

Episode 119: Harveen

Hi and welcome to Social Work Spotlight, where I showcase different areas of the profession each episode. I'm your host, Yasmine Loupis, and today's guest is Harveen, an Accredited Mental Health Social Worker who has worked as a mental health clinician in both public and private hospital settings with a passion for supporting individuals and groups across a range of mental health journeys and trajectories.

Yasmine Welcome, Harveen, to the podcast. Thank you so much for making the time to do this, and excited to have a chat with you about your experience so far.

Harveen Thank you so much, Yasmine, for having me. I really do appreciate the invitation and I'm looking forward to, yeah, having a chat and exploring this further.

Yasmine Yeah. I'd love to know firstly when you got started in social work and what brought you to the profession.

Harveen Yeah, so I had to think about that question when I actually, sort of, got your email, and it was actually nice to be prompted and reflect and sort of think back as to kind of, you know, how I reached this point, so to speak. And I think when I think about generally my journey in becoming a social worker, I look back and I kind of think it wasn't one that I necessarily sort of set out from the start, surprisingly. It wasn't something that I'd kind of planned. And when I look back at my journey, it's one that really sort of evolved and sort of came to be and fell into place, so to speak, in a way that I think is quite serendipitous, if that's the right word. And so I actually originally, way back when, and I probably can't tell you the original year, maybe 2012, when I sort of started uni, I actually started my undergraduate studies in psychology. So I've got a Bachelor's, an undergraduate in psych, which I set out after sort of finishing school. And I actually had combined it with education. So that was a sort of kind of roughly, you know, what I had in mind. I remember being, you know, a young adolescent finishing school, I didn't quite know what I wanted to do. And I don't think, you know, social work as a profession was something that I had come across or like read in a pamphlet, per se. I probably heard more of the sort of conventional things that you hear, like you become a teacher or you become a doctor or a dentist or a lawyer and things like that. And looking back now, I probably didn't hear much about social work as a profession. So I was sort of young and inexperienced and sort of confused in a way. Young person that started uni and started studying my psychology and education degree, and sort of shortly into it I dropped the education component very quickly, because I kind of realised that was something I didn't really want to pursue in terms of the teaching side of things. Then I just focused on the psychology sort of component of the studies and I thought okay, this seems kind of interesting. Let's pursue it and see where it sort of goes. I don't think when I look back now and reflect, I was ever very sure that that's what I wanted to do. I still remember sort of fumbling my way through uni and it was confusing and it was quite daunting and overwhelming. And I'm still kind of trying to figure out life and myself and, you know, the direction that I wanted to sort of go in. So, you know, I proceeded. And I remember thinking that psychology was interesting. And I guess psychology is all concerned with the study of human behaviour. And I remember, you know, attending lectures and the professors and the tutors. And I remember kind of thinking oh, like, you know, broadly, I was able to sense their curiosity about human behaviour and they sort of studied it to the nth degree, so to speak, you know. It was very, very technical and sort of explored things in a rabbit hole kind of way. But I don't think I was really satisfied at the time. Like, I kind of enjoyed it as I was saying, but I didn't have this sort of feeling, yeah, like satisfied for lack of a better word. Now that I look back, and I

think at the time I just maybe didn't know it as such, because I remember you know exiting school and thinking that what I wanted to do in life, I wanted it to be like a vocation as opposed to a job. The words are quite similar, but I think the connotations associated with them are actually a little bit different. The idea of a vocation is something that sort of comes with passion and purpose. And that was something that I was kind of wanting and craving, but I didn't know what that was, and what, you know, what that was for me. So I finished my psychology studies. And I think, looking back as well, I think, again, I didn't know it at the time, but I got this sense that, as interesting as it was, I felt it was very reductionist in the sense that it revealed a lot about humans and human beings and human behaviour, but it really tried to do it in a way that is reductionist and sort of almost oversimplified the complexity and the mysticalness and the magicalness and amazingness of human beings in a way that maybe I wasn't super content with. It reduced people into parts and components and sort of lost sight in that process of the bigger picture, I think. That's sort of where my lack of satisfaction was sort of coming from. And so I finished my undergraduate in psych and then went on to do a Master's in Social Work. Because at the end of my degree I knew that I definitely wanted to work with people. And then I remember coming across the social work side of things. And I remember reading sort of pamphlets and online and kind of being sparked by the kind of the language that was used in, you know, describing the social work profession, it really sort of jumped out at me. In general, I'm a spiritual person, not that that's necessarily a prerequisite for the social work profession, but I was very drawn to the principles and the values of what I was reading online about the social work profession, in a way that was kind of quite magnetic. I was like wow, what is this? This is resonating with me, sort of clicking with me. And so I then started my Master's of Social Work. I didn't quite know what to expect, I just knew that I was kind of drawn to the description. I was like, yeah, that kind of really fits, right, this idea of, you know, looking at people holistically and taking in the environment, society, and sort of the broader context. And this idea that it's underpinned by, you know, commitment to social justice and human rights really sort of resonated with me. I started that, and then I think during the course of my master's studies, I had that feeling of sort of satisfaction. The like, you know, kind of when you eat a really good meal and you feel really content and you're kind of like relishing it and things like that. And I, you know, I remember moments in my studies where, you know, I was just kind of in awe of the lecturers and the professors and what they were talking, and it sort of opened me up into this other aspect of thinking and seeing the world that I didn't know at the time I wanted, but when I was exposed to it, I was like oh, this fits, this makes sense, kind of thing. It was so thought provoking, it was so noble, driven by this commitment to serving people and helping people, I thought was, was beautiful. Yeah. And so then I finished my master's studies and then I knew throughout the course of the master's studies that I definitely, after I finished my studies, kind of wanted to then work with people in the mental health field. That was something that I kind of was like, yeah, I can see myself there, or I would like to see myself there. And so, yeah, finished my studies. And I did a bit of work alongside studying, but after finishing, then really sort of started to work my way into the field, so to speak, and sort of climb the ladder slowly and steadily. And that's sort of what brings me to this point here today. So it was quite a journey, yeah.

