

The success stories are astounding. Children and adolescents with mental illness are finding new pathways to thrive, are excited about their future, setting big goals, and taking courageous steps to achieve them.

The catalyst for this monumental change is simple but powerful: strengths-based case management. Here's how it works. Instead of focusing on what they believe to be "wrong" with a youth experiencing mental illness, case managers flip the script and focus on what is right about them, explains Amy Mendehall, Ph.D, MSW. Mendenhall, who is an associate professor and the Associate Dean for Research at the University of Kansas School of Social Welfare, has done extensive research on the impact of strengths-based case management to support the mental health of children and adolescents.

Case managers using a strengths perspective first ask youth to identify the things they do well, their passions and interests, and the ways they have succeeded in the past. Next, they ask the youth to share their hopes, desires, and dreams for the future. Then, case managers and the youth work together to create a personal plan, a tool to help the young person take steps toward a goal they want to achieve, like get a job or participate in a school activity.

Far too often, when children and adolescents begin treatment for mental illness, the focus is on fixing problem behavior, like angry outbursts or under-performance in school. When all a youth hears is how they are falling short, Mendenhall says, "It makes it so the kids don't want to be there. It makes their symptoms worse, demoralizes them, and decreases their self-confidence. They are not going to want to go back, and they are not getting the services they need."

STRENGTHS-BASED CASE MANAGEMENT:

Instead of focusing on what they believe to be "wrong" with a youth experiencing mental illness, case managers flip the script and focus on what is right about them



"When families are in crisis, or they need help getting whatever they need to survive, thrive, and grow," Mendenhall concludes, "we need to focus on the things they bring to the table, how together we can use those things and build upon them, and empower them."

In contrast, Mendenhall's research shows that when case managers use a strengths perspective in treatment, the results are radically different. The children and adolescents have personal buy in and feel a new sense of purpose and passion, which can help them take leaps toward achieving their clinical goals. "We have found that they start to want to come in for services. They are excited!" she explains. "We see so many success stories of youth who have met their goals and no longer need services."

Mendenhall shares the story of a young woman who saw writing as one of her strengths. She set a goal of writing a book about her experience with mental illness and having it published, and succeeded. "It was so powerful for her to say she wanted to do it and actually do it - publishing the book," Mendenhall says.

So far, Mendenhall's research has focused on the impact of strengths-based case management in the area of mental health, but she predicts the approach would be just as effective in other systems that serve youth, like the juvenile justice system, schools, and child welfare.

As more case managers embrace a strengths perspective, she sees big wins for youth, their families, communities, and the mental health care delivery system as a whole.

"Clients will have better experiences getting services. That will help them be more successful in improving their lives and going where they want to go," she says.

Mendenhall's research has also shown that when case managers use the strengths perspective with clients, the case managers are happier and more fulfilled in their jobs. "Social workers have high burn-out rates," she points out. "If we give them the tools to provide services from a strengths perspective, it can improve their quality of life. It would lead to less turnover, so agencies can keep their staff longer." As a result, agencies would save costs on recruiting and training new staff, and offer better care to clients.

Finally, case managers who participated in Mendenhall's research have told her that when they use a strengths perspective with young people, fewer need to be hospitalized or place in a residential treatment center, which could result in a dramatic savings in mental health care dollars.

"When families are in crisis, or they need help getting whatever they need to survive, thrive, and grow," Mendenhall concludes, "we need to focus on the things they bring to the table, how together we can use those things and build upon them, and empower them."



NEW STRENGTHS ASSESSMENT EMPOWERS YOUTH

In 2016, Mendenhall adapted the successful Strengths Model for case management, which has been used for adults since the 1980s, so it could be used to help young people with mental illness. Here are the questions children and adolescents ask themselves to develop their personal plan to achieve their dreams and desires.

- What are my current strengths?
 - What qualities, talents, skills do I have?
- What personal, family, social, and environmental resources do I have?
 - What are my future strengths and resources?
 - What are my wants, hopes, and dreams?
- What are my past strengths and resources?
 - What strengths have I used in the past?
 - What personal, family, social, and environmental resources have I used?

SOCWEL.KU.EDU

Amy Mendenhall, PhD, MSW, Associate Professor, Associate Dean for Research amendenhall@ku.edu



DID YOU MISS IT? DON'T WORRY.

Research Impact Talk - A Foundation of Strengths: Inspiring Hope and Growth in Children and Families Presenter: Amy Mendenhall, PhD, MSW, Associate Professor, Associate Dean for Research

Presented on September 19, 2019, recording available at

SOCWEL.KU.EDU/CEU

