Advocating Role of Social Worker in Child and Adolescent Psychiatry

INTRODUCTION

Social work is a profession that supports social change, problem-solving in human relations and empowerment and independence of individuals for the purpose of improving the health and welfare of individuals. By employing human behaviour and social system theories, social work addresses the problems and different living situations emerging, out of the individual’s control, at the point of interaction between individuals and their social environment. Social work is underlined in its core by human rights and the principles of social justice.

As a discipline accepting human as a being of intrinsic value, attributing importance to the dignity and creative power of man and attaching its professional focus to the individual within their environment, social work has different fields of practice\(^1\), one of which is the psychiatric social work. The World Wars I and II, along with child guidance clinics, played an important role in the development of psychiatric social work. The psychiatric problems observed in soldiers during and after the World War I established the necessity for social therapy to the same extent as that of psychiatric therapy. In 1918, Smith College initiated a programme for psychiatric social work education\(^2\). Psychiatric social work was first commenced as a part of the movement for the treatment of psychiatric diseases within the society. Lady Almoners provided contributions to a British association active in the field of psychiatric patient care. In 1880s, Lady Almoners paid house visits to patients following discharge and provided such services as identifying their social and medical needs and transferring them to institutions suitable to their needs. These visitors duly assessed the discharged patient and express their problems\(^3\).

Psychiatric social work can be defined as the delivery of appropriate psychosocial support and services that are required, in support of the process of psychiatric therapy,

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for the patient and their family during the therapeutic process of individuals in need of psychiatric therapy in cooperation with the treatment team and the framework of theoretical knowledge, methods and techniques of social work⁴. Clinic social service, on the other hand, is a specific form of social work practice utilized for individuals, groups and families. Clinical social work is defined as the professional application of the theories, methods and approaches of social work for the prevention and treatment of disability, handicaps, psychosocial dysfunctions and emotional and mental disorders⁵.

The team work approach in the field of child and adolescent psychiatry is an approach of importance and preference in numerous treatment centres. In psychiatric clinics that embrace multidisciplinary treatment approaches, social worker is employed as a member of the treatment team⁶. Also participating in the psychiatric treatment team, social workers employ every method of social work in their activities as appropriate for the relevant situation and needs. Among these methods, advocacy, case management and social organization are methods frequently applied by social workers active in psychiatric environments⁷.

**ADVOCACY ROLE OF SOCIAL WORK**

Advocacy is a practical strategy in the generalist intervention model⁸ which requires the social worker to identify and implement the most effective form of intervention to enable the realization of the targeted objectives in the individual addressed. During the process of evaluating the relevant individual within their social environment, this model is distinguished from other social work approaches by reason of its relatively complicated and potentially more problem-based nature⁹.

Case advocacy, as can be gathered from the term, refers to standing by the individual concerned and taking their side during the therapeutic process. These cases may involve individuals, families or small groups. Case advocacy assumes an active role in the process of guarding the highest interest of the individual or family concerned and providing the required social structuring in the solution of unusual problems encountered by the individual or the family within the society. In this process, the social worker utilizes knowledge and skills in relation with the mobilization of the systemic alterations that are required for the psychosocial change and develop-

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ment of individuals and even of the relevant sections of the society and the society as a whole. Again, during this process, the social worker, as a practitioner, is aware of the specific psychosocial needs of individuals, families and small groups.

Another form of advocacy in social work is "cause advocacy". In cause advocacy, the efforts of the social worker are directed towards providing solutions to the prominent and shared problems of a consultancy group consisting of individuals with specific characteristics experiencing similar problems. This form of advocacy focuses on the causes of the problems experienced by each member of a certain consultancy group due to similar reasons.

The aim of advocacy is to enable an individual or a family to avail themselves of the offered services in a safe manner. Advocacy assists the individual or the family in reaching their targeted or desired goals.

As a radical approach, advocacy aims at planned change and development.

