

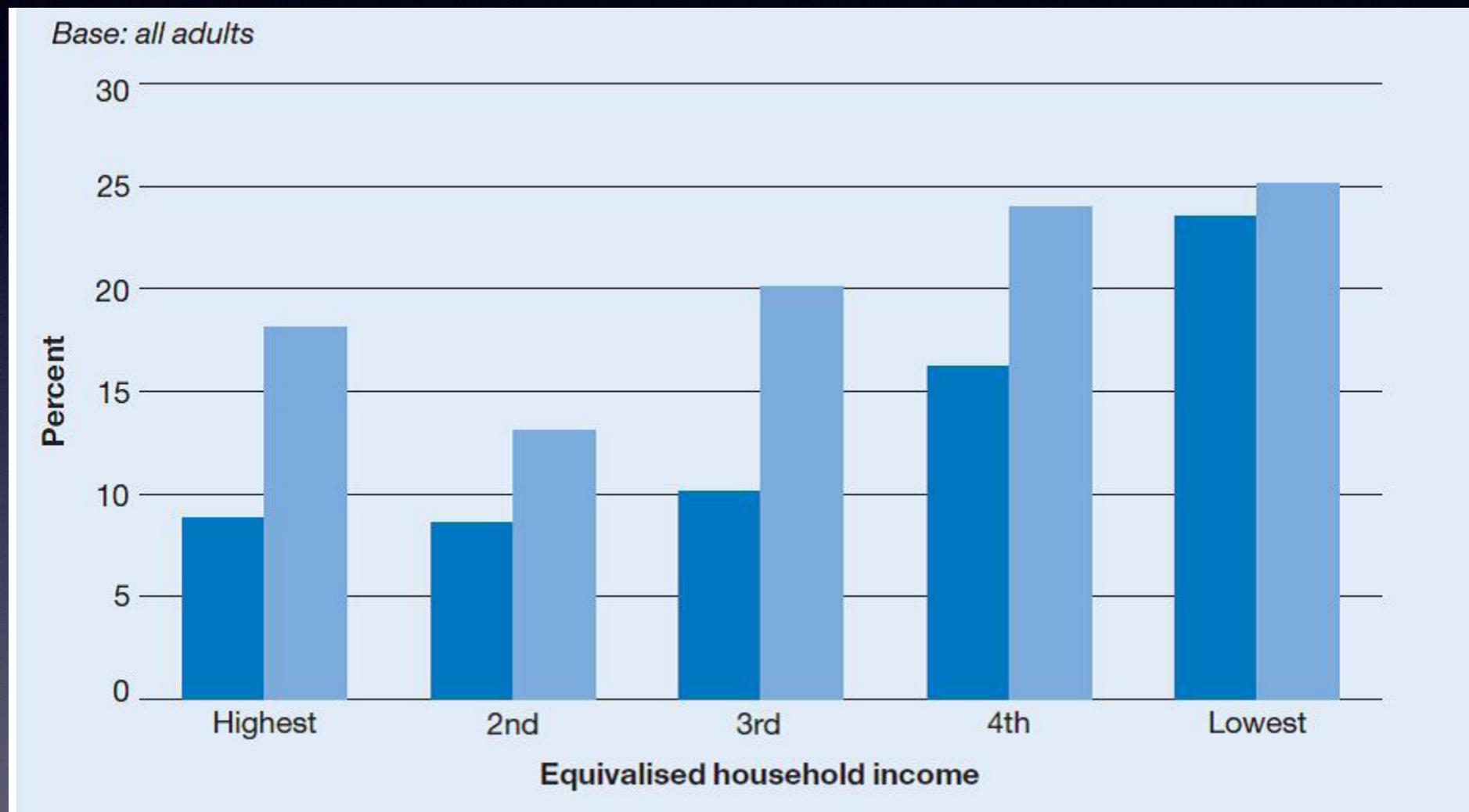
Preventative social work in mental health services - messages for commissioners

Ruth Allen, Chair of the Mental Health Faculty, College of Social Work
Director of Social Work, South West London and St George's Mental Health NHS Trust
Claire Barcham, Member of the College of Social Work Professional Assembly and EDT
Manager, LB Islington

- **One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood.**
- **Half of those with lifetime mental health problems first experience symptoms by the age of 14 and three-quarters before their mid-20s.**
- **Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed).**
- **One in ten new mothers experiences postnatal depression.¹¹**

- **Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.**
- **No health without mental health 2011**

Prevalence of any common mental disorder by household income, England 2007 (WHO 2014)



- Key: Pale bars: women; dark bars: men.

