

Mental Health Social Work: Opportunities and Challenges

**2nd UK Mental Health Social Work
Continuing Professional Development Conference**

**Franklin Wilkins Building, King's College London
Stamford Street, London SE1.
Friday 11th July 2008
9.00 am – 4.45 pm**

Book of Abstracts

Welcome!

I would like to warmly welcome you to the second UK national continuing professional development conference for mental health social workers.

At our inaugural conference at the Institute of Psychiatry in 2007, over 200 delegates heard research papers from internationally-renowned experts and participated in a practice panel and debate. The sessions from this conference are available as podcasts on our website: www.iop.kcl.ac.uk/podcast/.

Learning from this experience, and responding to delegates' feedback, we have moved this year's conference to the Franklin Wilkins Building on the Waterloo campus of King's College London. This provides a central location and better conference facilities. However, we have retained a wealth of social work research and practice experience in the programme for the day.

Today's conference has been organised by the course team of the MSc in Mental Health Social Work with Children & Adults at the Institute of Psychiatry, King's College London, in collaboration with Making Research Count at King's College London and University of Bedfordshire.

The MSc in Mental Health Social Work with Children and Adults is accredited by the General Social Care Council as providing the Post-Qualifying Award in Advanced Social Work. The programme uses advanced case consultation to develop social workers' practice, and practitioners are trained and supported to conduct a piece of original practice-related research. If you are interested in finding out more about the programme, please see the brochure in your pack or come along to our 'Professional Leadership' symposium this afternoon.

This MSc programme draws upon the research expertise of members of staff within the Institute of Psychiatry. The Institute is a global leader in teaching and research in the sciences relevant to mental health. Its work encompasses almost the entire range of disciplines required to understand the causes of mental disorders, to develop new treatments, and to evaluate their implementation at the individual level, as well as at the level of services and national health and social care policies. More information about our work can be found on our website at www.iop.kcl.ac.uk.

This year, we are pleased to be working in partnership with Making Research Count. Making Research Count is a national collaborative research dissemination initiative, established by a consortium of nine universities and developed by regional centres. These university based regional centres have formed collaborative partnerships with member agencies, to promote and develop knowledge-based practice and improve services in social work, social care and its interface with health and education. Each regional centre has established a unique approach to knowledge based practice based on the needs of local partnerships. More information can be found online at: www.uea.ac.uk/swk/MRC_web/public.html/.

Please take a little time to look through this book of abstracts to help you decide which symposia to attend. The full conference programme can be found within your pack. We hope that you enjoy the day. To help us to prepare for next year's conference, we would be very grateful if you could complete our feedback forms before you leave. Thank you.

Best wishes,



Martin Webber
Programme Leader
MSc in Mental Health Social Work with Children & Adults, Institute of Psychiatry

Contents

Welcome letter	1
Contents	2
Plenary Session 1: Social Work Futures (10.00 am – 11.20 am) – room B5	3
Parallel symposia 1 (11.45 am – 1.00 pm)	
S1: Mental Health Services – room B5	7
S2: Perspectives on self-harm – room G73	11
S3: Anti-oppressive practice – room G79	15
S4: Partnership working – room 2.80	19
S5: Assessing assessments – room 3.52	23
Lunchtime film show F1: Spare me the cutter (1.30 pm – 2.00 pm) – room B5	27
Lunchtime film show F2: Resilient therapy (1.30 pm – 2.00 pm) – room G73	28
Parallel symposia 2 (2.00 pm – 3.15 pm)	
S6: Rights and values in practice – room B5	29
S7: Supported employment – room G73	33
S8: Professional leadership – room G79	37
S9: Carers and recovery – room 2.80	41
S10: Mental health social work in primary care – room 3.52	45
Plenary Session 2 (3.40 pm – 4.45 pm) – room B5	49
Acknowledgements	52

Plenary Session 1: Social Work Futures

10.00 am – 11.20am
Room B5 (Main conference hall)

Abstract

The opening plenary session of the conference gives delegates the opportunity to consider future possibilities for mental health social workers in a changing health and social care landscape. Three high profile experts will provide contrasting thoughts about social work futures to stimulate debate and discussion.

Keynote 1: Social work futures: Policy and professionalism

Don Brand

Keynote 2: Mental health social work: Thinking outside the box

Nick Gould

Keynote 3: New types of working and the social workers of the future

Jim Thomas

Chair

Shirley Ayres

Social Thinker and Publisher of 'Be Inspired': a unique online resource for social work

Shirley runs a communications consultancy which provides unique perspectives and innovative responses to the challenges facing an increasingly complex and disconnected society. Her work draws upon her qualifications and experience in social work, marketing, ethics, criminology, leadership and management. Previously as Chief Officer at GLPQ she was responsible for the post qualifying education and training of social workers in London. Shirley is currently involved in a number of ventures exploring the potential of the internet to enable communities of interest to connect and network more effectively.

Keynote 1: Social work futures: Policy and professionalism

Don Brand

Consultant, Social Care Institute for Excellence

Don Brand is a consultant working with Social Care Institute for Excellence (SCIE) who advises the Chair and Chief Executive. He has spent 40 years in the social care field, including 20 years in local authority social work, training, policy and senior management, and 7 years as Deputy Chief Inspector in the Social Services Inspectorate at the Department of Health. At the National Institute for Social Work, he worked on the establishment of the four UK Social Care Councils, Topss England (now Skills for Care and the Children's Workforce Council), and SCIE. He developed SCIE's strategies for collaboration with user-led organisations and putting service users at the heart of its work, and has himself been a user of mental health services. He has also been involved in SCIE's contributions to government policy, including the Green Paper *Independence, wellbeing and choice*, the White Paper *Our health, our care, our say, Care Matters*, the *Putting People First* personalisation programme, the recent GSCC-led review of social work roles and tasks, and planned Green Paper on the long term funding of care and support. He has been on the governing bodies of organisations providing services for older people, people with mental health problems and those with learning disabilities. He is a Trustee of the Joseph Rowntree Foundation and the Residential Forum.

Abstract

This keynote paper will consider mental health social work in the context of changing government policies for children, adults and families. Drawing on *Social work at its best*, the recently-published Government-commissioned review of social work roles and tasks led by the GSCC, it will reflect on the contribution of mental health social work to the vision set out in the Children's Plan, *Putting People First*, the National Carers' Strategy, the Independent Living Strategy and *Think Family*. It will look also at shifting expectations of professionals and professionalism as they are reflected in the development of mental health social work.

Keynote 2: Mental health social work: Thinking outside the box

Professor Nick Gould

Professor of Social Work
Department of Social & Policy Sciences
University of Bath

Nick has been involved in mental health and social work for over thirty years, having qualified at the University of Oxford in the 1970s and subsequently working as a social worker in local authority and forensic settings before moving into academia. As an academic he has always maintained an involvement in direct work with service users, and has been a member of the Mental Health Review Tribunal for many years. From 2003-6 he was a national fellow with the National Institute for Mental Health (England) and SCIE, and led SCIE's first joint collaborations with NICE, leading to publication of evidence-based practice guidance on dementia care and parent training/education programmes. Nick has published and researched widely in the fields of professional learning, new technology, social inclusion and mental health. His current research (with Patrick O'Leary, University of Bath) looks at mental health outcomes for men who were sexually abused in childhood.

Abstract

This keynote paper begins by acknowledging some of the evidence that confirms that mental health social workers have been facing difficult circumstances in recent years, including processes of change and uncertainty associated with 'modernisation' of services, the reform of the Mental Health Act, and aspects of the broader policy agenda which sometime seems to disempower practitioners. In order to regain a vision for mental health social work we need to look at ways of reframing the contemporary professional role. This may involve revisiting the history of mental health social work, as well as looking at examples of practice from other countries, to see where social work shows itself at its most inspiring. It may also involve engaging critically with the current policy agenda to see where opportunities for future directions might be identified, for instance in relation to social inclusion perspectives, and not overlooking opportunities to develop social perspectives within the working of the 2007 Act that go beyond the AMHP role.

Keynote 3: New types of working and the social workers of the future

Jim Thomas

Programme Head
New Types of Worker, New Types of Working
Skills for Care

Jim manages the new types of worker, new types of working in adult social care programme for Skills for Care. Previously, Jim was the Valuing People Support Teams Expert Advisor on Workforce Development and the Head of Workforce Development for Cambridgeshire County Council's Adult Disability Service. Partnership approaches to the delivery of New Types of Working and New Types of Worker are fundamental to everything Jim does and aims to achieve. When not working Jim enjoys going with his wife to as many music festivals as he can and avoiding handing too much cash over to his teenage sons.

Abstract

This presentation focuses on Skills for Care's New Types of Working program and how the learning from the programme offers a range of perspectives on the future of social work and social workers supporting people with mental health needs. The primary focus of the New Types of Worker programme is to look at the way in which people are supported is changing and think through what that means from a workforce development perspective. With over fifty projects running across England, covering everything from understanding the role of social workers and adult protection in the context of personalisation, to the skill sets required to make maximum use of developing technology, the new types of worker programme links innovation in service support to the skills people require to successfully deliver those new models. With the ongoing integration of health and social care, the strategic implementation of personalisation and recent changes to legislation mental health social work faces a range of challenges to make sure that it remains relevant, viable and valued as we move towards the second decade of the 21st century.