Advocacy both ensures the availability of their right to existence and competences to the individual or the family concerned and includes social actions that ensure the availability of their new rights and competences to the individual or the family. The targets of advocacy in social work include individuals, groups, institutions, public or private humanitarian service institutions and bodies such as legislative authorities and judicial systems. The essential principle is to increase the availability of social works to clients and the second stage aims at enabling service provision in the best manner possible, whilst protecting the value and dignity of the client.

The advocacy role of social work is quite comprehensive, requiring, as much as expertise, detailed knowledge on effective strategies in practice, systems concerned and their sub-systems within the extensive social systems surrounding the individual or the family. This knowledge relates to service policies, management structures, regulations, executive procedures and formal and informal power structures of social institutions, as well as extra-institutional powers, rights of individuals or families, ways of appeal, relevant resources and intervention strategies and tactics.

Advocacy is required in situations where:

- it is not possible to employ the services offered by social institutions in line with their policies and practices;
- clients have been legally denied access to existing services;
- services are not sufficient to provide for the needs of clients;
- services offered to the client are not appropriate to human esteem and dignity;
- the provision of humanitarian services leads to discrimination on such grounds as language, religion, race or gender;

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services offered are not sufficient for specific needs of clients in cases of emergency;
- suggestions brought forth by relevant needs groups are not taken into consideration in the planning of new services;
- needs groups fail to protect their own rights.\(^{15}\)

**ADVOCACY ROLES AND PRACTICAL EXAMPLES**

In the social work applications undertaken in child and adolescent psychiatric clinics, social worker prepares a social work intervention plan as appropriate for the diagnosis and treatment plan of the patient. This treatment plan is structured to support the psychiatric treatment and follow-up processes of the patient. Advocacy is one of the professional roles undertaken during the intervention process.

For instance, adolescents settled with foster families apply to the adolescent psychiatry, presenting such complaints as adaptation problems and conflict with parents. The subsequent interviews reveal that such problems result, in fact, from the age gap between the parents and the adolescent and from the difficulties encountered by foster parents due to this age gap in dealing with the adolescent in the appropriate manner. In many similar cases, cause advocacy can be exemplified by the efforts of the social workers, as an observer of the situation, to give detailed information to the institution in charge of the foster family services and, in practice, to create awareness on the age gap between the parents and the child.

For an adolescent followed up due to behavioural problems, it is very important to be addressed appropriately by their teachers in the school environment. A school visit must be planned for the purpose of ensuring cooperation among school, family and hospital in the most suitable way. During such a school visit, the aim of the social worker is to work with the attitudes of school management and teachers in cases where the student concerned is punished for no justifiable reason, encounters rejective attitudes in school or is not duly supported, or in cases where the school management tries to suspend the adolescent for inappropriate behaviour or their parents are pressurized to take them out of the school. Here, case advocacy can be exemplified by the efforts of the social worker to provide information to teachers regarding the situations that can reinforce the inappropriate behaviour of the student or trigger harmful behaviours towards themselves or the environment, and to ensure the continuity of the adolescent’s school enrolment.

For a high school student followed up due to substance addiction and reactive behavioural problems, being regarded as the *persona non grata* at school because of their problems with teachers and schoolmates, as well as their personal characteristics, and being subject to the efforts of the school for their suspension can also lead to adverse effects on the therapeutic process. The fact that the adolescent is

\(^{15}\) K. K. Kirst-Ashman, G. H. Hull Jr., *Understanding Generalist Practice*, p. 541.
not wanted at the school, regarded and even stigmatized as a trouble-maker and their family is pressurized to take them out of school also cause problems between the school and the family. In such a situation, the aim of the social worker planning the school visit must be to build an appropriate structure to provide positive support to the therapeutic process of the adolescent. The advocacy role of the social worker also plays an important role in the foreground in interventions conducted for the purpose of ensuring cooperation among school, family and hospital, advocating the specific situation of the adolescent in structuring the appropriate approaches towards the adolescent in the school environment, protecting their right to education within the legal framework and discussing the benefits of continued schooling for the adolescent.

