



## **Critical Social Work Practice**

*Working with mental health patients*

### **Estelle Silence**

Primarily we focus on doing case work. We focus on counselling. And then we also focus on family work, family intervention work. A lot of our work entails psycho educating families. Psycho educating communities. Because I think in South Africa there is still a lot of stigma around mental health. So if we don't work with the communities, then actually it's difficult for the adolescent to be re-integrated into society. So we work with families. We work with communities. And also then we do rehabilitation work with them, in the form of life skills programmes. Group work with them. And also we focus on the relaxation therapy with them, in terms of physiotherapy. So we have a full programme in our unit basically.

We believe that we can never just work with a patient alone. We have to work with all the systems that is relevant within that patient's functioning. We would work with family. We would work with education. Often we've had had patients who practice a particular form of religion. Be it Muslim or Rastafarian, and we would work with religious leaders as well. Because a lot of our work is about psycho-educating people. And making sure that when the patient get discharged, that those people would be able to support the patient. We don't just see the client as a unit that needs to be focussed on. We actually see the client as part of a bigger system.

Within mental health we've really tried to embrace a more psycho-social rehabilitative approach to working with our clients. Rather than the previous sort of medical model. So we try at the end of the day to look at how we can empower our clients. And how we can actually help them to be able to take control of their lives again. So that it's not us making decisions for them. We also do family group sessions with them, with the families. Where we provide family support within the ward system as such so that families can be linked with other families.

I think first of all, our clients come in and for many of them this is the first time that they've had a psychiatric breakdown. So often for them this is the scariest part of their life, having to now realise that actually I have a psychiatric illness. So for us knowledge is crucial for them. They need to be the experts when it comes to their psychiatric condition that they have. So a lot of the work is around educating them, around their mental illness, but then also looking at the psycho-social factors. Because I think that our clients need to start understanding why they use drugs for example. Why they become involved in gangsterism etc. So a lot of the work revolved around psycho-education when it comes to empowering. And also linking them with resources in the community. What want to know from our clients often is what do you want to be doing when you leave here? Where do you see yourself in five, ten years time, basically. And how are you going to achieve that goal. And trying to help the client to be able to work out a plan for his or her own life basically. And our role is then just to be able to assist the client in terms of facilitating that.

We don't tell them 'you have to go back to school.' Because we realise that often they have been out of school for maybe two years already. They might be 16 years old, but they don't want to go back to school really. So we need to look at other resources. I think in South Africa, yes we have limitations in terms of resources. We don't necessarily have the appropriate vocational skills, training facilities. And especially when it comes to adolescents, who have a psychiatric illness. The stigma does keep them out of the training facilities. Because people don't want to know what you have a psychiatric illness. So those are the kind of difficulties at the end of the day, in terms of empowering them. But we help our clients realise that having a psychiatric illness is not a disability. Because often the parents would want to know 'Now can my child get a grant now. Because you have given him this diagnosis?' And we try as far as possible to not do that. Because we want our clients to realise that they can still be fully functioning adults. And that we should actually be able to strive towards that.