Survey of mental health social workers regarding integrated working

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Joe Godden (Professional Officer BASW)

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Context of the survey

- Members of the BASW mental health reference group have been receiving reports from members about a move across England to pull mental health social workers out of being based in Multi Disciplinary Mental Health Teams. (Generally a revocation or withdrawal of section 75 agreements of the National Health Service Act 2006). Members have expressed considerable concern about the negative impact of these developments for both social workers and people with mental health problems, although it should also be stated that not all social workers were opposed to the move. The impression given was that the role of social workers in some mental health services was poorly defined and social workers were poorly supported.
- The reference group agreed to undertake a survey to gain more information. This presentation summarises the findings.

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The survey was distributed in November 2012 and responses were closed off at the end of January 2013

- Overall there were responses from 76 individual respondents
- The survey had two parts:
  - Those who identified themselves as having worked in multi-disciplinary teams, but not now located in such teams 22% (17)
  - One for those currently working in Community Mental Health Teams, or similar 78 % (59)
  - There was a question which asked *"The name of the Trust or Social Service Department about which you will be making comments".* People identified themselves as commenting on 23 different councils and 24 different mental health trusts. From the responses to the overall survey it would appear that some people may have stated that they were commenting on a council, when they actually commented on a mental health trust.
  - There were some multiple respondents commenting on some workplaces. For example 5 people commented about one particular trust.

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Reductions in social work posts

- *The questions in the survey are in italics*
- The responses in non italics

- *Q. Have mental health social work posts been reduced/deleted in your team/locality within the past two years? By how many?*
- 71 respondents replied, with the responses being roughly evenly split between “no reduction” and a “reduction”. In terms of numbers reduced most were one or two, but some respondents reported 15 to 20 % reduction.

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Those not now located in MDTs, having previously been located in one

- Numbers are too small to draw any strong conclusions, although there were consistencies in responses - that is the majority of respondents have had concerns, but a minority think it is a good thing that they have been moved to social work teams.
- *"I feel more confident in my practice as a social worker since moving from the location where the MDT was based together".* 8 answered not at all, 5 much more confident , 4 about the same
- *"Joint assessments are more difficult to arrange/undertake now not part of MDT"* 59% (10) Agreed that they are much more difficult to arrange, 4 about the same, 2 not at all

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Communication

- *"I spend more time e-mailing/telephoning my colleagues in the MDT about a case than before"* 58% say a lot (10) 17% (3) somewhat 17% (3) neither more nor less
- *"I don't spend as much time now talking with other professionals /non-professionally affiliated staff to get their opinion about a case"* 41% (7) spend a lot less time 17% (3) somewhat less 17 % (3) about the same 1 now spending more time
- *"I give a higher priority & commitment now to attending joint reviews & meetings with other members of the MDT"* Neither agree nor disagree 56% (9) 37% (6) Give higher priority now

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- *“I am now able to take more professional autonomy in my work & not have to go along with the opinions/decisions of others in the MDT that I often would have had to before”* . 50% (9) disagree strongly 28% (5) Feel that have more autonomy
- *“I have more contact with service users now”* 59% (10) Disagree strongly, or disagree somewhat 23% (4) Agree strongly or somewhat
- *“I am able to have access to electronically held information that health professionals in the MDT keep on their computer system where I am now based”.*72% (13)No 28% Yes (5)

- *“I feel the loss so much of working in the same place as my former MDT colleagues, who were so important for my work, that I am thinking of leaving my present job”.* 61% (11) yes 22% (5) no
- *“Person centred planning & delivery does not require professions or anyone else in a MDT to be located together”* 61% (11) Disagree strongly 28% (5) Agree strongly or agree somewhat
- I have seen an increase in serious incidents & crisis affecting service users that would have not happened if the MDT were still located together. 66% (12) agree strongly or somewhat 20% (4 Disagree somewhat, or disagree strongly)

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- 13. I have more contact with service users now 59% (10) Disagree strongly, or disagree somewhat. 23% (4) Agree strongly or somewhat
- 14. I am able to have access to electronically held information that health professionals in the MDT keep on their computer system where I am now based.72% (13)no 28% (5)
- 15. I feel the loss so much of working in the same place as my former MDT colleagues, who were so important for my work, that I am thinking of leaving my present job 61% (11) yes 22% (5) no
- 16. Person centred planning & delivery does not require professions or anyone else in a MDT to be located together.61% (11) Disagree strongly 28% (5) Agree strongly or agree somewhat
- 17. For SWs who are AMHP's - AMHP assessments now take longer than before due to not being located together – fairly even split between those who agree and disagree

