INSPECTORATE OF MENTAL HEALTH SERVICES

The National Overview of Social Workers in Mental Health Services Ireland 2012

As part of its review of mental health services, the Inspectorate of Mental Health Services this year sought the views of social workers in mental health about their perceptions of their role within the mental health services and for looked for their suggestions about how the services could be improved.

This was carried out by means of an online survey, a meeting with mental health social workers and submissions received from those who could not attend the meeting. Many social workers informed the meeting they could not attend because of resource issues within the HSE. The surveys were circulated through the professional groups for adult and child mental health social work services.

There were seventy responses to the qualitative and quantitative survey and thirteen social workers attended from both adult and child mental health services. Four submissions were received.

The report refers initially to the survey results and this is followed by an outline of the issues that came up in the discussion, and finally the recommendations.

Q 1: Post Held

Survey Questionnaire Results:

Posts held

Post Held	Number	Percentage
Principal (AMH)	9	12.9
Principal (CAMHS)	12	17.9
Principal (other)	3	4.3
Team Leader	5	7.1
Sen Social Worker	21	30.0
Stand alone practitioner	5	7.1
Senior practitioner	2	2.9
Basic grade	16	22.9
Other	2	2.9
Total Responses	75	107.2*

A small number of social workers responded in more than one category so the total percentage is greater than 100%.

A broad cross section of social workers of different levels of seniority responded to the survey. Most respondents were senior social workers.

Q2.: Mental Health Service Area and Specialism

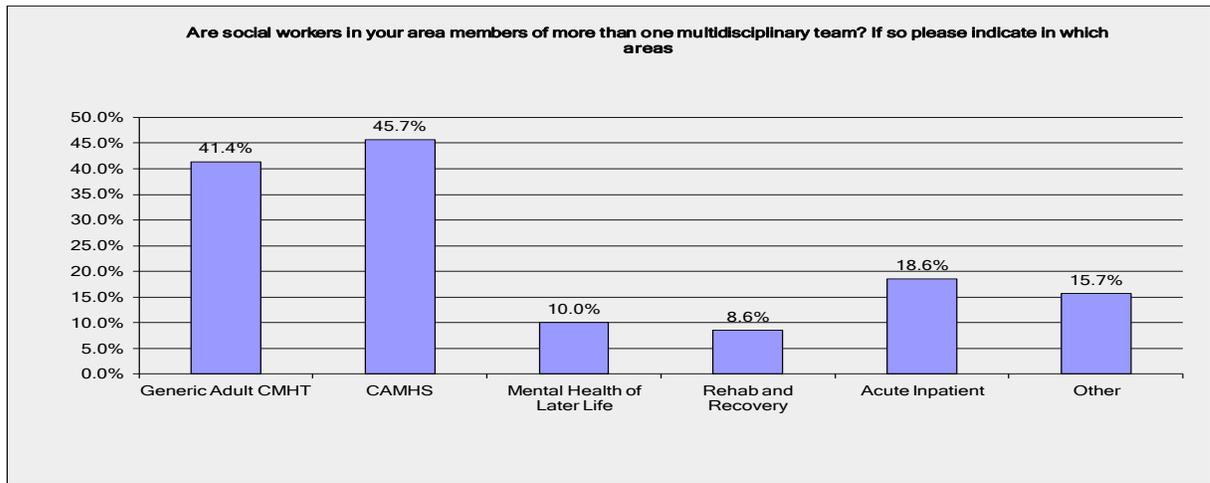**Survey Questionnaire Results**

Respondents by area and by specialism

Region		Adult Services	CAMHS	Other
HSE Dublin Mid Leinster	16			
HSE South	12			
HSE West	20			
Dublin North East	12			
Independent Sector	5			
Unknown	5			
Total	70	36	30	4

Most were members of general adult community mental health teams or child and adolescent mental health teams (CAMHS), although there was representation also from those working in psychiatry of old age, mental health of intellectual disability and rehabilitation and recovery teams.

