

Clinical-Community Para-Professional Social Work: An Outline for Overcoming Mental Health Problem of Bangladesh

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Introduction

Bangladesh have experienced with professional social work education with more than half century. Within this long span of period Social work education have diversified and specialized social work interventions increased significantly. Social Work Education expanded in terms of student coverage through different colleges and universities and diversified specialized courses. No doubt, globally professional social work has achieved well recognition and accreditation not only in western world, In Asia and some African Countries (like Tanzania) day to day professional social workers successfully and meaningfully valued by the state and society due to their excellent professional competency and solving the most time-fitting solution according to the individuals/communities/social needs. On the rapid urbanization and global changing affect, different social problems occurred and Professional social workers have solved the problems through different approaches with a systematic integrated manner. Through this way, at the grassroots level, para-professional social workers have successfully continuing their tasks in many countries. Un-fortunately, Para-professional social work concept is absence in Bangladesh and no Para-professional social work Education system develops in the country. One of the major reason that, professional social work not yet recognized in Bangladesh so that para-professional social work not yet promoting by any educational institutions of the country. But, informally, a widen number of para-professional development workers have already working in Bangladesh, especially on NGO sector. They are enough capable to work to solve the socio-economic problems in rural context but due to absence of professional social work training, expected impacts is comparatively slower. If develop those worker as para-professional social worker, finally it contributes significant speedy improvement in all concern issues.

Mental disorders in Bangladesh are a serious but overlooked problem. Mental health disorders– such as depression, anxiety, addiction, schizophrenia and neurosis – have a serious impact on the health situation in Bangladesh. Behavioral disorders are common among socially disadvantaged children, such as those living in urban slums. Different evidences suggest that psychiatric disorders among children are also associated with malnutrition, low education of parents and a family history of mental illness. However, due to the strong social stigma attached to mental disorders in Bangladesh, prevalence in both children and adults is likely to be disguised or underestimated. At the same time, lack of knowledge, superstitious beliefs and social stigma prevent individuals with mental health conditions from seeking care. Beliefs that mental disorders are untreatable or the result of evil influences also play a role. Women are both more vulnerable to experiencing mental disorders and less able to access treatment due to their lower social status.

Different studies found that major shortage of qualified mental health practitioners in Bangladesh for both adults and children, and few referrals to specialists. Better data, awareness and more mental health practitioners are needed to address the unmet needs for mental health care.

To better understand the magnitude of the problem in Bangladesh, better access for patients to qualified mental health professionals and mass awareness raising campaigns to reduce misconceptions and stigma about mental health conditions. Clinical- Community Para-Professional Social Work Approach is one of the best option to overcome this situation considering the widen coverage of Bangladesh.

The Mental Health Scenario of Bangladesh:

World Health Organization (WHO) defines health as “Complete wellbeing of physical, mental and social health and not merely the absence of illness and diseases” and mental health refers to “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one’s thoughts, behaviors and interactions with others, but also social, economic and environmental factors such as living standards, working conditions, cultural practices, conflict, violence and torture, natural disaster, political instability, negative impact of media, or national, regional and global policies.

Depending on the local context, certain groups in society may be placed at a significantly higher risk of experiencing mental health problems, including households living in poverty, people with chronic health conditions, minority groups, victims of gender based violence, persons exposed to and/or displaced by conflict, disasters or other emergencies, elderly people, widow etc. Social Stigma and Mental Health in Bangladesh the level of awareness of and medical care sought for mental illness is very low. Besides there is significant social stigma attached to mental illness that has severe impact on the health seeking behavior of people suffering from psychosocial or mental illness. Social stigma, on the one hand, prevents them from seeking care and, on the other, makes them silently suffer from social isolation and discrimination. Consequently, morbidity from psychiatric illnesses remains high and a seldom understood and/or recognized public health problem in Bangladesh. About 60% of ever married women of reproductive age in Bangladesh reported having experienced sexual and/or physical violence that remains largely ignored by the government and the power elites. Moreover, very little is known about violence against unmarried female adolescents. There are many different forms of gender-based violence including: domestic, dowry-related acid attacks, rape, forced abortion, and trafficking for prostitution. Victims of all such forms of violence suffer from severe enduring psychological as well as psychosomatic illnesses. A growing national concern, drug and substance abuse by women and children has increased over the years. The trend of drug consumption is high among the youth and teenagers, between the age of 15 and 30 years. In recent years, drug and substance abuse is fast increasing among young/adolescent females. Needless to say, there are severe mental health consequences due to drug and substances abuse but the services available are very limited. There is few government, private sector or NGO-run facilities for drug and substance abuse victims. Moreover, these are primarily located in urban areas leaving rural people devoid of such services.

