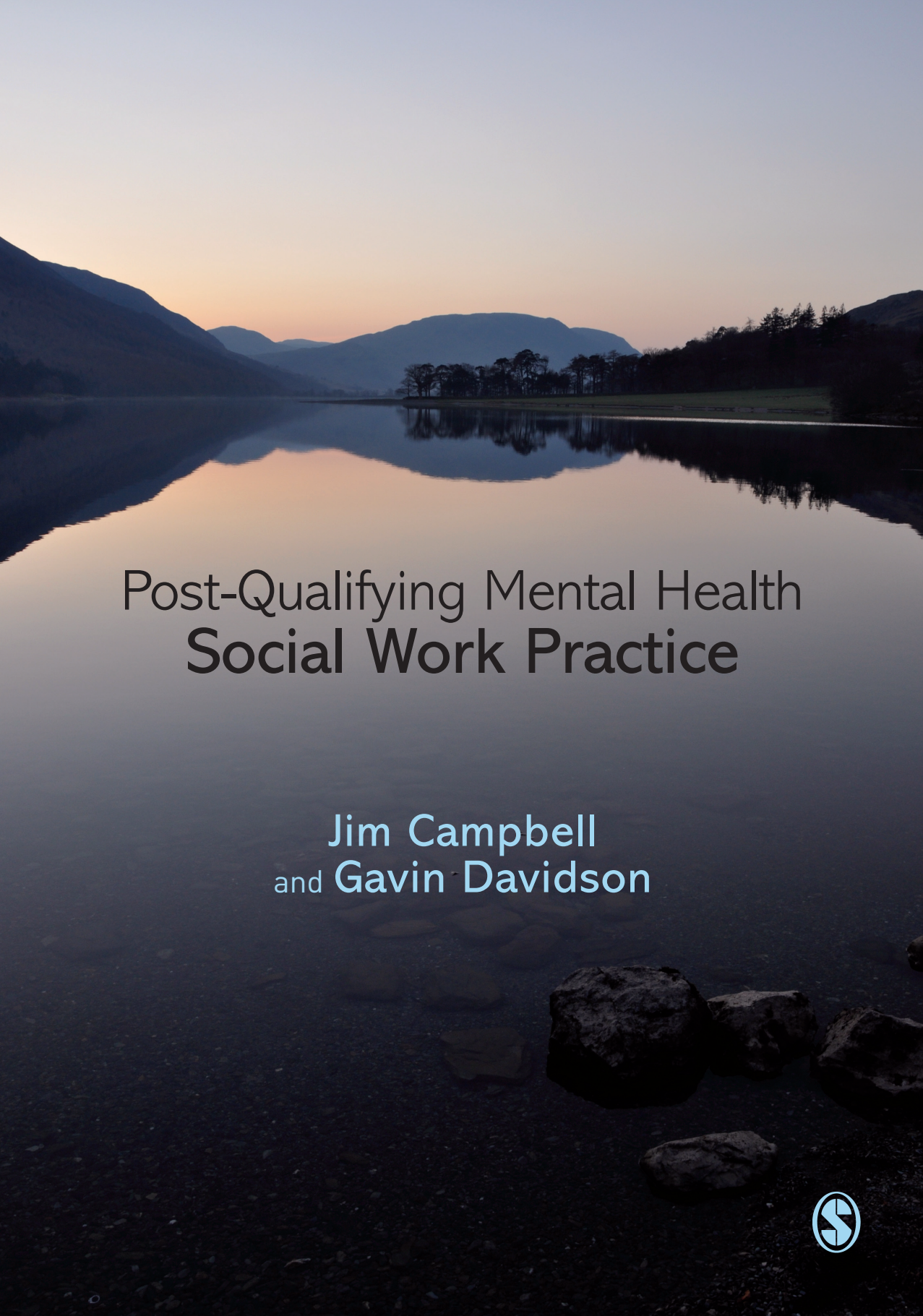

Post-Qualifying Mental Health Social Work Practice

Jim Campbell
and Gavin Davidson

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Contents

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Gavin Davidson qualified as a social worker in 1995 then worked for 12 years in mental health services, in the Northern Health and Social Care Trust, as a Community Mental Team social worker, out of hours Approved Social Worker, project manager and team leader in assertive outreach and rehabilitation. He moved to Queen's University Belfast to be a social work lecturer in 2008 and his research interests are in all aspects of mental health social work, especially the deinstitutionalisation process, the effectiveness of mental health services, trauma and coercion, the recovery approach and mental health legislation. He lives in Belfast with his wife, Katherine, and two sons, Leo and Patrick. Patrick was born between Chapters 4 and 5.

