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The Role of Social Workers in Mental Health

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Social workers have a variety of roles with clients with mental health problems including forcing people under section, explaining the mental health system for patients and families when new to it, how to make the best of the restriction when under section and helping service users directly confront the fear in schizophrenia once discharged. This journey through the mental health system will examine these roles for a social worker each step of the way.

1. The Onset of My Illness

I had a lot of things happen to me once including a relationship breakup, the bankruptcy of our family business and doing a high pressure research course. Individually I could have cope with either one but altogether it was a system overload. That put me into shock and I snapped, really snapped.

Then in addition to all these things happening to me I started hearing voices. They were quite muted at first but over time they started to get more frequent and louder.

I hadn't had time to recover from my breakdown and the voices added to the stress and emotionally pain I was going through. They drove me deeper into shock. I subject to the full force of the illness as I didn't dare tell anyone I was hearing things in case the thought I was mad.

I was left to cope with them on my own and without emotional support I began to get more and more depressed. I was already depressed enough with what had happened to me in my life. At my lowest this promoted a suicide attempt but with all the pain and fear I wasn't strong enough.

Once I hit the low point I thought that I was see a doctor and get an anti-depressant which fortunately I had heard of. The tablets didn't work but they did have a sedative which got me to sleep. The voices were frightening so getting some rest was very helpful.

Then I started having paranoid delusions of thinking I had caused 9/11. This further amplified the fear and pain in my life from the voices. It was a huge emotional blow thinking I had killed all those people and it was absolutely terrifying thinking I was going to be punished.

By this time, I stopped functioning. The worst part was having to give up my studies which up to this point had provided some distraction. Being completely exhausted and emaciated I could no longer hide what was happening and my family contacted a psychiatrist.

Then the psychiatrist dropped a bombshell and said it might be schizophrenia. As if things weren't bad enough I thought I was going to be locked up in addition to what I experiencing. That felt like it might prompt another break down so I resisted going.

Worst still my family signed the forms to have me sectioned which just made things worse. Even they wanted me confined despite my pleas not to go. I felt like a social outcast at this point as the whole society seemed to think I was mad. I got more anxious and depressed.

By this time all these factors combined to make me totally exhausted. So I gave into the pressure to go to the hospital. Not being able to resist I wondered where they were taking and what was going to happen. Would I be out into a strait jacket or a padded cell I asked myself.

When I got there I could see the hospital for myself and I found that very striking. The place was quiet and had nurses with friendly faces who welcomed me. They did not try to lock me up and gradually I learned about the concept of having a mental illness.

Once calmed down enough in my new surroundings I felt I could trust the nursing staff and was able to open up to them about my problems. I could see they wanted to help and I began to describe to them what I was thinking and hearing from the voices.

In my case I had been watching the progress of the delusions in gradually taking over my mind and making me feel ill. When I began to talk about this I found there was still some grip on reality left. I was able to question all the fear and pain I had which was a great help.

That insight made me clam down with being sectioned and I began to recognise I might indeed have the schizophrenia. That recognition was soon followed by the idea of a mental illness and I realized that my new surroundings were a mental hospital. My families opinion reinforced this and I felt safe.

At this point I became compliant with the system and didn't try to escape. I willingly took the drugs they prescribed despite the side effects and understood what they were for. After a short while the section was lifted and I became a voluntary patient.

It took them a year to find the right drug but I was eventually discharged when stabilised on the medication. It was felt by the psychiatrists that with the insight I had if things deteriorated again I would be in a position to ask for help. So once again the condition could be monitored by both my social worker and my family.

Fortunately, the symptoms did not worsen. Then with all the help form day centres and sheltered housing projects I began to feel a bit better and could cope with things more. So this story has a fairly happy ending. Let us next examine the journey I have been through with this.

2. Being sectioned

Many social workers are unhappy with the coercive content of the mental health act. Sectioning needs to be handled very carefully to avoid too much distress for the service user. Schizophrenia on top of being sectioned could make you snap so we need to know how to get things right.

There isn’t time to go through all the different labels and reclaim them one by one or get into explaining what a mental illness as opposed to a physical one. Al the same some explanation about what is happening is going to be needed.

It is possible to explain these delusional thoughts as a chemical imbalance. So even if you think they are real they can still be got rid of using drugs and medications. When extremely distressed anyway of getting rid of the thoughts will be readily accepted. Anything to stop the suffering.

Involving family with the section is important and they will come with you when you being carted off. It is emotionally painful that your own family will have you locked up. Yet if there is some partial insight emotional support from your family could ease things even when they have signed the sectioning forms. They can go with you on your way to hospital.

To avoid these impressions, it is best to test out any insight. So, if the onset of schizophrenia is gradual and the patient can see they are slowly losing touch with reality they might understand it as an illness. This thought might be at the back of your mind and will need locating.

Subconsciously you know something is wrong and this can be brought to the fore by talking with your social worker. To do this it first needs a way to open up with the social worker. They will need to show some compassion that they want to help. That should inspire trust to talk about the thoughts as you know you won’t be locked up.

The patient is going to be very distressed. It will help the patient to be reassured that when in hospital they can find ways of calming you down and will look after your basic needs. There are tablets for you low mood and help you sleep. These symptoms will be very severe with schizophrenia so compliance with the system might be more possible as you can see you will get back to being functional again.

The illness maybe worse than the fear of being locked so anything that might help will be accepted. Yet the fear of being locked up with a bunch of dangerous schizophrenics might be just as bad. So the worry Is that you will never get out so we will need to explain about care in the community which most people will have heard of.

Another thought here will be you don’t have split personality. So you are not schizophrenic as you have been diagnosed. Thus you are not a danger of being a psychopath so there is no need to lock you up. Yet schizophrenia isn’t about this and is really about paranoid delusions. This voices which might ring some bells with the patient and their families.

To avoid these dangerous stresses, the word schizophrenia needs explaining as best as can be possible. The social worker needs to display some professional authority to shed some light on the subject. They just think you have an illness and are not a psychopath.

