SOCIAL WORK AND MENTAL HEALTH IN NORTHERN IRELAND

10th June 2019

REFLECTIONS
MENTAL HEALTH

Improving and Safeguarding Social Wellbeing in Northern Ireland

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Promoting Good

Mental Health

"WITH MY SOCIAL WORKER'S ENCOURAGEMENT AND SUPPORT I APPLIED FOR A JOB AND WAS SUCCESSFUL. I WAS ABLE TO GET OFF BENEFITS AND LIVE A CONTRIBUTING AND SATISFYING LIFE."

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Foreword

This third **REFLECTIONS** document acknowledges the important contribution that social workers make in promoting good mental health.

The promotion of good mental health is integral to all aspects of social work practice. It is as necessary in family and childcare social work as it is in older people's services and as relevant in statutory social work services as it is in the voluntary sector. This document invites you to consider the child who has experienced the trauma of sexual abuse, the adult with a learning disability who also has bipolar disorder, the carer who is experiencing stress related anxiety, the mother who has post natal depression or the adult with a drug addiction who is experiencing psychotic symptoms.

The purpose of social work is to improve and safeguard social wellbeing. The text highlights the complementary nature of good mental health and social wellbeing. If a person's mental health is good, they will find it easier to manage all the aspects of their social wellbeing. Equally, action taken to improve an aspect of a person's social wellbeing will promote good mental health.

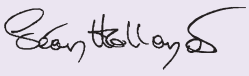
This edition of Reflections highlights the distinctive contribution that social work makes, a contribution that is shaped by the role and purpose of the profession, the value base and ethos and the nature of the pre and post qualifying social work training.

I hope this will support social workers, particularly in mental health specific services, to assert the validity and value of the social work approach.

Reading it should also encourage social workers in mental health services to take pride in their particular knowledge and skills set.I also hope this document promotes a better understanding of social work amongst other professions and those in management and leadership positions.

I call on all organisations who employ social workers in mental health services to make a clear commitment to the inclusion of social work approaches in their provision.

Finally, as Chief Social Worker for Northern Ireland, I would like to express very sincere thanks to all those social workers who work to promote positive mental health in often difficult and challenging circumstances.



Sean Holland
Chief Social Work Officer

The Purpose of Social Work [1]

The purpose of social work is to **improve** and **safeguard** social wellbeing.

Social wellbeing is a broad concept and applies to many areas in a person's life. It encompasses the quality of people's relationships and their sense of belonging. It involves the choice and control people have about decisions affecting them and their lives. It also includes having **purpose and meaning in life** as well as feeling safe and secure.

Good mental health and social wellbeing go hand in hand. If a person's mental health is good, they will **find it easier to manage all the aspects of their social wellbeing**. Equally, action taken to improve an aspect of a person's social well-being will promote good mental health.

Social wellbeing affects how people feel about themselves, **how well they function** and the overall quality of their life.

"It would not be an understatement to say that the care my mental health social worker gave totally improved the quality of my life and changed it for the better."

NI and Mental Health

he mental health of people in Northern Ireland has been adversely affected by high levels of trauma, deprivation and division. Betts and Thompson (2017)[2] have reported that mental health problems are the largest cause of ill health and disability in Northern Ireland. The Mental Health Foundation (2016)[3] has summarised some of the key indicators of mental health in Northern Ireland:

⚙ Northern Ireland is reported to have a 25% higher overall prevalence of mental health problems than England.

⚙ Bell, C., & Scarlett, M. (2015). Health Survey Northern Ireland: First Results 2014/15[4] found that 19% of people show signs of a possible mental health problem.

⚙ It also found that women (20%) than men (16%) report signs of mental health problems.

⚙ Anti-depressants prescribed twice as much in NI as in England (Royal College of Psychiatrists, 2010[5]).

⚙ Northern Ireland has consistently had significantly higher antidepressant prescribing costs per capita than other UK regions (approximately 4 times higher than Scotland and 6 times higher than Wales).