Yasmine Yeah, yeah, a journey of finding yourself and finding that good fit with your values, what you felt was just gonna fit right for you. But did you have any inkling that mental health prior to that was kind of your path? Was it because of your placements? What sparked that interest for you?

Harveen I knew I definitely wanted to work in a sort of potentially mental health or health, allied health, people sort of capacity. I definitely knew I wanted to work with people. I remember, you know, as a teenager in year 11 and 12, when they give you all the sort of the talks about,

think about what you want to do when you grow up, that kind of thing. I knew there were certain things that I definitely didn't want to do and I didn't feel it was a fit for me, like you know, corporate roles like accounting and business, that wasn't for me. I couldn't see myself as an engineer as such. But this sort of idea of working with people in a health capacity, one-to-one, was something that I kind of broadly knew I wanted to do, but I just didn't have a clear picture of what that looked like in terms of a vocation. So that's kind of how the journey and the process really sort of evolved and fell into place in a serendipitous way. But I'm really glad it did. Yeah.

Yasmine And what's led to this point in terms of your experience? And I can see that you've done other things outside of just your social work that have probably contributed to your understanding of how things work, including your volunteering and yeah, just some really interesting experience that I'm keen for you to chat with, in terms of what's gotten you from there to here.

Harveen Yeah, so I knew when I was doing my social work studies that I definitely needed and wanted experience in some way in the field of social work and sort of community services and human services and things like that. So I did start off with some voluntary sort of internship type roles just to kind of expose myself and kind of go out and just see what was out there and just learn, so to speak. So I knew that started from a place of just being almost kind of like a blank slate, like let's just go out there and approach people and sort of see what you can get. I must admit that's pretty daunting as a student because I hadn't kind of properly entered the workforce or things like that. So I remember, I think, approaching a few places. And I think I may have started off at the Salvation Army, I did some volunteer work there, Wesley Mission as well. So with the Salvation Army, it was with a financial sort of support service, helping people in the community, in particular families and children who were experiencing financial difficulties. And it was a largely office-based role, but it worked with a team of other volunteers, which was really beautiful, sort of doing the admin side of things behind that. I really enjoyed that. I remember it was in Parramatta and I'd kind of go a few times a week, catch the bus and go in there and sort of just learn, like, you know, what's running these services? You kind of see them on the website and on the pamphlets, but who are the people behind them? So I got to meet the program coordinator who was behind that and she was an incredibly passionate and value driven person. I remember feeling her energy and her passion and commitment and caringness and feeling very inspired by that. And so I spent some time there. I also spent some time at Wesley Mission in their financial counselling service in the city, in particular support around people with gambling related difficulties and issues, and did a sort of like a reception admin role. And that was a little bit more people facing, I guess. And so that was sort of my first steps into just working with people and humans and learning the ropes with that. I found both of those very rewarding and I learned a lot and sort of from then on, then tried to apply for different sort of roles and positions. Started off largely in sort of the community sector for a not-for-profit called NEAMI National and spent some time there which was really lovely, and worked in their community sort of living service space, also with a team of people who are very passionate and committed to mental health and helping people and connecting with people at a human level, which I thought was really beautiful again. And yeah, met with the people in their homes in hospitals and worked with them around how this particular service could support them in their mental health recovery goals. And that was very eye-opening and really nice. And I learnt so much about people. I sort of firmly believe that when I'm working with people, it's like a two-way process. As much as we're trying to provide, for lack of a better word, something to them or support them, I'm also learning from them. And I'm always conscious of what can I gain from people and take away from them as well. And so after sort of those particular volunteer stints and sort of then my first initial role in the not for profit sort of community sector, I then got my role in community mental health with New South Wales Health. And I sort of credit that as like my big break, I think,

