Mental Health Reform in Ireland: Social Workers' Perceptions of Progress

By Frank Browne and & Wes Shera.

Introduction

Social workers who practice in the field of adult mental health in Ireland are a distinct group of practitioners. They are directly involved in both the successes and failures in the constantly changing environment of mental health policy and services. With recent efforts to reform mental health care in Ireland, using a recovery paradigm, social workers have been the focus of many of the expectations for change. This article refers to surveys done in 2002 and 2003 as a baseline and then presents the results of a recent survey June 2010 of adult mental health social workers to determine what they perceive as specific improvements in the system of mental health care and what they perceive as areas for further improvement.

The 2002 survey (Shera & Healy, 2004) identified: the lack of understanding of the social work role in mental health; the dominance of the medical model of care; poor interdisciplinary teamwork; lack of community-based services and supports for users; and workload issues as challenges that social workers confronted in their work. They also identified the need for more family work and self-help groups; more involvement of service users; the enhancement of community resources and stigma as areas needing more attention. The 2003 survey (Quinn,2004) focused on the quality of the working environments of adult mental health social workers and focused on office accommodation, computing facilities, administrative support and supervision.

The 2010 survey was designed as a long-term follow-up of these two previous studies and as significant change had occurred since 2003, our 2010 survey focussed in particular on asking social workers in adult mental health services to what degree had this change resulted in progress been made for service users and their carers. The two significant developments since the previous surveys were:

- Firstly the Mental Health Act 2001 which replaced the 1945 Mental Health Act was fully enacted in 2006, this led to the establishment of the Mental Health Commission whose functions were defined in Sec (33) of the Act, "to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres under the Act.
- Secondly the report of the expert group on mental health policy, set up by the Minister of State with special responsibility for mental health Tim O'Malley in 2003, published its report " A Vision for Change" 2006, which was to become the national mental health policy for the next 7-10 years. This was the first national policy to promote a recovery orientated service as outlined in its recommendations for mental health services to; "adopt a holistic view of mental illness, develop an integrated multidisciplinary

approach to addressing biological, psychological and social factors that contribute to mental health problems through an integrated care plan that was evolved and agreed with service users and carers. Special emphasis is given to the need to involve service users and their families and carers at every level of service provision. Interventions should be aimed at maximising recovery from mental illness and building on the resources within service users and within their immediate social networks to allow meaningful integration and participation in community life" (A Vision for Change 2006).

Methods

Our method for data gathering was through the use of the Monkey Survey research tool, which allowed us to design, collect and analyse the data. The survey link was distributed to all social workers in adult mental health via the Irish Association of Social Workers' (IASW) special interest group in adult mental health (SWAMH) and also the social work managers in mental health group. Of the approximate140 social workers working in adult mental health the completed return rate for the study was 53%, or 75 responses.

The structure of the questionnaire was divided into three areas, with a set of questions in each area, these included the following;

1. Background information

- Category that best described your position/grade.
- How long have you been employed in the field of social work?
- How would you describe the area in which you work?

2. Working conditions

- How would you rate the quality of aspects of your working conditions?
- Identify if you experience any of the following obstacles.
- How frequently do you have supervision?
- Indicate the degree to which you agree with the following statements as to the purpose of supervision Please record any major difficulties you experience in carrying out your role as a mental health social worker.
- **3. The mental health system**
- To what degree have you observed an overall improvement in the services and system of care for service users and carers?
- From your perspective what changes are required in terms of the care and treatment options for service users and carers?
- From your perspective what changes are required in the way mental health services are organised and managed?

Fig. 1

Social Work Grades

Principal social worker	17.3%,
Team leader	11.1%,
Senior single handed	21%,
Senior practitioner	3.7%,
Professionally qualified social worker	46.9%

The survey was completed by representatives of all relevant grades.

Fig.2
How long have you been employed in the field of social work.

Less than 2 years 3.7%	2 to 5 years 24.7%
5 to 10 years 28.4%	more than 10 years 43.2%

The survey revealed that those completing the survey were experienced social workers.

Fig. 3
How would you describe the area in which you work?

Urban 45.7%	Rural 11.15%	Mixed 43.2%

The survey represented the views of social workers in all population type areas.

