

# Clinical social worker as patient advocate in a community mental health center by...

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## Clinical Social Worker as Patient Advocate in a Community Mental Health Center by Faust

This article is about the clinical social worker as a patient advocate not in the outside system but within the mental health agency itself. The author defines the patient advocate as one who represents the patient's point of view. The history background for this need is expressed when Dr. Phillippe Pinel released mentally ill patients from their chains in Paris in the late 1700s and early 1800s. In doing this Dr. Pinel, as Dr. Benjamin Rush in Philadelphia, recognized the human rights of patients who were mentally ill.

Faust recognizes that today mentally ill patients have been given the right to make their own decisions concerning medical treatments. This right defines a need for a patient advocate who can understand the mentally ill and can then help educate them about making choices. In practice the advocate has been seen as many things, from change agent to information resource person, to risk manager for the agency.

Faust underlines, " One conflict is between the advocate's assessment of a specific problem and the patient's perception" (p. 295). Some writers have put forward the view that the advocate should not offer professional opinion. Others have said the opposite, that the advocate should interpret the client's needs and then define them as he or she sees them. The author then admits how unrealistic it may be to assume that the advocate does not at all involve her own judgment in the patient's deliberation.

Other conflicts may involve the advocate representing the clients negative criticism of the administration where the advocate should then be seen as a

collaborator. This leads to the question of how the advocate must also appear as independent of the institution to the client in order to represent the client. Finally the therapist may not prove successful and the client may reflect dissatisfaction with the therapy. In all these situations the clinical social worker as advocate must demonstrate a "credible therapeutic perspective" that could persuade all the involved participants.

Faust presents several cases studies. One sketched a client who was dissatisfied with his therapist and had requested a change as he had done in the past. The patient advocate from her clinical social worker background was able to interpret feelings of powerlessness in the client. She was able to outline several alternatives to the supervisor and the client. She identified her understanding of the client's problem to the therapist and was able to get the client to accept one of the options. This option involved the client giving the therapist an extended trial basis. The advocate's intervention worked.

Another situation involved a teenage client who was suicidal but did not want to be committed to inpatient services. She asked the advocate to defend her point of view to the lawyer. The advocate was able to satisfy the patient by presenting her point of view to the staff. Seeing that the patient was suicidal, the advocate, however, supported the staff decision.

Faust expresses that the advocate must continuously improve their cultural competence to understand other others in the diverse population may view various perspectives. Important is that the advocate creates change and is able to appreciate the different ways in which it can be accepted. Also, when the advocate is mainly dealing with client complaints it is important that high

level administrative contact is an ongoing and formal part of the advocate's job.

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