

# Case Study: Social Worker - Mental Health - Lander

## What do you do?

I'm a mental health social worker, attached to a community mental health team. We work with people in the community, as the name suggests. But we also have some contact with people in hospital.

My day-to-day activities change according to the needs of my clients, but on the whole I assess people's needs. I work out care plans on how best to keep people in the community and out of hospital.

I work with the health services, monitoring people's health. I also look at the social causes of people's mental illness. I advise the health service about that. Not all mental health is about medical needs.

I'm also an ASW (Approved Social Worker), so I am able to assess people for compulsory detention to hospital, which means I could actually take somebody's liberty away from them.

Sometimes people go into hospital because that's what they need to do for a while before they come back into the community.



## What is your background?

I've done a lot of things before I became a social worker. For a while I was a hotel manager, and then I had my family. Then I started out in youth work - I got my qualifications that way. While my children were young I did an Open University degree in Social Foundation.

Then I got to a stage where I was able to go to University full-time. I was there for five years. I did a Sociology and Social Policy degree, followed by a Social Work MA. Then I came into social work.

So I've had quite a varied background. But to be a social worker you need to be of a certain age and to have had a certain amount of life experiences.

It's very difficult to relate to your clients if you haven't had life experiences. So it's not something that a young person could come straight out of college and do.

## What characteristics do you need to be successful in your job?

The primary skill or quality that you need is to be objective and not subjective. You come across people whose lifestyles are very different from your own.

Very often it's hard to work with people who have a different value-base from your own. You have to look at the person and not what they've done. And you have to try and detach yourself from the situation that you're in.

A sense of humour is always important. Also the ability to switch off at the end of the day, because you'd never survive as a social worker if you took everything home with you.

You have to put things in context and realise that, yes, these are people's lives you're working with, but it's a job. You can do as much as you can do, but at the end of the day they are the people who are living their own lives and they have a choice to make.

Not every decision or every intervention that you make is actually going to make that person's life better. Ultimately they have to make that decision. And that's the hard bit: detaching yourself from people, and not blaming yourself if something doesn't go right.

## What other jobs could you do using the skills from this job?

With social work skills you could do any job that involves talking to people and working with the community; because

it's about human relations. In any job where you need to work with people, you can use your social work qualifications.

I also work behind a bar in a pub, because it's connected to my first career. It's very different to social work, but it's still interacting with people.

## What changes will there be in the future?

The department I work for - the social services - is actually handing over all responsibility to the health authority. So I'm going to be employed by health on secondment from the social services.

The reason why we have to do that and can't be taken over completely by health, is that ASW (Approved Social Work) has to be an independent body from health. It's supposed to be a way of making sure that health doesn't overtake the whole process of sectioning somebody.

It's a very interesting time to be a social worker in mental health. Mainly because we've become like a specialism within the health service, we've become like consultants, which has upped our visibility.

Our value is far greater than when we worked for the social services. It's going to mean that we end up with more money, which is always a plus. We're going to be recognised for what we do.

I'm hoping that technology will advance the way that we record things - at the moment everything has to be in triplicate - I'm hoping that we'll be able to use voice-activated notes, that kind of thing.

At the moment everything is hand-written, so you probably spend half of your working time keeping your files up-to-date. Social work and paperwork go hand in hand. There are so many reports.

Nobody really knows why people are mentally ill, and we have these different models. There's the medical model (where it's some sort of chemical imbalance), and there's the social model. And I'm sure that technology will help find a real reason why people suffer mental illness.

So new technology will bring about new ways of treating mental health. I'm always hopeful that that might happen. Hopefully we can get away from some of the old treatments - the heavy drugs and ECT treatments, which are dubious.

## What are the biggest challenges in your job?

No social worker should ever think they are going to like all their clients, because they are not. Some people you will get on really well with, but there are going to be some people in your caseload at any given time that you do not like, but you'll have to work with. And that is the hardest part.

Another challenge is coping with failure over and over again. People with chronic mental illness - the kind that I work with - are never going to get well. You're just managing a series of crises.

There are times when you're tired and you've worked really hard on a case and it all comes crashing down around you and you've got to pick yourself up and do it all over again. That can be hard, but sometimes something really, really magical happens and it's worth it.

