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Persons with a Mental Disorder as a Client of Social Work – Research Findings in the Czech Republic

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Abstract. In social work, we see the client holistically, that is, in his complexity as a biological-psychological-social-spiritual being. His social problem often includes also a health aspect, or, other times, the health problem may be a trigger of the social problems. There is currently a growing number of people suffering from a mental disorder. Also in social services, there is a growing number of clients, who have a mental disorder, whereby this does not have to be their primary social diagnosis. Our goal was to analyze the social services primarily focused on people with mental disorders in the Czech Republic. To examine the process and determine the methods of social work with this target group. Identify social problems of this target group. We have conducted the research in qualitative methodology, where we have used semi-structure interview for data collection, open coding for analysis and the card sorting technique for evaluation. The research set consisted of 13 workers in social facilities primarily focused on people with mental disorders in the Czech Republic. According to our research findings there is a wide network of social services aimed at helping people with mental disorders in the Czech Republic, whereby many operate on the principle of multidisciplinary. As part of social interventions, the social workers use a broad spectrum of methods and activities, which help the clients improve their problematic situation. The social problems of people with mental disorders include primarily employment, housing and relationships.

Keywords. Czech Republic, Mental disorder, Clients, Help, Social worker, Social problem

1. Introduction

The International Classification of Diseases classifies mental disorders and behavioral disorders into the following groups: F00-F09 Organic mental disorders including symptomatic, F10-F19 Mental and behavioral disorders caused by the use of psychoactive substances, F20-F29 Schizophrenias, schizotypal disorders and delusional disorders, F30-F39 Emotional disorders [affective disorders], F40-F48 Neurotic disorders, stress-related disorders a somatoform disorders, F50-F59 Behavioral disorders with bodily disorders and factors, F60-F69 Disorders of adult personality and behavior, F70-F79 Mental retardation, F80-F89 Mental development disorders, F90-F98 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence and F99-F99 Unspecified mental disorders [1].

Severe mental illness (like schizophrenia or schizoaffective disorder) is a mental, behavioral or emotional disorder, which severely affects the person's life activities or limits him for longer time [2].

Despite the importance of integration in the community, persons with mental disorders are still marginalized in most societies. Their social networks are small and offer low level of social support and due to the social stigma, they have limited options of employment, accommodation and education. People with mental disorders have smaller social networks and fewer social contacts than the general population [3]. The importance of employment of people with severe mental disorders has been clearly proven, yet the employment rate is low: in Europe it is 10 to 20% of people with schizophrenia. Low employment rate of people with severe mental disorders is interpreted as a reflection of a combination of social and economic pressures, labor market conditions and psychological and social barriers (like stigmatization of potential employers) together with a lack of professional support [4].

A social worker needs to navigate the International Classification of Diseases, have a basic understanding of the symptoms and be able to recognize them in a specific person. He should be able to understand the mental disorder in the context of biological, psychological and social factors. As part of this, the social worker has to contribute to stronger individualization of the diagnostic process and to the fact that greater space would be devoted to the psycho-social factors [5].

The task of the social workers is to provide the client with enough information and contacts in relation to the current situation - explain the system of health and social care, including information about financial options (arrangement of disability pension, employment in protected conditions, etc.), provide information about care options (contacts for facilities and institutions, which may help in a specific situation - rehabilitation, home care, requalification, legal assistance, etc.) Social workers, who help the client find or keep employment may visit the specific job with him for some time and help him in the first difficult moments - how and whom to approach when starting employment, how to manage the demands of a specific job (division of working hours, management of the necessary administration), help with ordinary tasks (what to do if he wants vacation, is sick, needs to go to the doctor). Essentially it is accompanying him in his job. As part of the socio-therapeutic approach, the social worker supports healthy behavior and attitudes of the client. He gives him competences and develops his social skills. He implements the methods of individual and group social work [6].

2. Methodology

Our aim was to analyze the social service primarily focused on people with mental disorders in the Czech Republic. Examine the process and discover the methods of social work with this target group. Identify the social issues of this target group.

We have conducted the research in qualitative methodology, where we have used semi-structure interview for data collection, open coding for analysis and the card sorting technique for evaluation. The research set consisted of 13 workers in social facilities primarily focused on people with mental disorders in the Czech Republic.

