
UNIT 4 EXISTING TRENDS IN COUNSELLING SERVICES IN INDIA

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4.0 OBJECTIVES

This unit introduces you to the various professionals who cater to the emotional (mental) health needs of the public. Descriptions are given of the qualifications and areas of expertise of each of these professionals. Information is provided about places at which these mental health workers (psychologists, psychiatrists and social workers) are trained, as well as places at which they work. The scope for lay counsellors is also discussed. This unit has a special emphasis on the situation in India.

After studying this unit you should be able to:

- describe who the mental health professional are;
- explain the training facilities for such professionals, and be familiar with the places where they work; and
- explain the scope for trained social workers and lay counsellors in the field of HIV/AIDS in India.

4.1 INTRODUCTION

As of today, India has the largest number of HIV infected persons in the world. All of them require social and emotional support. There are several target groups who require this much-needed support in a special way. Since HIV has spread to the general populace, including people living in rural areas, the need for and scope of counselling services has increased. Some of these target groups are: the youth, people at work places like hospitals and nursing homes, sex workers, prison inmates, homosexuals, lesbians, blood donors, drug addicts and others involved in risk behaviour. Today these services are limited in India as we have very few professionally trained psychiatrists, psychoanalysts, psychologists, social

workers, nursing personnel, lay counsellors, traditional faith healers, elders, teachers, and other volunteers for this enormous task.

With the advent of HIV, there is an urgent need to provide in-service training for the existing professionals as well as concentrating on induction of fresh trainers. This unit tries to look at the availability of mental health professionals in the country, including trained social workers who could provide the much needed social and emotional support to HIV infected persons.

4.2 WHO ARE THE MENTAL HEALTH PROFESSIONALS?

There are many professionals who, in various ways and to various extents, treat or assist individuals with emotional and other problems related to mental health. These professionals are:

- Psychiatrists
- Psychologists
- Psychoanalysts
- Social workers
- Nursing personnel
- Lay counsellors
- Traditional faith healers
- Elders, teachers, and other volunteers.

Each of these categories has its own sphere of competence, and its own role to play. A brief discussion on each of them is provided below.

Psychiatrists: A psychiatrist is a mental health professional who holds an allopathic medical degree. The basic qualification is an MBBS, and is followed by post graduation in psychiatry (also known as psychological medicine in some universities). The postgraduate degree may be a diploma (DPM), a master's degree (MD) or an equivalent of a master's degree (MNAMS or DNB).

The psychiatrist is the most important of all the mental health professionals, and is ideally the first person to be consulted by anyone with problems related to mental health. This is because of the following reasons:

- i) Many mental illnesses are fundamentally medical illnesses because they are biological in origin, that is, they arise out of disturbances in the functioning of the brain. For example, schizophrenia and endogenous depression are disorders, which are associated with chemical, electrophysiological, neuro-hormonal and even structural brain abnormalities. Therefore, only a person with a valid medical degree is qualified to diagnose and treat such disorders.
- ii) Many mental illnesses may be complications of primary medical illnesses. For example, depression may arise from the hormonal changes that

characterize hypothyroidism; or schizophrenia-like symptoms may develop consequent upon a brain tumour. Therefore, only a person with a valid medical degree is qualified to evaluate and manage such disorders.

- iii) Many mental illnesses require medical treatments, such as drug therapy or electroconvulsive therapy, as the primary line of management. Even disorders for which counselling is appropriate may benefit from the use of psychotropic drugs. Therefore, only a person with a valid medical degree is qualified to determine the treatment of such disorders.

Once a psychiatrist has seen a patient and has defined the future plan of management, other mental health professionals can validly be involved in the treatment team.

Psychologist: A psychologist is a professional who studies behaviour. There are many kinds of psychologists. These include industrial psychologists, social psychologists, developmental psychologists etc. For the field of mental health, the individual of importance is the clinical psychologist.

Psychologists complete their bachelor's and master's degree in arts with psychology as the main subject. During the master's course, a degree of specialization is undertaken. Proper training in mental health discipline, however, is provided during a Master of Philosophy course (M. Phil). The person who so qualifies is known as a clinical psychologist. A subsequent doctorate is an additional, optional qualification.