Fig. 4
How would you rate the quality of aspects of your working conditions?

	Very Good	Good	Poor	Very Poor
Office accommodation	39.7%	39.7%	15.4%	5.1%
Computer facilities	38.5%	50%	2.6%	9%
Administrative support	15.4%	25.6%	30.8%	28.2%
Access to interview rooms	14.3%	45.5%	32.5%	7.8%

Apart from administrative support working conditions were perceived in general as good.

Fig 5.
Identify if you experience any of the following obstacles

This section offered information as to the most significant obstacles to practice. In the third column are the figures available in 2003. The obstacles are listed in order of significance in 2010 these included;

Obstacles to practice	2010	2003
Lack of resources for professional development	75.6%,	-------
Lack of resources for service users	73.1%	76%
Lack of understanding of the social work role by other members of the multidisciplinary team	57.7%	57%
Professional isolation	39.7%,	41%
Lack of agreement among social work colleagues with regard to the social work role within the multidisciplinary team	34.6%,	---------
Absence of supervision	29.5%,	---------
Poor supervision	19.5%	33%

The Health Service Executive (HSE) has made significant cuts in recent years of funding for professional development and this is clearly reflected in the results. In the past it was common for the HSE to fund the full cost of academic training when agreed by the line manager.

The lack of understanding of the mental health social workers role by both other multidisciplinary team members and also between mental health social workers remains a problem. Unlike other jurisdictions there is no statutory role specifically for mental health social workers, such as is the case in the UK where service users have a right to have their needs assessed by a social worker. In Northern Ireland and to the most part in the whole of the UK only a social worker an "Approved Social Worker" undertakes organising the assessment process for the involuntary admission of an adult to a psychiatric unit.

The survey allowed for additional comments and in 48 out of the 75 responses (64%) highlighted the following major difficulties experienced by adult mental health social workers in their role

- Lack of resources such as full multidisciplinary teams or community options like supportive housing 25%
- Lack of understanding, by the multidisciplinary team, of the social work role with inappropriate referrals 23%
- No supervision 20%
- Dominance of medical model in decision making12%

Fig. 6

How frequently do you have supervision?

At least once every 2 weeks	1.3%
At least once every 4 weeks	30.3%
At least once every 6 weeks	18.4%
At least once every 8 weeks	22.4%
No access to supervision	27.6%
Not necessary	0%

The issue of no access to supervision by 27.6% of participants continues to be a concern for social workers as supervision is a basic requirement of good clinical governance. However in the survey (see Fig 1), there are potentially sufficient numbers of principal social workers in adult mental health in relation to other grades to facilitate supervision, but the principal social work posts are not evenly distributed across the country.

Fig. 7

Indicate the degree to which you agree with the following statements as to the purpose of supervision

Purpose of supervision	**Agree/ strongly agree**	**Neither agree or disagree**	**Disagree strongly**	**No supervision available**
Supervision helps me work effectively	65.3%	11.1%	2.8%	20.8%
I feel free to discuss any issue of concern to me	54.1%	18.9%	6.8%	20.3%
Personal development is an important aspect of my supervision	52.7%	20.3%	9.5%	17.6%
My supervisor is always prepared for supervision having completed agreed tasks	38%	29.6%	9.9%	22.5%

The survey demonstrates that social workers appreciate the importance of supervision for their own development and as a means to assisting them in working effectively.

Fig 8

To what degree have you observed an overall improvement in the services and system of care for service users and carers?

Very Significant	4.2%
Some improvement	61.1%
Really no change	29.2%
Services have deteriorated	5.6%

The majority of social workers acknowledged that there was at least some improvement.

The most common comments included:

- Community mental health teams were more recovery focussed, e.g. education of staff and service users with regard to undertaking wellness recovery action plans (WRAP), a USA service user recovery model developed by Mary Ellen Copeland.
- The establishment of the Mental Health Commission had been a positive force for change, and in particular the requirement for individualised patient care and treatment plans has led to more involvement of service users and families with the multidisciplinary team.
- Up until 2008 there has been an increase in each of the different mental health professionals as well as the creation of more community-based services such as home care and outreach teams.

