Internship report

Submitted by:

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M.A. clinical psychology

3rd semester

Submitted to:

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CERTIFICATE

This certificate is awarded to Shreya Shukla

Student of M.A. Clinical Psychology School/College DAVV Indore M.P

Underwent training in mental health from 5 Aug. 2021 to 5 Oct 2021

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Acknowledgement

With grateful heart I would like to remember the persons who have helped me during the course of my internship program. I wish to place on record my words of gratitude to Dr. Lavina Singh, Professor, school of social science (soss), DAVV, Indore, (M.P) for her endeavours towards advancement of each student and for providing me with immense esteem the moral support and relentless motivation for pursuing this internship.

I would also like to thank Dr. V.S. Pal (Superintendent of mental hospital Indore), Dr. Vijay Niranjan (training in charge officer), Dr. Ujjwal Sardesai (senior consultant), Dr. Varchasvi Mudgal (senior resident), Dr. Priyash jain (junior resident) of Mental hospital Indore for their guidance and support.

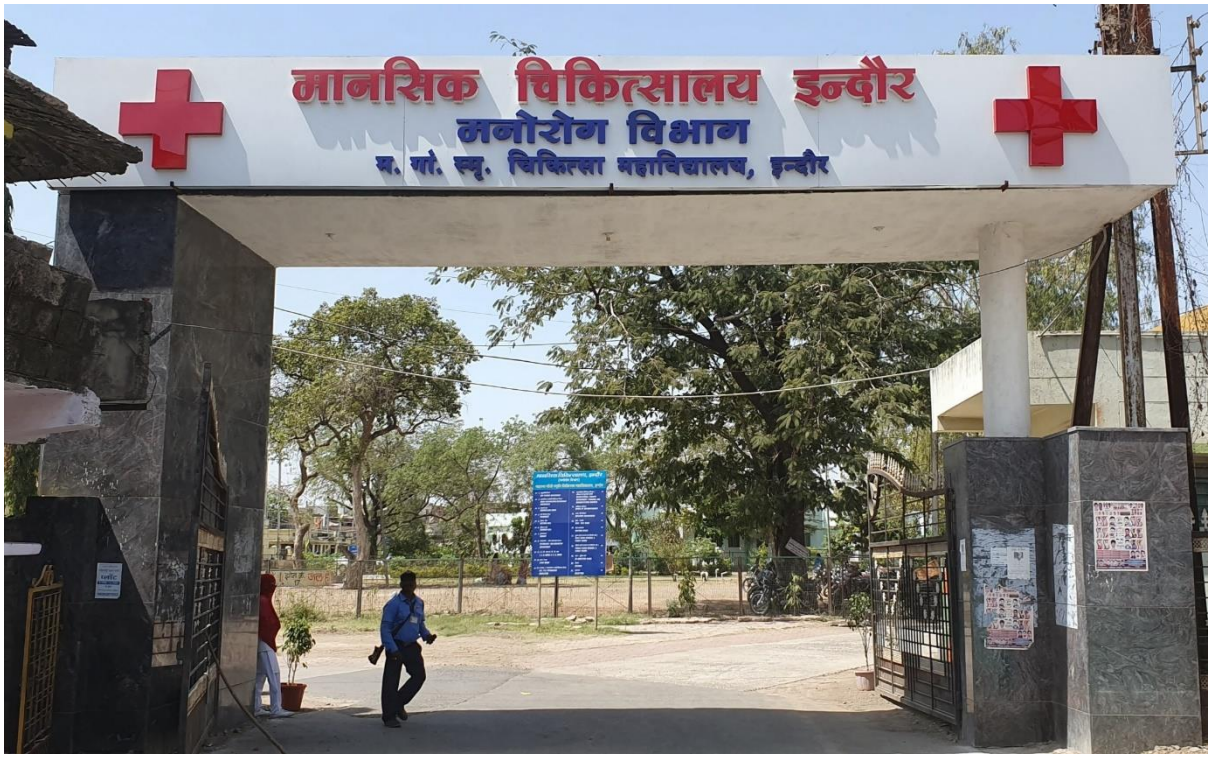
My wholehearted thanks and appreciation go out to all of fellow co-interns without guidance and support of these people, I couldn't have gained the kind of experience I did.