Clinical psychologists are uniquely trained to conduct psychological tests, and to treat through psychotherapy. Psychological tests may be useful in certain kinds of disorders, to determine the nature, extent and severity of the dysfunction. Psychotherapy is an interpersonal process, which seeks to heal through psychological means, within the framework of a defined psychological theory.

Psychiatrists and psychologists often work in teams, complementing each other's skills and areas of competence.

Psychoanalysts: A century ago, and up to the 1950's or so, psychoanalysis was a much respected field. Today, there are very few psychoanalysts left, and the profession has a negligible role to play in the care of the mentally ill.

One tenet of psychoanalysis is that all behaviour develops from past experiences, which lie in the conscious, subconscious or unconscious mind. Psychoanalysis is an entirely theoretical field and cannot be subjected to experimental validation. Nobody can become an analyst unless he or she undergoes analysis himself or herself. Analysis takes years, and only some individuals are capable of doing analysis. The process is time-consuming, expensive, and comes with no guarantee of benefits. Obviously, it cannot help persons for whom medication is a primary requisite.

Psychiatric Social Workers: A psychiatric social worker is an individual who has completed a bachelor's degree in arts, a master's degree in social work, and a master of philosophy degree (M.Phil.), PhD in psychiatric social work. His primary area of competence lies in providing counselling, support, and rehabilitation services to mentally ill persons and their caregivers. We will discuss the role of professional social workers more elaborately later in this chapter.

Psychiatric Nurses: A psychiatric nurse is one who is specially trained in handling the nursing needs of mentally ill persons who are admitted to hospitals. Such an individual would have completed his or her bachelor's degree in nursing, and a master's degree in psychiatric nursing. Since very few centres in the country offer a postgraduate degree in psychiatric nursing, most of the professional psychiatric nurses are those who have only a bachelor's degree and practical experience in the care of the mentally ill.

Lay Counsellors: Lay counsellors are fast becoming the backbone of mental health services in the country. As will be indicated in a later section, the primary trained professionals in the country, comprising psychiatrists and psychologists, are too few in number to effectively handle the mental health needs of the population. So, lay counsellors may be the first, and often the only personnel available and accessible to persons in distress.

Lay counsellors are usually trained in non-governmental organisations by motivated mental health professionals. A few professional organisations also offer training programmes. These programmes are mostly certificate courses in counselling, lasting from a couple of weeks to months. The training provided is very basic, and covers the rudiments of recognition of psychiatric disorders and their management through counselling.

Christian organisations provide counselling services of a somewhat different nature. Individuals in religious orders are exposed to courses in counselling to varying extents, depending on the nature and purpose of the course. These individuals devote their lives to the service of the underprivileged and those in distress. During the course of their services, they provide material and emotional assistance. Although there may be moral overtones in their counselling, their secularity, high motivation and deep commitment are beyond doubt.

In rural areas, most villages boast of traditional healers from indigenous religious groups. These may heal through herbal and other means, but also often provide counselling. A limitation of such individuals is that many are guided by erroneous ideas governing mental health, ideas that are steeped in superstition. As a result, many rely on black magic, exorcism and processes that may physically and mentally cause actual harm to the patients. Even today, one comes across reports of mentally ill patients being branded with fire, beaten or otherwise abused for the crime of harbouring evil spirits, or for being practitioners of black magic.

Attempts are being made by mental health professionals who work in community settings to educate such traditional faith healers to provide a more rational care, and to recognize and refer patients with severe forms of mental illness to more professional personnel.

Elders, Teachers, and Others Volunteers: Studies have shown that motivated teachers and college professors are equally effective in counselling their wards as trained psychologists and psychotherapists. This indicates that non-specific factors operate during counselling. The most important criteria required in this case are commonsense, experience, and concern.

To this extent, elders in the family or in the village, teachers, neighbours and other well-wishers can often offer good counselling provided that they do not have vested interests that bias their guidance. In India, such sources of guidance are often much respected.

The Situation in India

The number of psychiatrists in the entire country are very limited. Most of these psychiatrists are concentrated in cities, particularly Bangalore, Mumbai, Delhi, Chennai and Kolkata. Kerala is the only state in which there are psychiatrists in every district. The Kerala Government has appointed professionally trained social workers in district hospitals for counselling HIV/AIDS/STI patients.

