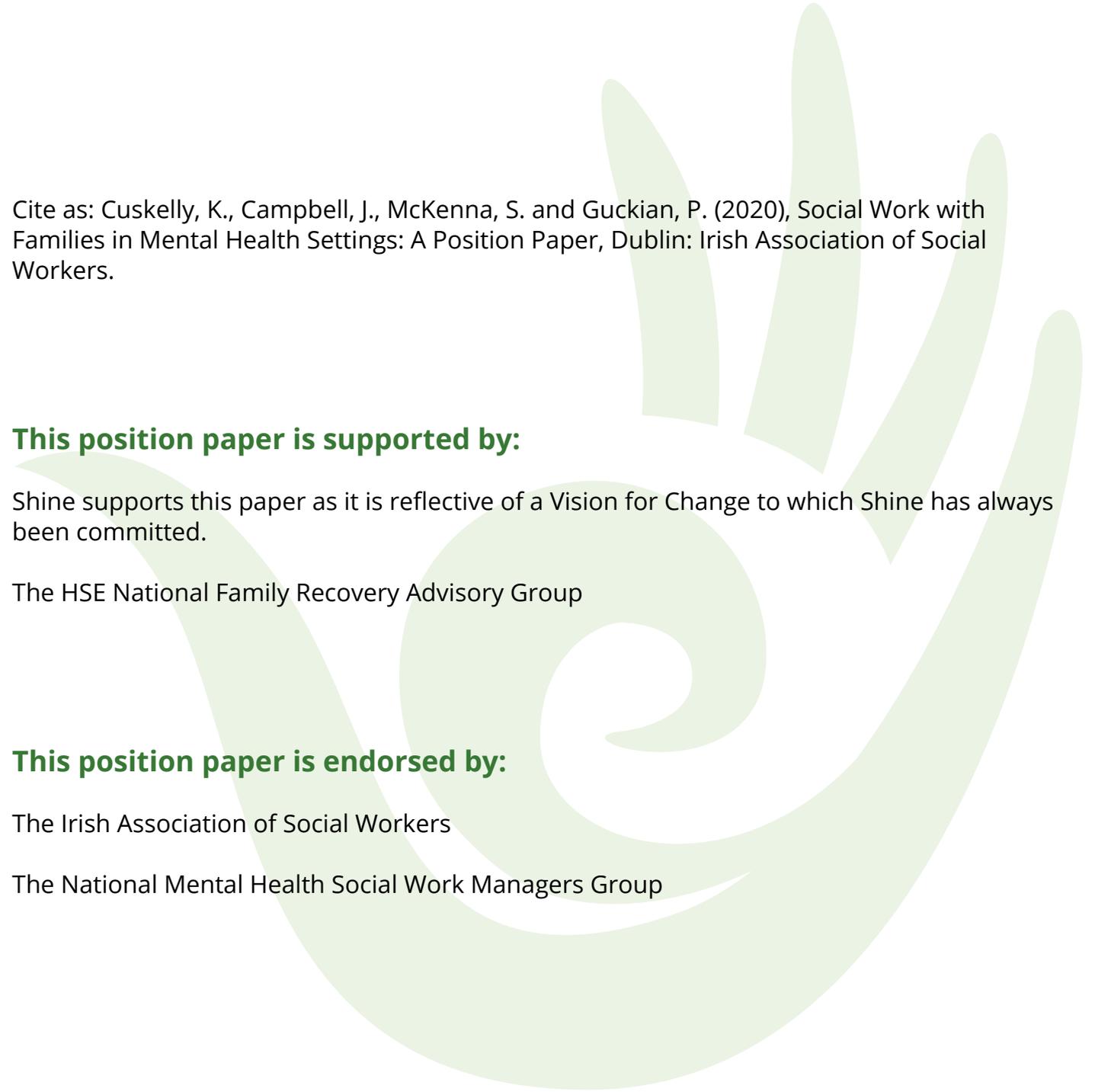


Social Work with Families in Mental Health Settings

A Position Paper

Irish Association of Social Workers

**Social Workers in Adult Mental Health Special
Interest Group**



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Contents

Foreword from Chair of the IASW.....	IV
Foreword from Chair of SWAMH	IV
Introduction.....	1
Families and mental health: Irish and international policy contexts.....	1
Mental health social work with families.....	2
Mandated roles.....	2
Beyond traditional models	3
Family-centred approaches.....	3
Psychosis and families	4
Child Sexual Abuse and Mental Health.....	4
Multidisciplinary working.....	4
Study methodology	5
Data analysis.....	5
Ethical considerations.....	5
Study limitations.....	5
Discussion of findings	6
Impediments to mental health social work practice.....	6
Traditional versus holistic models	6
Time and resources	6
Access to social workers and information	6
Practice dilemmas.....	7
Strengths in mental health social work practice	7
A core expertise in family work.....	7
The value of approaches used by mental health social workers	8
A lead role in Family-Focused Practice.....	9
Summary.....	9
Recommendations.....	10
References.....	11

Foreword from Chair of the IASW

Relationships are key to improving wellbeing in all aspects of the health care process. Social Workers from the beginning of their interaction with the service user, use relationships to help them navigate those processes and integrate individual recovery with other helpful services available across the whole community. Family members are key people in the care, support and recovery of a person experiencing mental illness. Social Workers are the professionals trained to provide the counselling and advocacy that helps during crisis and acute periods of any illness, and provide support for better wellbeing for family carers at such times. Supporting families can be key to recovery and help to prevent further crisis linked to relapse.

Invest in social work and thereby invest in families so we can improve the capacity of the mental health services to provide better holistic care to persons affected by mental health problems.

Aine McGuirk
Chair, Irish Association of Social Workers
February 2020

Foreword from Chair of SWAMH

As a Special Interest Group within the IASW, Social Workers Adult Mental Health (SWAMH) are committed to the development of the profession of social work in mental health and the promotion of a more holistic systemic approach to mental health service delivery. As a group, we provide continuous professional development opportunities for social workers in mental health as well as developing papers and media responses on behalf of the IASW. The development of this position paper on the role of Social Work in Family Focused practice in Mental Health has been