

Connecting Children's and Adult Mental Health Services: A Lifespan Perspective

**3rd UK Mental Health Social Work
Continuing Professional Development Conference**

**Franklin Wilkins Building, King's College London
Stamford Street, London SE1.
Friday 3rd July 2009
9.50 am – 4.45 pm**

Book of Abstracts

Welcome!

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

The past twelve months have been a harrowing time for social workers in the UK. From media frenzy to increased workloads, no-one has been unaffected. At this conference we aim to take a look at one of the issues (and many more besides) that has been in the background of the current crisis – the growing gap between services for children and their parents with mental health problems.

The separation of adult and children's social services departments has widened the gap between practitioners working with children and those working with adults. This separation is pre-dated by the secondment of most mental health social workers into mental health trusts. Specialist practice focusing on either the needs of children or adults has been favoured over holistic approaches to families and communities. This conference will discuss the latest evidence from research and practice to inform lifespan perspectives to social work with children and adults. We are particularly pleased to welcome Julie Jones, Chief Executive of the Social Care Institute for Excellence, who will be speaking on this subject in the week before SCIE launches new guidance on Parental Mental Health and Child Welfare.

This 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 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 this advanced level PQ programme, please come along to room 2.43 for your workshop sessions. In the morning two graduates of the programmes will be talking about the findings of their research projects and in the afternoon we will be hosting a live case consultation session.

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.

We are working in partnership with Making Research Count, which promotes and develops knowledge-based practice and improves services in social work, social care and its interface with health and education. More information can be found about Making Research Count online at: http://www.uea.ac.uk/menu/acad_depts/swk/MRC_web/public_html/welcome.html.

Please take a little time to look through this book of abstracts to help you decide which workshops to attend. The full conference programme can be found within your pack. 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. We hope that you enjoy the day.

Best wishes,



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

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Plenary: Research Evidence for Advanced Practice

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

The opening plenary session of the conference features three prominent academics presenting keynote papers on the latest research in three practice areas relevant for social workers working with children or adults.

Keynote 1: Personalisation and People with Mental Health Problems (p. 4)
Professor Jill Manthorpe, King's College London

Keynote 2: The Significance of Service User Coping to Practice (p. 5)
Professor Michael Sheppard, University of Plymouth

Keynote 3: Recovery: A Challenge for All Mental Health Professionals (p. 6)
Dr Mike Slade, King's College London

Chair

James Blewett
Research Director, Making Research Count

James Blewett is Research Director for the research dissemination project, Making Research Count in the Social Care Workforce Research Unit at King's College London. He is currently national chair of the organisation which represents a network of twelve research active universities. James' recent research has included work on the roles and tasks of social work, targeted family support and safeguarding and an evaluation of the Codes of Practice for social care workers and employers on behalf of the four care councils in the UK. James is a registered social worker and has worked with children and families in a variety of setting including field work, family centres and CAMHS. James continues to practice as an independent social worker undertaking parenting assessments for families in proceedings and has undertaken serious case reviews.

Keynote 1: Personalisation and People with Mental Health Problems

Professor Jill Manthorpe

Professor of Social Work
King's College London

Jill Manthorpe is Professor of Social Work and Director of the Social Care Workforce Research Unit at King's College London. She has a long standing interest in mental health problems in later life, and is the author books on dementia care, psychosocial interventions in early dementia and on depression and older people. She was a member of the Individual Budget Evaluation Team (IBSEN) and is currently working on studies covering the Mental Capacity Act, BME older people and depression and transitions around the diagnosis to dementia. Her other research interests are in workforce development and sufficiency, adult safeguarding and system redesign. She has been a trustee of a number of national and local voluntary groups; the chair of an adult safeguarding board and a Non-executive Director of a NHS Community Mental Health Trust. She is a member of the executive group of the National Institute for Health Research (NIHR) School for Social Care Research and was appointed a Senior Investigator of the NIHR in 2008.

Abstract

The evaluation of the pilot Individual Budget (IB) sites (IBSEN report 2008) revealed that people using mental health services were more satisfied with these new arrangements, alongside physically disabled people, than other groups of social care service users, when compared to a comparison group not offered IBs. People using mental health services were found to have the most positive outcomes in overall well-being, although they were a relatively small proportion of all IB users participating in the evaluation. IBs provided a greater range and flexibility of support arrangements and these were welcomed. This paper briefly summarises some of these findings and sets these in the context of the roll out of personal budgets for publicly funded social care. Three key points emerge in today's context 1) the legislative and accountability problems identified in the early days of IBs must be addressed to help professionals be confident that they are acting lawfully and that personalisation is itself not abusive; 2) Personal budgets need to be offered in ways which offer more flexibility than a direct payment taking into account the provisions of the Mental Capacity Act and Mental Health Act; 3) The inclusion of NHS resources in social care personal budgets, particularly mental health expenditure, and the forthcoming NHS personal health budget pilots require conscious planning and monitoring. Work needs to be done to give confidence to service users, carers and practitioners that the transformation of social care will promote recovery, quality of life and good end of life care.

