



Department
of Health

Social work for better mental health

A strategic statement

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Dr Ruth Allen

Dr Sarah Carr

Dr Karen Linde

with Hari Sewell

With thanks for their contributions to:

Dorothy Gould, Service user Consultant.

Jack Nicholas, Robert Punton and Clenton Farquharson, Community Navigator Services User-led Training and Development Organisation.

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Foreword by Lyn Romeo, Chief Social Worker for Adults

I am delighted to introduce these three new resources to launch the initiative '*Social Work for Better Mental Health*'. The three documents are *The Strategic Statement* which provides a narrative about the strategic place and importance of social work in mental health now; *How are we doing?* which is an organisational and social work self-assessment and improvement tool tailored for the mental health context; and *Making the Difference Together* which provides guidance on gaining and using service user, carer and family feedback on mental health social work practice. Together, these provide improvement tools and methodologies to help develop and sustain great social work across the mental health sector and help ensure the value of social work in improving mental wellbeing in society is recognised.

These three documents build on the 2014 publication '*The Role of the Social Worker in Adult Mental Health*' which aimed to create a sector-wide consensus about the knowledge and skills that social workers bring to the mental health sector. The three new resources provide further implementation support to organisations, social work leaders and practitioners wanting to make improvements and clarify the aims and outcomes wanted from social work. They also, crucially, promote a vision of social work that routinely draws of direct feedback from people who use services and their families to improve and develop practice.

Mental health is a key issue of our time. Reducing the stigma that can compound distress, doing more to prevent mental

health problems arising in the first place and ensuring people can get help when they are in crisis are some of the key areas for national policy and funding. There have been some important recent developments, such as the success of the national Crisis Care Concordat and a new strategic focus on mental health within NHS England developed by the Mental Health Taskforce.

Social workers are the core of the Approved Mental Health Professionals (AMHP) workforce. In this role, social workers take crucial, urgent decisions about the least restrictive and most suitable context in which people should receive care and treatment, playing a vital, statutory role in protecting people's human rights and promoting the principles of the Mental Health Act Code of Practice (2015).

However, the vital role of social work, social care and local government can still sometimes be overlooked. Every day across England, thousands of social workers use their specific skills and knowledge to support people with mental health problems. Within local government, the NHS, charities, social enterprises, not-for-profit and private care organisations, social workers provide a distinctive contribution to mental health that focuses on the social determinants and social solutions to mental health problems and distress. Working with the principles of personalisation and the opportunities of the Care Act 2014, social workers are crucial to ensuring people with mental health needs are seen first and foremost as citizens with equal rights, rather than exclusively through a diagnostic or clinical lens.

Chapter 1: Social work for better mental health – A strategic statement

Key messages

- Social workers use advanced relationship-based skills – warmth, empathy and genuineness – to help people define and reach their own goals. This is what is so often valued by people using services and their families.
- They have particular key skills in tackling the stigma, discrimination and exclusion people with mental health problems often face.
- Their legal and statutory knowledge of enablement, care and support systems makes social workers systems leaders for multiagency practice.
- Social workers have a particularly key role across agencies in protecting people from harm.
- Social workers work holistically, with the person and their social network, helping to strengthen and build sustainable family and social capital.
- Defining the roles of social workers and raising their confidence as a workforce will contribute to better practice and better mental health outcomes.
- More innovation in effective social models in mental health – tackling the social determinants of health and wellbeing and addressing the social trauma that underlies a lot of mental health need – are needed to create sustainable, relevant and affordable mental health services in the future.
- Social work is at the heart of social and community innovations in mental health.

Chapter 2: Introduction

2.1. With the support of the Chief Social Worker for Adults (CSWA) The College of Social Work published its paper on the '*The role of the social work in adult mental health*' in 2014, making the case for social work to be defined in relation to five role categories:

- 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. Leading the Approved Mental Health Professional Workforce.

2.2. The project to define social work's role in mental health is underpinned by a commitment to promote wellbeing, improve the quality of services and promote the rights of people with mental health needs. The five role categories are referenced throughout this strategic statement to illustrate how they can address strategic challenges and opportunities.

