



Leading Social Care In Integrated Mental Health Services

Social Care Strategic Network for Mental Health (S.C.S.N.), Position Paper No1.

THE POSITIVE FUTURE OF SOCIAL WORK IN MENTAL HEALTH: Improving the mental health of individuals and communities

Key messages

- The work of the Social Work Task Force and Reform Board makes this an exciting time in the development of social work. It is also an exciting time in the further deinstitutionalisation of mental health services. SCSN believes that social work - and its values - can become a more powerful force in shaping the mental health landscape.
- Social work is rooted in empowering and supporting people within their social contexts and promoting access to citizen entitlements. It should play a vital part in driving whole persons, whole systems approaches.
- The imperatives of personalisation, recovery, social inclusion and advancing human rights provide an important policy context for an invigoration of mental health social work.
- Social workers are particularly skilled in addressing abuses of power and tackling exclusion and inequality – vital to improving mental health.
- Social workers should consolidate their skills to work effectively and creatively to promote social cohesion and harmony in an increasingly diverse society, as well as working effectively with individuals.
- SCSN welcomes the Social Work Task Force (2009) conclusions, including the focus on standards, quality supervision, a better career structure, a revamped framework for continuing professional development and an independent national college for Social Work.
- To embrace these opportunities, enhanced professional development and innovative leadership of mental health social work is needed at all levels, creating a stronger professional structure

Visions of the future: improving societal mental health

***“There is no health without
mental health”***

*(World Health Organisation Mental
Health Gap Action Programme
[http://www.who.int/mental_health/mhg
ap/en/index.html](http://www.who.int/mental_health/mhg
ap/en/index.html) Accessed April 2010)*

Recent national policy and key position papers in mental health look to a future society that understands and attends to public and individual mental health more positively. The vision for 2015, produced by the Local Government Association, NHS Confederation, the Sainsbury Centre for Mental Health and the Association of Directors of Adult Social Services (SCMH, 2007) envisages mental well-being as the concern of all public services. While there will still be people who live with debilitating and long-term mental health challenges,

*“the focus of public services will
be on mental well-being rather
than on mental ill-health. The
balance of power will no longer
be so much with the system, but
instead there will be more of an
equal partnership between
services and the individual who
uses, or even chooses, them”*
(ibid p1)

The Department of Health’s new strategy for the next decade of mental health service development, *New Horizons* (DH

2009), looks across all aspects of society and the need to:

“reduce the burden and long-term consequences of mental health problems by setting out a framework for early intervention and promoting well-being across society”

(ibid p11).

New Horizons looks to a future where mental health services are increasingly integrated into the business of universal services. This includes schools and colleges, primary care and community organisations, accelerating the deinstitutionalisation of our national approach to mental health services and public mental wellbeing.

This vision of mental health services – seeing good mental health as rooted in positive ordinary relationships and as a right for all for all citizens - is essentially socially driven. It draws upon the theory and practice bases that have been traditionally most developed in the social science underpinnings of social work.

Recovery and Personalisation

The conditions and tools for transforming mental health practice come in large part from the growing consensus about the importance of the recovery approach and national policy on personalisation.

Recovery approaches originated in the political and personal self-advocacy of people using services themselves and have gained increasing support amongst practitioners, managers, citizens using services, policy members, academics and commentators internationally. A cross professional position paper on Recovery sets out a 'core belief' that:

'adopting Recovery as a guiding purpose for Mental Health Services favours hope and creativity over disillusionment and defeat.'

(SCIE 2007 piv)

Common themes in recovery include:

- *The pursuit of health and wellness*
- *A shift of focus from pathology and deficits to opportunities and strengths*
- *The power of hope and belief in positive change*
- *Meaning and spiritual purpose as crucial to mental wellbeing*
- *Approaches to support modelled on mentoring and coaching rather than 'counselling' and supervision*
- *Identity explored as a cultural issue*
- *Social inclusion (housing, work, education, leisure)*
- *Empowerment through sharing information, co-*

creating understanding and promoting dialogue

- *Personal wisdom encouraged in professional practice.*

(Adapted from ibid).

