Episode 47: Madison S

Hi and welcome to Social Work Spotlight, where I showcase different areas of the profession each episode. I'm your host, Yasmine McKee-Wright, and today's guest is Madison, a proud Wiradjuri woman from Central Western NSW and a newly graduated social worker from the Australian Catholic University. Madison completed three university placements, one at a NGO in Canberra, Canberra Hospital and a final placement at the Orange Health Service. She currently works in Acute Mental Health and within the general hospital in Orange providing support to individuals within the Rehabilitation Unit and ED. Madison is passionate about general health for individuals in rural areas, domestic violence and Aboriginal and Torres Strait Islanders' wellbeing.

Yasmine Welcome, Maddy, thank you so much for coming on to the podcast. Really happy to have you here and really keen to talk to you about your experience in social work so far.

Madison Thank you for having me.

Yasmine Pleasure. Can I first ask when you started as a social worker and what brought you to the profession?

Madison So I did my study at Australian Catholic University in Canberra. And so I graduated just last year. So I've just been working for roughly 12 months. So I'm currently working at Orange Hospital. I work at the General Hospital, and also in Bloomfield Mental Health Hospital as well. So it's been quite busy the last few months. And so yeah, within the year, I've just been working out which areas I would like to see my future going. But I've always really had it in mind that I wanted to do social work. When I was in Year 10, did my work experience at a hospital and followed a social worker there, so and it's always been either welfare or social work, but it's always been something I've been interested in. And I've always been that person at school who was always, you know, are you okay? Is there anything I can do for you? So I'm not surprised now that this is where I am at. So …

Yasmine And was there something about your upbringing or, like a lot of people, they know that they want to do something that helps people, but social work is not a specifically automatic thing that they think of going into. How did you learn about social work at such a young age?

Madison So my mum's a nurse, and so I think she's always known of social workers. So I think when I was starting to get the ideas of, you know, maybe this is

something I want to do, where I can help people but not in a medical way, she sort of came up the idea and sort of discuss it with me, and I thought oh, that's something that's definitely something that I'd be wanting to go into. So I think it was sort of prompted probably from my mum. But I always kind of knew about it. I knew there was something that, you know, there'd be someone who was in welfare that could assist as well. I come from an Aboriginal background, so we've kind of known about social workers, but you know, it's not in the greatest light. But I think through my education, and through what my mom has taught me, that it's a great job that you can use in an awesome way, which we do.

Yasmine Yeah. Was there a point in your studies where you kind of had solidified that belief that this was the right place for you?

Madison Yeah, definitely. The whole degree. I was like, this is it. Very happy to be going into it. When I was in high school, though, I did community studies. And so that already solidified it for me, like I was always already like okay, I'm very sure this is where I want to go. But yeah, so when I started studying, and when I did my first placement, I felt like I just really was in the right space for me.

Yasmine Great. And where did you do your placements?

Madison So I did my first placement at UnitingCare in Canberra. So that was a church based organisation. So there, I was helping people with employment and education opportunities and get back into that space. But a lot of the time, it just turned into a lot of counselling. So I was only, I think, 18 at the time. So that was a big new thing for me to be really jumping into that space quite quickly. But I really enjoyed it. And there was lots of foundations that I learned from that placement. So I did a lot of work with diverse cultures, which I really loved. And so that was really exciting for me, I liked that part of it. But it was really, what I really learned in that placement was my own social work values and making sure to be, you know, always adhering to them. I didn't have a social worker that I followed, or there was no social work on site. So it was very much just, you know, I could make it my own. But I could see a lot of things that weren't abiding by the social work values or my ethics. So that was a really very good learning outcome for me.

Yasmine Yeah. Did you notice any big differences between how things were run the ACT or the types of people that you'd see versus the area you're in now, in Orange?

Madison Yeah. So in the ACT, there was a lot of asylum seekers and refugees. And that was a huge geographic population in the ACT and not so much in Orange and

around our region. So I kind of missed that part of working with people who come from another country and got those, you know, the visa issues and all of those things that come with being an asylum seeker and refugee. But yeah, that was probably the most difference that I've noticed from ACT to New South Wales.

Yasmine And have you moved to Orange now, or you travel back and forward for work?

Madison No, I've moved back in with my family. So I live just outside of Orange in a small country town, so back where I grew up. So that's been quite different, but tt's been good. Yeah.