Keynote 2: The Significance of Service User Coping to Practice

Professor Michael Sheppard

Professor of Social Work
University of Plymouth

Michael Sheppard is Professor of Social Work at the University of Plymouth and formerly Visiting Professor at the University of Exeter. He holds a social work qualification and has published widely on a range of issues including the interface between mental health and child and family care.

Abstract

This keynote presentation begins by arguing that key concepts such as empowerment and prevention do not adequately and fully encapsulate individual welfare services. By focusing on 'coping' we are able to overcome some of the limitations in currently used approaches, because, in particular, of its focus on the individual service user as active agent. Coping theory provides a framework for understanding the problem solving efforts of the service user, and how these integrate with the preventive efforts of welfare services.

Coping theory is, therefore, examined as a basis for practice and research, and considered further through an illustrative example of its application to the evaluation of outcomes of maternal coping efforts for applicants to children's services – a group with high vulnerability for mental health problems, particularly depression. This longitudinal study shows how different coping approaches have implications for outcomes.

Keynote 3: Recovery: A Challenge for All Mental Health Professionals

Dr Mike Slade

Reader in Mental Health Services Research
Institute of Psychiatry, King's College London
&
Consultant Clinical Psychologist
South London & Maudsley Mental Health NHS Foundation Trust

Dr Mike Slade is a Reader in Mental Health Services Research at the Institute of Psychiatry, and a Consultant Clinical Psychologist in rehabilitation with South London and Maudsley Mental Health NHS Foundation Trust. Mike's main research interests are recovery-focussed and outcome-focussed mental health services, user involvement in and influence on mental health services, staff-patient agreement on need, and contributing to the development of clinically useable outcome measures, including the Camberwell Assessment of Need and the Threshold Assessment Grid. He has written over 120 academic articles and seven books, including Slade M (2009) *Personal recovery and mental illness*, Cambridge: Cambridge University Press. He is keen to disseminate an understanding of recovery to the field through free-to-download booklets, such as Shepherd G, Boardman J, Slade M (2008) *Making Recovery a Reality*, London: Sainsbury Centre for Mental Health (downloadable from www.scmh.org.uk) and Slade M (2009) *100 ways to support recovery*, London: Rethink (downloadable from www.rethink.org). He has acquired over £7m of grant funding, including a £2m NIHR Programme Grant for Applied Research for the five-year REFOCUS study to develop a recovery focus in adult mental services in England.

Abstract

The consumer-developed idea of recovery now underpins mental health policy internationally. If the 1800s can be characterised as the century of exclusion and the 1900s as the age of treatment, then the policy goal internationally is to make this the century of recovery. Turning recovery rhetoric into reality is the focus of this talk. Key recovery domains are hope, identity, meaning and personal responsibility. If services are to fully support people with lived experience of mental illness in these and other domains of their recovery journey, then changes to current practices are needed. The distinction between traditional and recovery-focussed working will be identified, including in the areas of values, discourse and behaviour. A new empirically-based framework for understanding mental illness will be presented, which gives primacy to personhood over illness. The central importance of relationships will require a new social construction of what being a mental health professional involves, with more emphasis on interpersonal authenticity. The recovery support tasks of a mental health worker in a recovery-focussed service will be identified, which will involve using many existing skills as well as developing new skills in promoting well-being and improving social inclusion.

Workshop 1: Approved Mental Health Professional Training Evaluation

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

Approved Mental Health Professional trainees: concepts, understanding & knowledge

Dan Bressington

Senior Lecturer in Mental Health
Canterbury Christ Church University

Harvey Wells

Programme Leader
Institute of Psychiatry
King's College London

Matthew Graham

Senior Lecturer in Social Work
Canterbury Christ Church University

Abstract

The amendments made to the Mental Health Act 1983 by the Mental Health Act 2007 came into effect on 3 November 2008. One of the major changes includes extending the Applicant's role and responsibilities to other mental health professionals (including mental health nurses). The new role is entitled Approved Mental Health Professional (AMHP).

This paper will consider the initial stages, views and perceptions of a study which is utilising concept mapping as a method to explore changes in personal understanding of the AMHP role as a result of undertaking the AMHP training programme at Canterbury Christ Church University.

