



Critical Social Work Practice

Working in the field of mental health

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I think the one thing about working in the field of mental health that has really helped me as a social worker to grow is the fact that I am able to understand human behaviour a lot better. And I think often social workers out in the field don't necessarily have that knowledge base. And I think often social workers become reactive. So when they get a case on the table and says the child is at a risk of this or that then the social worker sees the risk, he sees the specific danger, and he just responds to that basically. I think that working in the field of mental health helps you to be able to actually go out there and make a full clinical assessment. Looking at all the role players. Looking at all the factors contributing to a particular situation. And being able also to realise that in the field of social work, we don't always know what's best for our clients. And we need to sometimes listen to what the clients want from us really. And we need to sometimes first try that route. Rather than us coming in, taking control and just enforcing our own judgment on our clients.

In the field of mental health, there is a sense of feeling that once you have a psychiatric illness, you basically are scarred for life. You cannot function optimally. And our role really as social workers, in the field of mental health really, is to really embrace aspects around self determination. And also being able to also look at practicing non oppressive social work. Because I think in South Africa we have a history of that. Irrespective of race or culture, I think just being psychiatrically ill really leaves you vulnerable to being a victim of oppression again. So for us it's crucial to really look at how do we incorporate that into our work as such. As public servants, and by that I mean we're a state owned facility, so we obviously also are bound in our work by the Public Service Code of Good Conduct and Practice. And then we also have our social work ethics which guide us in terms of professional behaviour.

I still find myself sitting in a ward round, or in any other clinical meeting, where a patient is discussed on medical grounds, but also on racial grounds. And we team members still try to sort of treat the patient based on their race basically. And feel that because of this racial grouping, we need to do this or that differently.

It's difficult to give a specific example. Because I think it is not the kind of thing that is very overt in the way that we work. But as social workers you often need to be quite attuned this possibility. What I can say is that we've had an incident in our unit where a patient of a particular racial orientation was admitted into the unit. And it was felt that this patient needed a specific type of medication. Because he had a good prognosis. He had been in school etc. And for me basically I sat in the ward round and it just didn't make sense to me. I am not a doctor, and I don't profess to be one either. But I needed to question what makes this patient different. Because I couldn't see what was different between him and many of the other patients in the ward, who was not getting that particular medication. And this sort of probing led to us as a team then deciding, maybe we need to review all the patients then in the ward. And try and determine who actually would benefit from this type of medication. Which would obviously have less side effects. Which would be able to ensure that the patient could return to mainstream schooling.

So these were the kind of things that you need to speak up about. And I think we do it in a non sort of confrontational manner. And at the end of the day, we don't always get success in this way. But we just need to make people aware sometimes that your way of thinking might not be appropriate anymore.

The Social Work Department, it's a very high standard. So we really put a lot of effort into our work. And you really feel good at the end of the day. We have very good support systems within our department as well, for staff. And I think just being able to move between service areas, provides you with new challenges all of the time. And also working as part of a multi disciplinary team, your own personal skills in terms of becoming more assertive. In terms of your communication skills, all of those things actually do get developed very well, and do get

tested all of the time as well. So that really is a good place for a social worker to develop. And also for me, what was very fortunate for me at Lentegeur here, was career-pathing opportunities. So that was one of the reasons why I stayed really. I was able to move through the system fairly quickly. And then you do feel that you are being somehow acknowledged for the work that you do. And that helps you to stay, and that keeps you motivated at the end of the day.

Often within the Health Service, the service is predominantly focussed on medication and the medical way of doing things really. And as social workers in especially the field of mental health, we need to constantly make our team members aware of the psycho-social factors that contribute towards that person becoming ill. For example, we would have a client admitted into a unit, who is psychiatrically ill. But the client may have had an acute stressor prior to the onset of the symptoms. And often it is the social worker in the unit who needs to actually get that kind of collateral from the family, to be able to assist the team in realising that this patient doesn't just need to be getting medication, this patient might need to be getting some traumatic briefings, some trauma counselling etc. and that would ultimately help the patient to be able to recover quicker. So it's not just about giving the patient a tablet and looking at those aspects of the patient. And I think it's not necessarily a problem within the field of health. But it just makes our work a bit harder, I think. Because we constantly have to feel as if you need to sort of put up your hand and say 'I need to say something here now. I need to come in. We must focus on this etc.' So you constantly feel as if you're fighting for the patient's rights really. And yes, I am hoping one day in South Africa we won't need to feel as if we're fighting. We will feel as if it's just part of the norm. You know, it's not like something that is out of the ordinary.

The field of mental health as it pertains to adolescents is not receiving enough attention within the spectrum of welfare services. With a result that adolescents with a psychiatric illness are not really being able to optimally utilise resources. And I think that what we need to be doing at Lentegeur hospital, because we're the only psychiatric hospital within this province providing a mental health service to adolescents who are psychiatrically ill, is that we are going to have to start lobbying and ensuring that our adolescents actually get access to resources. And also looking at how we can develop more appropriate resources for these adolescents. For psychiatric illness, the onset age is normally in the late teens. And normally in the past when a person became psychiatrically ill for the first time, that person did not necessarily require so much medical intervention and over such a long period of time. And I think what we have now is a situation where the onset age has decreased to the extent where we get thirteen year olds coming into our unit, who are extremely and severely ill. And this is primarily because of psycho social stresses and because of drug usage. So we are going to have to become more visible in terms of the service that we provide. We are going to have to look at how do we de-stigmatise and also de-sensitise our communities around adolescents with psychiatric illnesses. And also looking at family work. I think that in South Africa, our families have become so disintegrated, by having to cope with psycho social stresses that when we enlist with the psychiatric condition they just often go into a state of denial around it. And being in denial around a psychiatric illness, it means we're not managing it. And if we're not managing it, it simply means that there would be relapses then. So we have a lot of work that needs to be done basically in South Africa, and particularly at Lentegeur hospital as well.