The implication of this situation is that the bulk of persons with mental health problems are seen by medical professionals who are not psychiatrists, and who are consequently ill-equipped to diagnose and treat the problems in the best possible manner. Worse still, patients with mental health problems are seen by non-medical mental health professionals, who may fail to recognise a primary medical disorder, and who may attempt to treat such a disorder by counselling. Either way, the patient suffers.

There is, therefore, a pressing need for the availability of primary resource personnel who can identify persons with mental health problems, offer basic services to resolve immediate crises, refer the patients to appropriate medical professionals, and later undertake counselling if it is indicated. To this extent, the availability of psychologists, psychiatric social workers, psychiatric nurses, lay counsellors, and other professionals is invaluable.

A point may also be made that if the service of a medical professional, particularly a psychiatrist, is unavailable, then, whatever other help is available is better than nothing. This means that a lay counsellor has an important role to play even in those psychiatric disorders, which are medical in origin, especially if no psychiatrist is available. This is a sorry state of affairs; but that is a fact of life in a developing country such as India.

Happily, the bulk of mental health problems is situational rather than biological in origin, and relate to difficulties in adjustment. Thus, lay counsellors can primarily manage marital discord, adolescent turmoil, and many forms of anxiety and depression. There is therefore a great need for lay counselling services that are voluntary or professional in nature, and for training programmes that produce such counsellors.

Check Your Progress I

Note: Use space given below for your answer.

1) Who is a psychiatrist?

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2) Who is a psychologist?

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3) Why are lay counsellors much needed in India?

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4.3 TRAINING FACILITIES

Postgraduate degrees in psychiatry are offered by most medical universities in the country. A diploma course is of 2 years duration, while a master's degree course lasts 3 years. A central board offers the DNB degree for persons who work in psychiatric facilities in recognized hospitals, but who have not received admission to a university course. Several universities offer bachelor's and master's degrees in psychology. Certain universities offer the further facility of a master of philosophy degree (M.Phil.) in clinical psychology, and a doctorate (Ph.D) in the discipline.

The National Institute of Mental Health and Neurosciences at Bangalore has one of the most extensive training programmes in the country. It offers diploma and master's courses in psychiatry, master of philosophy courses (M.Phil) in clinical psychology and in psychiatric social work, Master of Science courses in psychiatric nursing, and certificate courses of diverse natures.

Another institute is Central Institute of Psychiatry (CIP) Ranchi offering wide range of courses in the field of Psychiatry.

Training programmes in lay counselling are available from various non-governmental organisations all over the country. Almost all such organisations are located at and function from urban settings.

The importance of formal training:

Formal training in mental health and in counselling is necessary for several reasons:

- i) Without a sound understanding of the causes, symptoms and treatment regimens of diverse mental illness, it is difficult to offer competent counselling services.
- ii) Without a sound understanding of the processes involved in counselling, it is difficult to competently counsel a client.
- iii) Without proper supervision of the course of counselling during their initial cases, trainee counsellors are almost certain to run into difficulties due to inexperience.

It is to be noted that by completing this course on “Communication and Counselling in HIV” one does not become a qualified psychiatrist, psychologist, social worker, or for that matter, a professional counsellor.

4.4 PLACES OF WORK

Mental health professionals work in the following locations:

- Government-run psychiatric hospitals or asylums
- Private psychiatric hospitals and nursing homes
- Departments of psychiatry in general hospitals
- Child guidance clinics
- Alcohol and de-addiction clinics
- Marital and family therapy clinics
- Mental retardation clinics
- Rehabilitation centres
- Day care centres
- Vocational training centres
- Half-way homes
- Long-stay centres for patients with chronic illnesses

Mental health professionals may also practice privately in clinics, or work in schools, colleges, factories, and other organisations. Lay counsellors often work as assistants in most of these locales.

4.5 SCOPE FOR LAY COUNSELLORS

The case load of psychiatrists is usually so heavy that few or none have the time to counsel patients. This is unfortunate because persons with mental health disturbances and their families as well are almost always in grievous need of counselling. Thus, lay counsellors can fill a void.