a priority for SWAMH this year. This paper draws on evidence-based practice both nationally and internationally and recognises the core expertise social work has in family work. This paper highlights how social work, through recognising the importance of understanding the social situations of service users and their families, and the importance of recognising and building on identified strengths and working in partnership with communities, enhances health and well-being. This paper makes a number of recommendations, among which is a call for an investment in the development of family-focused practice in mental health and an investment in the profession of social work. This, SWAMH believes, will be of major benefit to families, service users and the future development of mental health services in Ireland.

Eileen Ni Shuilleabhain
Chair, Social Workers in Adult Mental Health Special Interest Group
February 2020

Introduction

This position paper was prepared with the intention of offering a view on the role of social work with families in mental health settings in Ireland. The paper begins with review of selected literature which highlights a variety of roles and contexts that shape mental health social work in this area. This is followed by a description of the methodology used to carry out the pilot study, which informed the position paper, followed by key findings. The paper concludes with recommendations for mental health policy and social work practice in this important field.

Families and mental health: Irish and international policy contexts

There are a number of policy drivers that affect the lives of families in this field. Families, through their unpaid labour, save the state €4 billion per year (Care Alliance Ireland 2015). There were 195,263 people identified as carers in the 2016 census (CSO, 2019). *The Carers Strategy* (DoH 2012) outlines a number of important ways in which the state can, and should, recognise the value of families. Of significance for this review is Goal 2, to: “Support carers to manage their physical, mental and emotional health and well-being” (DoH 2012, p. 10) and Goal 3, to: “Support carers to care with confidence through the provision of adequate information, training, services and supports” (DoH 2012, p. 10). Family burden within mental health services is an internationally recognised phenomenon (Loukissa 1995; Sales 2003), and evidence-based tools have been developed specifically to measure this (Barrowclough and Parle 1997; Fadden et al. 1987; Schreiner et al. 2006). International research focusing on families in mental health has also examined quality of life issues (Bruvik et al. 2012; Crellin et al. 2014) such as understanding a loved one’s mental illness (Saunders 2003; Dixon et al. 2004) and the impact of caregiving on the family (Muhlbaer 2002; Hernandez and Barrio 2015).

