

Results of a survey conducted by the BASW mental health reference group on the experiences of social workers working in multi-disciplinary mental health teams, or those who have worked in them and now have been transferred to working within local authorities.

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A recent survey undertaken by BASW confirms previous concerns about the demise of Multi-Disciplinary Mental Health Teams (MDTs) and the impact that this is having upon service users. Members of BASW's Mental Health Reference Group undertook the survey following reports from members concerned about the abolition of some multi-disciplinary teams and the ending of some section 75 agreements.¹ The survey provides a snap shot into the current working of MDTs across England. The study does not claim to be an academic piece of research, but has the validity of representing the views of a significant number of practitioners working across many of the mental health trusts and local authorities in England. The findings are concerning regarding the future of mental health services & the impact upon service users reliant upon interdisciplinary working & support from a 'one stop' service.

Forming two parts, the survey heard from 17 people who were no longer located in MDTs & 59 people who remain in MDTs covering 23 Local Authorities & 24 mental health trust locations.

The survey also recorded that in 50% of services there has been a reduction of mental health social work posts, with range of the loss between one post upwards to a 20%.

Key Findings:²

1. This part asked social workers who were no longer part of MDTs to comment on their experiences. Numbers were small, so caution must be made in the interpretation of these figures. Social workers reported:
 - ✓ Increased difficulties in the logistics of service delivery. 47% informed assessments are more difficult to arrange/undertake.
 - ✓ Reductions in communicating with other professionals. 59% having to spend more time in undertaking regular communication with previous team members. Noting also that over 59% also reported spending less time speaking to ex-colleagues about cases & 59% finding difficulties in arranging planning/case meetings
 - ✓ Reduction of time with service users: Over 58 % reported less time.
 - ✓ Reduction in Information Sharing: 77% no longer had access to health information held electronically as they are no longer based with health colleagues.
 - ✓ Undermines person centered planning: 65% advised this to be the case

¹ Section 75 agreements of the National Health Service Act 2006 are a mechanism whereby budgets can be "pooled" or transferred to another organisation to provide a service. In this situation the agreement that NHS provides mental health services on behalf of a local authority in return for a transfer of resources from the local authority to the health service.

² Only positive or negative responses are recorded in these figures, so where someone neither agrees or disagrees that is not commented on in the above key points. That explains why percentages do not add up to 100%. Full details of the results are available on the BASW web site.

- ✓ Increased likelihood in risk of a serious incident or crisis affecting a service user. 70% said this was likely
- ✓ AMHP assessments take longer: 50% said they did
- ✓ 65% feel that the loss of working in the same place as their former MDT colleagues has led them to consider leaving their job.

2. Social Workers Who Remain Part of MDTs – 77.5% of the Total Survey Responses

- ✓ MDT working is important to social work role. 80 % +
- ✓ MDT working improves Communication 89 %
- ✓ Service users benefit from MDTs being located in the same building/location – 89%
- ✓ MDTs add to efficiency/cost effective. 73 %
- ✓ MDTs enable more effective involvement of service users & informal careers to receive a person centered approach? 73 %
- ✓ Being located together improves service delivery. 82 %
- ✓ Shared problem solving reduces the number of crisis. 75%
- ✓ Compulsory admission under the MHA would go up if not located together? 50 % (21% disagree)
- ✓ Working in the same location leads to avoidance of responsibility by some professionals. 25% agree, 59% disagree
- ✓ Reduces the likelihood of serious incidents occurring. 60 % agree, 11% disagree
- ✓ However there is concern that MDTs can undermine the professional integrity of the social work role 52 %

Getting behind the Statistics.

As revealing as the numbers are comments made by respondents.

“I have gone from being a skilled professional provider of a service and valued team member to being a petty bureaucrat and rationer of services provided by unqualified others’.

However several respondents felt that their identity as a social worker has improved by returning to work in a social work department. For example:

“The difficulty of locating social workers in MDTs is that we lose contact with other social workers and do not know about the services that are currently available. Our clients therefore do not necessarily get the benefit of some services which they would have if we were located in generic teams”.

Many respondents demonstrated great concern about the removal of social workers from MDTs, both in terms of the consequences, but also in terms of the process.