Yasmine I just think you've kind of been thrown into the deep end a couple of times, first doing placement in Canberra, and then in Orange, but it's good that you've got that stability with being back with your family and being able to at least not be too worried about that sort of environment and having a comfortable home to come back to where you know that people are going to understand you at the end of a hard day.

Madison Yeah, absolutely. That's so key in our job, coming back to our safe space and being able to just turn off from work. It's just so key.

Yasmine How did the placement then inform the type of work that you wanted to go into once you'd completed the degree?

Madison So I think from that, my first placement, it was definitely, I wanted to work somewhere that had systems and regulations. So hence why I'm working for New South Wales Health now. That was definitely something I think that I got from that placement and really wanted to be a part of. But I also really enjoyed the counselling side of things from that first placement. So I feel like I've taken a lot of skills and my experience from that first placement into my current job.

Yasmine And what is your current role? What might a typical day look like for you?

Madison So because I work at the two hospitals, they're both very different. So when I'm at the general hospital I work in the rehabilitation ward, I work in ED, and I also work in the coronary care unit as well. Yeah, so very busy. So the three are quite different. But so usually, when someone comes into the emergency, it's very much a crisis situation. So usually someone's fleeing domestic violence or someone's come in because they're homeless or, you know, we have times that someone's been in a car accident and they can't see their loved one. So it's really just supporting and being with

that person at that time, and just trying to look at those crisis supports that we can put into place right there and then. But in the coronary care unit, that's a lot of the time people are coming in there to have the checkups on their hearts, and or that kind of stroke. So just supporting the family at that time, really. It's a very scary time for a lot of the families and the patient as well. And a lot of the time they'll be transferred down to Sydney, so just trying to work on the practical side of things and look at some accommodation options for people, as well as transport and things like that. But that's, once again, sitting with them where they're at. And a lot of the time they've been given some not very nice news. And I'll contact the family, make sure that they're understanding what the medical professionals are saying to them, and sort of trying to support the family and the patient within that time. And then rehab, they're usually there for some length of time. So usually up to a month or two. A lot of that time is looking at NDIS and sorting that process for people because usually life has changed, they've usually had a really horrific stroke, which means you know, they won't be able to go home and live how they used to live independently, or they've had a car accident and they've got really bad traumas and they need to have some time to get used to that as well. So it's looking at NDIS, usually applying for the DSP, and looking at those systems that we can organise for people to make sure once they're out of rehab, that they're going to be well supported.

Yasmine Do you have a preference between that fast paced trauma crisis work, or the rehab side where you get a bit more time with people? Or do you like just having that balance of the two?

Madison I like the balance of the two, because then especially because I work in mental health as well. Because the mental health is very fast paced. So a day in Bloomfield is, yeah, could never really tell you how it can be because each day changes and someone new will come in who will need that support. So where I work at Bloomberg, I work in the acute wards. So people are just coming in in a crisis once again, like ED, and we just look at like wrap-around supports that we can provide that person. Usually they only stay for a week or two. So it's really that the supports that we can give right there and then and then yeah, they're on their way. It's good having that with the hospital sides of things, because they're both very different and different pace. So it's good in that way, I get a good balance. But I think I yeah, I do really enjoy the crisis work. It's a very important space that we have to be there with people and to see them at their most vulnerable is just, I think it's very rewarding for a social worker to be there in that space. But not to say rehab isn't as good, but in rehab the relationships that you build with the patients and their families is really rewarding as well. So it's all very good and it’s all very rewarding, which I'm very lucky.

Yasmine Yeah. And at Bloomfield, are they mostly involuntary patients who have been scheduled or are they a mix of voluntary and involuntary?

Madison They're a mix. Yeah, but I'd probably say more involuntary, yeah.

Yasmine Okay, which probably makes it a little bit trickier for you because, you know, there's implied consent to have your support, but there'd be a lot of rapport building and you'd really have to quickly try to build trust in that space where they don't want to be there.

Madison Yeah, definitely. And that can be quite hard. But I think I just try to bring it back. And these people can make decisions for themselves. And if they don't want my input, then I respect that. Whenever an involuntary patient, there's a lot taken away from them. And I think if we can at least give them the decency of getting their consent for, you know, my input, I think that's really important in that space.

Yasmine That's a great perspective. Do you have an opportunity to work with outpatients as well, or just inpatients?

