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## Mental Health Social Work: the evidence?

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# Mental Health Social Work: the evidence?

Presentation – Launch  
Mental Health Social Work  
Forum

Monday 31st March

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# Today's presentation

- Development of Mental Health Social Work looking at each iteration
- Explore the evidence
- Pose some questions of the future of mental health social work

- Relieving Officers
- Duly Authorised Officers created by Mental Treatment Act 1930
- Mental Welfare Officers
- Psychiatric Social Workers
- Asylum to Community Care
- Approved Social Workers and Approved Mental Health Professionals
- Contemporary mental health social work

Social work  
educator and  
researcher into  
mental health  
social work

Explore each  
iteration

# Own background

- Qualified, registered social worker
- Asylum: Winwick
- Community Teams
- Out of hours
- ASW
- Crisis Service Team Leader
- Emergency Mental Health Service manager
- Mental Health Act Commissioner

# 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 officer, 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
- Firstly, they made applications for temporary treatment with two medical recommendations. Secondly 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

- 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

- 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 LSE heavily influenced by psychiatry and psychoanalysis
- Worked closely with psychiatrist and were involved in the aftercare of discharged patients
- Perceived as being undesirable to undertake the statutory functions of duly authorised officers

# Merging of roles

- 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 led to a loss of specialist mental health skills

# From Asylum to Community Care

- 1940S saw beginning of move to care based in the community
- 1954 Resident population in psychiatric hospital reached a peak at 152,000 but then began to decrease slowly following the introduction of social methods of rehabilitation in the community, the availability of welfare benefits and the introduction of ant-psychotic medication

# Asylum to Community Care Continued

- 1961 Enoch Powell's 'Water Tower' speech – he envisaged that psychiatric hospitals would be phased out and replaced by care provided in the community
- 1962 Hospital Plan for England and Wales stated that large psychiatric hospitals should close and that local authorities should develop community services

# Approved Social Workers and Approved Mental Health Professionals

- 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

# Contemporary Mental Health Social Workers

- Practised in a variety contexts some multi-disciplinary
- 1999 National Service Framework for Mental Health; identifies key roles for social work in contemporary mental health services
- 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

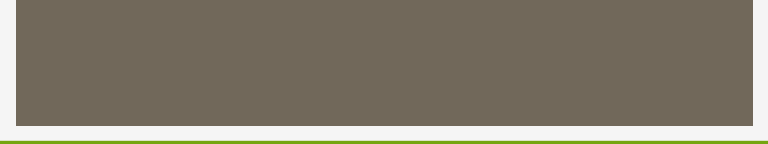
# What is evidence?

- Debate is ongoing as to what it is and how best it is used. For Mental Health Social Work there is a recurring theme; it is meagre and mostly focusses on negative – also varies
- Anecdote
- 'received wisdom'
- Research studies
- Concept and theory papers

# Evidence ? Psychiatric Social Work

- 1962 Timms : 75% of the sample interviewed had not heard of psychiatric social workers, while 80% could not say what they did.
- Of the remainder, most associated them with the actual treatment of mental patients For example;





People who treat  
the mentally ill –  
that is  
psychological  
experts

They actually  
looked after  
people with  
some sort of  
phobia

- 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)

- Psychiatric social work is case-work based on the psychological understanding of human behaviour, undertaken by social case-workers who have received special training to equip them for work with children and adults suffering from mental illness or problems of behaviour or personality. (Hunnybun)
- 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)

# What's in a name?

We must all have felt the burden of our name. It is certainly ponderous, perhaps a little pompous. The first element is still a mysterious word to many people and it is a teaser to spell  
(Margaret Ashdown)

