Chapter V
CHAPTER - V

PSYCHIATRIC SOCIAL WORK

Medical and psychiatric social work is a specialisation. In schools of social work, it is considered as common branch of social work. Social workers who are appointed in general hospitals are designated as medico social workers. Those who are appointed in mental hospitals are designated as psychiatric social workers.

Though the training is common for both the branches, there is a difference in the duties of medico social workers and psychiatric social workers. Though both of them are expected to know the detailed information about the various types of diseases, diagnosis, treatment and the social aspects of the diseases, it is observed that psychiatric social workers do not pay much attention to the above aspect of medico social work. Once they are appointed as psychiatric social workers, they work in the same capacity till their retirement. Hence they remain unaware of the various problems that are faced by the medico social workers. The researcher has worked in both settings. Though the major portion of her work was in medical setting, quite a number of cases have been handled by her in psychiatric setting also. In industrial setting, she was required to handle both medical and psychiatric cases. So her experience is quite
rich in both the fields. Psyche and Soma cannot be separated from each other.

In any medical setting, social worker has to deal with the patient who has physical ailment and subsequently the personal and social problems arising out of his/her physical ailments. In psychiatric setting, psychiatric social worker requires to deal with patients who have sick minds. Lot of work is required to be done with patient’s family, relatives, friends, society and at the work place. Psychiatric cases are always long term cases. They need the support of the social worker, quite often lifelong. It is true that they become dependent on the social worker to a large extent. But from the rehabilitation point of view, dependency must be accepted as inevitable. It may not be proper as regards the principle of social work is concerned. But in practice, social worker cannot leave the psychiatric patient on his own. He/she needs constant monitoring and the social worker has to maintain his/her improvement constant, so as to enable him/her to become useful member of the society and family. The goal is to reduce drain on the family’s emotional and social resource.

In medical setting, very few cases are long-term cases. Majority cases are short term and if they get timely help, their problem is resolved. And they do not need further help from social worker, unlike psychiatric cases.
cases. In both settings, social worker needs dedication, empathy and real concern about clients.

**Contribution of Psychiatric Social Worker to the Practice of Psychiatry**

The psychiatric social worker plays a vital role in the practice of psychiatry.

In psychiatric practice, taking down the history of the disease is very important. The researcher takes the history of the patient, on the basis of which the psychiatrist arrives at a diagnosis. The history contains the details of the whole family (maternal and paternal). Then come the symptoms and behavior, duration of abnormal symptoms, their intensity and relevance to the current status.

On the basis of the history, the patient's psychiatric illness is diagnosed. If the illness is properly diagnosed, then alone the treatment is effective. Proper and regular treatment helps speedy recovery of the patient. After the patient becomes manageable and symptoms free, the patient needs counseling by the psychiatric social worker. Proper and regular treatment prevents the patient from becoming chronic. The follow up in case of these patients is very important which is generally done by the
psychiatric social worker. The social worker gives the report of the patient's progress to the psychiatrist. Thus the job becomes effective.

The psychiatric patient needs lifelong treatment to remain manageable in the family and the society. The psychiatric social worker educates the family in the management of the patient. Then comes the rehabilitation of the patient which is very important. Once the patient becomes manageable, he needs to be occupied. If he remains idle, in spite of medicines, there are chances of his going into depression. The social worker needs to educate his fellow workers in the office. These patients due to the effect of medicines often become lethargic and are unable to give the required output of work. If the authority is considerate, the problem does not arise. Otherwise, these patients face tremendous humiliation, at times causing relapse in the office. Here he needs the help of psychiatric social worker who counsels regularly to keep him/her fit.

For those psychiatric patients who are unemployed, the social worker tries to find out suitable jobs for them through her contacts, bearing in mind the recovered person's specific limitations. The psychiatric patients can be rehabilitated lifelong with the help of the psychiatric social worker as they need constant follow up and counseling. Thus,
they prove to be useful members of the society as well as of their own family.

The focus is on the following areas -

1. Re-socialisation of the recovered person.
2. Complimenting existing program and support from chronic patients and orderly behavior.

Significant Areas of Psychiatric Social Work

The cases of Sunanda (P 291) and Ambu (Appendix III.3, P. 8) initiate some new issues related to human rights philosophy and social work practice.

The researcher's experience of working with chronic patients revealed some important areas of functioning in psychiatric social work. Mental hospital authorities are concerned about the problem of chronic patients occupying a large number of sanctioned beds. The 'war' between the psychiatric social worker and psychiatrists over this issue is an old story. The psychiatrists are keen to discharge recovered patients since they do not need any further treatment. Social workers seem to give reasons like poverty and recommend that the patient be allowed to keep staying in the mental hospital. The part played by psychiatric social workers in placing recovered persons back into society is very valuable. The
researcher identified 60 chronic female patients. Group work techniques and principles were found effective while working with such a large group. The patients assembled at the social worker's office after their routine. They came from different wards. They lived aimlessly, got regular food and slept, as they had nothing else to do. Instructions were given to the custodial staff to send them to the social worker at a given time. They were asked to sit down in an orderly manner. This was some kind of conditioning. This was a novel experience for them. They were taught to recite bhajans and the social worker used to read out books to them. They were all quite manageable. Becoming aware of these environments, recognizing familiar persons are clear signs of recovery from mental sickness.

Many of them were oriented to the social worker. Slowly they started asking questions about how the worker did so much for the patients. When this type of response was given by them, the worker asked them to take care of themselves, have bath, be clean, etc. Then she started to look into individual cases. Sunanda was one such to be identified. The process of making impact of mind upon mind was put to work. Ambu was a mere destitute where family rehabilitation was not possible. The alternative was to find her an alternate vocation. Long term and consistent conditioning outside the institution could stabilize Ambu.
Chronic mental illness has a major legal consequence. Being institutionalized for mental sickness takes away the civil rights from the individual. Restoration of civil rights is an important responsibility of the mental health institution. Keeping a married person in mental hospital for over twenty years gives the spouse a ready opportunity to divorce the patient ex-parte.