Q3.: Are social workers in your area members of more than one multidisciplinary team? If so, please indicate in which areas

Survey Questionnaire Results:

Social Work membership of more than one multidisciplinary team

Are social workers in your area members of more than one multidisciplinary team? If so please indicate in which areas

| Category	Percentage
Generic Adult CMHT	41.4%
CAMHS	45.7%
Mental Health of Later Life	10.0%
Rehab and Recovery	8.6%
Acute Inpatient	18.6%
Other	15.7%

The chart shows that social workers from all specialisms were required to work across more than one multidisciplinary team because of resource deficits.

Q 4. Have social workers on multidisciplinary teams input into Individual Care Plans (ICPs)?

Survey Questionnaire Results:

Have social workers an input into individual care plans?
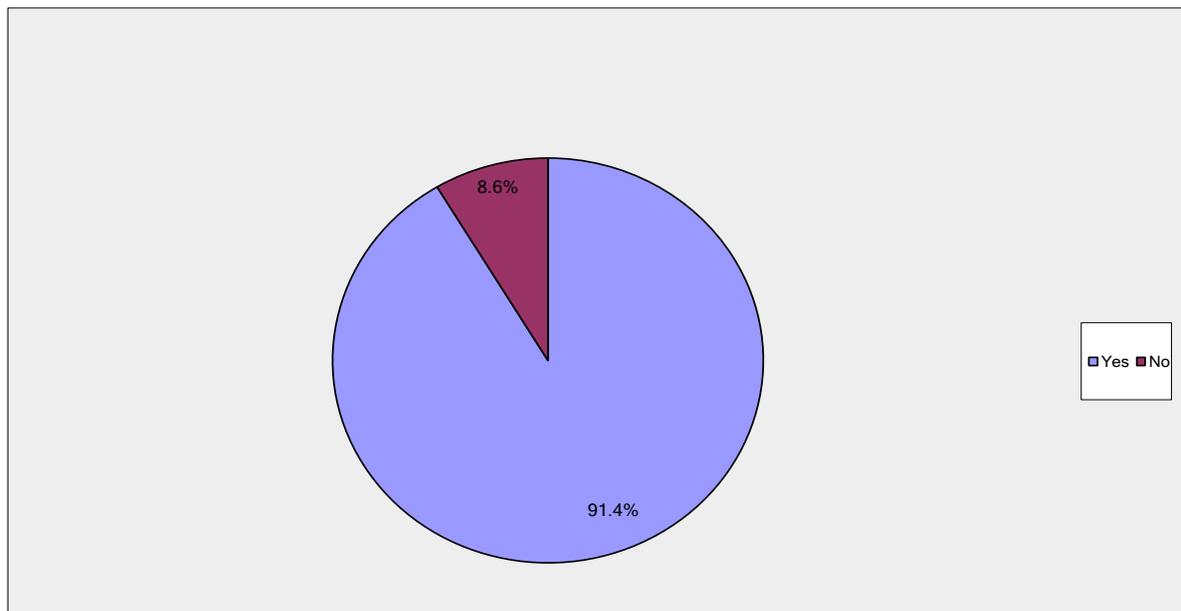
Over 91% of respondents said they had input into Individual Care Plans.

**Q 5. If the answer to this is Yes, in what way does social work contribute to Individual Care Plans?**

Survey Questionnaire Results:

Social workers said they contributed to the ICPs by highlighting systemic issues in the resident's recovery plan. They provided social assessments and highlighted issues relating to family needs and support, access to school, work, and issues of social exclusion. Some social workers acted as key workers on the teams. Some wrote up the team ICPs while in other instances social workers reported this was done by medical staff.

Q 6. Is there social work representation on Local or Area Mental Health Management Teams?

Survey Questionnaire Results:

