Mental Health Social Work: its social, legal or psychiatric character?

Conference or Workshop Item

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Mental Health Social Work: its social, legal or psychiatric character?

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Today’s presentation

- Explore the development of the Mental Health Social Worker focussing on core functions and how they differ depending on the iteration
- Examine the historical contribution to mental health practice and thinking
- Identify themes: social, legal or psychiatric?
Own background

- Qualified, registered social worker
- Asylum
- Community Teams
- Out of hours
- ASW
- Crisis Service Team Leader
- Emergency Mental Health Service manager
- Mental Health Act Commissioner
- Social work educator and researcher into mental health social work
Relieving Officers

- Poor Law officials responsible for the distribution of ‘outdoor relief’
- Authorised to convey poor people with mental health problems ‘pauper lunatics’ to an asylum if notified by a Poor Law union medical office, obtain a medical certificate within three days and bring the individual before a magistrate
- If pauper lunatic suicidal or dangerous the relieving officer was legally obliged to initiate the certification proceedings. If not, they had some discretion
- Relieving officers higher status than medical officers although psychiatry was emerging as asylums grew in numbers and size
Duly Authorised Officers

- Created by The Mental Treatment Act 1930, the duly authorised officer effectively replaced the relieving officer.
- First, they **made applications** for temporary treatment with two medical recommendations. Second if the individual needed treatment urgently they were authorised to **remove the person to hospital** for up to three days allowing them to take proceedings under the Lunacy Act 1890.
- Under the Lunacy Act they had a similar role to the relieving officer **to contact a magistrate and if certified take the individual to hospital** within seven days.
Mental Welfare Officers (MWOs)

- Duly authorised officers were mainly mental welfare officers who worked for local authorities.
- Worked increasingly with psychiatrists albeit in a frequently subservient role.
- Authority enhanced by The Mental Health Act 1959 which removed judicial control prior to compulsory admission.
- Predominantly male.
Psychiatric Social Workers (PSWs)

- A ‘profession’ developed by women with its origins in nineteenth century philanthropy
- Founders argued that charitable visiting should be grounded in formal training for objective casework and that social workers needed training in history, social structure and economics as well as professional skills
- First training course at London School of Economics, 1929 heavily influenced by psychiatry and psychoanalysis
- Worked closely with psychiatrists and were involved in the aftercare of discharged patients
- Perceived as being undesirable to undertake the statutory functions of duly authorised officers
Merging of MWOs and PSWs?

- Seebohm Report 1968 and the creation of local authority social services departments in 1971 brought together MWOs and PSW
- Increase in generalist social work at this time arguably also led to a loss of specialist mental health skills
1975 White Paper; Better services for the mentally ill

- Three main areas for MHSW:
  - A working knowledge of symptoms, treatment, cause and prognosis of an individual’s illness
  - Therapeutic work with individuals and families involves developing and maintaining a consistent relationship with the individual, knowing the ways the family may be affected, being aware of their particular family relationships and offering psychological and practical support to them
  - They identify the use and mobilization of support and services and outside agencies, such as primary health care, social security, housing, social services, and the ability to judge not just what is viable but also apply professional skill in considering what is best for each client
Approved Social Workers to Approved Mental Health Professionals

- ASWs introduced by 1983 Mental Health Act
- Extended powers and greater professional autonomy to exercise an independent opinion
- Role to conduct a social assessment of the individual’s circumstances and investigate the possibility of using other services to avoid the need for hospital admission
- Reformed by 2007 Mental Health Act which opened up the role to allied professionals (AMHPs)
Today’s Mental Health Social Workers

- Practise in a variety contexts some multi-disciplinary
- 1999 National Service Frame work for Mental Health; identifies key roles for social work in contemporary mental health services
Today’s mental health social work

• 2003 New Ways of Working initiative; common skills and values for all mental health workers
• 2004 Ten Essential Shared Capabilities
• 2014 Care Act integrated services
Contribution

The ‘psychiatric’ aspect of the work is seen at one point as simply skill in human relations and at another a direct clinical function (Goldberg 1946)

We are psychiatric social workers: our casework … is based on the psychological understanding of … our own behaviour, our own reactions as well as our clients (Myers 1954)

75% of the sample interviewed had not heard of psychiatric social workers, while 80% could not say what they did. (1962 Timms)
Contribution

• social workers mismanaged the psychiatric emergency and did not consider their casework skills to be of much value in the crisis situation (Clarke 1971)
• Just one third of London boroughs and 43 per cent of other authorities required their MWOs to hold a professional qualification (Dunne 1977)
• Uncertain role of social workers acting as MWOs under the Mental Health Act (Olson and Oram 1978)
• With few exceptions, social work practice was not directly concerned with the alleviation of the mental health problem; rather effort was directed at ameliorating the environmental stresses associated with it i.e. no therapeutic intervention (Fisher et al.1984)
Contribution of ASWs

• Richardson Review

• To reflect modern practice (integrated multi-disciplinary working)

• Further consideration should take place in the light of relevant research findings
Contribution Mental Health Social Work

• Positive role of assessments in multi-disciplinary teams (Mitchell and Patience, 2002)
• Three types of mental health social workers – genericist, traditionalist and eclecticist (McCrae et al, 2004)
• A lot of hard grind, the stone in the shoe, going ten rounds with the system (Ryan et al., 2005 )
• Practitioners reported high levels of stress and emotional exhaustion with low levels of job satisfaction (Evans et al 2006)
• In their daily tasks social workers manage the most complex cases in mental health teams (Huxley et al., 2008)
Today’s mental health social work
The five role categories

• 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

• Promoting **recovery and social inclusion** with individuals and families
Today’s mental health social work

- Intervening and showing professional leadership and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity
- Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship
- Leading the Approved Mental Health Professional workforce (College of Social Work 2014)
Social Work for Better Mental Health

• Collective title for three recently published resources and conveys the role social workers have to play in improving the mental health and well being of society

• To ensure the value of social work is understood in a strategic context (Department of Health 2016)
Themes

• Social
• Legal
• Psychiatric
References


Department of Health (1975) Better Services for the Mentally ill


Approved Mental Health Practice
Sarah Matthews, Philip O’Hare and Jill Hemmington (2014)
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