Fixing the responsibility on individuals in official capacity is significant aspect of teamwork.

**Before It Is Too Late**

From my own professional experience, it is observed that the patient of schizophrenia meets the social worker in advanced stage of the sickness. In fact, the psychiatric social worker plays a vital role in the treatment and rehabilitation of schizophrenics.

Early detection of mental illness is of prime importance. In urban areas, even the educated families are unable to detect the early symptoms of mental illness. There are very good facilities of treatment in government hospitals. There are eminent psychiatrists attached to government hospitals and the patient gets the best treatment. But it is unfortunate that even today the awareness of the symptoms is lacking. More important, relatives cannot accept that someone so close to them is mentally sick.
Loneliness, sleeplessness, depression, poor concentration are some of these symptoms which need to be attended to at once. These symptoms can be identified by any lay person in the family. If any one of these symptoms is observed in a person, one should always consult the psychiatrist. Early diagnosis and proper treatment prevents the patient from going to the chronic stage of illness.

There are psychiatric social workers attached to the psychiatric department of government hospitals. Previously this facility was not available. But now with the advancement of medical science, the need of the social worker is felt and hence the posts of psychiatric social workers are created and filled in civil and mental hospitals.

In psychiatric practice, taking down the history is very important. This work is done by the psychiatric social worker on the basis of which the psychiatrist arrives at a diagnosis. The history contains the details of the whole family (maternal and paternal). One of the reasons of mental illness is heredity and therefore, the history is very important. On the basis of the history, the patient's psychiatric illness is properly diagnosed. Then alone the treatment is effective. Proper and regular treatment helps speedy recovery of the patient. Once the patient becomes manageable and symptom free, the patient needs counseling from the psychiatric social worker. Only those social workers who are

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dedicated to the profession, who have real concern for the patient, who are empathetic towards the patient can be effective counselors. In all psychiatric disorders regular treatment is of primary importance. Then comes counseling of patient caregiver. Psychiatric patient needs lifelong treatment so as to enable him to remain manageable in the family and in the society. The psychiatric social worker educates the family in the management of the patient. Once the patient becomes stable, he needs to be kept gainfully occupied. So the social worker plays a vital role in the rehabilitation of the patient which is very important. If the patient remains idle, in spite of medicines, there are chances of his going into depression. Those patients who are already employed, require to go back to work after they are declared fit. In such cases the social worker needs to keep the follow up and educate his fellow workers in the office to accept him with his shortcomings. These patients due to the effect of medicines often become lethargic and are unable to give the required output of work. If their superiors are considerate, then the problem does not arise. Otherwise these patients face tremendous humiliation in the office. Here the patient needs the help of psychiatric social worker who regularly counsels him to keep fit. The worker also has dialog with the patient’s superiors in the office. In these cases the social worker’s work has no limits. For those mental patients who are manageable but unemployed, the social worker tries to find out suitable jobs through her contacts. These patients can be rehabilitated lifelong with the help of the
psychiatric social worker as they need constant follow-up and counseling. Thus, they prove to be useful members of the society and also of their own family.

Formerly, mental illness used to be considered as stigma on the family. Even in educated families the mental conditions are considered as black magic. So instead of consulting the psychiatrist, they try to take some drastic measures, which are harmful to the patient's physical and mental health. Lot of money is spent on these measures with no effect. In the end the patient is taken to psychiatrist in an unmanageable state.

In rural areas, these patients are accepted in the family. They also adopt the above type of measures for cure. In villages there are people who extract money from the family members for treatment. Family members feel that marriage is the solution to the patient's mental illness. There are uneducated girls in the village who have no opinion of their own and poverty is another factor. These girls are easily available for marriage. So the mental patient gets a wife without difficulty. She is an asset to the family for household work and she fulfils the sexual needs of the husband. These marriages further complicate the matter. The girl does not leave the husband because of his mental illness but quietly faces the difficult situation. She really needs the help of the social worker.
The story of chronic schizophrenics who are in mental hospitals for 25-30 years is again different and pathetic too. They are totally cut off from the family. The family is also happy without them, because their existence in the family had been a painful experience for the family members. Hence they purposely want to forget the sick family member so much so that they avoid visiting the patient in the hospital. The patients are also used to be away from home and gradually they feel happy in their own world of mental hospital. If with the efforts of the social worker, they are sent home on parole, it is observed that they are not comfortable at home and they want to go back to the hospital. Since they are in the hospital for more than 25-30 years, their existence is totally ignored by the staff members.

The psychiatric social worker, with her skills in group work, case work and newly invented medicines, the rehabilitation of these chronic patients has become possible. The social worker’s experience of working with chronic patients revealed some important areas of functioning in psychiatric social work. Mental hospital authorities are concerned about the problem of chronic patients occupying a large number of sanctioned beds. Group work techniques and principles were found to be effective while working with such a large group. They come from different wards. They live aimlessly, get regular food and sleep as they have nothing to do. The group work technique was some kind of
conditioning. Many of them were oriented to the social worker. Slowly they started asking questions about how the worker did so much for them.

Chronic mental illness has a major legal consequence. Being institutionalized for mental sickness takes away the civil rights from the individual. Restoration of civil rights is an important responsibility of the mental health institution. Keeping a married person in mental hospital for more than 20 years gives the spouse a ready opportunity to divorce the patient ex-parte.

Fixing the responsibility of individuals in official capacity is a significant aspect of teamwork. Regular interdisciplinary clinical conferences of therapeutic team; namely the psychiatrist, the psychologist, occupational and physiotherapists and psychiatric social worker facilitate holistic treatment and successful rehabilitation of the schizophrenics.