Chapter 3: The state of mental health

3.1. Mental health issues are still marginalised and stigmatised in service systems and in wider society. Mental health services remain under-resourced compared to others area of health and care, despite the 2012¹ legislation on parity of esteem with physical health. Citizens with serious mental health needs are still much more likely to have poorer physical health, live in poverty and in poor housing, have to wait or travel far to access a bed when in acute need, be unemployed or socially isolated and to die earlier.

3.2. There is much to do, and reducing resources with which to do it. The whole of the health and care workforce needs to play its part in making the changes needed.

3.3. In this context, being clear about the value and focus of each part of the workforce is especially important. We need to ensure we do not waste the skills and knowledge of professionally trained and committed staff within blurred or disempowered roles – or in failing to develop their career potential. All organisations need to make the most of the resources available to meet growing citizen demand and expectations. This means developing staff who can help unleash the assets of others (partners, service users, carers, communities), as well as use their own expensive professional skills and knowledge wisely and highly competently. To achieve this, professional staff need to keep learning and developing in response to what people

using services, families and communities tell us they value, as well as being flexible to the demands of organisational change.

3.4. The Care Act 2014, the NHS England Five Year Forward View, and now the NHS England Mental Health Task force all emphasise the need for change in the capabilities and attitudes of professionals to deliver services fit for the future. The personalisation and recovery ethos promoted by all recent mental health policy requires staff to show positive and hope-inspiring attitudes and qualities based on good communication and relationship skills. Professionals need to be able to communicate in ways that are culturally competent and to understand the particular stressors and inequalities that affect different people. They need to be able to work with people's motivations and wishes whilst exercising public duties to manage risk, allocate resources appropriately and support people to understand what the evidence suggests might be helpful to them.

3.5. These complex, interpersonal skills and capabilities are at the heart of modern social work. Empowered and empowering, relationship-based, systemically-informed, reflective and focused on helping people meet their own goals – social work is a necessary profession in mental health because of this distinctive constellation of approaches.

3.6. Out of a strong profession of social work in mental health comes the potential for greater innovation in social and psychosocial

¹ Health and Social Care Act 2012.

interventions. In the future social workers should be better supported to deliver their current responsibilities and commitments, but also encouraged to lead on new social models of support, particularly where these are co-produced and co-evaluated with people using services and other stakeholders. This includes developing existing promising social approaches,² and finding new directions. Clarifying and giving clear value to the roles of social workers now is about a future where social workers can flourish and play their full part in our societal challenge of achieving better mental health.

² See e.g. Open Dialogue
<http://opendialogueapproach.co.uk/>;
Family Group Conferencing see e.g.
<http://www.scie-socialcareonline.org.uk/researching-the-applicability-of-family-group-conferencing-in-public-mental-health-care/r/a1CG0000001yxQMMAY>;
Connecting People see study website
<http://connectingpeoplestudy.net/>

Chapter 4: Statutory social work

4.1. Wherever they are employed (local authority, NHS, voluntary sector or in other contexts) social workers should hold the knowledge and skills to ensure people can access their statutory entitlements to information and personalised care and support as early as possible, whilst also empowering them to gain and take back control and self-direct their own support plan. (***Role Category 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.***)

4.2. Of course, statutory adult social care and social work is no longer just about allocating public resources when people's needs have deteriorated. As the Care Act 2014 has clarified, adult social care is about helping people to seek earlier support, anticipate their own needs and use their personal resources and supports most effectively. These can prevent, reduce and delay³ dependency on higher intensity care and support services.

4.3. Maintaining this preventive ethos whilst managing and reviewing allocation of resources (services and directly controlled funding) proportionate to disability and eligible need is a key skill and area of legal knowledge for social workers discharging statutory local authority duties.

4.4. Attention to this has sometimes been diminished within the care coordinator role in integrated services which has tended to be dominated by NHS performance drivers. Ultimately lack of attention to this can undermine partnerships.

