

Psychiatric Social work approach towards the Recovery process in Psychiatric care

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Contents

Abstract.....	3
Introduction.....	3
Social work and mental care	4
Literature Review.....	6
Historical Timeline	6
The alliance with psychology	8
Second Highlight	8
Movements.....	8
Deinstitutionalization	9
Critiques.....	11
Community Care Movement.....	12
Summary	12
Third highlight	14
Theoretical approach.....	15
User- participation	16
Multidimensional Aspect of Psychological Empowerment.....	17
Ecological System Theory	18
Microsystem.....	19
Humanistic psychology.....	21
Methodology	23
Qualitative Method’s Contribution	23
IPA	24
Subjective Interpretative essence in IPA	25
Recruitment.....	27
Data collection	29
Semi-structured interview	29
Validity of The Research	30
Limitations and challenges	31
Analysis	33
Findings	34
Interaction Based on Humanistic psychology approach.....	35
User-Participation and Humanistic Therapy Method	37
Environmental Focus	40
Discussion	42
Conclusion	46

References..... 48

Attachment..... 57

 Appendix One - Letter to the informant..... 57

 Appendix Two - Interview Guide 61

Abstract

Through the evolution of methods in the mental care system, few professions were at work to provide psychiatric care. Psychiatric social work is among these professions with a fair share of providing mental care and service. This study aims to clarify psychiatric social work's contribution in providing comprehensive care by implementing methods based on environmental and humanistic approaches. To illustrate that, an interpretive phenomenological examination was conducted. The result showed the capacity of psychiatric social workers to be parallel agents who contribute important social, environmental, and humanistic care for those who need mental care and support.

Introduction

This section consists of two main headlines, firstly a short background of mental illness, secondly the importance of this matter and its relation to social work followed by the research question and objectives of this study.

Mental illness is among the category of a phenomenon that does not have an exact date of discovery mainly because a wide variety of abnormal behavior was always part of human social and individual life. However, the search for explanations of what causes mental illness can be traced back to ancient times; From demonic possession, punishment by the gods for a sinful state of the soul to defects of the brain reoccur. Throughout history, attempts have also been made at curing people that exhibit abnormal behaviors. Long before doctors had a full understanding of the human anatomy, attempted cures involved making holes in the person's skull for demons to escape. Alternatively, the answer to problematic behavior has been through physical restraint, confinement, and banishment (Gosselin,2019).

It is during the following centuries that understanding of mental illness goes through a significant improvement and subsequently method of treatment also has been replaced by more humanistic approaches. The historical evolution of what we consider mental illness and corresponding treatment methods are part of essential information that requires extra considerations. Since, such a dramatic transformation of definitions, approaches, and methods of treatment have a direct impact on a person who needs psychological care and support.

Two examples will clarify the importance and the impact of psychiatric care for the individual. The first example is that people with mental issues can't receive financial support before they are given an official diagnosis and that can be interpreted as a direct effect of conditional psychiatric care. Another example is the social implications of the diagnosis. The application of psychiatric diagnoses often results in individual shame as well as social and economic costs such as discrimination in legal proceedings for child custody and prejudiced insurance

practices (Lafrance & McKenzie-Mohr, 2014). Therefore, there is a need for extra considerations on psychiatric care and its implications for the individual.

Social work and mental care

Before exploring more aspects of psychiatric care and its implications for the individual, it is necessary to define a key concept in the structure of psychiatric care and that is the meaning of the recovery. In mental health, the term ‘recovery’ is commonly used to refer to the lived experience of the person coming to terms with, and overcoming the challenges associated with, having a mental illness (Shepherd, 2008, In Lloyd and others 2008). The term ‘recovery’ has evolved as having a special meaning for mental health service users (Andresen, 2003) and consistently refers to their personal experiences and expectations for recovery (Slade, 2008). On the other hand, mental health service providers often refer to a ‘recovery’ framework in order to promote their service (Meehan, 2008). Meaning that within the structure of mental health service providers (like social workers), the concept of recovery might be accompanied by other emphasizes. To explore this extra emphasis, it would be beneficial to reflect on social workers’ approach toward mental illness. In their daily practice, social workers see the impact of living conditions, inadequate housing, low incomes, and crime-ridden neighborhoods on the physical and mental health of the people with whom they are working (Bamford, 2013). In other words, social work operates at the boundary between the individual and the social environment.

Moreover, social workers are guided by awareness and understanding of how individual wellbeing is inextricably linked to their social environment (Goldstein, 1973; Raiff & Shore, 1993). Subsequently, during the recovery process of a person who needs mental care, social workers try to implement a system of care that is established according to the dynamics between patients, their families, communities, and wider social forces (Boland, Abendstern, 2019).

More generally, the social worker’s approach is described as prioritizing a positive working relationship with clients and their families built on compassion (Ramon, 2010), trust, and clear, uncomplicated, communication (Allen, 2014; Golightley & Geomans, 2014; Hardiker & Barker, 1999; Herman, 2014; Peck & Norman, 1999). Today such services are the norm, with social work joining psychiatry, nursing, psychology, and occupational therapy. (Malone, Marriott, Newton-Howes, Simmonds, & Tyrer, 2007).

However, social work methods of treatment can have their differences with other fashions of recovery methods. For example, social work has been identified as being cautious about the medical model of psychiatry, as insufficient to explain causes and consequences of mental health problems (Carpenter, Schneider, Brandon, & Wooff, 2003).

Despite the proven functions of medical treatments, it can be argued since “Man exists not only as a biological organism but also as a member of society” (Mookerjee, 1968. p.165), other methods (like social work methods) can also be given a parallel and yet important role in the recovery process within the psychiatric care structure. Mainly because the capacity of the social work framework that allows practitioners to cover more social, and environmental ground, might maximize the efficiency of treatment methods.

Adding this highlight to the research perspective makes it clear why it would be beneficial to investigate the potentials of psychiatric social works methods in the mental health recovery process (the term psychiatric social work will be used further on since; it is rather a more precise reference). It is more likely that the answer to that question can be found within the perspective of psychiatric social work practitioners.

For that reason, this research will contribute to psychiatric social work's role in today's mental health care system by identifying their feedbacks on approaches and working methods in the recovery process.

Hopefully, by understanding those highlights it can be determined how psychiatric social work can play a parallel and yet important role in the recovery process of institutional mental care. For achieving that aim the focus of this research will be centered around psychiatric social workers' experience and perspective.

Considering that objective, the research question of this study is:

- ✚ What are the contemporary psychiatric social work's approaches and working methods in the recovery process?

By investigating that question this research will try to provide feedback on the current recovery methods from the psychiatric social workers' point of view. Furthermore, the corresponding approaches for these methods also will be discussed. Eventually, by reviewing the psychiatric social worker's methods within the context of their corresponding approaches it will be explained how humanistic psychology and environmental approach can be considered as two headlines for psychiatric social work's practice today.

Literature Review

In order to achieve a comprehensive understanding of a certain subject or issue, it is necessary to first review the historical background of that subject. For that purpose, focus of this section is on the historical elements that designed the current structure of psychiatric social work in mental health intuitions. There are three highlights that can provide insights on what shaped current structure of psychiatric social work today: Firs one is to understand why Psychiatric social work can be considered as an ally to psychology when it comes to progressive improvement in recovery methods. Hopefully with a brief review of historical timeline of psychiatric social work this alliance can be understood transparently. Second highlight, reviews changes and movements that occurred during the evolution of psychiatric social work. Final highlight is an emphasize on how two previous highlights designed the contemporary psychiatric social work's profession identity and methods.

Historical Timeline

Psychiatric social work began in the United States in 1907 when Massachusetts General Hospital initiated social work services in its neurological clinic. (Stuart,1997, p.25). The significance of that change is due to a modification in psychiatric care when a shift from institutional management to mental hygiene took place. Stuart (1997) further elaborates on the birth of psychiatric social work as a result of a movement for community care of the mentally ill. This approach brought the psychiatrist's attention to control and prevention of mental illnesses and therefore, redefined the psychiatric social work framework.

Corresponding to new approaches, there was a necessity for psychiatric social workers to adapt to a new set of skills including academic knowledge and experience.

The first academic training for psychiatric social work was introduced by Smith college in 1918. Later on, the New York School of Social Work and the Pennsylvania School of Social and Health Work in 1919, provided the field with graduates that took a central position in social work. (Aviram,2002. p.618) Market demand for graduated psychiatric social workers was mainly in mental health institutions. Social workers were hired by mental hospitals as well as community agencies to provide the link between patients, their families, and communities, and to facilitate better discharge arrangements and community care of ex-

patients (Grob, 1983; Russell, 1916; Stuart, 1997). Furthermore, psychiatric social work job description among other things went through a change. At first, psychiatric social workers' role in the mental health service system was limited to obtaining information regarding patients and their families. Later, their role expanded to include responsibility for acting as liaisons between the patient, his/her family, and the institution. They played a major role when psychiatric hospitals began preparing patients for home discharge. (Aviram,2002. p.621)

Following up on psychiatric social work progress during these years, there is another crucial mark which is, the significant influence that behavioral psychology had on the structure of the mental health service system. This influence was regarding an adaptation of a new approach in psychology with additional emphasis on human behavior. Implementation of this new approach led to the recognition of elemental factors in diagnoses and treatment methods, and gradually by 1920 when social caseworkers generally adopted an essentially psychological interpretation of human behavior (Wenocur & Reisch, 1989; Woodrooffe, 1962).

Psychiatric social work flowered in the 1920s and reigned in the profession for several decades thereafter. Its major impact was, and perhaps still is, within the social casework specialization. The growth of psychiatric social work was related in part to the role of social workers during World War I (Wenocur& Reisch, 1989). For example, Black (1991; Stuart,1997) mentions applied methods that were developed by American social workers to respond to the crises resulting from World War I.

After the war, the evolution of psychiatric social work exceeded due to the new paradigm of practice that advertises progressive treatment methods. For instance, a new institution, the psychopathic (or reception) hospital, was developed in hopes of providing more effective treatment for the mentally ill (Copp, 1916; Grob, 1983; Rothman, 1980; Southard, 1913,1917).

To sum up, what was explained in this section it can be suggested that psychiatric social work as a profession was mostly contributing as the agency that functions as a bridge between patients, their families, and communities. In the following years, psychiatric social work was influenced by the new approach in psychology which emphasized the behavioral aspects of the human psyche. Later, during the world war and after, psychiatric social work gained significant professional recognition and finally, this recognition took a new form within the cooperation with institutions responsible for providing mental care.