Concept mapping has been shown to enable the sharing of personal understanding by visually representing a set of ideas about a particular concept (Hay 2007). A concept map is a diagrammatic model of personal understanding that is comprised of concept labels and linking explanatory statements. When an individual repeatedly maps the same concept the structural quality of learning and differences in understanding can be measured (Novak and Mussonda 1991; Hay et al 2007). Repeating this method at several stages during a course of training could provide a powerful illustration of changes in student understanding and evaluate the learning that has resulted from each component of the programme.

This paper will be of interest to mental health social workers and, in particular, those who may supervise AMHP trainees in practice as it will consider some relevant changes to mental health legislation. Most importantly the paper will discuss the initial data generated from the concept maps completed thus far which will give an indication of the trainees' current knowledge, how they may perceive their role and what processes are employed in terms of forming their knowledge base.

Workshop 2: Assessments of Children

11.45 am – 1.00 pm
Room 1.20 (First Floor)

The therapeutic value of a combined assessment

Marion Bower

Consultant Social Worker
Tavistock Clinic

Abstract

The paper describes a model of assessment where an individual assessment of a child 'the identified patient' is sandwiched between two parental or family meetings. It is suggested that the outcome of this approach can be the lifting of the scapegoat role from the child. An important part of the assessment is whether the child is like the parents description or not.

The theoretical model used is a psychoanalytic one and this is used for both the child and family. A psychoanalytic model for family work is described with particular emphasis on the role of projective identification, both normal and psychotic.

Two clinical examples are given. In the first example the child seen in the individual session is the same as the description given by the family. The outcome of this assessment is that the child was seen more warmly and sympathetically by the mother. In the second example the child seen individually is very different to the parent's descriptions. The outcome of this assessment is that the child has an experience of being understood as they really are. However the revelation of their child's personality is felt to be catastrophic by the parents, who are invested in seeing their child in a certain way. This needs careful management.

Workshop 3: Early Intervention in Psychosis

11.45 am – 1.00 pm
Room 1.68 (First Floor)

Problems and solutions in the management of adolescents with psychotic disorders: a qualitative study of clinicians' views

Dr Sarah Cohen

Speciality Registrar
Department of Mental Health Sciences
University College London

Dr Sonia Johnson

Professor of Social and Community Psychiatry
Department of Mental Health Sciences
University College London

Abstract

Early intervention services for psychosis are being set up in many countries, guidelines suggesting they cover the 14-35 age range. However, many services do not span the full age range, and a consensus has not been reached about the specific needs of adolescents with psychosis and what service models are most effective in meeting them.

Twenty-one senior clinicians, purposively recruited to represent early intervention services, general adult mental health services, adolescent child and adolescent mental health services, were interviewed using semi-structured interviews. A thematic analysis explored areas of consensus and dissent regarding the needs of adolescents with psychosis and how to meet them.

Most participants felt that adolescents with psychosis differ from adults in clinical presentation and needs; family needs also vary; some identified difficulties in diagnosing psychosis in this age group, requiring specialist skills. Current service provision was affected by boundary issues and problematic interfaces between teams, resource deficiencies and lack of clinicians skilled both in working with adolescents and treating psychosis. There was considerable dissent regarding the ideal service provision, some favouring specialist psychosis services across a range of ages, others specialist younger people's mental health services and others more effective training within traditional service structures.

Workshop 3: Early Intervention in Psychosis (cont.)

11.45 am – 1.00 pm
Room 1.68 (First Floor)

Enhancing early detection of psychosis

Brynmor Lloyd-Evans
Research Social Worker

Dr Mark Hinton
Consultant Clinical Psychologist

Sanna Tanskanen
Assistant Psychologist

Dr Sonia Johnson

Consultant Psychiatrist and Professor of Social and Community Psychiatry
Early Intervention Service, Camden and Islington Mental Health NHS Foundation Trust

Abstract

Long duration of untreated psychosis (DUP) is associated with slower and less complete recovery. Several approaches to reducing delays in providing treatment for people with first episode psychosis have been reported. However, evidence is unclear regarding the most effective target populations and media for early detection initiatives. Camden and Islington Early Intervention Service (EIS) is piloting an early detection programme which seeks direct referrals from community organisations.

