GENERAL HOSPITAL PSYCHIATRY: ROLE IN CLINICAL PSYCHOLOGY

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Clinical psychology has a relatively short history even in the advanced countries of the West. It was in the year 1896 that Lightner Witmer, the founder of clinical psychology, established the first clinic at the University of Pennsylvania, Philadelphia, USA (Messiak and Sexton, 1966) and reported his first case—that of the child with spelling errors.

In India, it has even a shorter history. At present, in the country, there are only three training centres viz.:

1. National Institute of Mental Health and Neurosciences, Bangalore.
2. Central Institute of Psychiatry, Ranchi;
3. B. M. Institute of Mental Health, Ahmedabad.

The above three P.G. training centres were started in 1956, 1962 and 1972 respectively. While the first two centres are still working, the third one is running into some difficulties. The degrees awarded from these centres are by the respective universities viz. Bangalore University, Ranchi University and Gujarat University. In addition, there are certain institutions and universities that award Ph.D.'s in clinical psychology. Interestingly, the first ever course in clinical psychology to start in India was in the year 1951, at the Department of Psychology, Banaras Hindu University. Unfortunately, this course existed only for a couple of years.

The "silent revolution" in psychiatry (Wig, 1978) i.e. the advent of general hospital psychiatry units in India—has also made a deep impact in our country in the field of clinical psychology. The areas where it is evident and the possible reasons for this are briefly touched upon in this paper. It has also opened a new vista of experiences and opportunities, not available earlier for the clinical psychologists in India.

CHANGING CLIENTELE

Traditionally, the clinical psychologists in India were being trained as well as employed in the mental hospital setting. Two of three training centres rather the first two to open, were in that setting only (viz. Bangalore and...
Ranchi). Of the 372 trained clinical psychologists from these three centres so far, as many as 358 (96 per cent) have been from these two (246 from Bangalore and 112 from Ranchi) (Prabhu, 1983).

Now, majority of them are employed in general hospitals (Sharma et al., 1974, 1975) in various capacities, in addition to the University departments of Psychology, Child Guidance Clinics, various institutes in the country (Verma and Pershad 1980a). The jobs in the general hospitals include both regular jobs including service, teaching and research, as well as pure research jobs in different departments like psychiatry, pediatrics, neurology, rehabilitation, preventive and social medicine, cardiac surgery, etc. (Verma, 1981, 1982).

It is well known that in the mental hospitals, majority of the patients about 70 per cent to 90 per cent are schizophrenics, whereas almost half of the clinic population in the general hospital psychiatric unit is not so (Khanna, 1971). The result is that the needs of clinical psychological services in the general hospitals are different. Orientation to the training has to be different as a result of this, as also the use of instruments, their frequency and therapeutic techniques to be used.

There is another aspect of the changing clientele also. In the mental hospitals, mostly patients come or are brought at an advanced stage of psychiatric illness, while general hospitals have relatively greater number of fresh cases not only fresh ones but even cases of doubtful psychiatric illness are frequently referred to. It is obvious that the tools required for such a fine discrimination, at an early stage of development of the illness, have to be very sensitive, reliable and valid for the clinic population in India, majority of which are illiterate or just literate, rural and unsophistica-

ted in the use of such tests and techniques. The need for this has been raised time and again by the workers from mainly general hospital settings and it has direct relationship with the work they have to do (Wig et al., 1974, 1983; Verma and Pershad, 1980; Verma, 1978). Not only the armchair/or on the spot translations of sophisticated tests developed in other cultures have to be modified greatly but the need for newer tests suitable for our culture with local norms have come to be recognized and accepted as a direct result of this movement. National institutes like Indian Council of Medical Research, Indian Council of Social Science Researches, National Council of Educational Research and Training, etc. have also recognised and emphasized its need through various task forces, surveys of researches, through establishments of national test commission, etc.