The survey invited additional comments regarding the changes needed to improve services for service users and their carers, 60 out of 75 responses (80%) responded as to the required changes. We grouped comments together to get a percentage of the social workers making similar responses:

- Greater involvement of service users and carers when appropriate in the service users' care planning process as well as in service developments generally. (25%).
- Greater availability of psycho-education, family therapy and counselling services (21%).
- Full multidisciplinary team composition and better team functioning (13%).
- Less emphasis on the medical model of care (13%).
- More supportive housing options for vulnerable persons (15%).
- Home care and assertive outreach options for service users who would otherwise require admission to hospital (10%).

50 out of 75 responses (67%) highlighted the changes needed in the organisation and management of mental health services. See below:

- Greater involvement of users and carers in how services are managed and delivered (20%).
- Multidisciplinary teams should have the team co-ordinators (as in “A Vision for Change”) and not be led only by the consultant psychiatrist (18%).
- Teams to be full multi-disciplinary with at least one social worker per team (as in “A Vision for Change”) (16%).
- The need for the dominance of the medical model to be challenged.
- A commitment to the full implementation of the Vision for Change policy.
- More interdisciplinary training of all professionals in the recovery approach and psychosocial approaches.
- Agreement and clarity regarding the roles of multidisciplinary team members.

Summary
In summary the key issues from the survey included the following:
1. The lack of understanding, by the multi-disciplinary team, of the social work role and disagreement among social workers regarding the role.
2. The lack of resources such as full multidisciplinary teams, community options like housing and assertive outreach teams.
3. The lack of funding for continuous personal development.
4. A review of the leadership of the multidisciplinary team and challenge the dominance of the medical model.
5. The need to promote service user involvement in service developments.

In relation to the first point of the lack of understanding of the social work role there are some positive developments and these include;
- The Irish Association of Social Workers’ (IASW) special interest group for social workers in adult mental health have an agreed description of the mental health social work role on the (IASW) website.
- With the full implementation of the 2001 Mental Health Act there is an equivalent role to that of the Approved Social Worker mentioned above in Ireland, it is called the “Authorised Officer” and the role is outlined in Sec (9) of the Mental Health Act 2001. Also of the 160 Authorised Officers appointed 25% are social workers.
- With the creation of the Health Service Executive’s (HSE) national recruitment service there is now agreed nationally social work job descriptions.

However as the survey suggests significant obstacles in further clarifying an understanding of the role of the social worker in mental health remains and arguably this is exacerbated by the fact that a significant number of social workers have no social work line manager and supervision as well as the fact

that leadership within community mental health teams remains vague, with no dedicated overall team manager.

Conclusions

It was clear from the survey that most social workers in adult mental health believed that some progress had been made since 2004, and that the Mental Health Act 2001 and the new national policy “A Vision for Change” 2006 were key catalysts for change, but the results also highlighted that this change was slow and limited. The Mental Health Commission in 2009, in its publication “From Vision to Action ?” offered some explanation as to why this is the case in suggesting the slow implementation of the national policy is as a result of some of the following key challenges:

- Absence of a clear, identifiable leadership within the Health Service Executive (HSE) to implement “A Vision for Change”
- Leadership within community mental health teams remains vague
- The power of veto by certain stakeholders, such as the consultant psychiatrist group and unions representing different staff grades.
- Resource issues such as manpower and training.

The survey results demonstrated the positive message that the majority of social workers were committed to the reform agenda and the concept of recovery as outlined in “A Vision for Change”.

> “If adopted successfully and comprehensively the concept of recovery could transform mental health services and unlock the potential of thousands of people experiencing mental distress. Services should be designed to support this directly and professionals should be trained to help people to reach a better quality of life. Future Vision Coalition (2009)

Finally the importance of mental health professionals having the right attitude to working in partnership with service users and carers is arguably the key element in this reform process.

> “At the heart of recovery is a set of values about a person’s right to build a meaningful life for themselves, without the continued presence of mental health symptoms. Recovery is based on ideas of self determination and self management. It emphasises the importance of hope in sustaining motivation and supporting expectations of an individually fulfilled life” (Shepherd et al 2008)

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