Social Work and Social Care Research Contribution to Health Agenda: Mental Health

Professor Michael Sheppard,   University of Plymouth

The relevance of social work

Mental Health and illness are as much matters for social disadvantage and social exclusion as they are for biology and medicine. This relates to both causes and consequences: stigma, social isolation and problematic social functioning all being associated with mental illness. According to the Social Exclusion Unit Mental Health problems cost an estimated £77 billion per year.

Social work, whose realm of interest lies in the 'social', clearly has a major role to play. However, the field of mental health is served by a number of professions, and there are considerable overlaps in practice. It is well, therefore, to start with a very succinct identification of distinctive aspects of social work

The <u>central concern</u> of social work is on <u>social exclusion</u>. Social work has always operated at the interface between social exclusion and inclusion, even before the term was invented. It operates in a range of areas – child care, mental health, older people, learning disability and so on - the common characteristic of which is social exclusion. Social work's interest in mental health, therefore, derives from its concern with social exclusion

The <u>context</u> for social work practice is the micro social – that is individuals, families and groups in their immediate social environment.

The key <u>focus</u> for social work is the <u>psychosocial</u>. Social work operates at the interface between the immediate social circumstances and influences on people and their 'internal' capacities to cope and thrive in society

These basic features help us to understand the potential social work contribution.

The issues

Mental health is one of the great 'domains' of social work (alongside child care, older people and perhaps physical health). This, therefore, has to be a very selective research review. I have chosen to look at three areas:

- The contribution to those 'at risk'
- Holistic approaches and Quality of Life in mainstream mental health provision and
- Mental health outside the mainstream

'At risk' patients

Research by Barnes et al (1990) and Hatfield (2007) broadly agree: those referred and admitted are more likely to be disadvantaged (e.g. in unemployment/lacking home ownership), with an over representation of Afro Caribbean people. Hatfield identified a growing emphasis on single men, associated with concerns about 'dangerousness' while Barnes found ASWs played a significant role diverting people from compulsory admission.

Did ASWs have something distinctive to offer the process? Evidence about SW judgement and decision making is patchy. Warner and Gabe (2006) suggested males are more likely to be considered 'risky' and, furthermore, female social workers were more likely to regard women as high risk because of impaired child care capabilities. My earlier study, however, showed ASWs played a critical role in preventing admission of women based on gendered assumptions (Sheppard, 1991a).

The most extensive work on judgement and decision making was my own dating back to the early 90s, predominantly using in depth qualitative methodology. One study showed ASWs flexibly and intelligently making assessments on the basis of the social circumstances of the patient (Sheppard, 1991b).

More fundamentally another of my studies showed social workers displaying a '**social risk**' approach, complementing that of doctors (Sheppard, 1990). ASWs drew upon a risk assessment framework generic to practice (for example similar to child protection), emphasised its assessment through social behaviours and social contexts, rather than a mental health diagnosis *per se*, and achieved this through a particular focus on the 'health or safety/protection of others' criteria for admission. This created a 'productive tension' with doctors whose expected 'centre of gravity' focused more on mental health status (neither, though was exclusive).

I later [mid 90s] developed the Compulsory Admissions Assessment Schedule (CASH), based on earlier research, a practitioner instruments designed to promote clarity in assessing risk and encourage consistency in decision making (Sheppard, 1993). Its evaluation showed it was practical to use, was viewed positively by practitioners, generally distinguished clearly between those to be sectioned and those not sectioned showing ratings of risk consistent with decision making and improved accountability.

This is particularly interesting in view of Langan's research (2007) expressing concerns about risk assessment procedures, subjectivity, poor record keeping and fears of abuse of patients' rights. Some of these issues are addressed in *Best Practice in Risk Assessment*, which emphasises the importance of *positive* risk management. However a more comprehensive adoption of CASH may well have dealt with these issues

Mainstream Mental Health Services

The mainstream provision of mental health services is so wide that we cannot hope to provide a general review. I shall focus on evidence about the distinctive contribution of social work in an increasingly integrated environment.