Madison I did when I was, when I'm at the base hospital, because I was also working in community health when I first started. So that was working just with outpatients doing a lot of counselling, and, you know, just looking at NDIS and how they can be supported in the long term period. So I've only just really sort of switched from being back onto the wards now. But that was really a lovely space to be working in, it was very flexible in how I can make it my own. And a lot of counselling in that one, so I really enjoyed it. Like I was saying, I really loved counselling from my first placement, so that was really nice. And a lot of work with older people who are quite lonely and just needed someone to speak to and talk through their past traumas that they've been through. And they've never had that opportunity to speak with somebody, so that was also really great.

Yasmine How big is your local health district? How much space to cover?

Madison So yeah, it's quite large. Both hospitals are in the Central West. So we go up all the way out to Broken Hill, cover all around there, and then down to Lake Cargelligo. And then all Far West as well, ao it's quite big. And that, that is a lot of part of that job, especially in mental health, is looking at how we're going to try and get someone back home and make sure that they're well supported, even though they live, you know, 12 hours away from Orange. So that's a big job that we have, and it's quite tricky. And trying to make sure people are feeling well supported once they're so far

away from home is just, is quite hard. And I couldn't imagine that for myself if I was in that state having to be so far away from family and friends and everything that I knew. So I think we have a really vital job in that as well.

Yasmine Are the resources sufficient in order to support people who live a bit further out, or do they mostly need to come in for specialist appointments?

Madison No, resources are yeah, a big issue, even in Orange, they're very vast. And especially out in the rural and the remote communities, there's really nothing unfortunately. So that's always yeah, very hard and quite restrictive on what we can tap into once they're going to go back home. But even in Orange it's very hard to support somebody, you know, as much as we'd love to. And as much as other services would like to as well. There's just so many people now who have, you know, such complex issues, and it's hard to support them within our region, unfortunately.

Yasmine Sure. I know even in larger hospitals, metropolitan hospitals, the social work department is quite small compared to other allied health disciplines. Do you feel as though in your area the role of social work is well understood and respected?

Madison Yeah. So I think when I first moved to Orange I was of that opinion, I thought oh, you know, going to a small place people probably don't really know what social work do and understand that. But I was pleasantly surprised. There is a large team of us in both hospitals, and the doctors and the community really understand what social work do, which is really awesome. And it's, I think, very essential within now, where we live. So that was really a good shock, because so when I was studying, I did my second placement at Canberra Hospital. So it's been good to sort of compare the two, a larger hospital compared to a smaller one. But I feel like probably social work is probably more valued in Orange Hospital rather than it was in Canberra just because they rely on us so much.

Yasmine Right, just because yeah, especially if, I'm just thinking if the resources are quite thin on the ground, you know, you have to rely on the social workers. You can't just say, I know there's that service out there. You have to kind of be a specialist in many different areas and really hone your networking capacity within the area just so that you know how many of however many packages are available, or how do you fill in this application, that’s the thing. It's very specific niche knowledge that other disciplines just wouldn't need to have.

Madison Yeah, definitely. So yeah, definitely mental health rely on us a lot to have that knowledge of the different resources and systems that people can get once they're back home. Yeah.

Yasmine What would you say is the most challenging thing about maybe both of the different areas you're working in?

Madison I think resources is a huge challenge in both sides. I think sometimes, especially mental health, it feels like you sort of give them that support in that really acute setting, but you're sort of setting them up to fail, because once they return home, they don't have that support, or they can't access those services. So it's kind of hard for them to continue on their journey when they're not really set up well enough. That's very hard. And I think it's hard as a social worker to see someone who's discharged who's probably not, won't be well supported once they're back home. But we do all that we can, and so those are all the services in place, do all that we can. So I just think sometimes that can be quite hard seeing that. But I think in the General Hospital, I think it's the normal challenges that most social workers face. I think, you know, coming to heads with social justice issues that are not as prioritised because of the medical model. I think that can be quite hard for us as well. And saying that people do understand social workers, I think sometimes they think we can do absolutely everything. And I've heard that from many other social workers that people just think we do absolutely everything and, you know, can be overly, you know, referred to or, so that's also quite a challenge as well.

Yasmine Yeah. What would you say you love most about the work you're doing?