A number of countries have translated this research into practice by legislating for the provision of supports for families. For example, *The Care Act 2014 (England)* (Legislation.gov.uk. 2014) provides a legislative basis for providing a needs assessment for families. In Australia *The Carer Recognition Act* (Legislation.gov.au 2010) states that carers should be treated with respect and considered as partners with other care providers. In the Republic of Ireland, and in Northern Ireland, there is a legislative basis for the provision of financial support for families within *The Social Welfare (Carer’s Allowance) Regulations* (Irishstatuebook.ie 1990) and *The Carers and Direct Payments Act (Northern Ireland)* (Legislation.gov.uk 2002) respectively. There is also national legislation in the Republic of Ireland which provides for financial support for families if they need to take leave from work due to their caring responsibilities under *The Carers Leave Act* (irishstatutebook.ie 2001).

From an Irish perspective, it has been recognised that looking after a family member or friend with a mental health difficulty can be the source of significant stress to the supporter, impacting on relationships as well as finances (Department of Health, 2006; The College of Psychiatry and The Carers Association of Ireland 2009). A modern and progressive mental health service, as outlined in *A Vision for Change (2006)*, should offer a range of support options to families as well as service users, for example, key workers, sign-posting and psychoeducation for families (recommendation 3.6, *A Vision for Change*, 2006; Ó Féich et al, 2019), peer support services for supporters (Action 3, *Family Recovery Guidance Document 2018-2020*) and care pathways and needs assessments for supporters (Action 2 and 6, *Family Recovery Guidance Document 2018-2020*).

Mental health social work with families

The international literature highlights important policy drivers in this field (Mind 2013; Australian Government Department of Health 2017; Dirik et al. 2017; Government of Western Australia Mental Health Commission 2017). The literature suggests that mental health social workers are involved with families across a number of domains and settings which apply to the Irish context. Social work practice involves a range of attributes, skills and knowledge in terms of understanding the needs of service users and families in social contexts and recognising and building on identified strengths, working in partnership with communities and systemic practice. Social workers are taught to value the lived experience of service users and families around which the core social work psychosocial assessment model is based. There are a number of well-established roles for mental health social workers in Ireland (Campbell and Manktelow, 1999; Wilson and Kirwin, 2007) in the provision of health and social care services and across hospital, community-based and specialist multidisciplinary settings all social work practice is shaped by policies and laws. It has been asserted that social work is the profession most likely to be engaged in family-focused interventions in mental health settings (Inspectorate of Mental Health Services, 2012). In a comprehensive national survey of mental health social workers, working with families was identified as a common source of referrals; the reasons for these referrals varied, and included: working with family dynamics 73%; carrying out family assessments 66%; facilitating family meetings 70%; Family Therapy 58%; Behavioural Family Therapy 57% (Donnelly and Kelly, pending). Offering support to families linked with mental health services is crucial, a point underpinned by national literature (Mental Health Commission 2007; DoH 2012; SHINE 2014; Mental Health Reform 2015; Higgins et al. 2008; ; HSE Mental Health Division 2018).

Mandated roles

The Mental Health Act, 2001 introduced the concept of the Authorised Officer (AO). This is a mandated function associated with involuntary admissions to approved centres, and is carried out by a range of professionals, including mental health social workers. Browne (2018) has explained how statutory agencies in Ireland, including the Mental Health Commission and the Health Service Executive, have lobbied for a greater role for mental health professionals, including social workers, in these processes to ensure that the least restrictive option is achieved and also to reduce the burden on families when initiating an involuntary admission of their family member. The Mental Health Commission Annual Report for 2018 found that the majority of involuntary applications were completed by family members (38%), while Authorised Officer applications accounted for the fewest (14%). Browne (2018) states that social workers are best placed to highlight the importance of the Authorised Officer role, as assessing the needs of families in addition to service users is part of a social worker's day-to-day work (Browne, 2018). The recently introduced Assisted Decision-Making Capacity Act (2015) implies that mental health social workers, alongside other professionals will be involved in a number of key decision-making processes that affect the lives of services users and their families. Key to supported decision-making is the professional's use of interpersonal skills. This requires that they use clear, simple and concise language, that they make information intelligible, that they avoid jargon, and that they use concrete examples and choices. (Campbell et al, 2018).