In Bangladesh the prevalence of mental disorders is 16.1% among adults and 18.4% among children (2003-2005 WHO national survey report). According to police report 10,000 people commit suicide every year in our country- The Daily Shomokal 10 September 2014. Though suicide is a severe manifestation of mental health problems but according to the existing law in Bangladesh suicide is considered as a punishable offence. People with mental illness are stigmatized. There are only 800 psychiatric beds for 160 million people. Only .05% of our national health budget is allocated for mental health services. Not only that Bangladesh still follow the Lunacy Act 1912 although development of Bangladesh Mental Health Act is under process by the Government.

A list of essential medicines is present in the country including antipsychotics, anxiolytics, antidepressants, mood stabilizers and antiepileptic drugs. A disaster preparedness plan for mental health has been prepared and submitted to government for approval. A draft version of the mental health act in Bangladesh has been prepared and submitted to government for enactment. A small portion of patients are reporting to government facilities and they receive some psychotropic medicines from the facilities. No mental disorder is covered in social insurance schemes. No human rights review body exists in the country to inspect mental health facilities. There is no specific mental health authority in the country. There are about 10 NGOs in the country involved in individual assistance activities in mental health. Only a small percentage of all health publications in the country are on mental health. The proportion of the health budget to GDP is 3.4. There are 37 hospital beds per 100,000 population and 250 general practitioners. Thirty-two percent of all hospital beds are in the private sector. In terms of primary care, there are 2122 physician-based primary health care clinics in the country (1822 in the public sector and 300 in the private) and 96 nonphysician based primary health care clinics (96 in the public sector). (Data was collected in 2006 and is based on the year 2005 (WHO-AIMS REPORT ON MENTAL HEALTH SYSTEM IN BANGLADESH, 2007)

Clinical-Community Social Work: An understanding Note

Clinical-community social work are two interlocking concept and one of the best examples of integrated social work with the combination indigenous social work. This model and perspective advance social work education by building upon the generalist practice model and by broadening and enhancing the concept of Person-in-Environment. The term Clinical-Community captures the basic ideas of the practice. The term clinical refers to helping individuals and families; community refers to formal and informal social networks. Through these two areas of practice, creating enabling environment for targeted clients as because networks of individuals impact both individual and community functioning, as well as intervene with networks to improve individual and community functioning. An important feature of this practice that “clinical” and “community” is not separate, and that helping people on one of these levels requires knowledge and ability in the other. From the “clinical” perspective, practitioners identifies how communities impact the development, capacities, and functioning of individuals. This gives them the ability not only to work successfully with individuals and families seeking help, but also to work effectively with the individual representatives of communities when the focus of change is on the community level. On the “community” level practitioners are able to engage in use of self to be

maximally effective in helping communities identify and carry out change initiatives. In the Clinical-Community practice, the focus is on building relationships, especially in the interest of self-determination, social justice, dignity, and individual and community well-being. . Clinical-Community practice combines the individual and social group through an important piece of the concentration: its relational perspective.

Clinical-Community practice model in which the individual is understood in relation to his or her community context, and the community is understood in terms of the concrete activities of individuals within the community. Clinical and community are intertwined, and successful practice requires that the practitioner be able to understand both clinical and community practice.

Inter-relation in- Between Non-Clinical Social Worker and Clinical-Community Social Worker:

A non-clinical social worker typically works in a private capacity, perhaps with a social work firm, a nonprofit, or a charitable organization. Social Workers may work in troubled communities to eliminate key social problems. In the public sector, non-clinical social workers may work on things like welfare policy and social assistance. They may provide rehabilitation services or consult with companies that seek to offer rehabilitation to those with substance abuse problems, anger management issues, and other common issues.

Social workers work with people and families to support them through difficult times and ensure that vulnerable people, including children and adults are safeguarded from harm. Their role is to provide support and help in order to improve outcomes in people's lives.

Clinical social workers- the right combination of counseling and support skills, as well as medical knowledge that can be essential in some of the professionals that fall under the clinical umbrella. These jobs include substance abuse counseling and support, addressing child or spousal abuse, handling divorce, and working with victimized children who may need the right combination of support, medical assistance, and long-term treatment. These high-stakes jobs can often determine the fate of substance abusers, children, and their families, and for this reason are far more rigorous in terms of education, standards, performance assessment, and ongoing licensure requirements.

Clinical social workers are committed to the delivery of competent services to individuals, families, couples, and groups. Therefore, they shall recognize the client's role in his or her treatment planning and the client's right to have a knowledgeable, skilled practitioner who is guided by sound ethical practice. According to the National Association of Social Workers (NASW), clinical social workers mainly focus on "the mental, emotional, and behavioral well-being of individuals, couples, families, and groups,"

Standards for Clinical Social Work in Social Work Practice

Standard 1: Ethics and Values :Clinical social workers shall adhere to the values and ethics of the social work profession, utilizing the *NASW Codes of Ethics* as a guide to ethical decision making.

