Introduction
INTRODUCTION

Social work education was initiated in India in 1937, with the establishment of the Sir Dorabjee Tata Graduate School of Social Work under the leadership of Dr. Clifford Manshardt as the first Director of the Institute. A decade later, according to the directives of Health Survey and Development (Bhore) Committee, specialized training in Medical and Psychiatric Social Work was started with Miss Blakey as the Head of the Department of Medical and Psychiatric Social Work and the first social worker Miss Irani was appointed in 1947 at the J. J. Group of Hospitals, Mumbai. The recommendations of the Bhore Committee state that in order to make medical treatment effective and acceptable to the sick persons in India, the appointment of professionally trained medico-social workers in government civil hospitals must be made mandatory. The survey revealed that the only institution imparting professional social work training in 1943 was the Tata Institute of Social Sciences, Mumbai. Tata institute was then requested to frame courses suitable to the requirements of medico-social workers.
Accordingly, medical and psychiatric information courses were introduced in the training. The Bhore Committee report is silent on available literature on the practice of medico-social work in Indian cultural milieu and institutional settings.

This research makes an effort to record the nature of medical and psychiatric social work in Indian settings, in order to bridge the gap in information related to the field.

During the decade 1950-60 that followed, the field training of social workers with a variety of specialisations, was developed by colleges of social work that were established at Delhi, Madras and Baroda. Social work educators were sent abroad for specialized training. Obtaining British and American degrees in order to qualify as specialized teachers was virtually made mandatory and as new entrants to professional social work, we students could visibly notice the heavy impact of western thinking in the teaching of social work methods and techniques in our courses.

Indegenisation of social work practice was often spoken of but absolutely no Indian literature or documentation was available.
The journal of social casework published by the American Association of Social Workers contained practice based material. But Indian cultural intricacies in the context of social work intervention were nowhere documented. The only guidelines available were the casework records prepared as teaching material by our casework teachers. The realities of the Indian situation were only experienced in fieldwork situations that gave opportunity to the learner to interact with patients, most of them coming from a background of poverty and depravation. Understanding the client’s world was emphasized but practices varied according to the institutional setting.

Thus the task of learning to apply one’s own insights to the patient’s reality was almost entirely left to the social worker. During the years 1961-91 the Cleveland International Program for Indians (CIPI), an outcome of India’s PL480 agreement with USA provided an opportunity for Indian professional social workers to attend a four month program in USA to observe social work practice in American settings. No formal study is undertaken to establish the impact of CIPI on clinical/ field practices in India. Even at this stage of the profession there is no formal forum for social workers to share experiences of professional practice with each other.
Thus the field remains denied of gain from the wealth of experience and standardisation of Indian clinical practice in the social work profession.

The effort to bring professional social workers under a common national forum has not taken firm roots. The Indian Society of Psychiatric Social Work, mainly initiated by the staff of National Institute of Mental Health & Neuro Sciences (NIMHANS) continues its creditable efforts at compilation of clinical data. When the researcher made an effort at compiling available research material on medico-social work practice, even NIMHANS admitted the dearth or in fact virtual absence of such material anywhere in India.

This study is an effort at compilation of forty years' experience of the Researcher in eight settings, initially in descriptive analytical manner and later in an effort on empirical theory building based on the recurrence of select factors and events. It is an effort at an examination of the process of change.
The data is collected from the following settings -

1. **Medical Settings**
   a. Sassoon General Hospitals, Pune
   b. Kondhwa Leprosy Hospital, Pune

2. **Psychiatric Settings**
   a. Department of Psychiatry, Sassoon Hospitals, Pune
   b. Central Institute of Mental Health, Yerwada, Pune
   c. Muktangan Deaddiction Center, Pune
   d. Sevasadan Society's Dilasa Karyashala for Mentally Challenged Adults (Sheltered Workshop)

3. **Industrial Settings**
   a. Serson Industries, Pune
   b. Thermax Ltd., Chinchwad, Pune and all other subsidiary industries

The outcomes of the study are expected to be placed before the academic community and professional practitioners. The distinct features of clinical practice of medical and psychiatric social work are expected to emerge as an outcome of this research.