Personalisation also has its origins in the demands and dissatisfactions of people using services – and feedback from the wider public about what they expect in the future. The agenda set out in the 2006 White Paper *Our Health, Our Care, Our Say* (DH, 2006) and developed further in the interministerial concordat *Putting People First* (DH 2007b) focuses attention on promoting independence, optimising choice and control, delivering services closer to home and tackling inequalities.

Personalisation is driving change across the whole public sector and should provide the practical organisational infrastructure to promote recovery approaches in mental health. The local government circular on implementation of personalisation in social care, *Transforming Social Care* (DH, 2008) called for a whole systems approach to bring in preventative and partnership approaches so that:

"...services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive"

(ibid, p4).

Changing systems, changing professions

Personalisation and recovery imply a new relationship between citizen and the expert professional in which the latter becomes an enabler of user-chosen outcomes rather than a director of expert interventions. Expertise moves from being something 'owned' by the professional to something created through the interaction between subjective citizen experience and the important knowledge and skill brought by the professional. Professionals help to create the conditions within which people can better use their strengths and make choices according to their aspirations and capacities.

As Turner puts it:

"...if the professional worker is able to create the right conditions, the journey and its outcomes properly belong to the person who goes through the process"

(Turner, 2009, see also Moss, 2005 and Golightley, 2008).

Social work has traditionally resisted defining itself in terms of top-down, expert professionalism, maintaining a questioning and self-reflexive position in relation to its power to intervene in the people's lives and use its controlling authority.

This has sometimes led to it being criticised for diffusing its

formal professional power in comparison with more positivistic and assertively focused health professions. However, this stance means that social work should be particularly well placed to embrace the changing relationship between citizen and practitioner in the future.

Social work's self-aware, reflective and subjectively-oriented approach may have found its moment.

Sarah Carr quotes some preliminary research indicating that

"Some social workers view the personalisation developments as an opportunity for them to return to the traditional social work role of enabling vulnerable people to achieve their potential"

(quoted in Carr, 2008, p16).

To embrace the opportunities of mental health social work going forward, there may need to be significant changes in roles, priorities and professional identity. With the opening up of the Approved Mental Health Professional role to other disciplines (in place of the Approved Social Work role), the structural niche that had been defined for mental health social workers in adults services in particular is changing. New

niches will need to be grasped by professional and organisational leaders - and by the practitioner workforce itself. These niches will emerge from the demands of citizens using services, the communities to which they belong, the demands of organisations and the positive perspectives of the profession.

Social work – locally, and nationally - must be proactive in shaping its role for the future.

Balancing self-determination and protection – social work’s specialism?

“I don’t want people to control my life for me, I want to control it myself”

(Carr 2008, p1).

As well as enabling choice and control, the personalisation agenda also needs to embrace the age old dilemmas of autonomy versus paternalism in relation to the state’s responsibilities towards citizens. Reducing professional and bureaucratic control over how resources are used on behalf of others and placing this control more squarely under direct citizen control has been described by some in terms of enhanced ‘consumer power’.

However, this can be interpreted as denying the inequalities in people’s access to the knowledge or personal resources needed to exercise choice and control. It can also be seen to weaken the opportunities for people to gain power from collective identities, arising out of shared experiences as people’s needs are seen as individual and separate.

Health and Social Care researcher, Professor John Glasby argues (in Ivory, M 2007) that such a squarely consumerist position may focus on ‘choice’, but can leave the individualised, atomised consumer weak in the marketplace as individuals may not be able to really shape what is available to them to use or buy.

Social philosophers such as Bauman (1997 and 2007) and social scientists such as Beresford (2007) have expressed concern that some current approaches may risk over-emphasising the responsibility of the individual to solve all their challenges - as though all of these were entirely of the individual’s own making or in their gift to resolve with a little help or advice.