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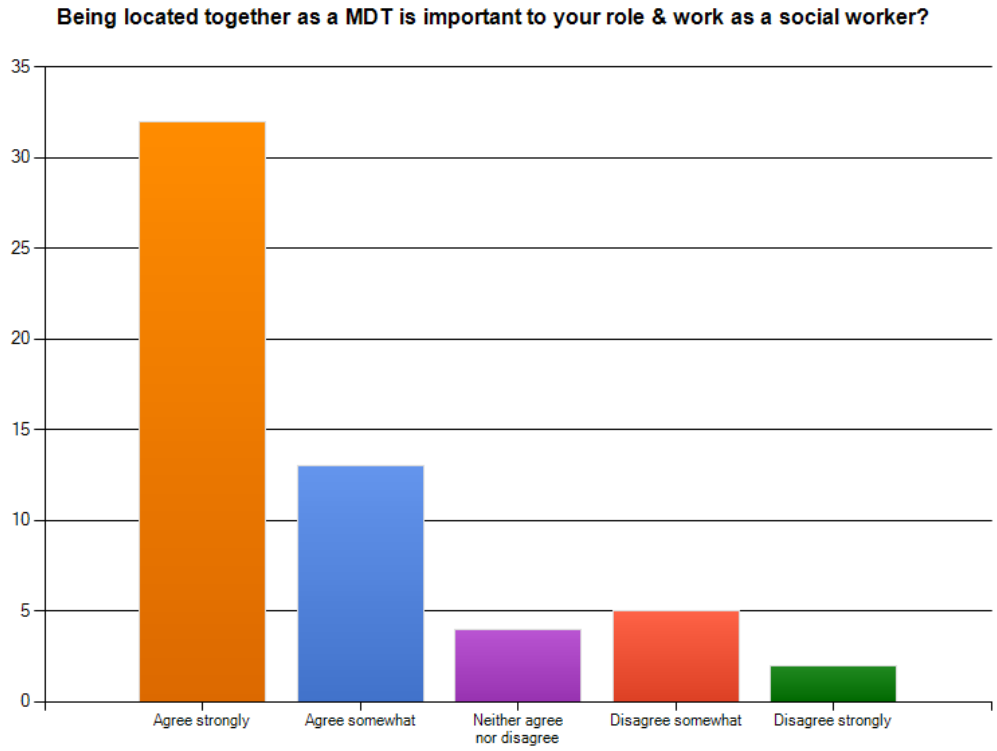
Those currently working in MDTs

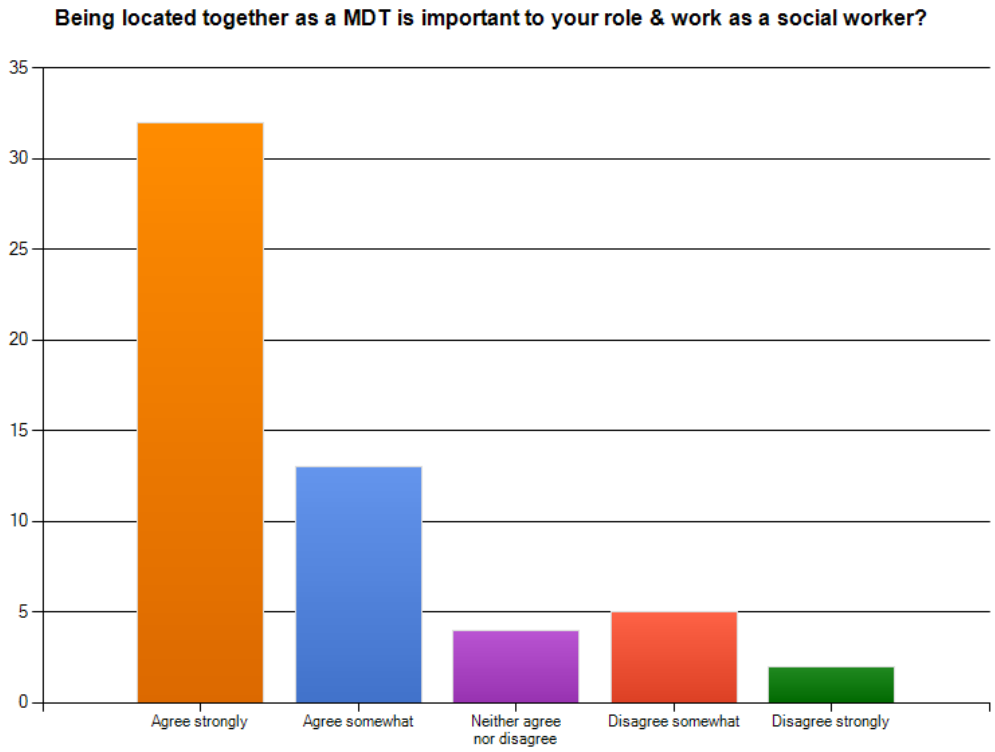
Being located together as a MDT is important to your role & work as a social worker?