because I remember as I was doing all this, you know, some of these volunteer roles, my placements as well that I had with uni, I kind of knew, having done some research online, that one day I want to work for New South Wales Health. I definitely wanted to work in the health field, in mental health, but just with New South Wales Health, like the public sector, I definitely wanted to do that. And so I remember applying a few times to different places and sort of getting knocked back and thinking oh, maybe I'm not good enough or I'm not experienced enough, I don't know what they want. They want some really sort of hi-fi technical person, and maybe I'm not that, but I came through. And that's when I sort of spent about three, four years at the Fairfield Community Mental Health team, which is with South West Sydney Local Health District. And that was an awesome experience. Not that my volunteer work or my placements weren't learning experiences, but when I look back at my experience now, I credit that community mental health work that I did there for a few years as sort of my training ground. That is where I sort of feel like I gained the foundation for my skills and my knowledge that I, to this day, take with me in my work. And then sort of life logistics took me to my current role now. Wasn't necessarily planned that way, but I moved into the area where I am now and then started this role here at St John of God, which is a private psychiatric facility, a hospital. That again wasn't planned. That was sort of one of those logistics of life, pragmatics of life, meaning that I had to move into the area and find something a bit closer. But I'm sort of glad that it happened that way as well, because it's opened me up to another sphere of mental health practice that I've found very rewarding as well, and still do. Yeah.

Yasmine And I imagine some of those western areas of Sydney would have quite a diverse group of patients which would bring with it a whole bunch of different challenges but also a whole bunch of different experiences and rewards, and must be a really interesting place to work.

Harveen Absolutely, yes. So working for Fairfield Community Mental Health, the demographics in that particular region of Sydney, so southwest Sydney, the majority of the people that I worked with came from culturally and linguistically diverse backgrounds. That was very clearly like the bulk of the people I was working with. Which was awesome, because I remember in my social work studies learning about obviously practice with culturally and linguistically diverse backgrounds, but this idea of sort of world views and perspectives beyond sort of traditional conventional mainstream biomedical models which have a very large sort of Western historical context. And so just opening my eyes to the fact that people can see the world in different ways and that's okay. And so how do we collaborate together and hold space for that and validate that and acknowledge that? And also, how do we incorporate as a service and as a team our model of treatment and care to try and complement that? And so I find that to be nice, and something that I kind of kept at the back of my mind constantly. Because I guess when you're working, it's very easy to fall into routine and habit and sort of autopilot-ness. And so I remembered to keep reminding myself every now and then, the perspectives they bring are valid and true and ought to be and deserve to be respected. Yeah.

Yasmine And I assume in a psychiatric hospital you'd have such a wonderful and diverse array of professionals working with you. So you'd have the psychiatrists, the doctors, but I'm sure you also have some great psychologists, probably some other social workers, some nurses, there are wonderful OTs out there who are trained in mental health. What did that look like for you?

Harveen Yeah, absolutely, absolutely. All of the professions you listed, yes, I worked with them. In my current role in the hospital I'm working at the moment, we also work with like pastoral care practitioners as well, which is really lovely. Music therapy, art therapy as well,

which is lovely. So, and exercise physiologists as well, which I think is reflective of the fact that there is a commitment to and a recognition that, you know, mental health care ought to be holistic and integrated. And so, you know, all of these moving parts and different professions complement each other and work together as part of a bigger sort of, a bigger process and system towards helping and working with individuals. I do enjoy that a lot. I think it helps not only from the point of view, as I said that, you know treatment and care needs to be holistic and integrated, but it's lovely to work alongside other perspectives and approaches to mental health as well. And it's a good reminder that they're all, we're all valid and they all exist for the same purpose of helping people. Yeah.

Yasmine I just finished some training online actually through UTAS on dementia, and you just sparked my memory of that and thinking, I wonder how much crossover there is with mental health and dementia and other sorts of, obviously in dementia, you kind of want to rule out whether there are any organic reasons for confusion or agitation or whatever else it might be before resorting to some sort of mental health diagnosis, but do you see much in the way of dual diagnoses, and how is that managed?

Harveen Yeah, we do see lots of people with dual diagnoses. I think it's very common for somebody to come in with just one sort of diagnosis alone. Often there's a few things happening. We work pretty closely with the psychologist and the psychiatrist to kind of help formulate that and sort of work that out a bit better. But yeah, by and large, a lot of people do have dual diagnoses when it comes to their difficulties. So for example, working with people who have post traumatic stress disorder and dual diagnosis around maybe a substance use disorder, like you know, with alcohol or something like that. But I think that speaks to the complexity of mental health. And also, yeah, the complexity of it and how there's a lot of things happening. And that's pretty clear, it's pretty evident.

Yasmine Yeah. You also have gone about getting additional accreditation, with your mental health social work accreditation. What brought that about? How did that come about, and what was that process like for you?

