline given and subsequently either they didn't responded after they have been asked to resubmit as per reviewer's corrections/suggestions/guidelines or withdraws. There was a reluctance to follow peer review process by few professionals. I failed to submit manuscripts to publishers twice in promised time. How much this has served the purpose has to be evaluated by you. Comments and criticism are welcome.

#### References

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