The alliance with psychology

Considering all that was mentioned above it is fair to say that psychiatric social work not only kept adapting with new approaches and methods, but it also provided the opportunity of practice for these new approaches. Since psychiatric social work practice has this ability to work in a domain that has the benefits of examining newly founded psychological knowledge and providing practical feedback of them. For example, when the behavioral psychology trend brought attention to new aspects of the human psyche, psychiatric social work was also reflecting on and implementing these new methods of psychiatric care within their practice. Such contribution can provide an insight into the practical aspects of applying these methods and subsequently, it contributes to the progress of psychological care. Therefore, it can be concluded that psychiatric social work can be considered as an ally to psychological care since it not only keeps adapting to new methods and approaches but also mainly because it provides practical feedback on them.

Second Highlight

Movements

In order to understand the debate within social work regarding the issues facing it and its role within mental health services, one must assess the changes that have occurred in the mental health system during the last few decades. Additionally, social work as a profession in general, and the sector specializing in the mental health field, cannot ignore the trends and changes that have occurred in the system (Aviram,2002. pp.622-626). The following section will briefly review these changes that occurred within the structure of mental care.

Deinstitutionalization

The term deinstitutionalization refers to the gradual movement of care of those with mental illnesses out of the state inpatient facilities beginning in the 1950s and continuing through the 1980s (Charles & Bentley, 2014). The significance of this movement is due to two main reasons. Firstly, deinstitutionalization (DI) introduced a humanitarian approach to the mental health care system. Since, Deinstitutionalization is associated with important discoveries in psychopharmacology and general philosophical shifts in public attitudes away from stigma and toward compassion (Bentley & Taylor, 2002).

Secondly, (DI) can be considered as the most evident policy change in western countries during the second half of the 20th century (Goodwin,1997). That is due to the fact that deinstitutionalization was a starting point for the following movements that occurred afterward. It is worth mentioning that the deinstitutionalization movement in the Scandinavian countries called normalization took place during 1950-1960. It was within the same paradigm and yet more specified about children with mental challenges and learning difficulties. Principles of this approach was developed by Niels Eric Bank Mikkelsen who is known as the father of the Normalization Principle. This principle refers to a cluster of ideas, methods, and experiences expressed in practical work for the mentally challenged in the Scandinavian countries, as well as in some other parts of the world (Nirje,1969). That approach still remains relevant in the 21st century in improving the quality of life of persons with disabilities mainly because (according to Nirje,1969) it has introduced demands for standards for facilities and methods which are compatible with proper disability care and support.

The civil rights movement

Among progressive movements that accrued after the deinstitutionalization is the civil rights movement which started in the 1960s. The mental patients' rights movement has added to the widespread critique of institutional psychiatry and provided leadership in opposing treatment methods such as electroshock, psychosurgery, and over drugging, which are dangerous and regressive not only to patients but to the expanded population of non-institutionalized persons as well (Brwon,1981). This movement has given rise to reform in mental health laws and in

the mental health treatment and care systems (Benson, 1996; Aviram,2002). The civil rights movement and the civil libertarian approach in psychiatry advertised a legal reform emphasizing liberty interests and changing the criteria and the procedures governing mental commitments (Brakel,1985; Brooks,1979). Eventually, it had some success in court cases for democratic rights, such as the right to treatment, the right to refuse treatment, patient labor, and commitment law (Brwon,1981).

Charles & Bentley (2014) have remarked on more examples of these secured rights for mental patients. Among them, these examples can be mentioned: insurance parity, more oversight of the use of restraint and isolation, the right to decline medication, the right to refuse treatment, access to records, and informed consent. Included in these standards is a patient's right to privacy and dignity, the least restrictive conditions, freedom from unnecessary or excessive medication, right to wear their own clothes, and access to exercise and recreation (pp.16-17).

Recovery and Consumer Movement

During 1960-1970 more movements began to have an impact on the mental health care structure. These movements were Recovery and consumer movements which were both followed the same agenda of the civil rights movement. Therefore, they have similarities with each other and at the same time, each covers a slightly different ground.

The recovery movement refers to the desired transformation of community mental health services away from the so-called “medical model” of care which emphasizes diagnosis and targeted somatic treatments (Anthony, 1993; Carpenter, 2002). Meaning, instead of assuming that persons with mental illness have an incurable or difficult-to-treat biological or genetic condition, which may likely get worse as time progresses, the recovery ideology promotes the idea that improvement and high quality of life are both possible (Deegan, 1997). The recovery movement portrays a new horizon on which persons with mental illnesses do recover, get better, and live happy and productive lives (Charles & Bentley, 2014). Moreover, the recovery movement introduced a new definition of people with mental health difficulties. Therefore, new clients of the mental health system were not persons suffering from one of the major mental disorders but rather persons who were diagnosed as neurotic or those defined as

having “problems in living” (Szasz, 1974) who needed counseling to help them cope with their stresses. Within that perspective, Recovery was a process, not an outcome (Carpenter, 2002) and consequently, with this understanding, the experience of a mental illness can be positively influenced and improved with appropriate services, supports, and skills. It can be concluded that the contribution of the recovery movement was due to this progressive approach that mental patients are not deterministically tied to their diagnoses and they can improve themselves and their lives.

Consumer Movement

A later phenomenon, which took place in the mental health arena, is the rise of the consumers’ movement. A recovery movement is a consumer-centered approach that stresses the process and “journey to wellness” and the consumer’s “primary role and responsibility” and empowerment in that endeavor (Walsh, 2013, p. 11). This movement emphasizes not only self-help but also concepts of recovery and empowerment (Deegan, 1997). Moreover, during the past four decades, there has been increasing interest in Self-help Groups (SHGs) by mental health services users and caregivers alike (Brown,2008).

Mental health Self-help Groups (SHGs) may be defined as, “any mutual support-oriented initiative directed by people with mental illness or their family members” (Brown,2008).

SHGs may have different objectives: while some may be primarily concerned with the provision of peer support, others may devote their efforts toward changing public policies and, more broadly, changing public attitudes. Still, others may focus on self-empowerment, including monitoring and critiquing the mental health services they are receiving (Eaton,2010). Although self-help groups of mentally ill persons have been known for quite some time (Gartner & Riessman,1977), the magnitude and the direction this movement has been taking justify its consideration as a new phenomenon.

Critiques

During the next decade, although the positive impact of DI (Deinstitutionalization) and other postdate movements were evident, criticism against these policy changes began to rise. Some claim that legal reforms, especially those during the 1970s and 1980s, went too far, ‘letting patients rot, or die with their rights on’ (Appelbaum & Gutheil,1979; Treffert,1973). These

serious critiques questioned the adequacy of the mental health system in addition to other issues caused by it. In better words” Society became concerned not only over the lack or inadequacy of treatment and care for mentally ill persons but also over social control issues, and the disruption of orderly life in the community” (Aviram,1990).

For example, the community witnessed new phenomena such as homeless mentally ill persons (Lamb, 1984). Persons, who in the past would have been hospitalized and remained in the hospital for many years, no longer could be admitted. One could witness the phenomenon of patients moving ‘from the backwards to the back alleys’ (Aviram & Segal, 1973).

Community Care Movement

Another disadvantage of previous policy change was traceable in the community and families of people who needed mental care. The lack of adequate community services created a great burden both physical and emotional on families (Gubman & Tessler,1987; Spaniol & Zippel,1986). Many of those discharged from mental institutions or those not admitted into them, returned to or/and remained with their families.

Because of this and other social and cultural trends, mainly during the last quarter of this century, families ‘came out of the closet’ and created a strong movement of families of the mentally ill (Hatfield& Lefley,1987). Families felt freer to get organized due to the biological revolution in psychiatry and the scientific discoveries associating the major mental disorders with biological factors, thus removing the ‘blame’ from families. They created both support groups and a politically lobbying force advocating for the improvement of mental health services (Hatfield, 1987).

Summary

To put in order these movements in a way that we can understand what they lead into, it might be best to emphasize on the two that were contradicting each other the most. In better words:” to understanding the contemporary context are the deinstitutionalization and community care movements, along with the contrast of the prevailing treatment ideologies of today: biological psychiatry and recovery ideology”. The main difference between these two

can be described as different understandings of the etiology of mental illness and the best treatment options. (Charles & Bentley,2014 p.15)

Providing more details on each of these approaches might clarify the difference.

The term “biological psychiatry” describes a phenomenon of increasing visibility in both the professional and popular cultures in the past thirty years. It reflects growing acceptance of the notion that chemical imbalances, genetic defects, and related biological phenomena cause disorders such as schizophrenia, depression, anxiety, substance abuse, and attention deficit hyperactivity disorder (Wyatt,2006, p.132)

Biological psychiatry essentially stresses the idea that mental illness is a brain disorder or disease, caused by biological factors related to a person’s brain chemistry, brain anatomy, neurotransmission, and genetics (Charles & Bentley,2014 p.17).

Further on with the advent of psychotropic medications and their usefulness in treating the symptoms of mental illness, biological psychiatry seems to reinforce the idea that these brain diseases affect thinking, judgment, and insight to such an extent that substitute decision making, and paternalistic care is appropriate or medically indicated. (Taylor & Bentley, 2004).

Recovery ideology

In contrast, recovery as a concept was introduced by the writings of mental health service consumers in the 1980s (U.S. Department of Health and Human Services, 1999). Essentially, the idea of recovery is that a person with a mental illness can improve, manage symptoms, advocate for themselves, and live a meaningful and fulfilling life. (Charles & Bentley,2014)

At the core of the recovery movement, was this idea that there is a necessary transition in community mental health from a focus on “symptom suppression” to “holistic health.”

Meaning while biological psychiatry put hope for client improvement in the hands of pharmacologists, Recovery ideology is offering more holistic psychosocial community-based programs and treatments. (Charles & Bentley,2014)

As a result of this continuous dispute, the psychiatric social work’s framework was also adapting to new approaches. It can be concluded that different movements and changes that occurred in the history of mental health care led to a historically progressive point of view, definitions, and methods that further on were exercised by psychiatric social workers.

Third highlight

Within the first highlight, we tried to depict the alliance between psychological care and psychiatric social work when it comes to progressive improvement in methods of treatment for people in need of mental care. Proceeding to the second highlight, we reviewed changes and movements which were part of psychiatric care evolution and that brings us to the third highlight. The main topic of this highlight is to understand how previous highlights designed the contemporary methods of treatments practiced by psychiatric social workers in addition to its connection with professional identity of psychiatric social work.

