

Care Services Improvement Partnership 

National Institute For  
Mental Health in England

In collaboration with

**Association of Directors of Social Services,  
British Association of Social Workers, Department of Health,  
General Social Care Council,  
Social Care Institute for Excellence, Skills for Care and  
Social Perspectives Network**

**The social work contribution to mental health services  
The future direction**

**A discussion paper**

# Leaders in social care



**Social Perspectives Network**  
for modern mental health

social care  
institute for excellence



## Foreword

### Purpose

1. The purpose of this discussion paper is to generate a debate with commissioners, employers and social workers in primary, secondary and tertiary mental health and social care services on the contribution that social workers can make to the support and recovery of people of all ages in mental distress, both now and in the future.

### Why now?

2. Social workers are facing fundamental changes:

- With staff being seconded to or employed directly by NHS Trusts
- With the proposed change in the Mental Health Bill where the role of the Approved Social Worker (ASW) will be undertaken by an Approved Mental Health Practitioner (AMHP), who may, or may not have a social work background.

3. This, along with other issues, is causing difficulties in recruitment and retention in some parts of the country, which needs to be addressed at both a national and local level. As a result, we want to be sure that the relevant stakeholders are clear about the valued role of social work in mental health and what it can contribute to person-centred, culturally diverse services based on an holistic assessment, within a recovery and social inclusion perspective.

4. There is a significant programme of work developing New Ways of Working (NWW) for Psychiatrists initially and for all professions from late 2005 to March 2007. Social workers are a key group to address in this programme.

### Next steps

5. Key stakeholders who need to be engaged in this discussion include ; commissioners, employers, practitioners and academics, working closely with service users, their carers and families; the Association of Directors of Social Services (ADSS); British Association of Social Work (BASW); the General Social Care Council (GSCC); the Care Service Improvement Partnership (CSIP)/National Institute for Mental Health England (NIMHE) Development Centres; the Social Care Institute for Excellence (SCIE); Skills for Care; Social Perspectives Network (SPN); Strategic Health Authorities (SHAs); and social care colleagues in the Department for Education and Skills (DfES)

6. Our hope is that all these stakeholders will think about and discuss this paper and give us feedback on the following questions:-

Q1 What do you see as the role for social work in mental health services both now and in the future?

Q2 What do you see as the key competences required for the social work role? What are the knowledge, skills and values that underpin the application of a range of theoretical perspectives to evidence and values-based interventions?

Q3 What thoughts do you have about the existing or potential diversity of routes to access qualifying training and the specific learning and development which is associated with the PQ framework including the ASW role?

Q4 How and where social workers are deployed within your service and is this likely to change?

Q5 How does your service ascertain and meet the individual and wider workforce development needs of social workers?

Q6 How are you encouraging recruitment and retention of social workers?

Q7 How are you addressing issues of comparative pay & conditions, including Agenda for Change?

Q8 How do you see the career structure for social workers developing in the future?

Q9 How do you think NWW might influence the future development of the social work role?

Q10 In turn, how do you think social work might influence NWW generally?

Q11 How are you ensuring the development of Leadership and Management for Social Care, including succession planning?

Q12 How do you anticipate social workers being involved in the developments and implementation of the provisions in the Mental Health Bill?

7. We expect that the Social Care leads in the CSIP Regional Development Centres will collaborate with local partners to explore and respond to these issues. All feedback will be welcome, however. A national conference is being planned to take place in April 2006, which will draw on this feedback to develop a radical programme of work in the coming years.

### **Feedback**

8. Please respond with your information, experience and advice, via e-mail, direct to Denise Harrison at [dharrison@lincoln.ac.uk](mailto:dharrison@lincoln.ac.uk) or by post to her at **Nottinghamshire Healthcare NH Trust, Training and Learning Centre, Duncan Macmillan House, Porchester Road, Mapperly, Notts NG3 6AA**. Please state who you are; what your role or interest is (eg social worker, service user, carer, Trust manager etc; and provide your full postal, e-mail address and telephone number. We would welcome your **response by 10<sup>th</sup> February 2006**. (Paragraph numbers have been inserted in the document for ease of reference).

9. A separate proforma for your response is attached.

**Roslyn Hope**  
**Director**  
**National Workforce Programme**  
**NIMHE**

## **Introduction**

1.1 This discussion paper is intended as a catalyst for an exchange of information, experience and ideas about the contribution of social work to mental health services. This includes the development context for individual practitioners and the organisations in which they work and how the contribution of social work fits into the changes required in the wider system of mental health service provision.