Social work representation
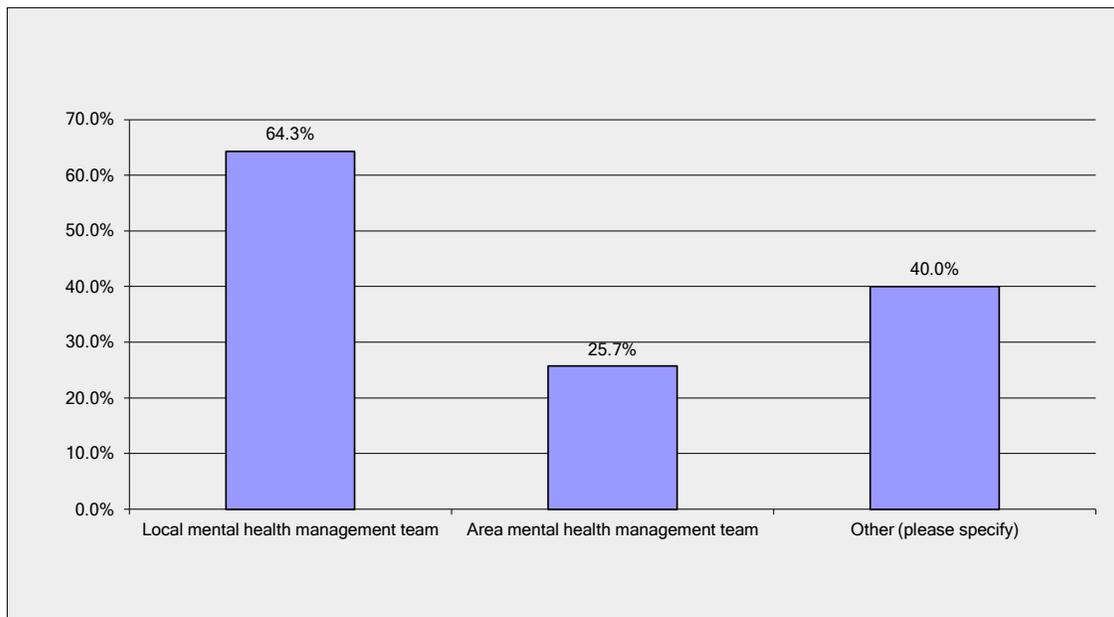
Sixty-four percent of respondents were represented on local health management teams and 26% said they were represented on Area Management Teams. This indicates a large proportion of social workers who were not represented at decision making level within the mental health services. The 40% (28) who responded 'other', to this question demonstrated considerable confusion about the issue. Many social workers said they did not know, or there was no representation. In some instances they thought there might be representation, but were getting no feedback about the issues raised.
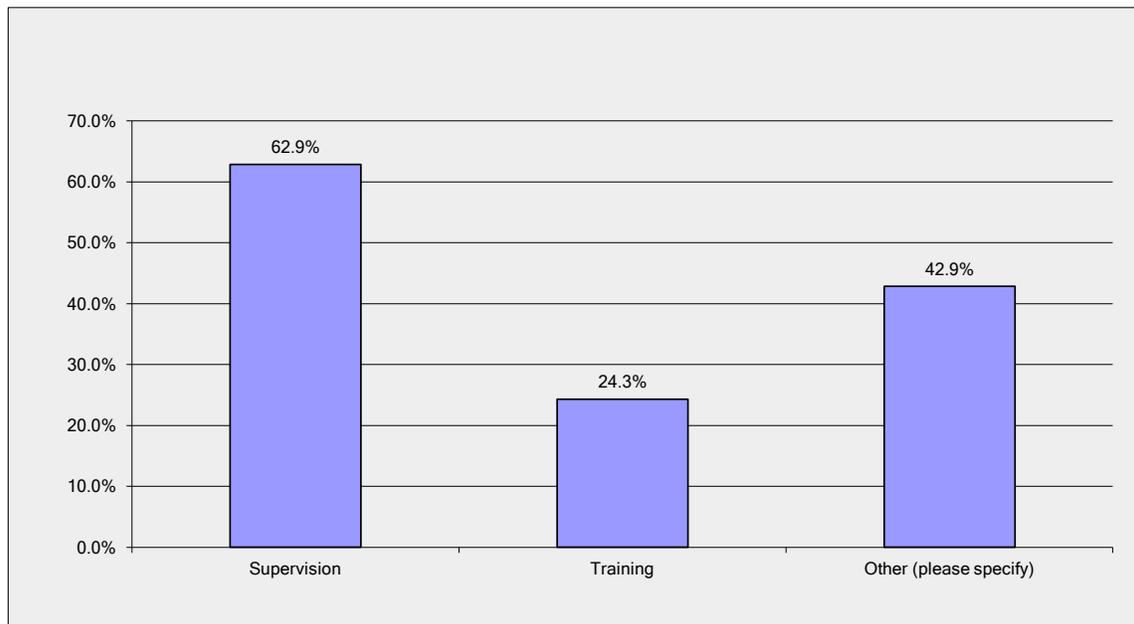
"Principal covering one day per week- our issues are not properly represented at management level".