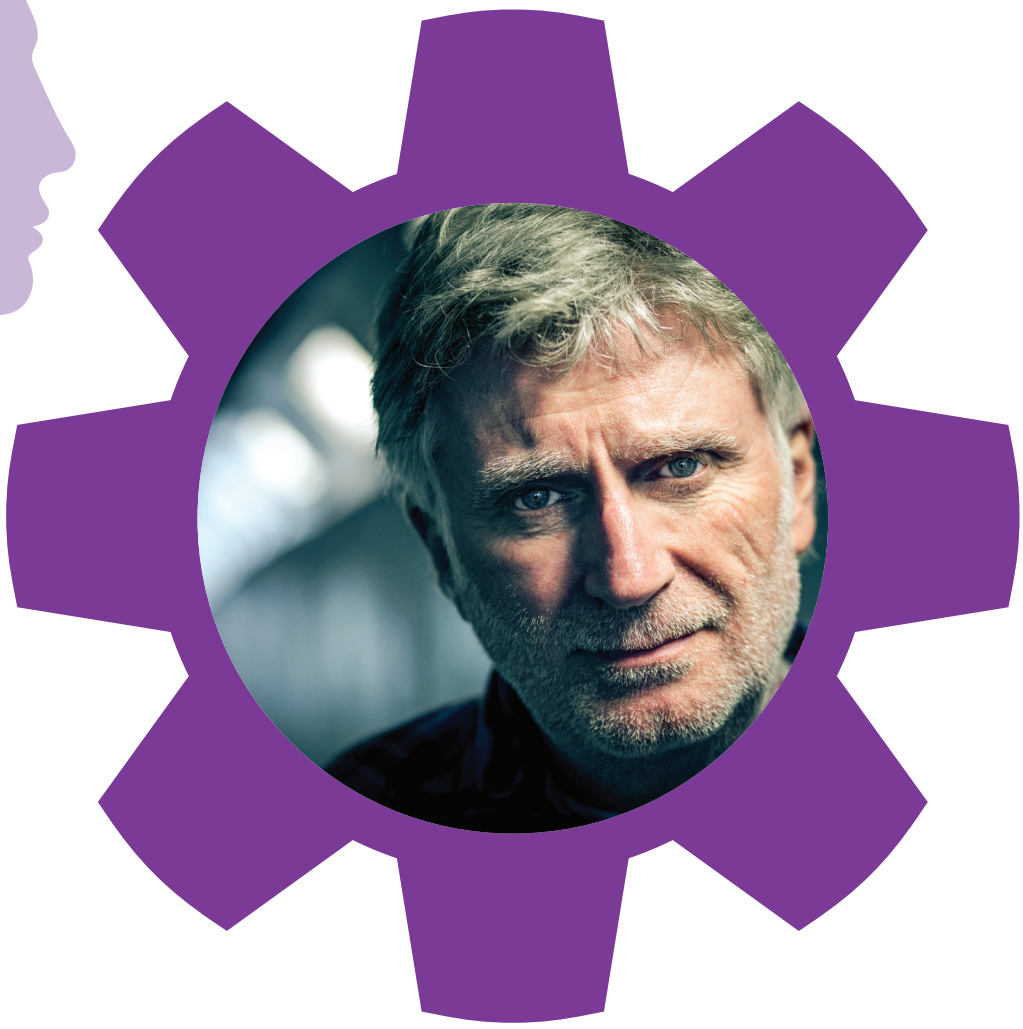
⚙ There are significant inequalities in the prescription of medication for mental health problems in Northern Ireland. The rate for mood and anxiety disorders in 2013 was 66% higher among women than men, and twice as high in the most deprived areas compared with the least deprived areas.

Ferry et al. (2014)[6] found that the prevalence of Post-Traumatic Stress Disorder in Northern Ireland was 5.1% (12 month) and 8.8% (lifetime) which was the highest of the 27 countries in the World Mental Health survey.

O'Neill and Rooney (2018)[7] have highlighted that the number of deaths by suicide in Northern Ireland has more than doubled from 150 in 1998 to 318 in 2015, a rate of 16 per 100,000 people per year.

The Samaritans (2018)[8] report that Northern Ireland continues to have a higher number of deaths by suicide than GB and Ireland and that, over the last decade, this rate has been increasing at a time when it has been decreasing in other countries.