Beyond traditional models

In addition to these mandated roles, mental health social workers are expected to demonstrate a breadth of knowledge, values and skills to build empowering social relationships and provide support needs beyond the relief of psychiatric symptoms (Laugharne et al., 2012). Cesare and King (2014) in their review of the literature, found that mental health social workers were recognised for their expertise in providing advocacy and information around rights, entitlements and service availability and positive, skilled approaches in working with services users and their families. As noted by one respondent, Cesare and King (2014) argued, however that the professional needed to consistently upgrade his or her knowledge base and find positive ways to deal with problems in working in organisations and with other professionals.

Mental health social workers are often use holistic approaches in assessing the needs of individuals, families and communities (Campbell and Davidson, 2012; Wilberforce et al, 2019). They are also central to the discharge planning processes, to managing risk and care in the community (Stanford, 2018) and to ensuring that the rights of families and carers are protected. Often this involves the use of a range of therapeutic approaches (Ramon, 2006) and engagement with recovery-based interventions, underpinned by principles of self-determination, self-responsibility, and support for people to decide the level of risk they are prepared to take with their own health and wellbeing (Higgins et al, 2012).

Family-centred approaches

Mental health services are increasingly focused on the importance of the family in the delivery of services, for example in the context of Family-Centred Care (FCC) (MacKean et al, 2012; McNeil, 2013), particularly in the North American context. Within these approaches family members play a vital role in the recovery of their relatives by improving outcomes, reducing relapses, diminishing hospitalisations, and decreasing criminal involvement. However, this same research indicates that family members tend to experience increased rates of anxiety, depression, economic hardship, lack of social support and discrimination, and their unpaid contributions are often not adequately recognised or supported by the mental health system. Wong et al (2016), whilst recognising the benefits of these approaches, highlight a number of shortcomings caused by limitations in professional skills and knowledge, training, resource and management restraints. Ahmed et al (2018) discuss how Canadian mental health social workers can support family care givers using a socioecological framework, identifying four categories: attachment and strengths-based approaches (micro system), community based interventions (meso system), national policies (exo system), and lastly, the role of ideologies in shaping attitudes towards family caregivers (macro system). Hyde et al (2015), in their qualitative study of family support, recommend a strong social work presence and a further opportunity to reposition the 'social' into biopsychosocial. Wyder et al (2018) in their interviews with 17 family members who experienced involuntary admission processes, recommend four critical elements for providing recovery-oriented support to families, including the need to ensure that families feel that their relative is safe and receiving the care needed; keeping the family informed about their relative's progress; ensuring families have access to information about the mental health system, and working in partnership with the families.

Policy makers and practitioners are increasingly concerned about the risk to young people who experience mental health problems. Woodman and McArthur (2017) recommend that social workers support young people by building and maintaining family connectedness throughout adolescence. Thematic network maps, which capture young people's perspectives, should be

provided to support assessment, intervention and education on family connectedness. Keddell (2016) uses a qualitative approach to discuss how competing narratives between social workers and parents with mental health problems may be problematic, or may be an opportunity to deal with child protection issues. Acknowledging the need to “Think Family” and to focus on supporting families where there are parental mental health difficulties, the HSE has funded (2017-2021) the PRIMERA (**P**romoting **R**esearch and **I**nnovation in **M**ental **h**Health **s**er**v**ices for **f**amilies) project in order to develop evidence-based interventions in mental health settings. Within this national project, social work features heavily, with the majority of the fifteen sites offering Family Talk (Solantaus et al, 2010) being led by social workers. Chantler (2012), in her analysis of the social work role in meeting the mental health needs of asylum seekers, appeals for more critical views on the concept of PTSD and better use of social models to achieve empowering outcomes.