Preface

This is a specialist text for post-qualified social workers, and other mental health professionals, who are interested in exploring the complexities of practice using a broad range of explanatory theories and evidence-based approaches. In writing this book we were mindful of the debates about the current mental health social work role (Ramon, 2009; Campbell, 2010) and how it might be changing because of the advent of the generic Approved Mental Health Professional (AMHP) in England and Wales, as well as the potential dilution of professional identity caused by the integration of social work practitioners in multidisciplinary teams.

As will become apparent, however, the book presents a forceful argument for a strong, recognizable identity for mental social workers built upon a solid knowledge base and broad-based application of skills that complement the work of other professionals in this field. We argue that, in the midst of the inevitable changes to role and function created by shifts in law, policy and organization, a discernible position can be identified and maintained for social workers in mental services. For these reasons we believe the text will be of particular interest to mental health social workers practising and studying mental health social work at various levels within systems of post-qualifying education and training across the UK.

The text begins with summaries of four 'core knowledge' areas which inform the rest of the book – an Introduction to the various forms of post-qualifying education and training in the UK followed by three chapters on Policy and Agency Contexts, Legal Contexts and Models of Mental Health and Illness. These provide essential, background contextual knowledge that then underpins the other chapters in the book. The following chapters, which focus on the application of theory to practice, are each preceded by references to National Occupational Standards, learning outcomes and case study material. Throughout the book you are encouraged to reflect upon your learning using selected questions, exercises and further reading. We hope you will find it particularly interesting in its use of diverse case material illustrating the many types of mental health problems that individuals, families and groups experience, and how these experiences are shaped by issues of age, class, gender, ethnicity and religion.

The Introduction presents an overarching discussion on the educational and training contexts that inform mental health social work practice in each of the four jurisdictions of the UK. It also explains the history of the specialism and contemporary arguments about the need for critical, reflexive learning approaches that can help us understand the complexity of the mental health social work role.

Mental health social workers are employed in a variety of quite diverse organizational settings across the UK, and their practices are informed by important policy drivers. Chapter 1 will help you to explore these factors. It highlights the way that policies and organizations have been shaped, in particular, by the process of deinstitutionalization in each of the jurisdictions of the UK. This has led to more community-based approaches to service delivery which will be familiar to readers. As with other chapters, we hope that you will be able to critically analyse the processes that inform practice in these organizations.

The next core knowledge chapter describes and discusses how mental health laws are used by mental health social workers. Thus in Chapter 2 we review the history of mental health laws in the UK and the mandates used by mental health social workers to compel service users to accept hospital- or community-based care and treatment. In deciding to coerce citizens in this way, mental health social workers face many practice dilemmas which you may be able to recognize.

The final core knowledge chapter, Chapter 3, focuses on models of mental health and illness. Mental health social workers are required to understand key paradigms and discourses about mental health and illness. In this chapter a number of key debates in this area are discussed and analysed. We argue that you should be mindful of the importance of the predominant discourses around the medical model but that mental health social workers also need to engage in alternative, critical views on how mental ill-health occurs, and therefore which interventions can be used to address service user needs.

The remaining chapters then use selected case study material to apply a range of theories to practice. The first of these, Chapter 4, discusses the way in which mental health service users experience many forms of discrimination; we argue that it is crucial that mental health social workers are aware of these issues and engage in strategies that can challenge them. We believe that such approaches complement the holistic nature of the mental health social work role that we recommend throughout the book.

In the last decade, partly because of movements from the ground up, but also as a result of government policies, mental health social workers have been required to listen to the voices of services users. In Chapter 5 we trace the history of service user movements and contemporary debates about how you can empower service users and we illustrate this with selected case material. We hope that these ideas will make sense in terms of your work with service users.

Chapter 6 complements the previous chapter and focuses on the needs of carers of people with mental health problems. We argue that there is a tendency on the part of mental health social workers and other professionals to ignore or neglect these needs. The second part of the chapter uses case material to explore how you can apply theory to practice in this important area.

The next three chapters explore how mental health social workers can work effectively with individuals, families and communities. Chapter 7, on addressing the needs of individuals, reviews the types and range of psychosocial theories

and interventions associated with mental health social work with individuals. We believe that, as an experienced practitioner, you should be familiar with the 'toolkit' approach to interventions with clients.