The Distinctive Contribution of Social Work



The promotion of good mental health is integral to all aspects of social work practice. It is as necessary in family and childcare social work as it is in older people's services and as relevant in statutory social work services as it is in the voluntary sector. Consider the child who has experienced the trauma of sexual abuse, the adult with a learning disability who also has bipolar disorder, the carer who is experiencing stress related anxiety, the mother who has post natal depression or the adult with drug addiction who is experiencing psychotic symptoms.

Consider also the work that social workers do in preventing mental ill health. Resilience building and empowerment are key social work interventions and of critical importance in promoting good mental health. We might think of a voluntary sector activity programme for young people which builds their self confidence and self-esteem or a learning disability service user forum which teaches people decision making skills.

"I can hardly believe the things I have now. If I was to choose one factor I think it was the fact my social worker listened with such empathy and was someone I felt was on my side when there was no one else. To say that I'm grateful is an understatement."

Social workers in community development or in primary care might be promoting social justice by tackling the social and economic determinants of poor mental health. We might think of support for a campaign to improve local play facilities or of benefits advice or housing advocacy, all of which will support good mental health.

Social workers also work in all sorts of mental health specific services across the statutory and independent sectors.

These include working in home treatment services, in CAMHS community services, in psychiatric hospital units, in primary care mental health services, in dual diagnosis services, in day services, in recovery services and as Approved Social Workers.

Most social workers working in mental health specific services do so within a multi-disciplinary staff team where they bring distinctive social work knowledge, skills and values.

The Distinctive Contribution of Social Work

10 KEY POINTS

1 Relationship Based Approaches

Social work is a relationship based profession. Central to the effectiveness of social work practice is the quality of relationship between the social worker and those they work with. Social workers have training and expertise in advanced relationship skills which supports them to connect with and communicate with people, be able to listen and discover what is important to people, show empathy, build trust and work in a person-centred and co-produced manner.

CASE STUDY

Geraldine is a 72 year old woman who lives in Fold accommodation following her discharge from a psychiatric hospital 5 years ago. Geraldine has experienced many hospital admissions during the course of her life because of severe depression and suicide attempts. Geraldine's parents suffered from alcoholism and her childhood was very disrupted as a result. She was often sent to stay with relatives and she also spent some time living in a children's home.

Isobel is a social worker in a community mental health team for older people and has known Geraldine since shortly before her move to her current accommodation. Isobel found Geraldine to be quite closed and at times suspicious of her when she first became involved. Isobel responded by being very open and transparent about her role and by suggesting that they work out together a plan of practical support for her move. Isobel asked Geraldine what help she thought she needed rather than tell her what supports were available. She listened to this and although a little anxious about Geraldine's wish not to have nightly checks from the Fold warden, she supported this and negotiated a different arrangement with the Fold.

Over time, Isobel spent time getting to know Geraldine better. She discovered that Geraldine loves music and singing and she also began to be able to tell when Geraldine was settled and when her mood started to get low. Geraldine began to trust Isobel with her thoughts and feelings and started to phone Isobel when she was worried about something. Isobel realised that certain birthdays were very upsetting for Geraldine. Geraldine has told her that any of the family birthday celebrations were always marred by her parents' drinking and usually resulted in the police being called and she and her brother would be moved somewhere until things calmed down. Isobel makes a point of getting in touch with Geraldine at these times to provide her with an opportunity to talk and a listening ear.

2 Systemic Practice

Social work takes a holistic approach to understanding people and the personal, family, social, economic and environmental factors that influence their lives. Systemic knowledge, understanding and interventions are particularly important where there are high levels of individual, social, family and community complexity.

"My daughter was acutely unwell and had to be detained. The social worker was fantastic, not just to my daughter but to me also. It was the first time as a carer that I felt valued and listened to and supported in a really difficult situation."

Case Study

Mark, aged 18, has been admitted for assessment to an acute psychiatric ward following an incident when he attacked his stepfather with a hammer. Mark was not previously known to mental health services.

Mark was anxious and upset on admission. His mother and brother have been in touch with the ward and the social worker, Lucy, suggests that a social history would be useful. Lucy explains to Mark that she would like to know more about him and his life. With some encouragement, Mark shares his basic life history and family composition. Mark agrees to Lucy talking to his brother, mother and ex-girlfriend but not to his stepfather.

