

## CHAPTER XV

### SOCIAL ACTIVITIES

*“A gossip is someone who talks to you about others, a bore is someone who talks to you about himself, and a brilliant conversationalist is one who talks to you about yourself.”*

—LISA KIRK

## CHAPTER XIV

### SOCIAL ACTIVITIES

Youth who have been involved in the Children’s Mental Health System of Care and are transitioning into adulthood often have many challenges to meet to negotiate an independent life successfully. Issues such as housing, employment, education, or health concerns are often priority items for discussion – but what about social and recreational activities? What do youth like to do with their leisure time and how can a youth with a mental illness feel “normal?” Socializing with peers or acquaintances is an important aspect of recovery. In this chapter, we share the thoughts of three young persons, ages 18, 20 and 21 who spoke with us about the kinds of social activities they enjoy.

We encourage clients to participate in work or education as a rehabilitative intervention, but frequently we fail to comprehend just how vital a constructive social life may be to a youth in transition. Youth who have a supportive peer network report to case managers and family members that they feel better about themselves and their future when they feel successful in the social arena. Isolation can breed feelings of low self worth and decreases overall quality of life. Generally, instruments used to measure quality of life in young people show more satisfaction with youth who are engaged in positive activities than youth who are feeling alone and alienated. The stigma of being mentally ill fades in the face of participation in developmentally appropriate activities. A strengths-based initial assessment should try to identify the leisure and social activities that will lead the youth to take the next step in his or her emotional development.

Activities that are tailored to an individual youth may be more desired than “group sponsored” outings and events. The youth we spoke with told the subcommittee that they prefer to integrate with all other members of the community rather than be isolated with peers who also have a disability. Activities that include music, dancing and karaoke are high on the list of desired things to do. The ideal is to promote such activities in a substance-free environment. The cost of many typical teen-age activities like movies, bowling, and golf are simply not available to TAY who lack resources, so the TAY population must be inventive in finding social activities that are inexpensive.

Case managers should foster activities that allow youth to develop relationships within the community in which they live. The goal is to facilitate opportunities for activities without actually sponsoring the activity. This encourages a sense of belonging, and hence, a firmer sense of security and ease. This approach also puts the success in the hands of the TAY clients. Case managers need to look to the natural resources in the community. The rewards of hiking, swimming, and playing sports, even though “free,” can bring as much pleasure and bonding as more expensive pursuits that can leave the youth feeling lonely or isolated.

Rusty Clark refers to this concept as building “Community Life Functioning.” A case manager should have focused on helping TAY build social networks whenever possible. Natural opportunities for TAY to be with similar age peers where they can explore age appropriate cultural norms and receive valuable reality-based feedback are essential. In Chapter XIII, on housing for TAY, congregate housing such as dormitories is cited as most being most appropriate for this age group. What makes congregate living so desirable is the opportunity for natural social contact and interaction. Again, every effort to include social opportunities in the environment of TAY is healthy and useful.

Case managers can make social activities rehabilitative by assisting a youth in planning an activity and then participating in the activity with the youth. Rehabilitative activities are Medi-Cal reimbursable activities if the treatment goals include overcoming life impairments and barriers that are linked to the current Axis I diagnosis. The progress note should include an assessment statement, as well as comments about barriers to progress. More information is available on this topic by reviewing the material in Chapter VII of this resource document, “Individualized Planning.” Generally, when the case manager participates in a leisure activity as a rehabilitative effort, care must be taken to integrate the youth as quickly as possible into the social activity so the youth does not come to depend on the case manager and ultimately still feel a sense of isolation from peers.

The more TAY associate with peers who are disability free, the more they will develop a sense of identification with youth who do not have the challenge of experiencing mental illness. By not focusing on the illness, youth may be able to set the disability aside and enjoy the activity at hand. In the long run, this is one beneficial aspect to recreation. In fact, it is a common belief that social participation often decreases symptoms of mental illness. It is therapeutic to have fun!

Another area that youth mentioned as helpful to them is a support group for young parents. Not only does this afford an opportunity to meet and socialize with other TAY who are rearing children, but also it gives the children a chance to participate in a structured social environment where positive modeling occurs. The “Mommy and Me” type program parenting series can be a dynamic resource. Potlucks can also be an informal way of being together that affords the opportunity to get to know others better while building the foundation for friendships that will be future resources for overcoming mental illness.