Chapter 8 then discusses the importance of 'the family' in the lives of people with mental health problems. The family can be a crucial form of support for service users, but also an area of stress and strain. In this chapter you will learn about debates on the part that families can play in preventing mental ill-health. The chapter highlights a number of interventions that can be used by mental health social workers for therapeutic benefit or the prevention of relapses.

We complete these three inter-related chapters by using Chapter 9 to discuss and analyse the way mental health social workers can engage with communities. This chapter uses two ways of viewing the social work interpretation of the case material, the first by using a conventional community mental health team approach, the second a community work approach. We hope that, in your everyday practice, these ideas will resonate with you.

Multi-disciplinary working is a common feature of mental health social work practice. Chapter 10 reviews the literature on this subject and highlights the rise of specialist community-based teams across the UK. Some of the problems and opportunities faced by mental health social workers, which we think you will recognize, are identified and explained through the use of case material.

The final chapter focuses on the recent advent of the Approved Mental Health Professional (AMHP) in England and Wales. Many mental health social workers are employed in these jurisdictions, so it is important for you to critically analyse this role and consider the implications for your practice.

We conclude the book with a brief preview of where we think the role of the mental health social worker is heading as it faces the challenges of new forms of legislation and policy and pressures to deliver efficient and effective forms of service delivery. We will point to international experiences to help us speculate on how the role will change and develop over the next decade. This critical awareness of change is a constant reminder of the shifting roles that mental health social workers have adjusted to in the past and will have to adapt to into the future.

Acknowledgements

We are grateful to a number of people who made the writing of this book possible. Both of us have practised as mental health social workers in Northern Ireland and we are indebted to the service users, carers and multi-disciplinary professionals who have worked with us over the years, and to all the social workers involved in the Approved Social Work Programme in Northern Ireland. We want this book to be relevant to the everyday worlds of practitioners, by making connections between theory, evidence and interventions. And a mention should go to our colleagues at Queen's University Belfast who sometimes have had to suffer our interest in mental health social work, but, as they are repeatedly reminded, it is a central aspect of all areas of social work practice.

The idea about writing the book was first suggested to us by Professor Steven Shardlow, we thank him for pointing us the way to Sage, our publishers. At Sage we wish to thank Zoe Elliott-Fawcett Senior Commissioning Editor; Emma Milman, Assistant Editor; Sarah Gibson, Editor; Katie Forsythe, Production Editor; and Tamara Navaratnam, Books Marketing Manager. They have been consistently positive and encouraging as well as very tolerant with us in adjusting their work to suit our sometimes haphazard timescales. We would also like to thank Dr Martin Webber and Mike Maas-Lowit for their very helpful and informed comments during the drafting of Chapter 2 on mental health law in the UK. We are also indebted to our colleagues Dr Lisa Brophy and Bill Healy from Victoria, Australia and Anne-Marie O'Brien from Ontario, Canada for their long standing interest in helping us understand the complexities of community based compulsory mental health laws.

Last, but not least, we wish to thank our extremely supportive partners Anona and Katherine and our children, who carried on with their daily lives and missed some of our company whilst we were fixated on computer screens.

Introduction: Mental Health Social Work in the UK – Locating Policy, Practice and Post-Qualifying Education

Learning outcomes

1 To understand the origins and development of the mental health social work role
2 To locate your learning and practice in the context of the different types of PQ social work education and training in the UK
3 To develop an awareness of the need for reflective practice in PQ education and training

Introduction

There seems little doubt that mental health social workers in the UK will have to deal with increasingly complex issues when making professional judgements in a world that appears fragmented and less certain than ever before. Decision-making processes in this field therefore require holistic, reflective approaches that pay attention to a range of factors, including aspects of personal biography, levels of skills, organizational and policy dimensions and the requirements of legal mandates. Interventions should also be guided and underpinned by due attention to relevant, contemporary research across a wide range of academic disciplines from the social, psychological and medical sciences. This book is designed to help experienced mental health social workers make sense of these challenges in the course of their PQ studies and we believe its content is also relevant to other professionals studying in this field. In reading the book we hope that your interventions will be further informed by theory as well as reflexive and meaningful for clients. This Introduction begins by briefly tracing the history of mental health social work before highlighting policy, service and practice contexts that continue to shape the role. The impact of policy on practice is developed further in the next chapter and others in this book. The second part

of this Introduction describes important features of PQ social work education and training in the UK, including an up-to-date account of current structures. It concludes with a discussion about the tensions that arise as a result of the need for mental health social workers to adhere to National Occupational Standards (NOSs) and National Occupational Mental Health Standards (NOMHSs), whilst protecting a necessary commitment to reflective practice.