GREATER EXPOSURE TO OTHER SPECIALITIES

In the beginning the clinical psychologists trained and employed in mental hospital setting had little exposure to other medical and surgical specialties. Now, many of them are directly employed there as mentioned earlier. This has led to a greater enrichment of experience, as is reflected in the articles published and researches conducted and reported with clinical psychologists as co-authors and co-investigators. This has also brought many of them closer to general health services in the country. The areas of their functioning has widened considerably because of this expansion of work. These include—

(a) Teaching of clinical /child psychology/behaviour modification, etc. to medical/dental/psychiatric residents/psychiatric nurses/psychiatric social workers/police officers, etc.

(b) Counselling and guidance to
parents of mentally retarded and physically handicapped children.

c) Behaviour modification for neurotic problems.

d) Assessment of cognitive functions/personality assessment/differential diagnosis/medico-legal consultation, etc. directly referred to them.

e) Helping other professionals in planning, conducting and organizing mental health services in the community as well as in carrying out researches with them.

f) Prediction of psychological disturbances in patients undergoing surgical interventions.

Of course, many of these activities were being carried out earlier also by clinical psychologists working in mental hospitals, but the amount and frequency have increased considerably under the impact of general hospital psychiatry. Almost equal number of cases, for example were referred for psychologists' opinion from other out-patient departments of Nehru Hospital in 1982 (391 by Psychiatry department and 409 by other outpatient departments including ENT, Paediatrics, Neurology etc.) and approximately half in the inpatient unit (i.e. 104 from Psychiatry ward and 40 from other wards of the hospital).

BEHAVIOUR MODIFICATION TECHNIQUES

These are based on the learning theory principles, applied to modify maladaptive, learned responses of the subject. These have much wider application, mainly to neurotic behaviour and not limited to psychotic behaviour within the four walls of a mental hospital. The recent greater emphasis on these techniques have been, to some extent at least, related to the general hospital psychiatry. As discussed by Prabhu (1983) this is one of the important areas that has come into its own recently, ascribing the diagnostic-cum-therapeutic role to the clinical psychologist. Although the training for it is being provided mainly in the mental hospital setting (particularly at NIMHANS, Bangalore), its application is mainly outside and much wider. The number of publications in this area have appeared equally from the general hospital settings and the mental hospital settings, although a semi-independent Behaviour Modification Unit, to the best of the author’s knowledge exists only at NIMHANS, Bangalore.

INTERACTION BETWEEN GENERAL HOSPITALS AND MENTAL HOSPITALS

The above discussion does not mean that clinical psychology has been differently developed at the two settings. On the other hand trainees and clinical psychologists have frequently moved from mental hospitals to general hospitals as well as from general hospitals back to mental hospitals, depending upon the availability and opportunity for higher jobs anywhere. Also, a healthy feedback through the annual conferences, journals, meetings, it is possible to acquaint each other of the needs, demands and activities from the other side.

To sum up, a breath of fresh air has been introduced in the field of clinical psychology, through the development of general hospital psychiatric units. Clinical psychology, as defined by clinical section of American Psychological Association, is "a form of applied psychology, which aims to define the behaviour capacities and behaviour characteristics of an individual, through methods of measurement, analysis, and observation; and which on the basis of these findings with the data received from the physical examinations and social histories, gives suggestions and recommendations for the proper adjustment of the individual". This is as comprehensive a definition as is possible and covers most, if not all,
of the clinical functions of a clinical psychologist, viz.
(a) diagnosis and classification,
(b) analysis of aetiological background,
(c) changes produced by disorders,
(d) degree of modifiability determined, and
(e) modification of actual behaviour.

Obviously, there is nothing in the definition of clinical psychology as such, or in the defined roles and functions of clinical psychologists, that may confine their work within the four walls of a mental hospital. It was but natural that clinical psychologists would start work in the community in close collaboration with other departments in a general hospital, with university departments, various medical and other training and research institutes, counselling centres, etc.

General hospital psychiatry has and continues to help it realize its potential to the maximum possible.

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