Madison I think it's just everything I do is quite rewarding. Yeah. What they, the patients, give back to me is just unreal, to see that they're, you know, progressing well. And, you know, in rehab they're taking their first steps, you know, is just awesome. And them being excited to tell me that is really lovely. In mental health, seeing them progress over a week and become more settled, and being able to have insight into their mental health is always really, you know, it's a good sign. But I feel like we've just got that role to advocate so much. And I always feel like that's just so important, especially in mental health, to advocate for people's rights and their mental health, I think is really essential.

Yasmine Yeah. There are a lot of private hospitals, at least in Sydney, where there is a specified role for discharge planners. It sounds as though that's a lot of what you do. But in my experience, if there's a dedicated discharge planning role, it's not always a social worker. It might be a nurse, or it might be someone from a different profession. What do you think social work brings, like what's the value add to that sort of capacity

building and being able to support someone's discharge from hospital? What do we lend to that sort of role?

Madison Yeah, so in mental health there is no discharge planner, that is social work's role. But I think like you said, like, we can help you build that capacity for people to, you know, look at best ways that they're going to be supported back at home, and what they can do differently once they are discharged from the hospital. And I think sometimes the nurses come from a medical perspective, and they just think that medications are going to help facilitate that. But social workers, we look at, you know, the whole systematic things, and we can look at those gaps that can be changed and filled in a different way. So I think that's a really vital part of our job with the discharge planning. And then in the hospital it's the same thing. It's looking at how people can do things differently, and how we can organise systems that work better for that person once they are back home.

Yasmine What support do you need in your role? What do you need to help you keep doing what you're doing?

Madison Well, I've got an awesome team, which I'm very lucky. So we are always supporting each other. But I think over my 12 months as a new grad, learning you know, the boundaries are so important. Yeah, I don't think you could work as a social worker if we didn't have those strong boundaries. And making sure you're always keeping up with your self care. And you know, making sure that the warning signs of burnout and compassion fatigue and making sure that you're always adhering to that. Luckily, like I said, my team are very good at that. And we look out for the warning signs for each other. And that's also really nice, but coming home to have a safe place and being able to just switch off for the day. I always say I come home and I have a shower. And then that's my day done. Like I'm washing away the day. So that always really helps as well.

Yasmine Do you get much of a chance to network with social workers in other health districts? Or is it just because it's too big an area you kind of just deal with your own team?

Madison Yeah, it's majority our team. A lot of the time though we'll get people who are coming back from Sydney hospital. So we'll get a bit of a handover from the social workers there. So that's nice to just touch base and see you know, what's going on in their, in their world and their hospital. And we always have a bit of a chat with that. But other than that, not really. We do have a virtual social work education that we have set up in the Central West. So all the social workers, they can attend, go to that and we just

discuss, you know, things that are going on for each other and how we can best support one another.

Yasmine And are the things that are coming up unique to being in a regional area do you think, or are they pretty common across social work areas?

Madison I think they're quite common. Yeah, I think they find probably, like, working with the medical model is probably a little bit more, they probably see that a little bit more than we do. I think, yeah, that's probably a big one. But it's so funny. Sometimes people say oh, you know, they'll just be able to catch a bus home. But we don't have buses that go to some of those places. So yeah, I think we probably provide some education to the other social workers in the, you know, metropolitan areas about that stuff. But yeah, unfortunately we're quite limited with those resources.

Yasmine Yeah. Sounds like you've just had the opportunity to learn so much in a 12 month period, which is incredible. But what do you wish you knew when you first started social work that you know now? Like, what would you tell your former self?

Madison Oh, such a hard question. I think yeah, that's an interesting one. I think when I first ever started social work and I was doing my placement and all of that, I think I was really scared of working in mental health, especially acute mental health, I probably had the stereotypes and I was probably very discriminatory myself, or that those type of people who are accessing mental health services and things like that. So I think, when I first started I had the stereotypes. But as I've come into the acute setting, you know, it's this understanding that people are just people, and they're doing the best that they can. And I think that's always so important to remember when you're coming into a new job or, you know, just being in social work is that people are always doing the best that they can usually. And we've got to always give them that respect that they deserve with that. And I just think it's, it's an easy thing to say, but I think it's easy, very easy to forget with the work that we do. It's quite challenging work that we do. And I think it's easy, just easy to forget that people are trying but unsuccessful some of the time. So I think, yeah, just always bringing it back. And just reflecting on our own biases is very important. And I think when I was at uni, I kind of rolled my eyes about self care, and, you know, self reflecting. I was bit over self reflecting, to be honest. And I think looking back now and coming into my career, it’s just so vital. And at times I wish I just did it a little bit further.