4.5. This is not an argument against integration – it is an alert to the risks and realities in organisations. Within mental health service systems, however social workers are managed, within integrated NHS Trusts and within local authorities, these capabilities need to be defined and maintained to ensure equitable access to public resources.

³ Care Act 2014.

Chapter 5: Inclusion, rights and citizenship

5.1. Social exclusion and disadvantage disproportionately affect people with mental health problems across the population. However, ethnic and race inequality intensifies the disadvantages for some groups and communities. Considerably more black and minority ethnic service users can be found in the more restrictive and controlling parts of the mental health system, in detention under civil or forensic parts of the Mental Health Act, and are less likely to access preventive and earlier interventions.⁴

5.2. Challenging discrimination and institutionalisation is core professional territory for social workers. Social work is rooted in a rights-based perspective on needs and in helping people understand and use those rights.

5.3. Social workers understand that increased self-determination and control, rooted in citizenship rights, is often the basis of recovery for people who have felt negatively defined and disempowered by their mental health problems and by the system itself. Social workers should be skilled in working alongside peer-support staff, service user and carer representatives who are often central to people's recovery journeys of empowerment. ***(Role category B: Promoting recovery and social inclusion with individuals and families.)***

⁴ Care Quality Commission 2015 Mental Health Act report 2014 15 – see <http://www.cqc.org.uk/content/mental-health-act-annual-report-201415>

Chapter 6: Complexity and risk

6.1. As pathways of support become more complex – with pluralisation of provision and less dependency on traditional institutions of care and support – now more than ever, experienced and capable social workers need to work across interagency systems. This often involves working with complex social systems and families, balancing the rights and interests of different people within the system.

6.2. Social workers take time to understand the social and legal context in which people live and build partnerships with individuals and those around them. They use this knowledge to evaluate the risks and opportunities people face and decide how to intervene or manage situations. They are ***‘practice level systems leaders’***, understanding and working holistically and using systemic approaches to manage complex situations and protect people from harm. (***Role category C: Intervening and showing professional leadership and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.***)

6.3. They often act as legal and rights advisors to the whole multi-professional system of health and care. For instance, they are experts in adult safeguarding and in the application of the Mental Capacity Act 2005, knowing how to use these frameworks to promote people’s rights to self-determination where possible, and be protected from harm when not.

Chapter 7: The vital role of Approved Mental Health Professionals

7.1. Since the implementation of Mental Health Act reforms in 2008, the Approved Mental Health Professionals (AMHPs) workforce has included non-social workers. But 96% of AMHPs continue to be (primarily local authority employed) social workers. The responsibility to train and provide AMHPs remains with local authorities.

7.2. AMHPs have a particularly focused role in protecting people's rights, most often at points of crisis where they assess the least restrictive option to meet a person's needs under law. But they also have a holistic role in ensuring people's wider social circumstances are addressed in this situation and that the family and other key players are involved and kept informed. They are highly (and expensively) trained in mental health law. They have autonomous civil law powers to detain people for long periods (in hospital) which are equivalent only to the criminal law powers of the judiciary. As they make decisions about detention autonomously, in their own name, they can be joined in court action in person.

7.3. Social Workers (and other professionals) working as AMHPs are lynchpin contributors to in-hours and out of hours (Emergency Duty) interagency infrastructure of crisis response to mental health need, raised in profile by the government's Crisis Concordat.⁵

7.4. Despite the vital importance of this role, there have been research reports and professional surveys demonstrating that the AMHP service in England is under stress –

both in terms of sustainable numbers of staff⁶ and quality of working conditions for AMHPs⁷ where studies have shown they often feel exposed to violence and aggression, expending large amounts of emotional labour coordinating complex and risky situations supporting service users and their families while they waited for other professionals to mobilise support and resources – such as providing beds or ambulance conveyance.