Continuity and change in the mental health social work role

Changes to policy and law across the UK are key to understanding the historical development of the mental health social work role, a point we further develop in Chapter 1. It is tempting to view the modern origins of the profession as the product of the shift to generic training and education that occurred in the early 1970s. Certainly most of what we know about contemporary mental health social work is drawn from the growing body of literature which has emerged, particularly in the last two decades. A very good summary of research that is relevant to mental health social work (Ray et al., 2008) is provided by the Social Care Institute of Excellence at www.scie.org.uk/publications/briefings/briefing26. In the course of the book we will be drawing upon this and other such literature to explore the mental health social work role.

But first it is important to acknowledge, briefly, the period before the introduction of generic training and practice that followed the deliberations of the Seebohm Committee (1968). Although ongoing debates continue about the factors that shaped the development of mental health social work (Rapaport, 2005; Webber, 2008), there is some agreement about how the profession developed in the second half of the nineteenth and the first half of the twentieth century. A liberal perspective on this period suggests that a constellation of processes led to a drive for 'lunacy reform' in which charitable organizations, politicians and pressure groups slowly humanized the asylum (Busfield, 1986). The nascent professional groups of psychiatry, psychiatric nursing and, eventually, social work, it can be argued, played various roles in this project. A more critical perspective was that such changes only represented shifts in the power of the state and the profession, and that patients remained subject to different forms of coercion; we take this issue further in our discussion of contemporary practice, particularly in Chapters 1, 2, 3 and 4.

By the mid twentieth century, prior to the changes introduced by Seebohm which established generic functions for all social workers, the profession had gone through a range of guises, from its early manifestations in Duly Authorised Officers, to Psychiatric Social Workers (PSWs) and Mental Welfare Officers (MWOs). In particular PSWs had gained a distinct professional identity and respected system of qualifying and post-qualifying training, underpinned by regulatory requirements. MWOs tended not to be professionally qualified but performed limited functions in mental health law when nearest relatives were not available. Rapaport (2005) draws other contrasts about the characteristics

of these mental health social workers. PSWs were mostly women working in child guidance clinics whilst MWOs were generally employed in the adult services field, either in hospital or community settings. It appears that PSWs were often viewed by other professionals as competent and knowledgeable, in part because of their perceived expertise in case work approaches, often underpinned by psychodynamic theories. At the time of Seebohm concerns were expressed that generic training would erode this foundation of learning and experience; to some extent these fears were realized as educational approaches arguably became more focused on functional and structural ideas at the expense of the therapeutic role for mental health social workers.

Despite evidence of a substantial growth in numbers of social workers during the 1970s and 1980s, a specific role for mental health social workers was slow to emerge, either during the fleeting moment of radical social work in the late 1970s or following the recommendations of the Barclay Report in 1982. The retrenchment of health and social care expenditure during the Thatcher governments of the 1980s, underpinned by an ideological critique of the post-war UK state, tended to challenge traditional assumptions about the efficacy and purpose of the social work role. A series of child care, and later mental health care inquiries, sometimes confirmed this scepticism and doubt about the knowledge base that social workers were using in assessing and managing risk (we discuss the issue of risk in a number of chapters in the book). Although mental health social workers were not immune to such criticisms, it can be argued that their positioning within the wider mental health and social care system was in some way protective, in terms of role and function. Before the widespread deinstitutionalization that gained momentum towards the end of the 1980s, most mental health social workers practised in psychiatric hospitals, or alongside other mental health professionals, despite the fact that they were usually subcontracted from local authorities. The institution may have bonded various professionals together, but practices were inevitably informed by traditional discourses about care and treatment and there was little awareness of ways of empowering clients and their carers (see Chapters 5 and 6).

