

Strengths Perspective in Mental Health (Evidence Based Case Study)

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Mental health services are primarily concerned with early diagnosis and treatment, apart from preservation and promotion of good mental health and prevention of mental illness. Over the past few years, a strengths-based approach to case management with people with severe mental illness has emerged. This paper reviews empirical evidence and illustrates an evidence based case study to validate the existing literature on the strengths perspective in treating mental illness. The exploration of the strengths perspective as it relates to the evidence based case study shows that the strengths perspective influences both the well-being and the coping of people with mental illness.

Introduction

Psychiatry ascribes and uses the disease model in treating mental health problems and mental illnesses. The tenets of the disease model of diagnosing the deficits are used to prescribe pharmacology and psychosocial treatment, to help the persons with mental illness cope with their problems. However, over the years, a shift in perspective from the diagnostic approach to a more functional approach, i.e. using a strengths-based approach to case management with people with severe mental illness has emerged (Saleebey, 1992; Sullivan & Rapp, 1994; Weick, Rapp, Sullivan & Kisthardt, 1989). Though the strengths approach, with its emphasis on growth and change, collaborative relationship, and the centre of change located in the client, is diametrically opposite to the pathology based approach used in treating mental illness; it still shows promise in improving the well being and quality of life of persons with mental illness (Saleebey, 1996). This paper uses a case illustration to demonstrate how mental health professionals can assess the strengths of the client, select tailored interventions and help the client improve their well being and quality of life.

The Strengths Perspective

The strengths approach attempts to understand clients in terms of their strengths. This involves systematically examining survival skills, abilities, knowledge, resources and desires that can be used in some way to help meet client goals (Saleebey, 1996). The helping process from initial contact, goal identification, assessment and intervention to evaluation has the underlying assumptions that human beings have the capacity for growth and change (Weick, 1992), knowledge about one's situation (Early & GlenMaye, 2000), resilience (Garmezy, 1994) and membership (Walzer, 1983). The major focus in practice from the strengths approach is collaboration and partnership between social workers and clients. Other methods include environment modification and advocacy (Early & GlenMaye, 2000). This method has not only emerged as an approach to case management for people with severe mental illness (Saleebey, 1992; Sullivan & Rapp, 1994; Weick, Rapp, Sullivan & Kisthardt, 1989), but also with other client groups.

Literature indicates that strengths perspective influences both the well-being and the coping of people with mental illness (Saleebey, 1996). The strengths perspective, along with its assumptions and strategies, is explored in this article as it relates to the case of a married woman who presented with problems to the Psychiatric Social Worker.

Case Illustration

Mrs S, a 26 year old married female, from middle-socio economic status, semi-urban background, educated up to 12th standard, was diagnosed with Dysthymia, Marital discord and primary infertility. Her complaints included negative cognitions, suicidal ideations, reduced sleep and appetite, vague sensations in the body, abnormal beliefs that she will beget a child, negative feelings towards in-laws, husband and unresolved feelings towards her inability to beget a child and her religious affiliation. Psychotropic medication has helped control suicidal ideations and depressed cognitions and she has undergone therapy with a social worker affiliated with a National Institute of Mental Health..

An assessment of Mrs S's case showed that her marital subsystem was not formed properly. Even after 6 years of marriage, the interaction between the spouses was minimal and need based and Mrs S was unable to conceive. The result of the infertility test stated that the patient had a weak uterus and her husband had low sperm count. She also expressed her inability to efficiently carry out the household activities according to the expectations of her in-laws. Mrs S felt dominated by her husband and her in-laws who constantly criticized her for not meeting their expectations.

Mrs S changed her religion to Christianity, as she was told that Lord Jesus would help her to have a child. She told everybody that Jesus had come to her and had told her that she would beget a child. However the pregnancy test was negative and she did not give birth to a child on the assigned date. All through the nine months of assumed pregnancy she kept making people believe that her stomach was bulged and used to treat herself as a pregnant lady. In the last six months, before the delivery date, patient stated having severe body sensations and depressed cognitions, which troubled her and prompted her to attempt suicide multiple times.

Mrs S's therapist assessed that she had a protected childhood, was married at a very early age and thus was not mentally prepared to take on responsibilities after marriage. Mrs S had symptoms of anxiety and depression which she associated with her belief that she was not a perfect housewife. She harbored guilt feelings, feelings of inadequacy (low self esteem and inferiority complex) and blamed herself for disputes in the house. It appeared that Mrs S had high expectations from herself and her marriage. Her in-laws too seemed to have high expectations from her; however they shared a non-reciprocal relationship with her. When asked, Mrs S reported dissatisfaction with her ability to cope with the situation. Both Mrs S and her therapist agreed to work on modifying her environment and developing her resilience to deal with the situation.

