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What does social work offer that is unique in mental health?

*Positioning social work in mental health*

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To begin our consideration: What do we bring to our work, as social workers, that is unique?

- Our **professional identity** and ethos
- **Theories/knowledge** (multi-leveled)
- Social work **skills** (interpersonal, analytical, etc.)
- Social work **values** (rights, social justice, respect, self determination, human potential)
- Our capacity to critically reflect on our own **beliefs, assumptions and experiences** as practitioners and individuals; as mothers, daughters, sons, partners, carers, consumers… grounded in our own social location and personal history
- **All contribute to ‘what we bring to our work’ ...**
Critical reflection…Who am I?…(how does that shape my work & my presentation today?)

- Born/raised in California; era of social movements
- Now, a middled aged, ‘migrant’, educated white woman, a social work academic for twelve years (H&SD; IKE)
- Previous direct practice experience in p.d.s.
- PhD thesis: ‘Support & recovery in a therapeutic community’
- Daughter & former partner (carer?) of persons who experienced psychological upheaval
- Single mother who struggled to make ends meet; own lived experience of depression

*All these aspects of my identity impact on my beliefs, assumptions and approach to social work practice and education, and to my understanding of mental health and illness…*
Critical reflection – who are you?

• Experienced/knowledgeable social workers in mental health and other fields of practice:
  – from a range of organisational contexts
  – and a range of roles/positions/levels of experience
  – with a range of preferred theory-bases
• Unique individuals with personal life histories and experiences, beliefs, assumptions, values
• Occupy diverse social locations: age, gender, race/ethnicity, class, sexual orientation, religion

We are communicating across both difference and similarity…where mutual learning can take place…
Key questions raised for today’s paper:

• What is the unique role of social work in mental health settings?

• **What are some of the challenges of providing social work perspectives in current settings (tensions in practice)?**

• How can we enact and/or renew our social work commitment? (Where are we going; how do we fit into mental health?)
Academic context...

• Important that social work curriculum addresses mental health issues and concerns (AASW mandated mental health content for all qualifying social work degree courses).

• Increasingly uncertain, globalised, unequal world… with increasingly complex human experiences; changing sense of self in a postmodern world?

• Constantly changing world = constantly updating curricula, to prepare students for practice
What should we teach social work students about mental health? Underpinning questions…

How should social work be (re) positioned in mental health?
– Is the role of social work primarily about responding to industry? (increasingly technicist, managerialist approach)
– Does contemporary practice in mental health require social work to unite with medically dominated discourses?
– How does/should social work ‘fit’ in a range of service delivery contexts?

One argument: Social work has a unique and vital role in challenging simplistic, depoliticised and individualising constructions of mental health and illness, and advancing holistic and contextualised understanding of people’s experiences (Morley & Macfarlane 2010).
HSW118 Social work methods in context

- First year social work unit (2nd semester)
- Mental health content as prescribed by AASW for all qualifying social work courses (basic knowledge; not specialist)
- Introducing students to critical social work perspectives
- Introducing students to diverse fields and methods of practice (mental health issues relevant to all fields)
- Acknowledging students’ own experiences, knowledge, attitudes and assumptions.
- Acknowledging tensions/complexities in learning about and responding to mental ill health…
- Material reviewed by practitioners and other experts (e.g. consumer consultants)
What do we mean by a critical perspective in social work?

- questioning taken-for-granted assumptions; openness to diverse sources of knowledge
- emphasis on possibilities for social change, and concern with how our everyday actions contribute to social change
- awareness that social relations and personal experiences are shaped by broad social structures and inequalities
- acknowledgment of how language and discourse create (inter)actions and power relations
Critical perspective, cont.

- respect for the other and their experiences/reality; promotion of **respectful and dialogical** relationships
- **reflexivity** (locating oneself in the picture)... critical reflection on one’s own theory-bases, practice, beliefs

*(How) is this approach relevant to practice in mental health? How realistic is this approach, in mental health service delivery? Does it form part of the unique contribution of our profession?*
Topics in the unit:

Mental health content

- Understanding mental illness from a biomedical model (introduction to DSM; various diagnoses – symptoms and treatments; lifespan issues; suicide)
- Critical engagement with biomedical models of mental health and illness (critical psychiatry; power and oppression; discourse and labelling; structural factors/social inequalities)
- Mental health policy and service delivery in Australia (deinstitutionalisation; National and State; case management; multi-disciplinary teams; risk assessment)
- Recovery, consumer/survivor discourses, carer participation
Unit content, cont…

- **Methods** of social work practice
- **Fields of practice** (and related m.h. issues):
  - Social and emotional wellbeing of Aboriginal Australians
  - Rural Australia
  - Migration and (re)settlement
  - Poverty, income support and work
  - Homelessness and housing insecurity
  - Working with women
  - Criminal justice system
Students are asked to...