**Employment Related Problems in Schizophrenia**

Stress is a known cause of triggering latent schizophrenia. Due to the stress in work, the high speed of evaluation and expected competence from the individuals, those prone to schizophrenia and mental depression acquire the decease sooner. This became evident when the
researcher worked in industrial settings. It is a notable truth that symptoms in Indian population are not always similar to the classical symptoms reported in textbooks of psychiatry. Indian values dominate the psyche and morality of even mental patients; especially the depressed category.

The problem of adolescent schizophrenia is more serious and has very poor prognosis. It is observed that these patients usually start with lack of concentration in studies, become irritable and ultimately they face failure in examination. Majority of adolescent schizophrenics are intelligent. Prior to the illness, they score high marks in the examination. Family members are worried about their progress in studies. But they fail to understand the reason behind this change. Schizophrenics are known to complete their education quite successfully. If they are under regular treatment of the psychiatrist, the problem is less. After completing education they even get good jobs. In the job they are exposed to various situations. If the job atmosphere and the colleagues are co-operative, they carry on with the job without much difficulty. But if the conflicting situation crops up, then it becomes difficult for them to face such a conflict. The intellectual and psychic processes do not meet. The position of schizophrenics in Govt. service is much safe as it is not easy to dismiss them. Govt. rules protect them and give them ample opportunity for improvement. It is observed that very few educated
schizophrenics realize the importance of medicine in their day-to-day life. Things they have been explained very clearly by the psychiatrist and the psychiatric social worker that they have to take medicines lifelong, they fail to do so. The result is relapse and again the same situation is repeated. It is not only a torture to the patient, but it is more so to the family also. If the patient is married, the whole family life is disturbed. In Govt. employment, schizophrenic Govt. servant gets medical leave for treatment. After he is declared fit, he is allowed to join his work. Then the responsibility of remaining fit lies with the individual. Hence, the constant counseling by the psychiatric social worker is of prime importance.

Unlike Government service, the situation in industry is different. It is noted from professional experience that there are seldom industrial cases of workers who are schizophrenics. But there are cases among the staff members and also the trainee engineers. The trainee engineers are selected through campus interviews. Obviously, those whose academic career is high and who possess other qualities are selected. They are from all over India. When they come from different culture, they face the problem of adjustment. They are new in the city. Company provides them accommodation. But it is shared with 2-3 other trainees who come from different regions. They are new to each other. They may not get along with each other. The food habits, sleeps etc. are different. So when
they go back to the room after day's work, they become homesick. As a result, they pass sleepless nights. Next day, early morning they require to get ready for work. Because of sleepless nights, they are late for work. There the vicious circle starts. They are unable to concentrate on the work. The life in industry is very fast. So one cannot afford to waste time. Industry is concerned with manufacturing. The management is required to complete orders of goods in a given time or even before time. Hence, the performance of all concerned is very important. It is teamwork.

Three cases of trainee engineers were referred to me for finding out the reason behind their poor job performance. In fact, the management is not concerned with the humanitarian approach. Industry is not a social work institution. It is a profit making concern. But the industrial relations department of industry does have this approach. Hence, I was involved in these 3 cases. Out of these 3 engineers, one was a female. She was from Orissa. The remaining 2 were from Madhya Pradesh and Karnataka. Unfortunately, they were referred to me at the end of their 1 year training program. The time was too short for counseling. Hence, I requested the manager to extend their training period further so as to enable me to do justice to them.
When I talked to the female trainee engineer, I found that she had suicide thoughts and she was paranoid. I suggested the management to call her father from Orissa at once, as it was harmful to allow her to stay alone. The father came by plane, met me. I told him to take her with him and consult a psychiatrist in Orissa. I received his letter about the treatment and her progress. Since it was a long treatment, the father preferred to keep her in the family. The remaining 2 trainees were referred to the psychiatrist and my counseling helped them to remain in the job. Their problem was not so serious. So the early treatment helped them in their rehabilitation.

One of the staff members was referred to the researcher for his poor job performance and abnormal behavior. He was referred to the psychiatrist and diagnosed as paranoid schizophrenic. He was in an acute phase, hence he was advised to go on leave by the psychiatrist. The treatment was given and he resumed work. In consultation with psychiatrist, I started regular counseling. It went on continuously for 12 years. During this period his performance was improved. The management was happy with his progress. He was the only son and was attached to his mother. He had one married sister and no father. His maternal uncle, who was very loving, had brought him up. Everybody was trying to get him married. I also felt that if he would get a girl who understood him, his life could be worth living. But he was not confident and was afraid of
marriage. Ultimately my counseling helped him. I explained his case to the girl's brother and told him arrange my meeting with the girl before marriage. But the brother did not want me to talk to her. I also explained the brother that the client was to take medicine lifelong. Fortunately, he had realized the importance of medicine. So he voluntarily took the medicine without fail regularly. He got married. The wife, when she came to know about the medicine, blamed him for not disclosing his problem before marriage. She thought that he had cheated her. So I had to counsel her also. I did marriage and sex counseling. Then everything went on smoothly. He has two very sweet daughters who are bright in studies. At his age 54, the V.R.S. scheme was introduced in the industry. I advised him to take V.R.S. and honourably quit the industry with full benefit. He did so as it would not have been possible for him to cope up with the heavy workload. He is still in contact with me. He has got another job and is doing well.

Another case of a staff member who was paranoid schizophrenic was successfully handled with the help of the psychiatrist and counseling. After 20 years of service, he was also advised to accept V.R.S. with full benefits.