Lay counsellors are invaluable in the management of the following situations:

- i) *Depression*: To help the individuals adjust to the stresses in their lives, to build up their confidence and self-esteem, to remove faulty ways of thinking

that predispose to depression, to help them find their own niches in society, to develop avenues for social support, to help them develop a life plan that gives them reasons to live, etc.

- ii) *Anxiety*: Besides coping with depression, they can also help the patients to identify ways and means of relaxation.
- iii) *Alcoholism*: To help the alcoholics recognize that they have drinking problems, to motivate them to seek psychiatric help, to help them to persist with the psychiatrist's management programme, to help them resolve the problems that drove them to drink, to help them to deal with the problems that resulted from their drinking, to help them to reintegrate themselves into their families and society, etc.
- iv) *Drug Addiction*: Besides helping one to cope with alcoholism, they can also to help the patient withstand peer pressure and other pressures that compromise adjustment. Drug addiction is commonly a problem of youth, while alcoholism is a problem of middle-aged persons.
- v) *Rehabilitation*: Patients with a variety of psychiatric disorders require to be reintegrated into their family and into society. Towards this goal, before they are returned to their family, they may require social skills training, training in self-help skills, vocational training, and day care or managed care in a halfway home. While mental health professionals are needed to oversee these services, lay counsellors can usefully assist in such situations.
- vi) *Other situations*: Likewise, lay counsellors can assist in the management of problems of childhood and adolescence, in dealing with marital discord, and even with providing crisis support and round the clock help lines to persons who are suicidal. Many cities have such facilities run entirely by highly motivated lay counsellors.

Check Your Progress II

Note: Use space given below for your answer.

- 1) Briefly explain any one situation in which lay counsellors can provide their services.

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4.6 SCOPE OF SOCIAL WORK COUNSELLORS

Role of a Medical Social Worker

The role of a medical social worker in a medical team is as important as that of a physician. While the medical practitioner's role is limited to treatment of a patient, the social worker deals with the social, physical and psychological aspects of the patient who is under treatment. In fact, it is primary task of the social worker to supervise the arrangements for the treatment of the patient. To the patient and his family, the social worker is a friend, philosopher and guide.

Social workers in health care are called upon to address a myriad issues that challenge one's mastery of the fundamental elements of professional practice. As clinicians, social workers walk right into the heart of the pain as a primary focus, unlike any other on the health care team. Social workers are challenged to work in a setting where their presence is admittedly needed, often beyond what their colleagues can understand and accept. Social workers have to advocate on many fronts and with many outside agencies for entitlements and resources for their patients: with community groups for education and with the health care institution itself for sensitivity to the psycho-social perspective of the patient.

The role of social workers in the health care system in India has become all the more important with the unabated spread of the killer disease AIDS and the unchecked involvement of young people in substance abuse. This is one area, which is very much neglected by the policy makers while formulating the health care policies in our country.

It is high time for the medical experts, academicians, policy makers, social and medical researchers and the NGOs to realize that providing help to HIV/AIDS patients is not a one-man-business but a team effort that should include physicians, nurses, para-medicals and social workers. Having about 1000 million people in the country does not mean that some of them can be used as 'guinea-pigs' in the medical laboratory.

Social work in a medical set up is based on the assumption of the individual's dignity. A patient in need of treatment is faced with several problems, which may have direct or indirect impact upon the illness. These problems may be broadly categorized under physical, psychological, economic, social and environmental aspects of the patient.

Social and Physical Discomfort

The fact that a patient seeks medical care confirms the reality that he is facing some sort of physical discomfort. Any physical discomfort has its own impact on the mind of the individual who could become emotionally and psychologically disturbed as a result. These mental disturbances can be more intense depending upon the economic, social and environmental aspects of the patient. In our country, where a substantial percentage of people live below the poverty line, the economic hardships faced by patients are enormous. More often than not, most of our people have to travel many miles before they can find a reasonably satisfying nursing home or a hospital. The topdown approach of the policy makers has made it more unaffordable for the majority of our population to get proper medical

care in a lopsided system where over 80 per cent of medical facilities are available only in urban areas, catering to the needs of only about 25 per cent of our people. That leaves just 20 per cent of the available medical facilities at the service of the rural masses who form over 75 per cent of the population. Apart from this, one has to also consider the socio-economic condition of most of our people who do not have access to proper food, shelter and clothing.