The promotion of 'joined up services' with an emphasis on interprofessional collaboration' was a key aspect of the [1999] National Service Framework for Mental

Health and subsequent policy documents. Assertive Outreach, Crisis Assessment and Home Intervention teams have developed to provide a more responsive and integrated approach to mental health needs in the community. Yet from within social work concerns have been expressed that the integration process, care management and the care programme approach have diminished the distinctive contribution of social work. What can social work offer?

Care management and CPA, with an emphasis on assessment, review and evaluation, runs (according to Jacobs et al, 2006) the risk of focusing on care brokerage (i.e. procuring care packages) and practical support. Various studies published after 2000 have shown, however, that there was a professional preference for including counselling and emotional support alongside assessment planning and review (Jacobs et al, 2006) while service users value, and respond positively, to social workers who provide practical help, counselling and advocacy (practical and emotional support) (SSI, 2004; Gilbert, 2003 & 2008; Humphries and Thiara, 2003; Foster, 2005)..

A key aspect here is the *enduring nature of these observations*. In the early 90s pathfinding research carried out separately by Kate Woof in the North West and me in the South came to exactly these conclusions (Wooff et al, 1988a & b; Sheppard, 1991c, 1992 a & b, 1993b). These showed social workers worked holistically, were task oriented and systematic, displayed therapeutic skills, and were markedly appreciated by most clients. A key aspect of, in particular my research, was the close relationship between theory and practice: that social work interventions were highly consistent with the psychosocial training and models that they used (Sheppard, 1991c).

These findings were repeated by Slack and Webber (2008) and Cottrell and colleagues (2000) who have also shown social workers were more likely than other practitioners (in adult mental health) to identify support for children, in an initiative designed to improve multi disciplinary work.

Such holism does not, of course, exclude researching improvements in the assessment-review role. Engagement of service users in practice is mirrored by their engagement in research, through participative methodologies, of Tew, Gould and others (2006), and Oliver and Huxley's work in Quality of Life Assessments help us move towards rigorous need and outcome assessments (Oliver et al, 1997; Van Nieuwenhuizen, et al, 2001)

Mental Health outside the mainstream

The general recognition of the widespread nature of mental health problems has led to various initiatives from the *Defeat Depre*ssion agenda to the *Access to Psychological Therapies* programme. Depression is a major issue in child and family care social work practice, yet it is clear that a response to it is not generally integrated in practice.

In a series of research studies I have shown that, as we ascend the tiers or levels of prevention (community facilities) so rates of depression increase significantly (Sheppard, 1996, 1997a; 2001a; 2005; 2008)

Rates of depression in mothers

- Health visitors   11-13%
- Children's Centres   18%
- Applicants to child care social services 31%
- Child care social work caseloads   44%

Yet while we see depression as a live issue in health visitor and midwifery practice, it has a far lower profile in social work with children. Furthermore as rates get higher so they are associated with more pervasive and severe social, familial and child problems, and risk to children. The most severe risks I found occurred where depression and drug or alcohol use were combined (Sheppard and Woodcock 2002). Child protection cases had the highest rates of maternal depression (Sheppard, 1997b)

Depression is not only an understandable response to social problems and disadvantage, it has pernicious effects on the capacity to deal with those problems, undermining social functioning. We see that, as problems escalate, so do rates of depression, in turn undermining the capacity of parents to face and resolve these problems

Yet we find the following characteristics in child care social work (Sheppard, 1997a; 2001a; 2001b; 2004)
- most depression in caseloads went unrecognised as a clinical condition.
- only about 10% of depressed mothers on social work caseloads had access to specialist mental health practitioners
- The presence of depression demonstrably and significantly undermined the quality of partnership between social workers and mothers as primary carers
- Social support interventions, while widespread, were often haphazard and not necessarily directed to areas of greatest support needs
- Mothers felt a profound sense of 'exclusion', as the paramouncy principle for child welfare was interpreted as a remit to ignore the mother's needs in her own right

All these features were directly related to the mother's depression. Why did they occur? The short answer is that the very policies to break down barriers and create interdisciplinarity *within* mental health erected barriers *between* mental health and child care.