Firstly, it must be mentioned that historically the practical framework of psychiatric social work was continually challenged by new methods of treatments, each with different approaches of service delivery to people in need. Gradually, psychiatric social workers in the early twentieth century were involved with, reinforcing the profession's commitment to advocacy, political action, and social change, and consequently, combating stigmatizing beliefs of personal blame and poor prognosis (Bentley & Taylor, 2002). The resulting attitude described by Corrigan (2002) included maintaining a focus on recovery, rather than poor prognosis, replacing coercive treatment tactics with collaboration.

Consequently, the notion of embracing the person-in-environment perspective and helping people cope with issues in social functioning remains key to psychiatric social work identity and to practice across settings today (Bentley & Taylor, 2002). It can be concluded that recovery-based methods with the focus of empowering the individual remained at the center of the psychiatric social work practice in mental health care settings.

Secondly, it must be mentioned that the professional identity of contemporary psychiatric social work is also another product of a progressive approach towards a method of treatment. As Charles and Bentley (2014) described there are four key aspects of professional identity in psychiatric social work that can be traced back to the development that was accomplished in mental health care:

- ❖ Person-in-environment conceptual framework
- ❖ Commitment to advocacy, political action, and social change
- ❖ Mission to help clients and families cope with issues in social functioning
- ❖ Focus on the goals of recovery, community integration, and quality of life.

All these characteristics are products of movements that occurred in the evolution of psychiatric care and later were adapted by psychiatric social work not only as of the treatment methods but more importantly as the professional identity codes for people that are practicing this field.

Theoretical approach

So far, a timeline of psychiatric social work changing methods has been outlined. Now it's necessary to present a theoretical foundation so the examination of the objectives of the research from theoretical angles would be possible. One of these angles can be a conceptual evaluation of how psychiatric social workers are contributing with their methods to the recovery of people with mental difficulties. The significant element of their method comes from their approach to mental illness also their focus on people who are suffering from it as an individual each with their own complexities, potentials, and issues. Therefore, it can be said that psychiatric social work advertises a prioritization of an individual's capacity to overcome mental disturbance.

That prioritization corresponds to the theories that are centered around the allocation of power to the individual. Among related theories, Empowerment theory acknowledges the authority of individuals to act. As Lorraine and Robert (1991) mentioned "Empowerment is the process of increasing personal, interpersonal, or political power so that individuals can take action to improve their situations". To comprehend the contributions of empowerment theory to mental care, it is beneficial to review the connection between this theory and psychological care. The adaptation of the empowerment theory in a psychological context was made by Julian Rappaport in 1981 stating "Empowerment is the mechanism by which people, organizations, and communities gain mastery over their lives" (As cited in Jason, Glantsman, O'Brien & Ramian, 2019).

That statement was the beginning of a paradigm in psychological care and to some extent, it coincides with psychiatric social work practice today. The precise term for that approach is Psychological empowerment which refers to empowerment at the individual level of analysis. Psychological empowerment integrates perceptions of personal control, a proactive approach to life, and a critical understanding of the socio-political environment (Zimmerman, 1990). Meaning, in direct practice with individuals, empowerment interventions may primarily help individuals to develop psychological self-efficacy or coping skills to adjust to the existing social environment (East, 2016). Accordingly, psychiatric social work facilitates assistance for

individuals by providing opportunities that promote their sense of control, self-efficacy, and problem-solving.

Considering mentioned characteristics of psychological empowerment, it is important now to elaborate on how and why this theoretical approach plays a significant role in psychiatric social work practice, in addition, to explain why that significant role clarifies psychiatric social work's contribution to the recovery process for people in need of mental care. For that aim, two highlights from the psychological empowerment theory will be discussed.

User- participation

Most of the literature associates empowerment with personal control (Rappaport, 1987).

According to Karl (1995:14 As cited in Hossen,2005), 'Empowerment is a process of awareness and capacity building leading to greater participation to greater decision making and control, and transformative action'. An important note on psychological empowerment is the acknowledgment of this fact that people have a considerable potential to pinpoint their issue since it is them who is going through those difficulties and that legitimizes their strength and ability to be part of their own recovery process. Whitmore (1988) provides more details to proving this point:

- ❖ Individual is assumed to understand their own needs better than anyone else and therefore should have the power both to define and act upon them.
- ❖ All people possess strengths upon which they can build.
- ❖ Personal knowledge and experience are valid and useful in coping effectively.

The implementation of that note in psychiatric social work would be to facilitate individuals to play an active role in their recovery process. Horton (1989) argues that “people know the solutions to their own problems and that the 'worker's job is to get them talking about those problems, to raise and sharpen questions, and to trust people to come up with the answers”.

This insight has important implications for community health professionals (Lord & McKillop Farlow, 1990) since within the psychiatric social work practice the participation of people is one of the focuses of the recovery process. In fact, the process of participation itself can be empowering. As people gained in self-confidence, they would seek more avenues for participation; their involvement in community activity would in turn enhance their self-confidence and sense of personal control(Lord & Hutchison,1993) Moreover, individuals experiencing a severe mental illness may be empowered if they try to gain control in their

lives by becoming involved in a mutual help group, developing effective coping skills, or achieving a critical understanding of how the medical establishment functions to treat their illness(Zimmerman,1995.p.592).

Multidimensional Aspect of Psychological Empowerment

Psychiatric social work does not exclusively target individual aspects of psychological empowerment Since, social science suggests an emerging notion of empowerment as a process with multiple levels of practice (Gutierrez,1989) Meaning some authors are examining the interface between macro and micro models of empowerment (Evans, 1992 As cited in Hossen,2005). For example, Gutierrez (1989) suggests that the goal of empowerment is not individual, but multi-level: 'It is not sufficient to focus only on developing a sense of personal power, but efforts to change should encompass an individual, interpersonal, and institutional level of practice. A study conducted by Lord & Hutchison (1993) also Confirms the importance of describing empowerment in ecological terms, claiming, none of the participants became empowered on their own. For the reason that “Empowerment efforts at the personal level provide only a brief respite if they are not supported by complementary changes within interpersonal and socio-political realms (Hossen,2005). Consequently, as the theory of empowerment becomes more fully developed, it will need to be based partly on the interaction of internal motivations of citizens, with valued social resources in communities and systems (Lord & Hutchison.p.19).

According to Wallerstein (1992), empowerment is a social-action process that promotes the participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of community life, and social justice. Meaning Empowerment is achieved through synchronized efforts that work with people, their relationships, and the impinging social and political environment (Hossen,2005).

In general, psychological empowerment is not simply self-perceptions of competence but includes active engagement in one's community and an understanding of one's socio-political environment (Zimmerman,1995. p.592) Therefore, psychological empowerment is a multilevel construct in which each level of analysis is interdependent with the others (Zimmerman,1990).

In this regard, psychological empowerment practice directs psychiatric social workers to address challenges at all levels including those of individuals, families, groups, organizations, neighborhoods, communities, and society (Hossen,2005).

Psychiatric social workers adopt various strategies to empower the client: collectivization, establishing a dialogical relationship, consciousness-raising, redefining, advocacy, and so on (Hossen,2005. p.199).

In general, it can be suggested that a dynamic relationship between the individual exercise of empowerment and social-environmental support will lead to successful institutional-individual cooperation, and eventually, it can raise the chance of successful recovery for the individual. In better words” These simultaneous and coordinated efforts create a spiral of influences that initiate, sustain, and amplify empowered functioning. The empowered individual enters each interaction assuming success, respect, and influence; and when these expectations are rewarded, carries back a sense of personal control and esteem. This realization of interpersonal success builds confidence for interactions at the institutional level (Hossen,2005, p.196).

Ecological System Theory

In order to emphasize more on the environmental aspect of recovery and improvement, it is useful to shortly review a related theory that investigates how human development is influenced by different types of environmental systems (Ettetal &Mahoney,2017).

Ecological systems theory developed by psychologist Bronfenbrenner (1979) lays stress on the quality and context of the surroundings.

The relevance of this theory with psychiatric social work methods in recovery is due to the fact that Bronfenbrenner’s theory can be considered as a developmental psychology theory (Härkönen,2007) since it dwells on human development and follows one’s growth into a fully competent member of the society.

According to Bronfenbrenner, development, and socialization are influenced by the different width rounds or circles of the environment with which a person is in an active inter-relation.

This includes three significant assumptions:

- ❖ Person is an active player, exerting influence on their environment,
- ❖ The environment is a compelling person to adapt to its conditions and restrictions

- ❖ The environment is understood to consist of different size entities that are placed one inside another, of their reciprocal relationships. (Bronfenbrenner 1979; Saarinen et.al., 1994, 88.)

These different size entities are four interrelated types of environmental systems in Bronfenbrenner's classic rendition of ecological systems theory, namely, the micro-, meso-, exo-, and macrosystems. These levels range from smaller, proximal settings in which individuals directly interact to larger, distal settings that indirectly influence development (Ettedal & Mahoney, 2017). A short description of all these levels in addition to their connection to psychiatric social work recovery methods is as follows:

Microsystem

The most proximal ecological level is the microsystem, which includes the settings in which individuals directly interact. According to the text a microsystem is a pattern of activities, roles, and interpersonal relations experienced by developing person in a given face-to-face setting with particular physical and material features, and containing other persons with distinctive characteristics of temperament, personality, and systems of belief (Ettedal & Mahoney, 2017).

Meaning that in the process of recovery and improvement of the individuals, qualities of the significant people in the immediate environment (Bronfenbrenner 1989, 227) can play an important role. Therefore, it might be beneficial for psychiatric social workers to investigate individual's immediate surroundings like their families, teachers or any other person involved in their social network.

Mesosystem

Moving outward in Bronfenbrenner's ecological levels is the mesosystem, which involves processes that occur between the multiple microsystems in which individuals are embedded. There are many microsystems that interact with activities to affect development. The key point is that what happens in one microsystem affects what happens in another microsystem (Ettedal & Mahoney, 2017). Meaning that there is a relation between microsystems in the individual's development for example, psychiatric social workers might find useful information about the individuals if they review the quality of social interaction of the

individual first in their friend's circle and then in their family (or vice versa), while looking for meaningful effects caused by any of these microsystems on each other.

Exosystem

The exosystem is the next outermost level and includes the microsystems in which individuals are involved but not directly embedded. The exosystem "trickles down" to influence development through the other people involved in individuals' lives (Ettedal & Mahoney, 2017). The exosystem encompasses the linkage and processes taking place between two or more settings, at least one of which does not ordinarily contain the developing person, but in which events occur that influence processes within the immediate settings that does contain that person. Adapting this level to the psychiatric social work method, for example it's possible that they can find the indirect cause of the individual's mental disturbance by screening the effect of parent's workplace on the young individual. Mainly because if any of the parents is stressed at their working place, that stress can transform into anger or aggressive behavior at home, and it can manifest within the interaction with the family members. In that case an intimidating home environment can escalate the young individual's mental difficulties.