I hope that I can build the experience and knowledge that I have gained and make a valuable contribution towards this industry in coming future. I believe that this report will be a valuable asset not only for academic institution, but will also be useful for all those who are interested to learn about internship experiences in clinical psychology.

Sincerely,

Shreya Shukla

About Mental Hospital Indore



. **Mental Hospital Indore** is a hospital for patient care and academic pursuit in the area of Mental Health. The Lunatic Asylum was established in the pre independence period of nation by Holkars in 1917 and was renamed as Mental Hospital in the year 1965. It is 155 bedded hospitals. To humanize and improve quality of care this hospital came under Dept. of Psychiatry M.G.M. Medical College Indore (M.P.) in 1998.

The priority adopted at this hospital is service, training to the medical professionals and paramedics, rehabilitation and community-oriented services, manpower development and research.

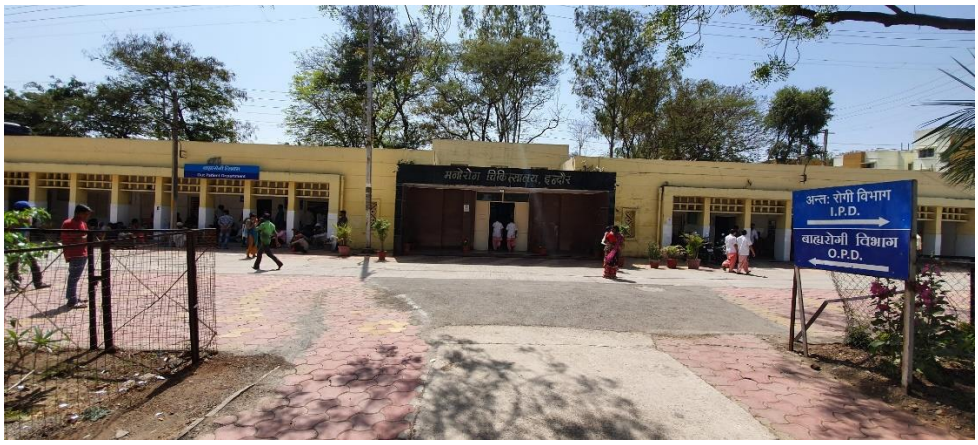
Mental hospital during the Holkar's era

Current Scenario

Psychiatry unit is started in 1993 first time in this M.G.M Medical college. Psychiatry unit was transformed into department of psychiatry and started functioning as independent department from 16 January 2000. Currently the department is having its own separate building in Maharaja Yashwant Rao hospital Premises. Post-graduation in psychiatry (M.D.in psychiatry) was started in the year 2013. Currently at mental hospital Indore the infrastructure consists of –

- OPD Block
- IPD building
- Drug Treatment center
- Day care center
- Investigational wing
- Emergency services

The OPD - Average 200 patients attend OPD every day. Patients are seen by consultant psychiatrists and prescribed drugs that are given from the hospital for free.



The IPD – The hospital has a separate occupational rehabilitation unit by which they are uplifting patient life and in economic sense they also have psychiatric social workers by whom the patient integrating. The hospital is also providing Standard treatment and supportive care in emergency psychiatric and medical Conditions.

