

Contemporary Trends in PSW Teaching: Challenges and Opportunity to Expand

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ABSTRACT


Psychiatric Social Work teaching has completed seven decades in India which was started with master course in medical and psychiatric social work at Tata Institute of Social Sciences, Mumbai in 1948 followed by various schools of social work across the country but unfortunately even after two year full time or part time course they are not counted as a mental health professional; still they need two more years of specialized training in mental health as Master of Philosophy in Psychiatric Social Work (M.Phil. PSW) which was offered in just a few institutions. Recently the Government of India formulated manpower development schemes under the national mental health programme to address the shortage of men power in mental health. Under this scheme, 25 centre of excellence in mental health are already stabilised and various post graduate departments were upgraded and M.Phil. PSW course is started or will be started. This figure is in raise in Government intuitions and few private institutions also. The prominence of social work in mental health is expected to enhance by this effort as highly trained social workers will be available to practice in the mental health field but there are some challenges to overcome to get the maximum outcome from this opportunity to expand.

Keywords: Psychiatric social work, mental health, men power development, India

BACKGROUND

Psychiatric Social Work teaching has completed seven decades in India which was started with a master degree with a specialization in medical and psychiatric social work at Tata Institute of Social Sciences (TISS), Mumbai in 1948 followed by in various places like Delhi, Lucknow, Chennai and Agra.^[1] Subsequently, this was increased in number and spread out across the country except for few states like Bihar, Jharkhand. Currently around 600 schools of social work or institutions or departments of social work is providing various level of education diploma, bachelor, master and higher degree and out of these a significant number of them giving specialization in the mental health field in different names like medical and psychiatry, counselling, mental health etc.^[1]

The Shanta Vashisht Committee a sub-committee of the Mental Health Advisory Committee, Ministry of Health, Government of India, 1966) identified the need to offer advanced training for students of social work in settings which were clinical. Based on the recommendations of this committee, two year full time higher training course diploma in psychiatric social work (DPSW) was initiated at NIMHANS, Bangalore in 1968 which was later in 1978 upgraded as master of philosophy in psychiatric social work (M.Phil. PSW) and subsequently doctorate in psychiatric social work (Ph.D. PSW) was also introduced. In 1970, the Central Institute of Psychiatry (CIP), Ranchi and B.M Institute of Mental Health, Ahmadabad also started a diploma in psychiatric social work and in the year 1985 course was upgraded into M.Phil. course at CIP, Ranchi but stopped at Ahmadabad.

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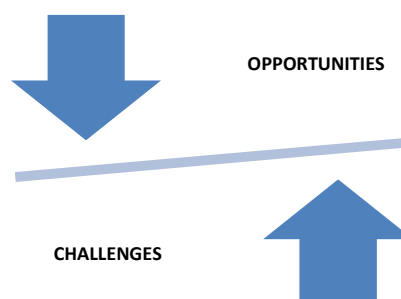
At Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH) M.Phil PSW was started in 2009. In 2000 Ranchi Institute of Neuro Psychiatry and Sciences also started M.Phil. and Ph.D.^[1-4] By now Social Work becomes an integral part of a multidisciplinary team in the field of mental health for treatment and rehabilitation of persons with mental illness at least conceptually. However, practically psychiatric social workers remained very limited in number. Reasons being M.Phil PSW were course were running in just two or three institutions and unfortunately even after two year full time or part time master degree with specialization in medical and psychiatry they are not counted as a PSW or mental health professional which is now in the Mental Health Care Act 2017^[5] though in absence of professional with higher training in mental health (with M.Phil PSW) social worker manage to get jobs. There is a need to reconstruct curriculum which gives more practical exposures and experiences to a social worker in order to practice effectively and get recognized in the mental health field. Lack of any universally accepted national body council or licensing authority is making the situation more worsted thought there have been some efforts in this regards but still a lot more has to be done.

OPPORTUNITIES

The Government of India has formulated manpower development schemes under the National Mental Health Programme to address the shortage of trained mental health professionals in eleven five years plan and continued in the next planning also. There are two schemes, under the scheme, A 25 departments/institutions were funded fully or partly for stabilising 'Centre of Excellence' in mental health where M.Phil.PSW training has to be started along with other mental health disciplines and under scheme B 15 departments/institutions were funded to start or strengthen postgraduate departments in mental health specialities including nine (three exiting department where already M.Phil.PSW training was going on and six new) to start M.Phil.PSW training which will be instrumental in higher education and practice of psychiatric social worker. The target was 416 PSWs every year in eleven five year plane when only 11 centre of excellence were

funded.^[6-7] These efforts might be significant in order to achieve a prominent status of PSW as a mental health professional as highly trained social workers will be available in to practice in the mental health field.^[1]

Again, parallel to Government initiative TISS launched dual degree courses at master level in mental health and social work in the various centre across the county with a targeted to fill the gap of need and availability of PSW in the county. Comprehensive evaluation report of these initiatives of higher education in PSW is still awaited.

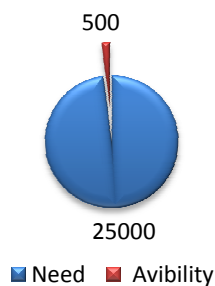


CHALLENGES

So far only seven centre of excellence has started M.Phil PSW. Three non-govt. and one Govt. intuitions also have this course. Four intuitions had this course earlier. As of now all together only 15 intuitions have this course but it is supposed to have in 36 intuitions. Even though where the course has been started students are not admitted in full strength except two-three intuitions, drop out of the students are also high. These are the challenges to overcome and to get the maximum outcome from this opportunity to expand:

- Less number enrolment of students
- The high dropout rate of students
- Less or lack of scholarship to the students
- Poor infrastructure, library, internet etc
- Inadequate faculty strength & stability
- Effective curriculum/framework of teaching
- Perplex/lengthy subject matter/scope of the study
- Lack of textbooks/course materials
- Very less opportunity in the administration
- Poor coordination with fellow MHP
- Less competent PSWs
- Lack of innovative practices of PSW
- Lack of good opportunities to PSWs
- Role Conflict/Ambiguity/Overload
- Lack of regulatory body/council/authority
- Compromised status

All challenges are not present in all the institutions but more or less these are faced by them otherwise by now a significant number of PSW would have been produced.^[8] The maximum number of PSWs available in India is mentioned 400-850 in any written reference source which is debatable but one more significant point is important here; even among these mentioned number of PSWs, a significant number of them are not practicing in the mental health field.^[6,9,10] They prefer to work in the University as teaching faculties where mental health is hardly practiced and incorporate or projects some of them even migrated to overseas which are considered comparatively high paid or/and more satisfying. So, practically there is a huge gap between estimated requirement and availability of PSWs; which is difficult to bridge with current infrastructures or approach in the country.^[6,9]



If the current opportunity can be utilized rationally and appropriately India can be like America where “60% of mental health professionals are clinically trained social workers, compared to 10% of psychiatrists, 23% of psychologists and 5% of psychiatric nurses”.^[11] We need a constant, combined and coordinated effort to overcome the challenges and to get the maximum outcome from this opportunity to expand.

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