Harveen Yeah, how did that come about? So I guess as I was embarking and starting, you know, my work and experience in mental health and working with people, I knew that I wanted to work with them in a clinical therapeutic capacity. And I'd heard about the accreditation, I think at uni in one of the subjects, it sort of came up. And I'd spoken to a network of some people who had their accreditation as well. That was something that was kind of like oh, I'd like to do that one day. And so it was, it was kind of at the back of my mind to begin with. And then as I really entered particularly the New South Wales health role, it was like, okay this is something I actually want to work towards. And so I gave myself sort of time and patience, because I know there's requirements involved, but I didn't want to sort of just prematurely deep dive in with like the bare minimum, if that makes sense. And so I gave myself time and patience with my role in New South Wales Health and then my current role at St John of God. And then kind of once I felt that I was in a sort of groove in regards to what I was doing and I felt reasonably confident, it's something that I pursued a lot more sort of methodically. Yeah. I had to look online on the website and the requirements, and spoke to some of the mentors that I remember from my uni days to get some of their guidance and support. And I went through the process and found it quite smooth, which was really nice. And I remember chatting to staff members at the AASW office in like Sydney or Melbourne, just to kind of pick their brains around some questions that I had. And I remember everybody being really lovely and supportive throughout the process, which is nice as well, you know. Not that that's a surprise for people in the social work profession, everybody's very value driven and principled, but it was just another nice reminder

that I was sort of on the right track and in the right path and the place that I wanted to be. And so then yeah, applied for my accreditation and sort of got that. And then started doing some private sort of work or like telehealth work with a clinic that are based in Western Australia. I'd done some individual work in my current role and my previous role as well, but definitely wanted to ease into, and I was very conscious of easing into it, I didn't want to jump into and kind of do it all full time. I sort of wanted to dabble in and start slowly. And so I did with the online clinic and I've really been enjoying it. And I think for me doing it in a way that is measured and small to begin with has been the right sort of approach to me. And I guess everyone's different, but for me doing it, you know, one to two days a week has given me not only just the satisfaction and sort of feeling like it's such a rewarding thing to work with people one-on-one in a therapeutic way, but given me the time and the space to think about what I'm doing and why I'm doing it. And that sort of comes back to this idea that I always knew that I wanted whatever it is I was going to do in life, for it to be a vocation. The idea of vocation is that it's intentional and purpose driven. And I didn't want to sort of fall into this trap that sometimes you do see where private practice can become like you're just churning people in and out, you know, back to back, day after day kind of thing. For me, it felt a bit too routine-y. It becomes like a habit that you don't think about. And I remember in my studies when I was doing social work, it was think about what you're doing and why you're doing it, kind of thing. So doing the private practice on the side one to two days a week has given me that space to think about, you know, the clients that I'm working with, what approach am I using? Why am I using it? You know, what am I taking away and learning and hearing from what they're telling me? And I think for me at least, that needs a bit of time to process and absorb and take in and formulate, and to kind of work out where you're taking that. So that's been really nice to do that.

Yasmine Yeah. And I imagine those two roles inform each other and provide a really nice balance. So it's not just that you see your clinical work as a separate entity, there's a lot of, not necessarily crossover with clients, but it's that crossover of developing your practice and your own formula or the way that you like to do things can develop through that balance of both.

Harveen Yeah, absolutely, yeah. They do complement each other a lot. Yeah, it's like having a trade or a craft that you refine and you kind of work at. So yeah.

Yasmine Yeah. And with St John of God, where does that funding come from? Because it would have to be privately funded, I assume, well I don't know, maybe the government provides some subsidy, but I'm guessing there's a lot of health insurance, maybe workers comp, maybe NDIS, maybe DVA. What does that mix look like?

Harveen Yeah, absolutely. A lot of the funding is privately sort of sourced. So people come in through private health insurance, private health funds, workers compensation claims and sort of avenues from there. And the third one is, as you mentioned as well, you hit it on the nail, DVA and sort of the Australian Defence Force. So those are like the three main funding sources through which people come through and admit to the hospital. Yeah.

Yasmine I think that would provide such a rich opportunity for you to work with people with not just cultural diversity as you mentioned, but people who have diversity of health literacy, even. If you've got people, I work in the workers comp space as well, and you've got people who have never seen a GP before. They've never had to deal with any health professionals, and all of a sudden their life has been turned upside down. Similar with DVA, but often that would be a bit more of a slow progression, potentially similar to private health insurance. So you've got a really diverse group of people that you're supporting in terms of their presentations or what interactions or experience, exposure they've had with the health professions in the first place.