The macrosystem

Finally, the outermost system is the macrosystem, which is defined as the set of overarching beliefs, values, and norms, as reflected in the cultural, religious, and socioeconomic organization of society. The macrosystem can be thought of as a societal blueprint for a particular culture, subculture, or other broader social context. This level consists of the overarching pattern of micro-, meso-, and exosystems characteristic of a given culture, subculture, or other broader social context, lifestyles, opportunity structures, life course options, and patterns of social interchange that are embedded in each of these systems (Härkönen, 2007).

The macrosystem influences development within and among all other systems and serves as a filter or lens through which an individual interprets future experiences. In the context of psychiatric social work methods of recovery, it can be said that information on the society that individual is a member of, the cultural belief system of the individual or his or her

economic condition, all can reveal significant findings that might assist psychiatric social worker to address the existing issues.

Humanistic psychology

Within the psychiatric social work's framework there can be few psychological models that are responsible for the implementation of practical methods and so far in the theoretical section of this research two main psychological approaches or theories (psychological empowerment and ecological system theory) have been reviewed.

Another psychological approach is humanistic psychology which rose to prominence in the mid-20th century, drawing on the work of early pioneers like Carl Rogers and the philosophies of existentialism and phenomenology. Humanistic psychology adopts a holistic approach to human existence through investigations of meaning, values, freedom, tragedy, personal responsibility, human potential, spirituality, and self-actualization (Serlin &Greening,2000).

The humanistic approach has its roots in phenomenological and existentialist thought. Eastern philosophy and psychology also play a central role in humanistic psychology, as well as Judeo-Christian philosophies of personalism, as each share similar concerns about the nature of human existence and consciousness (Serlin &Greening,2000).

Humanistic psychology is also sometimes understood within the context of the three different forces of psychology: behaviorism, psychoanalysis, and humanism. Behaviourism grew out of Ivan Pavlov's work with the conditioned reflex. Abraham Maslow later gave behaviorism the name "the second force".

The "first force" came out of Freud's research of psychoanalysis, and the psychologies of Erik Erikson, Carl Jung, Erich Fromm, and others. These theorists and practitioners, although basing their observations on extensive clinical data, primarily focused on the depth or "unconscious" aspects of human existence (Colmen,2009).

In the late 1950s, psychologists concerned with advancing a more holistic vision of psychology convened two meetings in Detroit, Michigan. These psychologists, including Abraham Maslow, Carl Rogers, and Clark Moustakas, were interested in founding a professional association dedicated to psychology that focused on uniquely human issues, such as the self, self-actualization, health, hope, love, creativity, nature, being, becoming, individuality, and meaning that is, a concrete understanding of human existence. These preliminary meetings eventually led to other developments, which culminated in the

description of humanistic psychology as a recognizable "third force" in psychology (along with behaviorism and psychoanalysis).

Humanistic psychology includes several approaches to counseling and therapy. Among the earliest approaches, we find the developmental theory of Abraham Maslow, emphasizing a hierarchy of needs and motivations; the existential psychology of Rollo May acknowledging human choice and the tragic aspects of human existence; and the person-centered or client-centered therapy of Carl Rogers, which is centered on the clients' capacity for self-direction and understanding of his/her own development (Colmen,2002).

A key ingredient in person-centered therapy is the meeting between therapist and client and the possibilities for dialogue. The aim of much humanistic therapy is to help the client approach a stronger and more healthy sense of self, also called self-actualization (Clay,2002). All this is part of humanistic psychology's motivation to be a science of human experience, focusing on the actual lived experience of persons (Serlin &Greening,2000).

Other approaches to humanistic counseling and therapy include Gestalt therapy, humanistic psychotherapy, depth therapy, holistic health, encounter groups, sensitivity training, marital and family therapies, bodywork, and the existential psychotherapy of Medard Boss (Colmen,2002).

The relevance of humanistic psychology and its different therapy models is that it shares a significant highlight with the psychiatric social work's working methods of treatment. Humanistic psychology tends to look beyond the medical model of psychology in order to open up a non-pathologizing view of the person (Colmen,2002). Psychiatric social work also tries to redefine the individual from a patient to an individual with opinions, potentials, and capacities. Another meeting point between Humanistic psychology and psychiatric social work's method is the fact that they both draw attention to the therapeutic interaction between the individual and the therapist (or facilitator). Within this interaction, they both promote the participation of the individual in the recovery process. The reason for that involvement is that individuals' opinions, experiences, and potentials can play a navigating role through the recovery process for them. Eventually, with the benefits of self-realization, it is likely that the recovery process would be more efficient.

Methodology

Silverman (2005) described methodology as an overall framework of choices in planning, collecting, analyzing, and interpreting the gathered data in specific research studies conducted by a researcher. In addition to that methodology can also be considered as the standard structure which allows the researcher and readers to follow a systematic process of perceiving a phenomenon in great detail.

For that purpose, the methodology section of this research consists of three subsections: The first one is mainly about how and why a specific method helped in building up a structure to achieve this research objective. The second subsection is basically a walkthrough of each step that was taken during collecting data. The third one is the analysis section in which all the gathered information is situated in a map to provide a clear picture of research suggestions.

Qualitative Method's Contribution

The objective of this research is centered around psychiatric social workers experience and perception of their working method. To identify major elements in this context, a family of qualitative research methodologies that examines the structures of experience or consciousness (Gill,2020) like phenomenology seems to be a proper choice. Moreover, it is critical to report the firsthand narration of psychiatric social worker's perceptions and opinion on their working method. Therefore, there is a need for a methodical approach that mirrors a comprehensive understanding of what psychiatric social workers think and express.

According to Denzin and Lincoln qualitative method provides that firsthand narration in a realistic setting." Qualitative research is an activity that locates the observer in the world. It consists of a set of interpretive, material practices that makes the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study accrues in their ordinary settings, trying to make sense of, or to understand, phenomena in relations to the people bring to them (Denzin and Lincoln, 2011).

This aspect of qualitative research corresponds to the social constructionism theory. Social Constructionism or the social construction of reality is a theory of knowledge of sociology and communication that examines the development jointly constructed understanding of the

world. This approach sees the language, the communication, and the speech as having the central role of the interactive process through which we understand the world and ourselves (Galbin,2014).

The social constructionism perspective says that we never know what universal true or false is, what is good or bad, right, or wrong; we know only stories about true, false, good, bad, right, or wrong. The constructionism relies on relations and sustains the individual's role in social construction of realities (Galbin,2014). Meaning that social constructionism “locates meaning in an understanding of how ideas and attitudes are developed over time within a social, community context” (Dickerson & Zimmerman, 1996, p. 80) and that is why social constructionism suggests that a great deal of human life exists as it does due to social and interpersonal influences (Gergen, 1985, p. 265). The significant of interpersonal and social influences on individual's understanding is an interrelated concept with qualitative research. Since, within that method it is also important to discover the role of social mechanisms for individuals in their process of making sense of the world and themselves.

IPA

The primary objective of this research was to clarify psychiatric social workers experience and perception of their working method in the mental care institution. Therefore, the methodological design of this research should consist of a systematic process in which there is an extra emphasis on an individual's experience, opinion, and statements. A compatible choice for that goal is the phenomenological approach that seeks to explain or reflect people's common sense of their experiences to a notion or phenomena (Starks & Trinidad, 2007). Furthermore, within the structure of the phenomenological approach, we need to gradually design a comprehensive portrait of the current mental health care system implemented by psychiatric social workers. Meanwhile, it is essential to navigating through a set of collected data that requires a sharp eye to notify not only the most irrelevant findings but also information which are a direct product of psychiatric social workers' experience and practical wisdom. That is why the methodological choice of this research has been set on Interpretative phenomenological analysis. There are two main reasons for this methodological choice: Interpretative phenomenological analysis has the primary aim for subjective interpretation and the second reason is that interpretative phenomenological analysis (IPA) can contribute to reporting participant's lived experiences and approaches.

Subjective Interpretative essence in IPA

The aim of interpretative phenomenological analysis (IPA) is to explore in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meanings particular experiences, events, states hold for participants. (Osborne & Johnathan,2007) However, there is always the possibility of miscommunications, biased presumptions, or any other obstacles that prevent the researcher from factually reflecting participant's statements. Additionally, participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world (Packer and Addison, 1989). This two-stage interpretation process might lead to an inevitable complication in the process of gathering data. Nonetheless, IPA provides the opportunity to stay loyal to the informant's sayings. Since it not only advises the researcher to stay open-minded but also mainly because it goes deeper into the layers of meanings and expressions of the informants. Similarly, to what is expected from a phenomenological approach, the researcher tries to stay objective to the informant's subjective experience and knowledge. As Osborne & Johnathan (2007, p.53) asserted:" IPA involves a detailed examination of the participant's lifeworld; it attempts to explore personal experience and is concerned with an individual's personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself".

Since in IPA it is important to explore personal experiences and perceptions, it can be argued that within that approach, examination of implied meanings by participants is one of the crucial priorities. This aspect of IPA can be understood through an examination that is more concerned about the hidden and deeper meanings over general statements or qualitative considerations over quantitative ones. That examination provides the opportunity to scan through details and extracted data that could have remained unnoticed mainly because it is possible that during the research with a considerably high amount of empirical data, some materials could be underlined by others. Such a challenge can be avoided with IPA since, in the priority hierarchy, quality is situated over quantity. Meaning, IPA is more compatible with researches that are concerned about qualitative criteria like participants' perceptions and experiences rather than the number of them.

A reflection of lived experience

One of the necessary questions in the process of choosing the proper method for this research was to ask “which method is flexible enough and ‘participant-oriented’ enough to get to the real ‘lived experiences’ of the research participants (Alase,2017). Answer to that question was IPA since this method emphasizes greatly on participants’ lived experience. In better words “IPA shares the views that human beings are sense-making creatures, and therefore the accounts which participants provide will reflect their attempts to make sense of their experience” (Smith, Flowers, and Larkin 2009 p.4)

As a qualitative research approach, IPA gives researchers the best opportunity to understand the innermost deliberation of the ‘lived experiences of research participants. As an approach that is ‘participant oriented’, the interpretative phenomenological analysis approach allows the interviewees to express themselves and their ‘lived experience ‘stories the way they see fit without any distortion and/or prosecution. Therefore, utilizing the IPA approach in a qualitative research study reiterates the fact that its main objective and essence are to explore the ‘lived experiences of the research participants and allow them to narrate the research findings through their ‘lived experiences’(Alase,2017).

