

Lokmanya Tilak Municipal Medical College & General Hospital

Municipal Corporation of Greater Mumbai

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DEPARTMENT OF PSYCHIATRY

Date : 04.05.2019

CERTIFICATE

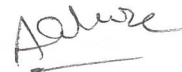
This is to certify that Ms. Isha Puntambekar has completed her observership for a period of one month, in the month of 03 April 2019 to 03 May 2019 in the field of Clinical Psychology in the Department of Psychiatry at L.T.M.M.C and L.T.M.G.H, Sion, Mumbai.

She has observed psychiatry cases in the Department of Psychiatry. She was found to be regular, sincere and showed a lot of interest.



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TYBA Psychology

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Internship report.

I completed a month long observership at the Department of Psychiatry, LokmanyaTilak Municipal General Hospital, Sion, in April 2019. I applied for the observership hoping that it will provide me with some much needed insight into clinical psychology as a profession. In that regard, it did not disappoint. The scope of this observership allowed me to observe the psychiatrists at work, sit in and take notes, weekly visits to the wards and so on. I had the opportunity to follow the progress of the most fascinating cases including disorders such as paranoid schizophrenia, Autism spectrum disorder, bipolar personality disorder, clinical depression, manic depression, suicidal tendencies, intellectual disabilities, addiction and so on.

During the course of this internship, I learnt the nittygritties of clinical interviews and case histories, the structured as well as the unstructured parts of these interviews. It was interesting to note the behaviour of the psychiatrists with adult as well as young patients. In my experience, some of the doctors were excellent with children and had an aspirational bedside manner in general, while others were somewhat crude and dismissive. Considering the fact that it was a government hospital that offered subsidised treatment and medication, most of the patients belonged to a certain socio-economic class. Therefore, the sociological aspects of it, such as how long were the patients forced to wait, complete lack of privacy and confidentiality, the kind of stressors reported, the prevalence of certain kind of disorders etc. were impossible not to notice. For instance, substance abuse was often found to be a result of economic stress. Most patients with problems of substance abuse were perfectly aware of the evils of their habits and realised that they needed help. It was the cases like this when the bedside manner of the doctors was put to test. Most of the times these cases were handled in a stern yet sympathetic manner but at times, a certain amount of disgust and judgement was evident in the behaviour of the psychiatrist. In the children's ward, the number of cases of children with learning disabilities referred to the psychiatrist by the school outnumbered any other disorder. In such cases, the psychiatrist had the dual responsibility of putting the child at ease and addressing the parents' anxieties.

After a few weeks at the hospital, I started finding patterns in relation to certain disorders. For instance, I observed multiple cases of paranoid schizophrenia in Muslim women who had dealt with property debates in the past. While diagnosing schizophrenia, the doctors had to be particularly sensitive to cultural norms and general understanding of the abnormal. In case of children with LD or behavioural problems, the most important questions were related to birth complications, developmental delays and history of seizures. It was heart breaking to see that concerns were raised about children's mental health only when the said children became a nuisance to the parents or teachers while, the otherwise medical and behavioural abnormalities (such as delay in developmental milestones or infantile seizures that should have been a cause for concern) were most often overlooked. It also made me aware of the lack

of inclusiveness in education as well as problems like the very structure of our education system that promotes children regardless of their performance up to grade 8 after which, a lot of them can no longer keep up with the abruptly high academic demands.

The observership also involved exposure to psychological assessment including Rorschach's inkblot test, MMPI, TAT, draw a person/house/tree, IQ tests etc. As I did not have any previous training in assessment, I was only allowed help out the senior interns in administration or observe the administration process. The experience was certainly enthralling as I was familiar with the tests only in theory. I was also given the opportunity see the administration of ECT, which certainly debunked the myths associated with it. The cases I observed every day encouraged me to learn more about personality disorders, schizophrenia, types of seizures etc. on my own time. The highlight of my internship was meeting an adorable bright eyed 5 year old on the Autism Spectrum who looked incapable of hurting a fly but reportedly, had a tendency of stabbing her family members with sharpened pencils. She left such an impression on me, I resolved to learn more about Autism and completed a MOOC ('Understanding Autism' offered by the University of Kent) to that end. Other memorable cases include siblings with Fragile X syndrome, an older gentleman with Korsakoff syndrome, a couple of young women with Bipolar personality disorder and a few horrific cases of failed suicide attempts. Exposure to such mental distress on a daily basis definitely helped me gain some perspective and taught me never to take mental health for granted.

I was also exposed to some questionable aspects of mental health practices in India. One of thing that immediately struck me as odd was, almost all of the psychological disorders came under the purview of psychiatrists rather than clinical psychologists. The psychiatrists tended to treat psychological disorders as they would treat any common illness; by prescribing medication. Counselling was rarely recommended. Any kind of therapy was seemingly unheard of. When counselling was recommended, it was carried out by a social worker rather than a counsellor. Judging from the basis of everything I have learned about counselling so far, the sessions I witnessed were unstructured and grossly inadequate, mainly consisting of repetitive platitudes in the form of advice. The job of the clinical psychologists was restricted to psychological assessment. Whether these issues are specific to this particular government hospital or are characteristic of mental health services all over the country, I do not know. As an aspiring clinical psychologist, however, I am greatly concerned about the overlap between the professions of clinical psychologists and psychiatrists in India.

Overall, the internship was incredibly insightful and greatly increased my academic interest in abnormal psychology. The fact that I now have real life case examples to associate with disorders I learn in theory has surely enriched my learning experience. More significantly, this internship provided me with an invaluable lesson in empathy and served to further my aspirations.

