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Social Support of Clients with SMI: Professional Perspectives

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Social Support of Clients with SMI: Professional Perspectives

by

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MSW Clinical Research Paper

Presented to the Faculty of the

School of Social Work

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in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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Abstract

The purpose of this project was to explore the impact of social support in the lives of individuals with serious mental illness (SMI). Using a qualitative design, eight mental health practitioners with experience working with individuals afflicted by SMI reflected on the ways social support impacts individuals with SMI. The findings of this study appear to correlate with the literature review. This study identified that social support can be enhanced for individuals with SMI through: providing psychoeducation to families, offering programs that provide peer support, involvement with professionals in an ongoing and consistent relationship, implicit learning of new skills that foster independency, and by implicit learning from professionals modeling healthy communication skills. These findings underscore the different ways social support provides individuals a sense of connection with his or her community, decreases isolation and severity of symptoms, and fosters hope and possibility for individuals afflicted with SMI.

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Acknowledgments

I would like to thank my parents and siblings, who have always believed in me and pushed me to pursue my dreams. Thank you for your unconditional love and encouragement, I am where I am today because of you. To my inspiring and loving fiancé Nicolas, thank you for the love, patience, and support you have always given me.

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Introduction

Many individuals are afflicted with mental illness in the United States today. Approximately one in 17 Americans has experienced a serious mental illness, and about 57.5 million adults suffer from a diagnosable mental disorder every year (National Institute of Mental Health, 2004). Reupert and Maybery (2007) define mental illness as a wide range of psychiatric symptoms that impair day-to-day functioning, and can be disabling in social interactions, family relationships, jobs, and education. According to the National Institute on Mental Illness (NAMI), serious mental illness (SMI) includes major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder. There has been discussion on the impact of social support and mental illness (Cohen & Wills, 1985; Kawachi & Berkman, 2001; Reupert & Maybery, 2007; Lakey & Orehek, 2011).

Researchers have found that social support is connected to both psychological and physical health outcomes (Cohen & Wills, 1985; Kawachi & Berkman, 2001). For example, there has been an established link between social isolation and reduced psychological well-being (Kawachi & Berkman, 2001). Perry (2011) asserts that social rejection at the interpersonal level is linked to the ways in which an individual's identity and behavior are molded by stereotypes and cultural conceptions of mental illness, and being labeled with a mental illness indirectly leads to low self-esteem and maladaptive interaction strategies, as well as directly lead to isolation, rejection and avoidance from social networks. Perese and Wolf (2005) assert that more than half of people with SMI are lonely due to impaired ability to make and keep friends, lack of opportunities to participate in social activities, and stigma associated with mental illness.

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Addressing the different systems of support in a client's life can help clinicians working with clients with SMI increase their competency regarding the ways in which relationships such as a couple, parent-child, family, and community can be incorporated into treatment strategies aiming to reduce mental health issues (Patterson & Vakili, 2013). "...Severe and persistent mental disorders...can have profound consequences for individuals, their families, and society, affecting their ability to learn, to grow into healthy adults, to nurture children, to work, to secure housing, and to engage in other routines of living" (NASW, 2014, Behavioral Health).

Social workers deliver the most of the country's mental health services with 60% of mental health professionals being clinical social workers (socialworkers.org, 2014). Social workers provide a wide continuum of services, including mental and behavioral health, clinicians, administrators, advocates, case managers, consultants, researchers, policymakers, educators and supervisors (socialworkers.org, 2014). It is important for clinicians to have an understanding of the different systems of support, as well as psychosocial stressors in order to identify and address the individual's needs in a way that fosters resiliency and emphasizes strengths (Davydov, D., Stewart, R., Ritchie, K., & Chaudieu, I., 2010; Cleek, E., Wofsy, M., Boyd-Franklin, N., Mundy, B., Howell, T., 2012).

Purpose of the Study

The focus of this qualitative paper was to address how social support of clients with SMI impacts mental health practitioners' involvement and care plan. The research question was: What factors support and challenge mental health practitioners in helping clients with SMI connect with social supports? The purpose of this study was to gather

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data on mental health practitioners' knowledge about the impact of social support in the lives of clients with SMI. To gain insight on this subject matter, interviews were conducted with mental health practitioners that provide mental health services to individuals with SMI.

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Literature Review

Individuals living with SMI are burdened by mental illness symptoms that result in functional impairment that restricts one or more major life activities (NAMI, 2012). In recent years there has been increased recognition and interest in understanding serious mental illness, which includes major depression, bipolar disorder, schizophrenia, and other severe and persistent disorders (Marsh, 1999). Unfortunately, although awareness has increased, less than one-third of adults living with a diagnosable mental health disorder receive treatment every year (NAMI, 2014). The following literature review will first provide definitions of social support and social networks, which will be followed by discussion of the main effect and stress buffering models. Then, the impact of negative social support will be discussed, followed by discussion of case manager involvement, and ways of building social support. Lastly, discussion will review different interventions that enhance social functioning skills.

There have been two models that have been developed to depict the mechanisms that influence mental health outcomes, including the main effect model, and the stress-buffering model (Cohen & Wills, 1985; Kawachi & Berkman, 2001). The “main effects” and the “stress buffering” hypothesis provide strong association of understanding how social support maintains implications for quality of life (Helgeson, 2002). In addition to discussion of the effects of social support on well-being, past literature has addressed the importance of the assistance caregivers provide to individuals with SMI (Reupert & Maybery, 2007).

Social workers are leaders in developing and implementing multilevel interventions that aim to enhance the well-being of people affected by the challenges of

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mental health conditions (NASW, 2012). Social workers utilize a unique, multifaceted approach that involves psychological, social and practical elements to assess, treat, and prevent psychological, behavioral, emotional, social and environmental problems that negatively affects the individuals they work with (NASW, 2014). According to the NASW (2012), social workers' prevalence in mental health services is an important consideration because each year millions of people in all age groups are affected by the common health problem of mental illness in the United States.

Social Support

In addition to increased awareness of SMI, there also has been increased discussion on the importance of social support for individuals experiencing mental health issues (Panayiotou & Karekla, 2012). There are many ways in which social support impacts the lives of individuals with SMI. However, before further discussing the relationship between social support and mental health, it is important to provide definitions for both social support and social networks. Social support involves the relationships that are perceived as offering aid, affirmation and/or love and care (Panayiotou & Karekla, 2013; Leavy, 1983). The term "social support" can be defined many ways. Leavy (1983) defines social support as whatever factors in the environment encourage a positive outcome for an individual afflicted with mental illness through connections to other individuals, groups, and the community. "Support may involve the expression of caring and emotional intimacy (affect), the provision of information about the rightness or wrongness of one's actions or thoughts (affirmation), and the availability and use of direct help through money, time, effort, and the like (aid)" (Leavy, 1983, p. 4).

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Research conducted by Barrera & Ainlay (1983) identified six categories of social support. The first category is material aid, which involves providing tangible materials in the form of money and other physical objects. The second category is behavioral assistance, which involves shared tasks through physical labor. Intimate interaction consists of nondirective care such as listening, expressing esteem, caring, and understanding. The fourth category of guidance includes advice, information, or instruction, and the fifth category of feedback entails offering individual's feedback regarding their behavior, thoughts, or feelings. The last category, positive social interaction, is defined as participation in social interactions for enjoyment and relaxation (Barrera & Ainlay, 1983). Perry (2011) states the social support is a complex term that does not have one set definition because it is a broad term that depicts the various ways in which people offer support to others.

Social Network

An individual's social network involves the relationships he/she has with other individuals (Wong, Matejkowski, & Lee, 2009). Wong et al. (2009) state that there are both structural and transactional components of social networks, with structural components including the size, intensity, and frequency of contact, and transactional components includes tangible, emotional, and informational support. Research conducted by Perry (2011) is congruent with the definition of social network provided by Wong et al. (2009). Perry (2011) determined there are several distinct characteristics for support functions of social networks, which include "discussion partner, emotional support, advice or information, instrumental support, and financial support" (Perry, 2011, p. 465).

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Literature has discussed two prominent associations within the social networks of individuals with SMI, involving the variables of core networks and peripheral associates (Perry, 2011; Perry & Pescosolido, 2012). “The core network is the group of friends and family members who are closest to the respondent and most likely to provide support when it is needed” (Perry, 2011, p. 464). Wellman and Wortley (1990) define the core network as a highly dense, broadly functional group of three to six people who often consist of immediate family and romantic partners. In addition to defining the concept of core network, it is important to provide a definition for the support network facet of peripheral network members. Perry (2011) defines the peripheral network as noncore associations that are weak and unstable ties. Periphery connections include coworkers, neighbors, acquaintances, extended kin, and friendships that maintain limited contact (Perry, 2011).

A study conducted by Perry and Pescosolido (2012) examined the ways in which social network dynamics fluctuate in the lives of individuals with mental illness compared to a representation of persons with no self-reported mental illness. They concluded that individuals who seek mental health support begin treatment with larger and more broadly functional social networks, however as people continue to use mental health services the size of their social network decreases over time (Perry & Pescosolido, 2012). Although Perry and Pescosolido (2012) determined that extended social networks decrease for individuals seeking mental health treatment, they also discovered that individuals that progress through treatment maintain relatively intact relations to members within their core safety net. While support from core network members can positively influence the life of an individual with SMI, it is also important to consider the

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impact of negative support and the how the individual receiving support perceives emotional support (Wong, et al., 2009).

Main Effect Model

The literature addresses different ways that social relationships impact the lives of individuals with mental illness (Cohen & Wills, 1985; Kawachi & Berkman, 2001; Lakey & Orehek, 2011). A way of understanding social supports is through the main effect model (Cohen & Wills, 1985; Kawachi & Berkman, 2001; Lakey & Orehek, 2011).

