

Foundation Assessment Assignment

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Introduction:

The documentary I chose was Don't Call Me Crazy and I chose to meet with Beth. Don't Call Me Crazy is a documentary about the largest teenage mental health center in the UK which is in Manchester. The unit is the last resort for teens that are dealing with eating disorders or psychosis which result in self harm or OCD. The place is supposed to aid with treatment to work towards recovery. In this documentary, the filmmaker was given one year of access to film patients in good and bad times and a chance for patients to tell them what it's really like on the inside. I chose to look at this program because I was interested to explore more about mental illnesses and wanted to gain more knowledge and perspective taking on how to better support clients in this area with the practices I have used. Beth is different from me because she lives and resides in the UK so something to bounce off is that we have different cultural perspectives and values. As a BSW social worker we must make references to specialized areas if necessary, to ensure our client is getting the help needed. My role in the mental health center will be to help the patient and her family situation by creating a care plan along with supporting service and treatment/ referrals.

Relationship Building with Client

Although Beth is meeting with me voluntarily, I do think that is worthwhile to explain my role and what I am here to do for her. I feel that explaining my role can help Beth understand and distinguish some of the goals that she can set for herself while understanding what can be provided to her. I would explain to Beth that my role is to help her and her family with support services and to create a treatment plan to make sure that we are reaching the goal of the unit which is recovery. Since I will be working with a minor and someone that may have dealt with

traumatic events, it is important to state that I am a confidential resource, but I am also a mandated reporter. I help Beth understand that my role is to ensure that she is always safe and if the conversation steers to something that puts her in danger, I may need to report this information back to my supervisor. When explaining my role as the social worker since Beth and I are around the same age group it would be helpful to set expectations for each other to ensure that we are understanding one another's boundaries. It is important that again since we are in the same age group, I still need to be professional, but she may also just need a friend to talk to. I will let Beth guide the conversation on what she would want to work on and how open she wants to be with me.

Identification and Discussion of Client System

Beth is currently a patient at the McGinnis psychiatric unit in Prestwich, Manchester. She is 17 years old when she first developed an eating disorder and when she was first admitted to the unit. She attends college but I am unsure of what grade level and I am not sure if she is employed. Currently she is taking antidepressants and sleeping tablets that was prescribed by the psychiatric unit, the amount of the medication is still unclear. Race, ethnicity, and nationality is not discussed in much detail, but she is from the United Kingdom and she is white and European. At the moment I am unsure about her social class and without assuming gender identity and sexual orientation was not stated either. I think it is important that I understand some background about mental health in the UK since I am not aware of the perceptions of mental health. Since we live in different regions this can cause some of my cultural beliefs to clash with Beth's so I must be aware to keep my personal biases away to ensure that I am best helping Beth. The habits of eating have changed before receiving bad news she was trying to eat more and get better, she had stopped self-harming but again after the bad news she had felt her hard work was not worth it.

In a scholarly article called “Young people’s views of UK mental health services” from Wiley Online Library it stated that young people in the UK were aware that there is a lack of information for both mental health and they identified that stigma is a major barrier but also demonstrated the stigmatized views themselves against those with mental health (Plaistow et al., 2014). I can see that young people in the UK notice that there should be more mental health literacy and young people know that stigma for mental health is real, but they also fall into that stigma. This also helped me get a better aspect about how mental health is viewed in the UK by other young adults. In another article called “The Body Electric: Thin-Ideal Media and Eating Disorders in Adolescents” from the Oxford Academic Journal of Communications it talks about exposure that young adults get to being thin-ideal through shows, movies and magazines and whether this has created an effect on getting an eating disorder. The article explains that the exposure to fat character television content is related to increased bulimia and exposure to thin-ideal magazine content is related to increased anorexia (Harrison, 2000). This information can help me understand how much influence or pressure a teen can be having on looks based on media.

Significant Others/System(s) (such as family, close friends, colleagues, housemates, etc.)

Beth has told me a little bit about the people she is close with and about the place she currently lives in. In the McGinnis psychiatric unit, she lives among many other young adolescents that also deal with mental health concerns. She has explained to me that friends at the unit have become her family someone that she can always talk with. She talks to me about one of her friends, Emma, who is 15 years old and dealing with OCD they have also participated in group therapy together so have learned a bit more about each other. She left 2 weeks after being join the Rainbow program. She mentioned the times she has done the beauty salon at the

unit for her friends, she has styled and dyed their hair. One of her friends came to visit her as well and she seemed very supportive and hoped for a quick recovery for her so that she can come back to school with her.