Capacity for Growth and Change

A basic assumption of the strengths perspective, in keeping with the humanistic approaches to social work, is that humans have the capacity for growth and change (Early & GlenMaye, 2000). The case of Mrs S illustrates that individuals have many capabilities, abilities and strengths. Also they have a range of experiences, characteristics and roles, which contribute to who the person is and how he/she copes with the problem (Saleebey, 1997a; Weick, Rapp, Sullivan & Kisthardt, 1989). In case of Mrs S her range of experiences from a protected daughter to a submissive daughter-in-law, lack of primary support to support from the tertiary institution of the church and her inability to conceive to her illusions of child birth, all give us a perspective of how one client changed and adapted herself to deal with critical factors in her life.

Knowledge about One's Situation

The strengths approach assumes that people have knowledge that is important in defining their situations – the problematic aspects as well as potential and actual solutions. Clients manage to survive, sometimes against great challenges (Early & GlenMaye, 2000). In the case of Mrs S, she has knowledge about her inability to cope with her in-laws and husband expectations (of being a perfect wife in household activities and begetting a child). She resorts to various methods such as converting her religion to cope with the critical events in her life. Client's knowledge about how they have managed so far can be useful in building their future.

Resilience

The strengths perspective believes that human beings are resilient (Garmezy, 1994). In case of Mrs S, in spite of her husband and in-laws non-reciprocal relationship with her, she continued with her marriage for a period of 6 years. She compensated her lack of primary support by garnering tertiary support for self from the church; thereby providing instances of her ability to go on in spite of critical factors in her life (Rutter, 1985; Wolin & Wolin, 1993). In keeping with the growing body of research documents on resilience, Mrs S's case showed that in spite of her environment continually presenting demands (as a wife, daughter-in-law), challenges (inability to conceive) and opportunities (support from the church), she was able to use her ongoing and developing fund of energy and skill to face her current struggles (Anthony & Cohler, 1987; Garmezy, 1993; Haggerty, Sherrod, Garmezy & Rutter, 1994).

Membership

The strengths approach ascribes that people need to be citizens – responsible and valued members in a viable group or community. Mrs S felt that she did not fit into the membership or community of a perfect daughter-in-law or wife and thus felt alienated, at risk of marginalization and oppression from her in-laws (Walzer, 1983). Collectively and individually as a member of the Christian faith, she began to realize and cope with her marital life; validating the fact that as people begin to discover the pride in having survived and overcome their difficulties, more and more of their capacities come into the work and the play of daily life (Saleebey, 1996).

Strengths and Interventions

Individuals are experts on their lives, their strengths, resources and capacities; the social worker, as Saleebey (1997a) reported, helps to create the dialogue of strength. Interventions based on the strengths approach gives a perspective that the individual already is doing something to better their situation and it is the social workers job to help the individual identify the strengths and continue working in relation to goals and visions.

Assessing Mrs. S's Strengths

Literature states that strengths assessment focuses on identifying what the client is doing to make things better, what works, and what will facilitate the continuation of desired behaviours and situations. Primary focus of assessment is on what the client is doing "right" in relation to goals and vision (Early & GlenMaye, 2000). A strengths assessment asks the question, what kind of life does the client want? It focuses on the client's capabilities and aspirations in all areas of life's functioning (Ronnau & Poertner, 1993; Weick et al., 1989).

In order to assess Mrs S strengths, the social worker used the technique of conversations with the individual and family members to hear the client's story about how she has survived so far, what she wants, and how she thinks things are going in various areas of life (Cowger, 1997). According to Mrs S, her goal was to indulge in activities in keeping with the expectations of her in-laws, husband and self as a wife. This was a step towards her vision of improving her relationship with her husband and in-laws and living a better marital life.

Mrs S was not comfortable in thinking of herself or others in terms of strengths or as having emerged from scarring events with something useful and redemptive (de Shazer, 1991; Lee, 1994). Having been diagnosed as having a mental illness, she had inculcated in the doctrine of herself as deficient and needy (Holmes & Saleebey, 1993). One of the main complaints of the client was vibrations in the body, because of which she was unable to carry out any of her household activities. In a session with the client, the social worker found that the client experienced maximum vibrations (or anxiety symptoms) only when performing certain household tasks, interacting with relatives or when talking about her marital life. The maximum anxiety was observed in the morning as the client was apprehensive as to whether she would be able to carry out all the household activities efficiently in the day, according to expectations of her in-laws, and earn a good relationship with her in laws and husband.