When I was working in mental hospital, I tried to help one middle aged patient who was M.A., B.Ed. She was a chronic patient. The relatives
were not interested in her. So she remained in the hospital for more than 15 years. She wanted to become self-supporting. She showed me an advertisement in the Times of India regarding a post of matron for the residential public school at Rahuri. She was interested in this post and she wanted me to help her. So I sent her application and my residential address was given for correspondence. She received a call for interview. I accompanied her to Rahuri. She was selected for the post. But before she got the letter of appointment, I talked to the principal and told him about her mental illness. I requested him to give a trial and gave my phone number in case of emergency. He accepted my suggestion and agreed to give her a trial. She was released on parole to join at Rahuri. She worked very well for 2 months. She stopped taking medicines. One night I got a phone call from Rahuri saying that she became violent and unmanageable. I had to rush immediately to Rahuri. I brought her back and admitted her to the mental hospital. Within few days she became normal with treatment. She realized her mistake but it was of no use.

Those who are already employed, need constant counseling and follow-up by the psychiatric social worker to remain useful in the family and the society. Those who are not employed also need the help of social worker to find out suitable jobs for them. But most important is that no schizophrenic should forget the importance of regular treatment.
Social Work

I knew Sherbanu as an E.C.G. Technician. At that time, all the E.C.G.s were taken in the side room of Bl.6 which was close to my office. I had seen her working there for couple of years. Then I did not know whether she resigned. But I did not see her. After 3-4 years I saw her one day in the C.M.O.’s chair in the O.P.D. All the doctors were on strike. The full timers were helping in hospital work. I was surprised to see her in A.F.M.C. khaki uniform. I definitely knew that she was not a doctor. So I asked her about her medical degree. She told me that she passed out from A.F.M.C. and her batch was the first batch. I still had doubts. So I made thorough inquiry from A.F.M.C. and came to know that no such student had passed out. On still going into details, I came to know that she had forged somebody’s M.B.B.S. certificate. The complaint was given to the Deccan Gymkhana Police Station. They investigated the
case and the forgery was confirmed by the hand writing expert. It was a
criminal case and hence she was ordered punishment for 7 years'
rigorous imprisonment. She went into appeal and was released on bail.
During this period, she took help of Psychiatrist at the Sassoon Hospital,
Pune, who referred the case to me. I admitted her in K.M. Mahila Seva
Gram along with her baby girl who was a year old. While talking to her,
she told that she had one son before her marriage from the same person
who was supposed to be her husband. The man was Muslim. But he was
already married and was having relations with Sherbanu secretly. So
she, on her own, gave the son in adoption to one family in Kirkee. She
was regularly visiting him, that the adoptive family did not like. They
stopped her visits. She was again pregnant from the same man. She gave
birth to a very pretty baby girl. She was staying with her parents. But
later on the father refused to give her shelter. So I got her admitted in
Mahila Seva Gram. She had no source of income for maintenance.
While she was in Mahila Seva Gram, she was regularly visiting the
Psychiatric Dept. for treatment and was visiting me for counseling. One
day I took her to the Court to see the Public Prosecutor for his opinion.
He advised me to present her case as 'Plead Guilty' and ask for
sympathetic consideration. In this matter the then Police Inspector of
Deccan Gymkhana Police Station also gave his valuable help from the
humanitarian point of view. Mr. Sarjerao Jadhav, Public Prosecutor kept
the case for hearing before the District Judge whom he knew very well.
He was considerate and hence Shri Jadhav arranged to bring this case before him for hearing. Accordingly, I appeared before the Court with Sherbanu and her little daughter. She pleaded guilty and I explained the case to the Judge. She was finally acquitted but remained under supervision for 2 years. Unfortunately, after she was acquitted, her daughter suddenly expired within 2 days due to gastro. Later on I helped her to get a job as a registration clerk in Wadia Hospital. I followed the case for 2 years and then stopped.
Year 1978
Case No. 43
Name Thaku Mokate
Age 25 Years
Sex Female
Address Village from Pune District
Problem Chronic Paranoid Schizophrenia
Referral The patient came on her own for her problem

Social Work

When I was working in Yerawada Mental Hospital, Thaku was one of my group members. She was good looking and had impressive personality. She belonged to a village and was not educated. She could read and write to some extent. Though she was a chronic patient, she used to be in and out on parole quite often. One day when she saw me alone in the office, she came and sat with me. She told me her story. She had no parents. She was married but was deserted by her husband due to her psychiatric illness. Then she was staying with her sister. The brother-in-law wanted her to stay with them as she was doing hard work in his field. Secondly, she was good looking and he had interest in her. He used to take her home on parole in the harvest season. After the work was over he used to bring her back to the mental hospital. Thaku was
tired of her frequent admissions in the hospital. She wanted to stay with the sister permanently. But this would not happen. By that time, I was transferred back to Sassoon Hospital. One day, Thaku was brought to me from mental hospital. She was pregnant. She started crying when she saw me. She told me that the brother-in-law crossed his limit and had sexual relations with her forcibly. As a result, she was pregnant. She delivered at Sassoon Hospital and gave birth to very healthy baby girl. She did not want the baby. So after completing the legal procedure, the baby was kept in Shreevatsa. Later on Thaku's sterilisation was done with her consent and she was sent back to the Mental Hospital. The baby was given in adoption to Swedish family.

I came to know that when she again went on parole, she jumped in the well and committed suicide.
Year 1975
Case No. 45
Name Female beggar
Age About 30 Years
Sex Female
Problem Violent mentally sick female with full term pregnancy.
Referral The case was referred by the C.M.O.