Mental health policy and practice

Mental health social workers in the UK have constantly had to adjust to new sets of circumstances which have emerged as a result of complex policy drivers; the challenges are made more complicated because of local, regional and national contexts. For example, systems of mental health care and treatment vary across the countries of the UK. In England, Wales and Scotland there are well documented organizational problems caused by the split between local and health authorities whereas the integrated system in Northern Ireland has enabled health and social care professionals to work together more closely (Campbell and McLaughlin, 2000; Reilly et al., 2007). Government concerns about the lack of uniformity across systems of mental health in England and Wales partly explain a number of key policy initiatives, notably the Care

Programme Approach (CPA), the National Service Framework (NSF), the development of National Occupational Standards (NOSs) for Mental Health and the Ten Essential Shared Capabilities (Hope, 2004). The other countries within the UK have tended to adapt these approaches to address perceived organizational deficits within their own systems.

Although there continues to be great variation in the delivery of mental health services, mental health social workers are generally placed in multi-disciplinary teams which use a number of standardized approaches in their work with clients and carers. Statutory social workers can be found in community mental health, early intervention, assertive outreach, forensic and crisis teams (see Chapters 9 and 10). In addition they may be employed in a variety of specialist settings, for example, working with people with dementia, addictions and eating disorders, and children and adolescents who have mental health difficulties. Interventions may take place in hospital, prison, residential, day care and other community settings. The way in which such services are configured will depend on local circumstances which will include funding arrangements, decisions made by individual organizations and relationships with voluntary and community sectors.

It was, however, the introduction of new mental health laws across the jurisdictions of the UK in the 1980s that revitalized the mental health social work role, although for some critics this was at some cost to the development of more therapeutic and empowering practices which tended to be marginalized thereafter (Ramon, 2009). Mental health social workers acquired substantially enhanced mandatory powers to detain clients in psychiatric hospitals and engage in guardianship procedures. More recently they have become involved in using new powers of compulsion in the community; details of these functions will be described and analysed in Chapters 2 and 11. These changes to the law often mirror, sometimes belatedly, shifts in policy and service delivery (Bartlett and Sandland, 2003). For example, over half of all psychiatric beds have been closed since the Mental Health Act 1983 was introduced. Similar trends have occurred in Scotland and Northern Ireland (Audit Scotland, 2009; Department of Health, Social Services and Public Safety (DHSSPS), 2009a; Kelly, 1998). At the same time policy makers have attempted, often unsuccessfully, to strengthen community-based resources and services. These failures are often pointed out when homicides and suicides occur (Reith, 1998).

Mental health social work today

It is interesting to note that mental health social work in the UK has, in some respects, returned to a form of specialism that was not predicted during the period of genericism in the 1970s and 1980s. This can partly be explained by the enhanced legal functions that were embedded in mental health laws in the mid 1980s. However these legal dimensions to the role comprise only a small part of the day-to-day activity of mental health social workers. Most of their

work takes place alongside other professionals in the types of services described above. Because of the variation in the delivery of these services and the mix of professionals within teams, it is difficult to ascertain, definitively, the non-legal roles that mental health social workers play in the UK. Nonetheless some themes are discernible. In her review of the contributions of mental health social workers to mental service delivery in the UK, Ramon (2009), drawing upon existing literature, highlights both strengths and weaknesses in the role. She argues that, at least in the past, the profession has shown signs of being innovative and progressive in the way it has worked with clients, but is concerned that this more radical tradition has been eroded by changing patterns of organizational delivery. A common complaint is that the social work discourses are often marginalized in a mental health system that is largely informed by medical and biological paradigms. This is not helped by problems with local and health authority organizational arrangements in Britain. Even when health and social care systems are integrated there is little evidence that the social model is any more influential in the planning and delivery of mental health services (Campbell, 1999). Although the profession of social work should be well positioned to use holistic approaches to gain an understanding of clients' needs (Department of Health, 2007a), Ramon suggests that they have not fully embraced new, empowering approaches with service users.

A number of other observations about the mental health social work role have reflected upon opportunities as well as challenges. For example, in one of the few critical reviews of the evidence base for mental health social work (Marsh et al., 2005), it is suggested that the profession might be well positioned to take advantage of modernizing agendas in mental health services in the UK, and a Social Services Inspectorate (SSI) Report highlights the positive value base that social workers can use in working with people with mental health problems (SSI, 2004). On the other hand, mental health social workers, like other professionals in this field, can both contribute to, and sometimes challenge, the forms of discrimination that clients with mental health problems regularly face (Social Exclusion Unit, 2004); we discuss these possibilities in Chapter 4.

We hope that, through the application of theory to practice in the second part of this book, you will be able to identify ways in which mental health social workers can apply holistic approaches that will empower the lives of service users and carers. But first consider the following exercise.