Another important note is that people struggle to express what they are thinking and feeling, there may be reasons why they do not wish to self-disclose, and the researcher has to interpret people’s mental and emotional state from what they say (Osborne & Johnathan,2007. p.54). Suitably, IPA has a theoretical commitment to the person as a cognitive, linguistic, affective, and physical being and assumes a chain of connection between people’s talk and their thinking and emotional state say (Osborne & Johnathan,2007).

Meaning that IPA acknowledges a debt to symbolic interactionism (Denzin, 1992) when it includes a variety of crucial aspects of human complexity in communication and implied meanings.

It is worth mentioning that symbolic interaction theory emerged in 1934 by American philosopher George Herbert Mead regarding the relationship between self and society. Central to symbolic interactionist thought is the idea that individuals use language and significant symbols in their communication with others (Carter & Fuller,2015). Meaning through using language individuals transfer their meanings and understandings of symbols to each other within a social interaction context. That is why symbolic interactionism can be considered as a micro-level theoretical perspective in sociology that addresses the manner in

which individuals create and maintain society through face-to-face, repeated, meaningful interactions. (Carter & Fuller, 2015)

Consequently, symbolic interaction is a process of “interpretation of the action”

The foundation of this theory is meanings. Symbolic interaction examines the meanings emerging from the reciprocal interaction of individuals in a social environment with other individuals and focuses on the question of “which symbols and meanings emerge from the interaction between people” (Stryker, 1980: 57). The significance of these symbols and meanings is the main core of the focus in the IPA method since the complexity of the communication between interviewee and researcher can have a negative effect in gathering credible data. It can be concluded that IPA carries the concern for reporting individuals’ meanings and understandings acknowledging their complexity.

Recruitment

To initiate the process of recruiting psychiatric social workers who are willing to participate in an interview first it was necessary to receive approval from NSD (Norwegian association of higher education Institution). That process was consisting of providing details about the research, interview guide, participants, and so on to the NSD so all the legal concerns will be in order. Among the information that was sent, there was an information letter for the participants explaining the goals of the research, the responsible person for the research, their rights, and how personal data will be stored. To preserve and respect the interviewee's right to privacy, unnecessary questions about personal matters were completely avoided and only relevant information to the purpose of the project was mentioned. Information letter further on was sent to the participants and was signed by them. After a few weeks, NSD approved this project, and recruiting began.

The next step was to decide on a strategy for sampling. Since it was essential to grasp an understanding of what psychiatric social workers perceive of their working methods and practice of treatment, it was important to implement a method of sampling that reflects professional feedback. Therefore, there was a need to find a sampling method that is most effective when one needs to study a certain cultural domain with knowledgeable experts (Tongco, 2007). A compatible choice of sampling here was expert sampling. As indicated by the name Expert Sampling calls for experts in a particular field to be the subjects of the

sampling (Etikan, Musa& Alkassim,2016). In this method, it's important to find people who can and are willing to provide the information by virtue of knowledge or experience (Bernard 2002, Lewis & Shep-pard 2006). Considering that in mind it became clear that the target group of this research should consist of psychiatric social workers who have at least a few years experience of working in mental health care institutions. People who not only have the insights resulted by experience but also who were educated in this field. Therefore, the target group for this research was set as social workers with educational backgrounds and experience of working in a mental health institution. The reason for setting the criteria for the informants was to receive professional feedback from practitioners who have both theoretical and practical perspectivity on this matter so it will be more convenient to examine the objective from different angles. As Frey (2018) argues: "The logic and power of expert sampling lie in selecting people to study or interview who are especially knowledgeable about a topic and are willing to share their knowledge. Expert sampling involves identifying key informants who can inform an inquiry through their knowledge, experience, and expertise. Experts can provide valuable insights into the root of problems, what has been tried and failed, what has been tried and worked, and future trends to watch".

To summarize this section, it can be concluded that psychiatric social workers with academic backgrounds and practical experiences were defined as key subjects since they have the advantage of being familiar with methods of treatment. Moreover, they have practical wisdom from their daily practices and that can reveal a significant understanding of the advantages and disadvantages of recovery methods in addition to insights about how to improve these methods or abandon dysfunctional ones.

Data collection

Semi-structured interview

The next step was to organize a set of questions that reflect the research purpose. Accordingly, the format of the interview was ideal that is designed to depict the participant's point of view with a minimum level of interruption, biased tendencies, and so on. Creswell (2009) suggested a semi-structured interview as the potential option that can obtain participants' thoughts. Moreover, semi-structure interview contributes to the opportunity for a dialogue between the researcher and participants. "Semi-structured interviews involve a series of open-ended questions based on the topic areas the researcher wants to cover. The open-ended nature of the question defines the topic under investigation but provides opportunities for both interviewer and interviewee to discuss some topics in more detail" (Mathers, Fox&Hunn,2000).

Considering these characteristics, a semi-structured interview consisting of 17 questions within six major themes was planned and added to the interview guide. Approximately 45 minutes was allocated for conducting the interview. The anonymity of the participants was also reminded. It must also be mentioned that due to the spreading of the Corona virus it was strictly advised to avoid in-person meetings, so all the interviews were planned to be conducted via online meeting. Therefore, the plan was to send an information letter (for an online interview) to institutions in Stavanger and Sola. After doing so the main challenge for this research took place and it was that not many replies were received from contacted institutions. During this time, it was quite a challenge to face this unaccepted issue mainly because in the beginning it was expected that at least a few responses will be received. The scale of this challenge began to become more concerning after sending more requests within the following months and still not receiving enough responses. After realizing the fact that although a few months have passed, more people have been contacted and still the challenge seems to remain unresolved it was time to move on (because that challenge was bringing other concerns like time limitation for conducting this research).

Consequently, the process of collecting data continued after the researcher of this study and the supervisor contacted their network to find possible informants. Eventually, online interview with two participants (Both graduates of social work at Stavanger University) was

conducted. The first informant was a woman with 18 Years' experience of working in a mental health institution for adolescents. She responded through email and we set the time and date of the interview for a certain day. During the interview, she brought interesting topics to our attention that were meaningful for the purpose of this research. At the end of the interview, she also asked a few questions and in general, the session went on with an open rhythm. The second informant has 5 years experience of working in the field. He also volunteered to participate in the interview via e-mail and the interview was planned according to his schedule. During the interview, it became clear that he has a responsive approach and that criteria helped the interview to be more productive.

Validity of The Research

Part of the main goal of this research was to stay as loyal as possible to what psychiatric social workers have to say about their work and the methods they apply. To be able to report that academically it was essential to provide valid information that can be repeated and tested by future research. Nevertheless, the concept of validity has a more precise definition. Validity basically means "measure what is intended to be measured" (Field, 2005). Moreover, Validity explains how well the collected data covers the actual area of investigation (Ghuri and Gronhaug, 2005). In the case of this research using semi-structured interviews allowed the researcher to draw attention to feedbacks mentioned by the participants in a way that they can decide on the flow of the conversation. Consequently, there is a higher chance that collected data is a product of their perceptions, experience, and knowledge rather than the researcher's assumptions. Additionally, during the interview new topics were brought up that weren't anticipated, however, these topics not only turned out to be relevant but also, to some extent redirected the purpose of the research to bold issues and approaches.

Amore elaborate explanation of this matter is that the primary objectives of this research, in the beginning, was to discover the psychiatric social worker's understanding of their working methods in addition to their experience of working in mental health institutions. However, through conducting this research psychiatric social worker's reflection on their methods seemed to be rather a more dominant topic in comparison to their experience of working in mental institution. Furthermore, IPA analysis result also had a corresponding connection to

psychiatric social workers' reflections on their methods. Therefore, analyzing that cluster of findings within a bigger structure like systematic institutional psychiatric care showed a more meaningful connection. Therefore, it was decided to focus on this aspect and subsequently to report findings that were relevant to psychiatric social work methods of treatment.

In summary since the focus of the research was on psychiatric social workers and the main goal was to report their point of view, the accuracy of collected data can be considered as a corresponding element of what participants (with rather promising knowledge and experience in the field) have emphasized. To elaborate more on this matter, it should be mentioned that both informants had long years of experience working in the field and that criteria can be considered as an advantage for an informant. Mainly because the extracted data from participants with considerable years of practice have the potentials to reveal significant findings regarding the practical aspect of a practitioner.

It also must be mentioned that before converting the audio version of the interview into written text, the audio version of the interview was been listened to three times. That is due to the issue that the first time hearing the files few words weren't clear enough and with the second time hearing them they became clear. Third time reviewing the files was also important since it revealed expressions or extra emphasis from informants and these impressions helped to discover unaccounted details from the interview.

Limitations and challenges

Every project or research has its challenges however, it is not entirely impossible to shift these challenges to more meaningful aspects of an investigation. First, the investigator should report or inform both advantages and disadvantages when gathering information or data from respondents (Punch 1998). Likewise, in this research, there were main challenges that required alternative solutions. One of the issues was the spreading of a pandemic which has its own serious impact on different aspects of social and individual life. In better words: "As well as the direct impacts of COVID-19 disease, the social distancing and lockdown measures have had a huge and unequal impact of their own on individuals, households, and communities through the restrictions imposed on everyday social and economic activities (Jones & Lewis,2020). In the case of conducting this research since it was not possible to visit institutions or have a face-to-face dialogue with people, the freedom of choice in gathering information was limited. For example, to understand psychiatric social workers' method of treatment it could have been a meaningful way if the researcher was able to

conduct a field visit since there are valuable aspects of a matter that can only be detected by observation.

This limitation could have been the main cause of the second issue which was the number of informants. Although the information letter and request for an interview were sent to all possible institutions only two replies were received. That issue could have risen several methodological critiques on the grounds that a number of people who have been interviewed can't scale up to an acceptable level of credibility for a research. Considering the significance of the credibility of the research, this issue was alarmingly concerning. Therefore, there was an essential need to resolve this issue. Since the number of informants was an issue that could not be altered in any way, it was decided to focus on other aspects of empirical data. So, eventually, a shift of approach was made and that was trying to compensate this disadvantage by choosing a compatible methodological structure. A method that facilitates in-deep examinations where it is important to discover qualitative characteristics rather than quantitative ones. Subsequently, the new goal was to utilize the adaptable methodological structure to extract as much empirical data as possible from the interviews. With that methodological contribution, it was possible to investigate the hidden or deeper layer of the informant's statements and by doing so it was expected to minimize the impact of the informant's number and maximize the extraction of empirical data from them.