Harveen Yeah, definitely. It opened up my eyes to like, a different group of people to work with that was different from my time in community mental health in Fairfield, absolutely. And it sort of opened up my eyes to mental health presentations in those different contexts that I wasn't largely aware of. I didn't really know about this idea of, you know, workers comp and workers comp process and what mental health, being injured at work looks like and how that's its own sort of niche, I guess, so to speak. And how people's experiences and what they look like when they come through our doors, and they talk about their difficulties in the context of work. And you mentioned as well DVA. And so people in the context of working, you know, in a defence capacity or a frontline sort of first responder capacity and how that is also a different specialty on its own as well. And then working with people, yeah, who do come through with private health insurance, and I guess they have those means and resources that clients didn't necessarily have in my previous role in community mental health. And so it's also opened up my eyes to, I guess, the limitations of the system as well. And there is an element of sort of, you know, barrier to access of mental health that I'm always quite consciously aware of. Because it does, it assumes a certain sort of portion of the population who do have access to these resources and to the money to be able to access the support services. And I'm very also consciously aware of a large amount of the population who can't access that, who don't have access to private health insurance because it is incredibly expensive, or who don't fit neatly into a workers comp sort of claim or aren't a frontline responder that have DVA or ADF funding. And so I'm also kind of, you know, humbly reminded a lot of the time of that limitation in the system.

Yasmine What would you say you find most challenging about the work you're doing at the moment?

Harveen Most challenging about the work that I do at the moment. I'm not sure if this is a boring answer, but probably the paperwork and admin side of things, I find the most challenging. You know, I guess given it is a private psychiatric hospital that, you know, does have these different funding sources, we're also reportable to those funding bodies. So more reportable to and accountable to the private health insurance gods, so to speak. And also, you know, the workers compensation insurance gods and, you know, the DVA gods, and they come with their own admin requirements. And so sometimes I find myself resenting that a little bit, because we're doing it as a requirement as opposed to anything that's sort of effective or there's any sort of reason behind it, but you kind of have to do it anyway. And so that's probably the more challenging part, maintaining and keeping up to date with paperwork and admin which is a constant. And sometimes when those requirements change, then you've got to adapt and do the new process. So that's probably what I like the least about it.

Yasmine Because it's taking you away from the work that you actually enjoy doing.

Harveen Yeah, it's taking me away from being on the ground and doing like the real stuff.

Yasmine Yeah. What do you love most? What's best thing about being an accredited mental health social worker or just having the wonderful opportunities you've had?

Harveen I think what I like most is being able to, in my group work or my individual work, putting intention into my work. So I get a lot out of thinking about, okay, so how am I going to approach this group or how am I going to approach having this conversation with this person? So that sort of really intentional, reflective or even reflexive, you know, I've heard it also being called, practice. So thinking about the work that I do with the people, what I'm doing and why. And so I enjoy that. I think that's quite rewarding and stimulating as well for me. And then I also

know a part of me is trying to give my best. Some days where, you know, it's challenging and you're, good days and your bad days, but mostly I'm able to remind myself that, you know, think about why you're doing what you're doing. And so I like having those conversations with people and really being present and listening in the moment with them and connecting with them at a human level, is really nice. Learning from them and hopefully they can take away something to learn from me as well, vice versa, both ways. I enjoy the groups a lot as well, so that social connection that I'm able to develop in a group environment and see people bond and connect and that's really nice as well. Sometimes I think that, when it comes to the groups, the most effective thing is probably the social aspect anyway. The social connection aspect is probably what people find the most rewarding, whether or not they realise that. But that's from my perspective what I see. Above and beyond what we're doing, it's that being together with other humans in a safe and belonging environment is nice. Yeah.

Yasmine Do those groups include inpatients or outpatients, or is it kind of a mix of both?

Harveen Both, yeah. So sometimes I'll do inpatient groups. But lately in the last few years, a lot of what I've been doing has been outpatient sort of day program groups. And they're a lot more intensive and sort of longer, but it's lovely to kind of throw yourself into that and spend lots of time with people for a period of time, and to kind of be with them in that process and journey is nice.

Yasmine And I can imagine being able to follow people's trajectory once they've left the inpatient setting. I know when I worked in hospital and we had that opportunity to continue with our outpatients and see their growth, that was really rewarding.

Harveen Yeah, definitely, definitely. Yeah. And then you have sometimes people that come back after a period of time as well. We do get to see people sort of as they transition from inpatient to outpatient, and that's nice. And then you also get people who after their outpatient programs might come back and do like a second half of a program or a follow-up after a few months or a year. And when they come through the doors and you kind of remember them and they remember you, that's really nice to see sort of the progress. Which is really special and sort of highlight it up to them, and they kind of really like that as well. It's really validating for them to know because, you know, mental health is a journey and has its ups and downs and sometimes we're not able to recognise our own sort of progress and achievements and how far we come. So to see that in other people and to highlight it and praise it and champion it and celebrate it is nice. Yeah.

Yasmine Do you find that the timeframes for admissions is restrictive at all? Do you feel like in the private setting at least, I know in the public setting there was never enough time to be working with someone, but in the private do you feel like there's a little bit more autonomy or maybe advocacy that you can provide if you feel like someone needs that intensive support as an inpatient for a bit longer?