Lucy engages with all three to explore their emotions and the reasons for them while searching for an understanding of Mark's life.

Lucy establishes a picture of a complex social history. Mark was 14 and his brother 10, when his father died in a road accident. His mother consequently experienced severe depression and the family also experienced significant financial difficulties. Mark tried to run the household, look after his mother and would spend hours holding her while she cried. When Mark was 16, his mother remarried and Mark didn't get on well with his stepfather. Mark frequently stayed out of the house, got involved with a group of older teenagers and began using and selling drugs. He was expelled from school, and has a number of court cases pending for possession and intent to supply. Mark started a relationship at this time and his girlfriend became pregnant. Mark's girlfriend and their child live with his girlfriend's mother, and have limited contact with Mark.

Mark is diagnosed with a drug induced psychosis which caused him to believe that his stepfather was involved in a plot to kill him. Lucy shares her understanding of the social context of Mark's illness and circumstances and the multi-disciplinary team agree that the support for Mark must be multi-faceted and include support with his grief, trauma and personal relationships. Lucy also recommends the need for support for Mark's mother, his step father and his brother who, as a fourteen year old in a difficult family situation, has particular vulnerabilities. Lucy begins to engage with the family members to support them in their understanding about what has occurred and to help them deal with their own emotions about the situation.

3 Social Wellbeing

Social work has particular expertise in understanding and intervening in relation to the social determinants of mental ill health, social antecedents to episodes of mental ill - health and social solutions.

"I went from someone with the label schizophrenic without a job, house and with dwindling hope to someone who has a job, a wife, a car, a house through the help and advice my social worker gave me to allow me to help myself."

CASE STUDY

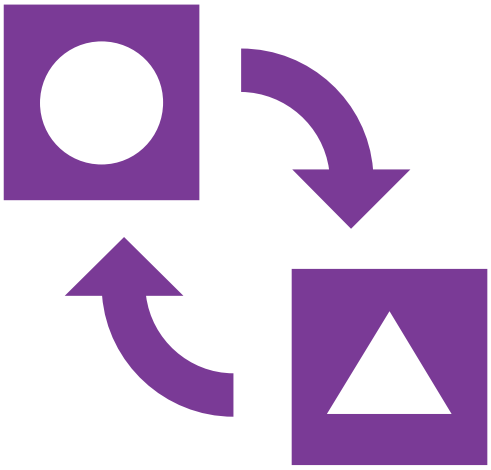
Tanya is a fifteen year old who has been self- harming and has been referred to CAMHS. The psychiatrist has seen Tanya once and also spoken to her Mum. However, at the next multi-disciplinary meeting, the psychiatrist said that she found it difficult to get much background information from either of them.

The psychiatrist asks Brenda, the social worker in the team, to join the next appointment. At the appointment, Brenda explains her role as a social worker and asks if she could talk further with Tanya and her Mum. Brenda spends some time building up a relationship with both. She learns about Mum's experience of domestic violence by her husband and Tanya's exposure to that up until the age of 10 when her parents separated.

Tanya's mum describes Tanya as always a worrier and very protective of her. Her mother says that she finds this very frustrating and that it can cause rows. Tanya's Mum says that Tanya was always a bit lonely and she was never able to bring any friends home from school because of the home situation. Tanya's mother explains that it is very difficult to get Tanya to go to school since she was targeted by bullies a number of years ago.

Her mother says she talks to people online but doesn't have any real friends. Tanya herself says that she worries about her Mum a lot and doesn't like to leave her on her own and that she doesn't want to go to school because everyone hates her. The multi-disciplinary team agree a plan where Tanya will receive individual therapy from a clinical psychologist while Brenda, the social worker works with Tanya to increase her social circle and social opportunities. Brenda starts by working with Tanya to understand her likes and dislikes. She discovers that Tanya has a guitar which she likes to strum but that she has never had lessons. Brenda finds a local youth club which offers guitar classes. Tanya feels she would be too shy to go on her own so Brenda works out a plan with Tanya and her mother to ask a cousin to go with her. Brenda also works with Tanya's Mum to support her in dealing with the legacy of domestic abuse. She supports Tanya's Mum to understand how this might have affected Tanya and could be influencing her behaviour now.