Perhaps what is needed is a stronger notion of ‘citizenship’ which should place the individual in the context of their social and

legal rights and responsibilities – and the responsibilities of others towards them. A citizenship approach may see personalisation as honouring a fundamental moral obligation to help citizens meet their needs (after Glasby in *ibid*). In this view he points up the importance of balancing individual choice making and mutual, interdependent responsibilities of civic society.

Duties to protect vulnerable people and safeguard adults from harm, especially when they lack mental capacity to safeguarding themselves, must be balanced with autonomy and this is a core function of mental health social work.

Leaders and practitioners in health and social care face new challenges to create modern approaches that integrate individual autonomy and societal responsibility. The Mental Capacity Act 2005 (MCA) is an important tool in improving practice, promoting the self-determination of those to whom we might previously have taken a more paternalistic stance and offering a more systematic way of determining when protective interventions should be made.

The MCA draws all health and social care professionals and staff groups into managing these tensions but these are dilemmas and tensions with which social work has

traditionally particularly grappled and should provide leadership.

The Association of Directors of Adult Social Services (ADASS), in the discussion paper: *Mental Health into the Mainstream* (2008) stresses the essential integration of the individual and their societal rights, opportunities and mutual responsibilities – their citizenship - in as much as it is represented in and attended to through local democracy:

“...we believe that social care’s retreat from mental health has gone too far and that we need to re-assert the connections with the wider local government agenda and Local Strategic Partnerships, so that people with mental health needs can have better access to housing, education, work, leisure. Place shaping is about mental and physical well-being as much as it is about the public realm.”

(ibid p5).

Social work and social cohesion: the ongoing challenge of tackling inequality and oppression

Easy travel, post-colonial politics. globalised economics, the expansion of the European Union and other connections between nations, ethnicities and racial groups have created a considerable complexity of cultures and sub-cultures in the UK (See Stuart Hall’s essay on new ethnicities in Morley and

Chen, 1996 also Fanshawe, S and Sriskandarajah, K, 2010).

Within this diversity, as Beckford et al, in their research for the Office of the Deputy Prime Minister and the Department of Communities and Local Government, pointed out, faith is of growing importance in understanding social diversity, alongside ethnicity (Beckford et al, 2006). But just as an individual's ethnicity only gives a certain number of pointers towards that person's identity, so an individual's faith affiliation is not something that can be taken as a simple categorisation. Faith will usually, for instance, be embedded in a cultural and familial context and specificity (see Coyte et al, 2007 and Sewell, 2009).

Ethnic, racial, cultural and faith diversity in Britain today remain riven by inequalities. These are played out in differential experiences of mental wellbeing and unequal access to resources.

Social Work's focus on challenging discrimination and oppression is never more vital than it is today (see Thompson, 2003 and chapters by Carr and Ferns in Tew, 2005). Moving forward, this needs to be an imperative not only at an individual and family level but also potentially at the level of the community and society.

Social work's heritage in community activism will be an essential and distinctive part of its contribution to mental health in coming years.

Raising the visibility of social work's core skills

SCSN endorses the statement in the Social Work Taskforce Final Report that:

'When people are made vulnerable – by poverty, bereavement, addiction, isolation, mental distress, disability, neglect, abuse or other circumstances – what happens next matters hugely. Good social workers can and do make a huge difference in these difficult situations. They are needed now as much, if not more, than ever. Their professional skills and knowledge can help people to take back control of their lives, through a genuine partnership between the social worker and the service user. When this is not possible, and people are at serious and significant risk, social workers can use statutory powers to resolve the crisis.

(Social Work Task Force Final Report 2009 p7)

Social workers try to improve the circumstances of people who are vulnerable or face social exclusion, both by encouraging

the development of their personal strengths and by changing the social circumstances or sources of harm which have contributed to their mental distress. This means that they take a community as well as an individual perspective. They are committed to principles of self-determination and of helping people to overcome discrimination and other barriers to achieving their potential.