"I am not aware of there being any representation on these forums".

Q 7. Do you receive regular training and supervision?

Survey Questionnaire Results:

Training and Supervision

Asked whether they received regular training and supervision, 62% of social workers said they received supervision, while 24% said they received training. Forty-three per cent (30) responded 'other'. These social workers said they received no or very limited supervision. Some social workers had been approved for supervision external to the services, but this did not apply to all. Some social workers organised their own peer supervision.

"Nothing. It has been refused many times".

"I have no access to supervision as there is no PSW (Principal Social Worker) in place to provide supervision. I have not been approved for external supervision either".

"No social work supervision received and training is at own expense".

"From external supervisor once per 4-6 weeks for 1.5 hours".

It was clear from the responses that the organisation of supervision was inadequate or non-existent in some instances. Social workers were unclear about their line management structures.

Dissatisfaction with supervision by grade

	Adult	CAMHS	Other	Total
Principals	0*	4	3	7
Senior/TL/Stand alone	6	2	1	9
Basic grade	5	2	0	7
Total				23

*7 principals said they accessed peer supervision

An examination of the social work grades of people who answered 'other' showed that seven were basic grade social workers. This is the entry level position and some social workers at that grade would be expected to have minimal experience.

Just 24% of respondents said they had access to training within their workplace. Some respondents said they paid for training out of their own resources. During discussion

social workers pointed out that there was no dedicated budget for post graduate training for mental health social work.

Governance and line management differed in various services. There was no generally agreed line management structure with some social workers being line managed by Clinical Directors, others by service managers in the absence of Principal Social Workers in the services.

Q 8. What unique skills does the social worker bring to the multidisciplinary team?

Survey Questionnaire Results:
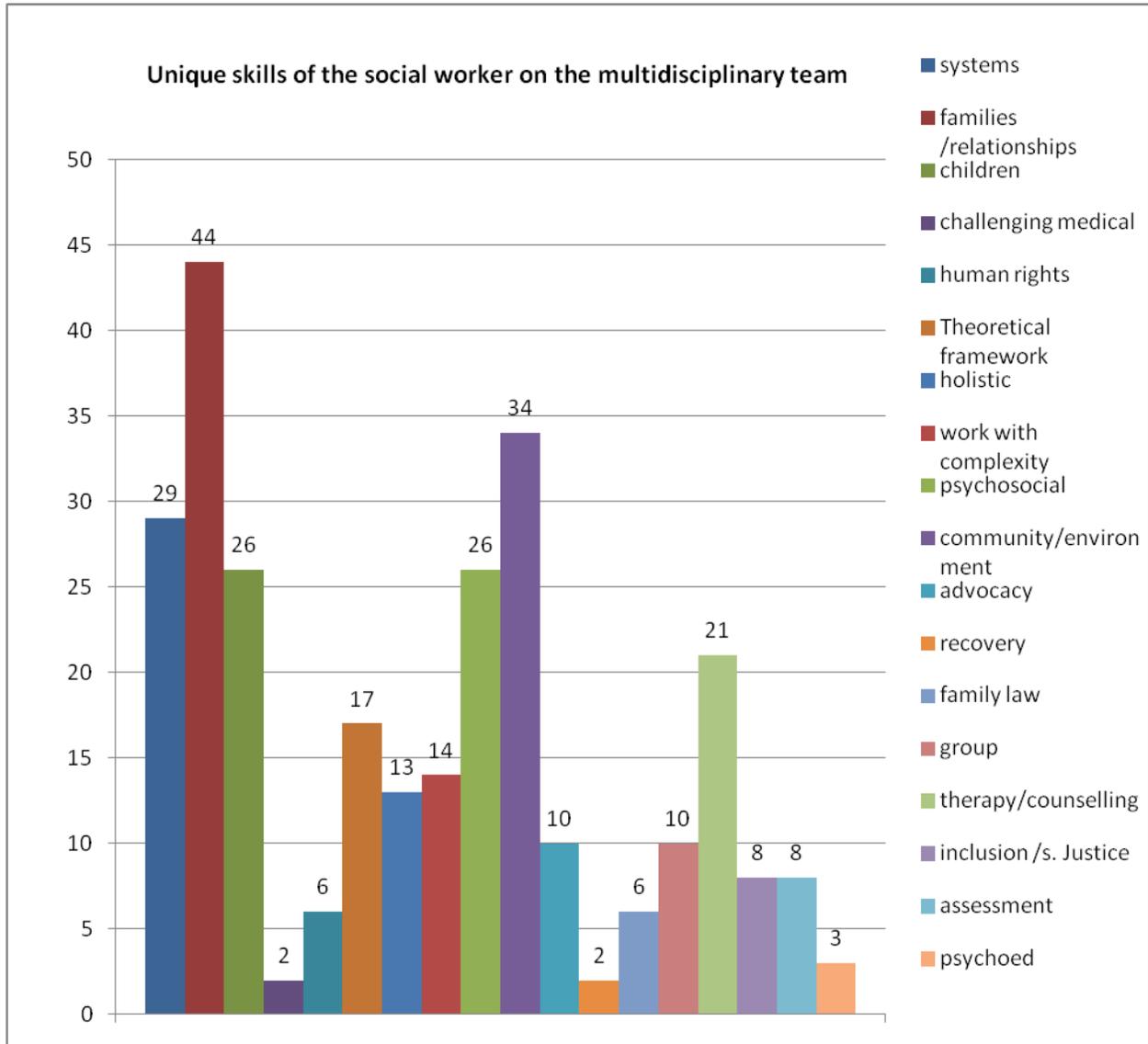
Social workers reported that they brought a social systems or ecological approach to the teams. According to Healy, systems theory enables social workers to work with individuals within their social contexts and it facilitates them in recognising and working