3. Research Results

3.1 Types of Services

As part of our research, we have mapped the following types of services, which focus on helping people with mental disorders in the Czech Republic: mental health center (Combines health and social services. Multidisciplinary teams work in the form of case management and provide flexible, individualized service to all clients in the area without waiting time.), daily services center (It is open for clients from Monday to Friday. They have a regular schedule, there are also different workshops like sewing, carving and gardening. Support groups may also

be a part of it.), daily stationary (They provide activities like help with managing ordinary tasks related to taking care of oneself, educational and activation activities, facilitating contact with the social environment or social-therapeutic activities.), daily sanatorium (It is a medical facility with interventions paid from health insurance. It works across the entire city. It provides psychotherapy, psychological and psychiatric services, expression therapies - art therapy, musical therapy, drama therapy.), social workshop (It is an outpatient social service, where clients come for a morning and an afternoon program. It is a training service for the training of practical, work and social skills.), support of independent living (It is a field social work, primarily focused on help with ensuring the running of the household so that the client would manage it himself.), protected housing (It is a residential service focused on providing accommodation together with help), leisure club (The clients have to possibility to go to culture events, walks or trips. The activities are prepared for indoors and outdoors. The clubs are typically lead by peer workers.), community team (The community teams fall under multidisciplinary teams operating mainly in the field. Their work varies and depends also on the client's needs.), emergency beds (Some organizations also have the so-called emergency beds. These beds should serve people in crisis. This may also be relapse prevention, rather than the person going to a hospital. If he feels his conditions worsened, he can go there.), telephone „24-hour line“ (Some crisis services also provide non-stop phone service for people in crisis. They provide the service 24 hours a day.).

3.2 Target Group

The target group of the examined facilities are adults with a mental disorder, but several organizations also admit people in acute crisis with signs of mental illness, but without diagnosing it. Schizophrenia, bipolar disorder, depression and personality disorders are the prevalent mental illnesses. These are people in acute, as well as stabilized condition.

We asked in the organizations if their clients have a mental disorder since birth or if they developed it during life. The majority of participants responded that they have mostly clients, who developed a mental disorder during life. Some got ill when they started university, because they were unable to handle the study pressure. Others when they started working and could not handle it, for example, when there was conflict, which perhaps was not as big, but this was completely different from the client's perspective.

3.3 The Process of Social Work with the Client

The first contact with the organization varies; sometimes they are contacted by a psychiatric hospital or an outpatient doctor - psychiatrist or a general practitioner. Or the people look for help and find it on their webpages on the Internet. Or they learn about help options from friends, relatives or fellow patients. Sometimes they are contacted by the family. The first contacts are always done in pair - due to safety concerns.

The social workers determine the client's social anamnesis. They map his life situation and social problems. They also keep administration. After mapping the situation and the problems, the goals and methods leading to their fulfilment are formed.

As part of the social interventions, the organizations utilize a wide spectrum of methods or activities, which help the client improve his situation. Whether it is social-legal counseling, help with filling out the forms, objections, appeals, various legal regulations in the field of relationships, finances, housing, etc., then there is accompanying the client to offices and various institutions, help finding a job or completing education and there are different options for leisure time and sport activities, cinemas, etc. It may also be help with renewing family

relationships. However, it must be remembered that the social worker will not solve the client's problems for him, but rather help him find possible solutions and reassure him that he will support him. Ultimately the client is the responsible and competent person to handle his problem.

As part of the research, we have also examined the problems seen by the workers in providing their help to the clients. The most frequent problem the participants pointed out was the dependency on the services. Then the question arises, whether the service was sufficient, whether it makes sense to continue to work with the client, or to send him someplace else so that he would find the competences to solve his situation. Another problem is that there is no tie-in social service where the client could be moved in order to advance. Refusal to accept the diagnosis is a serious problem. A realistic insight of their life situation is missing and thus the clients set goals, which are not realistic for them (for example, they work three jobs and they get completely mentally exhausted.) Sometimes they refuse treatment, which worsens their health condition. Cooperation with families is another problem.

3.4 Consultations and Cooperation with Other Organizations

The organizations provide their employees with compulsory education of 24 hours a year and 12 hours of supervision – group and individual. They also have workshops, where they mutually exchange experience. There are also regular meetings. The multidisciplinary teams have large meetings where all workers participate, which occur once a week, and small meetings, where only currently present workers participate each day. Every organization has a specific system for recording clients and the intensity of their crisis (based on this also the necessary intervention), some use electronic program, other a classic big sheet of paper with a table and marks.

After the meeting, each worker works on his plan. He has 10-15 clients, with whom he meets based on their need and intensity of their crisis. With some clients, he meets several times a week, with some, once a week, with others, once a month or even less, always based on the specific order of the person. The case manager has to set up his own plan how this will work, in order to have time for all clients. Each team - nurses, social workers - has their leader. One of the things, for which the leader is responsible is to monitor and help with the workers' case management.

The organizations focused on helping people with mental disorders are actively trying to establish cooperation with other organizations as well as the community. The organizations work with each other. Cooperation with healthcare facilities is important. Local government authorities are other important institutions. The participants positively rated the cooperation of caretakers with the client. There is also cooperation on part of leisure time centers. The organizations cooperate also with financial advisors. Establishing cooperation with the police was rated negatively.