Yasmine Yeah, maybe just set yourself up with some good practices.

Madison Yeah.

Yasmine Good habits.

Madison Yeah, definitely.

Yasmine Yeah. The content that you're dealing with is heavy, so that itself is difficult. But in the health setting, you've got that added complication of timeframes. You've got discharge dates, and if you go over that there's so much pressure, which can be really difficult. So I don't know about you, but when I worked in health, there was such an emphasis on do as much as you can within a short period of time. So you almost feel as though you're shortchanging your patients, because you know that there's so much more that you could do. Either that or you're seen as someone who's kind of, bed blocking is a horrible term, but almost you're kind of a stick in the cog kind of thing. Whereas all you're trying to do is, as you said, advocate and try to see the possibilities are there for someone. You just kind of need to stop and listen and be that voice of reason for them.

Madison Yeah, I think I like that part. And I like that we're there to do that. Because there's so much of a medical model that people think that okay, well, they're taking their medications now, so they're okay. And they're progressed all right. But, you know, we have that role to see that okay, systematically and holistically this person isn't going to do well or achieve well once they're outside the hospital setting. Let's hold on to them a little bit longer so we can, you know, help to support that, make sure that these things are cleared up before they're going home. And there is a lot of pushback, but a lot of the time they're very understanding, the medical team, and they are quite used to us pushing back, I think, so that also makes it easier.

Yasmine That's good to hear. At the moment in Orange, we're recording this in September, there's unfortunately quite a large number of COVID cases coming up. Given that it's already really hard for someone just being in hospital, let alone not being able to have people visit and that sort of thing, how are you finding that changes the way that you work?

Madison Yeah, it's very challenging at this time and a lot of things have gone virtually. So that's very hard. And a lot of the time there is no flexibility, which I think I struggled with the most. I think, let's have these rules, but some rules don't apply to everybody. Especially, you know, with my mental health clients, they've got, you know, lots of things that make it challenging to get out. And even just to go on to a Facetime with somebody is really overwhelming and builds a lot of anxiety with the new virtual world that we're living in. So I yeah, I find that part very challenging. There's no flexibility

to things like that. But you know, once again, we've got a really important role in that, to provide that emotional support. When people are not able to see their family members, especially in rehab, it's very sad. A lot of the, you know, husbands are missing their wives. But I feel like we can really build a bridge and try and look at what avenues we can help to support people within that. So just even picking up the phone and calling someone for one of my patients, I do a lot of the time, and then they're able to speak to their loved one. Or posting something to someone, yeah. So it's caused a lot of us to be very imaginative, and having to think of new ways that we're being able to do things, which is interesting time. Yeah, so I think I like that part where we can just try to think of new ways of doing things. I think it's a good time to reflect on that. But yeah, it builds a lot of challenges at this moment. And there's a lot of, it's hard for people at the moment, because they're seeing it come into their communities, especially in the Aboriginal community, unfortunately, COVID has gone into that community. So a lot of people are scared, and they're not wanting to present to hospital just as much now. And, you know, that's really, that's a worry as well, I think.

Yasmine From a professional perspective, has anything changed in the way that you're supported within the hospital? Do you get the sense that everyone is a little bit more patient? Or do you think everyone's really stressed and just wanting things to happen straight away?

Madison There is this underlying anxiety within the setting. Like, everyone's feeling it, and it's just a lot different. But yeah, luckily, like I've said, my team is very good. And my manager is as well at supporting us through this time. And, you know, a lot of the medical team are very understanding and trying to be flexible as much as they can as well. So there is that underlying anxiety, but I think we're all trying to support each other as much as we can. And, you know, we're all in this together, outlook of things. And that's, I think, what we've got to keep in mind.

Yasmine Yeah, sure. I'm glad you're feeling supported. Because I think, you know, that's the foundation that you need in order to do the work that you're doing.

Madison Yeah, definitely.

Yasmine I know, you've only just started, you've had 12 months, you've worked in some very interesting and diverse areas. But are there any other types of social work or areas of practice that have interested you, that you might like to consider in future?