Parallel symposia 1 (S1): Mental health services

11.45 am – 1.00 pm
Room B5 (Main conference hall)

Abstract

Mental health services have faced unprecedented change over the last decade and seem in an almost constant state of flux. Social workers have had to negotiate new roles and responsibilities within these services, whilst maintaining a unique contribution. This symposium will consider three empirical studies to update practitioners on contemporary knowledge evidence about mental health services. In particular, these papers focus on the whole system impact of the new functional mental health services, the integration of social care in mental health services and residential alternatives to acute inpatient psychiatric wards.

Paper 1: Whole systems impact of the new functional mental health services: an exploratory study

D. Bailey & B. Casey

Paper 2: Synergy of difference: a study of the integration of social care with health in community mental health services

J. Shears

Paper 3: Residential alternatives to acute inpatient psychiatric wards: a comparison of the care provided

B. Lloyd-Evans, S. Johnson, D. Osborn, M. Leese, H. Gilbert & M. Slade

Chair

Caroline Grimby

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MSc in Mental Health Social Work with Children & Adults
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Senior Social Work Practitioner
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S1 Paper 1: Whole systems impact of the new functional mental health services: an exploratory study

Di Bailey

Reader in Social Work
University of Durham

B. Casey

University of Durham

Abstract

This paper documents progress to date of a scoping study in the North East of England. The study is the first phase of a three stage research project to investigate the whole system impact of the new functional mental health services. Increasingly mental health social work is embedded in these specialist services. The aim of this first phase of the project is to provide information for future large scale research into the effects of the new functional mental health services on one another and on the whole mental health system.

Stage one will answer the following research questions in relation to two pilot sites in the North East :

1. What common elements need to be investigated in order to understand a whole systems way of working in mental health?
2. What information systems, measures frameworks and models are identifiable from the existing mental health literature that relate to whole systems/interdisciplinary working between mental health teams and services?
3. What kinds of changes to the mental health care system are evident now compared to when care was provided either in hospital or through the CMHT?
4. What are the views and experiences of staff, service users and carers regarding the implementation and appropriateness of the information systems and measures being identified?

The methods of investigation include a shortened systematic review of the literature in accordance with a methodology proposed by Griffiths (2002)¹ and Munro (2008)². Semi-structured interviews and focus groups are being undertaken with a sample of senior managers, frontline practitioners (including mental health social workers) and service users and carers. Findings from the literature review will be presented along with emerging data from the focus groups and interviews where these have been completed. Implications of these for mental health social work will be discussed.

¹ Griffiths, P. (2002) Evidence informing practice: introducing the mini-review. *British Journal of Community Nursing*, 7(1), 38-40.

² Munro, S.L. and Baker, J.A. (2008) Outcomes associated with skill mix interventions in acute mental health wards; a synthesis of evidence. *Journal of Mental Health Education, Training and Practice*.

S1 Paper 2: Synergy of Difference: A study of the integration of social care with health in community mental health services

Jane Shears

Head of Changing Minds
Centre for Mental Health Education and Service Development
Northamptonshire Teaching PCT

Abstract

The integration of social care and health within community mental health services - the coming together of two systems of care - is intended to lead to a seamless, patient-led effective service. This paper analyses the experience of the integration from the perspective of social care staff and whether any changes in service delivery are evident from the perspective of people who use community mental health services pre and post integration. A conceptual framework informed by systems theory and located within the context of organisational change underpins the research. The methodological framework combines soft systems methodology and participative action research in which service users are supported to lead key areas of investigation. The data collection is set within cycles of change: the action research cycle, the audit cycle and the Care Programme Approach cycle. These cycles are complemented with data collected through questionnaires to social care staff.

The findings of the research suggest that the integration of social care with health has had no impact on the experience of service delivery as perceived by people whose needs are managed within the Care Programme Approach. There is consistency between staff and service users which indicates that the system of care is essentially running as a bureaucratic system of stagnation. Staff and service users had different views on the quality of service at different phases of care along the pathway. Social care staff, on the whole, had reacted passively to the integration arrangements when they began (inertia ideology) but in time, developed new strategies and working practices to manage the organisational environment.

The conclusions of this research suggest that if an integrated system of care does not deliver more effective and cohesive services, then ultimately the system will deconstruct. Radical changes are required in order to bring about a change in the world view about what constitutes a quality service for people experiencing mental distress and those who deliver it.

S1 Paper 3: Residential alternatives to acute inpatient psychiatric wards: A comparison of the care provided

Brynmor Lloyd-Evans

Research Assistant

All from Department of Mental Health Sciences, University College London

S. Johnson

Reader

D. Osborn

Senior Lecturer

M. Leese

Reader

All from Health Services & Population Research Department, Institute of Psychiatry, King's College London

H. Gilbert

Research Assistant

M. Slade

Reader

Abstract

Acute psychiatric inpatient wards have been the focus of widespread dissatisfaction. Alternative models of residential acute care currently operate in the UK: examples include brief-stay wards, wards using innovative nursing-led models and non-hospital residential crisis houses, many run by crisis teams or voluntary agencies and staffed by social work and social care staff. Little is known however about the nature of the care provided by alternatives or how this differs from traditional inpatient services. The Alternatives Study is an NHS-funded, national study evaluating residential alternatives to standard acute wards including assessing the content of care provided.

The content of care at four alternatives (three community-based crisis houses and a Tidal Model inpatient ward) and four standard acute inpatient services was compared using measures developed for the Alternatives Study:

CaSPAR: a measure of the amount of staff-service user contact at services using researcher observations (n = 224)

CaRICE: a staff-completed one-week record of the number and nature of contacts with service users

CCCQ(P): a service user-completed questionnaire measuring the types and amount of care received during an admission (n = 320).

Descriptive comparisons of the amount of staff contact and of social, psychological and medical interventions provided to service users at alternative and standard inpatient services will be reported. Comparisons of the nature of care provided by social work/social care staff and staff from other disciplines will be provided. Analysis of associations between content of care provided, including social interventions, and users' satisfaction with services will be presented.

How and to what extent residential alternatives differ from standard inpatient services will be discussed. The impact of social work and social care staff on the nature of care provided at services and implications about how different models of care may affect the acceptability of services will be considered.

Parallel symposia 2 (S2): Perspectives on self-harm

11.45 am – 1.00 pm
Room G73 (Ground floor)

Abstract

Mental health social workers daily encounter people in emotional turmoil who harm themselves for a whole variety of reasons. Self-harm evokes strong and complex emotions in individual practitioners and mental health services alike. This symposium considers differing approaches to understanding and working with self-harm. Two papers are from a psychoanalytic perspectives, but reach different conclusions about the role and purpose of self-harm. The final paper reports on training provided to police officers in working with people who self-harm

Paper 1: What's the harm in self-harm? A psychoanalytic enquiry

J. Nathan

Paper 2: Binge drinking: self-harm as a defence against suicide

M. Bower

Paper 3: Blue remembered skills: self-harm in police custody

I. Cummins

Chair

Jack Nathan

Lead Consultant Adult Psychotherapist
South London & Maudsley NHS Foundation Trust

Course Tutor
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S2 Paper 1: What's the harm in self-harm? A psychoanalytic enquiry

Jack Nathan

Lead Consultant Adult Psychotherapist
South London & Maudsley NHS Foundation Trust

Course Tutor
MSc in Mental Health Social Work with Children & Adults
Institute of Psychiatry, King's College London

Abstract

This paper will explore two aspects of work with self-harming clients. Firstly, it will consider the inevitably overwhelming anxieties generated in the practitioner and how these need to be understood and dealt with. Secondly, the paper will look at the multiple meanings behind the self-harming behaviour, essentially as an act of survival and liberation. A model for working with this client group will also be presented.

The paper will present the core ideas and research findings on self-harming behaviour. Incorporated into this presentation will be an exercise exploring the emotions aroused by work through the use of a clinical vignette, followed by discussion.

Participants will have a clearer 'route map' to help them think through the dynamics aroused in them by the work with self-harming clients. They will also have a way of being able to work with this often-dismissed client group, based on a growing body of research evidence.

S2 Paper 2: Binge drinking: self-harm as a defence against suicide

Marion Bower

Consultant Social Worker
Child & Family Department
Tavistock Clinic

Abstract

Binge drinking is rising dramatically particularly among adolescents and women. The physical dangers of this are well known. Drinking is often described as slow suicide. What is less well known is that drinking is a defence against suicide. It is very important that workers dealing with drinkers understand this.

Using psychoanalytic theory I will describe what goes on in the mind of the binge drinker which places them at risk. The case of William Styron the writer is used as an example of this dynamic.

Binge drinking pushes through the body's limits-and floods the liver and kidneys, life giving processing organs. This physical attack on the body is unconsciously felt to be an attack on the internal parents, who are now felt to be weak or harshly punitive. This harsh superego is a factor in suicidality, as the drinker is unable to face the damage the drink has caused.