Social Work Intervention

The police brought a female mental patient to Sassoon Hospital. She was full term pregnant and was in labour pains. The female police who accompanied her were unable to manage her. She was in unbearable labour pains, hence she was violent. The C.M.O. called me to the O.P.D. I accompanied her to the labour room where she was admitted. The doctors also were confused and did not know how to manage her. Because of her mental condition, she was not co-operative. In fact she was so disoriented to reality that she did not know what was going on. Somehow, it was necessary to deliver her. She was given sedation and was kept under observation. With lots of efforts, after 24 hours, she gave birth to a healthy female baby.
The baby was kept in ‘Shreevatsa’. I requested the doctor to do the sterilisation. Since she was a police case, I took the consent of the concerned police station for sterilisation. The sterilisation was done and then the case was referred to me for discharge. Since she was a mental patient, I did not want to send her on the road. She was already a police case. In such type of cases, once the police bring them to the hospital, they do not take any responsibility of their institutionalisation after the discharge. I called the Police Inspector of the concerned police station and handed her over to him with my letter to the Commissioner of Police, Pune, for admitting her in the mental hospital. He had the powers to admit her with his Detention Order as per the Indian Lunacy Act, 1912. Accordingly, she was admitted in mental hospital and the case was handed over to the psychiatric social worker of mental hospital. The female baby was named Geeta and she was progressing well in Shreevatsa. I purposely did not think of her adoption till she completed 2 years of age. Since her mother was a mental patient, I wanted to observe her progress. She was growing normally. After 2 years she was given in adoption to a Swedish couple giving them her history. There also her behaviour and progress was quite normal excepting that she was scholastically slow. She could not make much progress in her school. But she was good in doing small courses such as working with disabled, looking after aged people etc. She had the opportunity to go to U.S.A. to stay with an old couple. She stayed with them for 2 years. She enjoyed
staying with them and looking after them. She came back to Sweden and took up a job in a special boarding school for mentally challenged children as House Mother. She was doing very well and was independent. Her adoptive parents were separated. But she had contacts with both of them. Even after separation, she continued her relations with both of them. The issues in this case were -

(1) Whether it is ethical to sterilise a disoriented mental patient. After 1993, the human rights issues could have been significant. The emergency of 1975 worked here to advantage.

(2) The responsible authority for admission to Mental Hospital could have caused arguments. I was able to fix the guardianship to the person / authority on police. Some of these procedural areas must be specified in a special interdisciplinary referral code.
Social Work Areas

Subhadra was a very chronic patient of Paranoid Schizophrenia. She was in Yerawada Mental Hospital for many years. In between she went home on parole. But she could never stay at home for more than a month. This had become routine with her. She had 3 sons and one daughter. Her husband was a Central Govt. servant and he was working at Dehu Road. Because of Subhadra’s chronic psychiatric illness, he did not have any family life. He had extra marital relations with woman, which Subhadra knew. So Subhadra used to fight with him all the time at home and when he would visit her in the hospital. He was annoyed with her and did not nominate her for G.P fund and family pension. When I was transferred back to Sassoon Hospital, I saw him in the corridor in wheel chair. I was surprised. He did not come to me for help.
He had paralytic attack and was admitted to Sassoon Hospital. He wanted my help in getting invalidation certificate, as he wanted to retire prematurely on medical grounds. I showed my willingness to help him provided he would nominate Subhadra for G.P fund and family pension. He agreed to my request. So I called the clerk from his office with necessary papers. He came and I got his signature on Subhadra's name.

After that I requested the doctor concerned to declare him unfit which was done. He did not avoid his responsibility towards Subhadra. After all, she was the mother of his children. The sons grew and started working. The daughter also got married. He never recovered. He was bed-ridden for many months. Ultimately he expired. Then as per the nomination, though I was in Sassoon Hospital, I took Subhadra to her husband's office with his death certificate and got the necessary procedure completed. Legally mentally ill patient's signature had no meaning. But she was discharged on parole. So I could do all the procedure for her. She got lumpsum. Naturally, the sons wanted their share. They were not willing to look after her. But they wanted money. I helped her open a bank account where all the money was deposited. The family pension was also sanctioned. So separate account was opened in the same bank. Only Subhadra had the authority to operate her pension account. But on the other account her elder son's name was put as nominee. Subhadra was finally discharged from the mental hospital.
through the visiting committee. So she did not have the facility of parole. She was staying separately on her own and was managing her maintenance from the family pension. Even after my retirement she was coming to me regularly for any problem. She had kept the bankbooks with me for many years. Day-by-day she was getting weak. She stopped coming to me. Then I presumed she would be no more. I did not make further inquiry with the son.

Analysis

The case illustrates monitoring a mentally sick person’s social security rights. A paranoid person is constitutionally incapable of trusting anyone. In fact suspicion is the constitutional trait. Legally her status was that of a married woman. The family members are estranged by such a person’s behavior. In daily life the next of kin finds it impossible to put up with paranoids. The somatic level of psychiatric awareness is the core of this problem. Poor family relationship results in unfavourable reaction formation and blood relatives become self-centered and hostile. Professional values direct the social worker to protect the interests of the deprived even within the family. The social worker has made use of the adversity of the husband’s stroke as an opportunity in favour of the client. Socio-legal advocacy is a key function of social work professionals.
An important form of intervention is to organize the discharge of one patient on fitness certificate so that her legal protection and right to survival is assured. In the absence of intervention Subhadra would have become a destitute and a permanent inmate of the mental hospital. Mental hospitals get converted into permanent homes for such destitutes. Discreet use of community resources to prevent misuse of treatment centers is the social advocacy function of social work.

The admission form must record the employment status of the guardian and monitor inmates over a prolonged period in order to secure their legal and human rights.
Social Work

Vijayalaxmi was a trainee engineer in Thermax Ltd., Chinchwad. The case was referred to me for finding out her problem. Her case was referred to me very late i.e. at the end of her training period. In fact she was facing the problem of adjustment in her work. So she was given trial in so many departments. But she was not able to show progress in any department. Naturally with adverse reports she was not given confirmation. Then she was upset and wanted to commit suicide. She came to me with suicidal thoughts. I observed her behavior, which I felt, was abnormal. So I advised the management to send a telegram to her father asking him to come down immediately. Accordingly, he came and she was handed over to him for further management. Her father met me.
I told him that she was in need of psychiatric treatment. So I gave a letter to the psychiatrist giving him the complete history. The father took her with him to Orissa. She was shown to Dr. P. K. Das of Ispat General Hospital where she was treated with E.C.T. The father wrote a very nice letter to me informing me about her progress. He also wrote in his letter that the psychiatrist appreciated my observation. Thermax had granted her two months extension. But she never came back. The father also did not keep in touch with the company any more. Since she was not a regular employee of the company, there was no need to keep a follow-up. Hence the case was closed.