1.2 The development of social work as a discipline and as a profession has always taken place within a network of organisations and interest groups. In recent years these have included service user led groups. Contributors to this paper include ADSS, BASW, the GSCC, the NIMHE National Workforce Programme and the NIMHE/SCIE Social Care Fellows, SCIE, Skills for Care, and the SPN.

## **Development context in mental health**

2.1 This is a time of considerable change in the provision of mental health services in the community. The melding together of health and social care continues, with mental health social work being an early group of staff to leave the Local Authority (LA) Social Services fold for secondment to new integrated NHS Mental Health providers.

2.2 Social work values, skills and knowledge already encompass the approaches set out in current Government policy documents. The Mental Health Bill, the Green Paper - Independence, Well-being and Choice and the Social Inclusion agenda all emphasise the need for service users to participate actively in their own care. Social workers have historically worked in partnership with service users to which, more than any other profession, their value base is most closely aligned. Social work is therefore a crucial component to mental health service development if stated policy objectives are to be achieved.

2.3 There are recruitment and retention challenges facing both health and social care workforces. These have been clearly set out in the Centre for Clinical Academic Workforce Innovation (CCAWI) report "time to act" of December 2004. This means we need to be proactive and committed to retaining the staff we have and to use them to best effect. We need to be creative in how we promote and develop team working and in how we attract new people into the workforce.

2.4 The NIMHE National Workforce Programme, in collaboration with professional bodies, has established a programme of work on NWW in mental health. This has focussed, in the first instance, on consultant psychiatrists. A Final Report was published on this in October 2005 that has direct relevance to and a continuing programme of work for all professions, including social work. Appendix 3 of the NWW Final Report sets out a summary of the distinctive contributions of all staff and includes a paper specifically on the mental health social worker and the ASW. This is reproduced for ease of access as Annex 1 to this paper.

2.5 The pressure on staffing levels in mental health has stimulated the creation of new types of workers, for example, Graduate Primary Care Mental Health workers, Support, Time and Recovery [STR] workers and the Community Development Workers [CDW] for black and minority ethnic communities. The focus on multi-disciplinary working has prompted debates on NWW for established professions. However, new language and concepts in recent policy documents contain unacknowledged influences from social work. For example, 'Patient Choice' is a re-working of user self determination, familiar in social work literature for the last 50 years. The Social Exclusion Unit report (2004) emphasises the need to embrace the

social model of mental distress and values-based practice has always been synonymous with social work practice.

2.6 In addition, the development work that is taking place on various career frameworks in the Local Government Employers' Association, in DfES, Social Care and the NHS, are also highly relevant in considering the levels at which social workers do and could work in the future.

2.7 Skills for Care, the Sector Skills Council, is in the third year of a project to support organisations that are developing new ways of providing services. The research associated with that project identifies the functions and responsibilities of new roles for social workers such as person-centred navigators, and may suggest further opportunities for their role development. Information about the roles described in 'Independence Well-being and Choice' and the workforce issues associated with direct payments and individualised budgets are available at [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

2.8 Overall, we need to develop capable practitioners to deliver services that effectively meet the needs of the people who use them, as defined by them. Mental health workers from many different disciplines recognise that they share knowledge, skills and values that cross health and social care. The Ten Essential Shared Capabilities (ESC) provides an underpinning framework for mental health. Social workers are already familiar with these concepts through their qualifying training programmes and Codes of Practice. Social work, then, has much to contribute to the culture change in mental health policy, to service development and modernisation and to education and practice in a wide range of settings, including primary care.

### **Preparing for the future**

3. The priority areas for mental health service providers to focus on in ensuring they make best use of social work include:

- Recognising and valuing social work practice, knowledge and skills;
- Training and Continuing Professional Development (CPD);
- Recruitment and retention;
- The interface with other services; and
- Leadership and management

#### *Recognising and valuing social work practice, knowledge and skills*

3.1.1 Social workers are currently the only mental health workers with social science training. This encompasses a wide range of theoretical perspectives and methods of intervention, underpinned by participative approaches, anti-oppressive practice and the principles of social inclusion. This knowledge informs the contribution that practitioners and managers make to mental health services within their core statutory responsibilities, to effective multi-disciplinary working and to effective organisational development and improvement. (Gilbert. P 2003)

3.1.2 This way of working is validated positively by service users:

"Mental health is not simply a medical issue; it's about how we function in the world and how we relate to others. Those of us with mental health problems have the same basic needs as other members of society, such as housing, finance, education, employment and family life. Social workers have the specialist skills to help and advise us in our efforts to meet these needs, all of which are important in maintaining good mental health and a role as an equal

member of society. Social workers work alongside those of us with mental health problems to help us maintain our independence and support us on our road to recovery.”