Day care Center (Built in 2017)

Teaching and training

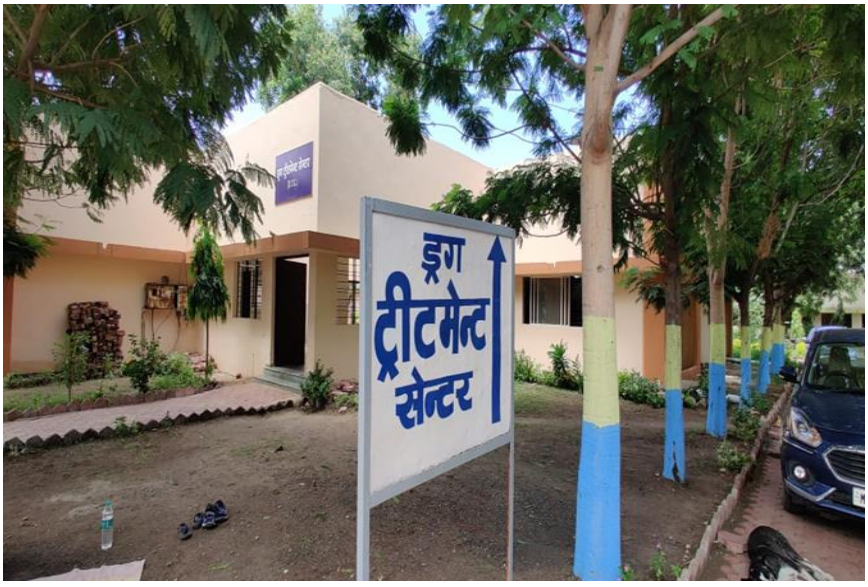
Medical students and students of B.Sc. Nursing, general nursing, social work come for training every year, according to advances in learning and skill training.

Indoor facilities

We are ensuring quality assurance in care of indoor patients by providing clean surroundings, hygienic toilets, nutritious diet, recreational facilities and vocational training.

Drug Treatment Centre (DTC)

Dedicated Drug treatment center inaugurated by hon'ble Chief Minister and minister medical education on 11/12/2020. Total 130 patients till now admitted and de-addicted with help of this center. Drug Treatment Clinic for outpatients is also functional in our center as part of Drug De-addiction program of GOI.



Center of excellence

- December 2016 - mental hospital Indore was selected to be upgraded as center of excellence under national mental health program.
- Fund of 30.16 crore.
- Fund Ratio - 60:40 – Central: State

This Project will result in –

- Upgradation of infrastructure
- Upgradation of equipment
- Development of trained manpower (psychiatrist, psychologist, nurses, social workers)
- Promotion of research in mental health
- Project implementation is currently in progress.

By implementing center of excellence scheme there can be a further increase of –

- 4 MD seats in psychiatry
- 18 M.Phil seats in clinical Psychology
- 18 M.Phil seats in psychiatric social work
- 40 seats in psychiatric nursing diploma

Current issues to deal with –

- Ambulance
  - No functional ambulance currently available.
  - Mental hospital is 10 km away from MYH. In cases of emergency important time is lost in transporting the patient by other means.
  - Also, ambulance can help us in community outreach services, rehabilitation, mobile de-addiction services, etc.
- Vacant posts to be filled/outsourced
- Official Sanctioning of additional 32 beds, for drug treatment centre.

Objectives of the Internship

The objective of this training was to gain knowledge and skills in understanding, dealing and providing psychological help to the patients in order to curb the psychological issues they had. We learnt basics of counselling and its techniques, writing case histories, administering exposure therapy, guidance and provision of adequate interventions in order to help people maintain healthy lives inside the mental hospital.

During these 2 months I learnt the practical application of theoretical knowledge in areas of clinical disorders, basics of counselling and rehabilitation psychology.

Apart from the aforementioned, following things were gained through the internship-

1. **Career Direction**: The internship helped me decide what direction I'd like to take my career by giving me a chance to obtain direct experience.

2. **Increased Competence**: Gaining direct experience made me more competent as a student of psychology. Increasing competence by developing our skills, values and ideas is an essential part of a psychology internship. I developed competence in a variety of areas, such as increasing my experience with multiculturalism and diversity, developing my knowledge of ethical practices and learning to maintain professional relationships.

3.Formation of work habits: During the internship, I developed good work habits and begin to make transition from student to professional. As a psychology intern I was treated as a professional throughout my internship in the hospital, so I was expected to adhere to the same guidelines required for the other hospital staff. For example, I was expected to adhere to the working hours, to show up on time, complete my assigned tasks before leaving for the day, show accountability and responsibility and report to my direct supervisor (the Senior resident or my unit Jr).