with complexity in human interactions (*Healy, K. 2005*). Forty-four responses identified work with families as being important to social work, while 34 mentioned a commitment to community or environmental issues i.e. a knowledge of community resources, making linkages with other organisations or agencies in the interests of their clients. Others mentioned child welfare and protection, or human rights. Because social workers adopted a strengths based approach theoretically, they felt the thinking within the profession was very much in line with Recovery principles.

- *"Expertise in working with families, a perspective which is grounded in systemic ideas and social justice".*

- *"An ability to view mental health outside of an illness model".*

- *"Family dynamics; early childhood development; the effects of deprivation on children and families; knowledge of family support services, addressing issues of poverty".*

- *"Particular focus on the psycho-social stressors that effect clients, networking with local community agencies and services, value base that is aligned to recovery orientated approach, working with whole family, supporting carers as well as clients, liaising in particular with homeless and social welfare agencies".*

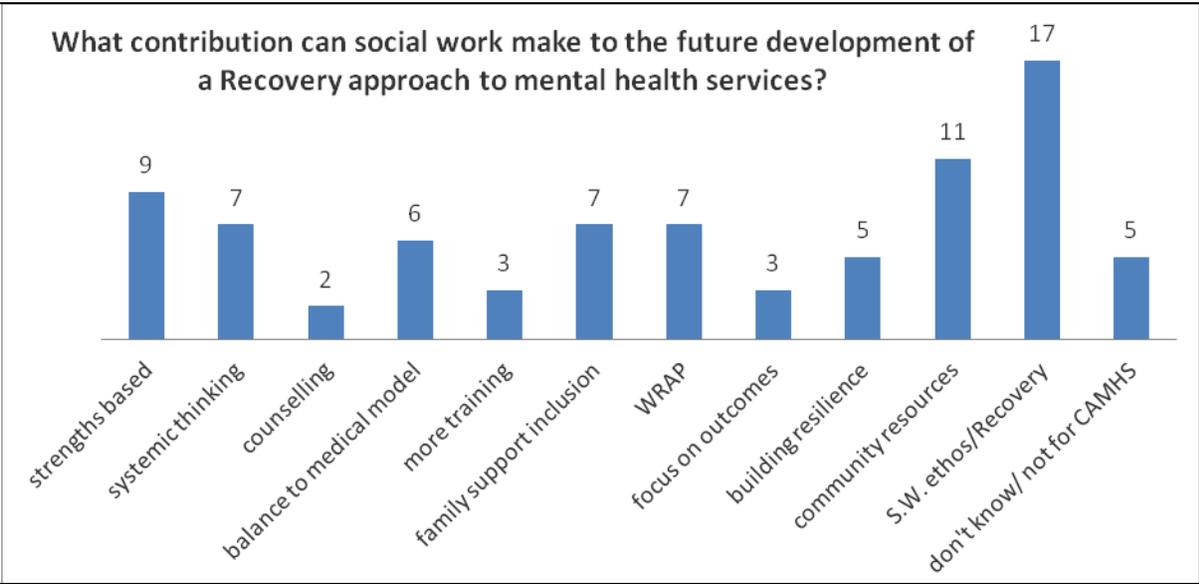**Q 9. How Are Service Users and Carers Included in Your Mental Health Service?**