Analysis
This girl was referred very late - at the end of her training period. Her confirmation was depending upon my report. After talking to her, I noticed her psychiatric problem. It must have been there for quite a long time. But it was not noticed by anyone in the family nor in the company. She had a great hatred towards her father. She thought he was a dictator. He was trying to arrange for her marriage. But she was not willing to accept the boy of his choice. According to her, the mother had no voice in the family. She had one brother and one sister.
If the psychiatric problem would have been detected earlier, she could have received the treatment immediately and the rehabilitation would have been much earlier.

A case of BMD Schizophrenics are often known to complete their academic courses without interruption. The process of academic achievement is not blocked. However, poor performance is a sign of BMD, especially depression, change of behavior combined with suicidal thoughts and dissociation with close environment.

The intervention achieved the end of getting a positive nurturing treatment of the client from her father.
Case No. 32
Year 1974
Name Mrs. Vimal Ghorpade
Sex Female
Age 30 Years
Address At Ghorpadewadi, Tal. Indapur, Dist. Pune.
Problem Destitute
Referral The patient had come on her own for help. She was not well and she had no place to stay.

Social Work

Vimal was told by somebody, an outsider that she should approach me for her problem.

When I talked to her, she told me that her husband died of T.B. and she had 3 months’ old male baby. Her mother-in-law kept the baby with her and drove Vimal out of her house. Nobody gave her shelter in the village. She was not well and hence came to Sassoon Hospital for treatment. I helped her in getting thoroughly investigated. From the x-ray report, she was diagnosed as a case of Pul. Tuberculosis. So I got her
admitted in Aundh Chest Hospital. I requested the doctors there to keep her there till the full treatment was completed.

Accordingly, she was kept there and discharged after the treatment was over. She again came back to me. Now she was in need of proper rehabilitation. I approached Dr. Baba Adhav to give her a job of a cook in Hamal Panchayat's 'Kashtachi Bhakar Centre'. She got a job there where she was getting her meals also. She became financially independent. Now the question was of her accommodation. Hamal Panchayat Kendra was in Nana Peth. So I was trying to find out a shelter for her somewhere near the centre. In famous Vithoba temple in Nana Peth, one old lady was staying alone in one small room. She was in need of a servant for washing her clothes. I approached her with Vimal and told her about Vimal. Vimal was very honest, hard working and sincere. I requested the old lady to allow Vimal to sleep in the room. She agreed as she also wanted somebody to give her company at night. Vimal's work in the Kendra was up to 2.00 p.m. So, she was free after 2.00 p.m. This was how her problem of accommodation was solved. Since she had free time in the afternoon, she started working as a domestic servant at 2-3 houses. This was an additional income to her. She did not have any other expense. So whatever she was earning she saved. One day she came to me asking me to keep Rs. 600/- in the steel cupboard in my office in the hospital. I kept the money in the cupboard in a packet. Next
month as well she brought Rs. 600/- and asked me to keep it in the cupboard. The third month again she brought Rs. 600/-. I thought it was not proper to keep the money in my office.

So I took her to Saraswat Bank near the hospital and opened a savings account in her name. I introduced her to one lady clerk there and instructed her to help Vimal in depositing the amount every month. Now Vimal started going to the bank on her own and started depositing the money independently. The savings went over Rs. 10,000/-. The bank book was kept with me. Then Rs. 10,000/- were kept in safe deposit under Kalpataru Scheme.

By this time the son became about 3 years’ old. She wanted to see him. So she went to her village. But the mother-in-law did not allow her to see her son. She came back shattered. She became a mental patient. She was unable to adjust with her co-workers at the Kendra. Dr. Baba Adhav reported to me her abnormal behavior. So I had to admit her in mental hospital, Yerawada. During this time I was transferred to Civil Hospital, Sholapur. She came out of the hospital after six months. She was better. She met me at my residence as I had come back from Sholapur on leave.

I requested Dr. Baba Adhav to take her back for work at the Kendra. He was reluctant. But he took her back. I personally visited Kendra and
talked to her co-workers. I explained them about her mental condition and requested them to co-operate.

Vimal maintained the improvement with regular drugs she used to get from Sassoon Hospitals. In 1979, I came back to Sassoon Hospital on transfer to my original post. Vimal was regularly visiting me. She was well till 1984. But she discontinued the medicines and relapsed. This time she was treated in Sassoon Hospital with E.C.T. She was granted 2 months' leave for treatment. She again became alright and started working as before. During 2 months' treatment period she stayed with me. I maintained her. I retired in July 1985. During this time she had savings worth Rs. 40,000/-. The F.D. receipts were in my custody. Even after my retirement she continued to meet me. But I had no control over her.

As a result, she did not take regular medicines. The result was her re-admission to mental hospital. This time she lost her job. Then she came to me in 1995 with her son who was now 20 years' old. He came to know about her savings. He wanted that money. The F.D. receipts were with me. I tried to tell her not to give the receipts to him. But she wanted to. She probably thought that he would at least look after her. But he took away the money and totally deserted her. I did not get any news from her after that, neither did she come to me.
The case illustrates community based intervention for retention of mental health. With persistent follow-up the remission periods can be prolonged and patients’ abilities to save can be encouraged. Yet, the hope in one’s own family is so irrational generally that uprooted family values also do damage to the individual’s well being.
Year 1964
Case No. 36
Name Shri Gaikwad
Age 40 Years
Sex Male
Address At and post Bhivdi, Tal. Purandhar, Dist. Pune.
Problem Orthopaedic and Psychiatric
Referral The patient came to the M.S.W. on his own.