In the last section I discuss the drinker's relation to their own body and discuss the effect of this on the drinker and on the worker who tries to help them.

S2 Paper 3: Blue remembered skills: self-harm in police custody

Ian Cummins

Senior Lecturer in Social Work
CHSSC
Salford University

Abstract

This paper is based on research carried out with two North-West police forces. The research has examined two key areas the mental health awareness training that custody officers receive and an analysis of incidents of self-harm that took place in custody setting over a six month period.

Over the period of deinstitutionalisation, police officers have had increased contact with people experiencing mental distress (Borum 2000 & Hartford et al 2005). These developments seem to support Penrose's (1939) argument that there is a relationship between the societal functions of the mental health and criminal justice systems. Being in custody itself is a risk. The extent of mental health problems experienced by prisoners is well documented (Singleton et al 1998).

The initial research involved a series of interviews with custody officers. This group have a key role under the Police and Criminal Evidence Act in the assessment of detained persons. However, police officers lack training and awareness in this field (Pinfold et al 2003). Following this research, another project was undertaken with a second police force, on access to custody records where a detained person had injured themselves. As a result of this study, changes have been made to the training of custody officers and the way that incidents of self-harm are recorded. The revised training includes input the researcher. The workshop will include an examination of the challenges a 'civilian' faces when training police officers.

Parallel symposia 3 (S3): Anti-oppressive practice

11.45 am – 1.00 pm
Room G79 (Ground floor)

Abstract

Inequalities in mental health are well documented. These inequalities are structured by gender, ethnicity, sexual orientation, social class and socio-economic status. Mental health social workers have the values, skills and experience to provide appropriate services to meet the needs of the whole community. The profession's commitment to anti-oppressive practice gives it a unique opportunity to challenge prejudice, stigma and discrimination which many people with mental health problems face, particularly those already disadvantaged within society. This symposium provides delegates with an opportunity to reflect on these issues. The papers explore recovery narratives of lesbians, gay men, bisexuals and transgender people; the development of a culturally sensitive measure of quality of care and the mainstreaming of gender and ethnicity within a European mental health project.

Paper 1: Promoting recovery for lesbians, gay men, bisexuals and transgendered people: an exploration of research and recovery narratives and their implications for social work

J. Coppermam, R. Griffiths & K. Karban

Paper 2: The development of a culturally sensitive measure of quality of care for people with psychosis

D. Rose, P. Fearon, R. Murray, C. Morgan, D. Harleston & K. Robinson

Paper 3: Implications for mental health social work: attempting to mainstream ethnicity and gender in a multi-site EU mental health project

S. Ramon & M. Urek

Chair

Jo Neale

Co-ordinator
Making Research Count
University of Bedfordshire

S3 Paper 1: Promoting recovery for lesbians, gay men, bisexuals and transgendered people: an exploration of research and recovery narratives and their implications for social work

Jeannette Copperman

Senior Lecturer in Social Work
City University

Raza Griffiths

Project Co-ordinator & Mental Health Expert by Experience
Social Perspectives Network

Kate Karban

Principal Lecturer, Mental Health
Leeds Metropolitan University

Abstract

There is considerable evidence regarding the prevalence of mental health difficulties among lesbian, gay, bisexual and transgendered (LGBT) people, often related to the experience of homophobia, bullying, discrimination and stigma (Bagley, C. et al 2000; Brownlee, K. et al 2005 & Carr S. 2005). There is also a history of institutionalised oppression within psychiatry and mental health services (King, M. & Bartlett, A. 1999 and McFarlane L. 1998), which highlights the need for recovery based approaches to focus on issues around discrimination in the recovery of a positive self identity.

Issues of sexuality are frequently overlooked in both pre and post qualifying training and education for mental health professionals including social work education, leaving practitioners often poorly equipped to promote recovery in their work with LGBT service users.

Recovery approaches are central to a progressive mental health agenda of the future but little work has been done to look at what recovery means to service users from some marginalised groups such as LGBT communities. Recovery approaches often concentrate on recovery of positive self identity but for marginalised groups this process is problematised by an identity which can be negatively evaluated and discriminated against. The very notion of LGBT identity is problematic due to the need to hide or negotiate it according to circumstances and it is cut across by a range of other factors such as gender and ethnicity. This sometimes complex picture needs to be understood better.

This paper will explore the evidence base around lesbian and gay, bisexual and transgender mental health. It will explore recovery narratives, looking at how recovery is defined and conceptualised by LGBT people, the barriers and opportunities on the road to recovery for people from LGBT backgrounds, including LGBT people from Black and minority ethnic backgrounds and on the social work implications of recovery and diversity work. Social workers are well placed to promote this approach. A strong user/carer focus will also be present within the paper.

S3 Paper 2: The development of a culturally sensitive measure of quality of care for people with psychosis

Diana Rose
Senior Lecturer

Paul Fearon
Senior Lecturer

Robin Murray
Professor

Craig Morgan
Senior Lecturer

Dionne Harleston
Research Worker

Karen Robinson
User Researcher

Departments of Psychological Medicine & Psychiatry and Health Service & Population Research
Institute of Psychiatry, King's College London

Abstract

Numerous studies show that in the UK Black patients with a psychotic mental illness are more likely than White patients to come into contact with mental health services compulsorily. Reasons for this are unclear, but speculation has focused on experiences of care, the suggestion being that patients from these groups are less satisfied with the care they receive, leading to disengagement. There is however, limited research assessing this. We set out to develop a brief, culturally sensitive user friendly questionnaire to assess quality of care, from patients' perspectives.

This study has three components. First we conducted a systematic literature review to identify existing measures of quality of care. Second, the team, including a service user-researcher, conducted a series of focus groups with users of mental health services of White and Black ethnicities drawn from the AESOP study, to elicit views on what constitutes good quality mental health care. The first two stages were designed to lead to a draft questionnaire, which will be piloted in the third stage with 20 patients from the AESOP study and a further 20 current in-patients.

The literature review and analyses of focus group data produced a number of salient themes, which were used to draft a preliminary version of the questionnaire. Re-convened focus groups then discussed the draft checking for completeness, wording of items, and user-friendliness. This resulted in a draft questionnaire. The next step is to field test the questionnaire, to assess its psychometric properties.

S3 Paper 3: Implications for mental health social work: attempting to mainstream ethnicity and gender in a multi-site EU mental health project

Shulamit Ramon

Professor of Social Work
Social and Primary Care Studies
Anglia Ruskin University

Mojca Urek

Faculty of Social Work
University of Ljubljana

Abstract

The Emilia project is an action research aimed at enhancing the social inclusion of people experiencing severe mental illness within eight demonstration sites, by focusing on enabling service users to access education and employing opportunities within the duration of this EU funded project.

One of the key objectives of the project is to improve the mainstreaming of gender and ethnicity within the sites, as lack of such mainstreaming adds to the already existing barriers to social inclusion coming out of the stigma attached to mental illness. EU and UK data highlight that this group is to be found among the poorest and most socially excluded populations in Europe.

We will look at the staged strategy of achieving mainstreaming, the main findings from the first stage of eighteen months of work on this area, the obstacles and opportunities identified in this process. Homing on the centrality of the difficulties in responding to people experiencing domestic violence, having a minority sexual orientation and being from an ethnic minority, we will argue that:

- a) these issues are central also to everyday UK mental health social work
- b) formal knowledge and training are insufficient to address the key issues which often prevent an adequate professional response to service users and carers who experience the difficulties outlined above.

We will outline the reasons for the problematic professional response, what could constitute more satisfactory responses, and how these need – and can – be implemented within everyday mental health social work practice.

Parallel symposia 4 (S4): Partnership working

11.45 am – 1.00 pm
Room 2.80 (Second floor)

Abstract

Mental health social workers work closely with a multitude of other professionals from health, education, criminal justice agencies and voluntary sector agencies, amongst many others. Social workers take the lead on working in partnership with mental health service users and carers in developing services and promoting recovery. Inter-professional training and practice is becoming increasingly common and is the focus of this symposium. The first paper describes the joint experience of a professional and service user delivering mental health training. This is complimented by a paper outlining a social work and nursing inter-professional learning initiative. Finally, the third paper explores an individual's recovery from mental distress with some considerations about the role of mental health professionals in this process.

Paper 1: Working in partnership to deliver training in mental health

S. Hahn & E. Jones

Paper 2: Joint social work and nursing collaborative learning initiative

C. Wagstaff, T.S. Cooner & J. Tew

Paper 3: A heuristic exploration of 'depression' and 'recovery' conducted through the medium of autoethnography

P. Hutton

Chair

James Blewett

Co-ordinator
Making Research Count
King's College London

S4 Paper 1: Working in partnership to deliver training in mental health

Sue Hahn

Senior Lecturer Mental Health
Centre for Mental Health Recovery
University of Hertfordshire

Em Jones

Service User Trainer
Viewpoint

Abstract

This paper describes the experience of working in partnership to deliver training in mental health. The authors work together to plan, deliver and evaluate the training which is delivered to people who work with people who experience mental distress. This includes nurses, social workers, support workers, housing support, police officers, psychiatrists, job centre plus and volunteers, service users and carers from statutory and voluntary agencies.