Harveen Yeah, I do. Compared to the public sector, I definitely do think there's a lot more time and resources, fortunately or unfortunately, both ways. But I remember when I was in Fairfield I did work with people who had to readmit to hospital, so exit sort of the community mental health team and go back to hospital if they were not traveling really well. And so the public sector hospitals are very pressured and it's all about discharge as soon as possible, as soon as possible, as soon as possible. Resources are pressed and sort of the approach is quite, at times bare minimum. It's kind of just like what's going to help this person survive. I don't think people say that, but that's sort of the feeling I got. Whereas I guess in the private mental health

hospital, there is a lot more time and people do have the capacity to extend their admissions if they're feeling like they're not particularly ready or there's a bit more work that sort of needs to be done. And so that leaves the opportunity for us to also then spend time with them and spend more time with them and in a way that I didn't get as much in public mental health. Whereas I feel like I am able to spend time and kind of do it at a deeper level as opposed to just helping people float, so to speak. Yeah.

Yasmine Yeah. I think that's, for me, at least in my experience, similar to NGO versus public sector. I mean, NGO, you're always struggling to find funding. There's never enough time. You get your funding and you can kind of be a little bit more flexible with how you actually deliver the service, whereas in health, sometimes it can be a little bit more restrictive.

Harveen Yep. In public mental health, we were working under the New South Wales Mental Health Act a lot of the time as well, and so that also involved involuntary treatment for clients as well, which is always a difficult fine line to sort of walk particularly in as a social worker in terms of, you know, how do we have to observe the legislation and at the same time work with people in a collaborative way and try and support them to have the most autonomy as they can, even in a really restrictive and authoritative framework, so that was tricky. But I felt like, you know, I was able to do that sometimes and I always tried to, as best as possible, give people choice and be there with them alongside them, next to them, even during some really difficult involuntary sort of treatment situations. Yeah.

Yasmine Because so much of social work is around that support to enable someone to make choices, even if you feel as though the choices aren't the ones you would make. But if you've got involuntary clients, you've got issues with monitoring, compliance, all these terms, I guess, that just don't really fit with our values. How did you kind of interpret that and feel as though you were still doing good work?

Harveen Yeah, I was always very conscious of that authoritative stance of the Mental Health Act and certain frameworks within which we need to operate. And sort of the best way I was able to sort of travel and walk that line was to, you know, I had to observe that legally in terms of the Act and with sort of my work with clients, really sort of acknowledging and bringing it to both of our awarenesses. This is the framework within which we have to sort of work, and at the same time, I'm genuinely here to work with you, not to you, not at you. I'm here with you. And so I also want to as best as possible make this process as collaborative as possible. So I'm here to be open to what you have to say and what you'd like and what your preferences are. And to the best of my ability, I will be there with you to try and do it in the way that you want, you know, and try and help facilitate as much choice as you can. I had to be, I guess, open and honest about the limitations that I had from my side with that. But I do have, you know, fond memories of some clients that I worked with who went from having really restrictive involuntary treatment that they were really unhappy with and sort of, I was listening to what they were saying. They didn't like it, they didn't want it. And, you know, even if I could be like a voice or an advocate for that, I tried my best to with the psychiatrist and the doctors there. And I did have some success in being able to transition people out of the involuntary treatment where possible and where it was appropriate, and I think they did appreciate me for that. Because again, I worked in a team that was multidisciplinary and so people from other professions see it differently. But as a social worker, I was always very conscious of people versus the system and how the system can take away people's autonomy and choice and control, and no one likes that.

Yasmine Yeah. And given that you do work with somewhat sometimes restrictive systems or even just some really difficult content, like the risk of vicarious trauma and burnout and all those sorts of things are very high, I imagine, in the roles that you've had. What support do you require? How do you make sure that's sustainable?

Harveen Yeah, I had regular supervision throughout like, you know, my previous roles as well, and I think that helped me not suffer from burnout or not get too affected by kind of what we saw and the work we did, and helped kind of reminding me of how to use my social work practice in an intentional way as best as I can given the environment. So having supervisors in the public sector and even in the private sector has been really rewarding to be able to talk through and sound out what I'm thinking with somebody who has a lot of experience and to sort of work through that and process that and make sense of it has been really good.

Yasmine Yeah. What changes have you seen over time in the field of mental health or social work, and what is going well or what do you think needs to change? What can be improved?

Harveen In terms of what is going well, is I think we continue to do advocacy really well, particularly at a community sort of macro level. And in terms of advocacy at the community level and at a government level, at a systems level, I'm always very aware and sort of kept up to date by what the AASW is doing. And I think compared to some other professions out there, we do that well in terms of always having our voice be heard and really trying to champion what's best for the community and what's right by the people we work with, advocating for them. So I think we're doing that quite well. In terms of what could be better, that's a great question.

Yasmine Even something simple that you could change that would make a difference on a day-to-day level for you. For either yourself as a worker or the people that you support. Could be a systems thing, structural even.