Kawachi and Berkman (2001) explain the main effect model as the proposal that social relationships have a beneficial effect whether or not an individual is experiencing stress. Some of the structural aspects of the main effects model include the structural aspects of social relationship, which include social networks and social integration (Cohen & Wills, 1985; Kawachi & Berkman, 2001). “Social integration involves a process through which an individual establishes and maintains meaningful interpersonal relationships characterized by mutual exchange with community members in nonclinical settings” (Wong et al., 2009, p. 51). Members in social networks set normative guidelines about health-related behaviors, such as physical activity or cigarette smoking, which can affect psychological well-being of the community (Kawachi & Berkman, 2001). For example, individuals who are immersed in social networks that uphold a negative perception of smoking and sedentary behavior may have increased motivation to exercise and refrain from smoking, which may result in increased mental health and self-care motivation (Kawachi & Berkman, 2001).

It is important to reflect on the different ways the main effect model plays a role in the lives of individuals with SMI. Cohen & Wills (1985) state that involvement in a

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social network may directly construct positive psychological enhanced wellbeing, due to developing a sense of purpose, belonging, security, and recognition of self-worth (Cohen & Wills, 1985). “Main effects occur when people with high social support have better mental health than those with low social support, regardless of stress levels” (Lakey & Orehek, 2011, p. 1). This model contests that irrespective of personal levels of stressors, individuals who have more social support also have better quality of life (QOL), depicting QOL and social support as a linear process (Helgeson, 2002). QOL entails both subjective and objective components in the lives of individuals diagnosed with SMI (Yanos et al., 2001). “Objective QOL consists of observable facets of social functioning such as employment status, activities of daily living, and leisure activities, while subjective QOL relates to individuals’ degree of satisfaction with their activities and lives in general” (Yanos et al., 2001, p. 406).

Social networks can have positive psychological implications due to an increase in self – care motivation, which may include regular exercise, moderation of alcohol use (Kawachi & Berkman, 2001). When discussing well – being and implications of main effects, Thoits (1985) focused on the importance of identity and roles that promote identity. “...Aspects of regularized social interaction and not emotional support dimensions per se, are responsible for maintaining well – being. What we recognize as dimensions of emotional support and main effects of support are simply byproducts of these more abstract social – psychological processes” (Thoits, 1985, p. 57-58).

Stress-Buffering Model

The stress-buffering model focuses on a process that is significantly different from the main effect model. The main effect model stresses that social support is

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beneficial for individuals whether or not they are experiencing stress because “location in the broader social structure (e.g., participation in community organizations, involvement in social networks, and immersion in intimate relationships) enhances the likelihood of accessing various forms of support, which in turn protect against distress (Kawachi & Berkman, 2001, p. 460). The stress-buffering model explains the mechanism of social relationships based on the position that social relationships are connected to well-being only for individuals under stress (Cohen & Wills, 1985; Kawachi & Berkman, 2001; Lakey & Orehek, 2011). Support may be a buffer between a stressful event and a stress reaction, because “...the perception that others can and will provide necessary resources may redefine the potential harm posed by a situation and/or bolster one’s perceived ability to cope with imposed demands, and hence prevent a particular situation from being appraised as highly stressful” (Cohen & Wills, 1985, p. 312).

Kawachi and Berkman (2001) state that the stress-buffering mechanism relates to perceived support within social relationships. Lakey and Orehek (2011) define “stress buffering” as when social support protects individuals from the bad effects of stress. There has been evidence that distinguishing a strong connection between stress buffering and main effects (Cohen & Wills, 1985). Lakey and Orehek (2011) state that stress buffering involves the way in which social support protects individuals from the negative effects of stress. “Social support includes what friends and family say and do regarding stressful events (i.e., enacted support), as well as recipients’ perceptions that quality enacted support is available (i.e., perceived support)” (Lakey and Orehek, 2011, p. 1).

The stress-buffering model argues that there is a strong link between life stress and mental health based on the level of support individuals with SMI receive from others

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(Cohen & Wills, 1985; Kawachi & Berkman, 2001; Lakey & Orehek, 2011). The stress – buffering models can be applied to case manager’s work with clients. “To deal with environmental stressors, clients turn to organizations and social agencies for assistance. These social organizations and agencies serve as critical buffers and cushion these environmental stressors” (Gitterman & Heller, 2011, p. 207). Gitterman and Heller (2011) argue that when clients are experiencing stressors social workers provide support that clients need to work through issues and gain an increased perception of support. “Integration in a social network may also help one to avoid negative experiences (e.g. economic or legal problems) that otherwise would increase the probability of psychological or physical disorder” (Cohen & Wills, 1985, p. 311).

A study conducted by Panayiotou and Karekla (2013) discovered that individuals who believe that loving and supportive relationships would be available when one would need them for support has a positive impact on clients general wellbeing. “Having a supportive social network, especially when this is large and is perceived to offer support, improves QOL and stress” (Panayiotou & Karekla, 2013, p. 292). Their research findings support the process of stress-buffering because they found that increased QOL was linked to perception of social support rather than the quality of support being provided. Numerous studies have verified a connection linking psychological and physical health outcomes with social support (Cohen & Wills, 1985).

The main effect and stress buffering models are two theories that propose different processes to explain the evidence of a positive relation between support and well – being (Cohen & Wills, 1985). The main effect model promotes mental health by offering a sense of predictability, stability, and belonging because they know that they

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have support available should the stressors arise (Cohen & Will, 1985). The stress-buffering model attests that individual's perception of social support helps both directly and indirectly by providing positive experiences, which buffers the effects of stress (Panayiotou & Karekla, 2012).

Negative Effect of Social Support

It is important to consider potential negative effects that may result from social support. Research conducted by Yanos et al. (2001) discovered an association between negative social interactions tied to a lower subjective QOL for individuals diagnosed with SMI. Their research found that negative social interactions had a significant negative effect in the areas of general life satisfaction, satisfaction with leisure activities, and satisfaction with finances (Yanos et al., 2001). There are multiple characteristics of negative interactions with networks. Some negative emotional characteristics include the expression of anger, criticism and ridicule, whereas negative tangible transactions involve refusing to provide practical or financial help (Wong et al., 2009). Another negative transaction refers to problem-solving transactions where the support encourages the individual with SMI to deny a problem or avoid taking action to solve the problem (Wong et al., 2009).

A study conducted by Perera, Short, Fernbacher (2014) gathered information from mothers and mental health service providers about family and mental health support experiences of the mothers with mental illness. The study identified that mothers with mental illness are often involved in problematic family and partner relationships and feel that they lack the amount or kind of support that they want from their partners or family members. "Some mental health service providers reported that difficulties associated

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with relating to someone who has mental illness may be one reason why many mothers with mental illness are frequently single” (Perera et al., 2014, p. 172). Perera et al. (2014) reported that mothers with mental illness identified having limited support due to partner or family upholding negative attitudes or a lack of understanding about mental illness and the ways it was impacting their lives. Additionally, support systems may unintentionally undermine an individuals’ self- efficacy and independence when attempting to protect the individual with SMI from stress (Perry & Pescosolido, 2014).

Perry and Pescosolido (2014) assert that individuals with mental illness often experience being questioned by others regarding their intelligence, abilities, emotions, and opinions. Individuals with SMI may experience discrimination from strangers, acquaintances, casual friends, and other peripheral members of social networks who reject individuals with SMI due to the stigma and nonnormative behavior that is associated with SMI (Perry, 2011). Nonnormative behavior includes both positive and negative symptoms. Positive symptoms involve participating in behaviors that are inconsistent with normative expectations, which may include acting out or bizarre behavior (Perry, 2011). Negative symptoms involve a lack of participation in things that are consistent with normative expectations, which may include being emotionally flat and not enjoying pleasurable activities (Perry, 2011).

Many peripheral network relationships become strained because symptoms associated with SMI may provoke fear and discomfort (Perry, 2011). Individuals with SMI also may experience a decline in social support from their peripheral networks after their symptoms increase. When individuals experience declining psychiatric and occupational functioning they may need to take temporary or permanent unemployment,

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and this transition may jeopardize relationships they previously maintained with former coworkers, neighbors, and friends (Perry, 2010).

Case Manager Involvement

Many individuals with SMI are involved with mental health services provided by case managers. Case managers are involved in helping individuals with SMI access and coordinate different psychiatric services (NAMI, 2015). Studies have noted different ways in which the case managers can positively impact individuals with SMI (Kondrat, 2012; Panayiotou & Karekla, 2013; Nath, et al., 2012; Evans & Moltzen, 1999). There has been discussion of defining characteristics of effective support in community mental health settings for clients with SMI (Evans & Moltzen, 2000). Case management is offered in community mental health settings such as mental health agencies, in-patient facilities and hospitals (NAMI, 2015). Case managers are involved in coordinating services and support within the community, as well as helping individuals with practical needs such as grocery shopping, managing a budget, and maintaining relationships with family members (NAMI, 2015). Case management often removes the barriers people with psychiatric disabilities encounter, including lack of transportation, difficulties in making medical decisions, managing personal health problems, troubling mental health symptoms, and lack of social or emotional support (Nath, et al., 2012).

One way that case managers form a connection with SMI clients is by forming a therapeutic alliance. Building a therapeutic alliance is a key component to begin building trust and rapport with clients (Beck, 2011). Social workers assist clients as they negotiate their social and physical environments (Gitterman & Heller, 2011). According to Beck (2011) a healthy therapeutic alliance emphasizes collaboration and active participation

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between the social worker and client with SMI, is goal oriented, and it teaches client to be educated in relapse prevention, which is helping in linking clients with their community.