The social work knowledge-base brings together a range of social science perspectives, linked to an understanding and practical application of law and social policy. Seeing the person in their social context, practitioners apply social models of mental health, with an emphasis on how personal and family relationships, sexual orientation, cultural needs, housing, work and social networks may be integral to recovery (see Tew et al, 2005).

Social work has particular expertise in relation to the social and environmental factors that contribute to mental distress through the life course. This includes the impact of abuse and stigma on personal development and social opportunity.

Social work has long provided a key and integral contribution to Mental Health services. Social work values, skills and knowledge are closely aligned

with the 'Ten Essential Shared Capabilities' Framework for Mental Health practice () and emphasise empowerment, challenging inequalities and working in partnership with service users and carers to support recovery.

There has been debate within social work and within mental health organisations about the extent to which social workers bring a distinct and discrete constellation of skills and capabilities to organisations.

The profession is characterised by a strong tradition of critical questioning, reflection and challenge within a multi-disciplinary context. This has sometimes left it open to the charge of seeming indistinct and lacking clear boundaries about where its core work, skills and knowledge begin and end. This need not be the case.

Taking account of recent policy and practice guidance, SCSN suggests that social work's core capabilities include:

- Assessing complex situations, taking account of an individual's strengths, aspirations and vulnerabilities, within a context of their personal and family relationships, cultural needs, social and environmental stressors and connections within the community;

- Working alongside service users to promote their social inclusion – mobilising a range of community resources, networks, and statutory and voluntary services;
- Balancing legal and human rights and issues of risk and safety – achieving the least restrictive alternative within statutory roles and responsibilities, while offering safeguarding and protection to those who may be at risk of exploitation or harm;
- Working with family and informal carers to support an individual's journey to recovery;
- Addressing the cultural, spiritual and religious needs of individuals, families, groups and communities;
- Identifying and working with the personal and social consequences of discrimination, stigma and abuse;
- Connecting and enabling continuity between primary, secondary and tertiary levels of care and helping people navigate across complex service systems;
- Seeking and advocating for wider changes in the social and environmental context which will promote recovery.

The Positive Future of Mental Health Social Work

Social work, from its earliest days to the present, works at the interface of individual, their social group and their environment. The International Federation of Social Work's definition of social work (adopted also by the British Association of Social Workers (BASW)) puts it this way:

'The social work profession promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.'

(IFSW 2000 Definition of Social Work
<http://www.ifsw.org/p38000208.html> Accessed April 2010)

BASW lists the five basic values of social work which represent a commitment to:

- Human dignity and worth;
 - Social justice;
 - Service to humanity;
 - Integrity;
 - Competence.
- (BASW Code of Ethics
<http://www.basw.co.uk/about/codeofethics> Accessed April 2010)

Social work nurtures hopes and aspirations and promotes citizenship, inclusion and human rights. As society grows more complex, the values, knowledge and skills of social work should become ever more vital.

Social work has also taken a lead amongst welfare professions in involving and taking its priorities from people who use services and their carers and families themselves.

Social workers continue to have a crucial role in identifying and helping people to navigate through the obstacles created by systems and processes (see Bates in Gilbert(Ed) et al (2010) - such as the welfare benefits system that makes episodic claims difficult for someone trying to work, or an art and leisure sector lacking integration with a mental health system attempting to enable recovery in all aspects of people's lives.

Social workers should have a powerful, collective role in politically advocating for changes in social, welfare and economic systems to increase fair citizen access to opportunities and social goods.

To embrace a recovery-oriented and personalised future, social work needs to respond by transforming itself into a more proactive and agenda-setting force. To do this in mental health, social work needs to have its existing skills and value

more consistently recognised within organisational arrangements. But it also needs to develop its skills, broaden its scope, increase its confidence and voice. There is pressing need for leaders to emerge and to be developed in all spheres of the profession – practice, management, organisational influence and power and in research and academia.

SCSN believes that social work, as well as holding distinct skill and knowledge, is more than the sum of its parts. Social Work within an integrated mental health organisation provides a distinctive constellation of priorities and values-based practices that can profoundly improve an organisation's culture - promoting human rights, empowerment and the citizen voice.

