The Impact of Social Policy on Schizophrenia individuals

Social justice is defining what is fair and justice for everyone, and using that knowledge to preserve the rights and equality of all people. It is also ensuring that a person’s legal, economical, physical, and spiritual rights are not oppressed or violated. Although this is a broad concept, social justice is meant to be all encompassing; to limit it would be discrimination within itself. Social workers have a responsibility to advocate for social justice even if the issues being addressed do not directly affect their life.

The application of social justice must first be applied within the person seeking to make social change by being aware of their passions as well as their biases. They must be able to tear down their perceived reality and recognize the oppression of others. Once they know what areas of social justice ignite a fire of unrest within themselves, they must act to ratify the injustice that has occurred. Social justice is perpetual, always striving for the equality of everyone no matter their race, gender, creed or culture.

There are a number of ways that one can go about making a change: developing new policies, writing letters to congressman, organizing rallies and marches, or simply advocating for others. Being the voice for others who have no voice to speak out is a powerful way to put social justice to work. In order to advocate for a person the social
worker must first know and understand the policies that affect the oppressed individual. By being aware of these policies one will be able to identify those that need to be restated, revised, or release of any oppressive power.

**Policy Area and Rationale**

The policy area that we are currently studying is schizophrenia. People with the mental illness of schizophrenia are protected under the American Disabilities Act, ADA, which was signed into law on July 26, 1990. The ADA explicitly includes people with mental disabilities, including individuals with psychiatric impairments. This law prohibits discrimination in employment, the provision of local and state government, by private businesses, insurance providers, and other entities that operate places of “public accommodation.”

“Sixteen years after Congress enacted the Americans with Disabilities Act (ADA), people with psychiatric disabilities are faring worse in court cases against employers for discrimination than are people with physical disabilities, researchers have found in a national study” (Schizophrenia daily news blog, 2007, np). Social workers as a part of the ethic of this profession are supposed to advocate for social injustice.

The reason for wanting to further study schizophrenia is because there is a significant population with mental illnesses in America. It is important to understand the civil and disability rights each American has, so that the social worker can know better how to advocate for each individual’s rights. As advocates for social justice it is our responsibility to understand policy and make the appropriate changes to better ensure the client’s well being.
Schizophrenia: At risk populations

Mental health policies affect a number of individuals in diverse populations on a day to day basis. Schizophrenia, a subgroup of mental health, can be found within any racial group, gender, age, or economic class. It is a disease that causes your mind to create a false reality thus hindering the recognition of what is real. Homeless, veterans, and addicts are some of the at risk populations affected by policy in this area.

Many of the homeless individuals in America suffer from mental illnesses, including schizophrenia. One of the reasons schizophrenia is common among homeless individuals is that they do not have a firm grasp on reality which makes it difficult for them to maintain a job. Their symptoms go untreated because without a steady income their medications are difficult to obtain. Being content without sexual involvement with others and lacking close friends or confidants are two specific traits among the homeless who suffer from this disease. Homeless people generally tend to be private and mistrusting of others, but coupled with this disease, they become more introverted with their false reality and often let personal relationships float in and out of their lives; the voices in their head become their friends as well as their enemies (Rouff, 2000).

According to vulnerability theory, stressful life events may trigger a symptomatic response in people who are vulnerable to schizophrenia; veterans of war are susceptible to this theory. Because of the traumatic experiences that individuals in the army face during times of war, they can often develop post-traumatic stress which then can trigger symptoms of schizophrenia. However, Land (1983) discovered that if these individuals have a supportive home life they are less likely to have their symptoms develop into a mature mental disorder.
Smith and Hucker’s (1994) research concerning schizophrenic patients in America noted that they “appear to be particularly susceptible to the negative effects of substance abuse, these [effects] include psychiatric and social complications, with antisocial behavior, particularly violence emerging as one of the most worrying features” (p. 836). When a person suffers from both substance abuse and schizophrenia, they have a higher probability that they will commit violent acts. Hostility and anger are some symptoms brought on by alcohol abuse (Medline, 2005); a person who is schizophrenic can perceive a threat that only exists in their minds. They may believe they are being confronted about their drinking by an outside force, thus it may prompt a violent response to a non-threatening situation.

Article 1

This is a very interesting article about a new approach to helping the mentally ill. La Familia Clubhouse is a place where 40 people suffering from mental illnesses come Monday through Friday. The people in attendance are dealing with schizophrenia, bipolar disorder, manic depression, or some other form of mental illness. The clubhouse provides them a place to go receive support from others that know what they are going through. They have formed their own community. The clubhouse also teaches them skills to help them become more independent. This group was started to prove that medication is not the only answer.
Article 2

A new drug was released to be used for patients with schizophrenia on December 20, 2006. The medication contains a new ingredient that has previously not been found in any prescriptions released in the United States. Invega, the new drug, is an “extended-release tablet” that is used to treat the symptoms brought on by schizophrenia. The research that has been done concerning the drug was limited to three trials of six weeks each, so although the drug seemed to reduce the impact of the disease on the patient’s lives, those considering switching to Invega should take into account that there may be long term effects unknown to the researchers. Therefore, any person taking Invega should have regular doctor visits to monitor the side effects of the new drug.

