



## **Key practices for social workers**

*The role of the approved social worker*

### **Lesley Ann Cull**

You are now going to hear from Jeanette Henderson about the role of the Approved Social Worker and some of the practice dilemmas experienced by professionals working in the field of mental health.

### **Jeanette Henderson**

I started out as a support worker with the community mental health team, then became qualified as a social worker, went back to the same mental health team, kept on working in community mental health and undertook training to become an approved social worker.

### **Lesley Ann Cull**

How important is a knowledge of the Mental Health Act 1983 to everyday practice in this field of work?

### **Jeanette Henderson**

An ASW needs to know the Act. You can't not know the Act, that's your tool to make your assessment, but you need to know more than the words of the Act. Just to be able to repeat the Act parrot fashion is not going to enable you to make a good assessment. You need to be able to flexible with the Act, to see where different bits fit together, to be able to move because assessments in real life aren't neat, ordered things. See, it's no good if you're going to work through the Act from point one, point two, point three, point four, it's about saying well 'I am at point one now but actually I think point six is a bit relevant here', and its being flexible and applying the Act to the particular situations that you're in. I think that the easiest way to describe it is to say that the law is the framework; it's the foundation of what we do. We might not use the law, but we need to know which bits of the law might be applicable at any time.

### **Lesley Ann Cull**

I asked Jeanette what some of the practice issues are for ASW's.

### **Jeanette Henderson**

One of the things that people often forget is an assessment, and an eventual application for someone to be detained in hospital, is the social workers decision. Doctors will complete medical recommendations, but it's the social worker that decides whether to apply or not. Now it could be that you've got two doctors saying to you that Fred should be detained in hospital, and you think, 'well actually I can see other ways that we can work with this'. It may be that we can put together some kind of support and Fred's friend Billy can come along and he's happy to steer it and maybe we can see how things can go. You might have to go back and assess the following day, but at that time you can see an alternative and then it's about how to negotiate with those doctors, so it's about getting a consensus, and that's gotta be done very gently, very tactfully, very carefully. So that's one practice issue, it's about being able to negotiate and be constructive in disagreements, rather than end up in arguments. I think another one is the ability always to look at the diversity of opinion and people that are involved in any kind of assessment. And people have all got their own reasons or their own viewpoints on any assessment, and so it's not taking anything really at face value. The really concerned relatives could actually want that person out of the way, the person that seems uncaring, the partner that really doesn't want to be involved and really doesn't care, that might be actually because they are so worn out and they can't take any more. But then you need to think, so the partner can't take any more, is that a reason to detain the person? Is there anything else you can do? Yes, the person going in hospital is going to give the partner a rest, but I'm not sure whether that's the right approach, it could be, yes the person does have a mental illness and there would be a risk of their own health and safety, so the criteria of the

Act would be fulfilled, but is there another way that you can approach that situation? It's working with people, both professionals and families in a time of enormous crisis. A Mental Health Act assessment, you're know, you're Betty, you're sat in your house, and in walks a consultant, a GP, maybe a nurse, maybe a couple of social workers, maybe your son Tommy's there. This is a huge thing happening, why have all these people come? Because Betty doesn't think there's anything wrong at all. So there's lots of things going on and it can be lots of people around, so it's trying to keep things calm, trying to make connections, recognising diversity and what we're asked to do is look at all the circumstances of the case, and it's looking at all of those circumstances.

### **Lesley Ann Cull**

Jeanette gave an example of a situation that illustrated some of the practice issues.

### **Jeanette Henderson**

Particular example, somebody that doesn't want to go into hospital and the doctors, the social worker, everybody agrees, that compulsory admission is appropriate for that person at that particular time, and the person's steadfastly refusing to go. It's possible then just to say to that person, 'why don't you want to go to a hospital?' 'Well because I've got nobody to look after the dog'. Well, OK I can sort that, I can sort something about that, so that person would then possibly go to hospital without the use of the Mental Health Act. But it's looking at the other bits of somebody's life, the dog might be more important, get the dog looked after and you're helping the person, so I think its that looking at all of the circumstances of the case. And I think the other thing that I'd want to say about practice issues is that the SW is employed by local authority but acts independently. So the Director of Social Services can't tell an ASW what to do, can't tell an ASW what decision to make. The SW's acting wholly independently. And that's really important for me, that there isn't a pressure to apply or not to apply other than the professional pressure in a particular assessment.

### **Lesley Ann Cull**

Jeanette then recalled one example of a case she was involved in as a newly qualified ASW.

### **Jeanette Henderson**

When I got to my very, very first assessment, it was I can only say, the most straight forward assessment, there were no blue lights flashing, no nothing, it was someone who did need to be in hospital, there was no disagreement, the assessment was undertaken at a day centre, everything was fine. I will never ever forget the feeling of being sat in a room with two doctors and that client and all I wanted was the grown up ASW to come in. And it was me. I'll never ever forget that feeling, that responsibility and the power to actually make a decision that was going to detain another human being, not a child, not somebody that needed looking after, another human being was going to be detained in hospital against their will. I'll never ever forget the enormity of that decision. And all of the thinking, the discussion, the learning, the study, couldn't prepare me for the feeling and the experience of that, because sat in that chair I was an ASW yes, I was an employee of an agency, but I was also me. Me with my history, my background, my place in the world, and it's.. was one of the most powerful experiences in my professional career.

### **Lesley Ann Cull**

I asked Jeanette how she dealt with the power relationship with her service user.

### **Jeanette Henderson**

One of the things about power is not just the power to detain; it's about the power to define. And so someone who an ASW is working with might be very angry and one of the ways that that can be defined is to say 'Well, that's part of someone's illness and it's because they are not taking medication, they are not responding in a sort of normal balanced way and you know, it's part of their illness.' Another definition of that is that person's angry because they don't want to take medication because of the side effects and no one's listening to them, and that's why they're angry. And so we've got power to intervene, but we've also got power to define.

**Lesley Ann Cull**

Jeanette then talked about some of the issues for service users and their families when an assessment is being undertaken and how social workers can work in partnership with the nearest relative.

**Jeanette Henderson**

I think the feelings that family members have during an assessment can be so complex and so frightening for them as well as for the person, especially in the case of older people, where maybe someone's not had contact with social services, with the Mental Health Act or anything before, and an older person is quite confused, quite distressed and the family are concerned and feel that there needs to be an assessment undertaken. The family feel well, maybe we are not doing our duty perhaps, or we should be looking after Granny ourselves. One of the things that we've got to do as social workers, certainly under section 3, is we've got to establish that the nearest relative of the person doesn't object to our application and that's something we need to talk very carefully to the nearest relatives about. Because we are not actually asking if they agree, because that can almost feel like, you know, do you agree that your mum should be in hospital. And that person's going to be thinking, well no; it's the last place I want her to be. But what we are asking is that they don't object to us making applications, it's subtle but it can feel better for a relative to think that that's the decision they're making. So first of all it's establishing that people don't object to the application. And then it's also about making sure why the relatives are requesting this, it could be that it's a nice way to get the relative out of the way.