Building rapport and offering education on mental illness are key components to therapeutic alliance. Ongoing care that is hopeful and supportive can become a reservoir of opportunities for individuals with SMI, offering encounters that foster change and development of interpersonal relationships (Peter, 2010).

Building Social Support

There are many ways mental health practitioners build social support for clients with SMI. Some strategies utilized by mental health practitioners involves engaging family members by providing psychoeducation (Perera et al., 2014) and through offering high quality mental health services. Mental health practitioners may find it challenging to engage with partners and family members of individuals with SMI that uphold negative attitudes about mental illness (Perera et al., 2014). These practitioners may address the challenges that stem from a lack of understanding mental illness by providing clients and their families with sensitive psychoeducation. The psychoeducation would provide information about mental health and would work to enhance familial support, communication, and coping skills (Perera et al., 2014). Perese and Wolf (2005) offer strategies that can be incorporated into treatment to strengthen ties between family members and an individual with SMI. Participation in groups that offer education on mental illness, medications, crises, and recognition of changes of functioning and symptoms can increase the family's problem solving skills and communication skills.

High-quality mental health services have been associated with decreasing symptom severity and improving outcomes for individuals with SMI (Perry, 2014).

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Some high-quality mental health services include training in daily living, vocational skills, and structured recreational activities that offer opportunities for social contact (Perry, 2014). “Support groups, social skills training groups, and educational groups that provide opportunities to learn and practice new socializing skills under the guidance of a professional leader who keep the group experience safe for all participants might be used” (Perese & Wolf, 2005, p. 605). Individuals who increase their involvement in their communities often experience increased personal satisfaction as they increase utilization of their assets and abilities both as an individual and as a member of a collective community (Saleebey, 1996).

Sirin et al. (2013) expressed that there are several ways mental health practitioners are involved in the lives of individuals with SMI. He states that mental health practitioners may be a source of social support for an individual. Often times mental health practitioner’s work with individuals to help identify other sources of support that would be helpful for that individual. Some connections may include connecting family members with family therapy, focusing on social skills and building friendships through involvement in groups or interventions (Sirin et al., 2013). Another way mental health practitioners may assist clients is by helping them discover new programs they were not aware of, by leading them to community services such as the YMCA youth programs (Sirin et al., 2013).

Interventions to enhance social functioning skills

There are many ways in which mental health practitioners strive to create and enhance social functioning skills. Evans and Moltzen (2000) state that caregivers in community support roles foster an implicit strategy of incidental learning. Incidental

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learning involves opportunities where caregivers model behaviors that may result in meaningful personal development for the clients with SMI, such as modeling how to play a guitar or how to fix a toilet (Evans & Moltzen, 2000). Modeling skills is a helpful way to encourage autonomy, self-efficacy and confidence for individuals with SMI who can continue to use the skills they learned through incidental learning in their daily lives.

One intervention approach that focuses on client strengths is utilized by mental health workers and is called solution-focused therapy (De Jong & Berg, 2012). According to DeJong and Berg (2012) the solution – focused model maintains that those who work with individuals afflicted with SMI seek to ask questions from the client that strengthen the client’s own sense of self – efficacy (DeJong & Berg, 2012). By catering questions to focus on solutions rather than the problems, social workers can better understand the client’s perception of the problem (DeJong & Berg, 2012). The solution – focused model helps clients set goals that align with the vision they see for themselves of where they want to be and what they want to achieve.

Mental health practitioners have developed methods and skills to assist clients experiencing unresolved conflict and stressors which may involve difficult life transitions (i.e. adolescence), traumatic life events (i.e. death of loved one), environmental pressures (i.e. inadequate healthcare), and dysfunctional relations in communal life (i.e. family) (Gitterman & Heller, 2011). Gitterman and Heller (2011) contest that life transitional, environmental, and interpersonal stressors are interrelated so that when one aspect is not managed well additional stressors will form. “Cumulatively, they can overwhelm individual and collective coping capacities... helping with dysfunctional relationship and communication patterns is a critical social work function” (Gitterman & Heller, 2011, p.

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208). Individuals with SMI are vulnerable to experiencing negative emotional responses including anxiety, depression, and hostility, after experiencing specific negative environmental events (Evans & Moltzen, 1999). Mental health practitioners provide a positive atmosphere that works to empower clients through helping them increase their ability to recognize personal triggers associated with their symptoms and then work to develop strategies to cope with those triggers (Evans & Moltzen, 2000).

Summary

The review of literature provides definitions for social support, social networks, the main effect model, and the stress- buffering model. It also discusses the impact of negative social support, case manager involvement, and ways of building social support. It concludes with discussion of intervention strategies that enhance social functioning skills. This study seeks to discover different ways in which social support of clients with SMI impacts a mental health practitioners' involvement and care plan. This research is important because it will increase understanding for mental health practitioners involved in mental health services.

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Conceptual Framework

The ecological perspective is a strong perspective to consider when discussing the prominent impact social support maintains regarding individual development. The ecological systems theory depicts multiple levels that interact with one another. Gitterman and Germain (1976) state that according to the ecological perspective, human beings evolve and adapt in accordance to the interactions they have with different elements of their environments. Given the multi-dimensional nature of the factors tied into an individual's support systems, this study will be conducted and formulated through an ecological lens. To seek a more comprehensive understanding of human development, it is necessary to examine multiperson systems of interaction not constricted to a specific place, but also to consider the influence of other environmental aspects outside of the immediate setting (Bronfenbrenner, 1977). Bronfenbrenner (1997), a prominent ecological theorist, explains the ecology of human development as the following:

The ecology of human development is the scientific study of the progressive, mutual accommodation, throughout the lifespan, between a growing human organism and the changing immediate environments in which it lives, as this process is affected by relations obtaining within and between these immediate settings, as well as the larger social contexts, both formal and informal, in which the settings are embedded. (p. 514)

The basic concepts of the ecological systems theory include: *micro-*, *meso-*, and *macro-* (Hong, Algood, Chiu & Lee, 2011). A microsystem defines the relationship an individual has with their immediate environment and surroundings (Bronfenbrenner, 1997). Microsystems include an individual's home, school, workplace, and family

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(Bronfenbrenner, 1997; Hong et al., 2011). In this research project microsystems consist of the individuals with SMI and their core networks. Bronfenbrenner (1997) depicts a mesosystem as the interrelations among major settings containing the developing person at a particular point in his or her life, including interactions among family, school, peer groups, church, camp, or workplace. Within this research project, some mesosystems include peripheral networks (i.e. extended kin, co-workers, friends), and client's relationships with social workers. The third level of the ecological perspective, macrosystems, consists of overarching institutional outlines of the culture or subculture, including the economic, social, educational, legal, and political systems (Bronfenbrenner, 1997).

According to Bronfenbrenner (1997) macrosystems are maintained both explicitly and implicitly. Some formal, explicit structures include laws, regulations, and rules, and implicitly, informal settings include the ideological patterns upheld by society (Bronfenbrenner, 1997). Perry (2011) discusses the prevalence of social network attrition resulting from stigma linked with the labeling theory, which asserts that after an individual receives a psychiatric label they also are associated with different stereotypes, which results in social withdrawal and social rejection at the interpersonal level. "People are socialized to believe negative stereotypes about those with mental illness...the "mental illness" label leads to isolation both directly through rejection and avoidance, as well as indirectly through low self-esteem and maladaptive interaction strategies" (Perry, 2011, p. 461).

Gitterman and Heller (2011) argue that the ecological perspective strongly aligns with social work's historic commitment to people in their environment because it

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emphasizes interdependence of organisms and environment. Social workers work to develop clients' coping skills and independence, and for the care they provide to be effective, it is necessary for social workers to also evaluate the helping capabilities and the potential of the informal networks (Cox, 1992). The ecological perspective directly ties into discussion of this research study because the perspective emphasizes the importance of fully understanding the context of the relationship individuals have within their own environment. The ecological perspective attests that an individual's biological, cognitive, emotional, and social process must be understood in relation to that individual's physical and social environment (Gitterman & Heller, 2011).

The ecological perspective offers social worker clinicians a guide for practice by developing methods and skills to assist clients experiencing unresolved conflict and stressors, which may involve difficult life transitions (i.e. adolescence), traumatic life events (i.e. death of loved one), environmental pressures (i.e. inadequate healthcare), and dysfunctional relations in communal life (i.e. family) (Gitterman & Heller, 2011). In this way social workers utilize an ecological perspective, taking the different systems into perspective when working with clients. Gitterman and Heller (2011) offer insight into the ecological perspective:

If we think of the ecological perspective as providing a wide range lens (with zoom and split screen capabilities) for understanding the complexities of an individual's life circumstances, transactions, history and life place (identifications with gender, culture, etc.)... This close up lens allows us, having assessed the person and environment, to "zero in" on particular areas, which may require additional intervention. (p. 208).

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The ecological framework provides a basis from which social workers can be mindful of the different ways social support impacts clients with SMI and then work to intervene accordingly. It is important for social workers to understand how people adapt to their environments and the challenges that arise in their lives. This research analyzed the ways in which social support of clients with mental illness has practice implications for social workers involved in providing care.

In summary, the conceptual framework for this paper is an ecological perspectives theory, which takes into consideration the many systems that impact individual well-being. The interviews that were completed for this project utilized the ecological perspective as a framework of reference. The framework was used to develop research questions, and explore what factors of social support are significant when providing mental health intervention.