Students with varying developmental characteristics and enrolled in inclusive education are very frequently faced with alienation and rejection in the school environment. For most of these children, individualized training programmes are not made available within the framework of inclusive education in the school environment. Even though the benefits they can obtain from inclusive education are confirmed via a medical report, they are still held responsible for the regular curriculum. The warnings of the family are ignored and the family is even faced with insistence to take their child out of the school due to underachievement. In such cases, the most important duty of the social worker is to advocate the right to education of disabled children. The situation is similar for the adolescents that are ignored despite their legal right to education and the realization of the necessary measures in the school environment, and requires the social worker to advocate their right to education. The adolescent’s adaptation to the school environment can be improved by taking measures as appropriate, making the necessary arrangements and addressing them with suitable approaches for their specific developmental characteristics and legal rights. In this process, cooperation among school, family and hospital is of great importance. An intrinsic part of the advocacy role of the social worker is to help professionals speak the same language and act in cooperation.

In line with the advance in professional experience, reports accumulated in time as regards problems and applications concerning many individuals will provide contributions to legal arrangements. The submission of these reports duly to relevant units also constitutes a part of the advocacy role, again in the sense of taking sides with the client\textsuperscript{16}.

As a result, the advocacy role of social work can be stated to occupy an important place in the provision of integrity in the delivery of psychiatric healthcare services and social services to children and adolescents in Turkey. Efforts towards the sustainability of this service integrity are considered to assume a prospectively significant role in the creation of a national child policy.

\textsuperscript{16} G. M. Kline, \textit{Social Service in the State Hospital}, p. 567-581.
REFERENCES

SUMMARY
As one of the important professional roles involved in social work, advocacy is a strategy encompassed in the general social work model. When considered from the perspective of psychiatric social work, advocacy aims, in its most essential meaning, are to change in the benefit of the patient or to eliminate obstacles that create an adverse effect on the therapeutic process of the adolescent within their social circle during the period of psychiatric therapy and which the adolescent and their family cannot overcome within this social system, within the framework of relevant legal rights. At the same time, advocacy is one of the professional roles undertaken by the social worker in the course of professional intervention for the purpose of restoring the functionality of dysfunctional situations encountered during the structuring of social arrangements or support resources in order to support the therapeutic process of the adolescent. An effective case advocacy requires a good level of knowledge on the policies, management structures, formal and informal properties of social institutions, as well as on legal arrangements concerning the efficient use of social resources.
**Artykuły**

**STRESZCZENIE**

Oferowanie wsparcia, jako jedna z ważniejszych ról zawodowych pracownika socjalnego, jest strategią wjętą w generalnym modelu pracy socjalnej. Prowadząc rozważania z perspektywy pracy socjalnej zorientowanej psychiatrycznie, cele wsparcia, w jego najbardziej zasadniczym znaczeniu, wiążą się z dobroczynnym oddziaływaniem na pacjenta albo eliminowaniem przeszkód wywołujących niekorzystny wpływ na proces terapeutyczny młodej osoby pozostającej podczas terapii psychiatrycznej w swym środowisku, a których ona ani jej rodzina nie są w stanie przezwyciężyć w zastanym systemie społecznym, tj. w ramach przysługujących praw. Wsparcie należy jednocześnie do ról zawodowych przyjmowanych przez pracownika socjalnego w trakcie wynikającej z jego obowiązków interwencji w celu przywrócenia funkcjonalności dysfunkcionalnym sytuacjom napotykanym przez jednostkę podczas konstruowania relacji społecznych lub w celu zapewnienia środków niezbędnych dla procesu terapeutycznego młodego człowieka. Skuteczne wsparcie wymaga dobrego poziomu wiedzy w zakresie zasad pracy, struktur zarządzania, formalnych i nieformalnych właściwości instytucji socjalnych, jak też uregulowań prawnych odnoszących się do sprawnego wykorzystywania zasobów socjalnych.