Psychosis and families

Mental health social workers are often involved in working with families in which psychosis has been diagnosed. For example, social workers feature strongly in the national clinical programme for Early Intervention in Psychosis in Ireland with at least 40% of Behavioural Family Therapy (BFT) workers coming from a social work background and with at least 58% of BFT trainers/supervisors qualified as social workers (IASW, n.d). Beecher (2009) used a mixed methods study to explore how nurses and social workers used the medical model of treatment on individuals with schizophrenia and their families. Compared to social workers, nurses were more likely to have service users with schizophrenia and the largest caseloads. Day and Petrakis (2017) researched the role of family members and friends in the recovery of individuals with early psychosis, identifying more family-sensitive and family-inclusive practices to improve services.

Child Sexual Abuse and Mental Health

Kelly et al (2010) criticise traditional approaches used by social workers towards the needs of clients who have suffered Child Sexual Abuse (CSA). These tend to focus on working with service users to overcome obstacles, solve problems that stand in their way, and connect service users with resources. The authors recommend alternative, strengths-focused social work interviewing, which involves the use of environmental support, exception, and possibility questions. In doing so they can discover and use strengths, assets, and resources, rather than focusing on problems.

Multidisciplinary working

Webber et al (2013) used a cross-sectional survey of practitioner self-reported experiences of joint protocols to explore how professionals dealt with parental mental health issues in child care services, highlighting the need for increased interpersonal contact, joint working and inter-agency participation between organisations. Coates (2017) identified a range of recommendations to improve collaboration between child protection workers and mental health/drug and alcohol clinicians. She recommends improved collaboration, information sharing and processes that can manage risk and expectations more consistently. Ashcroft et al's (2018) scoping review of the social work role in primary care services focused on the profession's role in addressing psychosocial and mental health needs of patients. They suggested that social workers are key members of an inter-professional team who provide a range of services including assessment, counselling, advocacy and community referrals for patients who experience mental health challenges.

Study methodology

The study design used a survey method to elicit the views of seven key stakeholder respondents who represented a range of state-funded and non-governmental agencies involved in providing support for families in dealing with mental health services. They were chosen by the Irish Association of Social Workers special interest group for Adults in Mental Health through a snowball sampling method. 86% of the respondents were women while 14% were men, 86% were white Irish and 14 % were Asian, and all respondents were between the ages of 31 and 69. The questions used in the survey were informed by the literature review and the practice experiences of the special interest group:

1. What role do you think social workers have with families in mental health settings?
2. What are the range of tasks that social workers do in relation to supporting families in mental health settings?
3. What are the strengths of the approaches social workers take with families in mental health settings?
4. What are the limitations to these approaches?
5. What are the dilemmas social workers working with families in mental health settings might encounter?
6. Any other comments?

Data analysis

The data were divided between three members of the project team, and group discussions took place to ensure a degree of peer analysis in generating the key themes and subthemes described below in the paper: *Impediments to mental health social work practice*: Traditional versus holistic models; Time and resources; Access to social workers and information; Practice dilemmas. *Strengths in mental health social work practice*: A core expertise in family work; The value of approaches used by mental health social workers; A lead role in Family-Focused Practice.

Ethical considerations

It was explained to respondents that individuals and their organisations would remain anonymous, and that no family members whose loved ones were actively using mental health services in the project team's Community Healthcare Organisations (CHO), were involved in the study.

Study limitations

The pilot study, which was carried out to inform the position paper, used a small sample of respondents, although attempts were made to recruit a diverse range of organisations involved in family work in the mental health system in Ireland. It is therefore not possible to extrapolate the findings from the study to other such organisations, or the wider mental health social work population.