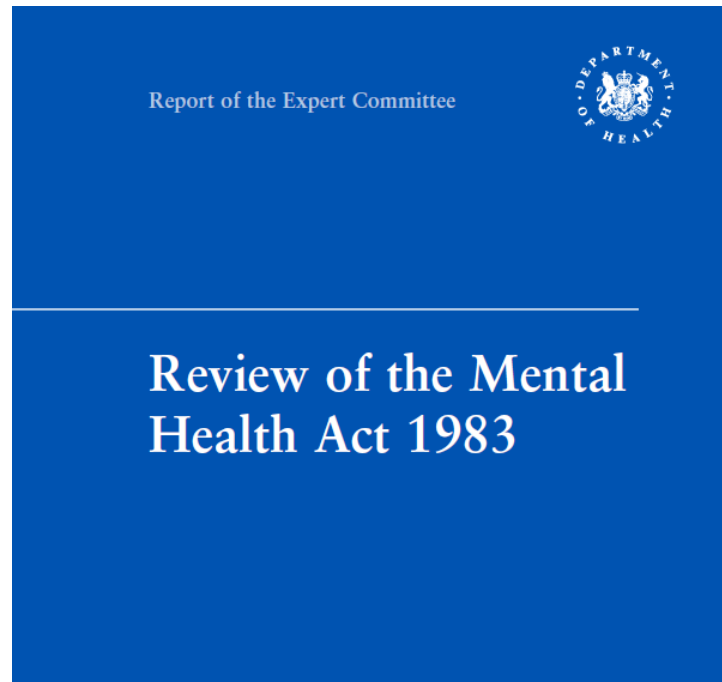
# 1975 White Paper

- 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

# Evidence ASW role

- *An analysis of Crisis Management by Mental Welfare Officers Clarke 1971*- social workers mismanaged the psychiatric emergency and did not consider their casework skills to be of much value in the crisis situation
- 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 Olsen, 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)

# Evidence of ASWs?



- Richardson Review
- To reflect modern practice (integrated multi-disciplinary working)
- Further consideration should take place in the light of relevant research findings

# Call for evidence

## **Module C**

### **Performing the Act: A Qualitative Study of the Process of Mental Health Act Assessments**

**Final report to the Department of Health**

**Alan Quirk  
Paul Lelliott  
Bernard Audini  
(Royal College of Psychiatrists' Research Unit, London)  
and  
Katie Buston  
(MRC Social and Public Health Sciences Unit, Glasgow)**

Recognised that the majority of previous studies of the Mental Health Act have used quantitative methods – how often certain procedures had been invoked, or explored the characteristics of those detained

Missing is how the Act is administered on a daily basis and how it is experienced by those who come within its orbit  
ASWs effectively managed complex assessments



### Staff shortages in the mental health workforce: the case of the disappearing approved social worker

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#### Abstract

Approved social worker (ASW) numbers in England and Wales were compared on the basis of two national surveys conducted in 1992 and 2002. These data were supplemented by reports published by the Employers' Organisation in the intervening years. Although raw numbers suggested a modest absolute increase over this time, rates of ASWs per 100,000 population declined by over 50%. Possible explanations for this dramatic fall are explored. The authors conclude that specific and targeted action needs to be taken by the government and public sector employers to determine the numbers of mental health social workers needed in modernised community mental health services.

**Keywords:** approved social worker, community mental health services, mental health social work

Accepted for publication 24 March 2005

#### Introduction

The present paper reports the results of two surveys of mental health social work in England and Wales, conducted 10 years apart. It seeks to address the issue of the actual number of approved social workers (ASWs) in the workforce, and to assess the extent to which their numbers changed between the two survey dates. The results are of interest for two main reasons. First, under-

for compulsory psychiatric assessment or treatment. Under the 1983 Act, this role became the responsibility of ASWs, replacing mental welfare officers (MWOs), introduced in 1959, and before them duly authorised officers (DAOs), introduced at the end of the nineteenth century. The independence of the applicant from the treating organisation was seen as necessary to avoid accusations of, or actual collusion, between the applicant (usually a relative) seeking hospitalisation for the

- Compared two national surveys conducted in 1992 and 2002
- Rates of ASWs per 100,000 population declined by 50%
- Disappearing workforce

## Stressed and overworked?



### The National AMHP Survey 2012: Final Report

*Stress and the statutory role:  
is there a difference between  
professional groups?*

- Hudson and Webber
- Prevalence of stress among AMHPs
- Differences (of stress) between the professional groups that administer the role
- Online survey incorporating same questionnaire and Inventory as Evans et al study
- 106 did not want to continue in the role
- Lack of resources especially beds problematic
- felt undervalued
- 504 (out of approx. 4000) respondents half reached threshold for emotional exhaustion

# Evidence pertaining to MHSW

- Practitioners reported high levels of stress and emotional exhaustion with low levels of job satisfaction (Evans et al 2006)
- Three types of mental health social workers – generecist, traditionalist and eclecticist (McCrae et al, 2004)
- Positive role of assessments in multi-disciplinary teams (Mitchell and Patience, 2002)
- Themes identified by Ryan et al., 2005 include ; a lot of hard grind, the stone in the shoe, going ten rounds with the system
- In their daily tasks social workers manage the most complex cases in mental health teams (Huxley et al., 2008)

# Evidence today and questions for the future?

- The College; new paper has been drafted on mental health social work. Will this capture the role correctly?
- Chief Social Worker for Adults
- Ministerial Advisory Group on Mental Health; 'degraded' profession, failure of community care, no evidence base!
- Impact of 'new ways of working' and the opening up of the ASW role – focus of my current research
- Integration

# References

- Please ask if you require

# Contact Details

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Basingstoke out on 11 April