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Methods

Research Design

The purpose of this study was to identify and explore mental health practitioners' perceptions on the ways social support of clients with SMI influences mental health practitioners' involvement and care plan. It was an exploratory study with a qualitative research design that examined the impact of social supports in the lives of individuals with SMI and how those supports impacts mental health practitioners' involvement. The intent was that the information, which came directly from mental health practitioners who work with clients diagnosed with mental illness, would be helpful to other practitioners who are involved with providing services to clients with SMI. This research is important because it increases understanding of the ways social support impacts social workers and other mental health professionals working with clients afflicted with SMI.

Sample

Sample criteria used in this study included the following: Study participants will be mental health practitioners who have had experience working with, or are currently working with SMI population, with a minimum requirement of one year experience. The criteria for being included in the sample included mental health practitioners that work with individuals with serious mental illness, and include: case managers, mental health workers, adult rehabilitation mental health services (ARMHS) workers, community support programs (CSP), assertive community workers (ACT), and social workers. The respondents work with a client population afflicted with SMI, which may include the following diagnoses: major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, panic disorder, posttraumatic stress disorder (PTSD) and borderline

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personality disorder. A specific criterion was selected as a way to involve social workers with those specific characteristics. The estimated sample size entailed at least 8 individuals, and at the most there would have been 10 participants.

Protection of Human Subjects

The proposal for this study was submitted for approval to the St. Catherine University Institutional Review Board (IRB) at an Expedited Level of Review before data collection began. The consent form (Appendix A) was explained in detail to every participant in addition to the questions used in the research instrument. Interview questions were distributed with the consent form prior to potential participants making a decision about participating or not. The consent form provided an adequate explanation of confidentiality of the respondent during the research process, risks of participating, and means for contacting the researcher. Participants were provided the right to withdraw from the study at any time. Before the any data was collected, the consent forms was reviewed with the respondents. Confidentiality was additionally maintained by documenting the interviewees by numbers rather than identifying personal information. As noted in the information to the participants, the findings from interviews by the mental health practitioners were de-identified, and there is not a link between the identification of the social workers and the data collected from their interviews. Confidentiality of the respondents was maintained due to omitting the respondent's names from the field notes, and this report. Recordings of the interviews will be destroyed after the completion of the transcription and coding processes and research presentation, by June 1, 2015.

Data Collection

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The researcher used a snowball sampling procedure. The snowball sampling technique resulted in a nonprobability sample because it is too difficult to develop a sampling frame of an entire population (Monette, Sullivan, DeJong, & Hilton, 2013). Due to the numerous diagnoses and range or severity of SMI, the snowball sampling technique made it possible to identify professionals that had prior experience working with this population in practice within the geographic region accessible to the researcher. The snowball sampling process occurred in the following steps. First, each committee member identified 2 – 3 potential participants for this study. Then, the researcher contacted the potential participants and informed them how she received their name and she provided an introduction to the study using protocol. After that, the researcher distributed questions and a consent form so that the potential participants were able to review the form before they made a decision to participate. Potential participants that were interested in participating set up an interview with the researcher. If potential participants did not call the researcher within one week, the researcher made one follow-up contact to see if they were interested in participating. Each participant was asked to provide 2 – 3 names of potential participants and the data collection process was repeated until the researcher has reached the expected sample size of 8 participants.

The interviews lasted 45 to 60 minutes, and were audio taped and transcribed. Each participant was asked for an additional 2 – 3 names of potential participants and the data collection process was repeated. The respondents agreed to participate in an interview by signing the consent form. The interviews were carried out in a semi-structured and flexible format, lasting approximately 45 to 60 minutes, and were audio recorded to ensure accurate content analysis.

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Instrument

The researcher conducted a semi-structured qualitative study that used interviews to collect information from the participants (Appendix C). Before beginning the interview process, the questions were approved by the SCU IRB and Protection of Human Subjects guidelines (e.g., not personal in nature, related to research question). Prior to the start of the interviews, the set of 15 questions that were posed to the respondents (see Appendix B and C) were approved by the researcher's committee chair and committee members. In order to maintain an investigative research process, the questions are neutral and open-ended (i.e., versus closed-ended, double-barreled, or phrased using the word 'why') in nature, guided by the overall research question, and supported by literature related to social support of individuals with SMI as well as different mental health care work strategies (Cohen & Wills, 1985; Kawachi & Berkman, 2001; Lakey & Orehek, 2011; Kondrat, 2012; Panayiotou & Karekla, 2013; Nath, et al., 2012; Evans & Moltzen, 1999).

The questions were developed as a result of questions that arose from the literature and the ecological framework and addressed the various implications of social support of client's professional interactions. The questions began generally, investigating the role of the mental health practitioner and ask the respondents to provide their perspective on the role of social support. Next, questions addressed the ecological model of framework by asking the respondents to discuss how they help clients build and maintain social support networks in their personal lives (microsystems) and throughout their community (mesosystems/macrosystems). Then questions explored the respondents perception on the challenges they experience when working to build or maintain support, and how illness characteristics of a client shapes both their social environment and the

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way they interact with the respondents' role as a mental health practitioner. The questions concluded by asking respondents to provide recommendations that may assist other mental health practitioners seeking to build and maintain support for clients with SMI. Finally, respondents were asked if there is any additional information they would like to provide that they feel would be beneficial for the study.

Data Analysis

This qualitative study was analyzed through use of a grounded theory. Grounded theory (i.e., theory which is based on, or "grounded" in, raw data) structured the analysis of data that was obtained through the interview (Monette et al., 2013). The researcher transcribed the audiotapes of the interviews, and then identified themes that emerged from the data. The data was re-read several times by the researcher and the codes that emerged were written down next to the corresponding respondent quotes. At least three instances of a code were necessary to develop a theme (Monette et al., 2013). As these themes emerged, the research also noted them on the transcript next to the identified codes. After the transcriptions were analyzed and coded the researcher discussed the findings in the results and discussion sections of this study.

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Results

Sample

Participants of the study were 8 professionals (1 identified as a social worker, 1 social worker/ACT worker, 2 identified as case managers, 1 identified as a mental health worker, 1 identified as CSP worker, 1 identified as a supportive counseling counselor, and 1 identified as a social worker/ARHMS worker/CSP worker/mental health worker) from a county in the seven-county metro area of Minneapolis and Saint Paul, Minnesota. Seven (7) of the participants were female and one (1) was male. The participant's average age of working with SMI clients was eight and a half (8.5) years, varying from two (2) to eighteen (18) years. One (1) of the participants attained a bachelor of sociology, one (1) attained a bachelor of human services, one (1) attained a master in marriage and family therapy, one (1) attained a bachelor in social work, and four (4) attained their master in social work.

Seven participants, who were identified by the researcher's committee, were contacted and invited to participate in the study. All seven of those participants agreed to participate in the study. One (1) participant was referred by another participant of the study who was interviewed on February 1, 2015. Eight (8) of the participants were interviewed between February 1 and March 16, 2015. All of the participants were given information on the research and the research questions prior to the interview. Each interviewee read and signed the consent form. Each interview took place at a location agreed on by the participant.

Themes

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The themes were identified when three or more participants identified the same idea.

Quotes were chosen that best represent each theme and were italicized.

Building Rapport with Individuals with SMI

The respondents were asked to identify areas that they believe are important when working to foster encouragement, responsiveness, and build a sense of trust with individuals with SMI. The following factors were articulated by the respondents and emerged as the major themes for building rapport with individuals with SMI:

- Build relationship before addressing symptoms
- Time and Consistency

All eight respondents identified the importance of building a relationship with an individual with SMI before focusing on symptoms. In their experience working with individuals with SMI, all eight of the respondents expressed that building a trusting relationship with their clients is the first thing they work on achieving with their clients. The respondents felt that building a relationship takes time and regular consistency. As one respondent described:

I think that the first thing that I focus on is just kind of building a sense of trust and engaging with them, building rapport. Making sure you are treating them as an individual first and foremost (Case #1, page 1, lines 4-6).

Four of the eight respondents stated building a relationship is an important first step that should be established at the beginning stage when working with someone with SMI. As one respondent described:

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I suppose the biggest piece I do is develop a relationship with the person, first and foremost. More of the client and myself getting to know each other before really delving into the diagnosis and that kind of piece. It's much more relational based and the SMI issues come after that (Case #2, page 1, lines 2-4).

Six of the eight respondents felt that building rapport was a process that takes a lot of time to develop. Many of the respondents stated they strived to provide genuine interactions with their clients, which involves both time and consistency. As one respondent noted:

So I think that one of the things that's important to them is to try and find a way to interact with people in a way that doesn't seem formulaic, that seems authentic, that doesn't tell or prescribe folks, where it is not even about what someone's diagnosis is (Case #8, page 1, lines 10-13).

Role of Social Support

The respondents were asked to identify the role social support plays in treatment. The following factors were articulated by the respondents and emerged as the major themes for the role of social support in treatment:

- Significance of social support
- Family
- Peers

All eight of the respondents identified social support maintaining a significant role in the lives of individuals with SMI. Five of the eight respondents described social support as having a "huge" role in treatment of clients. Six of the respondents explained that social

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support helps individuals with SMI decrease isolation during times when they are experiencing increased symptoms. As one respondent explained:

I think it (social support) plays a huge role. A lot of people that I have been working with, without it tend to isolate a lot more which I think can increase symptoms some of the times. Or without social supports maybe that have less access to resources that might otherwise be really helpful. I think if you are looking at every aspect of a human being, from you know financial to mental health and wellness, to physical health and wellness, social support is right up there with being one of the more important things (Case #4, page 1, lines 14-19).

Three of the eight respondents identified that family relationships impact individuals with SMI in various ways. The respondents reported that of the clients they are working with, most of the clients receive support from family rather than friends. One respondent described:

On my caseload right now, most of them, if they do have people in their life, it's family. And that even is often strained at times because of drug use, or not having the knowledge or awareness of SMI and kind of what that means, and how to cope with that, and how to help somebody. So I think I will see people with friendships, I mean it does happen, but I'd say mostly that's lacking almost more than family (Case #1, page 1-2, lines 33-37).

Five of the eight respondents identified that peer supports or friendships are helpful resources for clients with SMI. The respondents discussed that while professional help is helpful for clients in regards to managing symptoms, peer support is a source that provides a sense of possibility or of hope. As one respondent described:

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Regarding social support from their peers, when clients can be honest about what they are experiencing when they are with people who are going through the same thing, they can get encouragement from each other, support in a nonjudgmental way. They can talk about their mental illness, which really combats the stigma of mental illness. So with regard to peers, it's helpful to hear from others who have gone through similar type things, maybe someone is older or has gone through hospitalization or things like that and they can share their wisdom with another person (Case #5, page 1, lines 12-14).

Building Social Networks

The respondents were asked to identify different factors that are involved when they engage/help clients in building social support networks. The following factor was articulated by the respondents and emerged as the major theme for building social networks:

- Social skills training

Seven of the eight respondents identified social skills training as maintaining a significant role in both helping clients maintain symptoms as well as reach the personal goals that they have set for themselves. The seven respondents discussed ways that social skills training can help individuals with SMI feel more confident in their ability to address conflicts that may arise when interacting with others in the community. One respondent stated that often times when clients have a goal to reconnect with others, they often benefit from engaging in social skills training:

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I think helping them (clients) is first exploring with them what they want that to look like then getting them connected to community resources, or helping them build the interpersonal skills that they need to reconnect with past relationships, or reestablish old relationships. So a lot of it is also teaching social skills, because often times I think that's lacking. They don't necessarily know how to go out and how to start talking to somebody (Case #1, page 2, lines 58-62).

Another respondent expressed the significance of enhancing social skills of her clients:

A lot of times when something is going on at (the agency), there is a conflict between multiple members, unless there is a safety issue, we are really emphasizing that clients work on being comfortable approaching other members with whatever conflict they have, so that outside of (the agency), if we were to no longer exist, that they could implement some of that out in the community. And being able to practice, kind of using skill building here is outside in their everyday life. That's kind of one of the biggest things that I think as far as building support goes, that we are trying to highlight that skills building (Case #4, page 1, lines 28-33).

Engaging Social Networks

The respondents were asked to identify how they best engage the support networks that are supporting the clients. The following factor was articulated by the respondents and emerged as the major theme for engaging with social networks:

- Family psychoeducation

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All eight respondents identified providing psychoeducation as a way of engaging the support networks that are supporting the clients. The respondents discussed how families are often unaware of what mental illness is and how it may be impacting his or her loved ones life. It was described that families who are involved in a clients support network often are unaware of how they can help and lack the understanding of ways they can offer healthy support to the client. One respondent described:

Helping the support people understand what happens when people have a mental illness isn't something intentional that people do; you can't just stop being depressed, stop hearing voices. So I think a lot of psychoeducation for families and friends (Case #6, page 2, lines 57-59).

Another respondent explained how she engages with support networks that are family:

If the other supports that they have are experiencing some frustration or something like that, I try to validate their feelings and provide some education, like I said, about mental illness. In the past when I had team meetings, I would invite them to team meetings if the client felt comfortable with that. Because they are coming from different perspectives and if it's not making the client more agitated or upset then it can be helpful for them to hear their other supports perspectives on how things are going (Case #5, page 1, lines 34-37).

Helping Clients Maintain Social Networks

The respondents were asked to identify how they help clients maintain social networks in both personal relationships and relationships within the community. The

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following factors were articulated by the respondents and emerged as the major themes for how professionals help clients maintain social networks:

- Exploring communication barriers
- Modeling appropriate behaviors
- Support for family

Seven of the eight respondents identified communication barriers that make it more challenging for clients with SMI to maintain relationships. Those seven respondents identified that they work to enhance communication between clients and the support networks the client is interested in maintaining or reconnecting with. As one respondent described:

My job is also to say hey you've got to come down a bit, the language you are using, this person isn't understanding. Then they don't need me forever and eventually they can communicate with each other. My job is to ensure that the communication wavelength is clear and that they can adequately share what they want to, and understand what the other person is telling them. If you are not and if that's locked, if it was me I probably wouldn't want to see that person anymore; and how many people really want to confront people and say, I just wanted to have a last appointment to tell you that it wasn't working. (Case #3, page 3, lines 86-94).

Another respondent identified consistently following up with clients and asking them how communication with their support networks has been:

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Every week what's part of their homework is always going to be a social component to that. If it's communication with a partner, how are you communicating, or talking about a specific issue. So if you're talking about a budget with your partner or that kind of piece; if it's connecting with your AA group or therapy group or something like that. Checking in on how'd it go this past week, what did you do, what did you get out of it? What do you want to do next time? (Case #2, page 1, lines 30-34).

Three of the eight respondents answered that they help clients maintain support networks by modeling appropriate interactions. The respondents described that they interact with their clients in ways that fosters healthy communication patterns and appropriate behavior with others. The respondents expressed that they work with client to increase their ability to interact effectively with others, particularly when in the community. As one respondent described:

I think modeling appropriate behavior in the community is a huge thing. I went to Macy's with just a great client of ours who has some trouble with social appropriateness. So I took her to Macy's to exchange some pantyhose and she pushed a lady out of the way, was yelling at the person that worked there and I was modeling in the moment, saying just hold on she's going to help you. Take a breath. Whatever it is, that in the moment social skills coaching; empowering clients to be able to communicate with their people who are close to them. To be able to say, I am struggling with a mental illness and sometimes I struggle with this, and you will know if I am not doing well because this is how I will present (Case #6, page 2, lines 65-71).

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Another respondent explained how she models socially appropriate behavior to her clients:

Modeling and demonstrating socially appropriate behavior, talking about it with them, about their frustrations in social experiences that they have. I have one client who recently got a disorderly conduct charge because of an interaction with somebody in public, and so we talk about how could that person maybe have done something different, or what happened, or what was their trigger, and how good that whole interaction may have gone a little bit different and not ended up in disorderly conduct. Maybe ended up with those two people actually being able to help each other, or something like that (Case #7, page 1, lines 19-25).

Four of the eight respondents identified working with the family members of the clients with SMI, and working with the family to provide them with the support they need. It was described that family members often struggle with understanding the behaviors exhibited by their family member struggling with SMI. In addition, the families of individuals with SMI may not receive support for the challenges that they have been experiencing as a caregiver of someone with mental illness. As one respondent explained:

Sometimes I'll call parents or family members, sometimes they'll come to the treatment planning meeting and discharge planning meetings to kind of come up with a plan for, yep you're here in treatment and doing really well, what are you going to do when you get out of here. Kind of planning around what kinds of supports they need when they leave, and what that looks like. Also offering resources for the family or friends as well so that they have support. Whether it's

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NAMI, or support groups or something like that, where they also have the support with dealing with somebody that has SMI. I think it's challenging for a lot of people, and a lot of people don't have the means or resources to deal with that effectively, and just don't have the knowledge either. They might really want to help, but they don't know how. So how can we get resources to help this person that you are working with, too, is a big part of it (Case #1, page 3, lines 77-85).

Social Support Impacting a Client's Outcome

The respondents were asked to describe a case example where social support impacted a client's outcome. Each of the clients identified factors of social support that influence a client's outcome. The following factors were articulated by the respondents and emerged as the major themes of ways social support impacts a client's outcome:

- Consistency
- Support decreasing isolation

All eight of the respondents identified that consistent social support of some kind decrease symptom severity of individuals with SMI. Consistent support included: family (one or more members) support, community support, and professional providers support. One respondent discussed the importance of having one constant social support person:

There are a couple of clients I'm trying to get the housing in addition to manage their symptoms and it would make the world of difference if they has someone consistent in their life who they could just go stay with for a few weeks to try to get some good sleep, get a good meal, shower. And if you have mental health a lot more severely I think it is hard enough when you are very symptomatic to begin

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with, and then you factor in those other things; it makes it a lot more slow. I think a lot of social supports, it may be an emotional support, but I think also for just those who need basic necessities and resources, I think that is where they can make a huge difference, too. Without it, several people here don't have a strong social support network and are up against very severe consequences (Case #4, pages 1-2, lines 82-89).

Another respondent described:

I think that's going to greatly improve his quality of life, being able to be with family and someone he trusts. He's so fearful of his future and what's going to go wrong and that's part of some of his symptoms. I think he needs that kind of constant reassurance, and he gets that when he's at an IRT's setting, but when he leaves he's not going to have that. So I think for him, that's the best kind of situation. To be around somebody who loves him and care for him and gives him that kind of social support (Case #1, page 3, lines 135-139).

Six of the eight respondents identified that social support decreases symptom severity and hospitalization encounters. The respondents linked an increase in mental health symptoms to isolative behaviors. The respondents stated that when clients isolate, mental health symptoms often intensify and lead to a decrease in self-esteem. As one respondent explained:

I think in general, social support plays a huge role in decreasing hospitalizations. I think it is so important. Mental illness is so isolating, and so many characteristics make you feel like you are all alone and no one else has the problems you do, shame, bad. But, if people are connected with each other, it just

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helps so much. Our society is so individualistic, and I think there are so many ways that that can be harmful to us (Case #5, page 2, lines 51-55).

Another respondent the difficulties individuals with SMI face when they do not have any supportive connections in their lives:

I think for those who don't have social support. I mean, what do you do when you don't have friends? You stay home. And what happens when you are in your home all day? You get bored. And then what happens? Your brain starts to think and you just think and think and then your thoughts take over and your perception gets shifted. I have several people where they are spending so much time alone and isolated that it kind of exacerbates their symptoms. Especially stuff with paranoia, with people spying first thoughts of- this person walks by my window every four hours, and maybe they are out to get me. Or a sense of, it's too dangerous to go out, I can't go out of my apartment. I think social support allows people to take risks and feel safe at the same time. When you don't have social support, taking risks has so much more potential to harm you. You don't have that buffer. A lot of people, I think, prevent themselves from taking risks because it is so much scarier when you are doing it by yourself (Case #8, page 2, lines 66-77).

Challenges Mental Health Practitioners Experience

The respondents were asked about the challenges they experience when working to build or maintain support in the lives of clients with SMI. The following factors were articulated by the respondents and emerged as the major themes for challenges mental health practitioners experience:

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- Helping clients manage mental health symptoms
- Natural support burnout

Four of the eight respondents identified that social support is impacted by their client's ability to cope with her or her mental health symptoms. It was described that when an individual has a hard time managing symptoms, he/she often has impaired ability to maintain social support. The respondents expressed that before addressing social support variables; providers need to first work with clients to help them manage their symptoms. One respondent described the challenges that she experiences when working with clients with SMI:

For this particular population, I think it is really the social skills. That skill is not there a lot of times. Symptom wise, if someone is really struggling with auditory hallucinations, visual hallucinations, delusions, paranoia of others, it's really challenging to then try and go in and teach a skill set that they can use and practice in their everyday life with others. It is the barrier, first and foremost, mental health symptoms, and trying to sort of treat that in some senses. I work at meeting clients where they are at, what's most important to them. And for some people it's just having a space to feel, to be symptomatic and have that be okay. And maybe somewhere down the road we can work on building their social support (Case #4, page 3, lines 91-99).

Four of the eight respondents identified challenges relating to natural supports becoming burned out and frustrated. One respondent discussed how natural supports of individuals with SMI may become frustrated and have limited understanding of mental illness:

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I see natural supports, or family, can get frustrated with clients when they make limited progress, or just when they don't have as much knowledge about mental illness as I would like them to have. The symptoms can be very frustrating to work with for people who are just exhausted caregiver fatigue, and stuff like that (Case #5, page 2, lines 57-60).

Another respondent described that families may not understand client's ability of self-determination:

From somebody's natural supports, I feel like a lot of things people talk to me about are when they are just exhausted, when they have an idea of what they want for this person in their life and that person isn't doing it. Or when they will say to me, well can't you just do this? Can't you hospitalize this person? Can't you? And I will say no, this person is making their own decisions in their own life, that's what they chose to do. I can't force them to do a lot of these things. So a lot of families, significant others, kids, they'll become overwhelmed and it's very tiring sometimes for them (Case #7, page 2, lines 57-62).

Impact of Mental Illness Characteristics

The respondents were asked how mental illness diagnoses of individuals with SMI shapes the clients' social experience and the way they interact with the respondent. The following factors were articulated by the respondents and emerged as the major themes of the impact of mental illness characteristics:

- Stigma
- Symptoms impacting personal experience

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Seven of the eight respondents identified that a clients symptoms impacts his or her ability to interact with other in the community. Individuals in the community lack understanding of mental health symptoms, which results in negative attitudes and stereotypes. The respondents discussed how certain symptoms of mental health diagnoses are particularly challenging for clients to overcome when interacting with individuals in the community. One respondent described:

So I think, as you know, there is a lot of stigma for mental illness in general, and some mental health symptoms are more obvious than others. If I am in the community with the client who is laughing inappropriately, or responding to internal stimuli, that can be somewhat difficult in the community. People are like- what's wrong with that person? I feel like my role in that moment is to not focus on if my client is laughing inappropriately, you know?...Just to sort of bring them back and help them feel like, maybe other people are looking at me, but this person that I'm supposed to trust is not focusing on that. It's hard when somebody is very disregulated in the community, maybe angry or yelling to their internal stimuli, that can be harder (Case #6, page 2, lines 121-134).

Six out of the eight respondents identified that clients with SMI are challenged with limited understanding in how to engage with others. The respondent's stated that symptoms make it more challenging for client's to have day-to-day interactions with others. Clients may understand how others perceive them, but not know how to change their behavior in a way that would fit to social standards. A respondent described how an individual's social experience was shaped due to characteristics of his mental illness:

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I have one client who is bipolar, who's younger, around my age, maybe 30. He said that people look at him, because of his facial expressions. Sometimes with the schizoaffective or the bipolar kind of psychosis, if you have flat affect and you don't show emotion somebody who doesn't know what that is might think that you're "weird", or "freaky", and those are in quotations, in his words. They just think that I'm this weird person because I don't express my emotions right. So he has insight to know that his mental illness is affecting the way that he comes across to people, but that's also something that's not easily changed. That's just an example of where their characteristics shape their social experience with other people. (Case #1, page 6, lines 182-193).

Specific Recommendations for Other Professionals

The respondents were asked to provide specific recommendations to other professionals working to building social support in the lives of clients with SMI. The following factor was articulated by the respondents and emerged as the major theme for specific recommendations for other professionals:

- Build relationship before addressing symptoms

Five of the eight respondents emphasized that professionals should engage with clients in an authentic way, in the same way that they would like to be treated. The respondents expressed the importance that professionals are open-minded and compassionate in the way they interact with their clients. As one respondent explained:

Anytime I am mentoring a new case manager, I try to tell them, your only role isn't case management, you have to see the situation as it is, and we always say

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meet them where they are at. I mean, I mean it when I say meet them with where they're at. And not that you are only going to be their therapist or their ARMHS worker, but sometimes I believe that's what you have to do to help them through that moment. That your case manager hat is not always the same hat; like putting the square peg into a round hole. It doesn't work. You have to change your approach, or hole, in order to work (Case #3, page 5, lines 198-203).

Another respondent explained the importance of building the relationship before addressing mental health symptoms:

If nothing else, you need to engage with that person as a fellow human being, and as a client, and not as a person with severe mental illness. If nothing else works, it is like, well what you watch on TV today? I saw a guy down the street and he was wearing the coolest hat. Whatever it is, whatever silly little thing it is that you can do to make yourself a little vulnerable to them. Open yourself up a little bit and build that foundation. Because if they can build a relationship with you, you have a reference point (Case #6, page 4, lines 145-149).

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Discussion

Sample

The sample in this study included a wide range of mental health practitioners that work with individuals with SMI. This includes professionals who identify with the following title(s): social worker, ACT worker, case manager, mental health worker, CSP worker, supportive counseling counselor, and an ARHMS worker. Each of the respondents has responsibility in working with clients who are afflicted with mental illness symptoms. Each of the respondents maintained job positions that provide different services. Two of the respondents provided psychotherapy and counseling, three work in community outreach settings, two work as case managers, and one identified as providing housing support and counseling services. The respondents' average number of years working with individuals with SMI is eight and a half (8.5) years. Five the respondents had attained a master's degree, and three attained their bachelor's degree.

The sample was developed using a snowball sampling method, which allowed the committee members and researcher identify and select subjects who would best represent the population. Seven participants were identified by the committee members, who have expertise in working in the mental health field, to represent the population. Seven out of the seven (7) respondents agreed to be interviewed, and one of the respondents provided information for one additional respondent, which resulted in a total of eight (8) respondents participating in the study. This 100% response rate could be explained because the respondents were chosen based on their knowledge, and prior to the researcher contacting them they had expressed interest in the topic to the committee members. Due to the respondents having an average of 8.5 years of working with

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individuals with SMI, they were able to offer more seasoned perspectives, which adds credibility to the results of this study.

Building Rapport with Individuals with SMI

The strongest rapport building themes that emerged when the respondents discussed how they foster trust and resiliency in their relationships were building relationship before addressing symptoms and time and consistency. The first theme, build relationship before addressing symptoms, was identified by all eight of the respondents. Panayiotou and Karekla (2013) stated that individuals who believe that loving and supportive relationships would be available when one would need them for support as a positive impact on a client's general wellbeing, improving both QOL and lowering their stress levels. The stress-buffering model argues that there is a significant connection between life stressors and mental health based on the level of support individuals receive from others (Cohen & Wills, 1985; Kawachi & Berkman, 2001; Lakey & Orehek, 2011). The theme of building relationship fits into the stress-buffering model because the respondents are providing clients with the support that they need to work through their issues and gain an increased perception of support.

The second theme, time and consistency, was identified by four of the eight respondents. This theme is identified in research of the main effect model. The main effect model promotes mental health by offering clients with SMI a sense of predictability, stability, and belonging because they know that they have support available should the stressors arise (Cohen & Will, 1985). According to the main effect model, clients that receive ongoing, consistent support have increased participation in a community organization and consistent involvement in a relationship with the

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respondents (Kawachi & Berkman, 2001). This involvement of social support increases the likelihood that clients will access various form of support when experiencing increased symptoms, providing them a protective barrier when they are distressed.

Role of Social Support

Three themes emerged as the factors of the role of social support in the lives of clients with SMI, including: significance of social support, family, and peers. All eight of the respondents identified social support maintain a significant role in the lives of individuals with SMI. Six of the respondents explained that social support helps individuals with SMI decrease isolation during times when they are experiencing increased symptoms. Researchers have found that social support is connected to both psychological and physical health outcomes, and there has been an established link between social isolation and reduced psychological well-being (Cohen & Wills, 1985; Kawachi & Berkman, 2001). Perese and Wolf (2005) assert that more than half of people with SMI are lonely due to impaired ability to make and keep friends, lack of opportunities to participate in social activities, and stigma associated with mental illness.

Three of the eight respondents identified that family relationships impact individuals with SMI in various ways. They reported that clients often receive the most support from family members. Five of the eight respondents identified that peer supports or friendships are helpful resources for clients with SMI. Peers can offer clients support based on their own understanding and ability to relate to the symptoms that the client is experiencing. The themes of family and peer support as significant support in the lives of individuals with SMI is supported by literature. When individuals with SMI experience a time when they need support, support will most likely be provided by that individual's

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core network of close friends and family members (Perry, 2011). Research has found that individuals who seek mental health support begin treatment with larger and more broadly functional social networks, however as people continue to use mental health services the size of their social network decreases over time (Perry & Pescosolido, 2012). This would align with the theme of family members and close friends serving as a main source of support for individuals with SMI.

Building Social Networks

One major theme emerged in the study as a strong correlate in building social networks, which was involvement in social skills training. Identified by seven of the eight respondents, social skills training maintains a significant role in both helping clients maintain symptoms as well as reach the personal goals that they have set for themselves. The respondents identified that working on skills training resulted in the clients having enhanced conflict resolution skills and greater ability to address ongoing issues that have been present in their long-term relationships.

Engaging Social Networks

One major theme emerged from the study as a factor that is involved in engaging with the social networks of individuals with SMI. The theme, provide family psychoeducation as a way of engaging the support networks, was reported by all eight of the respondents. Providing education about mental health can address negative perceptions or lack of understanding, and enhance familial support, communication, and coping skills (Perera et al., 2014).

Helping Clients Maintain Social Networks

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Three themes emerged as factors that help clients maintain social networks. Seven of the eight respondents identified that communication barriers make it more challenging for clients with SMI to maintain relationships. Mental health practitioners work to enhance the communication between the clients and the support networks that the client identifies as wanting to reconnect with. Three of the eight respondents answered that they help clients maintain support networks by modeling appropriate interactions. Evans and Moltzen (2000) stated that modeling skills through incidental learning provides opportunities where caregivers model behaviors that may result in meaningful personal development for clients with SMI because they can continue to use those skills in their daily lives.

The third theme, support for family, was identified by four of the eight respondents. The respondents stated the importance of working with families to identify the support that they need as the caregiver of someone with a mental illness. Sirin et al. (2013) stated that mental health practitioners often work with individuals to help identify sources of support, which may include connecting family members with family therapy, focusing on social skills and building friendships through involvement in groups or interventions (Sirin et al., 2013).

Social Support Impacting a Client's Outcome

Two themes emerged from the study as ways social support impacts a client's outcome. The first theme, consistency, was identified by all eight of the respondents. The respondents identified that consistent social support of some kind decrease symptom severity of individuals with SMI. Consistent support included: family (one or more members), community, and professional providers. Peter (2010) stated that ongoing care

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with a case manager can help teach clients to be educated in relapse prevention and help link the clients to their community. This ongoing care that is hopeful and supportive can offer individuals with SMI a wide range of opportunities that may create lasting change and development in their relationships with others (Peter, 2010). The second theme, support decreasing isolation, was identified by six of the eight respondents. The respondents stated that social support decreases symptom severity and hospitalization encounters. The respondents linked an increase in mental health symptoms to isolative behaviors. They stated that when clients isolate, mental health symptoms often intensify and lead to a decrease in self-esteem.

Challenges Mental Health Practitioners' Experience

Two themes emerged from the study as challenges mental health practitioners' experience. The first factor, helping clients manage mental health symptoms, was identified by four of the eight respondents. They asserted that social support is impacted by the client's ability to cope with her or her mental health symptoms. Perry (2014) stated that high-quality mental health services, including training in daily living, vocational skills, and structured recreational activities, have been associated with decreasing symptom severity of individual with SMI. The second theme, natural support burnout, was identified by four of the eight respondents. They identified challenges relating to natural supports becoming burned out and frustrated. Perera et al. (2014) discovered that individuals with mental illness identified having limited support due to partner or family upholding negative attitudes or a lack of understanding about mental illness and the ways it was impacting their lives.

Impact of Mental Illness Characteristics

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Two themes emerged as strong factors in the study. The first theme, stigma, was identified by seven of the eight respondents. The identified that a client's symptoms impacts his or her ability to interact with others in the community. Mental health symptoms are often not understood by individuals in the community, which results in negative attitudes and stereotypes towards those struggling with mental illnesses. The respondents discussed how certain symptoms of mental health diagnoses are particularly challenging for clients to overcome when interacting with others in the community. Perry (2011) states that individuals with SMI may experience discrimination and rejection from strangers, acquaintances, casual friends, and other peripheral members of social networks.

The second theme, symptoms impacting personal experience, was identified by six out of the eight respondents. They expressed that clients with SMI are challenged with limited understanding in how to engage with others, and symptoms make it more challenging for client's to have day-to-day interactions with others. Clients may understand how others perceive them, but not know how to change their behavior in a way that would fit to social standards. Individuals may face rejection and discrimination due to stigma and nonnormative behaviors associated with SMI (Perry, 2011).

Specific Recommendations for Other Professionals

Only one theme emerged from the study as specific recommendations the respondents had for other professionals working with individuals with SMI. The theme, build relationship before addressing symptoms, was addressed by five of the eight respondents. The respondents stressed that professionals should engage with clients in an authentic way, in the same way that they would like to be treated. The respondents

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emphasized the importance that professionals interact with clients in an open-minded and compassionate way. Beck (2011) describes the process of building a therapeutic alliance a key component in the relationship between a provider and client afflicted with SMI. A healthy therapeutic alliance provides collaboration and active participation between the client and the provider, helping the client have increased understanding of relapse prevention and how to engage in healthy interpersonal relationships with others.

Research Reactions

This qualitative study found that the respondents who were interviewed are aware of the implications of social support in the lives of individuals with SMI. The eight respondents interviewed were very knowledgeable about the different ways social support impacts the lives of individuals with SMI. The years of experience and the level of education of the respondents could explain their level of knowledge. The results of the study may have been different if the respondents had fewer years of experience and lower education. This sample did not include professionals who received training in a field outside of human services (5 in social work, 1 LMFT, 1 sociology, 1 human services). Having a population that included more of a variety of disciplines could have produced different factors discussed as implications of social support.

It was revealed that the professionals uphold the belief that social support maintains a significant role in the lives of clients with SMI. They expressed that the work that they do with clients varies greatly depending on the amount of support present in a clients' life. Social support ranges from personal relationships, relationships with professionals, connections to the community, and camaraderie with peers who are experiencing similar mental illness symptoms. Depending on what factors the

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professional emphasizes, involvement with social support of clients contains an element of subjectivity and can be susceptible to bias identified by professionals identified in this study who identify with the following title(s): social worker, ACT worker, case manager, mental health worker, CSP worker, supportive counseling counselor, and an ARHMS worker. The themes relating to the implications of social support in the lives of clients with SMI has been discussed extensively in the available research.

Limitations and Recommendations for Future Research

Factors that may impede the research findings may tie into qualities that exist due to the research being qualitative. The data collected and coded is limited in transferability and generalizability, due to researcher constructing a sample that did not include interviewing a greater amount of mental health practitioners who work with individuals with mental illness (Grinnell, et al., 2012). Due to the small sample size used in this study, the results do not adequately represent the population of mental health practitioners who work with individuals with mental health; therefore the findings cannot be generalized. Another limitation may have involved selection bias due to respondents initially being selected by the researcher's committee members. The researcher worked to address selection bias by trying to get perspectives from a broad range of professional licenses that were practicing in a variety of settings. One suggestion for future research could involve a large quantitative survey, which would increase the sample size and generalizability. Due to the respondents being voluntary in nature, some who were invited to participate may have declined to participate; therefore the research findings may have lost different and valuable perspectives (Grinnell et al., 2012).

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This study used responses and reflections of mental health practitioners who are practicing in community based programs. This study did not include the perspectives of staff members who work with clients in more acute settings (inpatient hospitalization). The study did not include the perspective of clients who are afflicted with SMI. The narrow focus of one perspective could be address through research that would involve multiple perspectives. Another limitation is selection bias. The selection bias could be addressed by research that offered participants either stipends or used an anonymous survey. The sample selected for this study is more likely to be knowledgeable of the implications of social support, being as they are interested in the topic. Others that have direct contact with individuals with SMI may not have interest or time to discuss the topic of social support. A recommendation for future studies includes using sample groups that includes a more diverse population. For example, future studies could conduct interviews with individuals who are afflicted with SMI, or the caregivers of individuals afflicted with SMI. Another recommendation for future research would involve further examining the implications of the significance of peer support impacting mental health symptoms. Peer support emerged as one of the main themes of this study and further research on the subject could add additional insight.

Implications for Social Work

On an individual level, this study revealed that individuals afflicted with SMI have ongoing challenges with creating and maintain social support in their lives. This suggests the need for programs that target the SMI population in the community to ensure that their needs are being met. Individuals with SMI benefit from programs that provide services that help clients manage mental health symptoms, explore communication

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barriers, and provide skills training. Services in the community that provide consistency and ongoing care assist in fostering a trusting relationship between the provider of care and a client with SMI. These findings of this research express the importance of consistency of services, as well as the importance of reducing agency turn over. It will be important to find ways to help support ongoing relationships between professionals and clients. The results of this study could be a helpful reference point, or guideline, for beginning practitioners who are at greater risk for feeling overwhelmed by a clients' diagnosis and are unsure of the best way to work with them. It could help them recognize the importance of first building the relationship with the client before working to address symptom/diagnosis implications. Use of teams would also support continuity of staff with clients. Services need to be available and accessible to individuals with SMI so that they are able to receive the help and support that they need.