[Jenny Hounsell, a user of services in the South West]

### 3.1.3 It is also validated by carers

“Caring for a loved one who has enduring mental health problems often has major negative repercussions on the life of the carer: mental and physical health; relationships with family and friends; ability to work and finances. Consequently, carers can have a great need for information, services, and support. Social workers are uniquely qualified and best placed to help. Most positively, social workers know that carers (and service users) are likely to be “experts by experience”.

[*Randall Chan, a carer in Cambridge*]

3.1.4 The ASW statutory function is discrete within a multidisciplinary context. The service is available 24 hours a day, 7 days a week, 365 days a year. The ASW service has built up considerable expertise in the implementation of legislation and associated case law, with local investment in developing and maintaining good working relationships with emergency services and general practice. The ASW performs the essential role of a perspective independent of the medical practitioner, something that has long been enshrined in law, and which is also much appreciated by users of services.

3.1.5 When new mental health legislation is enacted, it is expected that elements of the ASW role will need to continue in the guise of an Advanced Mental Health Practitioner [AMHP]. The AMHP is likely to be recruited, at least initially, from the ASW workforce. The contribution of the ASW workforce to future statutory functions must continue to be recognised and supported. Their contribution and expertise in the development and delivery of associated training programmes and assessment of the competency of new workers to practise must also be acknowledged.

3.1.6 Work is also underway to consider other roles that the social worker would undertake including that of clinical supervisor.

## Training & CPD

3.2.1 Social work has always recruited people from a wide range of backgrounds and has planned its’ qualifications frameworks to reflect this diversity. This flexibility has often been attractive to a mature workforce, with previous careers or work experience. This may change with the impact of the social work degree and the potential additions to the workforce of young graduate social workers. Mental health work will be an integral part of all social work education and practice settings in the future, reflecting social work’s commitment to an holistic approach to the individual in families and communities. Mental health services will need to be informed of and positioned to make best use of these changes.

3.2.2 To encourage a robust supply of new social workers into the mental health field, there will need to be a wide variety of mental health placements for students. These placements need to demonstrate the diversity of skills and approaches open to social workers in modern mental health services in both the voluntary and statutory sectors. Practice assessors in mental health teams will need to be freed up to take students. Universities should improve the currency of their teaching by establishing joint practitioner/lecturer posts.

3.2.3 The GSCC has published ([www.gsc.org.uk/pg/index.htm](http://www.gsc.org.uk/pg/index.htm)) a revised framework for all Post-Qualifying (PQ) education and training in social work for implementation from 2006. The framework is designed to be relevant to the education and training needs of all qualified social workers, including those in mental health and to complement and support regional and local workforce planning and development. The revised PQ Framework has a strong inter-professional orientation. It will enable social workers and other professionals to study alongside one another. It will also ensure that all social workers have a strong grounding in inter-professional and inter-agency working while simultaneously developing their social work professionalism. Some NHS Trusts are already looking to develop multi-disciplinary training at a post graduate diploma level.

3.2.4 Social work leads in each NHS Trust need to keep links with training providers and resources. There are the local PQ consortia, partnership Universities, the Learning and Skills Councils, Skills for Care regional offices, learning resource network centres and the social services department training sections. There are also the Workforce Development Directorates within the SHAs. ASW training consortia will have the expertise to lead on training for the proposed AMHP and contribute to multidisciplinary training. Centralised distribution of PQ and ASW guidelines could contribute to increased understanding of the social work framework.

3.2.5 All mental health staff need support to help people tolerate uncertainty in an increasingly intolerant and uncertain world. Training, even at an advanced level, is of marginal use unless workers have access to regular, informed, professional supervision. Space to think, reflect and understand the dynamics of a situation support good decision-making.

3.2.6 Supervision and good support systems at work go some way towards providing this. The majority of social work supervisors are qualified practice teachers and have the skills to offer containment and encourage reflective thinking in staff. Three years into integration has meant that, in some areas, there are not the senior social work staff to provide this supervision. This is a challenging area for all mental health practitioners. Now that all registered social workers are required to take responsibility for their professional development, they should become more assertive in demanding good supervision.