Assistance to the Physician

An individual living in poverty, with disrupted social relations and a poor social environment, is doubly vulnerable to many types of diseases. The social worker is the right person who is professionally trained to understand all these aspects of a patient who needs care and treatment. In the process of treatment, the social worker studies the individual in relation to his family, social living conditions and financial situation. This is an important component of the treatment process. The social worker conveys these relevant bits of information to the medical practitioner who takes into consideration all these aspects while treating the patient.

Coordinating Medical Team

The social worker helps in coordinating the work of the entire medical team. He prepares the patient to accept the treatment prescribed by the physician. In certain instances, particularly in cases of patients with STI/HIV/AIDS, the social worker explains to the client the need for undergoing laboratory tests. The very decision to go for an AIDS test requires counselling by a social worker. In several cases, the social worker may have to receive the result of the test and convey it to the client. Given the present situation, when no cure is available for AIDS patients, a positive test result is a death sentence. The client, his family and relatives need to be psychologically prepared for receiving the test results. It is, in fact, a stupendous task for a social worker in India to handle AIDS cases because of the taboos attached to some of the routes of transmission, such as indulging in promiscuous sex and drug use. Although HIV can be transmitted through other means, like blood transfusions or the use of a contaminated needle used for injecting an AIDS patient, the kind of mass awareness programmes resorted to in our country have generally failed to provide accurate and complete information to the public. The result is that most people believe that AIDS is spread only through sex.

The existing social structure in our country offers hardly any other option than one's own family for the care and rehabilitation of an AIDS patient. However, most of the HIV/AIDS carriers report that disclosing their HIV status brings about only scorn and contempt from every quarter. In such a situation, it is only a social worker from the health care team or an NGO who can come to the rescue of the HIV/AIDS patients.

The HIV infected individuals need care and emotional support. A social worker, with his or her professional background, is able to organize HIV/AIDS support groups. Through the method of social group work, the social worker can enable the HIV clients to share anxieties, find emotional support, and engage in meaningful creative, educational and recreational activities.

Social Work Methods

Social work activities are classified into six methods: (a) Social casework, (b) Social group work, (c) Community organisation, (d) Social action, (e) Social work research, and (f) Social welfare administration.

The first two categories, social casework and social group work are used largely in providing assistance to meet the needs of the HIV/AIDS patients. These two methods consist of programmes, which have direct contact with the individuals faced with these problems. However, the other methods such as community organisation, social action, social work research and social welfare administration are used to establish, maintain and operate social agencies which provide social casework and group work services.

Let us look at the definitions of these methods and briefly discuss how practical they are in the process of preventing and controlling the spread of HIV/AIDS in our country, and how best these methods can be used for helping individuals, groups and communities faced with the problem of HIV/AIDS.

a) Case Work

Social case work may be defined as “the art of doing different things for and with different people by cooperating with them to achieve at one and the same time their own and society’s betterment” (Richmond). According to Gordon Hamilton, “The objective of casework is to administer practical services and offer counselling in such a way as to arouse and conserve the psychological energies of the client – activity to involve him in the use of the services toward the solution of his dilemma.” In the words of Friedlander, “Social casework is a method which helps by counselling the individual client to effect better social relationships and social adjustment that makes it possible for him to lead a satisfying and useful life.”

A professionally trained social worker is able to go deep into the pain of an HIV infected client and enable him to face up to the problem by using the method of social casework counselling. This method of social work still remains in its infancy as far as India is concerned. The number of clients requiring social casework counselling is far too many and the number of problems is exceedingly big. However, we have a very limited number of trained social workers in the country, and most of them are employed in non-medical sectors. In fact, every hospital with indoor patients should have trained social workers. To be effective, there should be a social worker for every ten-hospital bed. But the actual situation in the country is far from this requirement. Even in the most prestigious medical institutes in the country, one cannot find social workers in the various departments in adequate numbers. One of the major reasons for this is the fact that the curricula of medical colleges do not contain adequate input from behavioural sciences. This is adversely affecting the medical service system in the country where a good number of medical practitioners fail to show human concern, a caring attitude and an understanding approach in rendering their service to the patients.