The paper describes the process of developing a partnership and the challenges experienced for both the lecturer and service user, which include acknowledging the need to address notions of power and expertise. It goes on to describe ways in which these can be addressed to ensure both parties feel supported, validated and able to fulfil their respective roles.

The benefits of working in partnership are outlined and include social inclusion, empowerment and challenges to stigma and discrimination. The process is underpinned by the philosophy of recovery in mental health.

Em Jones and Sue Hahn have just returned from Athens where they were invited to present this paper.

S4 Paper 2: Joint social work and nursing collaborative learning initiative

Chris Wagstaff

Lecturer (Mental Health Branch Leader)
Health Sciences
University of Birmingham

Tarsem Singh Cooner

Associate Director
Centre of Excellence in Interdisciplinary Mental Health
University of Birmingham

Jerry Tew

Senior Lecturer
Institute of Applied Social Studies
University of Birmingham

Abstract

In February 2008 there was a joint teaching initiative involving adult pathway social work students and mental health branch degree nurses. The teaching initiative had taken 17 months to plan. The Core organising group consisted of staff from four different branches of the university, whereas the wider organising group also included people from clinical practice, service users and carers.

The aims of the initiative were to develop an interdisciplinary dialogue on improving service delivery of mental health care. It also aimed to explore roles and values within the interdisciplinary team; explore how different theoretical perspectives may be helpful to practitioners, service users and carers in making sense of mental distress; for students to explore the different perspectives and meaning of self harm from an interdisciplinary perspective; and developing an understanding the experience of in-patient care, and the social implications thereof.

The sessions delivered were 'Interdisciplinary working', 'Different theoretical perspectives on mental distress', 'Self harm' and 'Implications of mental health in-patient care'. A variety of teaching practices were used: preparatory learning; workbook and video material to be viewed by WebCT, verbal instruction, group discussion and input from a variety of instructors.

Service users and carers worked as integral members of the teaching team meaning they were involved in the designing, delivery and evaluation of the fully interdisciplinary teaching. Course participants were asked for final comments / observations on the collaborative learning initiative. They particularly valued the input on self harm; user and carer perspectives; and having the opportunity to broaden their understanding of different professional roles / values and beliefs – or – where beliefs were not changed or simply re-enforced – they were done so “from a better knowledge base”.

S4 Paper 3: A heuristic exploration of ‘depression’ and ‘recovery’ conducted through the medium of autoethnography

Pam Hutton

Participation Worker
Social Work Department
Havering College of Further and Higher Education

Abstract

Pam is a service user chair of a local Mind association who works as a qualified counsellor and a user involvement worker on a BA in Social Work programme. Her research, which was conducted for an MA in Counselling & Psychotherapy at UEL, explores the meaning of ‘depression’ and ‘recovery’, examines the validity of the Western medical construct and compares it with a psychosocial model.

The study asserts the value of a reflexive qualitative study and contributes to the health research debate which tends to be dominated by a medical model preference for RCTs based on the values of professionals working within physical medicine. It has relevance for policy and practice and provides evidence to support the psychosocial perspective of social workers working in mental health services.

A heuristic methodology was adopted to explore a range of narratives in order to arrive at a complex understanding of the researcher’s experience of her journey through distress, recovery and towards understanding and self-acceptance. Ways of coping and help sought and received were evaluated and efficacy assessed. The process involved a complex bricolage which evolved from a mix of autoethnography, heuristics and narrative traditions.

The findings suggest that the researcher’s experience of connection/disconnection brings into question the current understanding of negative thoughts and feelings as the primary factor in depression, which may have implications for treatment protocols. Barriers to relationship such as professional distance, issues of difference in terms of class and gender and the use of medication are explored.

The results would appear to indicate a need for more research into the experience of depression and have relevance for the current debate around what is ‘evidence’ in terms of efficacy in health and social care research and the continuing debate around the regulation of talking therapies.

Parallel symposia 5 (S5): Assessing assessments

11.45 am – 1.00 pm
Room 3.52 (Third floor)

Abstract

Undertaking assessments is a key aspect of a mental health social worker's role, particularly for Approved Social Workers. However, practitioners rarely have the chance to reflect on this process or consider alternative approaches. This symposium provides an opportunity for delegates to hear and discuss three papers on various aspects of assessments in social work. Firstly, a piece of practitioner research evaluates the effect of crisis resolution and home treatment teams on the number of Mental Health Act assessments. The following two papers describe mental health and substance misuse assessment tools for mental health social workers.

Paper 1: The effect of crisis resolution and home treatment on assessments under the Mental Health Act 1983 and on the workload of Approved Social Workers

E. Furminger

Paper 2: Assessment in mental health: chat, checklist or conversation?

M. Firth

Paper 3: Wales integrated in-depth substance misuse tool (WIISIE)

A. Fothergill, C. Wallace & D. Black

Chair

Martin Webber

Programme Leader

MSc in Mental Health Social Work with Children & Adults

Institute of Psychiatry, King's College London

S5 Paper 1: The effect of crisis resolution and home treatment on assessments under the Mental Health Act 1983 and on the workload of Approved Social Workers

Elaine Furminger

Assistant Director of Older People's Services
The Salvation Army

Abstract

There is an extensive body of research into trends in use of the Mental Health Act 1983 (MHA) and Crisis Resolution and Home Treatment (CRHT) teams. The introduction of these teams led to the belief that use of the MHA would decrease as more people with mental health problems were treated in their own environment when in crisis and at risk of admission to hospital. However, in one county authority in south-east England the numbers of MHA assessments continued to rise after the introduction of a CRHT team. To investigate this pattern, a random sample of MHA assessments conducted in the catchment area of the CRHT team both in and out of office hours from two time periods, one before and one after the introduction of the CRHT team, were examined. The presence of the team was associated with a significant increase in the use of section 2 MHA, although the use of section 3 MHA decreased. To explore these findings focus groups were held to obtain the views of mental health professionals, both in the CHRT team and local community mental health teams, on the reasons for the continued rise and how their views influenced decisions. The role of the Approved Social Worker (ASW) was poorly understood in the new CRHT team and communication between the CHRT team and ASWs was disjointed. Integration of ASWs into predominantly medical CRHT teams will assist joint-decision making about use of the MHA and may help to reduce unnecessary compulsory hospital admissions. Discussion is also needed into the position of a CHRT team in the range of community service mental health services provided by a mental health trust.

A paper reporting this study is currently 'in press' with the [British Journal of Social Work](#)¹.

¹ Furminger, E. & Webber, M. (in press) The effect of crisis resolution and home treatment on assessments under the Mental Health Act 1983. An increased workload for Approved Social Workers? [British Journal of Social Work](#).

S5 Paper 2: Assessment in mental health: chat, checklist or conversation?

Malcolm Firth

Lecturer in Social Work
University of Salford

Abstract

An approach to mental health need assessment, the Manchester Care Assessment Schedule (MANCAS), was devised initially as an aid to training social work students specialising in mental health but gained wider popularity after its introduction in 1997. This paper will describe MANCAS, its incorporation of developmental factors, and its take-up by a variety of agencies. Its position and validity in the current political and professional context will also be considered.

MANCAS is a 20-item generic assessment tool for identifying mental health needs and background historical factors, which incorporates a guide to interviewing and is based on a developmental, biopsychosocial model of mental health. Since 1997, practitioners from a range of disciplines have influenced and supported the development of a version for older age people (MANCAS 65) and, more recently, a version for children, young people and their families (MANCAS C&Fs). This latest version is of particular interest, since it marks the completion of a life-cycle approach to assessment which, with the other versions, has been adopted in full by Lincolnshire Partnership Trust. The latter has linked MANCAS to its CPA protocols, thereby ensuring Trust-wide consistency and coherence of process. The Trust is currently negotiating MANCAS' similar use by the local county council.

With the advent of Fair Access to Care Services in 2003, the continued downsizing and disintegration of mainstream mental health services, and the recent funding boost exclusively for talking therapies, current resource pressures are in danger of reducing the interventionist and therapeutic potential of assessment to the mere application of eligibility/exclusion criteria. This is inconsistent with social work principles of client self-determination and a full understanding of service users' predicaments and particular social contexts. Presently, it seems that more non-social workers currently use MANCAS than do social workers; might this indicate a more general deflection of the profession from its person-centred roots to an administrative, resource-driven culture?

S5 Paper 3: Wales integrated in-depth substance misuse tool (WIISIE)

Anne Fothergill

Principal Lecturer

All from Department of Care Sciences, University of Glamorgan

Carolyn Wallace

Senior Lecturer

Damien Black

Senior Lecturer

Abstract

An innovative all Wales Integrated In-depth Substance Misuse Assessment Tool (WIISMAT) was developed by a team of academics at the University of Glamorgan. The team have expertise in substance misuse and Unified Assessment and have both health and social care backgrounds. Using evidence of good practice from health and social care practice in Wales, with some contribution from the South West of England, the team constructed an integrated pilot tool consisting of 12 sections, a summary sheet, and a care pathway. Guidelines for use of the tool were also developed.