This process from when it became an issue until applying the solution was itself a productive experience for the researcher. In the beginning, it seems to be like a dead-end challenge with very limited solutions and gradually it became rather like a search for adaptation to an unpredictable situation. Although it was difficult to re-structure the whole research design based on the methodological framework, during conducting that section it became clear how important it is to practice active problem-solving skills.

Analysis

Proceeding to the next step of the research, now collected data from the interviews must be organized within the structure of the methodological choice. Since IPA was initially applied to problems in health psychology (Pietkiewicz & Smith, 2012) and because it relies on an individual's perspective it is important to analyze the data according to a set of design that prioritizes the practitioners who are directly involved in the field of the mental health care system. To achieve this, IPA studies utilize small, reasonably homogenous, purposively selected, and carefully situated samples, and may often make very effective use of a single case analysis (Charlick, Pincombe, McKellar & Fielder, 2016) Therefore, an in-depth analysis of single cases and examining individual perspectives of study participants in their unique contexts ((Pietkiewicz & Smith, 2012) must be applied for this section. A corresponding approach for that purpose is Idiography since IPA relies on idiography, meaning that researchers focus on the particular rather than the universal (Smith, Harré, & Van Langenhove, 1995).

Furthermore, idiography is concerned with the particular, and this operates at two levels: firstly, in the sense of detail, with a thorough and systematic depth of analysis; and secondly, with an understanding of how a particular experiential phenomenon (an event, process, or relationship) has been understood from the perspective of particular people, in a particular context (Smith, 2009).

Suitably for this research (considering the numbers of participants), it is essential to cultivate as much information possible from the scripts. Moreover, according to Smith (2009), this aspect of analysis can be an advantage for research since the detail of the individual also brings us closer to significant aspects of the general and with each case, one revises the theory to fit the case, allowing one to reflect on and modify one's thinking in the light of the next piece of evidence assessed.

Considering the notes mentioned above, the process of analysis started by reading and re-reading the script from the interviews to find words, sentences, impressions, or terms which can have the potentials of revealing a piece of valuable information. A draft of initial notes consisting of highlighted sentences and words was produced. In total twenty-five, highlights were extracted from the interview scripts which were in regard to different subjects.

From there it was time to turn initial notes into themes. Therefore, it was important to investigate patterns, similarities, or repeated words and concepts which can navigate us to reach corresponding themes. For doing so “It is recommended that researchers totally immerse themselves in the data or, in other words, try to step into the participants’ shoes as far as possible (Pietkiewicz & Smith, 2012).

That is why during this step it was crucial not to undermine any sentence stated by the psychiatric social workers for the sake of reduction and producing themes. Accordingly, each highlight was separately reviewed to investigate the meaning or implication behind them. In the end, the initial twenty-five highlights were reformed and restructured into four main themes.

The next step was to test if themes have possible correspondence or connection with each other or with the research objectives. Interestingly the connection between themes with each other and research objectives turned out to be an indication of a meaningful connection. Corresponded or connected Themes was the structure of an emerging map that eventually helped us understand the objective of the research within the perspective of psychiatric social workers.

Findings

The emerging map that eventually shaped the finding section of this research consists of three main notes: Interaction based on humanistic psychology approach, user-participation and humanistic therapy method and finally environmental focus. All these notes can be part of an overview of psychiatric social worker’s method in today’s psychiatric care system. More detail on each note is as bellow:

Interaction Based on Humanistic psychology approach

In a practice that prioritizes the individual and his or her perspective in the recovery process, it is important to create a balance between the level of control, power, and freedom of the individuals and restrictive psychological advice. This section will elaborate on how psychiatric social workers manage to establish that balance using the humanistic psychology approach. For that purpose, it is necessary to review this approach in detail. The humanistic psychology approach “views people as capable and autonomous, with the ability to resolve their difficulties, realize their potential, and change their lives in positive ways” (Seligman,2006). Humanistic psychology to some extent can be considered as a phenomenological approach since it promotes unique perception by the individual of his or her world (Perceptions and experiences that further will determine the direction of treatment). Within this perspective, the client is in charge and it is anticipated that this responsibility will lead to the client developing a greater understanding of self, self-exploration, and improved self-concepts (Roger,1965). As suggested by the name humanistic psychology is grounded in humanistic premises and values, as well as ensuring therapeutic relationships with clients that bring self-esteem, authenticity, and actualization in their life (Seligman, 2006).

The influence of humanistic psychology for the past few decades has been significant.

According to Cain, Kennan& Rubin (2016), Humanism values and practices have affected the practice of psychoanalytic and other schools of psychotherapy. Additionally, Schneider and Längle (2012) asserted that” humanism is a viable and growing phenomenon among the leading areas of psychotherapy and humanism is a foundational element of therapeutic effectiveness; a pivotal (and needed) dimension of therapeutic training and a critical contributor to social well-being. (p. 427)

It can be understood that humanistic psychology promotes humanism as the main framework of therapeutic methods by arranging a systematic hierarchy of values like an individual’s self-realization, authenticity, empowerment, and so on.

Corresponding to this approach there were three indications in the findings of this research that implied a similar pattern of therapeutic approach. The first indication refers to the informant’s explanation of the routine-based job. Psychiatric social workers start their duties firstly by gathering an overview of the case by reading initial reports of the issue. Secondly, they have conversations and meetings with the adolescent, his or her parents, and finally with their psychologist. These meetings are weekly and during each session, they discuss issues and solutions. During the meetings with parents (if the adolescent is underage) they review

the issue through the parent point of view to gather more information. In the meantime, they try to acknowledge issues (like anger issues or miscommunication between the adolescent and parent) that can be responsible for escalating the challenging situation. Eventually, they will provide the appropriate assistance on these matters, for example, they will provide technics on how to have a calm and productive conversation.

From that note, it can be understood that part of a psychiatric social worker's routine consists of having meetings with involved people (adolescents, parents, and psychologists). During these meetings, the psychiatric social worker tries to acknowledge the existing issues by conducting a dialogue-based interaction with them. It can be argued that psychiatric social workers are practicing some aspect of humanistic psychology considering the fact that individuals' involvement and having a dialogue-based interaction with them, is an essential part of a psychiatric social worker's job.

The second indication was clarified by one of the informants signifying the importance of establishing a connection with the adolescents based on trust and respect. He suggested that one of the best aspects of his job is feeling of accomplishment when he manages to build a meaningful connection to the adolescent. Moreover, such connection will have it positive effect on the assistance they provide to the adolescents: "After earning their trust and respect they are more open to advice we give, and they will listen". Additionally, he emphasized the value of meaningful interaction between psychiatric social workers and individuals: "It can't be one-sided I can't have all this information about the kid his or her most horrible experiences and me as this adult guy and he knows nothing else than these rule". This quote clarifies this note that the quality of the interaction between psychiatric social workers and adolescents should be regulated based on humanistic values like trust and respect instead of an interaction that is based on the fixed role of the psychiatric social worker who is accustomed to law. It can be concluded that a successful recovery process consists of a dynamic interaction between the individual and psychiatric social worker, a meaningful interaction that is developed by humanistic values like trust and respect.

The final indication was concerning psychiatric social workers' opinion on what should we call people who need mental care. Both informants' response was interestingly similar, they perceived them as adolescents: "Everybody was a kid then became adults". Supposedly psychiatric social workers' vocabulary is more concerned with addressing people by their names or terms that are not implying any additional meanings (The importance of this note is

due to a contemporary discussion in social work regarding what is the appropriate term for addressing people who are receiving assistance). Therefore, it can be argued that psychiatric social workers' choice of vocabulary to some extent might indicate their tendency to have an unbiased and respectful mindset towards the people who seek mental health assistance.

It can be concluded that an individual's involvement and having a dialogue-based interaction, establishing a connection based on trust and respect, and finally a vocabulary with indications of an unbiased mindset can all be part of humanistic psychology's implementation in psychiatric social worker's methods of recovery.

User-Participation and Humanistic Therapy Method

The expansion of the practical aspect of psychiatric social workers' method of treatment requires a short review of the structure that is mostly responsible to coordinate the therapeutic psychological point of view with the practical duties and methods. The findings of this research directed the search for finding that structure toward Person-Centered Therapy. This approach is part of Humanistic psychology and Humanistic Therapy. The term humanistic, as used here, is understood to incorporate approaches variously defined as experiential, existential, relational, and phenomenological (Cain, Kennan& Rubin,2016). Humanistic therapy or person-centered therapy provides "a holistic view of people as unique, indivisible organisms composed of interrelated systems that cannot be reduced to the sum of their parts. People are conceived as inseparable from their environment and are therefore best understood as beings-in the world (Cain, Kennan& Rubin,2016). Further on Cain and others remarked other significant variables of humanistic therapy as bellow:

- ✚ An optimistic view of clients as resourceful and naturally inclined to grow and develop their potential.
- ✚ A focus on the self and self-concept of the client with the understanding that the way clients experience the self has a great influence on their behavior (Enhancing self-exploration, self-definition the development of self-knowledge and self-efficacy are primary endeavors of the humanistic therapist)
- ✚ A view that people are essentially free to choose the manner and course of their lives and their attitude toward events and that freedom, choice, and responsibility are interwoven and inescapable.

It is also worth mentioning that the techniques employed in person-centered therapy are different from those employed in other therapies. The difference is that other therapies are often focused on something the client can do during the therapy session, whereas the techniques used in person-centered therapy are employed by the therapist to create an environment that facilitates the process of self-awareness (Garret,2005). That approach can provoke positive influence on the people who are receiving the therapy for example:

- ❖ Clients have a positive experience in therapy when the focus is on them and their problems
- ❖ Clients feel they can express themselves more fully when they are being listened to and not judged.
- ❖ Clients feel empowered from person-centered therapy as the responsibility is on them to make decisions (Roger,1965).

Searching through the findings of this research for counterparts to the humanistic therapy resulted in three main examples. The first one was the importance of the quality and quantity of meetings sessions with the adolescent. They have several meetings with the adolescent and during these meetings, psychiatric social workers' strategy is to provide safe space for them so they can communicate openly, and eventually, they can discover ways of improvement. In better words "the quality of the relationship between therapist and client provides a safe sanctuary that supports the therapeutic process and that is growth inducing in and of itself. The primary Endeavor of humanistic therapists, therefore, is the creation of an optimal therapeutic relationship that is individualized to adapt to clients' needs as they evolve throughout the course of therapy (Cain, Kennan& Rubin,2016).

The second counterpoint refers to the significance of the individual's point of view and experiences during the sessions that were held with the purpose of reaching a diagnosis or the main issue. In other words, individuals are also considered important and being involved in the process of psychological examinations. As the informant suggested:

"so, the main goal is to explore, and we talk to the adolescent and we also in every case asked them about trauma because that's very important. Many diagnoses can be misunderstood because it could be a trauma behind a symptom so it's important to know what the adolescent has experienced".