A significant majority agreed with the question



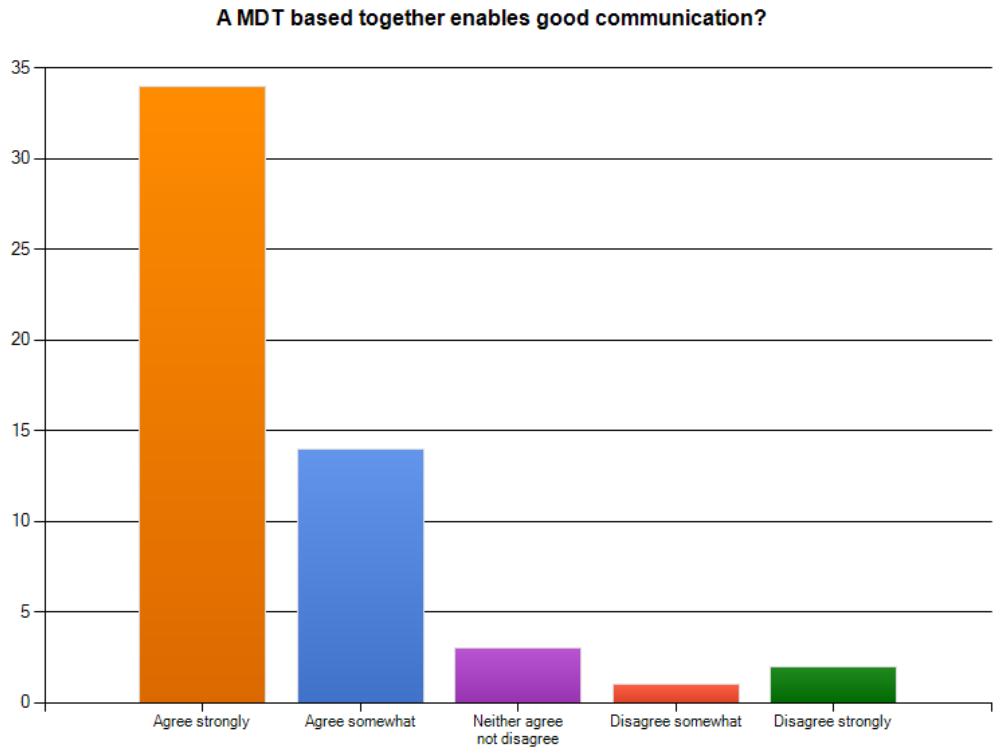
Service users benefit from MDTs being located in the same building/location?

Significant majority agreed with the questions



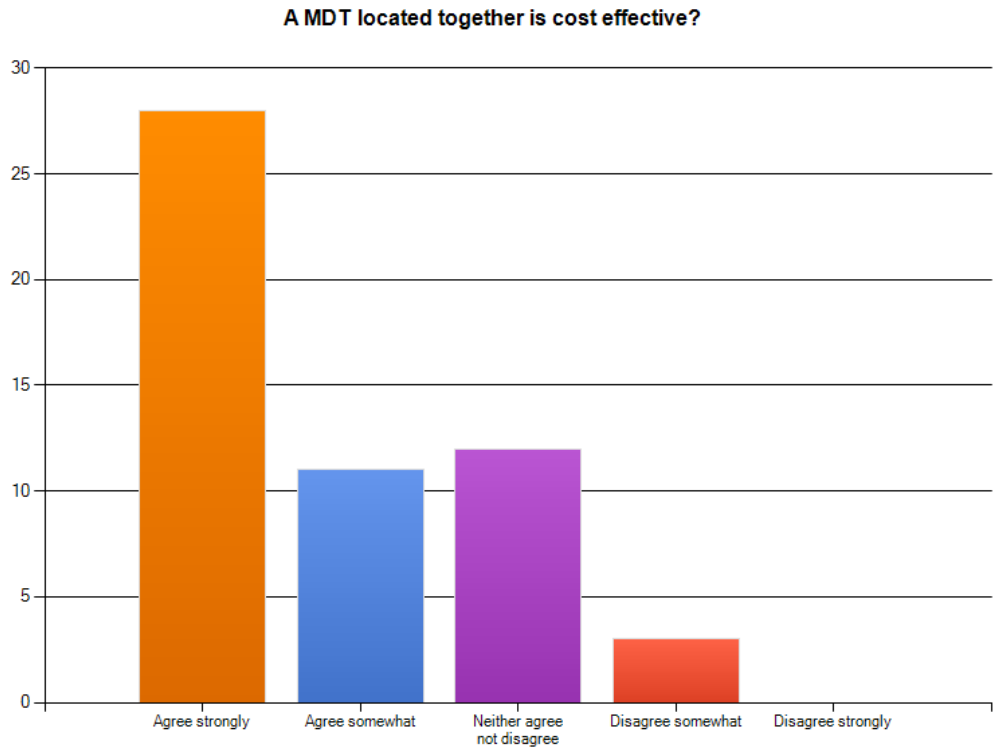
A MDT based together enables good communication? 63% (34) agree strongly 26% (14) agree

A significant majority agreed with the question



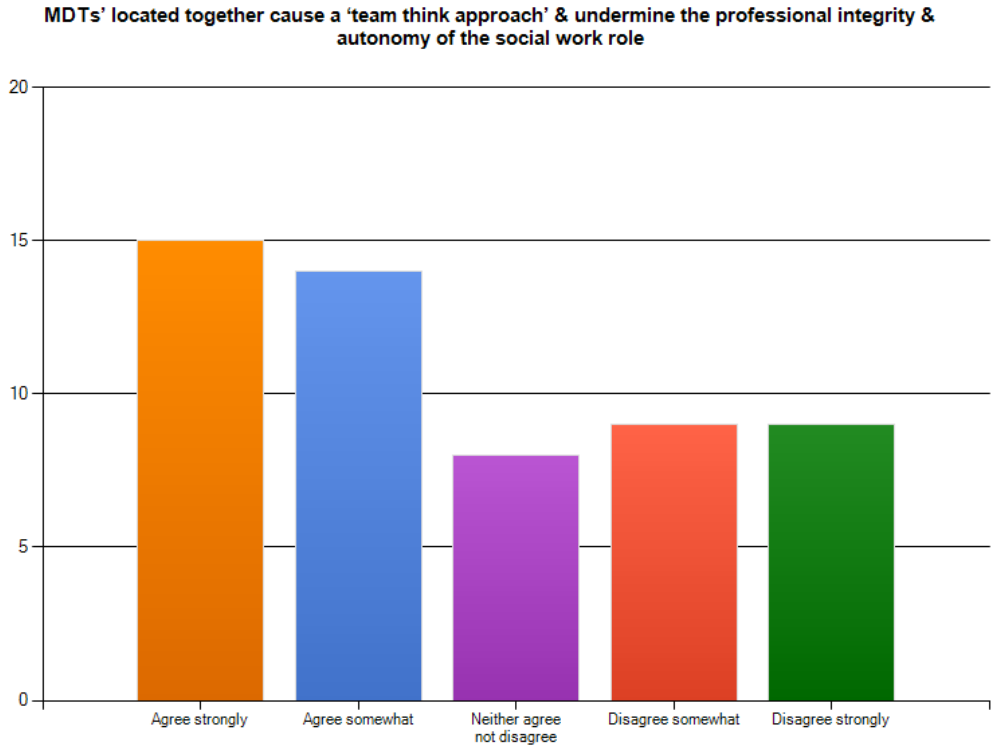
A MDT located together is cost effective?

