

SOME OF THE SOCIAL WORKER'S FUNCTIONS
and
PROBLEMS IN INITIATING A REHABILITATION
PROGRAMME.

REHABILITATION is the restoration of the patient to the fullest physical, mental, social, vocational and economic usefulness of which he is capable.

Rehabilitation is only complete when the person is enabled to live as full and satisfying a family life and as full and satisfying a work life as is possible for him in view of his handicap.

SOME OF THE EXPECTED NEEDS AND PROBLEMS OF THE PATIENT.

- (a) Problems arising from his health.
- (b) Social and environmental problems that interfere with his adjustment. (These may be solved through casework, by the provision of financial assistance, and by the utilization of voluntary and public resources of the community).
- (c) Personality or emotional problems that interfere with adjustment. (Lack of motivation for improving his condition; his attitudes may be socially unacceptable; unable to relate himself positively to others, etc). These must be carefully evaluated and taken care of - psychiatric treatment or casework.
- (d) Problems related to the patient's need for information.
- (e) Problems derived from a lack of adequate job skills.

THE SOCIAL WORKER'S ROLE.

- Prior to initiating the service the social worker would have to make a full and careful survey of community resources which could assist in the rehabilitation programme. A wise and discriminating use of existing resources should be made wherever possible. An intimate knowledge of these should be an early concern of the worker. There may be excellent rehabilitation resources in Saskatchewan, but there does not seem to be any co-ordinating body to arrange them into a programme. The Department of Social Welfare operates a rehabilitation scheme.
- Establish contact with agencies and interested individuals. Confer with them to get an understanding of their function in relation to the problem. In co-operation with them work out a constructive inter-relationship as a basis for referrals.
- Establish close contact with the primary source of referrals - the mental hospitals. The worker should participate with the hospital in the total planning for discharge of the patient. Prior to the patient's leaving the hospital, the worker should be advised of the patient's return. A psychiatric evaluation and directions for further care of the patient should be forwarded to the worker

so that he could give special attention to the particular needs of the individual patients.

-- The worker should have psychiatric consultation available whenever needed. This would help him to appraise the patient as a "total" individual. He should maintain a close liaison with the attending psychiatrist.

-- It is important that the worker pay careful attention to matters of eligibility for service and feasibility for rehabilitation so that the economy of rehabilitation may be demonstrated. (Eligibility and types of cases to be decided with the referring psychiatrists).

-- Perhaps we should be concerned primarily with the movement of the patient from the hospital into the community.

-- The intake service will be an important part of the worker's function. Undoubtedly, there will be many referrals and enquiries from agencies. Referrals will probably vary greatly from requests for minor time consuming services to problems requiring a high degree of professional skill and training. Further we can anticipate applications from patients who formerly had been known to the hospitals but are not under treatment now. Applications will also come from those who have never before consulted a psychiatrist.

The worker should be able to direct patients requiring services which would not be part of our project to other available help. He should be able to answer enquiries. Further, he should be able to refer a person for psychiatric consultation or to the Mental Health Clinic.

-- As part of his function the worker should conduct research in connection with the pilot project. He should make use of established services, uncover unmet needs and help to promote new resources. He should be able to determine any obstacles that may hinder the patients rehabilitation.

-- The worker should carry a limited number of cases on a casework basis.

He should be able to make a diagnostic evaluation of the patient in order to be able to plan effectively.

The purpose of his interviews with the patient would be to determine the patient's motivation, which is of importance in assessing the patient's potential.

He should be able to help the patient's family and community relationships (interpretation of the illness to family, to the employer and to others directly concerned).

He should help the patient to make use of available treatment. Often the trouble is not the lack of facilities but the patient's inability to make adequate use of them. In that way the worker would be helping the patient towards recovery and maintain the degree of health attained.

-- The worker should direct his help towards vocational adjustment of the individual. However, a satisfactory vocational adjustment depends upon a good personal and social adjustment. Vocational, health, personal and social problems must be considered as specific aspects of the individual's total adjustment problem.

In planning, the basic principle should be observed that the patient should do for himself as much as he is capable of.

Vocational help and job finding will be one of the most needed functions - and also one of the most difficult ones. (Employers, Unions, National Employment Services).

-- The worker will have to assume major responsibility for the planning of the programme. He will need professional advice (S.P.C.) Regular conferences with the Executive Director could be arranged to discuss problems and also to ensure good standard of the casework service given to patients.

-- The worker will have to participate in the educational programme of C.M.H.A., emphasizing the aspect of rehabilitation.

-- The worker will be directly responsible to: