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## ABSTRACTS FOR WORKSHOPS

### M. Social work issues in health care

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### **Dialogue with cervical cancer patients in grief**

Carcinoma of the uterine cervix is the most common cancer in Indian women and occupies the top rank among cancers in women in most developing countries, constituting 34% of all women's cancers. As per the estimated annual report, India contributes 100,000, cases i.e. 1/5 of the world burden.

Objective: To identify the real cause of the grief and manageable ways to enhance the quality of life and care to the patients, so that their needs can be better met.

Aim: To understand why they are in unspeakable grief. Examine the interrelationship among biological process, medical issues and cancer related fatigue.

Method: Four counseling cells were set up at Radiation oncology department at four different hospitals. Local, dedicated volunteers visit them every day at the department. Build up the local financial resources, so that the patients no need to worry about the financial aspects. We used the Grief questionnaire on around 126 patients in one year to scale their grief.

Result: The CERVIX cancer patients often do not have a safe outlet for their emotions, many unresolved issues remain - mainly sexual problem on post treatment, differences with the spouse attitude or extra marital affairs or remarriage of their husband.

Conclusion: The survey says it is not predominantly a problem of poorer socio-economic society. Mostly patients from rural areas remain with their same partner and the patients from urban areas lose their partner in bargain of their treatment and suffer high range of emotional problems, where they need supportive care.

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## **Carrying out social assessments with patients at an acute psychiatric ward**

Patients in care at acute psychiatric wards are treated for severe psychiatric illnesses, with difficult symptoms. The rehabilitation plan made for the patient is of great importance, for the future rehabilitation, and therefore also finding out in which phase of the treatment, it is most appropriate. The symptoms patients suffer from during acute ward treatment make it difficult to do long-term rehabilitation plans, which still are usable when the patient recovers from the acute phase.

A rehabilitation plan may consist of results found out in psychological tests, assessments made by an occupational therapist, and a social assessment. A social assessment carried out by a social worker means gathering information about the patients living conditions, social network and family, education and work, income and social security benefits and matters that might be important around those themes.

The aim of my research was to find out whether or not it is possible to make a large scaled social assessment with and to patients while treated at an acute psychiatric ward. I used a social assessment tool, which was developed in collaboration with Anna Metteri from the University of Tampere, in a two-year (2007-2008) education for social workers working with adult psychiatric patients at different wards and outpatient clinics at Jorvi Hospital in Espoo.

I collected data during two months. My data consists of structural evaluations of all the in-patients\_ daily condition and thus readiness to participate in a social assessment. My data also consists of my perceptions and observations during this time, on which I kept a research diary. The form of research is research on practice. The research is a part of my masters \_ studies.

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## **A Biographical Approach for Social Work in Health and Mental Health**

Collecting and analysing personal or collectives stories in a systematic way has long traditions in the social sciences. In social work, narratives and biographies have been a common, although not always systematically used, tool, often used for collecting factual information about clients, their life, and their social reality. Biographies and narratives can also be used as tools in themselves to help clients to change, e.g. reconstructing

their biographical identity, making new interpretations of their life, creating their life story, doing so-called biographical work.

In the EU Leonardo INVITE project with the task of planning a curriculum on the use of a biographical perspective in vocational rehabilitation much of interest was put on “life-course trajectories” and identity development as a way to find out how rehabilitation could be made more effective. The empirical data for this paper is based on essays written by sixteen social workers working in health and rehabilitation and attending an INVITE – pilot course. In their essays they reflected on the use of a biographical approach in their own work. Generally the social workers found the biographical approach usable with different kinds of clients and in different tasks, from doing psychosocial assessments and assessments of employment capacity to counselling short- or long-term. Regular biographical interviews were seldom possible or even necessary. However, the social workers found that a biographical approach helped them work in a more holistic way leaving clients with more space for reflection and building of identity. They found that it is possible to use the approach without falling into the trap of determinism. As in all social work practice however, ethical aspects must be taken into consideration when working with this kind of approach, too.