Exercise 1

1 At what period in the development of mental health social work did you begin your career?
2 How has mental health policy and law changed since you began as a mental health social worker?
3 What current policy and practice issues do you face?

We asked you to consider this exercise because we cannot think of mental health social work practice without reflecting upon the period in which we entered the profession and how subsequent changes to policy and law have affected the way we now view roles and function (we will be returning to these ideas in Chapter 1). More experienced readers might be able to think about a time when mental health social work services were 'institutionalized' within psychiatric hospitals, while for younger social workers community-based practice is more normative. The preceding sections on history and current aspects of policy and practice should be able to help you locate and understand your professional and auto-biographical journey as a mental health social worker.

The development of systems of PQ education and training in the UK

After the move to generic qualifying training following the Seebohm Report (1968) a range of PQ programmes was developed by numerous providers, usually overseen by the Central Council for Social Work Education and Training (CCETSW). At times these programmes developed on an ad hoc basis, dependent on the initiatives taken by individuals, agencies and institutions of further and higher education. For the many social workers who have passed through countless PQ programmes, such stories reflect the long, but somewhat patchy history of education and training often defined by a complexity of local and national policy needs and drivers. Relatively few evaluations of post-qualifying programmes have taken place over these years, so it is unclear whether they have delivered assumed or desired outcomes for social workers and their agencies (Cooper and Rixon, 2001; Postle et al., 2002; Brown and Keen, 2004; Brown et al., 2008). One survey of a number of English consortia, carried out just before the introduction of the current PQ system (Doel et al., 2008), found positive levels of satisfaction amongst candidates, but respondents felt that quality was sometimes determined by external factors such as the availability of good mentors and work easement. These are common structural problems across many PQ programmes that you may have already experienced in the course of your studies. The need for more collaboration between partners to develop new, more imaginative programmes and modules is also a common feature of the systems across the UK. At the same time there has been considerable debate about the pedagogical underpinnings of PQ education, mirroring similar debates at qualifying level, around the issues of competence-based practice (O'Hagan, 2007) and reflective learning (Jordan and Parkinson, 2001).

Despite these limitations, we believe current systems of PQ education and training, introduced across all jurisdictions in the UK in the last few years, offer new possibilities in helping mental health social workers to develop their knowledge, values and skills. In every jurisdiction of the UK programmes are more firmly embedded in institutions of higher and further education than was the case with previous arrangements, although employing agencies continue to

play important roles in processes of design, delivery and assessment. It is the case that there are inevitable nuances in the structure of post-qualifying systems across these jurisdictions, for example in terms of policy and legal contexts and the structure and delivery of programmes. However, all must consider National Occupational Standards (NOSs), Codes of Practice and other relevant documents to guide and underpin judgements about the competence of candidates. Each programme will operate within the specific requirements of the national accrediting regulatory body. There remain some concerns that arrangements for PQ education and training in the UK are often driven by a governmental preoccupation with the regulation of the workforce at the possible expense of the value base that social work should aspire to (Galpin, 2009). In the course of reading this book, we want to encourage you to think critically about such debates, and understand the tensions that will always arise between the demands of policy makers, agencies' needs and the duty of practitioners to adhere to professional standards.

Current structures of PQ education and training in the UK

The devolution of power to regional assemblies in the UK has led to a rethink about the PQ education and training of social workers, not least because such activity is now regulated and quality assured by four Social Care Councils. A common feature of the four country structures is an assumption that candidates can move between different levels, usually differentiated by notions of complexity of practice and analytical skills (Higham, 2009). It has been argued however that there is some vagueness in the description and comparison between these levels (Adams, 2007). In using this book you should bear in mind that your post-qualifying education and learning experience will be specifically determined by the requirements laid down by the social care council within your jurisdiction. We now briefly describe the current state of PQ education and training in each of the jurisdictions of the UK.

England

The English system currently offers three levels of awards. The Specialist award is designed to consolidate, extend and deepen professional competence in a specialist context (usually delivered at honours level). The Higher Specialist award should offer the skills and knowledge necessary to make complex judgements, discharge high levels of responsibility, and manage risk (usually delivered at postgraduate diploma level). Finally the Advanced Award focuses on the knowledge and skills required for professional leadership and the improvement of services (delivered at Master's level). The GSCC recognizes five specialisms: mental health; adult social care; practice education; leadership and management; and children and young people. Programme providers are expected to focus on, develop and deliver modules and programmess across these areas.