4 Additional and alternative perspectives



Social work can bring a counterbalance to more individualised, more clinical and more treatment focused perspectives on mental health. Social work offers strengths based approaches that build on people's strengths to manage their own lives and to bring about positive change for and by themselves.

"MY SOCIAL WORKER SIGNPOSTED ME TO APEL IN JORDANSTOWN UNIVERSITY, A COURSE I COULD ACCESS FREE AND FROM THERE I WAS ABLE TO GO STRAIGHT TO A DEGREE. SOMETHING I DID NOT THINK POSSIBLE. IT WAS THE START OF EVERYTHING."

CASE STUDY

Jenny is a social worker working in a primary mental health team. Paula, a young mother who is experiencing severe anxiety and panic attacks, has been referred to her with the suggestion that she would benefit from relaxation and mindfulness teaching. Jenny phones Paula and explains why she has been referred. Paula sounds very stressed on the phone and says that she wouldn't have time to come and see anyone. Jenny suggests that she could visit Paula at home for an initial chat and to see if there was any help she could offer. Paula accepts this and a visit is arranged.

When Jenny visits, she finds that Paula is caring for two young children on her own, that she has fallen out with her mother who was her main source of support, that she is working two low paid part-time jobs to make ends meet, that the flat is cold and damp and that Paula is tortured by noise and nuisance from drug dealing taking place in the hall of the apartment block she lives in. Jenny feels that Paula is not in a place at the minute where she would benefit from relaxation and mindfulness training, that the source of her anxiety and panic is very probably her current life circumstances and that anxiety and panic, while unhelpful, are a direct response to the problems she is having. Jenny suggests to Paula that they work together on relieving some of the stressors in her life.

Jenny refers Paula to the Make the Call service to see if she can increase her available income in any way and she offers her a sponsored daycare place for her youngest child. Jenny spends time talking Paula through the relationship with her mother, how complicated it can be and the very mixed emotions it can evoke. Jenny helps Paula to prepare for a conversation with her mother to lay the ground for a reconciliation. Jenny also supports Paula to make a complaint to the housing association responsible for the apartment block about the lack of security in the entrance hall.

Jenny realises that Paula feels inadequate and that she is failing in her responsibilities towards her children. Jenny notices some cartoon drawings that Paula has drawn to amuse the children. She think they are excellent and tells Paula so. Paula said she always loved drawing at school and that if she had the chance, she would have like to have done art at college. Jenny suggests she could become involved with an arts project which is using graffiti art to brighten up local buildings.

5 Social Justice

Social work is about social justice and tackling social inequalities is central to the role. This means that social workers will recognise the many injustices and inequalities that people with mental health difficulties may face, be that poverty, poor housing or lack of access to services. Social work will challenge these injustices through advocacy, practical support and empowerment.

CASE STUDY

Bert is a 42 year old who has bi - polar disorder. He works in a large supermarket. He lives in a rented house which is in a poor state of repair. Bert contacts his social worker, Frances, in a state of panic because his landlord has given him notice and he is on a final warning in work. Bert had complained to his landlord about damp in the bedroom and about the shower not working. His landlord had told him there were plenty of other people looking for the house if he didn't like it.

At work, Bert's previous supervisor has left and Bert feels the new supervisor doesn't like him. Bert's previous supervisor would have tried to give him later shifts where possible because Bert's medication leaves him sleepy in the mornings. The new supervisor says he can't give Bert any preferential treatment and he has now received two warnings for being late.

Frances talks to Bert about some of his options in relation to both issues. Bert says he would like to move house. However, he has looked at other places and doesn't think he could afford the rents. Frances suggests accompanying Bert to meet with the housing executive to talk through options. Bert also agrees to Frances phoning his landlord. Frances phones his landlord and states her concern about Bert's treatment. Frances reminds the landlord that it is illegal to give notice to a tenant because they have complained about the state of the house. She also expresses her concern about the impact of the damp on Bert's physical health. The landlord agrees that Bert can remain in the house for now and states that he will get someone to look at the damp.