A significant majority agreed with the statement



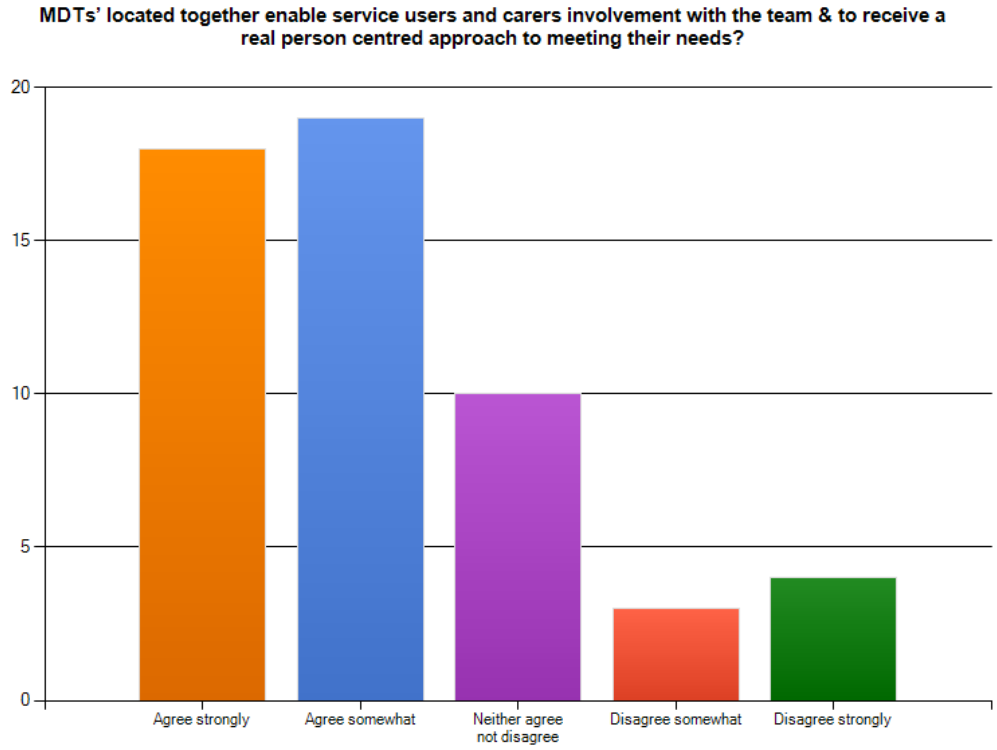
MDTs' located together cause a 'team think approach' & undermine the professional integrity & autonomy of the social work role

Fairly even split – see chart



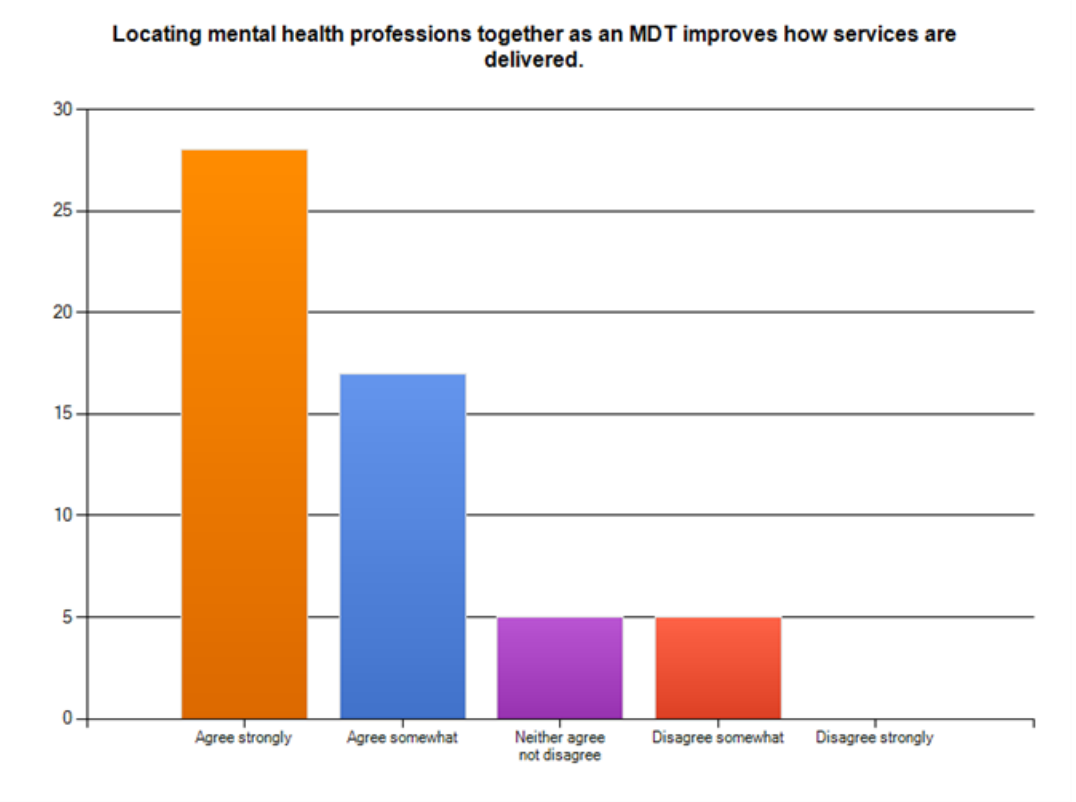
MDTs' located together enable service users and carers involvement with the team & to receive a real person centred approach to meeting their needs?