Social Work
The patient came to the M.S.W. on his own. He was in severe depression. He was in tears while talking to me. He came to the hospital for his backache. The orthopedic surgeon operated on him. After the operation, one of the nerves was damaged. As a result, he had foot drop. He was not able to walk without support. So he was under depression. He did not go back to his home in the village. He was discharged from the hospital. Since he was facing physical problem, it was difficult for him to go back to the village where he would not have been able to adjust. He was advised unilateral partial caliper, which he was not willing to accept. He had 4 sons. The eldest was helping him in family. The remaining 3 were schooling. About his foot drop, I had a talk with
Asst. Surgeon who admitted that it was a mistake of the surgeon. He showed his willingness to do the corrective surgery. But it was not possible to do it at Sassoon Hospital. The Asst. Surgeon was very enthusiastic. He wanted to try his skill in surgery. That was possible only at his private hospital. The patient could not afford private treatment. So I asked the Asst. Surgeon whether he would do it free of cost. He agreed and the patient was operated at his private hospital I supplied the medicines from SOFOSH funds as a special case with the knowledge and permission of SOFOSH managing committee. He was originally a Sassoon patient. After the operation his foot drop was restored to 90% and he started walking with stick. He went back to his village. After the operation he came out of depression. He continued to visit the hospital for follow-up and treatment. He regularly visited me for counseling. He had many problems in connection with his family.

His second son was staying at Pune for schooling. He was in 10th standard and was good in his studies. He suffered from accidental burns. He was admitted in Sassoon Hospital but unfortunately he expired. This was the greatest shock for the patient. He took a very long time to recover from the shock. Then his wife suffered from schizophrenia for which she was admitted in Sassoon Hospital. His eldest son suffered from epilepsy. So he was facing problems after problems. I helped him in all his problems. The wife’s illness was controlled with medicines. The two sons completed their higher education and both got jobs. One
son arranged his own marriage, which was intercaste. My client accepted the girl. But his wife who was already a mental patient did not accept her. Both of them were working and hence they were staying in Pune, away from the parents. The girl was very good at heart. Her behavior with the in-laws was nice. Unfortunately, my client’s wife suddenly expired due to heart attack. This was another shock to him. Though she was a mental patient she did care for my client. After her death he became lonely. He was growing old. His old illness of spine again cropped up. But he was well looked after and cared for by his daughter-in-law. I still have contact with him.

The case illustrates the importance of monitoring in social work with families.
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<thead>
<tr>
<th>Case No.</th>
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<tbody>
<tr>
<td>Name</td>
<td>Dinkar Padukon</td>
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<tr>
<td>Age</td>
<td>30-35 Years Approx.</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
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<tr>
<td>Address</td>
<td>Central Mental Hospital, Yeravada, Pune.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Epileptic Psychosis</td>
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| Referral | This case was referred by Dinkar’s cousin sister who was working in Sassoon Hospitals.

**Case History**

Dinkar was admitted in Mental Hospital as he was unmanageable at home. He had old parents, 3 brothers and 1 sister. The sister was married and the brothers were staying separately with their families. The old parents could not manage Dinu at home as he used to become violent. Hence they were afraid of him. Much against their wish, they had to take this painful decision to keep him in the Mental Hospital. He was in the hospital for more than 12 years. The old parents did not visit him in the Mental Hospital because of the pathetic atmosphere of the hospital. However his cousin sister visited him regularly every Sunday with home food. I also visited him with her 2-3 times in the hospital and thought about his rehabilitation.

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Work Done

Dinu's cousin sister insisted me to take up Dinu's case for counseling and further planning towards his rehabilitation. Since I was in Sassoon Hospital, it was not possible for me to meet Dinu very often. But I requested the Superintendent of Mental Hospital to send him to Sassoon Hospital once a week. He responded to my request positively as it was not difficult for him to send Dinu. Everyday the patients from Mental Hospital were sent to Sassoon Hospital for their ailments besides mental illness. This is how I used to meet Dinu every week for 2 hours in my office. Our regular meetings helped him to improve in his mental illness. His epileptic fits were controlled with drugs. He gradually realized that he should be out of the Mental Hospital. He was very intelligent and was very fond of reading. He had read lot of books of various types and various subjects. While talking to me, he was interested in discussing about what he read. I observed that there was improvement in his mental state. Mr. Golam who was the Psychiatric Social Worker in Mental Hospital took special interest in Dinu's case. Both of us together started thinking towards his rehabilitation. Dinu did not want to go home. He was interested in taking up a job of teacher in a residential school. Mr. Golam tried for his job and he was successful in securing a teacher's job for him at Panchgani Residential School for boys. Ultimately he came out of that pathetic world after 12 years and went to Panchgani where he stayed in beautiful environment. Mr.
Golam was in touch with him. It took some time to get adjusted in the outside world. But his colleagues were quite friendly with him and Mr. Golam had already told them about his illness.

There he met one elderly lady who was widow and had 3 daughters. She was Christian by religion. She looked after Dinu very affectionately. They loved each other and decided to get married. He came to Pune and told about his intention to his sister and myself. Both of us were happy and gave him a green signal to go ahead with his marriage plan. They got married and she really looked after him till his death. He died of heart attack. She informed about his death to his sister. His body and brought to Pune and was cremated as per Hindu religion. This was her wish. He lived happily for about 15 years after he came out of Mental Hospital.