Community System(s)

At the unit they have a daily schedule to wake up at 7:30am and if they are well, they attend school and if not they stay in the unit. Beth shared with me that her and her friends room get searched for any harmful items. Beth has also been sent to group therapy to help with learning more about each other and working to grow self-esteem. Staff members at the unit are at watch of the youth 24 hours a day so there is really no privacy areas being in the unit. At the unit one of the Staff members Pete says that for the patients “they have been left in a strange environment with lots of strange people in a strange situation and they have no inkling of how quickly they will be able to go home and whether they will go home, it’s a difficult time.” I see that some staff members acknowledge that many of them are confused and want to go home but the way it is said also shows how much patients they may have for the people there by calling the strange. Some of the policies that have been used in the unit in regard to Beth is that she has been sectioned under the Mental Health Act and an extreme case of the act which basically means she is too ill to decide what to determine is right for her. For Beth she fought for an appeal to head home and the Care Programme Approach (CPA) had to make the decision. The CPA is a framework used to assess your needs and to help work towards your recovery while making sure you have that support you need.

Other Significant Information Collected, Observed or Needed

For a bit she discussed how others would call her fat and that would stick to her and she would want to eat and it “sucked.” I sensed that based on her tone and non-verbal’s of looking away that she was not fully okay with her transition to the unit but I decided to ask her and the staff more about her arrival to the unit. She also discussed that outside people judge you by the way you look and like people will say she is fat to have an eating disorder which she agreed with because she said that “because I am, I’m fat.” She continues to eat but she hates herself.

Strengths and Resources

Through Beth’s interview I noticed various moments that she showed strengths that needed to be explored and shared with her. Beth talked to me about her friends and how she has become very close to them they were almost family to her but that she is upset that she never gets to go home and see her family. This was a moment to shift away and explore that more in detail with Beth about her friends being important to her. The relationship that she has with the other young adolescents in the room is something that keeps her going and helps her turn to someone when she isn’t feeling well. Beth acknowledged that friends were a big part of her life and her recovery. She said “We [friends at unit] like to talk about depression, OCD, and eating disorders because we feel that everyone else is judgmental” (Don’t Call Me Crazy, 2013). I am hearing from Beth that they have found each other as a support system because they relate to each other.

She shared with about the time that the unit took her to the place where she competed as a gymnast and dancer. Beth explained that Matt Murphy her occupational therapist took her to the place, and she felt happy but sad after she saw pictures of herself from 3 years ago and described herself as “fat”. This was an important moment to show Beth that Matt Murphy was finding a

new way to help motivate Beth to recovery. Beth explained how she saw the trophies of competitions and brought her back to the reason she wants to gain recover. Even the experience of being a gymnast and dancer to help with recovery is a strength that can be used to work towards the goal. In general Beth talked about her feeling bad about her appeal to go home getting denied she explains how the staff “don’t see it as a progress.” She needed to realize that she should be proud of herself because she has been making progress and soon enough, she will be fully recovered.

Presenting Issues

Beth told me a bit about when the eating disorders started she said that in the 9th grade she felt sick one day at her aunt's house her mom offered her chocolate and she said “something in my head said that I was not allowed to eat that. ((Don’t Call Me Crazy, 2013). Beth explains that in pictures she liked to see bone and thigh gap. I took note that Beth was having some body image issues before she stopped eating. At the unit Beth explained that the staff made her join a program called Rainbow program which had a staff member sits down with her as Beth eats. I asked her about the program and whether she felt was a helpful program for her and she was asked to drink fruit juice and she described that experience “as if every piece of you tells you not to do it, it will make you fat” and that there’s an argument going on in her head. Beth soon enough she is being sectioned under the Mental Health Act and I asked her more about being sectioned and whether she felt it was necessary for her recovery. She never expected this to happen and explains that “now they can physically keep me up and restrain me, they can do whatever they want.” I talk to her about the program and explain that this is a way so the staff ensures that she is okay and working to get recovered, this is all part of your safety. It is very

necessary to have Beth involved and ensure that someone is checking in with her about how she is feeling about the program.

Some concerns to me was that her behavior and attitude has changed drastically and that when she is at meal time, she is eating but feeling guilty about food she is consuming which has caused her to punish herself. Beth shares that she does not feel like she has a problem and begins to rebel at eating during meals. Some concerns came into the conversation when she mentioned “wants to die and that it would be easier and then no one has to worry.” We took a moment to talk about this and how she has many people around her that love her and want to see her be well. We also further talked about how she was also that the staff don’t acknowledge that she has made progress because she has not eaten a full meal. Beth mentioned that she now eats meals, but she feels guilty for doing so and has found a way to feel better through punishment. This was concerning to me because she explains to me that she began cutting herself to feel better after she has eaten. Beth mentioned how a friend saw her cutting herself and stopped her from doing so and that ever since she has stopped and has worked to recover.