• Articulate what they are learning about mental health/illness and how what they’re learning challenges, reinforces or extends their knowledge, understanding and beliefs
• Consider what the role of social work might be in relation to mental health & illness
• Make links to mental health issues within diverse fields of practice
• Consider the complex experiences of persons experiencing mental illness and how fields of practice intersect in responding to need
• Consider the relevance of a critical perspective to work in various fields of practice
• Consider what methods of practice and social work approaches may be used in different contexts
Unit extended by...

• Guest practitioners from local youth housing and homelessness services, rural health services, consumer consultant from Geelong inpatient psych facility, support workers from mental health services, local refugee/resettlement worker (c.d. project in re to mental health).

• Consumer-run session from Geelong Mood Support Group.
Example… critical social work approach to working with women’s mental health

• openness to a range of perspectives and knowledge (e.g. conceptualising women’s mental health problems as responses to damaging experiences rooted in lived experiences of inequality and abuses of power, rather than personal deficiency Williams 2005)

• attentiveness to language and how it may stigmatise/pathologise; attentiveness to dominant discourses and how they may disempower (e.g. gender role socialisation around caring, coping, relating and self monitoring)
Critical perspective… working with women’s depression…

• attentiveness to how wider social factors shape personal experience (e.g. poverty/low income, d.v. and other forms of abuse & assault, housing insecurity, relationships w/ men, isolation, rurality, migration, devalued caring work, poor employment opportunities)

• looking for social change possibilities (e.g. individual and policy advocacy, organisational/service delivery change)

• engaging in respectful and dialogical relationships

• being reflexive (how my own social location, favoured theories and personal experience shapes my understanding and interaction)
Critical/social work perspectives may be difficult to enact in practice…Wise words from Amy Rossiter…

• “Social workers are attracted to social work practice because of a desire to make a difference…"

• This desire is subjected to the strange twists and turns which take place inside the institutions of practice…”

• Social workers are often positioned within “force-fields of contradiction…”
Rossiter, continued…

However, critical reflection can “situate our failures and successes in accounts of the complex determinants of practice so that we can acknowledge practice as historically, materially and discursively produced, rather than simple outcomes of theories, practitioners and agencies…”
Being critical and transformative in our work

• Karen Healy (2000) … whether we are ‘radical activists’ or work within the current social order/institutions, we can still be critical and transformative in our approach:
  – prioritising social structures when analysing individual pain/problems
  – focusing on oppression instead of pathology
  – developing egalitarian practices and relationships
  – fostering more human, just and equitable approaches within the human services
  – challenging structures which oppress: working towards extending social citizenship within local contexts of practice
Jan Fook (2002) – critical practice is possible even in ‘hostile environments’:

- we need to ask, is EVERYTHING about a particular practice context ‘hostile,’ ‘socially unjust,’ or ‘prescribed’? (reframing our practice to work WITH contexts)
- small acts can be part of larger change (the language we use; the way we greet colleagues); creating more enabling micro-contexts in our immediate surroundings
Fook, cont... critical practice...

- being mindful that **small aspects of prevailing discourses can be changed** (clarifying boundaries, being creative, re-framing debates in non-dichotomous terms)
- maximising client choice in **simple acts**: being **respectful** in our interactions
- developing skills in ‘**critical acceptance**’ – examining different perspectives through open mutual dialogue (**high assertiveness/high inquiry**)
- **mindfulness that social work, as a profession, transcends the workplace** … we are part of a bigger picture commitment
Jim Ife – How can our passion, commitment and enthusiasm for social work be sustained?...by...

- Understanding *how things come to be the way they are* (things have not always been thus, change is certain)
- Believing that things can be different (hope); believing there are genuine alternatives (vision) ...not blind optimism, but as product of critical analysis/reflection
- Ongoing commitment to social work value base
Ife… social workers making a difference, cont.

- **Social worker as ‘street level intellectual’** – sharing knowledge in dialogical relationships
- Sense of ‘outrage’ at injustice (being confronted/moved by documentaries, reading, encounters w/ others, personal experience)
- Participating in public debate & seeking to enable the voices of subordinate groups to be heard
- Using new technologies and global connections to form international coalitions for change
- Developing personal and professional networks/support
- Acknowledging that every action changes the world…

- **Reclaiming the ethical** (taking steps to reawaken core ethical practices and the moral sources of social work)
- **Reclaiming relationship and process** (emphasising the important therapeutic potential of the worker-client relationship)
- ….. (next page…)
Ferguson, cont. ‘Reclaiming social work’

- **Reclaiming the social** (focus on community development, social networking and social supports)
- **Reclaiming the structural** (renewed focus on the structural/oppression components of individuals’ lives)
- **Reclaiming the political** (being vocal about the impact of social policies, doing practice-based research)
Recently revised **National Standards for Mental Health Services**... highlights key principles of:

- recovery
- consumer/carer participation
- rights
- partnership and collaboration
- respect and dignity
- listening and communication
- social connectedness
- uniqueness of the individual
- real choices
- building on strengths
- positive risk taking

• Who better than social work can embrace, meet, enhance and further develop these standards in the delivery of mental health services?