Survey Questionnaire Results:
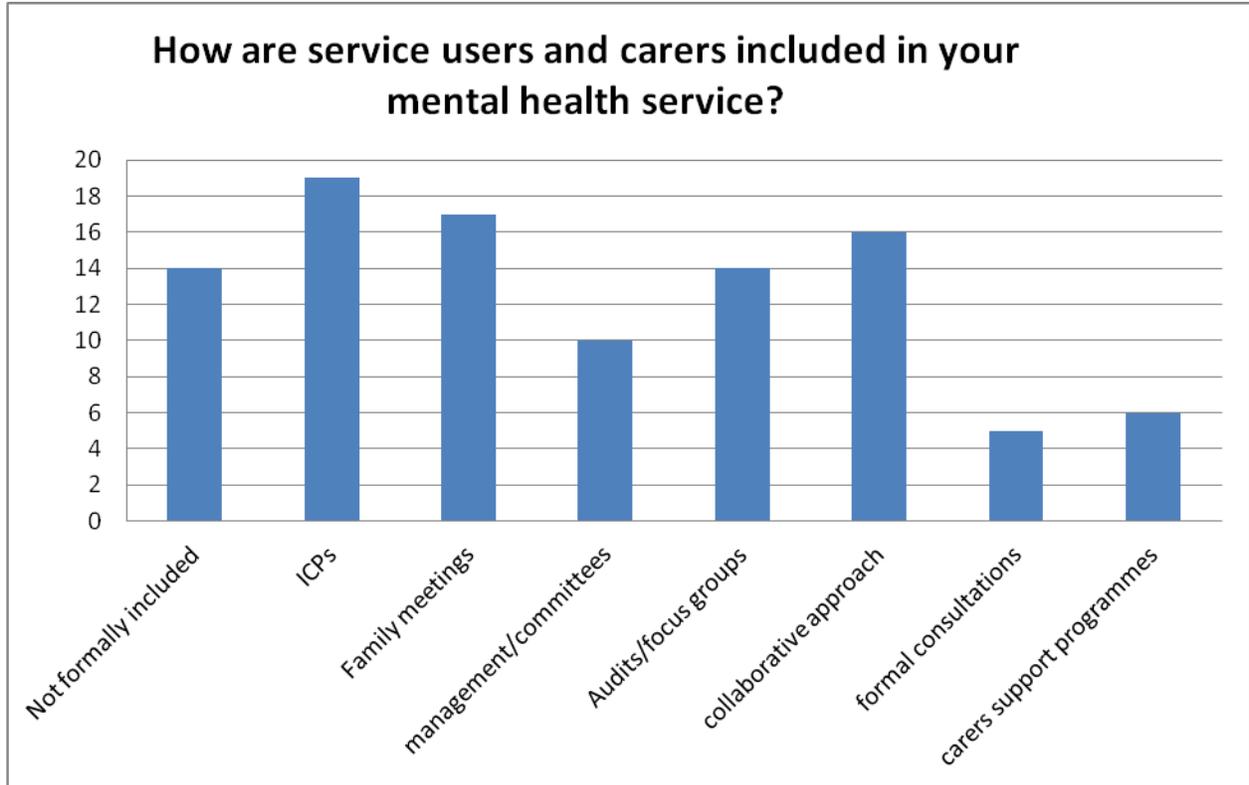
Responses were divided between those who answered this question from a clinical or policy perspective. Among the former, respondents said families or carers were included through involvement with the ICPs (18), or were 'normally included' (14) or included through family meetings (14). At a wider service level fewer responses mentioned management or committee meetings, formal consultations, or carers' support programmes.