The pilot was launched across Wales and following a nine month consultation period feedback was collected to refine the tool. The process involved using action learning sets delivered in workshops to a variety of substance misuse practitioners, commissioners and practice champions from both statutory and non-statutory organisations.

Final revision and amendment of the tool took place using the feedback comments made by practitioners from voluntary and statutory service personnel and service users. This presentation will give an overview of the development process and the consultation period. An insight into the final tool itself, which was launched by the Welsh Assembly Government on 7th April 2008, will also be given. More details on the tool are presented on an accompanying poster.

This presentation is relevant for mental health social workers as the tool has been designed to integrate both health and social care assessment questions. Social workers working in mental health and especially in the substance misuse field may choose to use relevant sections of the tool to facilitate their assessment protocols.

Lunchtime Film Show 1 (F1): Spare me the cutter

1.30 pm – 2.00 pm

Room B5 (Main conference hall)

Abstract

Spare me the Cutter, a film produced by Television Roehampton (TVR) for Arts and Play Therapy Senior Lecturer Matthew Trustman, has won the Jurors Award in The Learning on Screen 2008 National competition.

Based on a script developed by Matthew Trustman with writer Michelle Watson, adapted for the screen and directed by Simon Hipkins from TVR, Spare Me the Cutter, was shot by the TVR team on location. Funding for this project originated from Roehampton Universities' membership in the West Focus Health network.

Nominated for two categories, the film is a dramatic treatment of self-harming and gives an opportunity for a class to discuss and explore issues of self-harming.

Simon said that the sensitive subject was approached by the use of using monologues from characters who are related in some way to the self-harmer: "By only hearing description from other people we were able to make the story more accessible and contextualise such self-abuse, showing how the issue goes far beyond the individual in question."

Matthew said self-harm was a growing concern in secondary school age children: "I wanted to make a film that takes a drama based approach to the issue, to support teachers in running a class room PSHE lesson on the subject. The film takes a fictional case and raises questions around a number of characters who are involved with an incident of self harming."

The film runs for about 7 minutes. It is intended to lead into a discussion about the issues raised with self harm amongst its target audience 14 to 18 year olds. The film is also designed to be incorporated into a discussion on issues of educating for mental health.

The treatment the film takes is a dramatic exploration of the feelings and attitudes of those immediately affected by a fictitious account of self harming. Using image narrative and music the film seeks to engage its audience in reflecting on their own responses to this difficult mental health issue.

Presenter

Matthew Trustman

Senior Lecturer in the Arts Therapies
Psychological Therapies Department
Roehampton University

Lunchtime Film Show 2 (F2): Resilient therapy - effective practice for the most disadvantaged families

1.30 pm – 2.00 pm
Room G73 (Ground floor)

Abstract

The presentation will involve the first conference showing of a film demonstrating Resilient Therapy (RT) in action. RT harnesses the findings from thirty years of research on resilience in children, adolescents and their families, forming a coherent therapeutic methodology for working with the most disadvantaged families in our society. RT is designed to work with families where more traditional therapies struggle to succeed. Such families confront multiple disadvantaging dynamics in receiving help, one of which has been the lack of effective tools to build them up. RT draws on sources such as complexity theory, good social work practice, sociology and anthropology as well as the evidence base in resilience to work in an unreservedly positive frame with families, aware that an emphasis on pathologising disadvantages them further in terms of excluding them from the help they need. RT is also presented as a tool for assessing and working families involved in children act proceedings.

The film describes RT with a ten minute segment of live work with a family illustrating RT mechanisms. Overall the film lasts fifteen minutes leaving time to briefly introduce and summarise RT with some time for questions and discussion.

RT is designed reflexively, helping workers to be more resilient in their practice. It is accessible to use for the widest range of professionals (social workers, psychological therapists, nurses, doctors, teachers etc.) working with families and children and there are ongoing developments of the methodology for use by parents. It does not require an lengthy additional training but familiarity with the concept of resilience and the mechanisms that promote resilient functioning is key. RT is the subject of a book published 2007 by Routledge of that title (DB and HT being co-authors) and a number of journal articles providing detailed background reading.

Presenters

Derek Blincow

Consultant Psychiatrist
Priory Hospital and University of Brighton

Helen Thomas

Psychiatric Social Worker &
CAMHS Head of Psychological Therapies
CAMHS Brighton and Hove

Parallel symposia 6 (S6): Rights and values in practice

2.00 pm – 3.15 pm

Room B5 (Main conference hall)

Abstract

Mental health social workers performing statutory functions under mental health law are frequently faced with dilemmas about human rights and social work values, particularly when considering the use of compulsory powers. This symposium provides an opportunity to reflect on some of these issues. Firstly, we consider the use of advanced directives in mental health social work practice. Secondly, with the introduction of the Mental Capacity Act and Deprivation of Liberty Safeguards we consider good practice in protecting the rights of vulnerable incapacitated adults. Finally, we have a service user perspective on empowerment in mental health social work practice.

Paper 1: Advanced directives in mental health: a role for social workers?

J. Atkinson & J. Reilly

Paper 2: Deprivation of liberty and protecting the rights of vulnerable incapacitated adults

J. Barnes

Paper 3: The value of values: creating a social work knowledge base with community collaboration

G. Bennison

Chair

James Blewett

Co-ordinator

Making Research Count

King's College London

S6 Paper 1: Advance directives in mental health: a role for social workers?

Jacqueline Atkinson

Professor of Mental Health Policy
Public Health and Health Policy
University of Glasgow

Jacque Reilly

Research Fellow
Public Health and Health Policy
University of Glasgow

Abstract

Enabling people with mental health problems to take an active role in the management of their condition can be challenging, but is a central part of adopting a recovery approach. Although generally thought of in a clinical setting advance directives can have a useful part to play in encouraging participation in decision making processes. Writing an advance directive can be seen as both a statement of autonomy, if made in collaboration with staff, and an aid to communication.

The Mental Health (Care and Treatment) (Scotland) Act 2003 introduced advance statements for people with a mental disorder to come into effect when they are subject to compulsory treatment. The Mental Capacity Act 2005 in England and Wales also introduced the possibility of making advance directives in a wider context.

Our research in Scotland has indicated a low uptake of advance statements. This paper will explore the reasons for this, including issues around the practicalities of making and using advance directives for people with mental health problems. The role that social workers might have in potentially enabling their future use is explored. This will include discussion around:

- Issues re: assessing capacity
- Help with making the directive/statement
- The content of statements
- Managing responses to the directive/statement.

S6 Paper 2: Deprivation of liberty and protecting the rights of vulnerable incapacitated adults

Jane Barnes

Acting Team Manager

National Social Work Team, Maudsley Hospital

South London & Maudsley NHS Foundation Trust & Southwark Social Services

Abstract

Currently there are only 2 ways of lawfully depriving a person of their liberty in order to provide care and treatment:- through the use of the Mental Health Act or through an order from the Court of Protection.

The ECHR gave clear guidance in *HL v UK* (the *Bournewood* case) in 2004 that the common law was not robust enough to fulfill the requirements of article 5(1) and 5(4). Nevertheless there are still thousands of incapacitated adults around the country who are cared for in conditions that amount to a deprivation of liberty but who have no independent legal review of their care and treatment.

There is a paternalistic attitude towards the care and treatment of groups such as those with learning disabilities or dementia which does not take account of the protection of their rights in the same way that other groups expect and are accorded. They are also the least able to make their voices heard.

This paper will review the use of the Mental Health Act (1983 and 2007), the Mental Capacity Act and the Deprivation of Liberty Safeguards (due to be introduced in April 09). There is an expectation that Approved Mental Health Professionals will be involved in Best Interests Assessments. They could, therefore, be a crucial part of ensuring that the rights of this most vulnerable group in our society are protected.

S6 Paper 3: The value of values: creating a social work knowledge base with community collaboration

Gerry Bennison

Service User Educator and Consultant
Empathise Training and Consultancy

Abstract

This paper will show from a service user perspective how the role of the social worker can be enhanced by collaborative projects with the wider community to which empowerment exchanges are perceived. It will look at empowerment and examine whether a singular transference of power exists and whether, reciprocal exchanges are indeed power to empower social work, in terms of supporting the development of a knowledge base in education, practice and beyond. It will also attempt to define empowerment as being cyclical leading to greater understanding of social work, society and individual goals and outcomes. It will also show practical examples of working with the skills and strengths of local communities through education which will develop innovation, new practice and challenge perspectives. It will finally show how true collaboration in educational frameworks will create social work that progresses and transcends society to empower both practitioner and client.

Parallel symposia 7 (S7): Supported Employment

2.00 pm – 3.15 pm
Room G73 (Ground floor)

Abstract

This symposium examines the latest research evidence on how effective supported employment is in the UK setting. The research presented suggests supported employment can be effective (as will be presented in the papers from Professor Schneider (Nottingham) and Jocelyn Catty (St George's group) but this is not the case in all settings (as is the case for the SWAN study) and reasons for this will be examined.