3.5 Approaches, Methods and Techniques of Social Work

The following approaches and methods are used in Czech services primarily designed for people with mental disorders: multidisciplinary, field social work, case management, peer, recovery, social rehabilitation, individual plans, help in exercising rights and legally protected interests, accompanying the client to offices and doctors, distribution to other experts, relapse prevention, mental support, work with family and family meetings, case conferences, expression therapies (art therapy, musical therapy, drama therapy, dance and movement therapy, poetic therapy,...), creative workshops and leisure time activities within the

organization, outdoor leisure time activities, training of cognitive functions, self-help groups and pastoral counseling. They use the IPS (Individual Placement and Support) method as part of employment, which is job search for people with mental disorders based on their preferences, primarily in the open job market. They use the Housing first approach as part of housing, where the client is given immediate access to long-term housing with the support of workers.

3.6 Social Problems

Social exclusion of people with mental disorders is one of the social problems. They have trouble finding a job and this is linked to their financial income and the sickness. They also have trouble establishing and keeping relationships, both friendships and partner. The participants see stigmatization is a major problem in the society. Another serious problem is the availability of social services for people with mental disorders. Larger cities have a better availability of services. In smaller cities it may happen that there are no services for mentally ill people.

4. Discussion

Letovancová [7] identified in her research an insufficient network of services, ignorance of the disease, ignorance of the environment about the disease, the need to look information about the disease, barriers in contact with the doctors and problems in contact with the authorities. According to our finding, there is low availability of social services for people with mental disorders. Social workers have highlighted from professional prerequisites especially the knowledge of diagnoses and signs of the disease.

According to the research of Miyamota et al. [8], more than half of the clients and the employees stated that the services with non-stop crisis consultations are absolutely necessary. Based on the research findings, non-stop services of crisis intervention seem to be necessary for life in society. The models of mental health services, which introduce crisis consultation services, work 24 hours a day, 7 days a week. These models are focused on recovery and reduction of hospitalization of people with mental difficulties [9]. In Japan, these models decreased the number of days people with mental problems spent in hospital [10]. There is a similar situation in the Czech Republic, where there are separate services of crisis intervention, or they work as part of centers for mental health. They are a significant benefit for people with mental disorders, because they are prevention against the worsening of their condition and hospitalization.

People with mental disorders may be reluctant to find a job, which is caused by fear that they will have to reveal their disease. A Scottish survey found that 43% of the respondents were not looking for a job especially due to this fear. A national survey in the US found that 32% of people with limiting mental disorders had their job application rejected after they revealed their mental disorder. They were let go, humiliated, their colleagues avoided them and harassed them [11]. Also according to our research there is a problem with finding a job in the open job market. Many people with a mental disorder do not want to reveal their diagnosis, because they fear that they will not be hired due to the stigma.

According to the research of Letovancová [7] the employment problem is linked to barriers in the economic area and thus lack of financial resources and the need for financial assistance. In the study of Habtam et al. [12] it was clearly observed that poverty is the cause and effect of the functional restriction and disability. The functional restriction also has an impact on the achieved education and employment opportunities of people with severe mental disorders, as well as their family members. Many people with mental disorders ended their

education, because they were unable to function in school due to the stigma and due to the signs linked to the disease. As a consequence, their employment opportunities are severely limited. Our findings also lead to the conclusions that one of the social problems of people suffering from a mental disorder is the financial area, which is also linked to employment. Because if the person does not have a stable job, his financial options are small. He is dependent on the disability pension and family. And who is dependent only on disability pension and does not have help of the family, he has trouble live from it

People with mental disorders encounter barriers in social interaction, where the participants stated fear of prejudice, keeping the disease secret, breaking contacts, isolation, looking for company of people with the same problem, reduction of leisure time activities, loss of the ability to lead own life, the need for supervision, change in the attitude of the environment, family conflicts, denial of the illness by family members and stigmatization. There is also negative impact in the area of emotional experience of the illness and thus the feelings of shame and inferiority, searching for a deeper meaning of the disease, faith in recover or the need to protect the family from the disease [7]. Complementary canistherapy is used to alleviate the problems of people with mental disorders in the field of social interaction [13]. In relation to this barrier, the authors [14] state the benefit of canistherapy in that it may improve the effect of the treatment. Musical therapy may also be helpful, which may lead to psychosomatic relaxation, but it also may have a stimulating effect [15]. Also according to our research, people suffering from mental disorders face problems with establishing relationships.

5. Conclusion

There is a wide network of social services designed to help people with mental disorders in the Czech Republic, for example, the center for mental health, center for daily services, daily stationary, social-therapeutic workshop, support of independent living, protected housing, leisure time club, community team and crisis services. The services are provided in field, outpatient and residential forms. As part of social interventions, the social workers use a wide spectrum of methods and activities, which help the clients improve their troublesome situation. Social workers see several problematic areas in provisioning their help to the clients, for example, dependency on the service, absence of tie-in social service, refusal to accept the diagnosis, refusal to accept treatment and work with families. Social problems of people with mental disorders include social exclusion, stigmatization, availability of social services, problems finding a job and the related financial problems, housing problems and problems with social relationships. According to the social workers, knowing the diagnoses and symptoms of the disease and especially knowing the methods of work with this target group are important professional prerequisites for this kind of work.

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