Some knowledge of where they are going here is also relevant. The attempt to reclaim the word mental might make them understand they are only going to a hospital even if they think they are not ill. Yet the word mental hospital still sounds threatening so other strategies are needed.

The police may be involved with the section and will give you the impression you are going to be locked up. The stress could trigger a psychotic episode. You need to get to hospital as quickly as possible to avoid the stress then you can see it all for yourself. If you can get through the part of being sectioned once there you should calm down.

If these things are going to be terrifying some Valium could be used here to stop the fear brining on the schizophrenia. The problem is that this is often not prescribed. So you will need to take a few deep breathes, use some safe place imagery and soothe what is happening with some compassion.

The hospital wasn’t behind large walls but in the city centre. Then once I got inside the doctors didn’t wear white coats. I was expecting bedlam but people were just sitting around chatting quietly. I was shown to my room which wasn’t a padded cell and I could come and go as I pleased.

Once this is all made clear you will open up more about your problems and will establish more trustworthy professional relations with your social worker. Then they will be in a better position for helping with your problems and you will be able to get proper treatment both medical and social.

3. The Role of Social Workers in Explaining the Mental Health System

The mental health system can seem complex and confusing to anyone new to it and it all needs to be explained by a social worker, including what it is and how it works. It is up to the social worker to take the reins and guide us through it before we understand things.

The first problem when coming into contact with the system is to overcome the stigma associated with it. There often isn’t time to go into all the issues of political correctness and renaming schizophrenia. In my case y family was simply told it was a chemical imbalance which they readily understood.

We to know the difference between being mad and ill. The best way was not to try and explain this but to get to hospital as quickly as possible so you can see it all for yourself. Then you can see the difference between the image and reality of mental illness.

Families will want to know how the different symptoms affect us and what caused them. What goes on inside the mind of a schizophrenic loved one? The truth is that they are losing touch with reality and hear things that oppress like roaring thunder. They can begin to understand how frightening this is for their relatives.

This can be distressing for them when they realise how severe the symptoms are. So they social worker will need to reassure families that things can be done about them. Again, they can speak with some professional knowledge and this can be important to relieve their anxieties.

When we first encounter the mental health system we need to understand it. Instead of explaining it all it might be better for your relatives get to hospital so families can see it all first hand. Then they will see why there is a need to go into hospital and what happens after that.

As this might mean sectioning a relative it is best done by using the profession image of the social worker again to reassure patients and their families that the coercion is there to help service users. It will make them feel better. What they say should carry some reassuring explanatory authority.

Then you come across the complex and the rich array of therapies on offer. You will learn how they work. Again this all needs explaining by the social worker including medication, compassion, cognitive therapy, voice dialogue, anti-depressants, sedatives, side effects, electro convulsive therapy, sleeping pills and benzo-diazepines…

With regard to the medications families will also need to know the differences with a typical and the most effective stuff like clozapine. Doctors disagree about effective dosages and combination while they all have stuff they like and other things they won't touch. Shopping around for different opinions become important sometimes.

As a patient after a while you will get to know the medical ropes. If families do not already know about it all it will need explaining to them. Patients will soon get more familiar with things through spending time in the hospital. You will learn the names of the different meds and what the newest stuff is.

After that you pick up on the medical jargon used in hospital including delusions, psych ses, hallucinations, catatonia, bipolar, hebephrenia, schizoaffective, episodes, insight and paranoia to name but a few. This all seems a bit nebulous but seeing it all first hand helps us to know the language involved. The social worker should aid this process through describing things for new comers.

Then you will also begin to understand the complicated roles of the different personnel involved and what they do. This includes doctors nurses and occupational therapy, counselling, cognitive behavioural therapists. You will learn they offer insight, emotional support, relaxation, and keeping busy which are the keys here.

You will find you can have a chat to your allotted nurse which will cheer up any depression and help take your mind off things. There is stuff to make the brain work so you can focus on something else and not just your problems. You will be motivated to look after yourself. This sort of thing is very reassuring for families and they will begin to understand the system can help.

Once while you been coerced into hospital you will get to understand how it all works and will become compliant accepting the help on offer. You get socialised into the medical environment and become part of the system. You learn to rely on it for support.

Yet not all the news will be good as you learn in that only a third of people are cured. This has not change even though the newer drugs have less side effects and are more advanced things. They will learn that schizophrenia is a life long condition. So, they are going to need to know how the rest of the system can help support their loved ones long term.

At this point we need to make clear there are other therapies. The two main ones are cognitive and compassion based solutions. Instead of curing the illness they can lessen the severity and lighten the load of the delusions. Again these are not effective for everyone which opens the door of a role for social workers again.

Another complication is that treatment Is not all down to drugs. There are other ways of delaing the schizophrenic stresses in life that cause and perpetuate the illness. These can only be addressed on discharge but you will need to go into hospital first. After that you will encounter day centres and sheltered housing projects. These can help rebuild your life and solve or heal the things that drove you ad in the first place.

Social workers can also support you by taking you places that you feel paranoid in. So they can help you confront or distract you to overcome the stresses of the illness. This can aid your recovery as well as taking the medications and should help you wean off the need for the Valium.

On discharge it is necessary for the social worker to explain that life can begin again. This even if you have lost contact with your friends through stigma. Families will be relieved to know that there loved one can meet friends and partners at day centres as well as by finding a new way of life enjoying the education on offer. What first seemed like the end of the world with schizophrenia the help will mean will in the end life will get back to normal.

You will learn to rely on your social works opinions about things. Having been through the mental health process and come out the other side they are there to keep an eye on you. If you lose insight into what is happening your social worker will suggest going back into hospital. You will readily take their advice and trust in their opinion. There will be no need for a section this time.

Once out of the hospital it was encouraged by my social worker to join MIND and RETHINK. This was an excellent introduction to living with a mental illness and they were full of tips about what coping strategies could be used to help. I realised I was not alone in confronting my problems and could read or talk about them with my social worker.