Madison Through my placements in Canberra, I was always very interested in working with refugees and asylum seekers. And I think that's going to be somewhere

next that I'd really love to work in and work in that space. Yeah, I just think we've got a really key role in that space as well. And, you know, they really need our support at the moment, especially with everything that's going on in the world at the moment. And I think that's only going to probably become more challenging, rather than not, so I think I'd love to be in that space. But I think there's not much of social work that I'm not interested in to be honest. I think I'd love to really work solely in family work. I think that would be really rewarding in that way, as well.

Yasmine And is there a Migrant Resource Center in Orange, or would you have to travel or live somewhere else if you're going to do that sort of work?

Madison There is migrant support, but it's very much about like learning new language, like learning English and things like that. There's not much you know, psychosocial support in that matter. So yeah, it's quite restrictive. So that's all that probably would be. But a lot of people, once they get to Orange they've been in Sydney for a little while. And they've kind of got that support from the major services that there is for migrants. Yeah.

Yasmine Yeah. That'd be incredibly interesting. And I think coming from the trauma background that you've supported people through in the mental health ward will be incredibly important, and just helping them to feel confident, talking about any issues and also understanding where they're coming from, just from that trauma informed care perspective.

Madison Yeah, absolutely.

Madison And do you have the opportunity where you are at the moment to take part in any projects or research? Is that something that you have time for?

Madison I suppose because I've been in the role since COVID has been around, it's kind of made it a little bit challenging to start projects and, you know, do some research because everything has been, you know, so ramped up with everything that's been going on in the last 12 months. We've done a little bit, project stuff on group work, and I did a lot of group work stuff back when I was back at Canberra Hospital. So kind of applying that to here. But yeah we, I think we've got some goals in mind for some projects in the near future, especially within the maternity unit. And, you know, beginning some support groups for women in that space, I think will be really helpful. But yeah, nothing at the moment. It's been, yeah, quite hard within the COVID space.

Yasmine Yeah, I guess some of the wards where you'd have people for a little bit longer, like the coronary care, you'd have an outpatient area there and the rehab section, you could have people for a longer period of time and develop a bit of a group, or if even if it's just an education group, while they're in the inpatient unit or a catch up support network group once they've left. And then you could kind of have a rolling group of people who are at different stages of their rehab. There are so many possibilities, but again, you need the resources, you need the time, you need the energy.

Madison Yeah.

Yasmine And I can imagine everyone working in health on the frontline at the moment is just completely zapped. So you want to be able to preserve enough energy for yourself so that you can give a little bit to your patients and not make it seem like you're just going through the motions.

Madison Yeah, I think that's what I mean when it's been COVID this whole time. I think, people you know, we go through these lock downs and they're quite exhausted after that. And then, you know, you kind of just catch your breath, and it's like okay, I'm going to give all that I can to face to face to my patients, and then having to think about research and group work, I think was yeah, it makes it hard. But there's so many opportunities and we're all excited about that phase. Definitely.

Yasmine If anyone was interested in learning more about the types of social work you do, where would you direct them? Is there any good reading or good viewing that you can think of?

Madison I think everything applies to Health, yeah, more than probably you would think. But I think that AASW is always really helpful. I remember when I was a student reading things about being a hospital social worker was really good, and gives a very good outline about what we do and, and the role within health. But I have been using their social workers toolbox. And that's just a website. And it has some pamphlets and just some documents that are really helpful, like around safety planning and things like that. So I think they're really helpful and they are practical ways of looking at things as well. But lately, I've been reading a lot about ACT therapy. And I think looking at those therapies are really helpful before coming into Health, because you're not sure when you're going to be able to use them, but you will be able to use them in any ward that you would work with.

Yasmine And I can put some links to those resources in the show notes as well, if anyone wanted to go off and read them. I'm curious, you mentioned there's quite a lot of

stigma around mental health, especially in your area. What are some common misconceptions, things that since you've been working in the field you've been able to debunk?