4.Enhanced Marketability: The internship increases your marketability when it comes time to look for a job. An internship can set you apart from other candidates because it shows that you've gained valuable hands-on experience in a specific area of practice.

Daily Routine of an Intern

Daily routine of an Intern -

- The reporting time at the hospital was 9 AM and the working days were Monday to Saturday.

- On entering the hospital, we were supposed to report to our Senior resident or the junior resident of our unit and sign on the attendance register.

- Then we used to go to our assigned units which changes in every 20 days.

- the OPD timings were 9am-2pm. During the OPD time we used to take case histories of different patient with the first-year resident doctors and later we discuses the cases with our senior resident.

- After the OPD we usually go on rounds of IPD with our assigned units. Every unit has a particular day of the round. There was total 3 units and usually what happens is 1 unit goes on round and 1 unit has their unit day which means they have to stay and attend all the emergency cases and every patient that going to be admitted that particular day will be admitted under that particular unit (whose admission / unit day it is). So, if our unit has an admission day then we have to stay late and take detailed case history with our unit doctors.

- After the IPD rounds and lunch we usually have a class on different topics related to psychology and different mental disorders. After the classes we usually do tasks that was assigned to us by our JRs which usually consist of taking a detailed case history of an IPD patient, psycho-educating the patient's family, doing basic counselling of the patient and their families, applying basic psychological test on patient.

- A verbal daily report was given to the Senior resident or the Junior resident of our assigned units.

- The out time was usually 5pm – 6pm.
- Every week we work 4 days at mental hospital and 2 days at MY hospital. The timings on the MY hospital day were almost the same like we stay there from 9-2pm during the OPD time and after that we come back to the mental hospital for the classes and the work that was assigned to us.
- The two working days of MY hospital was different for everyone depending on the unit they are in and when their unit changes than there MY hospital working days also changes. For example – when I was in the 3rd unit my MY hospital days was Wednesday and Saturday and when my unit change to the 1st unit my MY hospital also changes to Monday and Friday.

Brief Weekly Report of the Internship

Week – 1

- Observe and assist seniors in history taking of the patients
- Familiarize oneself with procedures of the hospital administration
- Learn about depression, defence mechanism and phobias.
- Network with the hospital staff.

Week – 2

- Started taking case histories without the presence of any senior doctor.
- Build rapport with existing patients of our assigned units in the IPD
- Learn drug classification, cognitive distortions, the meat paradox and Milgram experiment.

Week – 3

- Observe the history taking/follow up sessions of complicated cases.
- Take simple cases of psychological distress and counselled them
- Learn about motivational theories, Sigmund Freud and his theories, Carl Jung, learning theories.

Week – 4

- Visit IPD wards along with Seniors doctors.
- Psycho educating the family members of the patients about their condition.
- Clearing the doubts of the patients and their family members.

- Learn about the basics of sleep hygiene, CBT, OCD, EMDR therapy.

Week – 5

- History taking of IPD patients and counselling them.
- Taking Follow up of cases with senior doctors which required intervention.
- Attending cases conferences
- Learn about different personality disorders.

Week – 6

- History taking of new patients
- Visit to IPD ward along with senior doctors
- Follow up of cases with senior doctors which required intervention
- Assisting senior doctors in psycho educating families of children with learning disability and low IQ score.

Week – 7

- History taking of new patients and reporting their case history to senior doctors
- Taking Follow up of cases with senior doctors which required intervention

- Visits to IPD wards along with senior doctors
- Assisted a co-intern in a high-risk patient in his follow up session.
- Learn about different mental disorder such as also mania, bipolar disorder and child mental disorders such as ADHD, Conduct disorder, OCD in children.
- Also learned about Relapse prevention therapy

Week – 8

- History taking of new patients and reporting about their case to the senior doctors before them looking at their case.
- Follow up of cases with the senior doctors which required intervention
- Attending the case conference about gender dysphoria.
- Learning about gender dysphoria and seeing the cases of people who wants to change their sex with the senior doctors.
- Learn about different scales of anxiety and depression like Hamilton anxiety rating scale, Beck's Depression Inventory and Bhatia battery test.