Leadership

A more personalised approach to mental health services implies a more values-driven and personal approach to leadership at all levels in the system (see e.g. Allen, et al, 2009, modelling the approach expected of people working throughout the system). Mechanistic approaches (e.g.

see Jarrold 2005 speech to the Institute of Health Management) are increasingly seen as discredited and dysfunctional in complex systems less reliant on command and control structures and more reliant on understanding and unleashing human potential and facilitating rather than driving change. Leadership in this model may be understood to arise not so much from the charisma or unique talents of the individual but out of contexts which promote and support multiple levels of values-driven leaders – including citizen leaders - providing varied, vital contributions to the competent working of the whole system..

Social work leadership specifically needs to be rooted in the fundamental values and skills of social work, delivering a more personal, socially cohesive, culturally aware and community building approach to individual and family practice and within communities (see Tew et al, 2005, Sewell, 2009 and SCIE, 2009, Allen et al, 2009; Gilbert, 2005 and 2010 forthcoming).

The pace of public sector reform and structural change in recent years has been so intense that it has frequently been at odds with the conditions for positive leadership described above. There has been a 'velocity of change' (Gilbert, 2003, p17) which has often particularly disempowered those nearest to the frontline who have to uphold

standards whilst having little direct control over the availability of resources or models of delivery. Brooks points out that:

“Public sector reform has proceeded far more successfully where government has successfully articulated a story about reform...that has engaged the workforce”

(Brooks, K (ed) 2007, p 13).

Practitioners and people using services need to be part of creating the story of what constitutes excellence and value in the mental health system going forward.

The SCSN provides a development forum that aims to improve practice across the country by supporting leadership development and creating new stories of effective leadership. SCSN contributes to thinking and problem solving in the mental health, social care and wider health sectors by producing papers and collaborating on the production of others. SCSN supports the professional development of social work and social workers as well as supporting best social care leadership practice across organisations, systems and disciplines.

A core skill for social work and mental health leaders at all levels is to weave a story of what is valuable and what can be created and sustained by good practice. Through this, an ethos of creativity can permeate the whole organisation and system, engaging all stakeholders in a positive narrative which translates into a journey of organisational recovery.

Conclusion

At a time when the interaction between individuals, families, groups, communities and society as a whole is of ever increasing importance and when the mental health of the population is recognised so clearly as vital to the country's future success, social work should be confident of its role. This includes focusing on working in partnership with citizens using services, their carers and families, other professionals and a range of agencies to produce better and more lasting outcomes for people.

The social work profession must be able to project itself, its values, knowledge and skills, more assertively and clearly but remembering always that the

journey of recovery always belongs essentially to the person whom we serve (Turner, 2008).

The implications of meeting the challenge of *New Horizons* (2009) and other key policies on recovery, personalisation and inclusion are that Local government and the NHS will need to work much more closely together so as to ensure that mental health is a comprehensive, national approach. Within this the future shape of all professions, including social work, must be redrawn and refreshed. Social work leaders and practitioners must grasp this as an opportunity.

As Director General at the Department of Health, David Behan, put it:

"I believe that social care has such a pivotal role in promoting well-being in our communities that it must go with the community leadership role of local authorities..... This is the heart of citizenship for the future"

(Behan,2002).

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The Social Care Strategic Network for Mental Health (SCSN) promotes and preserves the unique contributions of social work and social care, whilst working with local colleagues to ensure that integration delivers maximum benefits for service users. This means identifying and working with others to resolve barriers to partnerships across local government and the NHS and ensuring the development of knowledge and skills to deliver mental health services informed by social care perspectives. The shared learning across the Network provides a ready source of potential solutions to challenges faced by members and their organisations. The predecessor to the Network (the Directors of Social Care Learning Set) has published various articles and written or contributed to publications on social care and social work. For more information go to <http://www.scsnmh.com/>

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