In sum a good professional can make all the difference by supervising our progress through the mental health system. This by explaining all the ins and out of what is involved and this should ease our passage through it. I am very grateful for the help I had with this when it was all new to me.

4. Under Section

Being detained in hospital has its benefits. You are not so physically exhausted with the fear of paranoia and emotionally drained for hearing critical voices. You cannot look after yourself. So my first impression was very positive. Instead of feeling locked up I was relieved there was help with eating and sleeping. I was pleased to be in there.

When first admitted I thought I was in danger for the other patients. Then I began to realise that with compared to the paranoia of being persecuted by the neighbours and with the danger of stigma I found hospital to be the safest lace I could be. Again, this helped calm me down so I could cope with things better even though I was locked up at the same time.

Another thing I was pleased about was that there were people to talk to who didn’t think I was mad. I found this emotionally supportive despite the pain I was in from the voices. So again I didn’t feel so drained and this cheered me up quite a bit. I was sable to deal with the depression of it all.

After that life began to settle down and I wasn’t so exhausted feeling safe in hospital. Then a new problem began to arise as I began to start feeling bored. Sometimes when the symptoms set in I was too frightened to be bored but it did present a significant problem.

Also, in addition to this after I initially got there and had help with the different symptoms the feelings of confinement began to set in. Yet there were other things that could help with this stage of being sectioned that made the hospital feel a bit less restricted.

Not being allowed out is more boring so you need something else to do. You cannot be left just to just watch the television as that means most people are simply staring into space. You need something more interactive to engage in instead.

Not being allowed out of the hospital also puts the emphasis on social contact and activities. The nurses are intelligent and being in a people job they have good social skills. The conversation with them will be caring and once you feel cheered up by it there is the opportunity to get an interest in the activities on offer.

So there is a need for a family/affiliative role on the ward. If there is less social contact with the nurses and they just sit back and observe the activities are not enough to fill the time in. Then it might be there is social contact with the other patients based on the activities they do together.

If the patients are too drugged to interact and you cannot get out to day centres where the people are more lively it needs a lot of contact with the nursing staff. Where this is not available that puts even more emphasis on the activities on offer and any chat while doing them.

The day room is quiet and restful and it gives you time to reflect where you want to go in life once discharged as your old life will have come to an end. You can start making plans for your life and look to the future. This instead of feeling life had come to an end when locked up.

Confinement when it goes on to long can be pressuring and depressing. So in addition to the symptoms it needs soothing with compassion. That might need some training which is not available during a hospital stay but the nurses can be compassionate with you.

Staying in hospital concentrates the mind and a few hours of keeping busy is not enough. The distraction only lasts for the time you have the relevant concentration and are not drugged. So the chatting is very important even if it is just with the other patients. This can help take your mind off everything.

If you cannot get to a day centre you will need something to exercise the brain to a higher level. The national newspapers come in very handy here. I was able to write and publish during my time in hospital which gave the time I spent in there a more meaningful purpose.

Bringing your own home media will also help fill the time in. it was also possible to go to the cinema and eat out so it was just as well the food was of a better standard. Often though the confinement under section will cut you off from such preferred leisure activities so this so you will have to find something else to do.

During a lengthy section there is need for exercise and a change of scenery and it might be possible that you could have supervised leave. You will need a lot of this as being on a ward is a lot of pressure. Yet again this may not be possible. Near the end of my section as the doctors became happier with my symptoms this became more possible. It was timely as I was getting sick of the confines even with the activities on offer. I could put up with this stage of things as I knew I would soon be let out.

So being sectioned can be made workable under the right conditions. This regardless of what the anti psychiatry movement criticises the confinement for. Much depends on how long you are in for and what level of social contact there is. This will vary from person to person so it would be interesting to see the statistics on this and what the general picture is.

5. Getting out and about with Support from My Social Worker

Thinking the neighbours were spying on me kept me hiding away as getting out of the house was I thought very dangerous. Believing I was responsible for 9/11 and the spying neighbours were CIA informants I didn't dare go out. I thought going out was too frightening until I realised there was a way around the problem. Here though courage was important there were other things that could help. This is an account of the thought process I went through.

The paradox was that schizophrenia was stress induced but many people still display courage for this. I had displayed some strength in coping with the schizophrenia which was a total nightmare and could reflect on this against the psychological barrier of going out. The problem was that I was not strong enough in life and already had one breakdown so how was I able to cope with exposure to the schizophrenia. I was told by my social worker other people had overcome these problems and I was no different to anyone else.

Staying indoors all the time meant there was no quality of life. Yet filling it with fear by going out may have been worse. Help was needed and I was told in initially thinking about this barrier that a step-by-step approach was needed. My social worker introduced me to another colleague and some time was allowed until I could establish some trust n her. Like many health professionals I managed to get used to her very quickly so it wasn't long before the therapy could proceed.

Some steps were bigger than others, like getting over the doorstep or being in places where I had been ill. This could end up triggering a relapse. There was no build up to some of these situations, so I needed a backup plan. This meant thinking about this especially when out and about somewhere else as being away from home meant I was not able to run back into the house and hide.

The first step was psychological, and I tried to imagine myself doing all this and that helped getting over the doorstep. I had to trust in my social worker to do this. I had known my social worker for a number of years and learned to trust and confide in him. It would have been a different story if I was paranoid about him.

All the same the first steps had to be practiced with him and not just the social worker he put in place for me. The first steps were the worst, so it took his input. After that things got a bit easier in some ways. I still thought like many schizophrenics that the neighbours were spying on me for the CIA. So what would happen if I saw them? After getting out further away from them things got a bit easier by going somewhere else.

At these most acute times there was no Valium, rock rose, lavender or breathing that worked on me. The social worker reminded me to think of times in my life which had been frightening or stressed. They provided some positive reinforcement when it was most needed “You can do this, mark, you have done it before.” That also stopped the fight flight response and again this helped me get over the doorstep.

With the graded exposure the whole thing didn’t go over my head. This instead of the overload going into my subconscious. I could eternalise my thoughts and face what was happening. This was required for the step-by-step approach so that even the most frightening thoughts where not a system overload.