Paper 1: Outcomes of the SESAMI study of supported employment

J. Schneider

Paper 2: The EQOLISE study of Individual Placement and Support: results of an international RCT of supported employment

J. Catty

Paper 3: The SWAN (Supported Work And Needs) study: an RCT of supported employment in England

M.Heslin, L.Howard, C.Rice, M.Leese, M.Jarrett, P.McCrone, T.Spokes & G.Thornicroft

Chair

Louise Howard

Senior Lecturer
Health Service & Population Research Department
Institute of Psychiatry, King's College London

S7 Paper 1: Outcomes of the SESAMI study of supported employment

Justine Schneider

Professor of Mental Health and Social Care
Institute of Mental Health
University of Nottingham and Nottinghamshire Healthcare NHS Trust

On behalf of the SESAMI team: Jenny Secker, Bob Grove, Mike Floyd, Robin Johnson, Melanie Boyce and Jan Slade.

Abstract

The aim of the study was to identify factors associated with successful placement in work and to test the impact of working on psychological wellbeing in this group. 155 clients of six employment support agencies were followed up for one year. Information was collected about their employment status, job seeking behaviour, perceived obstacles to work, self esteem and hope, and the employment support received. The costs of services used before and after placement were measured.

Eighty-six per cent of those working at time 1 were still in work a year later. The support agencies helped 25% of unemployed clients into work. Gaining employment was significantly associated with improvements in financial satisfaction and self esteem. People who had been out of work longer were less likely to secure employment. No associations were found between getting a job and personal characteristics, the quantity of employment support given or the recipient's rating of the support offered. People who visited a job centre prior to the start of the study were three times more likely to move into work. Clients of specialist mental health agencies rated their provision more highly than clients of pan-disability agencies. People in employment for longer showed less use of health and social care services than those recently entering employment.

These results demonstrate the benefits of working for this group and support the development of employment services with an individualised, rapid placement approach, linked to job centre advice and expert mental health service input. This is consistent the Individual Placement and Support (IPS) model. The costs profile suggests that savings to health and social care agencies will accrue over time if people are supported successfully in long-term employment.

S7 Paper 2: The EQOLISE study of Individual Placement and Support: results of an international RCT of supported employment

Jocelyn Catty

Senior Research Fellow
Division of Mental Health
St. George's, University of London

Abstract

Individual Placement and Support (IPS) has been demonstrated to be effective in the US at getting people with mental health problems into open employment. This international randomised controlled trial (RCT) aimed to determine the effectiveness and cost-effectiveness of IPS compared to usual vocational services, and to explore the impact of process variables and socio-economic context on any differences found.

312 people with chronic psychotic illnesses, who had been unemployed for a year, were interviewed at baseline and six-monthly for 18 months. The determinants of differences in effect-sizes between centres were explored using prospective meta-analysis. IPS was more effective than standard vocational services across the board, in terms of getting clients into work, the number of days and hours worked and job tenure. IPS clients were also less likely to drop out of contact or be hospitalised. Previous job history was the only baseline predictor of working, while the relationship with the vocational worker at six months was the only process-level predictor. Local unemployment rates, GDP per capita growth and the percentage of GDP spent on health were associated with IPS effectiveness, as was the contrast in IPS fidelity between IPS and control services at each centre.

S7 Paper 3: The SWAN (Supported Work And Needs) study: an RCT of supported employment in England

Margaret Heslin

Research Worker
Health Service & Population Research Department
Institute of Psychiatry, King's College London

Co-authors: L. Howard, C. Rice, M. Leese, M. Jarrett, P. McCrone, T. Spokes & G. Thornicroft
Health Service & Population Research Department
Institute of Psychiatry, King's College London

Abstract

International trials of supported employment have consistently reported significant increases in rates of competitive employment in patients randomised to high fidelity supported employment programmes. There have been no large randomised controlled trials (RCTs) of supported employment in England. This study aimed to assess the effectiveness of the Individual Placement and Support (IPS) model of employment in the UK.

Study design: RCT. *Study population:* Participants receiving community psychiatric care with a diagnosis of severe mental illness (duration of illness over 2 years), aged 18-65 and unemployed for at least 3 months before enrolment into the study. *Study arms:* Participants were randomly allocated to either supported employment intervention or the treatment as usual control group. *Follow-up assessment:* Participants were followed up at 1 year by a research worker who was blind to allocation status employment status, and service use, and various measures of psychosocial functioning were assessed.

219 participants were recruited. 147 (67%) of participants were male. The mean age of participants was 38 (9.4 s.d) years old. 90% of participants were followed up in both arms at 1 year follow up. This presentation will compare the results found in this study with those found in previous studies and explore reasons for differences in outcomes.

Parallel symposia 8 (S8): Professional leadership

2.00 pm – 3.15 pm
Room G79 (Ground floor)

Abstract

Social workers in mental health services require strong professional leaders to promote the values, skills and experience of the profession within multi-disciplinary environments. However, the concept of professional leadership in mental health social work is in its infancy and has not yet been universally adopted by employers. This symposium will draw upon the experience of the MSc in Mental Health Social Work with Children & Adults programme at the Institute of Psychiatry in developing professional leaders amongst mental health social workers. We will explore the key elements of professional leadership and provide a vision for its future in mental health social work. As we argue that professional leadership also includes the development of new knowledge through original research, we also include a piece of research conducted by an advanced practitioner to exemplify professional leadership in action.

Paper 1: Professional leadership in mental health social work: what does it mean and how do we achieve it?

M. Webber

Paper 2: Advanced practitioners: professional leaders in practice

J. Nathan

Paper 3: Professional leadership in action. Identifying the support needs of children whose parents have mental illness: a survey of mental health professionals' attitudes in Kingston-upon-Thames

K. Slack

Chair

Martin Webber

Programme Leader
MSc in Mental Health Social Work with Children & Adults
Institute of Psychiatry, King's College London

S8 Paper 1: Professional leadership in mental health social work: what does it mean and how do we achieve it?

Martin Webber

Programme Leader

MSc in Mental Health Social Work with Children & Adults

Institute of Psychiatry, King's College London

Abstract

Mental health social work in England and Wales is characterised by uncertainty and low morale. The new Mental Health Act 2007 has opened up the Approved Social Work role to other mental health professionals leaving many to question what the unique contribution of social work to contemporary mental health services actually is. In the absence of a Royal College (provided for other mental health professions) or another authoritative body which defines and promotes social work practice in mental health services, it is largely up to individual practitioners to make and defend their contribution to multi-disciplinary teams.

In this paper I argue that professional leaders are in a strong position to promote good practice, develop the evidence-base for social work and help to define future roles for social workers within mental health services. Professional leadership is currently provided by advanced social work practitioners who can demonstrate an ability to offer advanced and reflective supervision, conduct original research and confidently assert the positive and unique contribution that social workers make to mental health services.

Advanced level training is required to develop professional leaders and the example of the MSc in Mental Health Social Work with Children & Adults will be provided as one means of achieving this. Operational and financial barriers that practitioners face in undertaking advanced level post-qualifying education will be discussed and some solutions presented.

S8 Paper 2: Advanced practitioners: professional leaders in practice

Jack Nathan

Lead Consultant Adult Psychotherapist
South London & Maudsley NHS Foundation Trust

Course Tutor
MSc in Mental Health Social Work with Children & Adults
Institute of Psychiatry, King's College London

Abstract

This paper will explore what it means to be an advanced social work practitioner in mental health services today. It starts by discussing previously published work by the presenter¹ which looks at the way in which social workers can develop competency beyond Schon's 'knowing-in-action' and / or 'reflection-in-action'. For example, the essential elements of an advanced practitioner include:

- knowledge of theories informing social work practice;
- knowledge of the current evidence-base; and
- the development of new knowledge through original research, undertaken within the workplace.

These ideas will then be applied to contemporary mental health social work to identify the opportunities and challenges for professional leaders today and in the future.

¹ Nathan, J. (2002) The advanced practitioner: Beyond reflective practice. Journal of Practice Teaching, 4, 59-84

S8 Paper 3: Professional leadership in action. Identifying the support needs of children whose parents have mental illness: a survey of mental health professionals' attitudes in Kingston-upon-Thames

Karin Slack

Senior Practitioner in Social Work & Approved Social Worker
Royal Borough of Kingston-upon-Thames

Abstract

This paper reports on a study published earlier this year¹ that was conducted by a practitioner as part of the MSc in Mental Health Social Work with Children and Adults programme at the Institute of Psychiatry.

The study aimed to explore attitudes of mental health professionals in one outer London borough regarding support needs of mental health service users' children, to test for associations between demographic and professional factors, and practitioners' views and practices, and to highlight barriers to identifying/meeting the support needs of service users' children.

All statutory mental health teams in the borough participated in a cross sectional survey. The response rate was 94 out of 150 (62.7%). The sample consisted of a diverse range of professionals, in both inpatient and community settings.

The study found that practitioners were in favour of supporting children. However, attitudes and practices were significantly associated with profession, setting, and whether the respondent was a care co-ordinator. Social workers were the least likely to indicate that it was not their role to do so. Few associations were found with demographic characteristics or experience.