Focus groups were conducted with community organisations to identify barriers to referral to mental health services and inform an early detection programme. A half-day educational workshop about early psychosis was developed and provided by EIS clinicians to community organisations. Changes to workshop participants' knowledge and attitudes to psychosis were evaluated using a questionnaire pre and post workshop and at 9 month follow-up. The impact of the early detection initiative on referrals to EIS was evaluated for one year from May 2009 by:

- 1) comparison of median DUP of clients accepted to the service 1 year pre and post workshops
- 2) comparison of number and source of referrals 1 year pre and post workshops
- 3) structured interviews with clients assessed by EIS were used to compare the characteristics and experience of admission of clients referred direct from community organisations and via traditional health service pathways

Findings from focus groups will be presented. 30 workshops have been conducted with organisations including youth, housing, criminal justice and education services and BME and faith groups. Progress from the early detection initiative will be reported, including results regarding the short-term impact on workshop participants' knowledge and attitudes about psychosis and impact on referrals so far.

Implications for how mental health services can improve access to services and reduce treatment delay for people with first episode psychosis will be discussed.

Workshop 4: Practitioner Research

11.45 am – 1.00 pm
Room 2.43 (Second floor)

Access to social capital and social support among South East Asian women with severe mental illness in London

Krishnakshi Dutt

Social Worker
North Lambeth Community Mental Health Team
South London & Maudsley NHS Foundation Trust

Abstract

Migrant groups in the UK are at an increased risk of mental illness. In particular, South East Asian women are substantially more at risk of mental illness than men. Perceived social support and access to social capital are two important psychosocial factors which may explain this differential risk but hitherto inadequately investigated.

The study aimed to determine if migrant status was associated with the perception of social support and access to social capital of the South East Asian women suffering from enduring mental illness.

This was a cross sectional survey of a homogeneous group of Punjabi women (n=54) attending the CMHTs in London. Outcome measures included the Multidimensional Scale of Perceived Social Support (MSPSS) and Resource Generator-UK (RG-UK).

No significant differences were found between the two generations on our outcome measures. However, univariate analysis revealed an association of socio-economic and demographic variables with the MSPSS and RG-UK. Linear regression confirmed that being employed, living with others and human capital predicted increased access to social capital. Participants had access to fewer resources compared to the UK general population but did not differ significantly when compared with other mental health service users.

Social work practice to focus on capacity building and empowerment, and facilitate improvement of socio-economic conditions for people with mental illness. Intervention strategies should consider developing bridging and linking forms of social capital with greater collaboration with mainstream resources in order to enhance employment opportunities and access to social capital thereby also promoting social inclusion and mental well being. While large scale longitudinal studies are imperative, development of culturally appropriate policies and services would depend on further investigations about generation specific and socio-cultural issues and barriers which impacts on the mechanisms through which social capital and support are mobilised by Punjabi women in the UK.

Workshop 4: Practitioner Research (cont.)

11.45 am – 1.00 pm
Room 2.43 (Second floor)

Stress and burnout in statutory services: A comparison of the rates of stress and burnout among mental health social workers, children and family social workers and community mental health nurses

Paul Richards

Social Worker
Southwark Directorate
South London & Maudsley NHS Foundation Trust

Abstract

This study compared rates of stress in burnout between mental health social workers and two other professional groups, namely: community mental health nurses and children and family social workers. Community mental health nurses were chosen because of integration and homogenisation of the community mental health worker role. Children and families social workers were chosen because of commonalities in profession, statutory burdens and crisis intervention.

The research was undertaken within a geographical boundary coterminous with a single inner London borough, using three self-reporting measures comprising of the Maslach Burnout Inventory (MBI), Karasek Job Content Questionnaire (JCQ) and the General Health Questionnaire (GHQ).

Univariate analysis showed no significant differences between the two groups of mental health workers. Children and family social workers had lower scores on Decision Authority (JCQ), while scoring significantly higher on Psychological Job Demands (JCQ) and Depersonalisation (MBI) subscales compared to mental health workers. Regression analysis showed that Emotional Exhaustion (MBI) emerged as the most common predictor in the stress and burnout measures used. The significant factors predicting Emotional Exhaustion were Depersonalisation, GHQ-12 'caseness', low Supervisor Social Support (JCQ) and being female. Experiencing high Psychological Job Demands was independently associated with Emotional Exhaustion, being a Social Worker and inversely related to Age.

This study showed that rates of stress and burnout remain comparatively high in statutory services, but children and family workers are at higher risk of burnout. Action is required to address high levels of emotional exhaustion and depersonalisation in this service. This research has implications for service delivery, planning and design.

