

## THE ROLE OF THE CLINICAL PSYCHOLOGIST IN A GENERAL HOSPITAL PSYCHIATRIC SERVICE

R. J. VAN ZYL, M.A., *Registered Clinical Psychologist, Department of Psychiatry, Groote Schuur Hospital, Cape Town*

During October 1963 the first National Conference on Mental Health in South Africa was held in Cape Town. At this conference it was made clear that something must be done to meet the demands that the public is making on the relatively few psychiatrists in South Africa. It was suggested that more clinical psychologists, psychiatric social workers, etc., be trained. This was one of the many valuable suggestions made to improve Mental Health Services in South Africa. The question of what real function these people can fulfil in assisting the psychiatrist and nursing team, must have arisen in the minds of many who attended the conference.

I intend to point out the role that can be played by the clinical psychologists who are registered with the South African Medical and Dental Council and as such are allowed to work in conjunction with psychiatrists and other members of the medical profession.

The best way of doing this, is to describe the role of clinical psychologist at Groote Schuur Hospital that I have filled over the last 18 months.

The psychiatric service at Groote Schuur Hospital is an autonomous department and is run along 'therapeutic community' lines as far as the ward, the William Slater Hospital for alcoholics and the Day Hospital are concerned. For the rest it is also a teaching unit, commands a very large outpatient department, has a research unit attached to it, runs a children's clinic at the Red Cross War Memorial Hospital, provides consultation facilities and takes care of psychiatric casualties. The Department of Psychiatry works in close conjunction with

the Department of Neurology owing to their historical connections in the development of psychiatry as an independent medical specialty, because until 1963 the 2 departments were combined as the Department of Neurology and Psychiatry.

The functions that I have fulfilled can be grouped under clinical work, teaching and staff counselling.

### *Clinical Work*

This can be subdivided into:

1. *Intelligence testing.* This includes testing of intelligence and of intellectual deterioration. I was called upon to do this very often for the Department of Psychiatry itself for various reasons, i.e. to assist with certification procedures, to assess susceptibility to insightful psychotherapy, etc. Intelligence testing was also requested by the children's ward, the children's clinic, medical wards and the Occupational Therapy Department. The Department of Neurology often required testing for intellectual deterioration as did those of Neurosurgery, Physical Medicine and the William Slater Hospital.

2. *Diagnostic and personality testing.* This frequently made diagnosis easier and rendered valuable assistance in formulating psychodynamics of psychiatric cases which in turn facilitated therapy and general handling of the case.

3. *Individual psychotherapy.* This was done both at long and short-term level, ranging from the analytic insightful approach to giving emotional support and manipulating the

environment. Psychotherapy was found to be the most time-consuming single function and as such took quite a load off the senior psychiatrists and psychiatric registrars. Individual psychotherapy was done in cases admitted to the hospital as well as in outpatients, including children, adolescents and adults. During the period of admission to the ward the doctor in charge of the patient only cared for the physical side of the patient, allowing him more time to attend to psychiatric casualties, his own psychotherapy cases and the other more urgent duties which require a medical background.

4. *Group psychotherapy.* This relatively new instrument in the hands of the mental health team has a very definite place in psychiatry—it provides therapy for patients who need this approach and is a great time saver for everyone concerned. In addition to this, it has become a valuable teaching instrument in the department, both in abnormal psychology and in group handling techniques.

5. *Ward rounds.* In the department the clinical psychologist is required to contribute to the discussions in very much the same way as any other member of the team would.

#### *Teaching*

Teaching was undertaken at both under- and postgraduate levels to medical students, psychology students of the Faculty of Arts and to nurses. In teaching undergraduate medical students it was attempted to bridge the gap between formal psychology in the 3rd year and psychiatry in the 4th year of the curriculum by discussing and demonstrating testing procedures, presenting a psychiatric case, discussing psychodynamics and ego psychology at a practical level, etc. The same applies to teaching the psychology students of the Faculty of Arts. Teaching nurses involved lectures to health visitors, student nurses, ward sisters and orthopaedic nurses. In teaching nurses,

attitude-building was an interesting and rewarding secondary function that came into the teaching automatically. Psychometric testing was lectured on to the students studying for the Diploma in Psychological Medicine and often informal guidance on psychodynamics was given by request.

#### *Staff Counselling*

In any psychiatric service the individual personalities of the members of the staff effect the therapeutic process going on. This happens more definitely in a psychiatric unit that is run along 'therapeutic community' lines. To be able to be aware of this variable in the treatment situation, the staff needs somebody to talk to—to alleviate anxiety, vent emotions and to be made aware of the reason for their reactions in certain situations. This was done mainly on the side of the nursing staff, but occasionally other members of the staff were also involved. The most important way of dealing with the situation was through staff groups, but occasionally individual counselling sessions were held. Staff counselling, as I have pointed out, is a clinical necessity in a psychiatric department, but equally important is the fact that it can be extremely time consuming to the individual dealing with it. The anxiety-provoking nature of the work causes many upsets in the staff which have to be dealt with and in this situation the clinical psychologist can make a valuable contribution to the efficient running of a psychiatric unit.

From the 3 main functions of the clinical psychologist outlined above, it is evident that some aspects of clinical work, teaching and counselling overlap with that of the psychiatrist. I think that in this respect it is quite clear that the clinical psychologist can render his own unique service, as well as take part of the load off the shoulders of the psychiatrist and render a valuable service in the field of Mental Health.