68% agreed strongly or agreed somewhat (37)



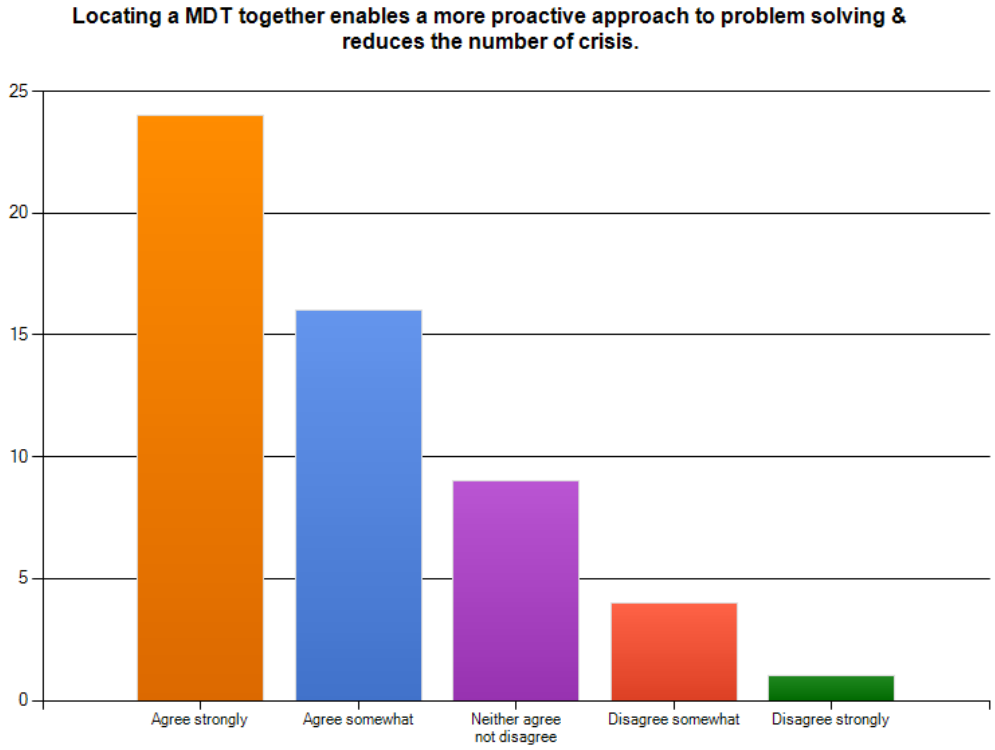
Locating mental health professions together as an MDT improves how services are delivered.

91% (45) agree strongly, or agree somewhat



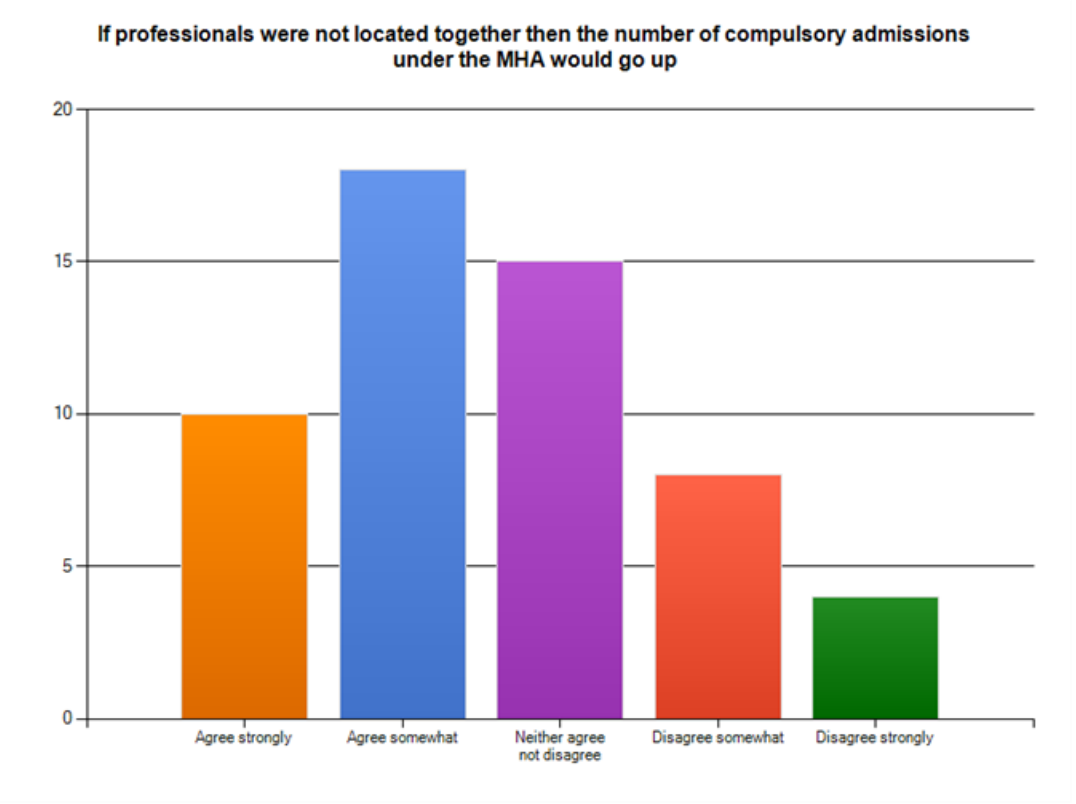
Locating a MDT together enables a more proactive approach to problem solving & reduces the number of crisis.