### Recruitment and Retention

3.3.1 Recruitment remains difficult in some parts of the country. In addition, many social care staff accept that fundamental changes in Social Services Departments will see existing staff transferred to other agencies. The time is now ripe for these new employers to take responsibility for transferred staff as indefinite secondment risks institutionalising inequitable employment practices. Integration of Pay and Conditions within Mental Health service providers is in its' early stages and there are few examples yet where Agenda for Change has successfully included social work staff.

### The interface with other services

3.4.1 In future, the normal place of work for social workers will be within a multidisciplinary team, be it with new or existing mental health teams; children and families (now managed through the DfES); or in older people's services.

3.4.2 The Children's Workforce Strategy consultation has recently been published with sections on social care and social work but with no specific mention of mental health. The document consults on new or renewed ways of working that might have an affect on social workers taking account of the number of key policy/practice issues of relevance to social

workers working with children such as the development of the role of lead professional and the need to safeguard children.

### Leadership and management

3.5.1 The complexity of establishing and managing an integrated Mental Health Trust is considerable. While much progress has been made in mental health Trusts in England, it has been noted that integration does not appear to diminish real anxieties. (ADSS/NIMHE 2003) These anxieties include leadership, the lack of a social work presence at the highest managerial and Board levels and a failure to address the problems faced by many social workers – such as poor accommodation, inequitable remuneration, isolation, irregular supervision and a lack of resources. Central negotiating bodies for social work pay, conditions and career structures have not yet emerged. This responsibility is devolved to every Trust and the onus is on these managers to develop and maintain the morale of the social work workforce.

3.5.2 Managing organisational change effectively will depend on the quality of leadership so that staff are positively engaged in the process of change. (Gilbert. P 2005)

3.5.3 Leadership development is an established part of work-based learning for NHS staff, for example, Effective Team Leadership, developed by the Leadership Centre and NIMHE. However, leadership development has not usually been provided in social care organisations, which has disadvantaged their staff. It is likely that social workers may receive their first opportunity for leadership development as they move into Trusts. Trusts should inform themselves of the particular leadership issues in social work and of the emerging requirements and resources available to respond to these:

3.5.4. A range of materials have been produced on Leadership and Management and these are set out in the Bibliography. In addition, the Department of Health (DH) has funded the SCIE Social Care Leaders programme, due to begin in September 2005 and NIMHE/SCIE have set up two national learning sets to support leadership development for the holders of key roles in social work and social care.

## **Conclusions**

4.1 With imaginative deployment; good leadership; fair resources for pay, career development, support and training; social work can continue to make a key contribution to the changes required of future mental health services. But we want to hear what you have to say.

## **Next steps**

5.1.1 We would like to see this document discussed across England, facilitated by the CSIP Regional Development Centre Social Care leads. Please feel free to respond on any aspect of this paper, but specifically we would like feedback on the following questions:

Q1 What do you see as the role for social work in mental health services both now and in the future?

Q2 What do you see as the key competences required for the social work role? What are the knowledge, skills and values that underpin the application of a range of theoretical perspectives to evidence and values-based interventions?

Q3 What thoughts do you have about the existing or potential diversity of routes to access qualifying training and the specific learning and development which is associated with the PQ framework including the ASW role?

Q4 How and where are social workers deployed within your service and is this likely to change?

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Q9 How do you think NWW might influence the future development of the social work role?

Q10 In turn, how do you think social work might influence NWW generally?

Q11 How are you ensuring the development of leadership and management for social care, including succession planning?

Q12 How do you anticipate social workers being involved in the developments and implementation of the provisions in the Mental Health Bill?

5.1.2 We would be grateful for any examples or illustrations you can provide.

5.1.3 Feedback should be sent direct to Denise Harrison by 10 February 2006 please.

5.1.4 Finally, you may wish to note that a national conference to debate this and plan a future programme of work will take place in April 2006. Precise date and location yet to be determined.