Workshop 5: User Involvement, Inter-Professional Working and Recovery

11.45 am – 1.00 pm
Room 2.46 (Second floor)

Reflective recovery and sharing boundaries. Learning from all sides: The Experts by Experience team

Gerry Bennison

Service User Consultant
Canterbury Christ Church University

Abstract

This workshop will discuss the effectiveness of developing user involvement and collaboration from the centralised hub and ideals of social capital and micro-societal values. It will demonstrate through practical experience how social work and nursing practitioners and the Expert By Experience team work together to develop skills, ideals and values around progressing both practical participation within the curriculum, but acting also as an independent facilitator for developing and challenging positively social work practitioners into a new set of values around user/carer collaboration and involvement. It is visualised that these will enhance the promotion of the inclusivity of all and promoting full potential and self-development. It is envisaged that this enhanced positive insight and challenge will shape and inspire social work to maintain its radicalism and take full into account the abilities and liberty of all within educational settings and beyond.

The workshop will also examine how co-ordinating involvement within a centralised ethos of equality and respect, promotes interprofessional working with the empowered social work practitioner as a key role within this hub. The evidence base will look at existing practice within the University, personal testimony and narrative from all involved and examine how the promotion of a micro-working community (The Experts Team) leads to the enhancement of both practical knowledge and personal development within the roles of all involved. It will also show the journey of self-development and reflection for those involved can be paramount to the recovery journey for all age ranges and show how this has supported this knowledge base of social work, as well as other professions.

Workshop 6: International Social Work

11.45 am – 1.00 pm
Room 2.47 (Second floor)

Defining professional roles: Social work in a multi-disciplinary mental health team in northern India

Sumeet Jain

PhD student
Department of Mental Health
University College London

Abstract

This paper examines the role of the social worker in a multi-disciplinary team delivering rural mental health services in northern India. Data is based on an ethnographic study of a mental health program in the state of Uttar Pradesh and a review of relevant literature and documents.

Earlier published findings (Jain and Jadhav, 2009) have highlighted the transformation of India's National Mental Health Program premised on a bio-psycho-social model into clinical interventions with a singular focus on psycho-pharmacology. Community mental health services take on an administrative character, concerned with effective distribution of psycho-tropic medication. The social worker's role is circumscribed to the collection of client histories, consisting of discrete symptoms devoid of social meaning. This facilitates rapid diagnosis and treatment. The medicalization of community mental health services highlights the inability of social work practice to effectively engage with communities and the socio-economic factors that shape suffering. This failure of engagement is explained by two factors: 1) The limited indigenous models of mental health social work practice and 2) The marginal professional position of social work within multi-disciplinary teams and wider society. This suggests that the development and positioning of the profession depends on establishing credibility by addressing local concerns in a culturally appropriate manner.

These findings have implications for practice in the United Kingdom in the context of increasing bureaucratization of services and the blurring of boundaries between disciplines. They highlight the importance of practice that accounts for the particularities of multiple settings and diverse social and ethnic groups (including white Britons) in the context of core universal values that define the discipline. Without an emphasis on the unique contributions of social work to mental health, routinization of service delivery models may marginalize the profession and the key concerns of social justice that it seeks to address.

Workshop 7: Stigma and Discrimination

2.00 pm – 3.15 pm
Room B5 (Main conference hall)

Time to Change: Tacking stigma and discrimination against people with mental illness in England

Dr Claire Henderson

Clinical Senior Lecturer in Psychiatry
Institute of Psychiatry
King's College London

Professor Graham Thornicroft

Professor of Community Psychiatry
Institute of Psychiatry
King's College London

Abstract

January 21st 2009 saw the launch of Time to Change, the largest ever programme in England to aim to reduce stigma and discrimination against people with mental health problems. The programme is funded with £18m from the Big Lottery Fund and Comic Relief to run until September 2011, and is being carried out by three charities: Mental Health Media, MIND, and Rethink. The evaluation partner is the Institute of Psychiatry at King's College London. The programme uses co-ordinated action at national and local levels to engage individuals, communities and stakeholder organisations such as statutory health services and professional membership groups to take part. Here we describe the programme and how it is being evaluated.

Workshop 8: Effective Social Work Practice with Children and Adults

2.00 pm – 3.15 pm
Room 1.20 (First floor)

A perpetual balancing act: assessing parenting capacity

Joan Muir

Manager
St Michael's Fellowship

Gary Adamson

Deputy Manager
St Michael's Fellowship

Abstract

As manager and deputy of a small home run by St Michael's Fellowship we provide residential assessments that last for 12 weeks for up to three families at a time. We work with 12 – 15 families a year, the majority of whom have a diverse range of mental health difficulties. We look at the ways parents respond to the emotional, developmental, physical and practical care needs of their children.

Being with the families 24 hours a day, we see how the parents actually interact with their children, rather than how they say they interact or how people hope they will interact. We keep extensive records shared with the parents to evidence their capabilities. Working with both the parent's 'mental health' social worker and the child's 'children and families' social worker illuminates the divergent perspectives often held by these two groups and the conflicting aims they often hold.