Analysis

The case of Padukon illustrates the use of the principle of resource utilisation. Social resources are dichotomized as internal and external resources. The internal resource has facilitated problem resolution in this case. Cases of epileptic Psychosis often leave some residual damage in the patient. Padukon used to get uncontrollably violent before being committed to the Mental Hospital. The medication controlled the bouts of violence. After this recovery, his primary quality of fondness of
reading was retained. He began to appreciate that he must no longer stay in this Institution. Very often the patients get dependent on institutions and find indoor life convenient, protective and non-challenging. Lethargy and lack of responsibility towards self dominate their behaviour and thought. In this case the client himself asserted that he must not stay in this environment. Drawing on his fondness of reading books, he made his own decision that he would like to teach in a residential educational institution. He understood that he will not be able to survive in an open society. This is realistic client self-determination. Now began the work of the Psychiatric Social Worker, Mr. Golam. He found a schoolteacher’s job at a residential school in Panchgani. He took great pains to enlighten the prospective employer that Padukon is a recovered mental patient hence the Institution too must not expect too much out of him by way of job performance. His reading habits made a good teacher out of him. In the process he met a Christian widow, a couple of years older than him. This choice of mate also illustrates his need for security. An older wife assured him of emotional security with a life partner. The wife was brought up with Christian ideals of kindness and goodwill to all human beings. She was particularly kind to him and the marriage lasted until his death, fulfilling the Christian marriage oath ‘Until death shall we not part’. However after he died, she desired that his last rituals must be according to Hindu rites hence his cousin cremated him in Pune. The social worker made a combination of utilising
the internal resource of Padukon’s liking for books and his desire to teach in a residential school. With this he built the external resource of the Principal (employer) of the school. The expectations of the employer were kept limited by generating the awareness of the past ailment of Padukon and at the same time the employer also appreciated that Padukon was all alone in life and hence would stay in the current job that did not pressurize him with a heavy burden of work. The fortunate element is that the residual damage to the mental state was very little. Persistent follow up by the Psychiatric Social Worker facilitated a good management of the situation.
Case History

Sunanda was in Mental Hospital for more than 20 years. During these long years, she was never taken home on parole either by her husband or by her parents. She was one of the members of the group of about 60 chronic mental patients who were in the Mental Hospital for more than 20 years.

Initially Sunanda did not mix up with this group. But she was a silent observer of this group's various activities conducted by the social worker. Sunanda was the wife of a well-known famous Marathi Writer.

I was very closely observing these chronic patients. I was looking at them from their rehabilitation point of view. In all these patients, I saw some good points which encouraged me to work with them towards changing their behaviour. Most of these patients were totally rejected by their relatives thus made them live in the Mental Hospital compulsorily. They were very keen to go home.
Sunanda's case was difficult. She never talked about her parents or husband. She had two daughters. They were very small when she was admitted to Mental Hospital. She never enquired about them even once. Gradually she started coming close to me. She started mixing with the group and started taking part in the activities. Then I also went deep into her case. With great difficulty, I found out the address from the records. Her case paper was almost torn. The next of kin's name from the record was Mr. R. J. Deshmukh who was the Publisher of Ranjit's (Sunanda's husband) novels and other literature. I contacted him and asked about Sunanda. He was surprised as till then nobody made any enquiries about her. All her relatives had taken it for granted that Sunanda was going to stay in Mental Hospital permanently. She was gradually responding to my efforts. There was definite improvement in her. She used to wander in the campus before she met me. But now her wandering was stopped and she started sitting in the group. She was coming from a rich family both from parents' side and from husband's side. But here in Mental Hospital, she was looking like a beggar. She was very good looking. When I informed about her improvement to Shri. Deshmukh, he felt very guilty. I requested him to arrange for food from outside and also home clothes. He was very co-operative. He immediately responded to my request. The arrangements were made to give her food daily from outside. The clothes also were given. With this outer change, Sunanda also changed. Now she remembered home. Shri. Deshmukh told me that
Ranjit divorced her and married to Madhavi. I wrote letters to Ranjit and also her parents requesting them to visit her. Nobody from her parents' side visited her. But Madhavi and Ranjit visited her separately. With my group work activities and individual counseling, majority of these chronic patients showed remarkable improvement in their mental condition.

Sunanda’s both the daughters were married and both of them were in Kolhapur. Sunanda’s parents also stayed in Kolhapur. She was longing to see her parents. So one day I took Superintendent’s permission to take her to Kolhapur on parole for 2 days. Madhavi had made arrangements for our accommodation in a hotel. One Ayah accompanied me to Kolhapur with Sunanda. We reached there early morning. Madhavi came to the station to receive us. After reaching the hotel, I contacted her brother and sister. The sister and the brother’s wife me us in the hotel and then they took us to their home. Unfortunately Sunanda’s parents were not in Kolhapur. They had gone to Nagpur. The sister-in-law treated us very well. The brother also was out of station. Her both the daughters met her. She was very happy to see them. No she did not want to go back to Mental Hospital. It was but natural. She saw the home and the relatives after 20 years. But we had to leave the same day as she had to go back to Mental Hospital. I promised her to bring back when the parents would arrive at Kolhapur.

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She cried a lot at the time of departure from Kolhapur. All her relatives also were in tears. We came back. But now Sunanda did not want to stay in Mental Hospital. She was longing to go home. Her parents came back from Nagpur. They came to know about Sunanda’s visit to Kolhapur. Her father wrote a letter to me saying that they would take Sunanda home at the time of marriage ceremony of their youngest son. Accordingly after two months, her elder brother came to take her home. I accompanied her to Kolhapur and stayed with her for two days. She was received by all the relatives with great affection. She was given a very warm welcome. After her discharge from Mental Hospital, I visited her twice—once at Kolhapur and once at Kupe. I found her quite manageable at home. The relatives also did not have any complaint about her. She never came back to Mental Hospital. I kept the follow-up for nearly 7-8 years through letters. Her parents expired. Recently I met her daughter who was looking after her.