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Integrating mental health and social care

Does it work in practice?

Introduction

Centre for Mental Health's vision is that 'people with mental health problems have a fair chance in life'. This ambition is also often what draws people into working in mental health services, and is a starting point that can often be forgotten in the competitive and demanding work environment of NHS and local authority (LA) mental health services. People who have a desire to commit their energy and take on a professional responsibility, for example as social workers, nurses, doctors or psychologists, do so because of their belief in the obligation we have as citizens to support each other at times of vulnerability.

Each professional brings the skills and experience drawn from their professional knowledge (such as medicine, psychology and social work) to services, which together offers people with mental health problems richer opportunities for resolving them than any one profession could do alone.

This briefing seeks to reflect on the benefits offered by better integrating social work and mental health, as well as looking at social workers' everyday experiences of integration in services.



The integration ideal

The benefit of a more complete professional service is one of the drivers for integrating NHS and LA mental health professionals within community mental health teams. It is believed that integrated services offer those who use them better access to health and social care, as well as lowering costs by reducing duplications in services and maximising resources (Cooper, 2017). There can be great potential benefit to individuals and families when they have medical, psychological and social ways of understanding mental health problems, distress, and their concerns and fears. However, services still struggle to offer this breadth of understanding, despite providing teams which include professionals with experience and knowledge from a range of perspectives: social work, nursing, psychology, etc (Bogg, 2008). For example, social work can become invisible (Morris, 2016) when mental health is viewed through a 'lens' dominated by medical understandings, and only seen as an acute medical priority.

It may seem counterintuitive to discuss what social networks, interventions and services are available within communities when planning crisis services for severe mental health problems within a NHS setting (such as A&E).

However, there are no winners if we don't. Headlines that focus on mental health solely within the context of the NHS (Guardian, 2017) or of social care solely within A&E (Express, 2017) feed narratives that can elicit a sense of intense urgency, constructing the NHS system as vulnerable, on the brink of collapse, and constructing social care as failing the NHS. The issue of mental health beds is often raised, both in reports of acutely mentally ill people waiting for specialist mental health beds (Guardian, 2017), and of social care failing in its role of 'unclogging' acute hospital beds (Express, 2017).

There are other important and related arguments which can be overshadowed; for example, because people are unable to access the mental health care they need when they need it, they resort to seeking help in physical health services. These services are, by their nature and purpose, not set up to work with the often social and relational factors that may feature heavily in a person's journey into crisis. The narratives of an NHS system in crisis can conceal the day-to-day challenges of living with mental health problems, the distress of families and friends, and the struggle to stay well in their community.

How do social workers experience integration?

Recent research (Woodbridge-Dodd, 2017) based on interviews with mental health social workers from three different NHS mental health services found that the social workers described a clear understanding of what professional social work was for people with mental health problems, and consistently referred to their training, their values-base, and their professional knowledge and skills. However, for many, the reasons they as social workers were brought into mental health teams – (their professional social work knowledge and experience) were the very skills they struggled to use in practice, and retain in the service. The research found that with the integration of

social care into adult mental health services, social workers could find the operational boundaries of the NHS restrictive, and this limited what they had trained as social workers to do.

There were some advantages to integrated team working and many social workers were positive about the close working relationships they had with other professionals, such as psychologists and psychiatrists, and the access to their specialised knowledge. They valued practising as a specialist mental health social worker, moving beyond that of generic care-manager. But they also found themselves struggling to

construct their professional social work selves within the context of ‘team performance’ that prioritised NHS health and managerial narratives of targets and outcomes.

Within this frame of professional practice, social workers could feel unable to implement their professional skills such as working with families and people with severe and complex mental health problems. They could feel trapped in

a medical process and system. In the context of a busy NHS community mental health team which has numerous referrals for acutely unwell people (and an immediate agenda focused around hospital beds), it may be harder to argue the importance of, for example, arguing for a person’s right to accommodation, building social networks and buffers, or the use of social interventions.

The purpose of social work within mental health care

These issues are not the case in all areas, but they are widespread. Without a clear sense of the role of social perspectives within mental health care it is difficult to argue how the delivery of social care has or has not been achieved in an integrated service. Without clarifying local authorities’ obligations under the Care Act for people with mental health needs (beyond the provision of integrated NHS services) it is not clear how these people, wherever they live, can access social care consistently and not only when they are acutely unwell. A recent survey has shown that the general public are still unclear of the role of social workers in mental health services (ComRes, 2017). This suggests that placing professionally skilled, experienced and knowledgeable mental health social workers within integrated NHS mental health services does not automatically bring social perspectives, skills or interventions to the people with mental health problems using them. Also, it is probable that the strong sense

of professional social work established outside of these services can be subsumed into the health and managerial culture of the NHS.

Maybe it is time to step back from the rhetoric of health and social care integration in mental health and honestly answer some questions. In each specific situation, primarily *what* is being integrated? Is it the local authority’s social care duties under the Care Act 2014? Or the social perspective of mental health offered by the professional experience and skills of mental health social workers? And *why* is it being integrated? To give seamless access to NHS and local authority services? Or to provide a richer way of understanding mental health problems and how they can be addressed? Without this clarity, it is possible for assumptions to shift according to convenience when faced with the challenges of integration in a resource-strapped NHS service. This can have significant consequences for the professional practice and expertise of mental health social workers.

Conclusion

The motivation for this piece came from a sense that the issues raised by mental health social workers should be shared with a wider audience. We urgently need to discuss and debate the roles of social care, social models, social perspectives and professional social work in mental health services. We need effective strategies for the future and integration of mental health and social care. This cannot be done through NHS guidelines or visions for the future that do not articulate the details of mental health social work and social perspectives in the delivery of mental health services.

Nurses and other members of community mental health teams often express the high value they place on social work colleagues, not because they are the same as the rest of the team, but because of the different professional expertise they contribute. As a team, they offer individuals and families a greater range of support in their recovery journey, through interventions which provide understanding of their mental health not only as patients within a health service, but as citizens within a community. A fairer chance in life does not only depend on fairer access to NHS care: it also means a life that is valued outside of debates about NHS systems (such as crises in A & E), and within professionals' actions for social justice and equity.

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This briefing is part of a series on social care written by guest authors to stimulate debate and discussion.

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