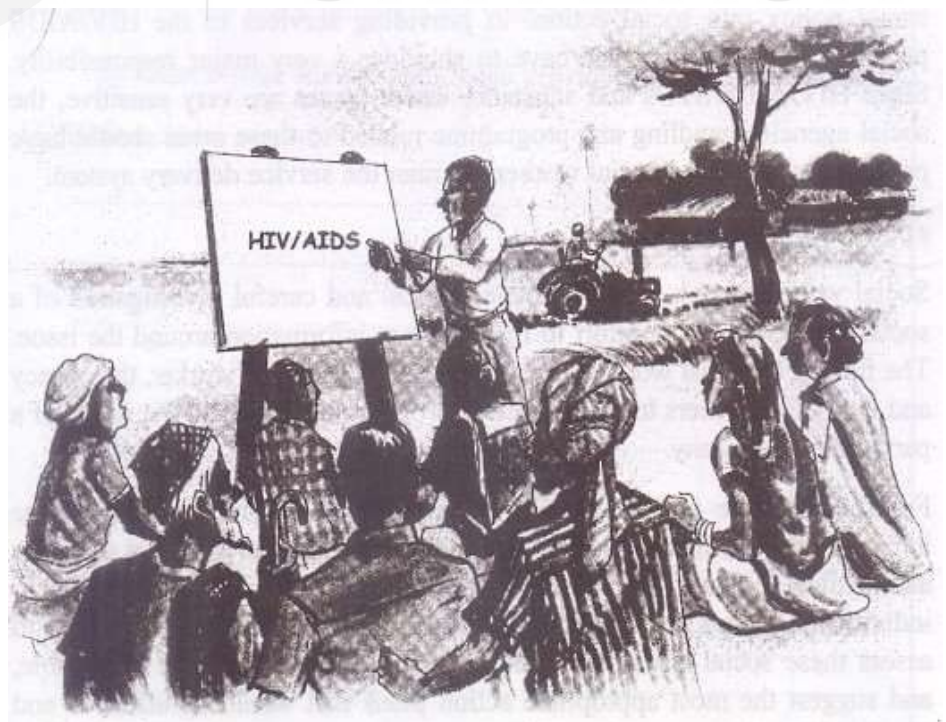
b) Group Work

Trekkers defines group work as “a method through which individuals in groups in social agency settings are helped by a worker who guides their interaction in programme activities in accordance with their needs and capacities to the end of individual, group and community development.” Group work is an activity, “which helps people to participate in the activities of a group for their intellectual, emotional and physical growth, and for the attainment of desirable goals of the group” (Friedlander, 1982). Human beings do not live alone. They need a reciprocal give-and-take relationship. This is very much required especially in times of need. In the present context, HIV infected individuals are much in need of group help. The HIV support groups in Europe, USA and African countries are doing wonderful work in sharing the anxieties of one another. In India, there are very few HIV support groups.

In an HIV support group, group work focuses on the HIV infected individual in the group. The group itself is a platform where the HIV/AIDS clients are able to express themselves freely and share their problems to help one another. The social worker, who is instrumental in organising the HIV support group, guides the group work process. HIV support groups function in the setting of a social agency, a hospital setting or in any other institutional or informal group setting. Mutual acceptance is the basis of social group work. It is easier to help an HIV infected person to change his attitude for the rest of his life in a group setting than to change it through social casework counselling. Social casework prepares an HIV infected client to join the HIV support group for meaningful living with HIV in the given situation.

c) Community Organisation

Childred Barry says, “Community organisation in social work is the process of creating and maintaining a progressively more effective adjustment between community resources and community welfare needs. The



adjustment is achieved through the help of the professional social worker and through the participation of individuals and groups in the community. It involves the articulation of solutions and the foundation and conduct of a plan of action". According to Friedlander, "Community Organisation is the process of planning and developing social services in order to meet the health and welfare needs of a community or larger unit." In order to organise a community for any meaningful development effort, the first step should be the psychological preparation of the community.