Northern Ireland

Three types of PQ awards are available to social workers in Northern Ireland – Specific, Specialist and Strategy and Leadership – with opportunities for both academic and professional awards. Unlike other parts of the UK all PQ awards in Northern Ireland are delivered at postgraduate level.

Scotland

The system in Scotland uses a broad framework to encompass education and training across the whole social work and social care workforce, with Specialist Training available from SCQF 7 – SCQF 11 (Master's level).

Wales

The post-qualifying system in Wales uses a modular structure leading to qualifications at undergraduate certificate, undergraduate diploma, postgraduate certificate, postgraduate diploma and Master's levels.

Each PQ system in the UK is designed to address the particular circumstances of policy and practice in their respective countries. This is because there is considerable divergence in programme aims, curriculum content and professional and academic requirements, depending on where you work in the UK. You should also be mindful that, at the time of writing, the social care councils across the UK are engaged in consultations about a review of existing regulations and requirements (Jerrom, 2011). You should now complete the following exercise on PQ requirements in your jurisdiction.

Exercise 2

Go to your social care council website and check the requirements for the programme you wish to apply for, or are currently a candidate for.

Find out what changes are being proposed to your programme as a result of the review of PQ education and training in your country

In addition to the requirements laid down by respective Social Care Councils, programme providers need to take into account relevant NOSs (and in the case of Scotland, the Scottish Standards in Social Work Education (SiSWE)). For example, all PQ candidates have to identify the six key roles and units described in the NOSs (and their equivalent in Scotland) and reflect upon how these are incorporated into learning and practice (see Appendix 1). In addition mental health social workers, and other professionals employed in the mental health field, are also required to use the National Occupational Standards for Mental Health (NOSMH) (see Appendix 2) to inform their practice. In each of the chapters that follow we will be asking you to consider how you can integrate

selected NOS and NOSMH with the practice material that we want you to discuss and analyse. However, just a word of caution: the concept of NOSs is not without its critics. At one level many of the descriptors can seem straightforward, and the intentions of such government policies are on the face of it rational and incontestable. Take for example this statement about NOSMH:

> The key purpose of mental health services has been defined as work with individuals, families, groups, communities and agencies to provide equitable and non-discriminatory services, across all age groups and settings which promote mental health, address mental health needs, manage risk, and provide appropriate support to people with mental health needs and their carers. (NOSMH website).

We would expect that you and all mental health social workers would embrace the principles that underpin this statement, in terms engaging with holistic, thoughtful practice that is mindful of all stakeholders who access mental health services. But it is, at the same time, important to be mindful of the contexts in which NOSs were introduced in the UK. As Rogers (2009) points out, NOSs can be viewed, more critically, in terms of a preoccupation by successive governments with regulating and monitoring professional activity and setting targets and performance-related outcomes. The everyday practice of mental health social workers, like that of other professionals, is informed or stymied (depending on how you view these contexts) by such systems of governance. We take the view that practitioners should be critically aware of how and why such standards have become so important in the delivery of health and social care. For example we feel that, however helpful standards are in identifying key principles for practice, they are only meaningful when considered in the context of available resources and systems of support and supervision. In any case they cannot provide a blueprint when competing demands occur, for example between clients, carers, agencies, practitioners and the general public.

In addition there is a potential logistical problem in applying quite descriptive sets of NOSs. The NOSs comprise six key roles and 21 sub-units; in the case of NOSMH it becomes even more detailed, involving 11 sections containing 111 units of competence in total. Many of these are relevant to mental health social work practice and, if met, entail an occupational competence to: operate within an ethical framework; work with and support individuals, carers and families; and influence and support communities, organizations, agencies and services. The temptation (and this is one of the problems with competence-based approaches to learning) is to engage in a mapping process which can often become rather mechanical and which does not correspond to the realities of everyday practice.

Being reflective and reflexive: how to get the best out of the book

In this book we also want to encourage you to look beyond the simplistic use of NOSs and engage with the material in a more reflective way that will help you explore the complex nuances of practice. The notion of the reflective practitioner

has become quite mainstream in social work education and training, and is just as important for busy practitioners as it is for qualifying social work students. Although much has been said about this subject in the last decade, reflection in social work is, like the other issues discussed in this Introduction, a concept that can be interpreted in many different ways. Paradoxically the application of the idea to practice can seem superficial and unthoughtful, so we want you to avoid this tendency when you consider the chapters in this book.