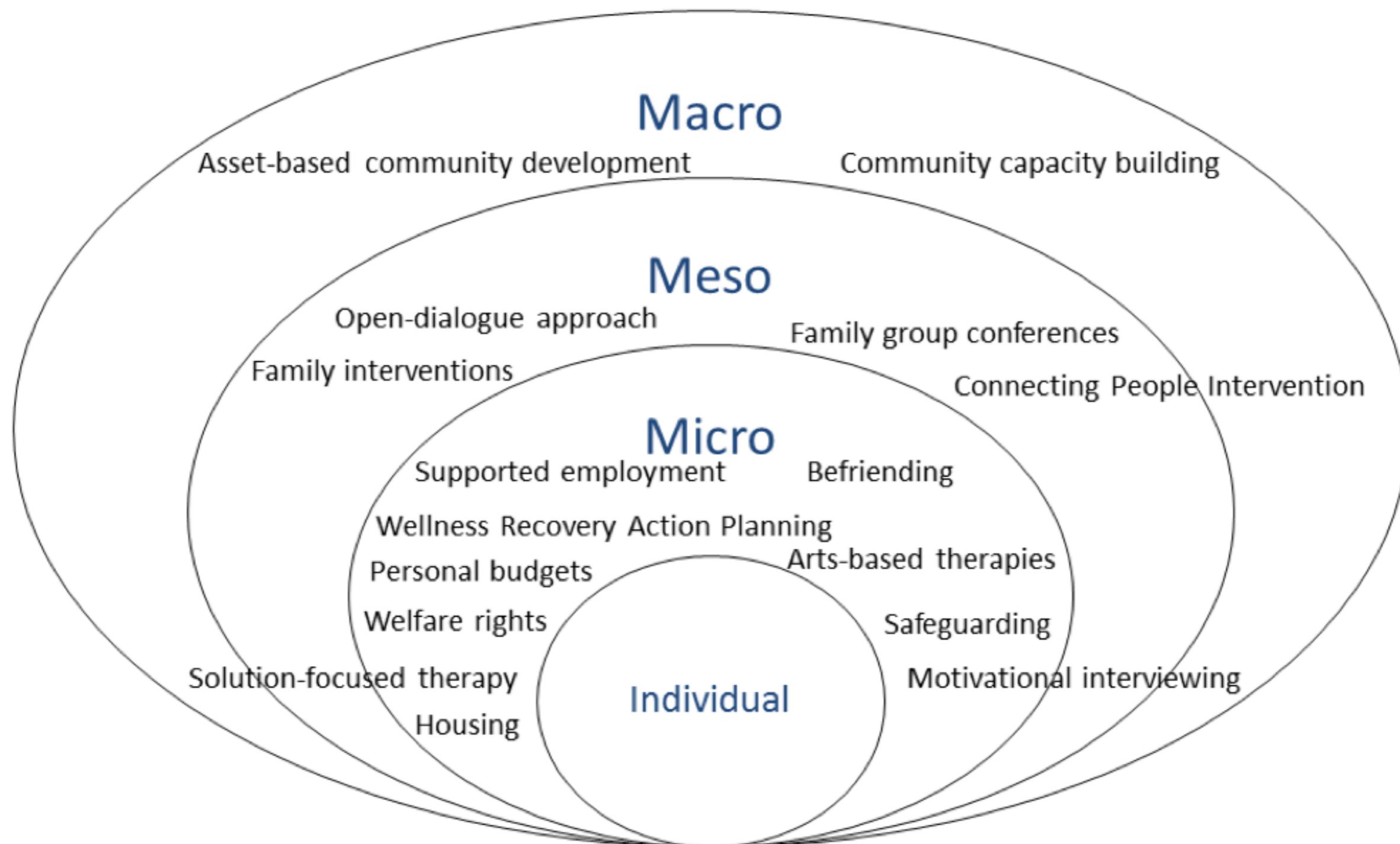
- *The involvement in legal work - in mental health as in child protection - brought a clear focus and social-professional recognition to mental health social work. The question is at what cost, and whether this is where MHSWs would like to remain in the 21st century.....in terms of the values social work stands for, where its contribution can be most useful for the clients and our society, as well as enabling greater professional satisfaction, MHSW would need to broaden its mandate and move beyond the role of the ASW to more full-scale psychosocial practice.*
 - *Ramon (2004)*