Conclusion

We see here the relevance of social work research to a range of policy agendas: the Mental Health Amendment Act, Social Inclusion, Care Programme Approach, Access to Psychological Therapies, Options for Excellence, and National Services Framework [plus partnership working with children and families].

Significant issues emerge relating to the contribution of social work:

<u>On mainstream services</u>: what is the balance between planning around skills and competencies and the distinctive contribution social work has to bring? How can social work contribute to more effective delivery and outcomes? And how can we ensure social workers are best educated for roles within mental health?

<u>On 'At Risk' Patients</u>: To what extent will non social work professionals become AMHPs? Will they operate differently from ASWs? How far will the productive 'social risk' and 'mental health' orientations prevail; if not what will replace them? How well will they ensure the needs and the rights of patients are properly in balance? And so on

<u>On work outside the mainstream</u>: how can we break down barriers between mental health and child care services to respond better to need? how can mental health services be more effectively brought to this group? what skills and knowledge development can occur with child care social workers? What would be the outcomes of initiatives undertaken?

REFERENCES

Barnes, M. Bowl, R. and Fisher, M. (1990) *Sectioned: Social Services and the 1983 Mental Health Act*, London, Routledge

Cottrell, D., Lucey, D., Porter, I., and Walker, D. (2000) 'Joint working between child and adolescent mental health services and social services – the Leeds model', *Clinical Child Psychology and Psychiatry*, 5, 4, pp 72-79

Foster, J. (2005) *Where are we going? The social work contribution to mental health services*, Social Perspectives Network for Modern Mental Health, http://www.spn.org.uk/index.php?id=1000

Gilbert, P ((2008 access) *Integration of Health and Social Care: Promoting Social Care Perspectives within Integrated Mental Health Services*, www.spn.org.uk

Gilbert, P. (2003) *The Value of Everything: Social Work and its Importance in the Field of Mental Health*, Lyme Regis, Russell House

Hatfield, B. (2007) 'Powers to detain under mental health legislation in England and the role of the Approved Social Worker: An analysis of patterns and trends under the 1983 Mental Health Act in six local authorities', *British Journal of Social Work*, Advance Access

Humphries, C. and Thiara, R. (2003) Mental health and domestic violence: 'I call it symptoms of abuse'', *British Journal of Social Work*, 33, pp 209-236

Jacobs, S., Hughes, J. Challis, D., Stewart, K. and Weiner, K. (2006) 'From care management to case management: what can the NHS learn from the social care experience?' Journal of Integrated Care, 14, 3, p 22-31

Langan, J. (2007) Mental health, risk communication and data quality in the electronic age, *British Journal of Social Work*, Advance Access, published November 27th 2007.

Pilgrim, D. and Rogers, A. (2003) *Mental Health and Inequality*, Basingstoke, Palgrave Macmillan

ODPM Social Exclusion Unit (2004) *Mental Health and Social Exclusion*, London, Social Exclusion Unit in the Office of the Deputy Prime Minister

Oliver, J., Huxley, P., Bridges, K. and Mohamad, H. (1997) *Quality of life and Mental Health Services*,

Orel, N.A., Groves, P.A., and Shannon, L. (2003) 'Positive connections: a programme for children who have a parent with a mental illness', *Child and Family Social Work*, 8, 2, pp 113-122

Slack, K. and Webber, M. (2008) 'Do we care? Adult mental health professionals' attitudes towards supporting service users' children', *Child and Family Social Work,* 13, 1, pp 72-79

Sheppard, M. (1990) *Mental Health: The Role of the Approved Social Worker*, Sheffield, Sheffield University Press, Social Services Monographs