Going out of the door meant going straight back in again if I could not cope with the fear. It wasn’t an appropriate first step. Yet it was more possible to get away from the neighbours in the town centre. So although this was still frightening it could then effectively reduce the fears I had of the neighbours when hiding away at home.

I was fortunate that there was another way round this problem. I could leave the house by the back door so no one on the estate would know where I was. The social worker went first to check it was safe and she could park virtually straight outside. All I had to do was get in the car. That journey was soothing and got me away from the place I was paranoid in. I started to breathe a bit more easily and my mind was not as so preoccupied when out of the confines of the house.

The next step was to get to the shops. This was important to getting functional with life as not being able to go meant I hadn’t rely on my family for doing this. We sat in the car park and watched the people for a long while. I felt there was some seclusion sitting in the car. I noticed that people weren’t aware I was there and were simply going about their business.

That gave me the courage to get out of the car and all I had to do was act normal, so I didn’t draw attention to myself. If I thought the people around me when out of the house were spying on me like the neighbours back home all we had to do was drive off again. It was always possible to go somewhere else and try again.

At this point something strange happened. I realised there was some evidence I wasn’t being watched. That prompted some insight and I started to calm down a bit. This made taking the next step of going out on my own a bit easier. The problem was there was only so much insight you can have so I was still frightened.

I still didn’t feel much safer being in the house as I thought I was being watched so getting out was a bit of a lifeline. All the same when getting back the danger of being seen was still there. The change of scenery was great after so many years being shut away and provided some incentive to keep on trying with getting out. I told myself after the positive experience of being out it was worth the risk of being caught by the spying neighbours, the stress of which could cause a relapse when out the house.

Again, it was possible to have displayed some courage with the schizophrenia as I realised such a relapse could be dealt with and maybe the medication could help again. This I told myself was the worst that could happen, and it might have an answer. So, there were the occasional setbacks, but my social worker told me not to give up now as I had come so far. This even if some places seemed hopeless things weren't so bad. There was always some hope. I found that thought inspirational and kept on trying.

One thing I realised when being frightened at home was that I could sit it out until the paranoid thoughts went away. So maybe the increased fear from being out could be dealt with in the same way. I wasn't sure this would work outside the house when things were more frightening, but it might work in places where there were more moderate levels of anxiety. All I had to do was keep calm and try this out. It was possible sometimes to just let the fear wear off instead of trying to coexist with it.

The key to getting out was to go to places where I hadn't been ill in with the schizophrenia so it couldn't trigger a relapse. That meant going to places I had been to before the illness so there were no dangerous associations. That realisation prompted memories that had stronger associations of safety than simply imaging somewhere safe. Then more than this instead of just imagining the place I could actually go there and be in that environment.

At these times I didn't need as much help from the social workers and was less stressed so there was no danger from a relapse. That gave me the encouragement to try and go somewhere else where I had been in when ill and see if I could handle that the same way. My social worker was there to keep my mind focused on the safety feeling here. So, that gradually overcame the fear of going somewhere with the more moderate levels of anxiety.

The safe associations of place made the anxiety much more manageable. Then instead of going from one extreme to the other this provided a gradual step towards tackling the worst places of being afraid. Instead of relying on the past I began to establish new safe places where there were only moderate levels of anxiety which was another step forward. Whether I could do this in places where I was absolutely terrified remained to be seen. Going there was possible but the fear never wore off completely.

Still the outcome of all this getting out and about was that I was able to access shops, restaurants and cinemas with friends and family. That established a sense of normality in my life which I had forgotten about when locked away in my room at the mental health project for so long. I realised being able to live a normal life should be the goal of service users which is hampered by hiding away from the neighbours. This was now aided by being able to go home which also reminded me of the good things in life before the illness. I decide to test something out by busing it there. This was a short ride and I kept telling myself once there I would be safe. So, any anxiety could be got through more easily. On arrival I knew the feelings of fear would wear off. This provided an opportunity to get out without relying on other people and was a further step forward.

The more the feelings I had of getting things back to normal the more that generated some insight. I began to think that the spying by the neighbours was something unusual. This allowed for some further therapy when being at home. Then the place I was living in became a sanctuary instead of somewhere I felt I was being spied upon.

Having been exposed to the fear in my safe place I felt I could the image with the memories of stressful and frightening things before the illness. Then I could use this for the next step of tackling the fear. Again, the positive reinforcement from the social worker was paramount and at this stage I was more inclined to believe in her. It all meant I could tackle some places which were really quite frightening and so created the possibility of some further steps up the ladder of difficulty.

I began to realise that the getting out and abut could be used as a reward for confronting the challenges the schizophrenia was causing. I also began to have more confidence in what I was doing. With practice I began to measure up to it more which again gave a sense of achievement. The end point was that I could out more but still not to everywhere and often people still had to come with me. This was a world away from having been locked in my room and was a great help for coping with the illness.

6. Conclusion A

A good social worker can ease the passage through the difficult parts of the mental health system by getting the sectioning right, explaining how it all works, easing the confines of the hospital and helping with confrontational exposure therapy when out. This should make the process less confusing and distressing and greatly help with peoples mental health.

7. Imposing Order on a Diagnosis Schizophrenia

The onset of a mental illness can seem like the end of the world but these fears on the part of service users and their families can be eased by a proper introduction to the bewildering new world they find themselves in.

Families want the best for their suffering relatives and at the first onset of getting a mental illness it is important for the social worker to guide them through the mental health system including what it is and how it works.

This includes the journey through being in hospital to the discharge into the world of mental health day centres and sheltered accommodation and in some cases back into employment This article will detail the generic and individual help I have had with this.

8. The Initial Stigma

Anyone new to mental health are going to be frightened by stigma as they may think their relatives may turn violent. Before they can provide love and caring support to a person newly diagnosed stigma the social worker needs to explain they are not in any danger.