- *The case for preventive community social work is returning. Social workers are disheartened by bureaucracy and relationships with computers rather than families. Professor Brigid Featherstone and colleagues, at the Open University, criticise the present model geared to crisis intervention, particularly for children who are at risk of abuse. They propose teams based in local communities with users treated both as individuals and as members of the neighbourhood.*

Key areas: WHO 2014

- **Life-course:** Prenatal, Pregnancy and perinatal periods, early childhood, adolescence, working and family building years, older ages all related also to gender;
- **Parents, families, and households:** parenting behaviours/attitudes; material conditions (income, access to resources, food/nutrition, water, sanitation, housing, employment), employment conditions and unemployment, parental physical and mental health, pregnancy and maternal care, social support;
- **Community:** neighbourhood trust and safety, community based participation, violence/crime, attributes of the natural and built environment, neighbourhood deprivation;
- **Local services:** early years care and education provision, schools, youth/adolescent services, health care, social services, clean water and sanitation;
- **Country level factors:** poverty reduction, inequality, discrimination, governance, human rights, armed conflict, national policies to promote access to education, employment, health care, housing and services proportionate to need, social protection policies that are universal and proportionate to need.

Figure 1. Evidence-informed social interventions



Outcomes frameworks

‘People value a social work approach based on challenging the broader barriers they face; they place particular value on social work’s social approach, the social work relationship and the personal qualities they associate with social work. These include warmth, respect, being non-judgemental, listening, treating people with equality, being trustworthy, open, honest and reliable and communicating well.’

Shaping our lives - national service user network

The Role of the Social Worker in Adult Mental Health Services

Dr Ruth Allen,

Chair of the Mental Health Faculty, The College of Social Work

THE COLLEGE OF
SOCIALWORK
The voice of social work in England

The strategic aim of the College of Social Work mental health faculty

How can social work play an even greater part in improving mental health services and achieve better service user, family and community outcomes?

The offer of social work

- Social and rights based perspective
- Advanced relationship skills
- Focus on personalisation and recovery
- Work in partnership with service users, carers/families and communities
- Manage complex risks
- Manage complex legal frameworks
- Balance the rights of different parties
- Manage resources and help people manage their own

A. Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties and promoting the personalised social care ethos of the local authority.

B.Promoting recovery and social inclusion with individuals and families.

C.Intervening and showing professional leadership and skill in situations characterised

by high levels of social, family and interpersonal complexity, risk and ambiguity.

D.Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.

E.Leadng the Approved Mental Health Professional workforce.

A. Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties and promoting the personalised social care ethos of the local authority.

- i. Undertake assessments, determine eligibility and provide services under relevant social care legislation.
- ii. Facilitate fair access to social care funding.
- iii. Facilitate personalised support planning and personal budgets for eligible people.
- iv. Safeguard adults and children, providing practice expertise and systems leadership.
- v. Provide Mental Capacity Act expert practice and leadership.
- vi. Enable access to advocacy, vii. Undertake review and planning for those in social care funded accommodation and residential care, supporting quality assurance of residential establishments.
- viii. Promote carers' rights and access to assessments and resources.

B.

Promoting recovery and social inclusion with individuals and families.