Discussion of findings

Impediments to mental health social work practice

Traditional versus holistic models

A number of respondents were critical of the dominance of a traditional approach in mental health settings, which can often adversely impact on the ability of the social worker to engage with and offer a meaningful service to family members, distinct from the service offered to the service user. Ashcroft et al (2018) highlight the important perspectives that social workers can bring to multidisciplinary teams. The need for families to have support in their own recovery journey may not always be acknowledged or understood by the wider mental health system. This was noted by a respondent who said: "...MDT working, lack of understanding from colleagues, medical model dominance... actually getting to family via MDT can be a barrier" (Respondent 1). This was further corroborated by another respondent who cited the shortages of social workers in the system, amongst other system level issues, which resulted in limitations on effective social work services for families, "...lack of training of social workers, support of social workers by other disciplines and area management" (Respondent 5), an issue that is raised in the international literature (Wong et al (2016). Very often, the core approaches utilised by social workers, which are viewed as positive by service users and family members alike, can also cause frustration and sometimes confusion. For example, as one respondent noted, "The holistic and the systems approach, are dependent on other services being available and offering a good level of support. The person centred approach is dependent on case load and resources, in that a social worker may not be in a position to offer the time and resources to a family that they would like due to workload demands" (Respondent 2).

Time and resources

Some respondents were concerned about the relative lack to time that social workers could offer (noted by respondents 2, 3 and 7) to provide meaningful support due to, amongst other things, consent (respondent 7), caseload size (respondents 2 and 7) and staffing shortages (respondents 2, 6 and 7). Such time limitations tended to restrict the mental health social work role across a range of settings. The issue of staff shortages has been recognised by policymakers, and is are a common feature of mental health social work, in particular, with Child and Adolescent Mental health Social Work Services (43% of recommended Vision for Change levels) and Adult Mental Health Social Work Services (73% the recommended Vision for Change levels) (HSE, 2018).

Access to social workers and information

A number of respondents were concerned about the lack of access to social workers by some family members (respondents 2 and 6). It can be argued that a more subtle, but equally problematic issue was a lack of information about systems and services. As one respondent noted, this often meant that, "Families...are often not informed that the [social work] services are available" (Respondent 6). Another respondent said that, "While there are many examples of service users, professionals and families working together in Ireland, some families and supporters report that they find themselves excluded and disempowered by mental health care and support services (even though they are often the primary supporter of a family member, partner or friend", (Respondent 4).

Practice dilemmas

One constant issue that arises for professionals working in adult mental health settings is the issue of consent and confidentiality, which is highlighted in the Social Workers Registration Board Code of Professional Conduct and Ethics (2019). Some respondents felt that this might compromise the relationship they had with the social worker: “A conflict might arise between the social worker's professional obligation to the service user and the family, their right to confidentiality, for example – and the social worker's own ethics, their concern for the client's well-being or perhaps even an obligation to the community” (Respondent 4). Whereas mental health social workers assume that they are supporting families adequately, the opposite may in fact be the case. As one respondent put it: “Social workers...believe that they ARE supporting families, however, families do not feel the same about them, particularly where consent is an issue” (Respondent 7).

Other respondents cited issues that arise when social workers are ‘caught in the middle’ of the relationship between the service user and the family and are faced with the dilemma of trying to weigh up the needs of both parties and offer the necessary support to everyone (respondent 2, 4, 6). Similarly, where service users are reluctant for members of the mental health team to interact with their families, this can be a particular challenge for social workers and other professionals, as acknowledged by a number of the key stakeholders (Respondent 2, 4, 5, 7). Social workers are required to refer to their professional code of ethics, the wider professional knowledge base (for example their understanding of social policy, legislation and international best practice) in helping families (CORU, 2019). It is important that, when navigating this terrain, other practical information is used, for example the Family, Carer and Supporter Guide (HSE, 2018). In doing so, the social worker will be better able to support families and service users to discuss issues around consent and confidentiality in a pro-active and positive manner.

Strengths in mental health social work practice

A number of strengths that mental health social workers brought to interventions with families emerged from the findings. These are captured in three key themes; A core expertise in family work; The value of approaches used by mental health social workers; and A lead role in family-focused practice. Social work approaches have a particular strength when working with families in mental health settings.