When we talk in terms of community organisation for HIV/AIDS and de-addiction services, an essential component of the process should be to create awareness among the people in the community about the impending disaster that AIDS can bring upon their community. There is already a massive programme of awareness campaign going on in the country. But, at the same time, there is also a widespread feeling among people that HIV/AIDS is not a disease that can affect them. The social worker, who is experienced in dealing with the individuals and groups through the casework and group work process, can very well bring together the people of a particular community for necessary action to prevent and control the spread of AIDS. The very programme of awareness campaign can be meaningfully executed by a social worker who knows the language and pulse of the people in a given community.

The community organiser guides the formation of action groups in the community using the discontent generated among the people in the community. The social worker is well aware of the religious beliefs, social taboos, cultural ethos, negative family attitudes and lack of appropriate communication tools within the community which are the principal obstacles in rural settings to educating the people about AIDS. In order to overcome these obstacles, AIDS education programmes must be specifically targeted on a community-by-community basis. Recruiting "community leaders" from among local residents is an important strategy in this respect, and can result in the development of unique and innovative programmes. Social workers are the best persons to successfully implement result-oriented awareness campaigns in a given community.

d) Social Work Administration

Social welfare administration is the process of planning, organising, and directing the activities of a social welfare agency. It is the process by which we apply professional competence to achieve desired goals, and transform social policy into social action. In providing services to the HIV/AIDS patients, the social agencies have to shoulder a very major responsibility. Since HIV/AIDS/STIs and substance abuse issues are very sensitive, the social agencies handling any programme related to these areas should have professionally trained social workers to man the service delivery system.

e) Social Work Research

Social work research is a systematic, critical and careful investigation of a social problem with an effort to find relevant information around the issue. The finding of social work research will enable the social worker, the agency and the policy makers to plan effective programmes based on the needs of

a particular community.

For the effective implementation of any HIV/AIDS related programme initiative, the role of social work research is as important as any other scientific and medical research. The issue surrounding HIV/AIDS are very sensitive to individuals, groups and communities. A social worker is the ideal person to assess these social issues, the type of people most affected or vulnerable, and suggest the most appropriate action plans that would be effective and acceptable to the community.

f) Social Action

Social action is an organised effort to solve mass social problems. It always involves public pressure in one form or the other. It is a legally permitted activity to mobilize public opinion and public pressure to bring about socially acceptable change or modification in the social and economic institutions, which do not function adequately and effectively. According to Helen Witmer, “the term social action refers to organised and legally permitted activities designed to mobilize public opinion, legislation and public administration in favour of objectives believed to be socially desirable.”

Since HIV infection is transmitted mostly through behaviour patterns that are intimate, the health authorities often find it difficult to make their services reach such high-risk behaviour groups. This gap can be bridged if there are effective working relations between Government and Non-Governmental Organisations (NGOs) through their Professionally Trained Social Workers (PTSWs).

With the unchecked and the steady growth of HIV-infection among people from every walk of life, counselling and guidance regarding HIV have become essential aspects of dealing with the problems associated with HIV/AIDS. Unlike in the West, there is a taboo attached to the very idea of seeking counselling and guidance among most people in our country. This is again due to misinformation and a lack of proper knowledge. The very idea of consulting a psychologist or psychiatrist are automatically linked in many people’s minds with problems related to insanity or mental deficiencies.

They say it is better late than never. Perhaps, we need to initiate a new beginning in addressing issues pertaining to HIV/AIDS in our country, with the involvement of professionally trained social workers in a big way.

Check Your Progress III

Note: Use space given below for your answer.

- 1) Define social case work.

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4.7 LET US SUM UP

There are several different categories of professionals who work with persons with mental illness. Among them, the psychiatrist is the most important professional because he has a medical degree, and can diagnose and treat disorders which have a medical basis. The psychologist is next in importance as most disorders require counselling in varying degrees. Other professionals, too, contribute in varying degrees. The professional social workers can render the best of services especially by providing social and emotional support to clients afflicted with HIV/AIDS and their communities.

The professionals in this field are trained in universities, hospitals and non-governmental organisations and work in clinics, nursing homes, hospitals, welfare institutions, educational and professional institutions, and other private and governmental setups.

Lay counsellors are much need in India because mental health professionals are too few in number to cater to the needs of the population. Lay counsellors work as the first line of defence for crisis management and referral, assist mental health professionals in various settings, and function independently in the context of disorders that call for counselling or rehabilitation as the primary response.

4.8 SUGGESTED READINGS

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