Words have power and will shape our understanding of mental health. The idea of illness we are trying to get across is obscured because the medical diagnoses is using technical terms like schizophrenia and psychoses. There are a cluster of notions that reinforce each other creating the wrong idea.

It will be up to the social worker to explain what this means as words like paranoid are very opaque and it is known if we feel persecuted by people we may harm them.

The term schizophrenia is equally misleading as the word look likes it means a split or schism in the self. This reinforces the Jeckyll and Hyde impression and families are going to get the idea this is psychopathic. Here there are other difficult and mysterious medical terms which reinforce this impression. So we need to explain the other term like psychotic, which does not mean psychopathic. Although the term 'psycho' is popularly used the social worker will need to explain it is just slang.

Once we get past the initial diagnosis language we need ways to deepen our understanding that this is an illness. This ties in with the notion of a 'mental' hospital which is equally misleading. We must know here are no signs of danger like padded cell or straitjackets.

Hospitals are thought to be places of confinement and again the associations of danger come back into mind. The social worker will need to explain patients get discharged instead of locked up. So in going to visit their relatives in there they are not putting themselves in any danger.

It is important for the social worker to encourage direct contact between families and the hospital as they can see first hand what goes on beyond their assurances. Then contrary to the stigma they will know that care in being provided. That requires a diagnostic explanation.

Then there will be less barriers to understanding the concept of mental health. We will know these dangerous thoughts are only thoughts which can be changed by altering brain chemistry. These thoughts were being generated by the mind and are not fixed. You are not a permanent psycho and can be made safe. Then as with suffering from any illness the people you know will become more caring.

9. Hospitals

So it seems initially a lot of families will be frightened their relatives will be locked up or turn violent. A social worker could reassure here by encouraging families to see the hospitals for themselves. Seeing everything first hand will realise their loved ones are in good hands.

They will realise hospitals are for short term treatment so they won't worry about being in there forever. It will be realised their relatives are not in much danger from the other patients.

In hospital there are many ways the mental health system can help and this will make families know they are cared for. So seeing the hospital first hand for what it isn't rather than what we imagine it to be will help. Watching all the care in action will really bring this home.

Having assimilated the idea of a mental hospital relatives of the person will want to know what they can do to help. The answer here is for them to provide as much emotional and loving support as they can. They are also going to want to know how the mental health system can support with this and what can be done to ease the suffering of a loved one. This is vital to them.

Initially they will note their family members are being fed properly and getting rest from sleeping tablets and that their relatives are safe in hospital from stigma. They will put weight back on and look healthier. Looking emaciated is one of the most visible signs of the suffering so the social worker must emphasize how striking this change is.

This happens once you start to calm down as your appetite will return and you will have more rested sleep. You won't be so physically exhausted all the time and will bear up to the fear better. You will not be so emotionally drained by what is happening to you.

Once we have our level one needs addressed as Maslow described them we can begin to understand what is available to calm down the terrifying symptoms. The two strategies that are often suggested are being distracted by the activities on offer or by confronting the symptoms by being stronger emotionally.

When you are frightened the nurse will be with you to support you in overcoming your fear. This may initially require a Valium at the worst points but gradually you can build up your courage to deal with things. Again this will then allow the opportunity to deal with the emotional pain.

Families are often too busy to be there to provide love and care. They can only come visiting for a limited period of time. Then it is very important for the social worker to explain to them how the system looks after you emotionally to fill the gap here.

One approach is that you are being nursed and this can help emotionally. Families will benefit from knowing you have a named nurse just for you as overtime they will get to know you and your problems very well. The nurse will know the right things to say to help you grow and heal.

Once you start to calm down and stabilise on medication then when on the ward you can engage socially with the staff and other patients. This should cheer you up as you know other patients have eased their suffering by sharing the pain and anxiety they have been through.

Understanding what they have each been through is only something other patients can do because of its otherness. So, being able to do this will enable patients to be compassionate with each other and further soothe the fear and pain. It is vital for families to be reassured by knowing this compassion works emotionally.

At this point another encouraging impression that needs to be got across is that hospitals are not bedlam "a state of uproar and confusion." Instead they are quiet and restful giving the opportunity to relax and heal your problems. They can then reflect on their emotional problems and find ways of coming to terms of life with a severe illness.

From here another step is keeping busy and hospitals have activities on offer which can distract patients from delusional thoughts and voices. Crucially these can be continued outside of hospitals as at day centres. They can even be practiced when living independently when you are back in your own home.

Then relatives will see their friends taking an interest in life and getting motivated to look after themselves. They will want to see things getting back to normal again in all these ways which is the most important sign for them. Again they will then know this is an encouraging sign as the realsition is that they can then be better continued outside of hospital through the institutions of community care.

Reading Magazines from MIND and RETHINK should be recommended as they introduce the whole world of mental health in a potted version. They also have the power to dispel stigma and have encouraging stories of recovery. They are the source of much useful advice for living with the condition on discharge.

Families will also calm down about the symptoms once they see their relatives responding to treatment. In the end they will be so grateful for services being there. In Winterton in Durham there was a notice board with dozens of thankyou letters. Services end up highly valued.

10. Explaining Medication

The hospital is a medical environment. Once we plant the seed that mental illness is just a chemical imbalance and the strange delusional thoughts can be controlled by altering that chemistry we can begin to be reassured more.

We can then start to assimilate the terms used and comprehend the language involved. This is a gradual process. It starts by staying the chemicals are "medications" and once we know this we can see those prescribing are "doctors." When we are unwell we need to be in a "hospital" so we can be "cared for" and "nursed."

This sort of thing occurs in the mind as well as the brain. So, when we are unwell even though the problem is a chemical change which seems more like a physical illness, it manifests in thinking and in what we hear. Medicine is a language that needs translating and its words have much meaning.

Crucially here, hope is another good thing to emphasise, as there constant breakthroughs being made all the time and new drug being developed. Families and patients will be very reassured by this even when they learn the illness can be lifelong.