An insight of the relationship between her anxiety and her performance as a wife, made the client realize that in spite of her anxiety she was able to complete the household activities in the day. Also her inert coping mechanisms helped her to maintain her marital relationship for six years in spite of discord. Her attempt to convert to Christianity was reflected to her as her coping strategy to deal with the lack of social support (GlenMaye, 1998). In this way, through the sessions with the social worker, Mrs S was able to understand and identify her strengths: psychological (coping strategies to deal with unfavourable family atmosphere) physiological (physical capacity to carry out household activities in the day with anxiety) and environmental (support of church) strengths (Cowger, 1997).

Choosing an Intervention

Collaborative exploration of strategies which focus on identifying internal, external, created and natural occurring resources becomes essential in choosing the interventions for the client. For tailoring the intervention towards client-defined goals, mutual strategizing by the therapist and client around building on strengths, skills, knowledge and desires is needed (Early & GlenMaye, 2000).

Intervention with client

Individual meetings between Mrs S and her therapist were scheduled for establishing trust and setting treatment goals. Mrs S's treatment goals were reduction of anxiety, to perform household activities effectively and efficiently, and to improve communication with her husband.

Mrs S believed in the power of prayer and meditation and reported feeling less anxious after prayer. It was thus decided that Mrs S would pray and meditate at regular intervals, especially before starting her work in the mornings, to reduce her anxiety levels in the day. Also regular visits to the church and taking a break from her household activities were discussed. To improve her performance at the household activities, the therapist helped the client plan her day and prepare an activity schedule. The importance of structuring her day and time management to complete all household activities effectively and efficiently was discussed with her. To improve her communication with her husband, Mrs S was taught basic communication strategies and was asked to take initiative in conversation, communication and in clarifying misunderstandings instead of waiting for others to do so. The importance of the husband as her strength and support system in times of distress was discussed.

Involving the Client's family

Working collaboratively with family members to identify strengths and goals of the client is a helpful strategy in environment modification (Early & GlenMaye, 2000). Mrs S's therapist, after meeting individually with her, would convene sessions with her mother, father, brother and husband, in order to identify her strengths and coping patterns and help her in modifying her environment. Her parents discussed that they would invite their daughter and son-in-law to stay with them in times of need and provide emotional support to their daughter if she felt alone and distressed. The therapist enhanced marital participation and involvement by soliciting husband's initiative in communication and listening to personal stories and narratives of the client in her times of distress (Saleebey, 1997b). In this way, involving the family influenced the client's environment to become more accepting and helpful

(Sullivan, 1992). It also can be seen as a resilience building strategy where the primary focus was to strengthen the protective factors of the client (Fraser and Galinsky, 1997).

Evaluation and Outcomes

The strengths approach includes survivor pride (Benard, 1994; Wolin & Wolin, 1993), hope for the future, the ability to understand another's needs and perspectives, and the ability to identify and make choices about individual and family goals. Thus evaluation of the strengths approach would include whether goal attainment is continuously defined and redefined from the client's perspective (Early & GlenMaye, 2000).

Mrs S treatment goals were reduction of anxiety, to perform household activities effectively and efficiently and to improve communication with her husband. In the 6 monthly follow-up, the client reported 75% improvement in her health status. She was able to effectively carry out the household activities with less anxiety and complete her daily chores in according to the schedule she set herself. She practiced prayer and meditation regularly and sought the help of her parents and the church in times of distress. A year later, the client reported that the relationship between her husband and herself had improved drastically. The client reported that her husband was much more approachable and she was able to communicate her distress to him in times of need. Though her in-laws criticized her less about her work, Mrs S reported that they were not very reciprocal in their relationship with her. In view of the changing scenario at home, Mrs S felt more confident of coping with her marital life in the future.

Conclusion

The empirical evidence underscores the strengths based perspective in tailoring appropriate therapeutic interventions for persons with mental illness. The case of Mrs S demonstrates how mental health professionals can assess the strengths of the client, help the client develop resilience, evaluate that treatment and empower the client to deal with future adversities. This case emphasizes how a client with mental illness can be helped to cope with critical factors through the use of their innate strengths and opportunities. It also shows mental health practitioners how to match the clients' strengths and opportunities to interventions and desired outcomes. Mental health professionals can thus help clients gain insight into their innate strengths, increasing resilience and improving their well-being.

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