Sociotherapy deals primarily with the areas of "living", "working" and "contacts", and is conducted by social workers and social education workers. It is effective where negative effects in these areas are apparent. Those affected could be in financial difficulty, in danger of losing their place of residence or job, or are no longer covered by medical insurance. Sociotherapeutic intervention is often used as a first measure for restructuring lives that have been derailed by a disorder. Social workers assist afflicted persons in organizing issues that need to be dealt with. The degree of support required depends on the state of health and current capabilities of the patient. In the in-patient area, the aim is to create the social conditions that promote the recovery of a patient within the framework of an overall treatment plan wherever possible.

However, sociotherapy is seen not only as an intervention that represents the patient's interests on his behalf. Sociotherapy is designed to enable the afflicted person to once again pursue his own interests to a much greater degree. To this end, sociotherapy deals with the targeted training of social competencies.

Sociotherapy also has another function that extends beyond support services in acute social crises and help in reacquisition of social independence. In cases where it can be assumed that negative effects will occur in the long term due to an illness, sociotherapy helps to ensure that the afflicted person remains part of society and does not become socially isolated. This occurs by maintaining and promoting contacts, holding relieving and supportive discussions, drawing up daily and weekly schedules, support in everyday events and accompanying the patient on a doctor's visit, for example.

Sociotherapeutic services are usually attached to a facility (e.g. clinic or meeting place for social services). Sociotherapy is also characterised by being a therapy that approaches people. This means that, where appropriate and required, a social worker visits the patient at home or accompanies him in specific activities, e.g. when visiting a local authority. Access to the care system, including resource coordination in psychiatric-psychotherapeutic and general medicine, and rehabilitative fields, is an important component in psychiatric management, particularly when dealing with people afflicted by psychoses or bipolar disorders.
This could include the following components

- Creation of a psychosocial diagnosis
- Advice and submission of applications in the framework of the law on social welfare
- Asserting patients' claims in respect of service providers
- Developing realistic forms of assistance
- Introduction and cost calculation of medical and social rehabilitation as well as measures for participation in a working environment.
- Psychosocial support for patients in matters of health care, and in social and economic issues as well as those around family law
- Transfer and organization from in-patient treatment to post-care state, community and private facilities as well as out-patient assistance
- Introduction of custodial measures according to the law on care guidance
- Responsible coordination of those involved in the social assistance process in terms of submission of applications in the framework of the law on social welfare

Source: Psychiatrie-aktuell.de