Q 10. What contribution can social work make to the further development of a Recovery approach to mental health services?

Survey Questionnaire Results:

What contribution can social work make to the future development of a Recovery approach to mental health services?

Category	Value
strengths based	9
systemic thinking	7
counselling	2
balance to medical model	6
more training	3
family support inclusion	7
WRAP	7
focus on outcomes	3
building resilience	5
community resources	11
S.W. ethos/Recovery	17
don't know/ not for CAMHS	5

Most responses centred on the similarities between social work values and those of the Recovery movement. Social workers said they were strengths based rather than problem focused and they were committed to human rights, social justice, inclusion and thinking holistically about mental health. In this way it balanced the medical model.

There were differences in the responses between social workers in adult and child and adolescent services with some of the latter saying that they were unfamiliar with the term Recovery which they felt was more appropriate to the adult services.

"In our service social workers are the 'champion' of the Recovery approach, keeping it on the agenda at a team and service level, providing training, information on an ongoing basis new developments have come primarily through our partnership with service users and family members".

"Non medical practical approach to recovery using groupwork with parents and children/young people to develop networks of support at community level".

"Social work is a value-based, strengths-based discipline, values human experience, narrative, the importance of the social context of mental illness. Encourages normalization of experiences, roles in society, social and family relationships".

Q.11.   What are the particular challenges encountered by social workers in the mental health services?

Survey Questionnaire Results:
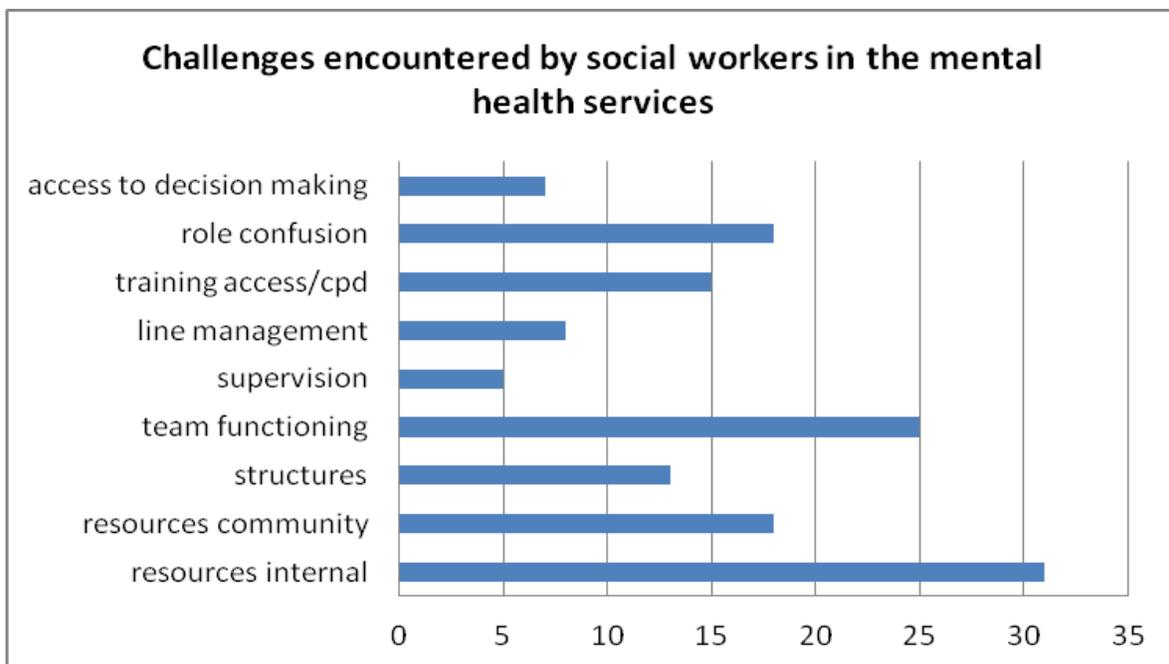
Most respondents reported a lack of resources as a major problem. This referred to insufficient staffing on multidisiciplinary teams, increasing demands on services, and reduced training opportunities. They complained of cutbacks in community services which would have been beneficial for supporting people with mental health dificulties living at home and their families.

