Social work and mental health

Terry Bamford

For many years, discussion of mental health has been dominated by the provision of mental health services. This model has also characterised provision in many Commonwealth countries based on hospital-based care for the severely ill. This in turn has led to the dominance of the medical model of mental health, with 'a pill for every ill'.

But medical advances in mental health are not contingent on large-scale, randomised controlled trials funded by global pharmaceutical companies. Far more significant in improving mental health in the community is getting the basics right in terms of food, clean water, sanitation and education. And while the results of such a shift of focus are most dramatic in the developing world, there remain significant inequalities in the industrialised world, which – if addressed – would bring substantial health gains.

The Rio Declaration on the Social Determinants of Health in 2011, building on the work of the World Health Organization (WHO) Commission, was a giant step forward in asserting the importance of addressing inequalities in health. The signatory governments reaffirmed a will to tackle current challenges such as eradicating hunger and poverty; ensuring food and nutritional security; providing access to safe drinking water and sanitation; employment opportunities and social protection; and protecting the environment. Translating those high-minded aspirations into reality has implications for governments and civil society.

Box 1 Case study: UK

Mary has three children – a nine-month-old baby, a five-year-old and a seven-year-old. She lives with her partner in a rented house in one of the poorer neighbourhoods in the city. Her partner is a long-distance lorry driver and is often away. The two eldest children are at school, but concerns have recently been raised that the children are coming to school without having had breakfast and dressed inappropriately for the winter weather.

When a social worker visits the home, Mary is found to be very low, responding in a monotone to any questions. After the initial joy at having her third child, Mary has become depressed and complains of a lack of energy. The social worker refers her to the clinic where she is prescribed anti-depressants, but while these relieve her symptoms, Mary needs some practical help. The social worker arranges for a neighbour to take the older children to school, links Mary with a group of mothers with a shared experience of post-natal depression, gives Mary a hand with budgeting, and works with her on ways to engage with and stimulate her new baby. Gradually, Mary improves and becomes a key member of the self-help group.

Improving mental health has positive social benefits for people of all ages and backgrounds – increased life expectancy, improved employment rates and productivity, reductions in alcohol and substance misuse, and thus reductions in anti-social behaviour. Yet there is a strong correlation between mental ill health and the social stress from unemployment, poverty and uncertainty. Engaging with these broader societal issues, and helping individuals to cope with them, is part of the role that social work has to play.

Professor Michael Marmot, who led the WHO study on the social determinants of health, confirmed this when he spoke at the 2012 Joint World Conference of Social Work and Social Development in Stockholm. He said that investment in early years education was correlated with better social adjustment and reductions in post-natal depression. He suggested that the single change that would produce most impact on health was encouraging mothers to read to their children because this impacts on mother-child bonding and stimulating the child's imagination.

But while a focus on early years is feasible, the wider challenges of tackling social ills are more difficult to achieve because of the resource commitment involved. Furthermore, the idea of tackling social conditions as a route to improve mental health challenges the historic biomedical model that has dominated for so long. The International Classification of Mental and Behavioural Disorders, first published 20 years ago and now in its 10th revision, represents the highwater mark of the medicalisation of mental health problems. The American Psychiatric Association continues to add to the list of treatable mental illnesses, although its latest classification has decided against adding sex addiction to the list. Yet the social and environmental context in which people live has a huge impact on their mental health. Treatment of mental illness without regard to these wider social problems is unlikely to be wholly effective.

One of these social problems is the stigma associated with mental health, and the discrimination to which those with mental health issues are often subject. A remarkable debate took place last year in the UK parliament when speaker after speaker stood up to describe how they had suffered from mental health problems – depression, bipolar disorder and obsessive compulsive disorder – but had come through them or learned to adapt to them. In the past, stigma made people reluctant to admit problems. Politicians in particular remembered the firestorm that engulfed the US Democratic vice-president nominee, Tom Eagleton, in 1972, who had to stand down after it emerged that he had been treated for depression and undergone electroshock therapy. Since that time, presidential and vice-presidential candidates have had to endure exhaustive scrutiny of their medical records.

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UK Youth Worker Awards (2012) at the Commonwealth Secretariat in London. Seated front (left to right): Commonwealth Deputy Secretary General Mmasekgoa Masire-Mwamba; Don Stewart, Chair of the UK National Youth Agency; Katherine Ellis, Director of Youth Affairs, Commonwealth Secretariat

The role of social work

Social work does exactly what it says on the tin. It operates at the boundary between the individual and the social environment. In their daily practice, therefore, social workers see the impact of living conditions, inadequate housing, low incomes and crime-ridden neighbourhoods on the physical and mental health of the people with whom they are working. In modern industrialised societies, social workers tend to work with individuals, helping them to reduce the stresses in their life. This may include encouraging and supporting people to live a full and satisfying life even while experiencing symptoms of mental distress. But in Africa and Asia, social workers are engaged in working with groups and whole communities to promote social development.

Groupwork

Bipolar disorder – popularly known as manic depression – has a particular stigma because of its erroneous association with sudden acts of violence. In addition to working with individuals, social workers are frequently active in supporting groups of people with bipolar disorder who share experiences and support each other. This fits well with the emphasis in social work practice on working *with* people rather than doing things *to* or *for* them.

