

Discrimination and empowerment in social work



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Discrimination and empowerment in mental health In the essay I will be exploring elements of discrimination and empowerment. I will be starting by unraveling what is meant by discrimination and the effects it has on the individual or group, their culture, society and the possible structural implications. As this is an extensive area of study I will be looking at discrimination and empowerment in the context of mental health. Defining discrimination can lead to many difficulties; even when naming the group of people who face discrimination can lead to pitfalls, as a group may be left out or it could fail acknowledge multiple oppressions.

This is also true when defining what it means to be discriminated against as individuals will have different responses to any given situation The literal definition of discrimination means to identify a difference, which could mean be a positive difference. Society is not made up of robots, all doing the same thing and understanding the world in the same way; we are all individuals and this difference is what sets us apart but also brings us together into groups of people with, for instance, shared beliefs.

Nevertheless It is when an individual or group is put at a disadvantage because of this difference or perceived difference it then becomes negative discrimination which can ultimately lead to oppression. To fully understand discrimination we need to look at what comes before it; prejudice mean to pre judge something or someone. Therefore prejudice comes from thoughts about a person whereas discrimination is the act. Although this is simplistic, for one's understanding to develop we need to start somewhere. Prejudice can be seen as a learned way of thinking, we learn our attitudes to others from our parents and peers.

This can lead to stereotyping, which categorises people with particular sets of characteristics. Anti-discriminatory practice is a form of practice that set out to address discrimination and oppression, one of the ways is with empowerment. Anti-discriminatory legislation is a legal framework to protect people from discrimination, at work, in education, as a consumer or when using public services. The Equality Act 2010 states that a person is discriminated against by another due to a protected characteristic; religion or belief; age, disability, gender reassignment, marriage and civil partnership race, sex, sexual orientation.

Discrimination in this context is seen in one or more of these four forms. Direct discrimination; where a person is treated more favourably than another in the same circumstances. Indirect discrimination is where a person is at an unfair advantage due to a protected characteristic. Harassment is where a person is being intimidated or bullied and victimisation where someone is treated less favourably due to a complaint they have made (or someone else) about being discriminated against.

Mental health problems in the UK are rising, this is most apparent with people experiencing dementia. (Gould 2010). It has been estimated that about one in six of the adult population will have a significant mental health problem at any one time (The Health & Social Care Information Centre, 2007) these problems include schizophrenia or bipolar affective disorder which effects 4 per cent of the population while more common mental health disorder such as depression, effecting around 16 per cent of the population (Gould 2010).

Thompson (2006) PCS(Personal Cultural and Structural)model is a tool used to understand how discrimination flows through and interacts between the client, their culture and the social divisions. If we apply this area of mental health, the P level could refer to the prejudice attitudes from society toward the client or the self stigma they may feel towards themselves due to this prejudice. The C level refers to cultural level of shared knowledge and cultural norms and how prejudice can become discrimination and finally the S level refers to the structural levels where discrimination become imbedded into society

The World health Organisation defines health as: ‘ Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity..... Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community’ Multiple social, psychological, and biological factors determine the level of mental health of a person (Who Health Organisation, 2010: strengthening our response)

This statement could be seen from the social model on mental health as it takes into account the social, psychological and biological factor of a person mental health. The medical model has been heavily criticised for its focus on labelling (Teater, 2010) and diagnosis of the particular problem. Stigma is created by stereotypes prejudice, discrimination and is the reaction from society towards a person with mental health problems. Teater and Kondrat 2009)This negative label is then attached to a person under the assumption that people with a mental health problems are ‘ dangerous’, ‘ evil’, ‘ crazy’
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and somehow it will start to infiltrate 'normal' society (Ramsay et al, 2001) This negative label may start with a diagnosis, Prior (1999) states that it can be difficult to admit having a mental health problem due to a lack of trust and results within the psychiatric profession. Stigma is carried in society by television, news papers, radio and comedy, although there has been campaigns using these types of media help people understand more about mental health.