A common starting point in the literature is to consider the different reflective and reflexive (which suggests a more critical perspective) processes that are involved in the social work process (Schön, 1987; Fook, 2002). Sometimes these are characterized by the terms 'reflection in practice' at the time of the interaction with clients, and 'reflection on practice' when post hoc opportunities occur to consider the intervention. To these processes can be added an earlier event as practitioners, while 'tuning in' to the intervention, reflect upon a wide range of factors that may inform practice. Sometimes we can only roughly describe these complex and changing relationships, not just in terms of the here and now of an interaction between the mental health social worker and the client, but also in terms of the many layered constructions of knowledge and discourses that inform and shape practice. It can be very difficult to understand how these overlap and interrelate when important decisions are being made. To illustrate this point consider the following exercise.

Exercise 3

Choose a situation when you intervened to help someone who had a mental health problem. What knowledge and theories did you consider and why?

The more you consider the question about 'what knowledge and theories were considered and why' the deeper you can go into the reflective process and you might be able to understand how complicated such interactions, however simple on the face of it, can be. There could be a plethora of competing ideas that will confront you in these circumstances: legal and policy contexts; agency regulations; ideas drawn from psychiatry, psychology and sociology; ethical principles and professional codes of practice. Yet even an awareness of an exhaustive list of possible theories does not fully capture these notions of reflection and reflexivity. We also have to be mindful of how these ideas are formulated in the context of our life histories and how we relate to 'the other' (as we discussed in Exercise 1). Positive outcomes for social work interventions can depend on this notion of self-understanding as much as a functional, cognitive appreciation of 'objective' knowledge and theory. Even where practitioners are making decisions that are the product of a critical, reflective position they may

be undermined by agency procedures and a lack of support and supervision in dealing with the inevitable dilemmas that characterize mental health social work (Archambeault, 2009a; 2009b).

Conclusion

In this Introduction we have provided a brief overview of the history of mental health social work and the location of the professional in contemporary mental health policy and service delivery. The chapters that follow will provide more detail of these contexts, using case material to illustrate relevant knowledge values and skills, alongside selected NOSs and NOSMH. The most important message that you should take from this chapter, and one that will be followed up throughout the book, is the need to develop your ability to reflect upon your practice and be open to the struggle in dealing with dilemmas that are a recurrent feature of interventions in the mental health field. That way we believe you will deliver a more thoughtful and progressive service to your clients.

Recommended reading

A good overview of the state of play in PQ education and training in the UK is provided by two edited texts, with individual chapters on mental health social work:

Higham, P. (ed.) (2009) *Post-Qualifying Social Work Practice.* London: Sage.

Tovey, W. (ed.) The *Post-Qualifying Handbook for Social Workers.* London: Jessica Kingsley.

The following is a specialised text that helps the reader in understanding reflective practice with a range of client groups in the mental field.

Archambeault, J. (2009a) *Reflective Reader: Social Work and Mental Health.* Exeter: Learning Matters.

Recommended websites

The websites for the four UK social care councils contain a lot of constantly updated information about post-qualifying training and education:

Care Council for Wales: www.ccwales.org.uk
General Social Care Council (England): www.gscc.org.uk
Northern Ireland Social Care Council: www.niscc.info
Scottish Social Care Council: www.sssc.uk.com

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Policy and Agency Contexts

National occupational standards

This chapter will help you meet the following National Occupational Standards for Social Work:

Key Role 5: Manage and be accountable, with supervision and support, for your own social work practice within your organization. Unit 15: Contribute to the management of resources and services.

Key Role 6: Demonstrate professional competence in social work practice. Unit 19: Work within agreed standards of social work practice and ensure personal professional development.

It will also help meet the following National Occupational Standards for Mental Health:

- Identify trends and changes in the mental health and mental health needs of a population and the effectiveness of different means of meeting their needs (SFHMH 50).
- Negotiate and agree with stakeholders the opportunities they are willing to offer to people with mental health needs (SFHMH 72).
- Assess the need for, and plan awareness raising of mental health issues (SFHMH 87).
- Work with service providers to support people with mental health needs in ways which promote their rights (SFHMH 3).

Learning outcomes

1 To increase your knowledge of mental health policy, mental health providers and organizational change.
2 To develop your skills relating to the management of change – both self and others.
3 To develop your practice working in agencies.