Community development work

In Africa and South Asia, the scale of many of the social problems means that individual work is rarely practical. But huge gains in mental health and well-being can be achieved through work at the community level. Helping mothers to bond with their children, teaching good nutrition, emphasising the importance of the early years of life in shaping the adult, and provision of support for early years education help to create a healthy community.

India has a good history of encouraging community mental health programmes, but there remain an estimated 450,000 people who have no access to treatment. Programmes cover a wide range of interventions; at one extreme, transporting psychiatrists to remote rural areas to dispense drugs to a queue of patients. More effectively, however, are the programmes that work with community groups and use local resources, including Hindu and Muslim shrines, as a base for their work. Social workers have a key role in helping community participation and engagement and, alongside other primary healthcare workers, can deliver mental health support.

Interdisciplinary working in mental health

The importance of bringing together a variety of professional skills is widely recognised in mental health care. Social workers will work closely with doctors, nurses, physiotherapists, psychiatrists, psychologists and occupational therapists, either in the hospital setting, or more commonly providing treatment and help in the community. Like other members of the team, social workers help people to talk through their problems, give them practical advice and emotional support and provide some psychological treatments.

They are able to give expert practical help with money, housing problems and other entitlements. By providing the bridge between hospital and the community they can help to speed up discharge and also alert other healthcare staff of problems in the social environment that may impede recovery.

Box 2 Case study: Zimbabwe

Misheck was a general labourer from a rural area who moved to a town to work in a food manufacturing company. He occupied a room in a shared house, while his wife and children stayed at home. Misheck's wife would come to town once a month to collect money for groceries and other essentials. During one visit, she discovered that her husband was having sleepless nights, had become withdrawn and tearful, and was not eating. Despite his protests, Misheck's wife managed to get him to the local clinic where he was later seen by a psychiatric nurse and social worker. There, the diagnosis was depression.

The social worker at the clinic found out that Misheck had gone through difficult times over the past months. He had lost his mother six months before and had borrowed money from his employer to arrange for the funeral. He had started drinking heavily, sometimes on account. This obviously made the situation worse as finances became more strained.

The social worker discussed the problem with Misheck and his wife, who believed that someone had been jealous of Mishek's job and had bewitched him. In Zimbabwe, mental illness is culturally associated with negative spiritual causation due to failure to appease ancestral spirits, through bewitchment, or as punishment for the 'bad' things a person may have done in the past.

The social worker did not challenge the views that Misheck had been bewitched, but instead worked with the couple to reduce some of the pressures and worries he was facing and that were affecting the family. She spoke to his employer who was sympathetic and this helped secure his job; she also arranged for a deduction of a reasonable amount from his salary towards repayment of the loan, but at the same time leaving sufficient funds to ensure the basic survival needs of the family. The three worked together to organise Misheck's monthly budget so that he could learn to live within his means. He was also given anti-depressants by the doctor, and offered bereavement counselling sessions by the social worker. As time went on, significant change was noticed in Misheck. His disturbed behaviour lessened and he improved sufficiently to warrant an end of social work involvement.

By maintaining respect and consideration for the patient and his family, and by carefully examining their circumstances, together with the use of social work skills such as counselling and practical help, the worker was able to assist the patient in reducing his level of stress and helping in his recovery. This is consistent with social work principles of self-determination and working with people rather than doing things to or for them.

Social work, social justice

Social work is based on human rights principles. It sees four key components in the promotion of human dignity: respecting people's rights to self-determination; promoting the right to participation; treating each person as a whole; and promoting empowerment by focusing on the strengths of individuals, groups and communities.

- **Self-determination** is at the core of social work practice. It is similar to the concept of informed choice in medical practice based on the belief that responsibility for decisions should rest with the individual. Social workers help those with whom they are working by providing information and discussing possible options, and by ensuring that all aspects of the decision are taken into account.
- **Participation** is linked to self-determination by emphasising the importance of service users being able to shape and control the way in which help is delivered. Those with whom social workers engage are not viewed as passive recipients of services but people with an inherent right to actively participate – from the decisions about their individual programme to the shape, content and delivery of the overall service.
- **Working with the whole person** is fundamental to the promotion of person-centred health care. It means that all aspects of a person's life need to be taken into account. The social environment – family life and social relationships – has a critical impact on the health of individuals. It can be a stressful or a stress-free environment. Family and carers can help to promote recovery. Therefore, any assessment has to take these wider factors into account.
- **Empowerment** addresses the imbalance in the power relationship between professionals and service users. This is significant in social work. It is even more pronounced in medicine where professional status is higher and patients often feel disempowered and even fearful of questioning what is happening to them.

Social determinants are essentially about how resources are distributed in society. Social work is driven by a commitment to social justice. Social workers seek to build strong and resourceful individuals and communities able to secure a better life for themselves and their children. The bias to the poor that social justice demands can bring social workers into conflict with those – the military, the police, local landowners and industrialists – who wish to preserve the status quo.

Terry Bamford is a board member of the Commonwealth Organisation for Social Work; a Trustee of Save the Children; and Secretary of Social Perspectives Network, a mental health charity. He worked for eight years in UK probation services before joining the British Association of Social Workers as Assistant General Secretary. He was then Director of Social Services in the Southern Health and Social Services Board, Northern Ireland, for six years before moving to the Royal Borough of Kensington and Chelsea as Executive Director of Housing and Social Services, where he was also Chair of the borough's Primary Care Trust from 2001 to 2005.