Brief Case Studies

Case – 1

Name of the patient – XYZ

Age – 17 years

Gender – male

Religion – Hindu

Education – student of BSc biology

Occupation – student

Marital status – single

Address – Indore city

Informant information – The informant is the patient's maternal grandfather with whom the patient was living since last 10 years. So, the informant is reliable.

Chief complaints –

- The informant says that patient is having episodes of increase in aggression, wandering behaviour, disturb sleep since last 1.5 months.
- The patient tells me about how there are so many thoughts racing in his mind and there is always something going in his mind.
- Sometimes he also behaves like tv show characters (Gods)
- There is also a feeling of grandiosity that he is best in everything and he knows everything.
- There are suicidal thoughts.

Family – there are total 5 members in his family including him. Father, mother, younger sister and grandfather (who is living with them since last 10 years after his wife's death)

Family environment – caring and supportive

Premorbid personality – introvert and shy

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history – none

Use of alcohol and any other substance by the patient or their family member - the patient doesn't take alcohol or any other substance but his father does take tobacco.

MSE - during the history taking session the patient seems a bit lost and can't sit still always touching something or playing with his bracelet. He is also cutting his grandfather sentences and when his grandfather is complaining about his recent aggressive behaviour than he will get irritated about this.

- **Orientation of place –** positive
- **Orientation of time –** positive
- **Orientation of people –** positive

The patient here is fully orientated about the place, time and people around him.

Memory

Immediate memory – positive (asked him to repeat the 3 words I said " roti, kala ,mahal")

Recent memory – positive (asked what he ate today)

Remote memory – positive (asked about his sister's birthday and his school)

General knowledge – positive

Judgement abilities – negative (asked him what he will do if his house went on fire? he said he will take out all the valuable items and his family members

Mathematical abilities – positive

Insight about the illness – 1/6

Diagnosis – manic disorder

Observation and intervention

The patient was responsive and cooperative during the session. Initially, he gave answers only which were about him but he opened himself up as the interview progressed. He was talking a lot about magic and gods and he wants learn magic and do many things. His grand father told me that watch these type of shows a lot. As it was his first visit to the hospital and first episode of mania so there were no pervious medications was going on.

Recommendations

I think CBT and maintaining a proper sleeping pattern can be very help in this case with proper medications.

Conclusion

Session achieved the purpose with which it was started

Case 2

Name of the patient – XYZ

Age – 36 years

Gender – male

Religion – Hindu

Education – 7th pass

Occupation – driver

Marital status – widower

Address – Mhow jail, Indore

Informant information – policeman, cellmate and the patient himself

Chief complaints –

- Sleep disturbance (the patient is not able sleep properly)
- Feeling of guilt that he was not able to his wife and kids.
- Presence of visual and auditory hallucinations of his wife since last 20 days (after his wife died)
- Flashbacks of the incident when his wife died by burning herself.
- Auditory and visual hallucinations of wife saying " mujhe bachaya kyu nhi tumne?" and son saying " mummy upar ro rahi hai jaldi aao."
- Feeling of hopelessness.
- Heaviness in head.
- Feeling of anxiety whenever he thinks about his wife and kids.
- His cellmate said that whenever he thinks about that incident, he always tries to save his wife and kids, during this episode he will shout at everyone to open the door of the cell so he can save his family.

Family – He lived with his wife(dead) and two kids (son = 6 years old & daughter = 3 years old). Currently the kids are living with his sister and mother.

Family environment – According to the patient the family environment was really caring, supportive and loving.