A core expertise in family work

As the literature suggests (Ahmed et al, 2018), mental health social workers, amongst other professionals, are in a good position, professionally, to develop expertise in engaging with families in this area; these attributes were generally confirmed by respondents in the study. These comments revealed the complexity of the role, varying from crisis support, assisting with practical issues and the provision of psychoeducational support to families in distress. They identified the use of individual and group-based supports for families, using key skills and knowledge. Another perception was that the mental health social worker was the key professional discipline in liaising between the mental health service and the family, mirroring the recommendation 3.6 in *A Vision for Change* (2006). As one respondent put it: “They can often act as a liaison person between the Multi-Disciplinary Team and the family, facilitating effective communication. Support with navigating the mental health services. Signposting to additional supports in the community” (Respondent 2). The notion that the social worker is a link between the family and the mental health system, social networks and wider community resources, was

noted by almost all respondents. A key skill in this respect was the ability to provide a good “listening ear” (Respondent 4), in explaining important information (as a translator-type function) and in their advocacy role (Respondent 5). There was reference in the study to the use of family systems approaches by mental health social workers, as one respondent put it: “By engaging with the families, social workers can gain greater insights into the whole family dynamic and how that can affect recovery, both the individuals’ recovery and the various family members recovery. Family interventions can have a positive impact on service user outcomes. The knowledge gained by the social worker from the family in relation to the family dynamic and the behaviours and possible deteriorating mental health of the individual, can be crucial for the full team for correct assessment and treatment” (Respondent 4). A recent study of the range of post qualifying experiences and qualifications of mental health social workers in Ireland suggest that the profession is well equipped to provide such services Donnelly and Kelly (pending).

The view that social workers offered expertise in the use of systems approaches when working with family dynamics was noted by a number of key stakeholders in the study, for example, “Social Workers in mental health can play a vital role in the overall wellbeing of not just the individual but the whole family unit and bring about a more effective recovery process for all involved” (Respondent 4). As with Tew et al (2017), who used the concept of reablement to explain how mental health professionals can make whole family approaches more meaningful to families, social workers very often work with families to support and enhance communication and positive risk-taking in order to encourage each member of the family to interact with their own recovery journey. In this way, social workers can support families to gain greater insights into their family functioning, which can, by extension, have a positive impact on service user outcomes. Working with families in this way can also have positive outcomes for the mental health team (MacKean et al, 2012; McNeil, 2013). As noted by one respondent, “The knowledge gained by the social worker from the family in relation to the family dynamic and the behaviours and possible deteriorating mental health of the individual, can be crucial for the full team for correct assessment and treatment” (Respondent 4). Such systems approaches have been recognised elsewhere in the literature (Campbell and Davidson, 2012; Wilberforce et al, 2019).

The value of approaches used by mental health social workers

Whereas some respondents were confused by the complexity of holistic approaches used by mental health social workers, as described earlier in the position paper, these were often thought to be valuable. The fact that social work is a non-medical profession (Wilson and Kirwin, 2007) was noted as a positive (Respondent 1), offering alternative views of mental health and family life. In addition, the human-rights basis of social work was also highlighted as an important feature of practice that benefited families (Respondent 7). It has been argued that mental health social workers should focus on developing a range of therapeutic skills to counterbalance expectations about mandated roles (Ramon, 2006). Working in a person-centred way was deemed to be very important to families, for example, one respondent noted that, “Social Workers work in a person centred way, this allows them to provide families with tailor made support and give more time when working with families...By linking families in with additional support networks they provide more opportunities for supports, and create self-care opportunities for families. The holistic approach also allows for families to benefit from a variety of support and information sources, thus enriching their experience of support” (Respondent 2). It was argued by one respondent that an alternative approach to the traditional medical model helped humanise difficult experiences and circumstances: “Social workers provide a more personal approach with families in a medical and clinical setting. In my experience, many

families have felt confused not only by the behaviour and thoughts of their loved ones but also by the medical language which mental health teams and psychiatrists can use. Social workers can break down those barriers and provide a more understandable and human approach to what at times are very complex situations. They can speak in a more practical and down to earth manner providing information that can empower individuals and help them to move forward in their own recovery” (Respondent 4). Another felt that a compassionate approach, in offering a listening ear was significant: “They can communicate with compassion and have a more broader perspective. They have more involvement with the families from the beginning and can bring their expertise to the MH services. They often provide that missing link for families and can advocate on their behalf” (Respondent 6). This need for sensitive, thoughtful approaches, often at moments of crisis is recognised in the international literature (Wyder et al, 2018).