Meaning that psychiatric social workers involve the individual in the diagnosis examination by listening to their descriptions of their experiences and that aspect of practice corresponds with humanistic therapy. As Cain, Kennan & Rubin (2016) suggested “a phenomenological emphasis that focuses on clients’ subjective world with the understanding that their current perception is reality and can best be understood by putting aside hypotheses, diagnoses, and preconceptions in an attempt to take in their experience as freshly as possible.

The final example relates to the psychiatric social worker’s obligation and devotion to optimize the individual’s participation in their recovery process. Since individual participation is continuous cooperation, in this next step of the recovery process they are being asked about their opinion on the resolution. As the informant asserted:

“We make a plan together. That could be if you have a problem sleeping ok (we ask) what is your routine, what can you do to gain the calm you need, and we plan together, and they practice at home. It’s getting both ways. I know a lot about how to get sleep, but it must adjust to what they can do It’s very important, my theory won’t help them if they don’t try it”.

The significant note about the psychiatric social worker’s statement is that she comprehensively encounters the issue, by acknowledging the significance of the partnership between theoretical psychology and the individual’s practicality. That note coincides with humanistic therapy. According to Cain, Kennan & Rubin (2016), the core role of therapist empathy is grasping the personal meaning of the client’s experience, facilitating self-exploration, and setting in motion a self-reflective process that promotes intrapersonal and interpersonal learning that leads to fresh perspectives and more effective ways of living. Therefore, part of humanistic therapy and psychiatric social work method includes a modification of recovery solutions with the individual’s experiences and point of view.

Final note of this section is the concern brought by one of the interviewees, stating: “We are being replaced by psychologists, there are fewer and fewer social workers so that’s a very sad situation because I think we are needed, we have a holistic view”. The importance of that issue can be due to the fact that although psychiatric social workers are not therapists, their methods of practice in the recovery process of the individuals can share similar functions to the therapists. That aspect can be partly because psychiatric social workers try to mobilize an active role for the individuals in their recovery process and for reaching that goal, they need to adapt a role that is rather like a facilitator (a quality that a humanistic therapist can also

have). However, psychiatric social worker's framework allows them to contemplate on extra considerations in the recovery process of the individuals. These extra considerations can be the environmental, social and economic situation of the individual and the essential note here is that psychiatric social workers have the capacity to provide actual economic and social assistance, criteria that therapists and psychologists might not have. Moreover, psychiatric social workers' method of treatment is consisting of a dynamic interaction between their psychological knowledge and individual's point of view, potentials, and condition. This dynamic interaction is based on the active participation of the individuals in every step of the recovery which is hoped to lead to self-realization and empowerment for them. It can be concluded that there are some indications pointing to this possibility that psychiatric social work has the capacity to apply holistic and humanistic therapeutic approach to their practice. Humanistic because there are similarities between their framework and humanistic therapy, holistic because they can acknowledge environmental causes in the recovery process. This criterion will be discussed in more detail in the next theme.

Environmental Focus

Another important aspect of psychiatric social workers' working method is their examination of individuals' backgrounds to investigate the trace of any influence resulting from their surroundings. The importance of the environmental aspect is due to the fact that person-in-environment is a core concept in social work worldwide (Hare, 2004). Furthermore, some even claim that this concept, which characterizes social work as a profession that seeks to change and improve the lives of individuals and society and the relationship between them, is what distinguishes social work from other helping professions (Gibelman, 1999; Johnson, 1999; Karls & Wandrei, 1995; Stuart, 1999). More specifically, the social work profession seeks to augment the ability of individuals, families, groups, and communities to solve their problems, realize their potential, and enhance their lives, while effecting social reforms intended to remove societal obstacles to the individual's well-being, to reduce inequality, and to increase social justice (Dominelli, 2004; Gambrill, 1983; Gibelman, 1999; Hare, 2004; Haynes, 1998; Lynn, 1999; Minahan, 1981; Morell, 1987).

Within the structure of a corresponding approach that can be called the person-in-environment approach, the individual and his or her multiple environments are viewed as a

dynamic, interactive system, in which each component simultaneously affects and is affected by the other (Hare, 2004). The person-in-environment approach is also manifested in the general consensus in the professional community that social workers should use interventions at both the individual psychological level and the social level. As one of the informants asserted:

” It is important to think about not just a person but person in an environment”.

That is the reason why psychiatric social workers review the individual social-economical background to pinpoint any possible cause that has its influence on the individual condition. The importance of this matter is that in some cases, economic problems like struggling financially although might have not had a direct impact, but surely it has caused the mental disturbance to intensify or make an individual stressed out. In some other cases, the living condition of the individual might be the hidden but influential reason to escalate issues like depression or distress in a person. A practical example was explained by the interviewee:

“I had a teenage boy who came with a wheelchair. He was very depressed. He was a refugee, didn’t know the language well enough so he felt helpless, but it turned out that he had a very bad house where the bedroom was on the first floor and the kitchen was on the second floor so he couldn’t get any meals for his own. He couldn’t watch TV with his family. So, my first job was to call his coordinator and say he can’t live like this. He must get to another apartment where he can get the kitchen and get the drink. So, depression could be about how you live”. Meaning that psychiatric social workers’ search for findings reasons behind the individual’s mental disturbance should encompass more areas of the individual’s life.

Because in some cases the influential factor (which can lead to the escalation of already existing mental issues), might be the living condition of the individual. Therefore, part of psychiatric social work’s duty should include an examination of an individual’s living conditions and surroundings so eventually they can provide more sufficient assistance for them.

Moreover, it is essential to tackle the issue with a sustainable and continuous approach. Mainly because environmental factors have a longer, deeper, and more indirect effect on the individual and to reach that aim environmental factors can be used as a mobilized agent in the recovery process. The role of environmental agents like family was also confirmed by the interviewee “Families are like a temporary agent; social worker come and goes but family will always stay”. In general, it can be concluded that psychiatric social work's dedication to

identifying environmental factors can assist an individual to proceed through the recovery process with a more sustainable rhythm.

Discussion

The objective of this research was centered around psychiatric social work methods for assisting people who require mental care support. IPA analysis directed the flow of this research towards different aspects of this matter however there was a meeting point in the end that helped the research to map these different aspects within the same approach.

Considering that, the discussion section will provide more elaborated details on this meeting point. For that purpose, four main highlights will be remarked to explain the parallel and yet important impact of psychiatric social work method of treatment on the recovery process of mentally challenged. The first highlights refer to the positive and progressive change in the timeline of the mental care system and the psychiatric social work framework. The significance of this aspect can be understood after considering the history of mental care. By the reason that historians should recognize the fragmentation of the concepts of mental illness and mental health need, place the experience of the service user in the context of wider socio-economic and political change, relate the politics of mental health policy and resources to the general determinants of institutional and explore the sociological and institutional complexity of the evolving mental health professions and their relationships with each other and with their clients (Turner and others,2015). Each of these examples can be the remarks of the historical information that are necessary to acknowledge before proceeding to examine current issues of mental health care.

Moreover, a historical review of treatment methods in psychiatric care may suggest a progressive change of both mental illness definitions and consequently methods of treatment. According to Mechanic (2007) “major signs of progress is evident; we have improved medical and rehabilitative care. More people now receive mental health services, Care is more patient-centered than before, and the consumer movement is strong. Health policymakers are more interested in mental health than in earlier decades, and mental health is now more a part of the broader health care discussion.

Mechanic (2007) further adds more examples of this progressive change:

- ❖ Psychiatric services have shifted from hospital to community. Mental illness is better understood and less stigmatized, and services are more commonly used
- ❖ Major changes in mental health law made coercive interventions less possible.
- ❖ Astute advocates, sympathetic policymakers, and effective legislators helped reshape important generic programs that brought assistance to many people with mental illnesses and contributed to the “mainstreaming “of mental illness into the medical and social services sectors
- ❖ The language of mental health has changed. A historical narrative structured around rights (the right to health and the right to liberty) (Turner and others,2015)

The essential acknowledgment here is to consider the historical evolution of definitions, methods, and policies in the mental care system as a positive and progressive shift that shaped contemporary psychological approaches. Considering this, it is worth mentioning that findings of this research also indicates that professions of this field like psychiatric social work have also adapted to the progressive change and the result of that historical evolution of methods is today’s practice of psychiatric social work methods like establishing a dialogue-based interaction with the individual. A method that priorities the individual’s voice over other elements, and by doing so it provides a good example of how contemporary psychiatric social work’s method has evolved from the classical model of psychiatric care on which patients might not have much of involvement in their recovery process.

The second highlight describes how psychiatric social workers examine an individual’s surroundings to discover possible causes of stress or challenge in their social or economic life. The importance of that note is that the impact of these causes in some cases may be the reason behind inefficient treatment or support service. According to research conducted by Lord & Hutchison (1993)” Psychiatric patients were often misdiagnosed and over-medicated, sent to more clinics, more physicians, and more institutions. No one in the system recommended that these individuals seek alternative non-medical support or self-help that might address their real problems, issues of loneliness and powerlessness”. Meaning that in some cases, it’s possible that providing only medical assistance for the individual might not

be efficient. Since there is this possibility that during the diagnoses some causes of the mental disturbance have remained unaccounted for. To elaborate more on this point, a reference to an example provided by the interviewee might be useful. The psychiatric social worker visited the adolescent's house and noticed his secluded lifestyle. In his case, depression could have escalated by not having much human interaction and that is a crucial point to discover. Mainly because, although providing medical assistance like an antidepressant to some extent could have helped him, however providing a more suitable setting for him could have had a significant effect on his mental state. The important note from that highlight is to acknowledge the parallel and yet effective assistance provided by the psychiatric social worker. It can be concluded that psychiatric social work assistance covers areas of the individual's life i.e., individual's living condition or economic challenges which can sometimes be easily unnoticed during the examination of the individual. With such an environmental approach it can be anticipated that because recovery suggestions for the individual are based on their background, it is more likely that these suggestions can be efficient.