Madison I think just the standard ones that they're crazy, and especially in our region, I think there's a lot of misconception about domestic violence. And I think that's a really huge issue in our region is domestic violence. And I think when someone comes in, especially a woman who is, you know, might be coming with her first manic episode and has quite deteriorated in her mental health, I think there's a lot of about why did this happen? Why is she experiencing this? And I think it's looking at holistic, what's going on for this person. But I think especially in the mental health hospital, there's a lot of stigma about the hospital itself. It's been around for many years, and it's, it's just known as an institution. So I think trying to separate that and that it's, you know, a mental health hospital, which supports people in their journey, rather than, you know, just medicating somebody and shoving them into a room. It's not like that anymore. And thank god, it's not, but it's, you know, where someone can come and rehabilitate their mental health and take some time to recuperate and get back on their path.

Yasmine Yeah, I think we've come a long way since the days of like, One Flew Over the Cuckoo's Nest. You know, the treatments aren't quite as drastic, because we've found ways of supporting someone holistically as you were saying, and looking at the different triggers, or the different things that might be impacting on a person's mental health. So there's more awareness, there's better treatment options that are available that are conservative options. And obviously, the field of social work would have developed quite a lot in that time as well in terms of what we can do and how we do it.

Madison Yeah, definitely. I think the recovery model and trauma informed as well. I think they're been really key and, but there's still, you know, a bit of angst about restrictive practices and things like that. So I think it's always important to be advocating that, you know, the recovery model is really set in health and we're really trying to work with that as well.

Yasmine I'd imagine you'd work very closely with the neuropsychologists in terms of developing behavior support plans and those sorts of things?

Madison Yeah, yeah. So we do. That can take some time though, probably a bit longer time than we can keep somebody in the mental health hospital. But I have seen a few being developed. And that's really helpful for the person and people who are going to support that person in the future as well.

Yasmine And if you're writing applications or advocating for NDIS and those sorts of programs, that'd be really important in terms of the funding to support someone through that. Because it's one good thing to develop a plan, it's another thing to be able to carry it out.

Madison Yeah, absolutely. Because it does take some time, that behavioral support plan, usually you are getting NDIS first, and then putting that into place. Because we don't have somebody on the grounds that does support plans. So NDIS have to go in, find somebody who will do that, and they're from Sydney usually. So we have to give all that documentation to the behavioral support planner, and look at that. So yeah, that takes time. But once they're done, they're so so good. And they can be really helpful for that person. And I'm actually doing one at the moment and trying to support my patient to give her input into that as well, I think is really key as well.

Yasmine Are there types of cases that seem to affect you more, or things that you gravitate towards? I'm just thinking because you've got such a diversity, you're bound to come up against something that could be touching you the right way or the wrong way, just in terms of, you didn't realise that it was going to have such an emotional impact.

Madison Yeah, I think probably more so in the General Hospital. I think you see a lot of old people and you think oh, they're just like my grandparents. And that can be, you know, quite touched to the heart.

Yasmine Yeah. That association.

Madison Yeah. Yeah. And seeing family members and how they react to the news that they've been told by the doctors. It's always very sad. Yeah. So I think that's definitely something that gets to me at times. But I've also done a placement in cancer services. So that placement probably has been the most affecting to me emotionally. Yeah, that was quite hard. Having family members been through their own cancer journey, and then being in that placement, having to support people who are going through it was quite hard. But yeah, not so much at the moment. Just those family dynamics I think we can always relate to and I think there's people who come in, you know, you're feeling quite anxious in mental health, you can always relate to, but I really try to remind myself of my boundaries and just making sure that I am providing my emotional support, but not overdoing it. Because I think it's such a critical space where we can try to help somebody, but we're needing that help ourselves. So I always try to remind myself, why am I doing this and how is going to be supportive to that person?

Yasmine Yeah, I think the fact that you've had opportunities for such diverse skill development in such a short period of time, indicates to me you're the type of person to say yes, I'll do that. There's nothing completely off the table in terms of what you'd like to experience professionally. And your desire to advocate for someone's health rights and mental health rights is really clear to me in the sense that you want to approach your social work holistically and systematically, and fill in the gaps in the support areas, which is really important in an area where there just aren't that many resources. So, again, finding creative or I think you said imaginative ways to support someone who's experiencing a health crisis or a personal crisis. And yeah, it takes a special kind of someone to be able to do that and kind of switch from one side of their brain to the other quite quickly if you're dividing your time between different areas. And you probably also need to again, as you said, have very clear boundaries, but also, in that be able to explain to someone on a specific ward, I'm only here this day of the week, or I'm only there. So you're really building your capacity for concise, comprehensive handovers and also being able to explain to someone this is the extent to which I can support you now, and I'll be back on Tuesday, for instance.