Harveen Yeah, I think the first thing that sort of comes to mind is around the access barrier issues to mental health treatment and care in the community. So I know, as I was saying before, like there's an access and equity issue in terms of people being able to access our hospital services. It requires people to have access to that funding and that level of resources. And also we see as people transition out of hospital and try to link in the community-based support, particularly accredited mental health social workers even, there's not enough. Same with psychologists as well. So if they choose to want to link in with psychologists, there's not enough. There's always a wait. They've noticed people are waiting long periods of time and they don't really get enough sessions. So I think it's six at the moment and you can extend it to 10 if you need to. I feel like that's incredibly not enough and inadequate. We work within the parameters of that, but I think that's really not enough, yeah.

Yasmine Yeah. Would that then potentially be an issue for you if you were to transition to doing more of the accredited mental health social work role as opposed to yes, you've got the private practice in WA, you've got the work here at St John of God, but is there some sort of conflict of interest if you were to work with the people that you're supporting as an inpatient as an outpatient?

Harveen Yeah, I think there would be. That's probably not my sort of my intention of where I'm sort of going to. But even just in private practice, even for them to be able to have access to more sessions, I think would be beneficial. You know, I think they feel it too, like six to ten is not enough. There's a lot of pressure to have to figure things out.

Yasmine It's enough to build rapport and then you're done.

Harveen Then you're done, time's up. So it's pressured time to be able to work through things and think about things and slow the pace down and hold space for people. There definitely would be a conflict of interest for me seeing people transitioning out of the hospital into private practice. That's not where I'm working with at the moment, which is why I'm doing kind of the telehealth stuff in WA, so they're sort of two separate groups, yeah.

Yasmine I wonder whether there's still quite a significant stigma around accessing mental health for some of the more diverse groups of people that you're working with as well?

Harveen Yeah, yeah, there is. There definitely is stigma for people from diverse backgrounds. And even in the hospital that I'm working with at the moment, we do still see the impact of stigma, particularly when people come in and have an admission for the first time and it's a very initially overwhelming but then it becomes a very eye-opening experience. And then you kind of talk to them about, you know, sort of what led to this point and often stigma gets in the way from family or from work around them, just in terms of the idea of coming to hospital is taboo. And you're, you know, you're in the inverted commas, you're in the loony bin so to speak. Something's wrong. Yeah, it's still pervasive. It's better. It's come a way since it has been many years ago but we still have a way to go. Yeah.

Yasmine If you weren't doing mental health social work, is there any other type of social work that's interested you, even if you had exposure to it through your placement or through uni?

Harveen I think potentially something in a research sort of area has always sort of tickled my fancy as well, and something that I'd consider sort of getting into moving forward.

Yasmine Research for general interest or do you think you'd take up maybe like a postgrad degree in research?

Harveen I've thought about taking up a postgrad degree in research. I don't think I quite know. Sometimes on some days I think oh, it'd be just nice to do research in a general interest sort of capacity and just allow my own curiosity to lead that, as opposed to having to do a course. And then sometimes I think I'd like to do a course and sort of explore that area further and really like dive into it. I don't think I have the answer to that at the moment, but probably research.

Yasmine Yeah, I mean there might even be scope within the hospital as sort of like a quality improvement type project, something like that, to just say hey, we have all of this data that we're collecting. There is some way that we can, just give me, you know, an extra four hours a week or something to dedicate to solving a problem or just investigating something that's going on that maybe we can adjust our practice or we can apply for additional funding or whatever it might be. I think we often think that research can be this big long-lasting thing that is very overwhelming and unreachable. But really we're doing research day to day. It's just about how you interpret it or feel as though it's going to make a difference. So yeah, there are so many opportunities within an inpatient and outpatient setting I think.

Harveen Yeah, absolutely. Somebody actually also gave me that advice when I was talking to them about it, which is, you know, how can you start in the sort of the simplest way, for lack of

a better word, in what you're doing already? And so how can you incorporate that into a question and just see where that goes? So that's also sort of sat at the back of my mind, but I think kind of like my journey so far, I don't always have the answers and the clarity just yet, and things seem to evolve as I go. But I hope to be able to maybe see where that goes further and pursue it a bit more.

Yasmine Yeah, or even collaborating with the doctors, because through their degree they had to do some degree of research as part of that. So they'd probably be able to say, well, this is an interesting thing to explore or this is the approach we might take. So, yeah, don't do it by yourself. Collaborate.

Harveen Absolutely. Collaborate with the people in my team and the people I work with as well, yeah.

Yasmine Yeah. I imagine with the accreditation that you have to keep up with professional development and that sort of thing. So, what else are you interested in exploring?