Once we establish that we have an illness we can begin to get across the caring side of the mental health system and that it cannot all be left to medication. The paradox from the family lay person viewpoint is that brain is so complicated we many never figure it out. Yet we can cure about a third of patients. At this point the social worker will need to explain to families what else can be done. This through the secondary care the system provides.

11. Friends and Family

Getting a mental illness involves a lot of emotional turmoil and often the person with schizophrenia will be dumped by their friends. So the worry arises for families that their relatives will end up isolated. Families are often too busy to fill the gap here so how will the person the cope with the illness without emotional support. The role of the day centre needs to be explained by the social worker.

As per Maslow's hierarchy of needs once you start calming down after the medical treatment you will be able to respond emotionally. This is a relief for families as they can then remind their members that they are loved. This should act as a source of strength for them.

Once emotionally back in touch this is such an important part of life that it must be explained service users are not missing out on this. It is possible to meet friends and partners despite the stigma. Again the fear of stigma may shut you down emotionally and needs to be addressed.

It is possible to make new friends at day centres and here life can start again. You will become part of a community which will grow over time. Then you can rely on the relationships when your family cannot be there for you all the time. They will need to know how this works.

It is possible to meet partners and get married and these deep emotional attachments make life with a mental illness much more bearable. It can act as a source of strength from the fear and being loved will soothe the emotional pain. This is more powerful than just having a friendly chat.

Once out in the community and making new friends to rely on and you can use these relationships to go on to do other things with them. This including going shopping, eating out and travel or whatever takes your interest like Cinema and Theatre. Things should start getting a bit more back to normal which is good for feeling anxious and depressed.

Also at the day centres the idea of sharing distraction therapy begins to come into play as it did in hospital. This gets your brains working again which is also good for you. There is much more choice of things to do than being in hospital and is much enjoyable and interesting. You can all really get immersed in something then.

From there the ultimate wish for family members is get their relatives back to work and this can be achieved for some despite the stigma. Here the employment service can link in with employers sympathetic to schizophrenia. Failing that voluntary work may be possible. This is emotionally good for self-esteem.

12. Sheltered Accommodation

Another worry on the part of relatives is that their family members will become institutionalised and will be so dependent on the help that they will never get out again. Again this misperception can be dealt with as it is possible to be discharged into sheltered accommodation.

This is very necessary as leaving the ward is like losing you house and is one of the most stressful things you can do. The answer to this problem is that you will have a dedicated housing team to reintroduce the outside world which will duplicate the help you had in the institution of the hospital.

The problem then becomes you can get dependent on this secondary help in turn when in the sheltered accommodation. So having learned as in hospital that schizophrenia is stress induced moving out of a mental health project is going to require close monitoring by the social worker and needs explaining to families.

Once on the outside, you will learn things like relying on friends and especially partners rather than housing staff. You will appreciate the freedom this gives you as a platform to enjoy an independent normal life again without having to be reliant on other people.

In sum with support from a social worker, this can be the happy end of a journey which starts with patient and family despair when people first come into contact with the system.

13. Social Workers and Care in the Community

The main role of the social worker as in my experience is to monitor the condition and provide care and support. They can have input during a number of phases as you move through the mental health system. These include first psychiatric contact, hospitalisation, day centres, sheltered accommodation and independent living. My social worker was able to support me in each of these situations.

First contact with the system is tricky as we have seen as the social worker will need to explain about stigma. However, this is a large area to be got across especially in a crisis. It might be better to get to hospital as quickly as possible so the new service user can experience the idea of mental hospitals first hand.

This is difficult as it might need forms signing for sectioning and police involvement which will add to the fear of being locked up permanently and being exposed to dangerous patients. Worse still instead of just being frightened by this the stress could trigger off a psychotic episode.

After this point and once in hospital some more explanation about stigma was possible. The patient will feel they have been thrown in the loony in for being non compus mentus. This means they will see their illness is there own fault by not coping with life. They may have let themselves be “driven round the bend.” It is important for the social worker to emphasise any one subject to enough pressure will be “driven mad.”

Better still once on the ward you will learn about all the help that can be given, medical and psychological. The social worker can help supplement these by providing further advice and support on the possibilities of being exposed and distracted. This when around people on the outside who may be spying on you. During a hospital stay there is less input form the social worker as things are mainly medical but afterwards their role can best be vital once discharged.

Then when we come into contact with the world of day centres and sheltered accommodation which can help with keeping busy and looking after your emotional needs. Yet you first need to be functional for this and for staying out of hospital. My social worker began to have some input now.

In my case the fear sapped my strength for going out of my room at the mental health project. I needed to have some graded exposure to the symptoms before I could engage with community services and avoid being locked up again.

In my case as I was too frightened to leave the project as I thought the neighbours and people outside where spying on me. They were passing information back to the CIA about being responsible for 9/11 Graded exposure was needed. This may seem difficult as it means direct exposure to the paranoia. So there needs to be much trust with the advice of the social worker to give it a try. The social worker was needed to apply some pressure here.

Being distracted is another thing that needs calming down for as you can be too frightened to concentrate. So if you can cope with the fear better you will be able to participate at day centre courses and be more able to look after yourself. In my case the illness kept going into crisis and my social worker had an important role to play in getting me some Valium at these points even though the doctors rarely prescribed it.

Eventually the illness was getting more manageable and it was recommended I lived independently. Then support from my social worker was vital to managing the changes. It wasn't certain the house move would work and my social worker was able to advise the housing association about this. In the end it was advised to give it a go and again I had to trust the social workers' judgement about it. As it turned out a lot of the problems I had about the house move were answered and it turned out the project was a stepping stone here.

The role of the social worker becomes critically important when moving out of sheltered accommodation as this is stressful and isolating. It needs to be assured that they are at the end of the phone at the precise times their clients need support as relapse is a very common problem. Once a relationship of trust is established with the service user they will know the social workers are just a phone call away in a crisis. The condition of schizophrenia is prone to relapse and so service users need much input from family members as contact with the social worker may only be once a month. Where this is not available it puts a lot of onus on the patient to recognise when they may need to call for help which might be difficult where there is less insight.