74 % (40) agree strongly or agree somewhat



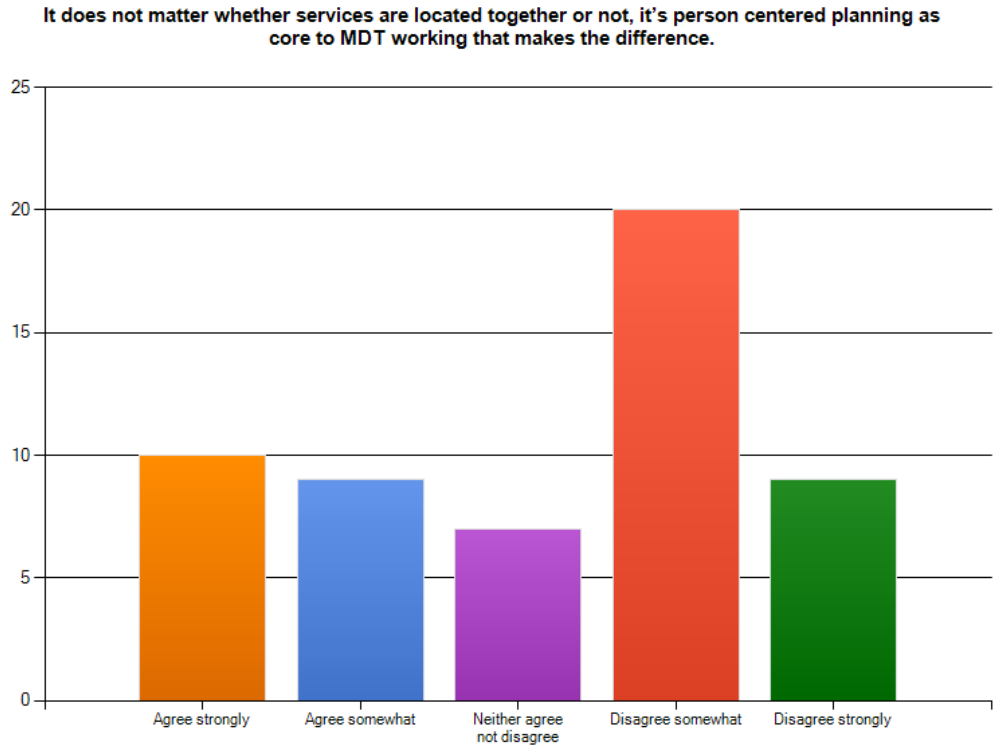
If professionals were not located together then the number of compulsory admissions under the MHA would go up

Fairly even split on responses to this question



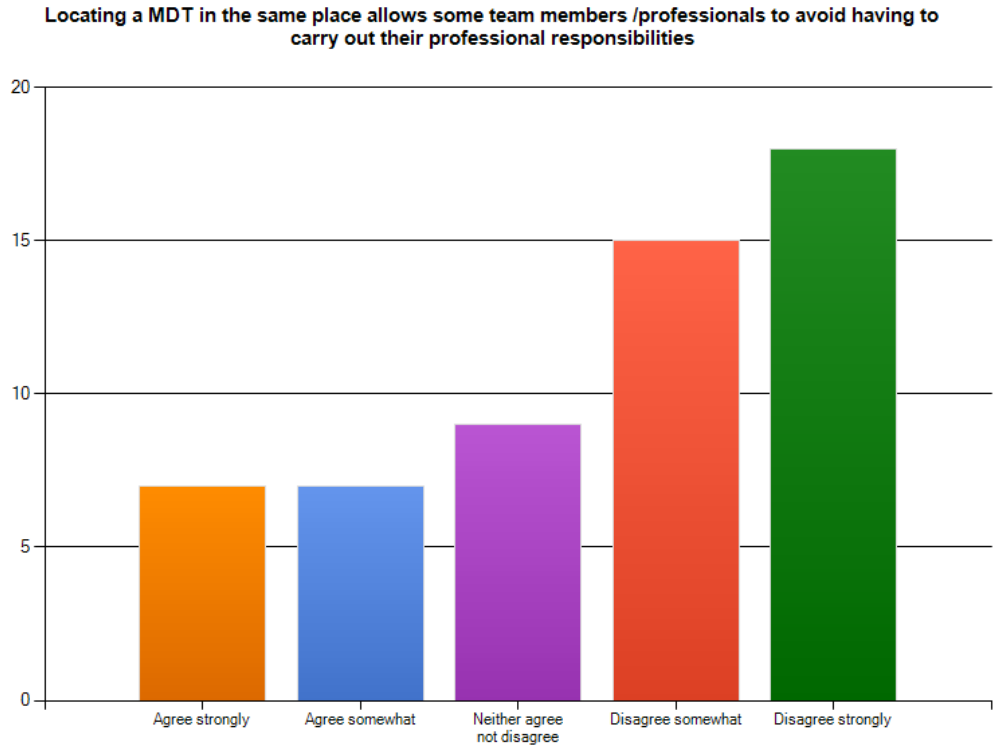
It does not matter whether services are located together or not, it's person centred planning as core to MDT working that makes the difference.