Another valuable way for TAY to spend time is mentoring other youth who may be disabled or younger. This is a positive strategy to assist TAY in consolidating gains made by sharing their positive experiences and strategies with others who may be struggling with a disability themselves. We all know that focusing on another human being permits us to “forget” about ourselves, and it is in this forgetfulness that some of the best growth spurts occur. Similarly, volunteering is an excellent opportunity for TAY to have a positive impact on the community. The more TAY give, the more their self-esteem can be built up. Youth can mentor others by signing up at the local high school in programs that read to younger students, or as college students, the TAY may participate in volunteer activities at a homeless shelter, soup kitchen, and community garden or clothes closet. When tutoring a younger child in a structured setting, the TAY has an advantage in that the younger student may have no knowledge or awareness that the TAY is experiencing mental illness. This can be a successful experience for both youth.

Social activities can also provide an outlet for creative or artistic expression. One TAY mentioned she would like to be able to do art or music projects with other youth her own age. This type of socializing can involve young adults getting together to do the same activity, such as making pottery, writing poetry or creating music. It could also involve youth sharing their various skills and interests with one another and providing feedback and acknowledgement for each person’s perspective. A group could get together to work on a project, such as a theatrical play, a musical composition, or a wall mural. These types of activities would raise self-esteem in the participants because each person would feel recognized for his or her talents and efforts.

Many transition age youth love computers. With the Internet, TAY may access information that is of interest as well as join “chat rooms” and participate in e-mail exchanges. The computer has its downside, though, in that TAY can become isolated and withdrawn from the real world. Another

is that TAY can be exploited by others or addicted to the lure of the computer. On the other hand, many youth will use a computer to look up information about the illness they are experiencing or a medication that they are taking.

Another area of focus for the case managers working with TAY is the shaping of social behavior. When the youth is practicing “community life functioning” while interacting with peers, it is important to give feedback to the youth. This is indeed a balancing act for the case manager. While some behaviors may be appropriate for a youth to display around other youth, these same behaviors are inappropriate when in the presence of adults. When a youth is behaving in a manner that is socially unacceptable, crude, obnoxious, or distasteful, the case manager should address these as behaviors to be “shaped” and ultimately controlled or eliminated. Although some behaviors may be just part of the developmental phase, unless youth get honest feedback from the case managers, TAY may not realize that their behavior is sabotaging their efforts to build a social network. TAY may also get this feedback from their peer group. It is important for TAY to learn social graces, etiquette, and manners, as these skills that will serve them well into the future. A discussion about socially unacceptable behavior can be a rehabilitative moment if it links the shaping of behaviors to the individual’s goals.

In Maslow’s scale of actualization, the areas of safety and basic human needs are addressed first. Housing, food and physical health treatment are generally addressed in an individual’s life before an emotional disability is focused upon. Once basic needs are met, recreation and social activities represent an opportunity for the youth to reach beyond accepted notions of which he or she is and to migrate into realms where hidden talents and gifts will be uncovered and explored with the help of others.

In conclusion, we know that even self-help activities such as Alcoholics Anonymous (AA) value the necessity of social involvement. What we have found is that TAY clients are interested in activities that they can do in the community with other youth who may or may not have disabilities where substance use is not the focus. Primary recommendations coming out of this chapter are:

1. The case manager should carefully look at the life impairments that are articulated in the service plan of the TAY client, and if appropriate, add a goal with specific objectives that are measurable and observable that address social activities as a rehabilitation activity.
2. Case managers should attempt to integrate TAY into the community by supporting TAY in participating in youth-oriented activities sponsored by the community rather than encouraging the mental health department to develop their own menu of disability-based activities.
3. The case manager should bring to the attention of the TAY those visions, hopes and dreams of the TAY that were explored in the strength-based assessment and treatment process. Youth possess natural talents that, in the correct atmosphere, can be fostered. The expression of these strengths and interests can be quite therapeutic.
4. People can gain considerable internal resources from volunteering. This is a vital activity for youth that the case manager can address as a means to improve self esteem and build new skills in the TAY.