We describe this innovative work, our assessment methods, illustrated with case studies and the way we work with both sets of

Workshop 8: Effective Social Work Practice with Children and Adults (cont.)

2.00 pm – 3.15 pm
Room 1.20 (First floor)

Thinking on the front line: why two teams struggled and a third thrived

Dr Judy Foster

Visiting Lecturer
Tavistock Clinic

Abstract

This recently completed doctoral research used observation, listening and reflection - just like the residential assessments discussed in the first paper in this workshop - to find out what supported or got in the way of creative problem solving in three social work teams working with vulnerable adults. Their service users were younger adults in the community with chronic health conditions; older people being discharged from hospital and homeless mentally ill people.

Analysis of the extensive material (37 recorded interviews, 44 visits of which 18 were psychoanalytically informed observations) identified five crucial variables that affected individual and team performance – coherent policies, professional development, mental space, autonomy and support structures. All these will be explored in this workshop.

It also found that service users whose situation challenged or worried their social workers either had borderline personality traits through accident or neglect in infancy or were unable to establish their individuality due to physical or mental frailty and were then at risk of abuse, often from family members, carers or neighbours. The practices in the mental health team that led to successful interventions in service users lives will be highlighted in the paper.

Workshop 9: Learning Disabilities and Self-Harm

2.00 pm – 3.15 pm
Room 1.68 (First floor)

What people with learning disabilities say about why they self-injure, and what helps them most

Fiona Macaulay
Research Associate
Bristol Crisis Service for Women

Dr Pauline Heslop
Senior Research Fellow
University of Bristol

Abstract

Self-injury in people with learning disabilities is often regarded as maladaptive or 'challenging behaviour', sometimes linked to genetically determined syndromes, and usually managed by behavioural responses and medication¹. Yet research considering the views of people without learning disabilities suggests that for them self-injury has a clear function, and that it is largely used as a coping strategy for dealing with intense emotional distress. They advocate the use of counselling or therapies, to enhance self-esteem and develop a broad repertoire of coping skills. Lovell (2007)² suggests that these different conceptualizations of self-injury may be less distinct than previously thought. Further theorizing has been difficult, however, because there has been very little work carried out with people with learning disabilities that explores their feelings about, and experiences of, self injury³.

Qualitative interviews were held with 25 people with learning disabilities, aged between 14 and 25, who engaged in a range of self-injurious behaviours. All of the research participants lived within the UK in a variety of settings (including secure settings). They had a range of abilities and methods of communication. Each research participant was visited a number of times (mean number of visits was 4).

Participants were clear about the circumstances and their feelings before self-injury, and the function that self-injury served for them. For many, at the root of their self-injury was intense emotional distress that was largely unacknowledged. This paper will inform mental health social workers that people with learning disabilities who self-injure had clear ideas about how they want to be treated and what will help them most. The single most important message they wanted professionals to take away was for them to allow people space to talk, and to listen to them.

¹ Oliver, C. Petty, J. (2002) Self-injurious behaviour in people with intellectual disability. Current Opinion in Psychiatry 15: 477-481.

² Lovell, A. (2007) Learning disability against itself: the self-injury/self-harm conundrum. British Journal of Learning Disabilities 36: 109-121

³ The exception to this is: Duperouzel, H. & Fish, R. (2008) Why couldn't I stop her? Self-injury: the views of staff and clients in a medium secure unit. British Journal of Learning Disabilities 36: 59-65

Workshop 10: Case Consultation – Live!

2.00 pm – 3.15 pm
Room 2.43 (Second floor)

Case Consultation with a Consultant Psychotherapist

Jack Nathan

Consultant Psychotherapist
South London & Maudsley Mental Health NHS Foundation Trust

Senior Lecturer in Social Work
MSc in Mental Health Social Work with Children & Adults
Institute of Psychiatry
King's College London

Abstract

Advanced practitioners in social work are research-literate, reflective and professional leaders in their field. They are able to draw on a range of empirical, theoretical and professional sources of knowledge and take the lead on social work policy and practice innovations. This workshop will provide participants with an opportunity to experience a case consultation group focusing on enhancing social work practice skills and knowledge. This method is used on the MSc in Mental Health Social Work with Children & Adults programme at the Institute of Psychiatry, King's College London, to develop the practice skills of advanced practitioners. Participants are encouraged to bring case material from their current workload to discuss in this workshop.

Workshop 11: Social Capital and Social Work

2.00 pm – 3.15 pm
Room 2.46 (Second floor)

Enhancing access to social capital: A role for social workers?