On the social level of family (core network), this study revealed that family involvement can either be challenging or beneficial in the lives of individuals with SMI. As discussed by the respondents in the study, families have a significant impact on the lives of clients. The strongest themes relating to family involve the importance of providing psychoeducation to the family and the importance of helping families find supportive services. Families often maintain either negative perceptions or lack understanding of the implications of mental illness. Many families benefit from receiving psychoeducation, which can increase their awareness and understanding of the mental illness their family member has been experiencing. All eight of the participants expressed the need to provide family with psychoeducation to help increase understanding of mental health symptoms. Families may also benefit from groups that

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offer support, education on mental illness, and information on ways to recognize changes of functioning and symptoms. Programs that provide support for families are needed to prevent caregiver burnout and enhance the family's ability to communicate with each other and their family member with SMI. Four of the respondents identified the importance of helping families find supportive services in which they can become involved.

On the social level of peers, this study revealed that a service that involves interactions with peers is a beneficial source of support for individuals with SMI. Five of the respondents expressed that peer involvement assists in decreasing isolation and symptom severity. Individuals benefit from being around those who have experienced similar symptoms and have an understanding of what they are going through because they may have experienced something similar in their own life. Peer support provides clients with a sense of hope of possibility and their ability to cope with and overcome their symptoms. While professional support is important, peer support is unique in that clients are able to relate to others with mental illness similar to their own, and they can experience feeling a sense of belonging in their community. This may suggest that programs that offer mentoring others who have similar diagnoses may be beneficial in helping individuals manage symptoms.

On the community level, it is evident that long term, available, and accessible services are needed. Many individuals with SMI struggle to understand how they can relate to others, how others perceive them, and how they can overcome conflict when it arises in interpersonal relationships. Community services can help clients address communication barriers through offering professional support or peer support. These

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services also provide clients with a sense of belonging, and hope that they will be able to overcome the challenges they may currently be experiencing relating to their mental illness.

Social workers must continue to participate in services that assist clients in building or maintaining social support for clients with SMI. Social workers need to work to increase awareness and understanding of mental illness in order to combat the negative stigma of mental illness maintained in our society today. Each of the practitioners that participated in the study identified the importance of meeting the client where they are at in their life. This means working with the client to achieve goals that are of interest to the client, even if the practitioner has a different idea of what may be beneficial for the client. Social workers must advocate for programs that provide peer support, because it provides clients with opportunities to connect with others and feel more connected to their community. Social workers also need to work in professional roles that involve modeling healthy communication and conflict resolution skills. Working with clients and modeling appropriate behaviors with others can help clients with SMI increase their ability to communicate with others in their community.

Conclusion

This study aimed to capture that different ways that social support impacts the lives of individuals with SMI as told by mental health practitioners who work in the community with individuals with SMI. This study is important because it contributes to social work knowledge of the ways that social support maintains practice implications for mental health practitioners involved in mental health services. It discusses different ways in which social support of client's with SMI impacts a mental health practitioners'

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involvement and care plan. The passion behind this research links to personal observation of the significance of social support impacting client's lives, both positively and negatively. Another strength is that the researcher heard from the voices of those dealing directly with problems clients are struggling with.

The professionals identified the different implications of social support, and this study explored both the positive impact and challenges that relate to the support received. The research captured 9 themes: building rapport with individuals with SMI, role of social support, building social networks, engaging social networks, helping clients maintain social networks, social support impacting a clients outcome, challenges mental health practitioners experience, impact of mental illness characteristics, and specific recommendations for other professionals. The findings of this case study strongly align with other research that focuses on the impact of social support.

This study has found that mental health practitioners believe that social support maintains significant implications in the lives of clients with SMI. This study identified that social support can be enhanced for individuals with SMI through:

- Providing psychoeducation to families
- Offering programs that provide peer support
- Involvement with professionals in an ongoing and consistent relationship
- Implicit learning of new skills that foster independency
- Professionals modeling healthy communication skills

Research has shown that social support can provide individuals a sense of connection with his or her community, can decrease isolation and severity of symptoms,

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and fosters hope and possibility for individuals afflicted with SMI. There is a need for community services that provide:

- Ongoing professional support
- Peer support
- Family psychoeducation and support

There also is a need for our communities to recognize the negative stigma still strongly maintained throughout our society today. Communities need to work together to fight the stigma so that individuals with SMI feel cared for and supported, with whatever symptoms they may be experiencing. One respondent provided a response that captured the overall spirit of this research project as she described her work in assisting individuals with SMI in building and maintaining social supports:

If somebody is exhibiting behaviors that are very difficult to tolerate, that is difficult for me when I have all of this [mental health] experience, how is somebody in the community going to be able to tolerate that? I think that that's important... I don't think that they often get that feedback from people. I think saying it in a gentle and kind way but also direct is that kind of one-on-one role-playing and modeling positive social behavior is kind of the best social intervention you can have for somebody. Just engaging in a relationship with them, period, in a non-judgmental, compassionate, human way. I think that those are the main treatment interventions that are going to help anybody improve their social network (Case #1, page 8, lines 263-273).

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Appendix A

**Social Support of Clients with SMI: Professional Perspectives
INFORMATION AND CONSENT FORM****Introduction:**

You are invited to participate in a research study investigating the impact of social supports in the lives of individuals with serious mental illness (SMI) and how those supports impact mental health practitioners' involvement. This study is being conducted by Madeline Busch, a graduate student at St. Catherine University under the supervision of Michael Chovanec, Ph.D., LICSW, LMFT, a faculty member in the School of Social Work. You were selected as a possible participant in this research because of your direct practice experience with individuals with serious mental illness. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to: Focus is to identify and explore mental health practitioners' perceptions on the ways social support of clients with SMI influences mental health practitioners' involvement and care plan. How does the level of social support of client's with SMI impact a mental health practitioners' involvement and implementation of intervention strategies?

Approximately 8 – 10 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to do the following: Answer questions I have prepared that ties to answering my proposed research question during one interview session. Before the interview session you will be provided a copy of the research questions that will be discussed in the interview. The interview for this study will take approximately 45 minutes – 1 hour over one session.

Risks and Benefits of being in the study:

The study has minimal risks. First, there may discomfort around interview questions that address personal practice, second, subjects may experience inconvenience regarding scheduling time for the interview to be conducted with the researcher.

There are no direct benefits to you for participating in this research.

Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable in the individual quotes presented in the findings.

I will keep the research results in a locked file cabinet and only my advisor and I will have access to the records while I work on this project. I will finish analyzing the data by

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May 18, 2015. I will then destroy all original reports and identifying information that can be linked back to you. The audio recordings collected during the interview will be accessed only by the researcher, and after the researcher is finished transcribing and coding the data the recording will be destroyed by June 1, 2015.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships. Should you decide to withdraw, data collected about you will not be used and will be deleted immediately.

Contacts and questions:

If you have any questions, please feel free to contact me at (507) 210-2994, or my email busc8420@stthomas.edu. You may ask questions now, or if you have any additional questions later, the faculty advisor, Michael Chovanec, Ph.D., LICSW, LMFT, at (651) 690 – 8722 will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study.

I consent to participate in the study and I agree to be audiotaped.

Signature of Participant

Date

Signature of Researcher

Date

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Appendix B

**Social Support of Clients with SMI: Professional Perspectives
Demographic Data**

The information will allow the researcher to provide an accurate description of the sample. For the following items, please select the one response that is most descriptive of you or fill in the blank as appropriate.

1. **Sex/Gender:**

Female Male Transgender

2. **Age:** _____3. **Education Level Attained (degree attained):**

Bachelor in Psychology Master of Psychology Bachelor in Sociology
 Bachelor of Social Work Master of Social Work
 Other _____

4. **Identify role/Job title:**

Social worker Case manager Mental health worker
 ARHMS worker CSP staff Behavior management
 ACT Other _____

5. **Number of years practicing with SMI clients:** _____

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Appendix C

**Social Support of Clients with SMI: Professional Perspectives
Interview Questions**

The following questions will be discussed during the interview session. Please review questions and write down key ideas before the interview.

Key Concepts:

- **Serious mental illness (SMI):** includes major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder (NAMI, 2014).
- **Social support:** involves the relationships that are perceived as offering aid, affirmation and/or love and care (Panayiotou & Karekla, 2013; Leavy, 1983).
- **Social support network:** involves the relationships clients with SMI have with other individuals (Wong, Matejkowski, & Lee, 2009).

1. How do you foster encouragement, responsiveness, and build a sense of trust with individuals with SMI?

2. What role does social support play in treatment?

3. How do you engage/help clients in building social support networks?

4. How do you best engage the support network(s) that are supporting the clients?

5. How do you help clients maintain social networks? (both in personal relationships and relationships within the community)

6. Can you describe a case example where social support impacted a clients' outcome?

7. What are challenges you experience when working to build or maintain support in the lives of clients with SMI? How do you address those challenges?

SOCIAL SUPPORT OF CLIENTS WITH SMI

8. How does the illness characteristics (of specific SMI diagnoses) shape the clients' social experience and the way they respond to you and your intervention strategies?

9. What would you recommend to other professionals working on building social support?

10. Is there any additional information or ideas you feel would be useful/beneficial in my study?

Thank you for your time!