7.5. Addressing this needs consistent and well-supported professional leadership, better workforce planning and attention to the organisational context of practice. This needs to come from within social work, because of the social work underpinning of the AMHP training and ethos, and because the responsibility of the AMHP service stills rests squarely with the local authority as an independent body from the detained hospital. ***(Role Category E. Leading the Approved Mental Health Professional Workforce).***

⁵ <http://www.crisiscareconcordat.org.uk/>

⁶ <http://www.communitycare.co.uk/2013/03/20/amhp-numbers-fall-at-two-fifths-of-councils-despite-rising-demand-for-support/>

⁷ Webber, M & Hudson, J (2012) Stress and the statutory role, Is there a difference between professional groups?

Chapter 8: Prevention and wellbeing across communities

8.1. The World Health Organisation (WHO) has recently recommended all national plans for mental health should take a lifespan, intergenerational and family approach,⁸ rooted in public and primary mental health improvements. This is the preventive counterbalance to the equally important need to improve timely access to clinical assessment, treatment and crisis and recovery support. Improvements in both are needed.

8.2. This ‘social determinants’ perspective on promoting wellbeing and reducing mental health problems and distress isn’t new. But the demographic and economic pressures of people living longer with more mental and physical disability – and a reducing pot of public resources – are focusing attention more acutely on prevention and earlier effective interventions.

8.3. A social and prevention perspective is core territory for local government and public health.⁹ It is at the heart of the Care Act 2014 with its principles of promoting wellbeing through prevention, reduction and delay in the need for higher levels of care and support and better mobilisation of individual, family and community capability.

8.4. This approach is now strongly echoed in the policy direction of NHS England.

The ‘The Five Year Forward View’¹⁰ which reinforces the importance for the NHS of developing greater community and individual engagement with good health and maintaining wellbeing through improving:

- prevention (primary and secondary);
- provision of information;
- support for self-management of health and long term conditions;
- partnerships with communities, the voluntary sector and with carers and families of people using services;
- support for people to gain and stay in work;
- integration: of health and social care, of mental health physical health care and vertical integration across the acute/ community continuum; and
- personalisation: ensuring that services meet people’s self-defined goals.

8.5. Working in closer partnerships with individuals, families and communities in healthcare is described as ‘*slow burn, high impact*’ in the FYFV. This small phrase is significant. It echoes the Care Act 2014 and the approach of good social work – giving value to relationships and recognizing that sustainable change that can reduce dependency on services in the long run often requires time and dedication to the value of relationships within places and

⁸ WHO (2014) Social Determinants of Mental Health.

⁹ Adult Social Care policy (2010) Care Act and PHE statements.

¹⁰ See <http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch2/>

communities. ***(Role category D: Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.)***

Chapter 9: Getting the organisational context right for social work and getting social work right for the future

9.1. Enabling clear social work roles and developing the potential for social work innovation in mental health requires organisational and professional development. Wherever social workers are managed or employed, this will be necessary. That is why the Department of Health, in addition to this Strategic Statement, is offering two key development resources under the banner of '*Social Work for Better Mental Health*' – a self-assessment resource ***How are we doing?*** and a service user and carer feedback and co-production framework, ***Making the difference together***.

9.2. We believe this suite of resources is the first comprehensive social work improvement methodology within mental health. There have been no standard or comparative processes to evaluate the health and performance of social work in mental health, whether in NHS integrated Trust, local authorities, the private, social enterprise or voluntary sectors. The self-assessment will support local benchmarking and the development of plans of action at team or organisational level. It can also be a platform for research and development of workforce and professional capability across organisations over time.

9.3. The service user and carer/family feedback and co-production framework '*Making the difference together*' supports the ambition for effective social work explored in the self-assessment through supporting development of professional practice that genuinely works alongside and in co-production with people. It is about

encouraging openness and building our understanding of our impact and of what works. It is about building conversations with people who use our services to find out what they have valued about our work. This is vital for a credible and effective profession. It also opens up new opportunities for evaluation and research into practice.

9.4. We hope these resources support you and your organisation make changes that tackle the challenge of better mental health, and encourage social workers to be an even more central part of the challenges ahead.

9.5. For further information about all the resources and support offers within the '*Social Work for Better Mental Health*' project, contact the implementation leads Dr Ruth Allen and Dr Karen Linde at swforbettermentalhealth@gmail.com



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