Dr Martin Webber

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

Abstract

Depression is a significant social, economic and mental health problem. Social factors such as poverty and unemployment, interpersonal difficulties, poor housing conditions and the absence of positive events are related to lower rates of recovery. Social capital, defined as resources embedded in social networks, may also be related to recovery. However, social capital research methodologies are in their infancy and little evidence of positive associations currently exists. This paper presents a longitudinal study that tested the hypothesis that people with depression with access to more social capital will improve more over six months than those with less.

173 people with depression participated in this study and were followed up for 6 months (follow-up rate = 91.3%). Depression was measured using the Hospital Anxiety and Depression (HAD) scale alongside a large number of potential covariates. We found that baseline HAD scores, emotional support and level of education were predictors of change in depression scores in a multivariate model. When change in subjective quality of life was used as the outcome, a different model emerged in which an interaction of access to social capital and attachment style was significantly related to change in quality of life alongside multiple covariates.

This study indicated that an individual's attachment style was associated with their ability to benefit from the social capital available to them. Social workers have the knowledge and skills to intervene in the practice domains of both adult attachments and individual-level social capital. This paper will discuss some intervention strategies that social workers could develop and lead to help improve the quality of life for people recovering from depression or other mental health problems.

Workshop 11: Social Capital and Social Work (cont.)

2.00 pm – 3.15 pm
Room 2.46 (Second floor)

Does volunteering increase social capital for mental health service users?

Joanna Murray
Senior Lecturer
Institute of Psychiatry
King's College London

Abigail Easter
Research Worker
Institute of Psychiatry
King's College London

Sophie Bellringer
Research Worker
Institute of Psychiatry
King's College London

Abstract

People with enduring mental health problems are one of the most socially excluded groups (Social Exclusion Unit, 2004), with high risk of unemployment, poverty, poor social networks and support, inadequate housing and poor health (Sayce 2001). The goal of improving social inclusion is intrinsically linked with the principles of the recovery model: finding hope, re-establishing identity, finding meaning in life and taking responsibility (Andresen et al 2003).

Volunteering can provide opportunities to participate in community activities and to experience the satisfaction that comes from making a positive contribution. Being involved in voluntary activities can help to improve health, develop job skills, restore social networks and increase access to social capital. Despite evidence of the benefits of volunteering, there has been very little research on the outcome for people with enduring mental health difficulties. Capital Volunteering is a unique initiative to provide opportunities for service users in eleven London boroughs to participate in a wide range of community activities. This partnership of The London Development Centre, Community Service Volunteers and four mental health trusts was funded for four years by HM Treasury Invest to Save budget. The aims of Capital Volunteering are to reduce barriers to social inclusion and reliance on specialist mental health services through volunteering.

The Institute of Psychiatry was invited to join the partnership in order to evaluate the outcome of the programme for participants and the experience of setting up and running the wide range of projects among stakeholders. A cohort of 150 participants was recruited from 51 projects in eleven boroughs. A range of standardized instruments was used to measure change in mental health, quality of life, service use, social contacts and access to social capital at three time points over twelve months. Scores on the UK Resource Generator (Webber & Huxley 2007) showed significant improvements in mean access to social capital at six and twelve months and in two of the subscales (Domestic Resources and Personal Skills).

Workshop 12: Working with Men Sexually Abused in Childhood

2.00 pm – 3.15 pm
Room 2.47 (Second floor)

Mental health and coping strategies of men sexually abused in childhood

Dr Patrick O’Leary

Senior Lecturer in Social Work
University of Bath

Professor Nick Gould

Professor of Social Work
University of Bath

Abstract

In this workshop two researchers report on their recent internationally published research on long term outcomes for men who were sexually abused in childhood. We focus on the implications for both therapeutic and policy contexts. The research has shown factors that are predictive of suicidality and mental health diagnoses. Factors include characteristics of abuse, current effects and coping strategies. Importantly there are factors from both quantitative and qualitative findings that can moderate the long terms effects of child sexual abuse. Coping strategies are particularly important to both negative and positive outcomes. Both productive and unsustainable coping strategies are important to understand in both therapeutic context and more broadly within resources and information available for male survivors. It is important as knowledge grows about male survivors of child sexual abuse that empirical evidence is used to guide both policy and practice.

Based on the evidence from research we suggest that the long term effects of child sexual abuse is a significant issue for social work with men, as well as wider public policy. Research shows that most men do not seek professional help often suffering in silence with little access to accurate information and supportive resources. Many of these men are pathologised and problematised without the cognisance that childhood trauma may help to explain current difficulties. There is a need to raise awareness of the issue for males across the life course. This requires better awareness of the issue amongst health and social care professionals. There is also little interface between child protection and adult mental health systems to support male sexual abuse victims given the strong evidence that problems may emerge in later adult life. We will be asking for audience participation to brainstorm potential social work initiatives and strategies.