A lead role in Family-Focused Practice

A common theme running through aspects of the literature and often supported by respondents was that mental health social workers could, or should, take a lead role in promoting, developing and implementing family-focused practice in mental health settings (Solantaus et al, 2010), as characterised by the following response: “In mental health settings, I believe that social workers have a crucial role when it comes to dealing with families. Families often feel very lost in the process within the mental health services. They can feel very frustrated and quite often traumatised by the events that may have occurred in the lead up to their loved one having a mental health crisis. They need reassurance, support and information”, (Respondent 4). The responses to the study surveys suggests that families, social workers themselves and external stakeholders believe that mental health social workers are well placed to carry out many roles in sign-posting, psychoeducation, linking the family to various systems, advocacy, therapeutic interventions group interventions for families, development of family peer support services and family therapy interventions. Craig et al (2015) echo this in their study when they suggest that health social work offers value to families through thinking big and holistically, intervening with families, enabling patient and family coping, and maximizing hospital and community resources. It is therefore posited that social workers may be best placed to be lead practitioners in family-focused practice in mental health settings. As one respondent pointed out, “[There is]...huge energy and potential for SWs with families, it's around us owning this skill and ability, and having the confidence to use it” (Respondent 1).

Summary

This position paper takes the view, supported by the findings of the pilot study, that investing in the development of family-focused practice social work roles in mental health settings can be of major benefit to families, service users and the wider system: “Access to a good Social Worker is worth its weight in gold” (Respondent 6), but only if services are adequately resourced: “Social workers are very under-resourced in our area...this can be challenging for family members already in distress...” (Respondent 7).

The pilot study findings, which have informed the position paper, reveal a number of key themes.

Respondents were concerned about contextual and organisational issues that may prevent good social work practice in this field. These included time and resource constraints and,

at times, problems in communication and translation of practice intentions. It was also evident that, at times, family members felt that their views and rights might be compromised because social workers had to balance these with the rights of service users. Despite these reservations, the respondents reported a number of positive experiences with mental health social workers. These included an appreciation of the alternative approaches that social workers could bring to interventions, which provided a counterbalance to traditional, medical perspectives. Although some respondents felt at times confused about holistic approaches used by social workers, when used appropriately, these approaches were helpful in dealing with a range of problems, personal, social and contextual. Most respondents were confident that mental health social workers were well placed to take a lead role in family work, particularly because they often attended to human rights approaches in sensitive ways.

Recommendations

The literature, discussion and findings in this position paper indicate the need for the following policy and practice issues to be addressed, endorsed by the Irish Association of Social Workers Social Workers in Adult Mental Health (SWAMH) Special Interest Group:

- Respondents confirmed existing evidence about resource and time issues faced by mental health social workers in this important field. The Irish Association of Social Workers argue that the de facto moratorium on recruitment in the HSE should be lifted immediately to allow the urgent recruitment of all vacant social work posts across Child and Adolescent, Adult and Specialist Mental Health teams nationally.
- Respondents were concerned that their needs were not being assessed comprehensively, perhaps because of these resource limitations. It is important that such assessments should be placed on a statutory footing and that The National Carers Strategy (2012) be reviewed with the view to incorporating goals centred on family recovery in mental health with associated measurable timelines and actions.
- The findings indicate positive views about the social work role and range of interventions being used with families. If the profession were to take the lead role in this field, then the implementation of Advanced Practitioner Social Work posts within mental health services focused on leading in the development and implementation of family-centred practice is important.
- The development of family recovery peer support worker roles across all mental health service settings would fulfil policy makers' intentions to have recovery approaches embedded in all mental health services.
- The allocation of a key worker for families across all mental health service settings would also confirm the state's commitment to quality mental health services, alongside the implementation of family care pathways.
- The role of mental health social workers as Authorised Officers should be encouraged as a way of supporting families through the involuntary admissions process.

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