The perceived barriers to supporting children were highlighted in this study. Responding professionals considered supporting children important but did not necessarily consider it their role to do so. Training is needed to raise awareness about this issue.

¹ Slack, K. & Webber, M. (2008) Do we care? Adult mental health professionals' attitudes towards supporting service users' children. *Child & Family Social Work*, 13, 72-79.

Parallel symposia 9 (S9): Carers and recovery

2.00 pm – 3.15 pm
Room 2.80 (Second floor)

Abstract

The involvement of carers can be very important in enhancing the recovery of people with mental health problems. Mental health social workers are skilled at assessing the needs of carers and providing appropriate support to enhance their effectiveness. Thus we have the skills and experience to take a lead on training and encouraging other mental health professionals to do the same. This symposium focuses on issues around the involvement of carers and the recovery process for mental health service users. It begins by exploring a local example of a system of caring for carers. This is followed by a specific example from eating disorder services. Finally, the principles of recovery-oriented practice are considered from both service user and social work perspectives.

Paper 1: Maximising the involvement of carers

N. Hervey

Paper 2: Professionals collaborating with carers in eating disorder services

W. Whitaker & G. Todd

Paper 3: What can social workers do to enhance recovery from mental ill-health?

C. Ring

Chair

Nick Hervey

Head of Social Care

Integrated Adult Mental Health Service

South London & Maudsley NHS Foundation Trust and Southwark Social Services

S9 Paper 1: Maximising the involvement of carers

Nick Hervey

Head of Social Care

Integrated Adult Mental Health Service

South London & Maudsley NHS Foundation Trust and Southwark Social Services

Abstract

Frontline mental health staff have often found it easier to focus their attention on work with individual service users, largely ignoring their wider family, social networks and local community. Carers have often been depicted as part of the problem, and yet throughout the UK carers save the Government a potential £57 billion per annum in care costs. This paper will argue that it is essential that we engage more effectively with carers, not only in relation to the care of their individual relative and the assessment of their needs as carers, but also in recruiting them to become more involved in the planning, development and monitoring of service provision.

The paper will outline a local tiered system of care for carers, and suggest that there needs to be a shift from the prevailing culture, to one in which carers are seen by professionals as partners in promoting the care of service users – as partners with real knowledge and a unique perspective to contribute. This means thinking through innovative ways of involving carers in the care system and where necessary paying them for their involvement. Financial remuneration is by no means the whole picture, however. What is it that carers want? The most consistent finding from analysis of local carer's assessments is that carers desperately want information – information about services, about diagnosis, about treatment options and about support mechanisms. They also want recognition for what they do. Often they are involved in a lonely struggle in which they feel isolated from their surrounding community, ostracised by association with a person who is not mentally well and undervalued.

It is only by improving our support mechanisms for carers that we will enable them to support us in caring more effectively for people with mental health problems.

S9 Paper 2: Professionals collaborating with carers in eating disorder services

Wendy Whitaker

Senior Social Worker
Eating Disorders Service
South London & Maudsley NHS Foundation Trust

Gill Todd

Clinical Nurse Leader
Eating Disorders Service
South London & Maudsley NHS Foundation Trust

Abstract

For several decades families of people with eating disorders have been seen as part of the problem, not part of the solution. Carers of adult sufferers with eating disorders were not seen at all. A unique collaboration of professional expertise, between social work, psychiatric nursing, psychiatrists, and carers has developed clinical and later research based initiatives to work with this forgotten group in order, initially, to enhance the clinical efficacy of the in-patient treatment programme for adults with eating disorders.

During the last 15years these carers have been part of 'the solution' to 'joined up' care. Using the skills implicit in the motivational interviewing model and the research into expressed emotion, a programme was designed by the authors and colleagues providing family / carer group treatment, plus 1:1 family work. As part of an iterative process of sharing skills a training programme enabling carers to become 'experts' in using therapeutically helpful communications with their loved ones was developed. This skills-based programme for carers is now being taught nationally and internationally. Some carers have been trained to act as training partners in this programme which now has several research arms. The skills training is also being delivered via DVD and manual. A web-based programme is being developed using the knowledge gained from the original work.

This presentation will describe the skills portfolio taught to carers and the clinical and research rationale for the programme.

S9 Paper 3: What can social workers do to enhance recovery from mental ill-health?

Chris Ring

Senior Lecturer in Social Work
School of Social Sciences
Nottingham Trent University

Abstract

Mental health practitioners are increasingly expected to promote recovery - encouraging service users to take similar pathways to those travelled by others with experience of mental illness. Their accounts all celebrate real improvement in their lives, although experienced in many different ways.

The principles of recovery-orientated practice are reasonably well-established. This paper will draw on a recent review of the emerging evidence base on recovery, and my own experience both as a social worker and a service user, to suggest how improved outcomes may be realised in everyday practice.

I will use these sources to illustrate the crucial influence of the attitudes and behaviour experienced by the service users in their encounters with mental health workers - and others. These may enable them to regain a sense of control over their lives, and a sense of self-worth.

The importance of valued roles and mutually beneficial relationships in recovery also suggest that social workers have a major contribution to make to best practice. A range of evidence is now available for them to help other mental health professionals gain a holistic understanding of the service user's situation. This suggests interventions which can help them negotiate a new place in "society". Using supported employment as an example, I will illustrate how practitioners must appreciate and apply the emerging evidence base to assist them to do this, and indicate other promising areas which demand social workers' attention.

I will conclude by considering with participants how these insights can be embedded in routine practice. I will not attempt to explore the extensive evidence on this topic, but indicate some tactics and growth points based on my experience, and appraisal of the current climate.

Parallel symposia 10 (S10): Mental health social work in primary care

2.00 pm – 3.15 pm
Room 3.52 (Third floor)

Abstract

This symposium offers participants the opportunity to hear and discuss innovative work undertaken by mental health social workers and their colleagues in primary care settings. One presentation addresses Step 2 levels of service (self-help and brief intervention – Gary Janit) while another describes broader developments in a long-established service (Malcolm Firth). The third (Malcolm Firth) takes a closer look at ex-secondary care service users who were subsequently seen in primary care, and considers whether or not ‘complex’ social casework should be designated a specialism.

This is still a relatively new area of service for mental health social workers, so participants are encouraged to share their views on the untapped potential for our distinctive contribution.

Paper 1: Using low intensity therapeutic interventions to support people with common mental health problems in a primary care setting

G. Janit

Paper 2: Mental health in Central Manchester: could ‘messy’ work become a specialism?

M. Firth, M. Witter, L. Powling, C. Lovett & S. Burrows

Paper 3: Casework and beyond: a psychosocial mental health service in primary care

M. Firth

Chair

Malcolm Firth

Lecturer in Social Work
University of Salford

S10 Paper 1: Using low intensity therapeutic interventions to support people with common mental health problems in a primary care setting

Gary Janit

Mental Health Gateway Worker (Social Worker)
Salford Primary Care Mental Health Team
Salford Primary Care Trust

Abstract

I trained as a social worker in South Africa over 10 years ago and subsequently have worked in a range of voluntary & statutory organisations. I am now working on a project that aims to develop new and effective ways of helping people with common mental health problems.

Salford Primary Care Mental Health Service provides an easily and quickly accessible service for people suffering from depression and / or anxiety. The service adopts a self-help approach, which enables people as far as possible to help themselves. Referrals are received from GPs and patients are seen at their local GP surgery within 2 – 3 weeks. Patients seen on 3 or more occasions have made significant improvements in their PHQ-9 and GAD-7 scores and the service has received recognition from the department of health as an Improving Access to Psychological Services (IAPT) pathfinder site.

Examples of interventions that are used include: a timely thorough assessment of patients needs; practical ways of feeling better; help with problem solving; support in dealing with unhelpful thoughts as well as support for people on medication.

I a member of the Orthodox Jewish community and have recently been developing the service in order to offer a more culturally sensitive accessible service that can make a real difference to the emotional well being of this minority group.

S10 Paper 2: Mental health in Central Manchester: could ‘messy’ work become a specialism?

Malcolm Firth

Lecturer in Social Work
University of Salford

Martina Witter & Laura Powling

Graduate Mental Health Workers
Central Manchester Primary Care Mental Health Team

Carole Lovett

Patient Consultant
Central Manchester Primary Care MH Team

Steve Burrows

Support Officer
Central Manchester Primary Care MH Team

Abstract

This paper reports on a PCT-funded exploratory study comparing the profiles of primary care service users who had formerly been users of local secondary care services. The primary care service itself adopts a psychosocial model of practice, and began as an exclusively social work (now multi-disciplinary) enterprise.

The study sample comprised a consecutive selection of 36 service users (21 female, 15 male), 27 of whom had been receiving a service from a community mental health team, the remaining 9 having had a psychology service. Demographic, risk, health and social need factors were identified from case-files.

Depression and/or anxiety characterised the mental health of the majority (26) of primary care service users, although in all instances these were closely linked to multiple adversities. It was not possible to determine acuity of risk, but its prevalence was surprisingly similar between the services. Likewise, findings on prevalence of health and social care needs suggested that primary care service users were hardly less needy than when seen in secondary care, with accommodation, close relationships and need for information about their psychological condition posing significantly more stress. In addition, primary care service users own ratings of need at the commencement of intervention illustrated additional difficulties with daily occupation, physical health, money, unemployment, loneliness and social alienation.