- i. Within assessments and interventions, identify and address social exclusion, its causes and effects on wellbeing and mental health (e.g. poor housing, poverty, racism, homophobia, social isolation, stigma, self-neglect, unemployment) including the compounded impact of multiple disadvantage and exclusion.
- ii. Work to support social inclusion and active citizenship in ways that promote self determination and reduce long term dependency on services (e.g. enabling people to set and achieve their own inclusion and recovery goals)
- iii. Recognise and challenge mental health stigma and discrimination - within services, communities and wider society
- iv. Be skilled and knowledgeable about (multidisciplinary) recovery-focused practice, emphasising hope, control and opportunity as core to the culture of the mental health system

C.

Intervening and showing professional leadership and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.

i) Lead practice with families where there are particularly complex care or health risks and often multiple needs, including working in a 'Think Family' way to support children and adults in families where there are parental mental health problems.

ii) Lead practice in situations of violence and/or abuse – including complex safeguarding matters, domestic abuse, organised abuse, co-existing mental health and substance use problems.

iii) Intervene in situations where social and environmental circumstances (e.g. housing, environmental services, financial matters, immigration or other legal problems) and psychosocial factors interplay and require a mature and containing holistic intervention.

C

- iv. Intervene in situations where a whole lifespan or intergenerational perspective is required (e.g. in situations where people are dealing with the lifelong impact of childhood trauma or abuse, or where patterns of risk between generations in families need to be understood).
- v. Provide cross-disciplinary supervision and/or management in situations of high social complexity and risk (e.g. around child or adult safeguarding).
- vi. Undertake specialist training to take on new, highly specialised, complex roles (e.g. the Responsible Clinician role, future MCA practice leadership roles, systemic and group interventions with families and social network).

D.

Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.

- i. i. Develop skills and knowledge to undertake community-focused practice (e.g. working with community organisations to open up opportunities for people with mental health problems; breaking down the barriers to universal services and community assets; helping to stimulate opportunities for informal and voluntary sector support, volunteering activity and work opportunities).
- ii. ii. Work with, e.g. primary care services, schools and other universal and community services and points of first contact, for earlier identification of mental health problems and intervention, e.g. making links across adults and children's services, supporting identification in adolescents, identifying and supporting young carers and supporting earlier intervention through primary psychosocial interventions.
- iii. iii. Work co-productively with citizens, including service users and carers, to co-produce innovative projects, service models and approaches (e.g. that promote mental health in the community, identify unmet need or reduce stigma).

E. Leading the Approved Mental Health Professional workforce

It is expected that a large proportion of social workers in mental health will continue to train as AMHPs and will work in roles where this is all or a significant part of their work. This is not a social work specific area of practice, but social work should continue to provide the lead as the curriculum for training is based on social work knowledge, values and perspectives. AMHP roles should be consistently supported by:

- i. An identified AMHP service lead or manager ensuring the availability of AMHP professional and legal advice, supervision and a development programme.
- ii. Workforce management and succession planning to ensure on-going sufficiency of AMHPs and good workload management.
- iii. Forums whereby systemic issues affecting AMHP practice can be resolved, e.g. with partners such as the police and ambulance service.
- iv. Collation and use of AMHP intelligence and data to inform best practice and improvement locally.
- v. The involvement of the local authority at a senior level in local strategic, multiagency planning for mental health services.

How does social work fit alongside other professions?

- A social assessment perspective
- Distinct capabilities
- Ability to deliver/coordinate strengths based social care to individuals and families
- A human rights based approach
- A focus beyond the individual - family, network, community

The opportunity of the Care Act

- Wellbeing
- Information
- Prevent, reduce, delay
- Holistic strengths based assessment
- Family involvement
- Resilience and community capacity

The pre-conditions for great social work and a strong workforce

- Very strong operational management of social work practice.
- High level and locally available professional leadership.
- Opportunities for social work and interdisciplinary career advancement.
- Access to continuing social work professional development.
- High-level organisational commitment to excellent social work practice.
- Clarity about the priorities and roles of social workers - integrated into

Professional Capabilities Framework for Social Workers