Bert is very nervous about saying anything more to his supervisor about his mental health and he does not want Frances to intervene. Frances suggests that as a first step, Bert could ring the human resources department to ask for some general advice without giving his name. Frances rehearses with Bert the questions he might want to ask. Bert agrees to do this and then talk it over with Frances again. Frances is also aware of a Good Morning Call service operating in the area and although they primarily provide a service to older people, she arranges for them to call Bert in the mornings to help him get up.

6 Human Rights

Social work actively promotes a rights based approach. Social work is based on respect for the inherent worth and dignity of all people and the universality of the freedoms and protections that should be available to all. A human rights based approach empowers people with mental health difficulties to know and claim their rights. A human rights based approach also challenges individuals and organisations who are responsible for services to meet their obligations to respect, protect and promote rights.

CASE STUDY

Brian is a social worker working in a recovery team. He goes to visit one of his clients who has been admitted to hospital following a relapse in her mental health condition. Joanne is finding the hospital environment very difficult and she is particularly distressed about the fact that she is not allowed to have her mobile phone.

Joanne has children who are staying with her sister while she is in hospital and she is distressed that her children cannot contact her easily. Joanne tells Brian she has been told that mobile phones are being used to make arrangements to get drugs on to the ward. Brian asks Joanne if she would like him to raise this issue on her behalf and Joanne agrees to this.

Brian speaks to the charge nurse who confirms that no mobile phones are allowed on the ward. She says it is difficult to monitor people's usage of mobiles and that phone calls can often be very upsetting for patients. She also says that six months ago, a number of patients used mobile phones to arrange drug deliveries. Brian outlines Joanne's distress and says that he doesn't believe there to be any concern about Joanne's usage of a mobile. The charge nurse says that she appreciates this but that if she were to make an exception, everyone would want their mobile. Brian then asks to come to the next ward meeting to discuss the issue further. At the meeting, Brian outlines his concerns about the ward policy on mobiles.

He outlines the problems it is causing for Joanne and states that denying her the use of her mobile is potentially a breach of her Article 8 rights to private and family life. Brian notes that he recognises that restrictions on mobile use may be justified in some cases but says that he feels this should be assessed on an individual basis to ensure that it is necessary and proportionate in each case. To impose a blanket rule is potentially discriminatory and does not show the necessary weighing up of the human rights implications of such an action.

7 Anti-Oppressive Practice

Social workers bring an understanding of oppression to their work with people who have mental health difficulties and a commitment to challenging this. Social workers appreciate the many- layered power imbalances, discriminatory practices and stigmatising experiences that people with mental health difficulties may experience. They recognise that oppression and discrimination can occur at the personal, cultural and structural level and they seek to challenge this in their own practice and in the practice of others.

CASE STUDY

Colette is a social worker in a multi-disciplinary home treatment service. Colette is disturbed by the language used by another member of the team during team meetings.

When this team member is updating others about a service user, she regularly describes them by their condition, saying that someone is schizophrenic or is bi-polar. This same team member, when stressed or complaining about workload is also given to saying things like, "if things don't calm down round here, it'll be me going into the madhouse".

Colette is very conscious of the power and impact of language and feels that the use of such language shows a lack of respect for people who experience mental health difficulties or hospital admission and that the tenor of professional discussion can have an impact on how professionals behave.

She reminds herself about the need to be careful in her own use of language and she speaks to the other team member and suggests alternative language options.

8 Community Development

Social work recognises the importance of a community context to mental ill health and the importance of building community resilience to support mental wellbeing. Social workers understand that the experiences of a whole community can impact on individual wellbeing and also recognise the importance of communities of support. Social workers will use their community development training and skills to work in partnership with local communities and support communities to develop their ability to promote good mental health.

CASE STUDY

Paul is a social worker in a GP practice. The GP practice is in an area of high deprivation where the Troubles have had a significant impact. Paul has identified a cluster of female practice patients who live in a particular tower block who are all experiencing significant anxiety. Paul has also identified that the majority of these women have experienced troubles related trauma.

Paul talks to a community development association who work in the area and discusses the experience for tenants in the tower block. He is told that there is a problem with drug use and high levels of crime in the block. Many of the residents have experienced break ins and many have been intimidated or harassed by people hanging round the entrance to the tower block. The community development association runs a youth diversion scheme which has had some success in reducing the number of young people hanging out at the block entrance but say that it is still a significant problem.