Fairly even spread



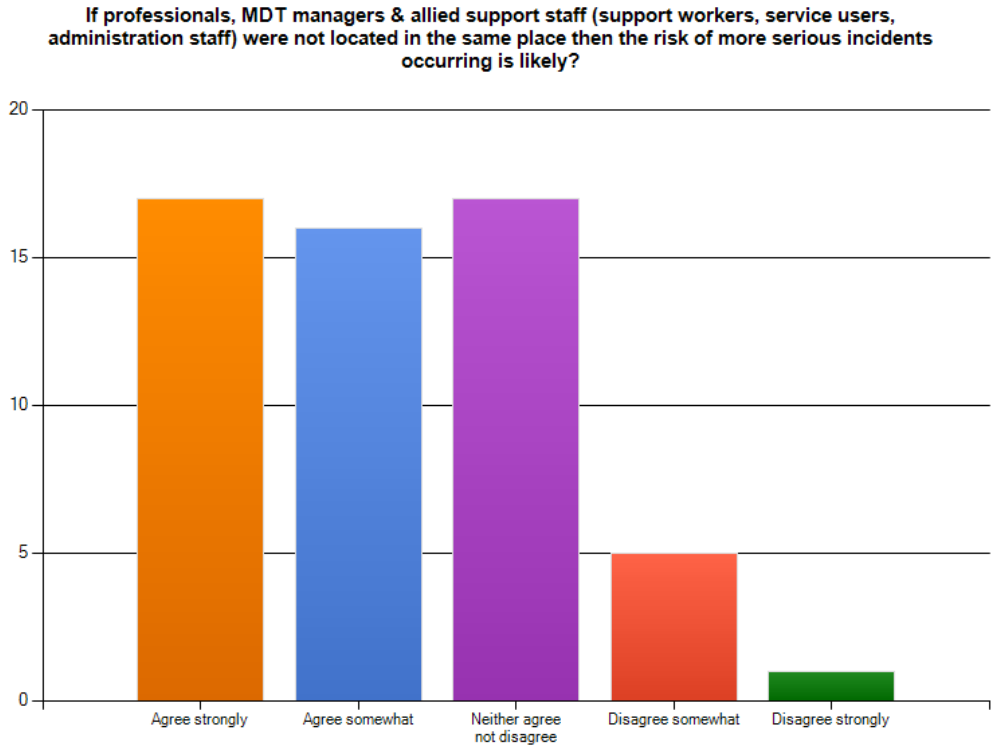
Locating a MDT in the same place allows some team members /professionals to avoid having to carry out their professional responsibilities

Some agreement that there is a danger



. If professionals, MDT managers & allied support staff (support workers, service users, administration staff) were not located in the same place then the risk of more serious incidents occurring is likely?

60% (33)agree strongly or agree somewhat 31% (17)neither agree nor disagree



Qualitative comments

"Working in a multi disciplinary team has many benefits for the service users their carers. Our whole team including OT's CPN's and social workers all work together offering a holistic approach to all service users. We have excellent relationships with the consultants within the teams that again ensures that any concerns or issues we have re service users can be shared and a plan put in place very quickly. if we were not located together it would be much more difficult to have these conversations and the preventative work that is carried out would not be as achievable as it is now".

"One of the main changes I have seen with the move into MDT working is that the social care agenda gets swallowed up by the health agenda - the number of social workers is limited and the health agenda takes over … We need to get back to basics and ensure the skill mix within whatever team we work within reflects the population needs and is able to meet individual service user need - otherwise we will end up missing the social care agenda and this I believe will end up putting service users in greater need ..... "

"At present there is still a strong commitment to multi disciplinary working in our trust. All the AMHPs in my team are strongly in favour and would be horrified at the idea that we would move away from multi-disciplinary working. Our relationships with the medics in particular have taken years to build and now work really well. We are much better advocates for our clients when we have close working relationships with other professionals".

"Forced to comply with a clinical model and used as a clinical practitioner. Social approach ignored and ridiculed. In five years gone from 70% of time with clients to now current 30% due to systems and tick box targets for payment by results. I wish to leave mental health as I feel social work value are undermined to the point of conflict with my NHS management".

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Qualitative comments

"MDT is a better way of delivery but social workers need to take responsibility for social care/safeguarding/social model. They should not become just the same as medical staff. All members of the team have common duties but different professions have different knowledge base/training. This should be acknowledged."

"Communication, networking, shared ownership of the work, trust are all engendered by working closely together".

