

Facilitating Personal & Clinical Recovery from Major Mental Illness

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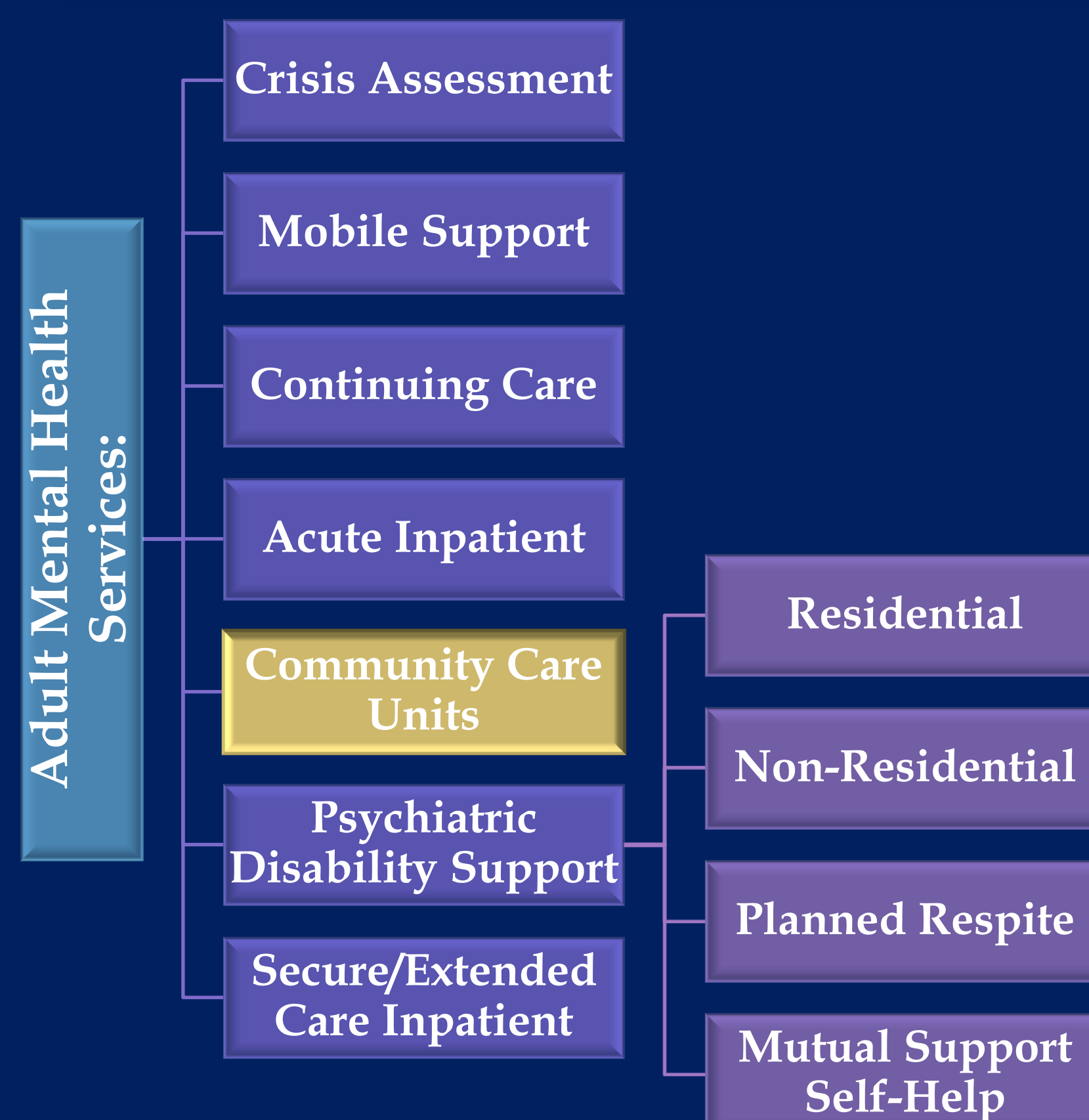


Melbourne, Australia

There are just under 24 million people living in Australia, and almost a quarter of the population was born in another country. Melbourne is the second largest city in Australia, comprising about 4.3 million people across a sprawling 4,000 square miles. It is the capital of the state of Victoria, and it is known for its thriving multicultural cuisine, festivals, and arts scene.

Victorian Public Mental Health Services

The public mental health model in Victoria divides most services into geographic catchment areas. Within each catchment, clients qualify for specific services based on age, with sectors divided into “child & adolescent,” “adult,” and “aged persons” services. Norfolk Terrace is the CCU for the NorthWest catchment, and it falls under adult services.



Agency Context

I was placed at the Norfolk Terrace Community Care Unit (CCU) just northwest of Melbourne. As part of the public mental health system in Victoria, CCUs provide slow stream rehabilitation for adults with major mental illnesses, most frequently schizophrenia and bipolar I, in a residential setting with 24-hour nursing staff. CCUs operate on a recovery model that promotes both personal and clinical recovery, as facilitated by practitioners from five primary disciplines: social work, occupational therapy, psychology, nursing, and psychiatry.

Placement Tasks

My role was manifold and constantly changing based on clients’ daily needs. Some of my tasks included:

- conducting intake and progress assessments
- exploring housing and transition options
- assessing clients’ mental states
- facilitating client-driven art and gardening groups & designing outcome measures for those groups
- case management for one client, which entailed working with her to identify her personal goals and connecting her with community resources, such as getting her enrolled in an English course, a free gym membership, and a mentorship program

Outcomes

- From researching horticultural therapy to designing a sustainable group plan, I saw the gardening group project through from conception to implementation. The site manager continues to update me on the clients’ progress with the group.
- I worked with two clients to produce two types of in-depth assessments and made intervention strategy recommendations to the treatment team that were accepted and pursued.

Skills Developed

During my placement, I furthered my ability to:

- establish rapport, gain trust, and develop empathic relationships with clients with diverse cultural identities
- collaborate with and empower clients to self-define their own aspirations and ideal outcomes
- think critically about and advocate for variation in traditional intervention practices, assessment measures, and recovery models

Lessons Learned

- Collaboration across professional disciplines is key in facilitating personal & clinical recovery.
- Focusing on process in addition to outcomes in personal recovery is imperative to success.
- Carers’ needs and concerns are inherently related to in clients’ recovery processes.
- Cultural differences come in many forms, from expectations to professional behaviors; facing cross-cultural challenges must be done with humility and empathy.

Advice

- Try to understand the professional role and expectations of social workers in your specific field and placement before you go overseas, either through research or by asking questions of your supervisor when you first make contact.
- If you have the time and financial means, book in extra time to travel before or after your placement. Australia in particular is almost as big as the US; weekends are not nearly enough time to see everything you will want to see.



Classroom Connections

Because Australia uses the DSM in the mental health field, **SW 606** prepared me to understand how the criteria for each of my clients’ diagnoses manifested in their personal experiences and intertwined with their cultural identities. I also utilized tools to which I was exposed in an **IPT mini course** in conducting in-depth assessments and creating recovery plans.

Career Connections

Working within the public mental health system in Victoria further contextualized for me various gaps between mental health policy and implementation on the ground. I learned that while I do not foresee myself pursuing a career in clinical mental health work, I do see a place for myself as an advocate for clients’ rights and practitioners’ ethical accountability.

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