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SKILLS FOR CARE: A Leadership and Management Strategy  
<http://www.topssengland.net/view.asp?id=494>

LEADING PRACTICE - a CD-Rom programme,  
<http://www.scie.org.uk/publications/leadingpractice/index.asp>

MANAGING PRACTICE - a web based Practice Guide  
<http://www.scie.org.uk/publications/practiceguides/bpg1/index.asp>

SCIE: A RESOURCE GUIDE: LEARNING ORGANISATIONS  
<http://www.scie.org.uk/publications/learningorgs/index.asp>

## Extract from the NWW for Psychiatrists Final Report [Appendix 3]

### Contribution of the Mental Health Social Worker and the Approved Social Worker

*'...the role and status of social work are determined by wider social, political and economic forces. More than any other profession I can think of, the boundaries of social work are not fixed in stone but a result of historical change – influenced by shifts in political priorities, social needs, economic constraints and academic learning'. Muijen (2003).*

#### 13.1 Introduction

The first qualified mental health social workers were employed in the UK in the 1920s with the first mental health social work training course in the United Kingdom beginning at the London School of Economics in 1929. The training was influenced by psychosocial explanations of mental distress. Social workers were employed in the community in child guidance clinics as well as psychiatric hospitals. At the time, hospital-based social workers were the only professional group of mental health workers to bridge both the hospital and community settings. Much of their work was focussed on the assessment of family and social circumstances.

Even in the beginnings of the profession, mental health social workers had a clear identity grounded within an explicit value base. For example, in 1939 the Association of Psychiatric Social Workers turned down the suggestion from the British Medical Association to become registered as medical auxiliaries.

Social work as a profession grew rapidly throughout the post Second World War era along with the social policies to provide for a universal public welfare system.

The statutory powers contained within the Mental Health Act (1959) gave social workers a legal role in the compulsory detention of someone experiencing mental distress. These powers were later re-defined in the 1983 Act with the provision for Approved Social Workers (ASWs). The underlying principles of ASW work is to have specialist knowledge and skills needed in order to assess the person within their social and environmental contexts and to identify the least restrictive alternatives to compulsory detention to hospital.

#### 13.2 Education, Training and Career Routes

##### **Qualifying training:**

About 4,000 social workers were trained each year in the UK during the 1990s, a quarter of them doing post graduate Master's programmes, and the others a two year Diploma in Social Work at DipHE level.

The new three-year degree level qualification, or two years Masters programme, is in its first year of implementation. The new degree is about **practice** supported by academic learning. The curriculum is individually developed by universities in consultation with stakeholders including service users, to meet the Requirements for Social Work Training, the National Occupational Standards for Social Work and the QAA Benchmark Statement for Social Work. The aim of training is to produce well-

qualified social workers whose practice is underpinned by a sound value and evidence base, who can use research and also maintain a critical stance.

The Requirements specify key areas of study:

- Human growth, development, mental health and disability
- Assessment, planning, intervention and review
- Communication skills with children, adults and those with particular communication needs
- Law
- Partnership working and information sharing across professional disciplines and agencies

***All social workers at the point of qualification should, at a minimum, be able to:***

- (i) theorise about the possible presence of mental health factors as a dimension to all situations, needs and problems encountered;
- (ii) practice with the self-awareness and confidence to acknowledge the reality and impact of mental illness, for individuals, families and the wider community as well as on self;
- (iii) demonstrate a basic understanding of psychiatric diagnoses, causes, symptoms and treatments, and be basically familiar with the psychiatric vocabulary;
- (iv) recognise when people are becoming mentally ill;
- (v) show a basic awareness of the need to promote mental health and of the social work contribution to the prevention of breakdown in mental health;
- (vi) apply a basic knowledge of mental health legislation and of mental illness in order to know whether, when and how to consult others including ASWs/MHOs, other social work colleagues, or medical personnel;
- (vii) apply a basic knowledge of mental health legislation and of mental illness in order to know whether, when and how to consult others including ASWs/MHOs, other social work colleagues, or medical personnel;
- (viii) understand racism and discrimination in relation to mental health, and the care and treatment of people who are mentally ill.

[From: CCETSW (1994) *The Mental Health Dimension in Social Work*]

Practice placements provide the opportunity for specialist experience. Each student has three placements during the degree, and there is significant investment in ensuring the quality and quantity of practice learning placements.

### ***Post qualifying training – the Mental Health Social Work Award***

Following accredited qualifying training, a social worker must complete Part One of the Post Qualification Award in Social Work. This requires the social worker to demonstrate that they have improved and extended their level of competence beyond the point of qualification. It includes an evaluation of the effectiveness of their practice using a relevant knowledge base and an understanding of legal and policy contexts and appropriate research. Social workers also need to demonstrate explicit adherence to social work values and ethically sound practice.