"I am seeing a fantastic mental health service being destroyed due to the disintegration of health and social services. It has been so distraught, as this is completely against my belief of how to work within the field of mental health".

"Locally the social workers in the MH teams were not even consulted with in the massive restructure of the MH teams. This was a real slap in the face to our professionalism and made us feel like we were not important to the MH trust we are seconded to. Some AMHPs left the team to find jobs elsewhere because of this"

"I have just moved from a team which was fully integrated to one which is more co-located and am shocked at the degree of disjointed working, duplication of tasks and lack of team working".

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There are mixed views of the disaggregation, based on experiences of how well MDTs functioned from the perspective of respondents.

"The current integrated team is being split. In some teams within the current trust this will be beneficial as the current managers hold no value for social work colleagues. In other teams the changes will be more problematic due to the increase in the need for service user contact by each specialism. It is also not clear what effect the lack of integration will have on the care coordinator role i.e. will nurses dominate this role? Will social workers continue to care co-ordinate. Will there be an effect on communications between care coordinators and other workers? What will be the effect on the role of support workers (either trust or LA based) and will they become a service that is more difficult to access? As social workers are generally more involved in personalisation how will the split affect service users with nurse care coordinators? What will effect will de-integration have on provision for carers. Lots of questions, very few answers!"

"I believe that the MDT approach works well for service users overall, social workers within MDTs can begin to feel marginalised within their role. I can therefore see the attraction for some to work within designated social work teams. Mental Health Trusts need to reaffirm their commitment to the importance of social work interventions".

"I have worked in a Crisis team for five years and have been qualified for 30 years. Sadly, social workers are in a small minority in a nurse-dominated team. Despite best efforts (I think I'm up to date and committed) the medical model has not changed, nurses don't want to learn about social and legal perspectives, and we are criticised when AMHP work has to take priority over "generic" work. Oh, and we continue to be the butt of jokes about 2CVs, etc. But perhaps it would be much, much worse for service users without us in the team".

There is some evidence that if done well and in time there is a degree of acceptance about the changes among some respondents:

“Managing change has been complex and has involved feelings of loss within both Health and SC (including managers). 18 months down the line now though with systems in place, including interface structures and mechanisms I feel the change has led to greater emphasis on the SW and AMHP role, clearer autonomy and identity for our SWs, and more meaningful training and development opportunities. The other positives are that all social workers within the county have regular meetings now (which didn't happen before) and we have a closer alliance with our generic colleagues who also support people with mental health problems. Throughout this change we have maintained a commitment to having strong interface mechanisms with our Health colleagues at every level”.

“Being separate to the MDT enables social workers to practice social work rather than provide a care coordination function for the NHS”.

Conclusions, comments

1. Some MH trusts have not delivered on Section 75 agreements, resulting in social workers and service users not being well served. This raises the question of the reason for this? The neglect could be “out of sight, out of mind” – we have passed over responsibility for social work and social care so would like the NHS Trusts to get on with this work. However there is evidence that section 75 agreements can work, but investment in time and commitment has to occur
2. Some local authorities argue that mental health services have become too focused on those with critical and substantial mental health needs (or profound and enduring). The consequence being that the importance of preventative and early intervention and services that are engaged within the community have been neglected. The reality is that both types need support and that health service funding into prevention and early intervention needs to be increased
3. The survey raises the issue of what are the alternatives to S.75 that enable integrated services to be provided?
4. S.75 & MDTs don't guarantee person centered planning & effective involvement by services users & informal carers – what does is good leadership, an understanding of holistic working whatever your professional role or responsibilities are. Putting the service user at the core of what you & your colleagues do. MDTs can provide, but don't automatically provide the 'nurturing' environment for this to happen.
5. The demise of the MDTs raises very serious concerns about the loss of a service that social workers feel is valued by service users and there are strong fears expressed that the demise of MDTs and particularly the withdrawal of social work services from working within MDTs will and is leading to deterioration of services
6. The survey raises the question of what a good service should look like and provides much information to inform. The starting point is a well-articulated community mental health strategy informed by strengths and knowledge of social workers and social care staff using open dialogue with health & involvement of service users & carers.