Goal Development and Identification of Goals

It is important that as Beth social worker that I help her set goals for herself based on her needs and concerns. I am to guide her on anything that may be alarming to work on first but for the most part Beth gets to gear on what is the goal and what we need for it. The goals that will be set in our session are for Beth and will only be set if Beth is committed to doing so. First I will allow for me and Beth to talk briefly about some of her main concerns from what she told me to see if we have both mutual agreed concerns. She talked about the appeal being denied and how she really wants to go home. I ask Beth if one of the goals that we can set for her is working

towards recovery so that she can head home. Beth explained that she feels she has made progress and deserves to go home but she cannot leave until she is out of sectioned. She wants to go home so she agrees to this being the main goal. I talk to Beth on how she has been doing a great job and has made so much progress from what I have heard so to reach our goal I asked if it would be okay if explore a few more programs and interventions that will help her work to recovery. Beth agrees to do so but feels that the staff would not acknowledge her effort so we make an agreement that I or we will talk to the staff about helping Beth sees her accomplishments so we can all be part of this goal and plan. We have mutually agreed to this being part of the goal and will help the staff get involved so they are part of the goal as well.

Identified Intervention (1-2 pages)

After speaking with Beth during our interview and our first session I had taken a couple of notes of what we can work on. Some of the concern areas that I have taken note of has to do with Beth getting denied going home, her eating habits and how she feels guilty and was punished herself in order not to gain weight, and about when she associates pictures and memories with her body image. Our goal is to work towards her recovery so she can't go home. I think is worthwhile to work with Beth on self-esteem, body positivity. I decided for her to work on these interventions because I noticed that Beth eating disorder has grown from the way she views herself which has eventually caused her to stop eating then self-harming. In an article from Wiley Online Library it states about a self-esteem program that can help reduce eating disorder they explain that body concerns become prevalent throughout childhood to adolescent years and eating disorders as well. The study tested the effectiveness of the self-esteem intervention and found it to be an effective way to increase power in the intervention when combining a student-centered teaching style and media literacy (Wade, 2003). I think Beth should still use the

Rainbow program but allowing to add in some portion of program involving body positivity and self-esteem. In another study it also used interactive educational intervention that significantly improved the body satisfaction and self-esteem it changed eating attitudes (O' Dea, 2000). We need to revisit the root of the issue while I do agree that the Rainbow program is a great intervention, I feel that Beth needs more of the emotional and mental support now. I feel that the program will be more effective after she does some of the self-esteem and body image interventions. Beth should continue to get the group therapy to help increase her self-esteem with others. I also made a referral to talk to a psychiatrist about the self-harm and see if there are any follow ups on interventions that can help towards this concern. The unit should be more aware about in case this happens again especially after Beth got denied from her appeal it is the time for the unit should be very observant on behaviors and non-verbal's for Beth safety.

Conclusion

I felt that what I learned about the assessment of this individual is that Beth is in real need of having more support being shown to her and to help her build self-esteem and body positivity. It looks as if the unit was trying to help her with just the eating disorder and not really look more into her behavior and reactions to the interventions. I found it difficult to decide how to comprise the concern and goal to work on because of not being able to talk back and forth. In general, it stumped me and I really needed to redirect by using the quotes to show that my client was concerned about the issue as well so that helped. I think the notes helped me in building a relationship with Beth because I was able to listen to her needs and her feelings towards the situation and the living environment. I can see how it can be hard to tell the staff how you are feeling when they are in control of what your treatment looks like but gathering information allowed me to get a full picture. I did at first feel like there was going to be cultural conflict but

in the end, Beth really didn't bring culture into her situation so it really didn't conflict for me. Although I do think with some statements because of my personal views it was hard not to be judgmental, so I tried to really look at Beth as a person rather than her statements. It helped that she was open to talk about how she thinks other people see her. The assessment was interesting, but I did find it hard to not overthink the process because I didn't want to say something that would seem offensive or trigger my individual since I picked this documentary to get more insight on how to help someone with a mental issue. I feel that I can greatly improve on using more of the social work skills and practices that we have learned in action because I seem to be hesitant if my choices are the right approach.

Citations

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