Paul highlights the cluster at the primary care multi-disciplinary meeting and suggests that when each of these patients is next seen by any member of the multi-disciplinary team, that they are asked about environmental stressors. This results in an identification of fear of crime as being a major source of stress for the majority of the women.

This includes fear for themselves and fear for members of their families. Paul talks to the local community development association and they agree to jointly organise a meeting for all residents of the tower block. Paul invites the local community police to the meeting as well as a representative from the housing executive. Paul asks the members of the primary care multi-disciplinary team to encourage attendance at the meeting from patients who live in the tower block. At the meeting, it is agreed that a residents' committee would be helpful and Paul agrees to facilitate the first few meetings by providing a venue and chairing the initial discussions.

The residents' committee work with the housing executive to make the basement rubbish collection area more secure by installing a fob operated system. They also arrange for brighter lighting at the front entrance and the removal of some seating that was there to make it a less attractive place to congregate.

9 Legal Expertise

Social workers bring extensive knowledge of law and policy relevant to people with mental health difficulties. This allows social workers to ensure that people with mental health difficulties receive their legal and policy entitlements.
Social workers also use this knowledge to ensure that their own practice and the practice of others is lawful. Social workers and particularly Approved Social Workers have certain statutory functions to undertake which require either the use of particular powers or particular protections. Social workers strive to exercise their legal functions in a manner that is values based, person centred and human rights compliant.

CASE STUDY

Martina lives on her own and her main support is her sister who lives nearby. Martina has experienced repeated episodes of psychosis over recent years and attempts to support her have been hampered by her ambivalence about mental health services and especially medication.

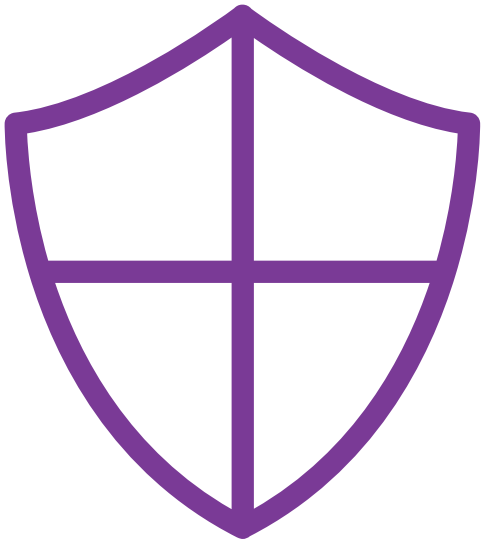
On this occasion Martina started to refuse visits from professionals and stopped taking any medication. Martina's sister got in touch with the social worker, Lisa, as she was worried about Martina's mental health and general wellbeing. Martina had previously agreed that she was happy for her sister to be involved in her care so Lisa arranges to visit Martina with her sister. Martina is reluctant to let them in but does so after some persuasion from her sister. Martina is clearly unwell, she has lost a considerable amount of weight and she is expressing paranoid ideas about poisonous rays penetrating the windows of the house and contaminating all her food and water. Martina is not willing to consider additional support at home or voluntary hospital admission.

After discussing her concerns with Martina's Consultant Psychiatrist, Lisa contacts Martina's GP and they make a joint assessment that the criteria for admission for assessment under the Mental Health (NI) Order 1986 are met and arrange for an admission. Martina is subsequently discharged to supported housing under Guardianship as it is felt that this framework will help ensure she gets the support she needs to avoid further repeated crises.

After Martina has been living in supported housing for two years she has had no further mental health crises but does regularly express her desire to live more independently. Martina's Consultant Psychiatrist feels that Martina should remain under Guardianship and stay in the residential unit. Lisa listens very carefully to what Martina, Martina's sister and the staff involved in her care have to say. Lisa feels that Martina understands more about her mental health condition and her previous difficulties in living on her own and that she does now have the capacity to make the decision about where she should live.

Lisa is aware that Guardianship under the Mental Health (NI) Order 1986 is not a capacity based provision but believes that a human rights based approach means that a person's capacity and right to autonomy are very important considerations in any such decision. Lisa supports Martina with considering this decision and with arranging independent housing and more control over her support.