Social workers were concerned at the lack of clarity on the teams about their roles which they felt was exacerbated by the absence of management grades and insufficient

supervision of social work in the adult services. They were concerned at the lack of clear line management and access to decision making.

National Overview Meeting of Social Workers in Mental Health

All social workers working in the mental health service were invited to attend a meeting with the Mental Health Inspectorate on 22 October 2012 to discuss the results of the survey. Thirteen social workers attended from both adult and child and adolescent mental health services and four submissions were received.

Social workers informed the Inspectorate that resource issues within the HSE prevented more people attending the meeting.

Discussion of Issues Identified in the Survey

- CAMHS: Social workers from CAMHS were concerned at the proposed move to the proposed new *Child and Family Support Agency.* They were confused about the new agency and concerned that their resources would be further diminished as their services would have to take responsibility for all children up to eighteen years.

- Recruitment: Concern was expressed at the operation of the National Recruitment Panel. Social workers reported that there was a danger that the requirement to prioritise people on the panel meant that skill sets of people appointed were not always the most appropriate. Experienced people working temporarily in the services had to stand aside to facilitate new appointments from the panels.

- Social workers reported difficulty in recruiting staff for some peripheral areas. Many want to work and live near the core.

- Multidisciplinary team working: There was a discussion on the operation of multidisciplinary teams. Social workers welcomed the recommendations of *A Vision for Change*, but felt the model was idealistic. They welcomed the improvement in communication within teams which has taken place in recent years. In spite of this, however, their experience was of understaffing, a dominant medical model and lack of support for those in employment through clear accountability structures and training mechanisms. ICPs were often tokenistic and dependent on the attitudes, personalities and interests of other members of the team. Social workers felt their skills were not always appropriately used on

the multidisciplinary teams. There was sometimes a focus on the individual patient to the exclusion of family members. It was suggested that the Mental Health Act itself was not strong on multidisciplinary working.

- Governance: There was a lack of clear governance for social workers in mental health. Some social workers including those at basic grade levels received no supervision. For those that did, it was often too little. Some principal social workers were managed by service managers, some by clinical directors. Some supervisors did not know what social workers did. One area with eleven social workers had no principal grade.

- Social workers involvement in management: Social workers said they often had not got access to decision making and were not part of management teams. In some instances resources were stretched too thin to allow for adequate feedback where access did exist. They did not know who was responsible for budgets.

- Transfer of resources: In some areas mental health service staff contributions were being diluted. For example, in HSE Mid-West a directive was issued that Principal Social Workers in mental health had to supervise primary care level staff. This was done without discussion at Executive Clinical Director level and there was no consultation with the social workers in mental health about this decision.

- Audits: Social workers expressed concern that the HSE service audits would reflect quantity, not quality of work undertaken and therefore would not represent their input.

- Consumer panels: Social workers welcomed the introduction of National Consumer panels and felt they had a role to play in facilitating these within the services.

- Risk Management: Concern was expressed that shortage or frequent changes of other professionals e.g. psychiatry in some case added or led to increased risk which social workers were asked to manage.

- There was a suggestion that the Inspectorate should broaden its remit to include inspection of multidisciplinary teams in the community.

Summary

It was clear from the meeting and the survey that social workers felt they could have a strong contribution to make to the development of a modern mental health service. They felt their professional focus on working systemically and holistically fitted well with the Recovery approach to mental health. They had serious concerns however, that a medical model predominated in the services and that their roles in mental health teams were unclear. They were concerned also at deficits in governance in the mental health services which left even basic grade social workers with no or inadequate supervision or training. They felt they had limited knowledge of and access to management structures within their employing organisations. They felt A Vision for Change was 'idealistic' and decried the poor staffing of the community mental health teams.

Conclusions from the Group

- There should be training for all disciplines in multidisciplinary team working in order to better foster understanding between disciplines which have, until recently in some cases, had little contact.

- Deficits in governance should be addressed so that all social workers have good access to appropriate supervision.

  - All social workers should have access to appropriate training and CPD.

  - There should be clear lines of accountability for all grades.

  - Social workers should have access to and involvement in the decision making process and those not attending should have adequate feedback from those meetings.

- The ICPs should always include reference to the resident's family and support network.