The study, although small-scale, indicates that the primary care mental health practitioners are contending with issues of structural, not just individual, adversity and complexity for which medication and/or psychological therapy may be necessary but insufficient. An identification, readily recognizable to social workers, of ‘complexity’ as an untidy, dynamic amalgam of interacting internal and external factors, is emerging. Such an identification may more usefully inform commissioning than simpler bio-medical diagnoses, whether categorical or dimensional.

S10 Paper 3: Casework and beyond: a psychosocial mental health service in primary care

Malcolm Firth

Lecturer in Social Work
University of Salford

Abstract

A university-related mental health social work service operating from GP practices was piloted in 1993, and subsequently established as a bespoke service in 1996. Six years later the service was reconfigured and developed as a PCT-funded service which rapidly became multi-disciplinary. This paper reports on how the service expanded its operational capacity and range of interventions, while upholding its psychosocial perspective.

What began as a predominantly social casework service has adapted to a stepped care model, taking advantage of centrally-funded initiatives such as Graduate Workers, as well as incorporating older age, vocational and housing specialist workers. Simultaneously, the new service has expanded its indirect work portfolio considerably to include a well-being focus, in the form of health promotion and community development. The latter comprise information resource booklets and leaflets, specific projects and events, such as day centre support and football for people with mental health problems, and partnerships with third sector organisations. The service has also substantially increased its training and teaching provision, with professional (including social work) student placements, and GP and other health and social care provider training.

In line with reflective, practice-based evidence, the service has developed a sophisticated data-base and can provide detailed information on activity and performance, including service user feedback. The service demonstrates the robustness of individual casework as both a core model of practice and as a springboard from which to identify and potentially address needs beyond the individual, by a focus on social context as well as on psychological needs. The challenge to the service is to maintain both its psychosocial perspective and practices when positivist versions of evidence-based practice, audit and the imminent, large-scale funding of talking therapies threatens to detach individual mental health problems from their material and inter-personal correlates.

Plenary Session 2

3.40pm – 4.45pm
Room B5 (Main conference hall)

Abstract

The closing plenary session of the conference gives delegates the opportunity to consider two issues of great importance to mental health social workers. Firstly, Dr Craig Morgan will present some findings from the AESOP (Aetiology and Ethnicity in Schizophrenia and Other Psychoses) study which shed some light on the higher prevalence of psychosis amongst people of African-Caribbean origin. This is the largest and most definitive study of its kind and highlights the importance of social risk factors in the aetiology of psychosis.

Secondly, we are delighted to welcome Professor Dinesh Bhugra who has recently been elected President of the Royal College of Psychiatrists. He will discuss what the Royal College of Psychiatrists defines to be the important components of a good psychiatrist. Then, as part of his consultation on this statement, he will canvas the views of delegates. He is very interested in social workers' views of what makes a good psychiatrist and will be addressing comments made by delegates on this issue in the web survey and in discussion during this plenary session.

Keynote 4: Social experience and psychosis: Insights from studies of migrant and ethnic minority groups

Craig Morgan

Keynote 5: What makes a good psychiatrist?

Dinesh Bhugra

Chair

Jeanette Copperman

Senior Lecturer in Social Work
City University

After qualifying as a social worker Jeanette Copperman worked as an advice and community worker at Waterloo Action Centre and then as a policy advisor within Southwark Council and as a regional policy advisor to a Cambridge based Health Authority. She currently leads social work post-qualifying developments at City University and trains and supervises research students on the Msc in Inter-professional Practice, promoting social work links in an inter-professional context. She is an expert specialist advisor to the Victims of Violence and Abuse Programme within the Department of Health and has researched and written about women's mental health, mental health, user involvement, inter-professional practice and on issues of harassment and abuse.

Keynote 4: Social experience and psychosis: Insights from studies of migrant and ethnic minority groups

Craig Morgan

Senior Lecturer in Social Science and Social Care
Health Service & Population Research Department
Institute of Psychiatry, King's College London

Dr Craig Morgan has a background in history and sociology and his research is focused on social and cultural influences on the onset, course and outcome of psychosis. He has co-authored over thirty academic papers on these topics, and has recently completed an edited book, *Society and Psychosis*, published by Cambridge University Press. He is on the editorial boards of *Psychological Medicine* and the *International Journal of Social Psychiatry*. For the past ten years he has been involved in the AESOP study, a multi-centre epidemiological study of the determinants and outcomes of first-episode psychosis.

Abstract

Numerous studies over the past 40 years have found rates of psychosis to be higher in the African-Caribbean population in the UK than in the White British population. The reasons for this are, however, still poorly understood. Recent commentators have focused on social adversity (during childhood and adulthood) and discrimination as likely candidate explanations. In this keynote paper, analyses from the AESOP (Aetiology and Ethnicity in Schizophrenia and Other Psychoses) study, a multi-centre epidemiological study of first episode psychosis in the UK, will be presented which suggest early childhood separation from parents and adult social disadvantage, isolation and discrimination may be important risk factors or risk indicators for psychosis; all of which are more prevalent in the African-Caribbean population. From this and other studies, it will be argued, there is increasing evidence that adverse social experiences over the life course play an important role in the aetiology of psychosis. These findings have important implications for mental health care.

Keynote 5: What makes a good psychiatrist?

Professor Dinesh Bhugra

Professor of Mental Health and Cultural Diversity
Health Service & Population Research Department
Institute of Psychiatry

Honorary Consultant Psychiatrist
Maudsley Hospital
South London & Maudsley NHS Foundation Trust

President of Royal College of Psychiatrists

Professor Dinesh Bhugra has authored or co-authored over 300 scientific papers, chapters and 19 books. His recent volumes are *Culture and Self Harm*, *Handbook of Psychiatry for South Asia*, *Textbook of Cultural Psychiatry* and *Management for Psychiatrists*. His most recent monograph, *Mad Tales from Bollywood: Portrayal of Madness in Conventional Hindi Cinema*, came out in July 2006.

Abstract

Over the past three decades the delivery of psychiatric services has changed beyond all recognition. With the tenth anniversary of the National Service Framework approaching there is no doubt that various policy initiatives have changed the role psychiatrists play in teams. Changes in population demographics and impact of global movement of people: professionals and patients alike for better and possibly cheaper treatments the role of the psychiatrist is undergoing further changes. Thus there is an urgent need to define what the characteristics of a good psychiatrist in the 21st century should be.

Good Medical Practice published by the General Medical Council provides details of what makes a good doctor and in a similar vein the Royal College of Psychiatrists published characteristics of a good psychiatrist in their booklet Good Psychiatric Practice (now in its second edition). A good psychiatrist is a professional who not only has a specialist knowledge base but is also able to use this knowledge in providing altruistic and appropriate service to all those who require it. In addition empathy, probity, honesty and good communication skills are necessary. Such an individual should be able to differentiate between illness and disease processes and be aware of their own views and traits. The Royal College recommends training in team working, appraisal of staff and equality and diversity training. Emotional intelligence and humanism are what make psychiatry unique. The knowledge base of the professional is implicit in decisions that the clinician makes in the context and practical conditions psychiatrists function in and deliver services. By virtue of their professionalism, knowledge base and training such an individual should be able to include self-reflections and an understanding of what significance symptoms and resulting diagnosis hold for the patients and their carers. Appraising others but also being a critical thinker of one's own practice is also an important aspect of being a good psychiatrist. Through medical expertise an individual psychiatrist should also be an advocate for patients and their families and public as a whole to influence policy matters. A number of these issues will be explored in this paper and suggestions made for training.

Acknowledgements

We would particularly like to acknowledge the hard work of **Julie Smith** who has coordinated the enrolment of delegates and been unstinting in the time and effort she has given to organising today. In addition we would like to acknowledge the support and assistance of **Cian O'Neill**, **James Blewett** and **Jo Neale** from Making Research Count.

We would like to thank our keynote speakers who have given their time to contribute to the day. In order of appearance: **Don Brand**, **Professor Nick Gould**, **Jim Thomas**, **Dr Craig Morgan** & **Professor Dinesh Bhugra**. Also we would like to acknowledge the contribution of our two plenary chairs **Shirley Ayres** and **Jeannette Copperman**.

We are very grateful to all those who have given papers – too many to name here! – and to those who have chaired the symposia today. Thank you for a tremendous response to the call for papers and for a stimulating day.

Thank you also to the following organisations contributing to our exhibition area:

- **Social Perspectives Network**
- **Skills for Care London**
- **Social Care Institute for Excellence**
- **British Association of Social Workers**
- **In-Trac Books**
- **Institute of Psychiatry**
- **Making Research Count**

Thanks also to the **catering services** and the **conference team** of King's College London.

Finally, thank you to **YOU** for coming and contributing to this second UK mental health social work CPD conference. We hope that you have enjoyed the day and please don't forget to leave your feedback sheets to let us know what we need to do differently next year.

Martin Webber