Stigma can affect a person's self-esteem or self-worth, which could already be affected due to the mental health problems (Scheid and Brown 2010) due to feeling of shame and hold a negative view about themselves this could be described as self-stigma (Corrigan and Watson, cited in Teater and Kondrat 2009) However Sayce (2000) would contest this and describe stigma as 'The concept of 'Stigma' is in itself stigmatising, implying that there is something wrong with the person, while 'discrimination' puts the onus where it belongs, on the individuals and group that are practising it (Sayce, 2000 p. 5) People with mental health problems can experience disadvantage and social exclusion in areas such as housing, employment, financial stability. Mental health is an increasing factor of people becoming homeless; one in five homeless people state mental health problems as the reason for becoming homeless. This could be due to loss of employment and therefore failing to pay their rent or mortgage or loss of accommodation due to anti-social behaviour orders being put in place. This became clear to me while working with a client on my placement.

She had been homeless in the past but was now living in a flat. The client's neighbour had made a complaint to the housing association about her

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playing loud music. When I asked that client about this she disclosed that she was playing the music to block out the voices she was hearing. This could have led to the client being given an Anti-social Behaviour Order created by the Crime and Disorder Act 1998 thus criminalising her due to health problems. “ If I told people I’ve been diagnosed with schizophrenia they would probably want me out.

People all think schizophrenia makes you dangerous. It has some effect on me at some times, but I’m not dangerous. I’m just not sure I trust anyone enough to tell them. ”(mentalhealth. org. uk) People who have mental health problems can be prevented from taking part in life due to risk. This risk stems from fear of harm to themselves or to others. Gould (2010) states, that people with mental health problems do not pose a higher risk of dangerous behaviour than those who do not have a mental illness, and are more likely experience violence or harm themselves.

Society’s preoccupation with assessing potential risk can be oppressive. Onyett (2003) argues that a society that is preoccupied with risk, can lead to a culture of blaming; where people working in mental health or any other ‘ helping profession’ can potentially think firstly about themselves then about the service user. Social work has to be about managing risk but not at the expense of the client, in working in this way a social worker may not fully analyse the situation as they are putting themselves first (Thompson 009). Empowering other people can be demanding work. Before empowering other people workers need to become empowered themselves. (Adams, 2003) Adams (2003) is suggesting that for a social worker to support a client appropriately first there needs to be empowerment and support for the

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social worker. During the workshop a member of Bath People First talked about having a risk assessment carried out on a relationship he wanted to start. He asked us to think about how that would make us feel. Bath People First – Service User Perspectives 2010) I felt this was the most powerful example; to be assessed on such as personal area of one life. In previous work I have completed many risk assessments, so it made me appreciate the potentially negative impact that a risk assessment could have on the individual. Onyett,(2003) suggest that assessment needs to take fuller account of who is defining ‘ risk’, with a greater understanding of the imbalance of power. In considering empowerment in the context of social work methods Payne, (2005) suggests that the task-centred approach can be empowering.

The client and social worker can start to work in partnership to identify a problem, breaking the problem down in to smaller tasks that will work towards solving the problem and giving the client a sense of control, having been involved in the decision making process. During a recent session working with a client who has a mental health problem, I was using a task-centred approach, which at the time I felt, it was appropriate. We worked together to identify and solve his immediate problems.

If I was to view this from the strengths perspective this approach could have been disempowering, as the main focus was on identifying the problems (Teater, 2010) However Thompson, (2007) suggest in using the strengths based approach with someone with a mental health problem may not always be appropriate, as they may be unable to draw upon their strengths or identify their own strength at that time. Therefore there must be awareness

for potential discrimination even within the type of method a social worker is using.

Empowerment is a tricky subject; Lack of empowerment can come from low self esteem or lack of personal control which persist within prejudice and discrimination. Therefore empowerment could be described as working in partnership with a client to develop autonomy and power within their own lives. (Teater 2010). However empowerment is not something that is done to a client (Rowland, cited in Thompson, 2007) The Equality Act 2010 has now replaced most of the disability Discrimination Act, the aim of the Equality act is to protect a disabled person and provide legal rights.

Within legislation a person with mental health problems is seen to be disabled It is not enough to detect, challenge and punish those that discrimination. It is these subtleties of discrimination that have woven itself deep in to the fabric of our society, we therefore need to take into account our own values and assumptions while working with clients and reflect on how we could be acting in a discriminatory way. References Adams, R. D. 2009. Practising Social Work in a Complex World (2nd ed.). Basingstoke: Palgrave Macmillan. Adams, R. 2003. social work and empowerment (3 ed.). basingstoke: palgrave macmillan.

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