"Mental health social work is in part too dominated by a medical model - lead by consultant psychiatrists and a medically orientated Trust".

"MDT Teams suffer from the hierarchy of professions with doctors taking the lead irrespective of the issues and their social care knowledge".

"If Social workers are not in MDT the least restrictive approach would be replaced by emphasis on compulsory detention and treatment".

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Qualitative comments

"Having worked in Integrated MH Team for last 7 years, we were pulled out and re-located back into generic area's but expected to 'carry on as normal'. New MH Social Workers have been unable to build positive relationships with PCT staff and I have noticed that the MDT's are not effective as we are no longer viewed as part of Recovery MH Services as social workers. The service-users did not want a central AMHP team and this was ignored as service-users felt locality AMHP's were best-placed to understand their situation as they would be part of a mixed MDT. I have notice that CPN caseloads went up as did Social Workers and often people are getting several visits from different team members whereas they had one person before".

"Myself and colleagues are being moved out of the CMHT to a generic team in January 2013. I feel that we will lose our specialism and best practice of MDTs will be reduced without the mixture of specialism."

"I feel that generic teams are not meeting the needs of the community. We are being expected to do tasks we are not trained or experienced to do, I feel cut off from additional knowledge and training which really developed me as a professional. I feel that disintegration was one of my county's worst ideas to date - it is failing service users and failing professionals. I am going to look for another job in an area where they are still integrated".

"Following being moved out of a CMHT "MH Act Administrators and Consultants have communicated with the Health Care Coordinator - rather than to me as an AMHP- about matters pertaining to the Act. Some nurses don't have required knowledge or confidence in this area as have been used to AMHP's advising or performing tasks as part of MDT. I don't have access to Health systems any longer and although there are plans to allow this, we are 20 months separated and it still hasn't happened. It all feels "on a wing and a prayer" There have been significant negative consequences for professional relationships both inter and intra agency. The information put out to Service Users has been insufficient; most relied on current workers to explain and many of them - health or local authority - didn't understand well enough to provide meaningful advice. Many staff working in independent/charity organisations providing first line support to MH Service users tell me they don't have a clue who is responsible for what anymore- and tend to find that workers they approach say that they don't know either... The Police are reporting an increase in difficulties in working alongside AMHP's and Crisis/Health staff during urgent situations as the services are now separated".

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Qualitative comments

"Having been pulled out of an MDT into a mental health social work team, we are now due to become part of a generic adult team. I feel deskilled and not valued. I am not allowed to practice therapeutic work I am trained and practiced in, including Dialectical Behaviour Therapy. Ironically there was more emphasis on individualised creative work with people and on social work values such as anti-oppressive practice and promoting a social model of mental health difficulties when I was in an MDT. Now all the focus is on assessing and commissioning services using personal budgets. 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. My colleagues without exception feel similar and I have yet to meet a service user who thinks that the new system is an improvement".

"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".

"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.".

"Social work approach and SW professional identity is a struggle to maintain when we are in such a minority. The Trust after several years of employing SWs still affords little priority to prof devpt; SW or social care often appears to be an afterthought. Many non-SW staff are undertaking community care-related statutory functions without adequate knowledge of legal framework. But generally, I like working in MDT; but the organisation has to do better in terms of social work".

"In this team I do believe we have a good MDT way of working and have CPNs and OTs sharing things like safeguarding and SDS. However I am aware that in other CMHTs within this Trust the social workers feel marginalised. CPN cutbacks in the trust mean that there are more social workers here and it would collapse without us".

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Problems with disaggregation

"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 coordinate. 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 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".

"Our senior managers in the trust are social workers and understand the importance of having social workers in a mdt, also as amhps we can give advice and guidance to other team members in team meetings and our offices re the mental health act."

I believe that the MDT approach works well for service users overall, social workers within MDT's 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.

After 22 years of successful joint integrated working we are moving backwards and no one can understand why we have been pulled out of the Trust

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Concerns about being moved from MDTs

"After 2o + years of successful joint integrated working they are moving backwards and no one can understand why".

"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 AMHP's left the team to find jobs elsewhere because of this"

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Advantages of not working in MDTs

"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".

"I have previously worked as a co located AMHP (ASW) within the same MDT building, but I have been with the DoLS team in LSSA for three years now and there is a positive difference in autonomy, professional accountability and standards of E recording in this setting. I would recommend independence from ' Health ' offices and culture , personally, and I see No need for a lowering of standards as a result".

"As an AMHP my independence from the clinical team supports my independence in decision making. i am still able to work with the MDT teams across … by affecting good communication skills and being open and available to offer support when needed".

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Advantages of not working in MDTs

"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".

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Summary

1. The survey shows that there are a lot of concerns about the ending of social work involvement in MDTs, concern is expressed by both those who have been moved out of MDTs and for those who potentially this may occur

2. Although there is widespread opposition to the actual or potential changes there is also criticism of the experiences of some social workers in MDTs in terms of their role
3. There is some evidence from our survey is that the many section 75 agreements have been poorly managed and very worryingly when the have been replaced this has been done badly.

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Conclusions

Crucially if section 75 agreements are ended is the question of what are they being replaced by?

Some social workers are saying to us that when they have been pulled out of trusts they have basically been used as an additional pair of hands to undertake general adult care management. Others however if they have been pulled back to a well-articulated community mental strategy and service that uses the strengths and knowledge of social workers and social care staff could be of benefit to service users and a positive experience for social workers.

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