Harveen I recently did a training in EMDR, which was very, very interesting. And that sort of fell under the accredited professional development hours, or sort of whatever you call them. So that was quite interesting. And that's something I probably want to do a bit more of and sort of practise a bit more and refine. Cause I think I'm very new in that space, but I know, and I hear it's a very growing space as well, particularly in the trauma field. So I'd like to maybe take that further just in terms of my own professional development and get some more supervision and practice on that. Yeah.

Yasmine Do you have any resources or media, anything that you'd like people to check out if they wanted to know a bit more about the work that you're doing?

Harveen I think the approach I've always taken is if I've been curious, I've sort of just gone online and jumped online and just started looking. I've started researching and reading. It's really nice when you come across, you know, journal articles that aren't paid and don't have, you know, pay walls and stuff like that and written by social workers from all around the world about different areas of practice. And you read them and you feel like you've learned something and you've really sort of engaged with the person's voice and point of view and learnt. I guess on that note, I was able to link in with at St John of God, their library service, which is how I sort of got access to a lot of those journal articles. So maybe that would be a recommendation for people, you know, if you work a hospital, public or private, you might have access to like a library service or like a journal database service. And if you do, send through an inquiry or like you know, see where that goes. Because sometimes it opens it up to being able to read more from different practitioners and researchers and clinicians, and that's always been good for expanding the horizons and learning more.

Yasmine Absolutely, whether it's about a specific approach or how someone's applying legislation even, but if you're looking at research, that's such a valuable resource because you can say I want to know more about this area or are people investigating this area? And it will come back with thousands, which can potentially be really overwhelming, but at the same time you know if you're on the right track because multiple people are saying this is an area to be developed or explored further.

Harveen Yeah, yeah. So that's been really good to link in with the hospital's library service. I think maybe once a month I get a contents email for one of the social work journals. I don't

know if it's the Australian Social Work Journal. It's one of the overseas ones which they happen to have access to. They've got some limitations. They don't have full access to all the databases, but the one they have in particular, I get like a monthly email with, you know, a list of contents and things that I'd like access to, I sort of email back and say could you send me through this article or this particular study? And then they send it through to me and then it's like oh, I get to read something and learn something new. Yeah.

Yasmine Yeah, but you probably get access to the journals anyway through your accreditation, right? So you get the Australian social work journals?

Harveen Yeah. At work I don't get access to the Australian one. I think I get access to like the British Journal of Social Work or something like, that which is fine. I'm always sort of keen to read anything. Yeah.

Yasmine Yeah that's amazing. Is there anything else before we finish up, Harveen, that you wanted to mention about your work or words of advice for people, really?

Harveen No, not really. I guess thank you for having me and taking the time out to speak with me and the chat, and I guess if any advice for people would be just to sort of stay curious and keep reminding yourself of why you're doing what you're doing. That keeps you sort of true to, you know, the social work profession values and sort of principles. Yeah.

Yasmine It's just so inspirational for me. I feel like it's not uncommon to have that round about journey to social work. You were really interested in that study of human behaviour and the curiosity that you had, but you were obviously looking for purpose. You know, the psychology was great but even studying undergrad psychology, a lot of people don't realise to practice as a clinical psychologist there's that many more years of study and experience and things. So you were looking for something that was going to give you, as you said, vocation rather than just a job, and the values that underpin the social work profession really spoke to you, they resonated with you. And you had such valuable experience as a student, even. So I always say to my students or anyone who'll listen, really, get experience while you're studying because that will put you that much further ahead of other people who are new grads looking for work. You've demonstrated that you can stick with something, that it's not just your placements, and that you have been able to work with a really diverse group of people, even just as other volunteers, in doing that work. So it's wonderful that you had that opportunity right from the get-go.

Harveen Yeah, yeah, no, I really do appreciate having those opportunities back then, yes.

Yasmine And even now you've had the opportunity to work with such a diverse range of professionals who all have their own mental health interests, and you then developed your accreditation which has led to your private clinic work and some really intentional work, as you were saying around, yes, we could be doing the same thing all the time, but let's sit back and reflect on what is our purpose and where is the difference here? What am I contributing to this person's journey and just learning from them, connecting with people and having that opportunity to work with people through that trajectory from crisis to stabilisation to hopefully growth. So yeah, it's been so lovely hearing about all of that and yeah, I look forward to seeing where it takes you.

Harveen Thank you so much. I really, really do appreciate that, Yasmine.

Thanks for joining me this week. If you would like to continue this discussion or ask anything of either myself or Harveen, please visit my Anchor page at anchor.fm/socialworkspotlight, you can find me on Facebook, Instagram and Twitter or you can email swspotlightpodcast@gmail.com. I'd love to hear from you. Please also let me know if there is a particular topic you'd like discussed, or if you or another person you know would like to be featured on the show.

Next episode's guest is Dr Jean Carruthers, a lecturer at the University of Newcastle who received her PhD in 2020 for her work on performance as a critical social work pedagogy. She has built on this to explore a range of creative methods in social work education and practice, with her current work focused on mental health and whether transformative wellbeing practices can be used to address gaps in the sector.

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