Premorbid personality – cheerful

Relations with his wife and others – was really good but relationship with his in laws was not so good. according to the patient he had a conflict with his in laws 2-3 days before his wife suicide

Forensic history – none but at current he has a charge of attempted murder of his wife and because of this he is in prison. The police complaint against him was filed by his in laws. According to them he murdered their daughter but the patient says it was a suicide and he can't even think of hurting her.

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = none major issues according to the patient.

Use of alcohol and any other substance by the patient or their family member – yes, the patient is taking **Bidi** (12 bidi per day) **and alcohol** (occasionally) since last 20 years.

Last alcohol intake – 23rd June 2021

Mood – halka lag raha hai par sir bhari hai.

MSE - during the history taking session the patient seems a bit lost and not maintaining the eye contact. When I asked him how is he feeling? the patient started crying and said "bahut yaad aati hai uski, jab bhi dikhti hai bolti hai ki mujhe bachaya kyu nhi?"

- **General appearance and behaviour** - Patient's hands were handcuffed. He was unkempt & tidy.
- **Orientation of place –** positive
- **Orientation of time –** positive
- **Orientation of people –** positive

The patient here is fully orientated about the place, time and people around him.

Memory

Immediate memory – positive (asked him to repeat the 3 words I said "roti, kala, mahal")

Recent memory – positive (asked what he ate today)

Remote memory – positive (asked about his children age, wedding date, and since how many days he is in prison)

General knowledge – positive

Judgement abilities – intact

Mathematical abilities – positive

Insight about the illness – 6/6

Diagnosis – PTSD (under evaluation)

Observation and intervention

The patient was responsive and cooperative during the session. The patient showed extreme sign of guilt of not being able to save his wife and kids. He even asked me to call his sister so he can talk to his kids but politely denied the request by saying that first I need to take permission from my seniors. The patient was not suicidal, was eating properly and but he is not sleeping properly, had no history of medical or psychiatric illness.

Recommendations

I think CBT, EMDR, Stress Inoculation Training and proper medication will be very helpful in this situation.

Conclusion

Session achieved the purpose with which it was started

Case 3

Name of the patient – XYZ

Age – 26 years

Gender – male

Religion – Hindu

Education – 12th pass

Occupation – farmer (not doing it now)

Marital status – single

Address – itarsi

Informant information –elder brother

Chief complaints –

- Decrease social interaction and increase in aggression
- Self-muttering, self-laugh, smiling and talking in alone.
- Not able to recognize his friends.
- Self-talk
- Violent behaviour (breaking things and hurting others when things don't go his way)
- Repetitive behaviour (excessive handwashing, he takes 15-20 mins to wash his hands and doesn't stop until the soap runs out or someone forcefully takes him out of the washroom. According to the patient if he doesn't wash his hands frequently than he doesn't feel good.
- He also repeats one word 3 times and keeps repeating things.

Total duration of illness – 8 years

Family – there are total 5 members in the patient's family including him. His father, 2 sisters and one brother.

Family environment – caring and supportive

Premorbid personality – cheerful

Relations with his family and others – According to the patient's brother his relations with his family and others are not good as he becomes very aggressive and starts abusing others. Their neighbours don't like him because he abuses them and throw stones at their house. The only person he likes to talk is him.

Forensic history – none

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = the patients has received Electroconvulsive therapy (ECT) and anti-psychotics in the past. He was once hospitalized too. But since last 6 months he is not taking his medications and the symptoms are back.

Use of alcohol and any other substance by the patient or their family member – yes, the patient is takes **cigarette** (1 packet per day) since last 12 years.

Mood – "aacha rahata hai"

MSE – The patient was unresponsive and uncooperative during the assessment. Initially, he was not responding to the questions when asked but he opened himself up a bit as the interview progressed. His answers were out of place. I was asking him something and he was responding to something else. The patient was laughing and smiling without any reason , at one moment he even walked out of the room while the session was going. His brother brought him back in the room.

General appearance and behaviour- He was unkempt & tidy. Poor hygiene

Attitude towards the examiner – not cooperative and smiling and laughing without any reason

- **Orientation of place –** negative
- **Orientation of time –** negative
- **Orientation of people –** positive

The patient here is not fully orientated about the time and place he is in.