Standard 2: Specialized Practice Skills and Intervention: Clinical social workers shall demonstrate specialized knowledge and skills for effective clinical intervention with individuals, families, and groups.

Standard 3: Referrals :Clinical social workers shall be knowledgeable about community services and make appropriate referrals, as needed.

Standard 4: Accessibility to Clients :Clinical social workers shall be accessible to clients during nonemergency and emergency situations.

Standard 5: Privacy and Confidentiality :Clinical social workers shall maintain adequate safeguards for the private nature of the treatment relationship.

Standard 6: Supervision and Consultation :Clinical social workers shall maintain access to professional supervision and/or consultation.

Standard 7: Professional Environment and Procedures: Clinical social workers shall maintain professional offices and procedures.

Standard 8: Documentation :Documentation of services provided to or on behalf of the client shall be recorded in the client's file or record of services.

Standard 9: Independent Practice: Clinical social workers shall have the right to establish an independent practice.

Standard 10: Cultural Competence :Clinical social workers shall demonstrate culturally competent service delivery in accordance with the *NASW Standards for Cultural Competence in Social Work Practice*.

Standard 11: Professional Development :Clinical social workers shall assume personal responsibility for their continued professional development in accordance with the *NASW Standards for Continuing Professional Education* and state requirements.

Standard 12: Technology :Clinical social workers shall have access to computer technology and the Internet, as the need to communicate via e-mail and to seek information on the Web for purposes of education, networking, and resources is essential for efficient and productive clinical practice.(*Adopted by the NASW Board of Directors June, 2005.*)

Proposed Integrated Community Based Clinical Social Work: An widen coverage through Para-Professional Clinical Social Work
Definitions of Para Professional Social Workers

According to Webster's New World College Dictionary, Para Professional --A person to whom a particular aspect of a professional task is delegated but who is not licensed to practice as a fully qualified professional. Oxford Dictionaries defined Para professional -A worker trained to perform certain functions, as in medicine or teaching, but not licensed to practice as a professional

Links, et al., Children & Youth Services Review, 2010, referred that Para Social Worker/Para Social Service Worker-- Supervised paraprofessional staff and volunteers – often community based – which serves the needs of children and families, particularly where social welfare systems are underdeveloped or severely stretched .

Para Professional roles in providing services to mental health issues

- Identifying mental disorder clients and their families .
- Establishing a relationship with those in need of service
- Assessing strengths and needs
- Developing service plans
- Providing supportive counseling or psychosocial support, especially in times of crisis
- Linking clients to services and following up through case management with the consultation of concern physicians.
- Providing ongoing support and problem solving
- Documenting service needs and service provision
- Providing service according to their abilities and training, obtaining consultation, assistance or referral as needed

Proposed Clinical-Community Para-Professional Social Work Course

Maximum Duration: 06 Month

Programme Objectives

- To provide education and training on clinical and community practices.
- To enhance employability of trainees in the social development, Clinical Social Work, Para-Psychology and basic standards of professional social work welfare .
- To provide professional development oriented programmes based on research, community services and ethical practices.
- To provide a platform that enhances the creative, entrepreneurial and critical mind of the social work professionals.
- To nurture values of social responsibility, professionalism in delivery of services and capacities in integrating knowledge, skills and attitudes.
- This course develops community based clinical skills through examining existing practices, considering indigenous social norms, values and clinical interventions with mental health distress.
- Trainees develop skills in the differential application of evidence-based intervention models across diverse mental health populations.

Eligible Criteria for Trainees Clinical-Community Para-Professional Social Work Course

For Clinical-Community Para-Professional Social Work Course, top priority will be given to the NGO operated grass-roots level health service providers with at least graduation degree from any discipline. At least, 03 years field based experience on health extension services or nutrition delivery services or health based counseling will get preference. Through the mentioned criteria trainees will be selected and such types of trainees able to complete the course and will be successfully continued as Para-Professional Clinical-community Social worker.

This course begins with a close examination of the development and management of the treatment alliance and professional boundaries across various treatment approaches. Aspects of collaborative assessment and goal setting are revisited through the lens of evidence-informed treatment approaches. Trainees spend time immersed in understanding and practicing techniques involved in the beginning, middle and ending phases of treatment. They learn in- depth evaluation of alliance, therapy in process, and treatment outcomes. The effective use of supervision in ongoing therapy relationships will also be discussed.