Article 3

Progress in mental health services has been made incrementally in a sequence of policy steps. In recent years, in spite of political conservatism, progressive changes have advanced new principles of service delivery. Reports from the surgeon general and the President’s New Freedom Commission on Mental Health advanced these principles, including recovery and evidence based practices. Both of these high level reports were influenced by the findings of the Schizophrenia PORT, established the effectiveness of mental health treatments and supports, which provided a scientific foundation for the optimistic focus on recovery and its expectations of improved outcomes for individuals with severe mental disorders. The PORT study also established the gap between treatment recommendations and actual services. Concern about this gap has motivated efforts to transform services by policy, which couples with continues advances in science,
have the potential to improve the care of individuals who experience severe mental disorders, such as schizophrenia.

**Article 4**

The European Federation Associations of Families of People with Mental Illness calls for a more holistic approach to the management of schizophrenia. EUFAMI is calling for better health care in the form of social programs, and promoting the basic human rights for people suffering from this chronic and disabling mental illness which up until this point have been largely overlooked. Medication is not the only way, individuals suffering from this disease need a local support system to meet their social needs. “The illness can also have a huge impact on the person socially, as they frequently develop low self esteem, and inability to function adequately in daily activites including work, study and leisure, reduced levels of self care and difficulties in engaging with social interactions with friends and family”

**Role of the Social Worker**

To make the necessary changes in the policy area concerning the schizophrenic population, one must enact change on a federal, state, or local level. The social worker’s responsibility is to persuade officials who influence laws in these areas to develop policies of parity. The federal and state policies that effect persons with schizophrenia have a major influence on the “types and amount of treatments that are available and who is eligible to receive them” (Shumway…, 2003). A study was conducted comparing the motivations different policy makers are unconcerned about the side effect of specific
drugs used in treating the schizophrenic population; the cost of the drugs was on a higher priority than the patient’s well being. Some policy makers rejected the idea of substantially more expensive drugs that had more favorable side effects.

It is essential for a social worker to understand the logic behind the policies being enacted in order to know how to appropriately advocate for schizophrenic individuals. Although some levels of the policy area may be more client or patient driven, others are more concerned with appeasing the overall population. By identifying the inconsistencies within the policy levels, the social worker can build “strategies to reduce areas of conflict and improve the coherence of public policy goals and personal outcomes” (Shumway…., 2003, p 1125). More specifically, speaking or writing to policy makers on a state or federal level to ensure they are aware of how their policies will affect individuals with schizophrenia is one way to actively participate in policy changes. Also, making members of the public aware of policies being considered or revised is important to consider; encouraging members of the public to participate in changing policy is an indirect way to change policy.

“[In 1996 the ] Mental Health Parity law only provided parity for annual and lifetime limits between mental health coverage and medical surgical coverage” (Article, 2007, np). However, the advocates for the mental health population found it necessary to revise the new bill to expand “parity by including deductibles, co-payments, out-of-pocket expenses, coinsurance, covered hospital days, and covered out-patient visits…The Act of 2007 is not exactly the ideal solution, though it does have its strengths it also boast a few key weaknesses. The Act won’t force insurers to provide mental health coverage, only parity; it also doesn’t apply to employers with 50 employees or less. (Article, 2007,
This Act has been proposed but not yet fully accepted. In order to ensure that The Mental Health Parity Act of 2007 becomes a law, it needs social workers to advocate for its survival.

If a social worker wants to change policy then there are a number of ways to go about doing it. The first thing to do is understand and identify the policy that you want to change. After you know what you’re fighting for you can: “form a group to help you advocate, join a coalition or advocacy group, plan a social work “rally day”, develop fact sheets and policy briefs, design a research project analyzing the current impact of the policy in question, write a letter to your state legislators, verbally contact your legislators and ask them to help you introduce a bill, prepare and deliver testimony before a legislative committee, and volunteer to work in a political campaign” (Berg-Weger, 2005, p 266). Above all the best way a social worker can enact change is to lead by example and stay passionate and determined even if at first it all seems overwhelming.

Schizophrenia Worldwide

Schizophrenia is found all around the world. While the symptoms of schizophrenia are the same, the way that countries deal with this disorder differs. A study done on the United State and Japan shows a few of the ways that culture plays into how people with schizophrenia are treated. Both countries use therapies that fall along the same lines. The main therapies used include pharmaceutical, psychological and psycho-educational therapies. However, the Japanese culture puts more emphasis on incorporating the family into the patient’s therapy. The United States’ therapies acknowledge that family therapy is important, but do not put the same emphasis on using
it. In Japanese culture one family member’s problem is the entire family’s problem.

Therefore, when a person is diagnosed with schizophrenia the entire family (usually up to
three generations) is included in therapy from the beginning. Including family in therapy
has proven to be more effective than individual therapy. In the United States the family
is seen as support, but not viewed as having the role of primary caregiver. This is one of
the reasons that the United States does not incorporate the family as much. In Japan, the
family is viewed as the primary caregiver and therefore they feel as though the family
should be included in the therapy with the patient. This is just one of the many cultural
differences dealing with the treatment of schizophrenia.
References