After gaining Part One of the Post Qualification Award, they then have to complete 600 hours of training in which they have to meet 25 competencies in order to gain the Mental Health Social Work Award. These competencies are clustered into five main areas:

- Application of the values of social work
- Exercising the duties, powers and responsibilities of an ASW
- Making informed decisions
- Working to identify, influence and use networks and collaborative arrangements
- Working effectively in complex situations.

Once they have successfully completed their training, they then need to be appointed by the local social services authority before they can practice as an Approved Social Worker. In order to retain authorisation to practice, each approved social worker is required to attend 20 days training within a 5 year period.

All qualified social workers are currently being registered with the General Social Care Council.

### **13.3 Traditional expectations of the profession**

“One of the unique factors in social work is that the knowledge of other sciences and professions – economics, sociology, anthropology, political science, psychology, psychiatry, medicine and the biological sciences – have blended together with the knowledge gained from the field of social work itself. In addition, social casework has developed a method of helping the individual achieve maximum self-determination compatible with the individual’s own capacities and the demands of society.’ (Knee; 1953, p 45).

Traditional expectations from social work itself, have been to empower service users and carers through a range of value-based and evidence-based interventions within a social model and understanding of mental distress. The ‘social’ element in our culture (and title) has often been interpreted and polarised by some as assisting people with housing, financial and childcare issues. For others, social workers are seen as non-conforming, interfering politically correct risk-takers. Added to this is the ‘necessary nuisance’ a social care perspective brings to a service culturally dominated by the medical model, and which is particularly evident in the statutory framework.

### **13.4 Future aspirations**

The distinctive strengths of the contribution of modern mental health social work can be described as follows:

- An emphasis on the preferences and choices of service users and carers (sometimes summarised as ‘the social work approach’) grounded within anti-oppressive practice
- Working in partnership with service users and carers towards meaningful change
- Strong advocates for the ‘social model’ of disability, the social inclusion and recovery agenda and the strengths approach – social workers work with people within the context of their families and wider communities to promote inclusion (not reinforce exclusion)
- Initiatives which actively promote service user and carer involvement in consultation and service planning and service evaluation
- Positive record on anti-discriminatory services, promoting the needs of ethnic minority communities and disabled people
- Explicit value base embracing (amongst others) human dignity and worth, respect, social justice, integrity, partnership and equality.
- A strong tradition of staff supervision and training
- Specialist social work roles and responsibilities within the legal framework (see below).

(adapted from Gilbert, 2003).

The Statutory Dimension of Mental Health Social Work: *Approved Social Workers (ASWs)*.

An ASW has overall responsibility for co-ordinating an assessment under the Mental Health Act (1983). This service is available 24 hours a day, 7 days a week and 365 days a year. Although appointed by a local authority the approved social worker is personally liable for their actions. Following an assessment and in consultation with other professionals, families and carers, they make an independent decision ensuring that any intervention is the least restrictive necessary in the circumstances.

An ASW has the duty to make an application to admit someone to hospital, having regard to the wishes of relatives. The ASW must identify and where practicable, contact the person's nearest relative, where a formal admission to hospital is being contemplated. Before making an application the ASW must have interviewed the person in a suitable manner and satisfy themselves that detention in hospital is *in all circumstances of the case* the most appropriate way of providing care and treatment.

An application for compulsory detention in hospital must be made by an ASW or the person's nearest relative accompanied by at least one medical recommendation from a registered medical practitioner (s.4), but usually two recommendations. The Code of Practice (1993) states that the ASW is the 'right applicant' in preference to the nearest relative. Even where medical recommendations have been made, the ASW has a duty to make a decision whether or not to make an application for admission.

Where an application is made, the ASW must ensure that legal requirements are met and that the person is conveyed to hospital in the most humane and least threatening way.

## **Conclusions**

The contribution of social work knowledge, skills and values are integral to the reform and future of mental health services. However, new language and concepts in recent policy documents contain unacknowledged influences of social work. For example, 'Patient Choice' is a re-working of user self determination (which is in social work literature some 50 years ago). The Social Exclusion Unit Report (2004) emphasises the need to embrace the social model of mental distress and values based practice IS social work practice.

Social work itself also needs to recognise these strengths. In a system whereby integration can feel synonymous with submersion, effective social care leadership in mental health services is crucial in championing the social perspective.

The British Association of Social Work Mental Health Special Interest Group.

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