Also, when living independently compliance with medication is another problem as the side effects can be as bad as the symptoms. It might be necessary to try something like abilify which is very free of these problems. It may be if the illness is controlled with coping strategies, they may feel like coming off the tablets, so this too needs to be watched.

The thought you are not going to be automatically locked up by your social worker and not to be in hospital again will need to be established before clients will talk about their problems. They should look at community treatment orders very closely as hospital can be a negative experience, though this is depending how long you are in for.

There are things you need to confide in the social worker that you cannot tell your family as you don't want them to worry. This also includes any suicidal thoughts which like the other symptoms are better dealt with at home which is a more therapeutic environment than an institution. You will have to reassure your social worker that although you feel like this from time to time mostly you are not in any danger.

So, they need to be alert to service users disguising their problems as they will not want to be hospitalised. This especially if they have previously had a very negative experience of this. It means establishing trust that they are not automatically locked up before they will talk about any decline. Families will pick up on any decline or change in the symptoms and social workers should be alert to this and listen to families closely, though this does not automatically mean hospitalisation.

Still the patient may have no insight and be too ill to know they will need help. So, the social worker listen to families as they know you best. Again, they will know if things are going wrong. They can tell if you are not yourself. Families may be taken to worry unduly but may also spot a deterioration in the symptoms. I was able to tell my social worker my mother rang me once a day and saw me three times a week which reassured her and myself greatly.

Care in the community involves the acute stress of moving house which also causes isolation and de-institutionalisation, though day centres can help with the house move so far. Here again there is less support when your ill and as you don't want to be in hospital you will put up with things rather than ask for help. Social workers will need to monitor these times too especially when ill as there will be less support. They need to provide advice on managing the changes when their clients are coming out of supported living and social workers maybe an emotional life for their clients at this point.

Care and support from the social worker is a lifeline needed in talking through the fearful symptoms with empathy, sharing your problems and talking them through with someone who understands them. The social worker will build up a lot of knowledge here in the jobs role of providing support. They will have experience from other service users. This again can be used to advice on the emotional motivation needed for the distraction and concentration we have been discussing.

Here otherness and being able to sympathise is important so the service user will know in spite of their suffering there are people who care about them. To sympathise you first need to empathize and understand the effects of fear and pain. It is important for the social worker to show compassion which can soothe the emotional problems and anxiety their clients will have.

Day centres only support so far so it is important that there are things you can do around the house. You can have social contact and make friends within the system to get an interest in things you can do from home. Yet if you are emotionally isolated these activities will not fill the gap. Alternatively having new friends means that during the times you are on your own things will be more bearable. Then there is plenty of choice like music, film and computer games. Unfortunately, the system leaves many people in isolation so having a social worker monitoring your mood is very important, especially at Christmas.

Then having a professional chat is important with the isolation of moving out of supported living. Social workers can emphasize the good things in life. It is common for service users to experience depression and anxiety and it is important for the social worker to emphasize the good points in our lives. This includes remembering our caring relatives or distracting interests to cure this before the depressing situation of independent living gets out of hand. Anti-depressants maybe needed here.

In sum a problem of care in the community and coming out of hospital is that living independently can leave you very isolated. There are also serious problems with monitoring the condition so the individual freedom of having your own place has not always been a good thing. A social worker can provide much help here in the ways suggested in this article. They need to be alert to the dangers involved, making their support roles very important.

14. Imposing Order

On first diagnosis the problems of getting a mental illness are going to be complex and confusing. There will be many thoughts and worries in the minds of families and service users and it is the role of the social worker to explain it all. There is a need to impose some order on what is happening.

There is a whole world of change going on in the minds of new service users and their families and all these fears need addressing by service users to avoid the severe distress of what they are going through. The social worker will need to explain what is going on and what has caused the illness.

In my case I thought the CIA were after me for causing 9/11 and that I was going to be tortured to death in some indescribable manner. This on top of the media image of being mad and of being locked up in a lunatic asylum. The illness was stress induced.

One way to explain things is that it is also known by science that schizophrenia is stress induced and in common parlance people with the illness who allowed themselves to be ‘driven round the bend’ or ‘round the twist’. So the idea from the point of view of mental illness is that anyone subject to enough stress will crack up.

The problem of stress is very similar to that of depression in that some people will cope with it and others will stay depressed. Two people faced with the same problems and some may snap while others will recover. This analogy will help explain things with psychoses.

In my case I had a few of the things that life can throw at you including a relationship break up, loss of family home and business and having a high pressure job in research. Handled individually I might have come through things but all at once and I couldn’t adapt. Then I started hearing voices.

The only point of explaining this side of things is that it is going to make more sense only to families as service users are still going to think the delusions are real. Where there is insight the idea of a chemical imbalance might help with everything going on in the mind of the person affected.

The insight I was having was that if I had caused something like 9/11 why had I not been assassinated. I felt the neighbours were spying on me passing information back to the CIA but still nothing happened. Thinking about this logically made it seemed that my beliefs did not make any sense. I could better understand what was happening to me.

If we can use insight to explain the notion of mental health it will help impose some order on all the other stressful things that are happening to the patient. These include being like being locked up in hospital with the terrifying paranoia, being pumped full of drugs with awful side effects, the loss of friends and family, a world that that is hostile and the damage to self-identity to name but a few. All this can bewildering so we need to understand we are mentally ill. It is to all this we will now turn.

15. Mental Illness

Often the idea of mental health is not understood by families. So it means as in about half of cases that service users are going dumped by their relatives. This is a serious worry along with everything else and it is up to the social worker to explain things in getting this idea of mental illness across. This too will impose some order on things when your life is in chaos.

It is necessary to demystify the idea of mental health to families and service users. We need to explain what it is as this question will be uppermost in the minds of service users and their families.

The shorthand is that schizophrenia is chemical imbalance: my family understood this and were not blinded by science. A more theoretical explanation was still needed to get the idea across.