The third highlight underlines the level of participation provided by psychiatric social workers for an individual in their process of recovery in addition to the connection of this aspect to the humanistic approach. As it was described in the findings section, user participation can be considered as one of the main agendas of psychiatric care today since in every step of the recovery process the individual will play an active role in their recovery process. This participation corresponds with a paradigm in psychology called humanistic psychology. Humanistic psychologists believe that individuals have the freedom to change and to create, recreate aspects of their personality as they learn new information about themselves based on life experiences and social encounters, especially those which challenge their ordinary ways of thinking, being, and relating and which liberate and integrate their intellect, emotions, and body (Bland, DeRobertis,2019)

According to this approach "a complete psychology should include issues of freedom and creativity, choice and responsibility, and values and fulfillment" (Resnick et al.2001, p. 79) Meaning that humanistic perspective emphasizes the individualized qualities of optimal wellbeing and the use of creative potential, as well as the relational conditions that promote those qualities as the outcomes of healthy development (Bland, DeRobertis,2019).

Moreover, since it's them who are going through mental difficulties it is crucial to provide an opportunity for them to express their experiences and assist them to gain back control over their lives. A study conducted by Kogstad & Ekeland (2011) has illustrated the impact and importance of good relationships including an existential focus and the promotion of dignity or ability to define one's own experiences to recover. The fact that individuals do practice a level of power and control, can lead to positive effects on their recovery process. According to Polkinghorne (2015 p. 90) "When conditions are appropriately conducive to healthy personality development, individuals are more capable of becoming fully functioning [making] choices that express [their] authentic values and [having] available the undistorted full range of [their] life possibilities".

In the context of this research findings, psychiatric social workers' method of treatment is consisting of a dynamic interaction between their psychological knowledge and individual's point of view, potentials, and participation. Since the participation of the individual and empowerment is the purpose of social work (Parsons 2008), it can be suggested that psychiatric social work is advertising methods of treatment that are rather in favor of an individual's perspective and participation. Seemingly, psychiatric social work has devoted a meaningful consideration for the individuals to reclaim balance and control of their conditions. Because individuals are no longer just passive patients and their point of view of the issue plus the solution for it, will be taken into consideration by psychiatric social workers.

The final highlight refers to the humanistic approach of psychiatric social workers in their contribution to the recovery process for people who need psychiatric care and support.

There are several definitions of recovery and related literature about effective recovery in the discourse domain. Del Vecchio & Fricks (2007) accounted few characteristics of recovery as bellow:

self-direction; person-centered planning and care models; self-management and empowerment by shared decision-making; a holistic approach to the tragic early mortality rates of mental health users; a non-linear process; the promotion of peer-support by trained peer specialists; the countering of stigmatizing media portrayals; respectful approaches to people; the right to feel responsible; and hope that change is possible.

In the context of the findings of this research, it was confirmed that psychiatric social workers are also advocating for self-reflection empowerment and other related concepts to humanistic

psychology. The indications of that fact emerged after reviewing the vocabulary used by psychiatric social workers, their approach to the individual, their style of communication with the individual, and finally in their working methods. In all mentioned parameters the opposite person was considered as an individual with rights, perspectives, significant experiences, and potentials to make a difference. These elements reveal a rather obvious attitude toward the individual which values humanistic criteria to an acceptable measure. It can be concluded that psychiatric social work to some extent applies humanistic psychology in their working methods to assist each individual based on their self-reflect, self-realization, empowerment, and potentials. Moreover, psychiatric social work uses extra techniques to establish a connection with the individual that provides a possibility for them to participate actively in their recovery process. These techniques can be their style of communication which is rather in an open and trusting manner and the vocabulary they use provokes a positive and productive mindset. Likely, a recovery process equipped with such a setting can at least assist the individual to acknowledge the fact that they can gain control over their conditions and be responsible for their own improvement.

Conclusion

There are few remarks from this study that should be mentioned in this section. First remark is that the subjective of this study was to report psychiatric social workers' contemporary methods within the context of recovery in the mental care system. With that goal and by reviewing the psychiatric social worker's methods within the context of their corresponding approaches, it was revealed that humanistic psychology and environmental approach were two main headlines for psychiatric social work's practice today. Additionally, psychiatric social work promotes humanistic values not only with their attitudes and approaches but also within their practical structure of methods. Such contribution is likely to be crucial for mental care establishments and individuals who are seeking mental care. The reason behind that is that psychiatric social workers conduct a fully examinations of living conditions of individuals who need mental care. for example, they will take parameters like social environmental or economic condition into considerations. Moreover, their focus on the individual does not stop at the diagnoses level, they continue to empower the individual as a capable agent who can manage to practice different strategies to gain back the mental health they desire. In general, it can be said that psychiatric social work contribution to the mental care system is within a humanistic and individual-centered approach.

Next remark from this study is the challenge that occurred during collecting data. Finding informants for conducting the interview was rather a serious concern for this study. Acknowledging the side effects of having low number of informants for a study was part of the progress of this research. Meaning although it was clear that limited number of informants will have its effect on the research, it was important to utilize other sections of the research to compensate that fault. For that aim it was urgent to draw on general parts that are supported in literature and methodology. Hopefully that strategy could fill up the existing gap in this research.

Another remark of the findings of this research concerns this highlight that social workers in Norway are being replaced by nurses and other psychiatric professions. The credibility of that statement can be the subject of further research since, if that is the case then it can be an alarming discovery. Considering the findings of this research suggesting the unique contribution of psychiatric social workers method in the recovery process, it is important to not only acknowledge psychiatric social worker's role in the recovery process but also to promote the necessity of this profession's benefactions for the psychiatric care system.

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Attachment

Appendix One - Letter to the informant

Psychiatric social work approach towards the recovery process in psychiatric care

This is an inquiry about participation in a research project where the main purpose is to provide a research on psychiatric social worker's experience of working in mental health intuitions and methods of recovery. In this letter we will give you information about the purpose of the project and what your participation will involve.

Purpose of the project

This research is a thesis for master's degree in social work. Main purpose of the research is to provide a reflection of psychiatric social worker's duties and recovery methods they use to assist service users. Because it is important to achieve a descriptive result from this research, we will try to investigate the answer to this question:

- ✚ What is the contemporary psychiatric social work's approach and working methods in the recovery process?

Who is responsible for the research project?

University of Stavanger is the institution responsible for the project.

Why are you being asked to participate?

The research criteria for the selection of participants are Social workers who have the experience of working with mentally challenged cases. Since we are applying purposive sampling for collecting data, this inquiry is sent to 5 participants on behalf of the student Parastou Ghaderi.

What does participation involve for you?

We are planning to conduct interview with five social workers and aim for that interview is to collect relative information about their experience of working in mental health institutions. Collected data will be recorded on paper and sound.

« If you chose to take part in the project, this will involve that you participate in interview. It will take approx. 45 minutes. The survey includes questions about your reflection of different aspects of working in mental health intuitions. Your answers will be recorded electronically»

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).

Participants will not be recognizable in publications meaning, any personal information (name, age or contacts) will not be published. Only general information corresponding to the occupation is included in the publication.

What will happen to your personal data at the end of the research project?

The project is scheduled to end 28.05.21 and all the personal data extracted from the interview will remained anonymous

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with Stavanger university, *NSD – The Norwegian Centre for Research Data AS* has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:
Stavanger University via Siv Oltedal. Professor, PhD

University of Stavanger. Department of Social Studies. siv.oltedal@uis.no

- Our Data Protection Officer: Rolf Jegervatnet
- NSD – The Norwegian Centre for Research Data AS, by email: (personverntjenester@nsd.no) or by telephone: +47 55 58 21 17.

Yours sincerely,

Project Leader :

Student:

Siv Oltedal. Professor, PhD

Parastou Ghaderi

Consent form

Consent can be given in writing (including electronically) or orally. NB! You must be able to document/demonstrate that you have given information and gained consent from project participants i.e. from the people whose personal data you will be processing (data subjects). As a rule, we recommend written information and written consent.

- *For written consent on paper you can use this template*
- *For written consent which is collected electronically, you must chose a procedure that will allow you to demonstrate that you have gained explicit consent (read more on our website)*
- *If the context dictates that you should give oral information and gain oral consent (e.g. for research in oral cultures or with people who are illiterate) we recommend that you make a sound recording of the information and consent.*

If a parent/guardian will give consent on behalf of their child or someone without the capacity to consent, you must adjust this information accordingly. Remember that the name of the participant must be included.

Adjust the checkboxes in accordance with participation in your project. It is possible to use bullet points instead of checkboxes. However, if you intend to process special categories of personal data (sensitive personal data) and/or one of the last four points in the list below is

applicable to your project, we recommend that you use checkboxes. This because of the requirement of explicit consent.

I have received and understood information about the project *[insert project title]* and have been given the opportunity to ask questions. I give consent:

- to participate in *(insert method, e.g. an interview)*
- to participate in *(insert other methods, e.g. an online survey) – if applicable*
- for my/my child's teacher to give information about me/my child to this project (include the type of information)– if applicable*
- for my personal data to be processed outside the EU – if applicable*
- for information about me/myself to be published in a way that I can be recognised (describe in more detail)– if applicable*
- for my personal data to be stored after the end of the project for (insert purpose of storage e.g. follow-up studies) – if applicable*

I give consent for my personal data to be processed until the end date of the project, approx. *[insert date]*

(Signed by participant, date)

Appendix Two - Interview Guide

This interview is planned to take 45 minutes and the anonymity of the interviewee will be protected. Main aim of this research is to provide a reflection of psychiatric social worker's experience of working in mental health institution in addition to their description of working methods.

1. General Information

1-1: How old are you? 20-30 30-40 40-50

1-2: What is your education and what year did you graduate?

1-3: How many years have you been working at this institution?

2. Working at the institution

2-1: Can you tell me about your routine job at this institution?

2-2: Can you tell me how you are working with a case – from you get it “on your board” till “the service user is “leaving the institution?”

2-3: What do you regard as an emergency case that you have experienced in your work? In case of emergency situation what is the first thing a social worker must do?

3. Interaction with service users

3-1: How do you describe the interaction between social workers and service users here? And what is the most important value in this interaction?

3-2: Can you tell me about a typical case that you regard as an ethical dilemma? For example, not being able to help a service user in a way they expect to be helped

3-3: What is your advice for a social worker to tackle this challenge?

4. Collaboration with the service user and their family and network

4-1: When do the family and network of service users have the right to be involved in the recovery process?

4-2: Can you give me more details on this? For example, how they can be involved and how do you collaborate with them?

4-3: Based on your experience can this involvement play an important role in service user's recovery?

5. Collaboration with users

5-1: In what way service users themselves can be involved in their recovery process?

5-2: How do you describe the effects of their involvement in recovery process?

6. Social work profession in mental health institution

6-1: What do you find most interesting and what do you like the most about working at this institution?

6-2: When it comes to social worker's experience in working with mentally challenged people, what do you think is the most important thing to acknowledge?

7. Other issues

7-1: Is there something you would like to add?

Thank you for your time and cooperation