Plenary Debate: Connecting Children's and Adult Mental Health Services

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

Abstract

The final plenary session will feature three prominent speakers who will each briefly address the conference theme before the session is opened up to discussion.

Speaker 1: Julie Jones, Chief Executive, Social Care Institute for Excellence (p. 24)

Speaker 2: Geoff Skinner, Westminster Social Services (p. 25)

Speaker 3: James Blewett, Making Research Count (p. 26)

Chair

David Brindle

Public Services Editor, The Guardian

David is Public Services Editor of the Guardian. He has been the paper's social affairs correspondent and edited the Society section. He has won awards for his coverage of social services, disability and nursing and was awarded the Social Care Association's merit award for 2007. Previously he was labour correspondent of the Financial Times and he started his career with the Coventry Evening Telegraph. He is vice-chair of 2Care, a mental health service charity.

Speaker 1

Julie Jones

Chief Executive
Social Care Institute for Excellence

Julie began her role as chief executive of the Social Care Institute for Excellence (SCIE) in July 2007. She was Deputy Chief Executive and Director of Children's Services at Westminster City Council. During her 25 years at Westminster she also held the roles of principal research and planning officer, director of social services and director of adult social services. She had responsibility for Housing Services in Westminster since 2000. Julie began her career in social services in Camden in the early 1970's as a research and planning officer. She has chaired and contributed to a variety of pan-London and national social care initiatives over a wide range of issues. She was chair of Greater London Association of Directors of Social Services before being elected vice president of ADSS. She was president of ADSS in 2005/06. In 2003 she was awarded an OBE for services to social care in London.

Abstract

Julie will focus on why and how adult mental health services and children's services can together support families where parents have a mental health problem. Julie will discuss SCIE's forthcoming Guide on Parental Mental Health and Child Welfare and the development work that will test it in practice.

Speaker 2

Geoff Skinner

Acting Director of Children, Young People and Family Services
City of Westminster

Geoff Skinner is Acting Director of Children, Young People and Family Services in the City of Westminster responsible for social care, safeguarding and youth services. Westminster is in the centre of London and although it includes the bright lights and tourist spots of the West End, they are juxtaposed with some of the most deprived neighbourhoods in the country. Current priorities include creating integrated locality teams, to provide an early intervention service working closely with schools, and developing the Family Recovery Project, an innovative multi-agency service to work with the adults and children in the most troubled families. Geoff is a qualified social worker with many years of experience working with children and families as a front line practitioner and manager.

Abstract

Links between adult and children's services are essential to effective safeguarding and implementing the Think Family agenda. Westminster has developed the Family Recovery programme, building on the Think Family programme to create a sophisticated multi-disciplinary team. Some interesting learning is emerging about how to help families who have complex difficulties and the impact of parental mental health on children's welfare and family functioning.

Speaker 3

James Blewett

Research Director, Making Research Count

James Blewett is Research Director for the research dissemination project, Making Research Count, in the Social Care Workforce Research Unit at King's College London. He is currently national chair of the organisation which represents a network of twelve research active universities. James' recent research has included work on the roles and tasks of social work, targeted family support and safeguarding and an evaluation of the Codes of Practice for social care workers and employers on behalf of the four care councils in the UK. James is a registered social worker and has worked with children and families in a variety of setting including field work, family centres and CAMHS. James continues to practice as an independent social worker undertaking parenting assessments for families in proceedings and has undertaken serious case reviews.

Abstract

In this session James will look at the impact of the changing relationship between adult and children's services on safeguarding children and young people. As well as drawing on his own research and practice he will explore the implications for current practice in the context of other research including the recent analysis of serious case reviews that has been published by the DCSF.

Acknowledgements

We would particularly like to acknowledge the hard work of the conference administrator, **Julie Smith**, who has facilitated the smooth running of the day. In addition we would like to acknowledge the support and assistance of **James Blewett** from Making Research Count.

We would like to thank our plenary speakers who have given their time to contribute to the day. In order of appearance: **Professor Jill Manthorpe, Professor Michael Sheppard, Dr Mike Slade, Julie Jones, Geoff Skinner & James Blewett**. Also we would like to acknowledge the contribution of our two plenary chairs **James Blewett** and **David Brindle**.

We are very grateful to all those who have given papers and facilitated workshops. Thank you for a tremendous response to the call for workshop papers and for a stimulating day.

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

- **Social Care Institute for Excellence**
- **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 third 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