I found the idea of mental health was a concept that is difficult to understand. The thoughts are mental but the causes of them are physical. This why medication is needed. Yet why is it called mental? This required some thought.

These new delusional thoughts were being generated by the mind. They are just the result of a brain chemistry that affects some people and not others.

When getting a mental illness it is like a psychical illness in that you have symptoms and so do not feel very well. These are also generated the mind rather than the body. Yet in both cases it has a medical cause-symptom relationship.

The cause is not some mysterious abnormality in the way you are thinking but in the brain chemistry that generates these thoughts in the first place. It is possible to treat the problem.

As with a physical illness there is a need for treatment and cures. These are constantly being developed. The problems are taken very seriously but medical professionals and much money wound the world goes into researching wonder drugs. This will be reassuring to families.

To inspire hope is calming and there was a need to explain to families that medications can be effective. For us the meds were a learning curve as we found out that there are things that are preferred and stuff doctors won’t touch. There are different views on dosages and combinations. Here clozapine was generally said to be the best one and I felt lucky to have it.

Again like many medical problems the illness may need doctors and nurses who are there to treat and nurse you. Like a physical illness if the symptoms are severe or in the case of mental health intense enough you will need to go into a hospital for them.

The idea of a mental hospital is closely connected to that of a mental illness in that it is a place where treatment can be administered. So the one can be used to further demystify the other. Then we can take on the more general idea of mental health.

I was fortunate the conceptual notion of mental was not rocket science to me though this may not be true for everyone.

16. Further Considerations

Being taken to hospital it should be pointed out doesn’t mean they are being locked up and this realisation will impose some more order on top of everything that is happening. Seeing it first hand is therapeutic for families too, providing the ward is not too chaotic.

Then medications are seen to be very effective so there was no need to panic on first diagnosis. Even if they don't work there are other things that can help and it is helpful to know there new therapies on offer. I was put on Clozapine which very well for me but I still needed secondary care.

These paranoid thoughts were being controlled so they were not dangerous. That will dispel another worry in the minds of relatives and family members. I think my family knew me well enough to know I wasn't capable of any violent and dangerous behaviour. My social worker was able to confirm this which was a great help for everybody.

The stigma is also one of the most bewildering things that happen on first diagnosis. This on top of everything else that is happening with the illness. Here the social worker took charge of the situation and recommended going into hospital which was safe place from this.

I was so bewildered by the symptoms when being sectioned I wasn't sensible of what was happening or where I was going. This even when despite the social worker trying to explain it and demystifying it. This wore off a bit when I first got there.

I was fortunate that the hospital I was in was modern, quiet and restful. It didn't feel like a Victorian lunatic asylum and that realisation calmed me down further. Yet although I was still getting terrible symptoms some further disorientation still went at this point.

Sadly, this reaction is not always true. Families and patients will be distressed by all this and the chaos on the ward will just make trying to understand everything that is going on more difficult. It will give family members and patients the wrong impression of bedlam which will confuse things.

The hospital did have activities on offer which was vital during a longer admission once you start getting bored with the place. They were too distracting and calmed me down enough so I got to understand the place better. After being on a six month section this was vital.

Once out of hospital on leave the pressure of being on the ward 24/7 will be alleviated. Then better therapies area available such as supported graded exposure and distraction. At this point families will be relieved to know this if the medications were only partly working. Day centres will deepen the understanding that care is provided and enlighten us more about what is going on in to help.

In the end I was also pleased to periodically get out of the place in the end and managed to pick up the threads of my life by socialising and doing educational courses at the day centre. Then things seemed to be not so bad and this calmed the symptoms down some more.

I also responded well to the medication which helped with what was happening. Having been stabilised on medication I began to calm down a lot and was in a better place to understand and appreciate the social and medical environment I was in. This helped dispel much confusion.

Still I was often so confused I simply had to put trust in my social workers advice as there was nothing left for it. My family understood the idea of mental health better than me as what I was experiencing seemed mostly real. With partial insight I had to trust them too.

17. Discharged

Families and service users are going to know that when in hospital the symptoms are not going to go away. They will be very weary that about leaving the intensive care of being on the ward. They will need to explain what support is available and how the rest of the system works so that you can keep out of the confinement.

After hospital I was directed to secondary care which worked quite well. Generally, this was more social and lively than a hospital ward. Yet with what is happening the needs of service users are complex and difficult to understand. Although visible they will need explaining to impose further order on your life. I felt the illness had robbed me of my identity and families will know you are not yourself. It is important to explain what can be done.

They include the need to progress up the Maslow Tree by having emotional support, calming down, restoring self esteem and being motivated to look after yourself. Again having all this happen to you at once it is confusing and overwhelming when first admitted.

Mental Health is not just about taking medication and other needs have to be met. Once we start engaging with services we can get a better grip on ourselves. Again these are various and difficult but will help with in the distressed mind of the new service user and family. To answer these needs the social worker advised sheltered accommodation and day centres.

The stigma will mean living on your own with the symptoms. So social worker explained about and guided me to a day centre where there was social contact. Still people feel isolated so sheltered accommodation might be a better option. On your own you need to keep busy. Day centres have courses and with the future prospect of occupying your mind and having social contact eased me fears of leaving the ward.

Families and service users will be frightened by these consequences of stigma so there is a need to know and explain their relatives will feel safe form this when discharged. The answer to this again involves living in a mental health project. I was guided to this by my social worker.

There is a need to be loved with the symptoms and here family support is vital. Being compassionate is another therapy that can help from friends and family and can be suggested from social workers. Again this will ease the symptoms so we are not lost by being caught up with them.

Eventually as I described I was directed by my social worker to living independently which I didn’t think would work. The social worker has to monitor this closely and again required a leap of faith. He suggested that I could still find support at day centres and that my family also filled the gap here.

18. Conclusion B

Once calmed down about the idea of mental health these initial worries arising from the prospect of being in the system permanently will not be so overwhelming. They will help deal with the problems of chaos in the service users mind as well the same for their families. The end of the process that began with being sectioned meant that my life began to return to normal thanks to the social worker.