Memory

Immediate memory – positive (asked him to repeat the 3 words I said "roti, kala, mahal")

Recent memory – positive (asked what he ate today)

Remote memory – positive (asked about his family and past)

General knowledge – negative

Judgement abilities – impaired

Mathematical abilities – avg

Insight about the illness – 1/6

Diagnosis – Unspecified Psychosis + OCD

Admission type – supported

Observation and intervention

The patient was unresponsive and uncooperative during the session. He was not ready to talk even when he started taking a bit he was not responding properly. His behaviour was not appropriate during the session as he was smiling and laughing without any reason and he even walked out of the room during the session. There is no family history of any psychiatric illness. But he had the history of psychosis for which he received shock therapy, and medications but since last 6 months his medications has stopped and the symptoms are back. The total duration of his illness is 8 years.

Recommendations

I think first he should be given proper medications before starting any type of therapy.

Conclusion

Session achieved the purpose with which it was started

Case 4

Name of the patient – XYZ

Age – 60 years

Gender – female

Religion – Hindu

Education – nil

Occupation – home maker

Marital status – married

Address – Indore

Informant information – son

Chief complaints –

- Decrease and disturb sleep
- Doing big talks like she was a doctor at this hospital and she used work with the senior resident. She also works as Politian. She knows every big person of the state. ***Delusion of grandiosity***
- Increase in aggressive behaviour
- She starts dancing around without any reason.
- Increase in motor activity
- Decrease in appetite.
- Presence of Auditory hallucinations.
- Many times, she ran away from home.

Onset = insidious (since last 25 years)

Current duration of the illness/ episode – 7-8 days

Family – there are total 5 members in the patient's family including her. Her husband, son, daughter in law and one grandson .

Family environment – caring and supportive

Premorbid personality – cheerful and well-functioning

Relations with his family and others – According to the patient's son her relations with her family and others are not good because of her aggressive behaviour.

Mensuration – stopped

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = the patients have a long history of bipolar disorder (25 years). Currently she is not taking any medications.

Use of alcohol and any other substance by the patient or their family member – No, the patient does not take any substance but her husband and son do consume alcohol and Tabaco.

Mood – "bahut aacha hai"

MSE – the patient was overly groomed and she was speaking fast, properly maintaining the eye contact during the session. She was really cooperative, responsive and frank during the interview. Her body posture was relaxed.

General appearance and behaviour- She was overly groomed

Speech – fast

Attitude towards the examiner – cooperative and frank

Orientation of place –positive

- **Orientation of time** –positive
- **Orientation of people** – positive

The patient here is fully orientated about the time, place and people she is around.

Memory

Immediate memory – positive (asked her to repeat the 3 words I said "roti, kala, mahal")

Recent memory – positive (asked what she ate today)

Remote memory – positive (asked about her family and past)

General knowledge – avg

Judgement abilities – impaired

Mathematical abilities – avg

Insight about the illness – 3/6

Diagnosis – BPAD mania

Admission type – supported

Observation and intervention

The patient was responsive and cooperative during the session. She was speaking really fast and she was also overly groomed which was quite inappropriate to hospital setting. There is no family history of any psychiatric illness. But she had a long history of BPAD for which she received medications but currently she had stopped taking the meds and the symptoms are back. The total duration of her illness is 25 years.

Recommendations

I think first she should be given proper medications before starting any type of therapy. CBT would be the best option in this case. We should also psycho educate the family.

Conclusion

Session achieved the purpose with which it was started

Case 5

Name of the patient – XYZ

Age – 19 years

Gender – female

Religion – Muslim

Education – 8th pass

Occupation – home maker

Marital status – married but not living together since last 6 months

Address – Indore

Informant information – grandmother

Chief complaints –

- Headache (unilateral) since last 1 month. Blackness in front of eyes when the pain starts. Frequency of headache is 30 mins, pain level is moderate
- Increase in sleep
- Presence of Suicidal thoughts but there is not attempt
- Decrease social interaction
- Weight loss
- Decrease in food intake
- Irritative behaviour
- Sadness in mood (since last 6 months), decrease in self confidence

Family – the patient was married 1.5 years but she is currently not living with her husband. She is living with her parents, two brothers and their wives and her grandmother.