Programme Highlights

This course will be designed to help trainees develop their skills, attitudes and values needed to understand the dynamics of society and work towards the goals of solving problem on mental health. This curriculum is a perfect blend of theory, research and practice-class room learning, action labs, projects, seminars, conferences, service learning and field based training- which provides exposure and helps trainees to manifest their passion for social responsibility. Trainees will be trained to grow and develop into mature professionals, capable of taking decisions independently, having the ability to think critically and having the competence required to build purposeful relationships to solve the mental health problem of individuals, groups and communities.

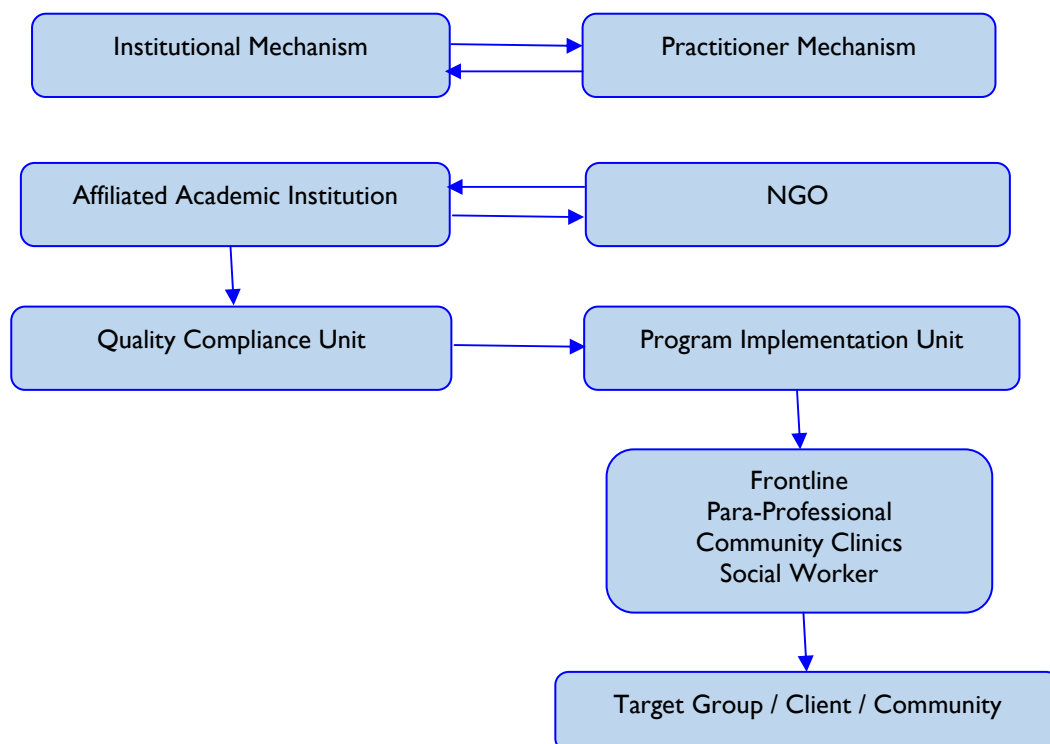
Programme Internship

Students will have 04 week of internships in organizations where clinical and community work is practiced. Students will get field exposure to both clinical and community practice. Planned internship sessions are spread across different months in organizations in India or abroad.

Social Work Competencies for Team-Based Practice

- Values and ethics: Honesty and integrity in relationships with patients, families and team members. Maintaining confidentiality, dignity and privacy in delivery of care
- Roles and responsibilities: The knowledge and capacity to explain team members roles and responsibilities to clients
- Interprofessional communication: The ability to give timely instructive information and feedback to team members
- Teamwork and team-based care: Capacity to engage other professionals in shared patient-oriented problem solving

Para-Professional Community Clinical Social Worker Implementation Mechanism



Conclusion:

In Bangladesh, due to rapid urbanization, changing scenario of socio-political context and immediate impact of globalization, mental health problem have day to day increased and as a result Mental health disorders– such as depression, anxiety, addiction, schizophrenia and neurosis – have a serious impact on the health situation in Bangladesh. The scarcity of Human Resources for Mental Health Bangladesh is severely high and major portion of mental health disorder cases never be covered under treatment support. Workforce limitations also impact task-sharing with other mental health workers. This includes both psychiatrists and psychologists. There are just four dozen practicing clinical psychologists in Bangladesh and less than two dozen counseling and educational psychologists. There is a national shortage of nurses and clinical social workers. There are also very few paraprofessionals who could take on shared tasks. Some NGOs provide clients with psychological support through staff with various formal and informal training. In other words, the health workers with whom psychiatrists and psychologists can share tasks are serious lacking in Bangladesh. To overcome this situation Para-Professional Community Clinical Social Worker will be one of the best option in terms of financial costing and widen coverage within a very short time.