Sheppard, M. (1991a) 'General practice, social work and mental health sections: the social control of women', *British Journal of Social Work*, 21, pp 663-83

Sheppard, M. (1991b) 'Referral source and process of assessment: a comparative analysis of assessments for compulsory admission under the Mental Health Act, 1983', *Practice*, 5, 4, pp 284-99

Sheppard, (1991c) *Mental Health Work in the Community: Theory and Practice in Social Work and Community Psychiatric Nursing*. London, Falmer Press

Sheppard, M. (1992a) 'Client satisfaction, brief intervention and interpersonal skills', *Social Work and Social Sciences Review*, 3, 2, 124-150.

Sheppard, M (1992b) 'Contact and collaboration with general practitioners: a comparison of social workers and community psychiatric nurses', *British Journal of Social Work*, 22, 419-436.

Sheppard, M. (1993a) 'Theory for Approved Social Work: The Use of the Compulsory Admissions Assessment Schedule', *British Journal of Social Work*, 23, 3, pp 231-257

Sheppard, M.(1993) 'Client satisfaction, extended intervention and interpersonal skills', *Journal of Advanced Nursing*, 18, 246-259.

Sheppard, M. (1996) Depression in the work of British health visitors: clinical facets. *Social Science and Medicine*, 43, 11, 1637-1648

Sheppard, M. (1997a) Social work practice in child and family care: a study of maternal depression. *British Journal of Social Work*, 27, 6, 815-47.

Sheppard, M. (1997b) Double jeopardy: the link between child abuse and maternal depression in child and family social work, *Child and Family Social Work*, 2, 2, 91-109

Sheppard, M. (2001) *Social Work Practice with Depressed Mothers in Child and Family Care*, London, Stationery Office (HMSO)

Sheppard, M. (2004) 'An evaluation of social support interventions with depressed mothers' *British Journal of Social Work., 34, pp 939-960

Sheppard, M. (2002) 'Mental health and social justice: gender , race and the psychological consequences of unfairness', *British Journal of Social Work*, 32, pp 779-97

Sheppard, M. (2005) Mothers' coping strategies as child and family care service applicants, *British Journal of Social Work*, 35, pp 743-759

Sheppard, M. (2006) *Social Work and Social Exclusion: The Idea of Practice*, Aldershot, Ashgate

Sheppard, M. (2008) 'Depression in children's centre users', unpublished paper.

SSI (Social Services Inspectorate (2004) *Treated as People: An Overview of Mental Health Services from a Social Care Perspective*, 2002-2004, London SSI

Tessler, R. (2000) *Family Experience with Mental Illness*, Westbourne Connecticut, Aubern

Van Nieuwenhuizen, C., A H Schene, A.H. , Koeter, M.W. and Huxley, P.J. (2001) 'The Lancashire Quality of life profile: modification and psychometric evaluation', *Social Psychiatry and Psychiatric Epidemiology*, 36, 1, 36-44

Warner, J. and Gabe, J. (2008) 'Risk, mental disorder and social work practice: a gendered landscape' *British Journal of Social Work*, 38, 1, pp 117-134

Woodcock, J. (1995) 'Group work using task centred methods as a potential way of helping with maternal depression', *Journal of Social Work* Practice, 9, pp 73-84

Woodcock, J. and Sheppard, M. (2002) 'Double trouble: maternal depression and alcohol dependence as combined factors in child and family social work', *Children and Society*, 16, pp 232-45

Wooff, K. Goldberg, D. and Fryers, T. (1988a) The practice of community psychiatric nursing and mental health social work in Salford. Some implications for community care', *British Journal of Psychiatry*, 152, pp 783-92

Wooff, K. and Goldberg, D. (1988b) 'Further observations on the practice of community care in Salford: differences between community psychiatric nurses and mental health social workers', *British Journal of Psychiatry*, 153, pp 30-37