Family environment – caring and supportive

Premorbid personality – cheerful and well-functioning

Relations with his family and others – According to the patient's grandmother her relations with her family and others are okay not so bad. She doesn't like to get involve with people.

Mensuration – normal

Early childhood development – normal like any other child

Delivery – normal delivery at hospital

Previous medical history = none

Use of alcohol and any other substance by the patient or their family member – No, the patient does not take any substance but her husband and brother do consume alcohol and Tabaco.

Mood – "thik hai"

MSE – The patient looked sad and her facial expression was blank. she was responsive and cooperative during the interview session. She was not maintaining proper eye contact and her voice was softly audible. During the whole session she was playing with her bracelet and looking at me.

General appearance and behaviour- unkempt and tidy

Speech – low pitch

Attitude towards the examiner – cooperative

Orientation of place –positive

- **Orientation of time –positive**
- **Orientation of people – positive**

The patient here is fully orientated about the time, place and people she is around.

Memory

Immediate memory – positive (asked her to repeat the 3 words I said "roti, kala, mahal")

Recent memory – positive (asked what she ate today)

Remote memory – positive (asked about her family and past)

General knowledge – avg

Judgement abilities – intact

Mathematical abilities – avg

Insight about the illness – 4/6

Diagnosis – F32 + headache

Observation and intervention

The patient was responsive and cooperative during the session. Initially, she gave answers only which were about her but she opened herself up as the interview progressed. She was speaking very softly. There is no family history of any psychiatric illness. During the interview her facial expression was blank and she was not looking at me. About her relationship with her husband, she told me that he uses abuse her physically and verbally so, she left him 6 months ago.

Recommendations

I think she should be given proper medications with CBT would be the best option in this case. We should also psycho educate the family. The combo of medication and therapy will work wonders on her.

Conclusion

Session achieved the purpose with which it was started

Learning Outcomes

Getting a chance to work at the mental hospital Indore was a privilege to me. The staff and everybody else were very cooperative, which helped me get used to the new environment quickly. In these 2 months of the internship, I gained a lifetime experience and learned and unlearned many things like –

- Learned how to build rapport while making the patient comfortable
- Asking the right kind of questions to elicit answer of sensitive questions which they might
- not answer if they're asked the same in a direct manner.
- Dos and don'ts while dealing with psychotic patients
- Learned how to work in a cooperative and a non-cooperative public work-place.
- Learned how to properly execute a semi-structured interview
- I got a chance to enhance my group dynamics and leadership skills
- I got a chance to get a better understanding about how hospital administration works.
- The experience also enriched my understanding of different cultures along with their different perpetuating factors.

Summary

I can honestly say that my time spent interning in Mental Hospital, Indore resulted in one of the best parts of my life. Not only did I gain practical skills of workings in psychology but I also had the opportunity to meet likeminded people and connect with them. The work culture in the hospital was always uplifting. Additionally, I felt like I was able to contribute to the hospital by taking around 100-200 interviews as a part of my internship and help people in need.

I was able to learn a lot from taking those history taking and counselling sessions by directly interacting with the patients. I learned how to take interviews which will not only help me in taking interviews in future but also help when I am required to give interviews. Along with interview taking, I learned how to properly build rapport in the first meeting, which has also helped me in my daily life. The case conferences by the senior doctors were really informative and helpful in better understanding the mental illness

Having worked for 2 months offered me vast exposure of practical learning in psychology. Thanks to the kind patients who told me their stories, now I have a better understanding of life in short.

Overall, my internship at Mental Hospital Indore has been a success. I was able to gain practical skills, work in a different environment, find my mentor, and an experience that will last a lifetime. I could not be more thankful.