10 Safeguarding



Social workers have a key role in safeguarding. Where a person with mental health difficulties is at risk of harm, social workers will work with that person to ameliorate the harm and promote their safety and wellbeing. The social work approach to safeguarding is one that seeks to empower and enable people with mental health difficulties to manage their own wellbeing and keep themselves safe. The social worker will strive to achieve a balance between protective measures and respect for the person's own choices and preferred outcomes.

CASE STUDY

Alison is 52 years old and has a history of schizophrenia. She has had previous hospital admissions and currently receives a depot injection fortnightly from a CPN. Whilst her mental health has been reasonably stable, she struggles with fatigue and lethargy and would voice paranoid thoughts about neighbours. She attends a drop in centre weekly. Her CPN has become worried about during the last few visits. She has noticed a deterioration in the state of the house with cigarette butts accumulating on surfaces and drink cans lying on the floor.

On one occasion, the CPN found three men sleeping in the front room of Alison's house. Alison explains that she has had some friends calling recently. Additionally, the post office (PO) have reported that recently Alison has been accompanied to the PO by a man, that she has stopped paying bills at the PO counter and that Alison was observed handing over her benefits to the man.

The social worker, Geraldine, was asked to explore concerns around potential financial abuse. Geraldine worked with Alison's CPN establishing a picture in which several men have befriended Alison, coming to her house in the evenings to smoke and drink. Alison says that she usually provides the drink and this is preventing her paying her bills on time.

Alison says that she gives one man money to buy the drink for the night. Alison is adamant that the men are friends; that she likes having them in the house for company and that she doesn't mind buying the drink. Geraldine talks through Alison's financial situation to help establish whether or not Alison has the capacity to make decisions about her money. Geraldine concludes that while Alison is perhaps making unwise decisions, she is expressing a clear rationale for her actions. Geraldine helps Alison understand the consequences of not paying bills and suggests a budgeting plan that involves all her bills being paid automatically from her post office account and setting aside a fixed amount of money for buying drink and trying not to exceed that. Geraldine supports Alison to make more effective financial arrangements, agreeing a budgeting plan and a system of support from the CPN.

Geraldine also facilitates Alison to attend a "Keeping You Safe" programme at the drop-in centre. This workshop for service users supports people to understand when they might be being abused and how to seek help.

Organisational Support for Social Workers in Mental Health Services

1 Organisational Commitment

It is recommended that organisations should make a clear commitment to the inclusion of social work approaches in mental health provision. This commitment should be reflected in workforce plans which have designated social work posts. Organisations should avoid, where possible, generic job advertisements and job descriptions for mental health practitioners which do not specify which professional skills are being sought. Organisations should also ensure that managers in mental health services understand the nature and purpose of social work.

2 Clarity about Role and Function

Organisations employing social workers in mental health services should be clear about the role and function of social workers and ensure that their practice environment allows them to use their particular professional knowledge, skills and expertise. Job descriptions for social workers should include the areas of particular specialism and expertise as outlined earlier. Where the social work role in multi-disciplinary teams includes responsibilities such as adult safeguarding roles or as Approved Social Workers, job plans should clearly allow for the capacity to undertake this work. This also applies to job planning for first line managers who are social workers.

3 Professional Supervision and Professional Support

It is important that social workers in mental health services have access to frequent and regular professional support. Good quality professional supervision which encourages reflective practice is very important. Where mental health social workers are managed by other professions, it is important that the professional supervisor and the line manager work together to support the social worker in their professional role. Where mental health social workers are not in contact frequently with other social workers, it is recommended that opportunities for peer support are provided, perhaps through group supervision, peer support fora, professional development fora or similar means.

4 Training and Development

Organisations employing social workers in mental health services should ensure access to relevant pre and post qualifying training and opportunities for learning. Personal development plans should specify the particular social work supports, training and development opportunities available to the social worker. More generic training should consider the particular role and function of social workers in relation to the training topic. Organisations should also support the involvement of mental health social workers in research opportunities and promote mental health social work approaches as a research topic.

Acknowledgements

This practice framework was co-authored by:

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