It's a bit like being a parent: a lot of the time it's a long hard slog, but every so often there are little glimpses of brilliance that make everything worthwhile.

## Are there many opportunities to enter this career?

It's very difficult when you first come out of college, because to be a mental health social worker you have to have at least three years' qualified field work experience.

It's virtually impossible for anybody coming straight out of college or university to get a job in mental health, quite rightly, because there's a lot to learn.

It's not like your everyday social work. You've got to have a more health-based approach, and you don't get taught that in social work courses. It needs to be learned on the job.

## What do you like about your job?

I like the fact that I never know what I'm going to be doing, day-in, day-out. I like the fact that I manage my own case-load, so if I want a day out in the field, or I feel like not being in the office, I can arrange that - I'm not tied to anybody.

I also like the fact that, on the whole, I make my own decisions about my cases. It's my decision to take a risk. If it stands or fails, it's my ultimate decision. And that's what I like - I like the autonomy.

## What do you dislike about your job?

I don't like the pay.

I don't like the fact that we don't get respect from the community for what we do.

The media seems to use us as scapegoats. Whenever anything goes wrong, it's always the mental health services. When actually, society doesn't really want to know anything about what we do. They don't want to work with the people we work with.

I suppose I don't like the fact that it's not funded very well. Other parts of the NHS get more funding than we do. We could do so much more if we could get more money into the community.

They are still very stuck on giving out pills and expensive in-patient stays at a couple of grand a night, when with that money a week I could do something really quite marvellous with somebody in the community.

## What are your ambitions?

That's a difficult one. My ambitions change.

When I was younger and a lot more, I don't know, not so jaded, I suppose, like most social workers I wanted to do research and I wanted to make a difference.

Now I realise that if I can make a difference with one person, then that's about as much as I'm going to get. I'm not going to make a radical difference. Not to say that that's depressing, because if everybody made a difference with one person, then that's an awful lot of difference.

As a social work profession, what we need to do is dictate the way that we are going to work in the health service instead of just sitting back like we usually do and being told how we're going to do it. We've got to be a little bit more proactive and say this is the way we're going.

On the positive side, mental health services are actually realising that people with mental illness come from very different and sometimes socially deprived backgrounds. So the skill of social work is very highly valued now, probably more than the medical side. Therefore we are probably in a very good position to negotiate our role.

So we'll wait and see.

I wouldn't mind being a consultant, working on two or three wards and advising. Then again I wouldn't mind changing roles and working for the emergency duty team and using my experience to work out-of-hours. In the short-term that will probably be what I'll do. I've just got to sit and wait and see - it's exciting times really.

## What advice would you give to someone interested in your career?

I would say that before you go to university and study for the qualification, take some time out to do some community work. Find out what social work is really like.

I know a lot of people, myself included, who came out of university, having qualified as a social worker, and didn't even know what different types of social work there were.

You need to see which part of social work you feel more comfortable with or you're just going to be floundering around. You're not going to have the right qualifications, you're not going to have the right experience.

Find out first, because it's one of those jobs where experience matters on your CV. It's not a waste of time if you take a year out before you do your qualification.

See whether you really like it, because there's not really a lot else you can do with a social work qualification other

than social work. Yes, it'll give you a lot of skills for doing other jobs, but the qualification it gives you is for social work.

So my advice is to try it out first, see whether you can actually stand working with people. It's not an easy job - so try it first.

## A day in the life

8.30 - 9.15am

Arrive at Community Mental Health Team base. Check messages. Attend to any important calls I missed yesterday while I was out.

Chat with fellow team members about mutual cases and catch up on any changes to clients' care plans.

9.15am - 1.00pm

At hospital. Ward round with other multi-disciplinary team members. Then see patients individually to discuss care.

1.00 - 2.00pm

Working lunch with drug representative and the rest of the team back at base.

2.00 - 3.30pm

Work on caseload. Contact and contract other agencies, ie housing benefit department. Do paperwork: update files and records.

3.30 - 5.00pm

Visit clients in the community. Assess clients' needs and collect information for written Care Programme. Monitor mental health.

Contact psychiatrist and organise mental health assessment to consider admittance to hospital, if necessary.