Madison Yeah, I think that's probably been my number one challenge as well. I am very much a yes person. And I will put my hand up to anything and I will try and support someone whenever I can within, you know, my hours. So I think at the beginning, when I first started working in the general hospital and the mental health hospital, I was trying to make myself available to both sides at all times. Even if I was working the whole day in mental health, I was always saying you can call me at any time. But I think I've had to really learn and push back when I need to on that because, you know, you can't give your all if you're halfway in something else as well. So I think that's been very hard and it's a good skill to learn I think for me, you know having to be a bit you know, have some authority on my boundaries and on my capacity, has been a good learning as well. But yeah, it is very hard. And I've got lots of people who are in that crisis who do need me. So I will drop it if they do need me in that crisis space. But a lot of the times I'm trying to push back and just have the two separate as much as I can.

Yasmine And it sounds like it just comes back to communication. So if you're clear in terms of the expectations with both the patients and your team, it’s usually not a problem.

Madison Yeah, that's right. Because I think it's going to be detrimental for that patient, if I don't explain that, rather than me. So yeah, make sure that they're always aware of that.

Yasmine Yeah. Is there anything else before we finish up that you'd like to say about your experience or anything that you wished I'd asked?

Madison No, I think the role is very diverse in all areas. And I think it's just very, especially in health, very key to have social workers to provide that support at all times. And I think something I would just like to raise is the support that we give to Aboriginal communities. I'm very much a big advocate for Aboriginal people and their rights and the support we give to Aboriginal people, especially in health settings, going back to all the trauma, and we've always got to keep that in front of our mind when working with Aboriginal communities. And I think, I think social workers now have such an important space to, you know, advocate for Aboriginal people and support them, so we don't have to be living in that huge gap that there currently is at the moment. But I think it's being especially out here with this COVID situation at the moment, it's very obvious to me that there is such a huge gap and something that I really want to advocate for, and to make sure that people are aware that, you know, the age gaps are still there, and people are not being given the rights that they deserve at the moment. And I think, yeah, it's very important people are aware of it and try to help as much as they can.

Yasmine And I can imagine it would be that much more difficult for people who are perhaps off country, if they're having to be admitted to hospital, so they don't have any of their normal supports around them anyway.

Madison Yeah, that is so hard. And a lot of people don't understand that, how hard it is. We've got people who are COVID positive at the moment and they're Aboriginal and they're not on country or near their families. And that's really hard. And a lot of people will just label them as though they're too hard work and they just want to abscond, but they just want to get back to where they feel safe and comfortable. And, you know, the hospital setting itself is not set up for Aboriginal people. Everything that's happened in the past is just, you know, it makes it really hard to give those interventions to Aboriginal people in that setting.

Yasmine Is there an Aboriginal Liaison Officer at your hospital? Or do you get called for those sorts of supports?

Madison Yeah, we do have Aboriginal liaison officers. And so we work really close with them, which is really great. And they're very key into the interventions that we provide. But as I do identify, I usually go and see a lot of the Aboriginal patients as well. And from a social work perspective, to just provide that further care that I can as well. But the Aboriginal Liaison are key, especially in mental health they're very key as well, we work really closely with our guys there. So that's also really helpful that we've got

them. But in saying that they're under resourced as well, we've only got three in two hospitals. And that's not as many as we would hope.

Yasmine And yeah, just so important for building trust.

Madison Exactly.

Yasmine And if someone needs to stay in hospital, I imagine having someone that understands them is going to make that process much easier.

Madison Yeah, absolutely.

Yasmine Yeah. Well, thank you so much for your time, Maddy, it's been so lovely chatting with you. And I'm so impressed, so incredibly amazed by what you've been able to achieve in a short 12 month period. So keep up the good work. It's only going to take you great places and sounds like our regional areas are in good hands. You've got a good team out there.

Madison Great. Thank you so much for this. It’s been awesome.

Thanks for joining me this week. If you would like to continue this discussion or ask anything of either myself or Madison, 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 Haylee, an early career social worker who graduated from UNSW with a double degree in social work and criminology. Haylee has spent most of her career working with survivors of sexual assault for both NSW Health and a non-government organisation. This year Haylee made the move to ward-based social work in a metropolitan hospital which has seen her working in the COVID ICU.

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