



Introducing Professional Practice

Working in the mental health team

Wendy Monks

I'm Wendy Monks, and I'm an Approved Social Worker in the Community Mental Health Team here. Our main role is to work with people with severe and enduring mental illness. I carry a caseload of, people with long term mental health problems and, some with more short term, more sort of solvable mental health problems if you like. At two o'clock in the afternoon, you might be talking to somebody who's lost their giro, and then at three o'clock in the afternoon you might be getting involved with somebody who is very ill and you may be saying to them that you're going to do, you know take them into hospital or do something fairly controlling that they absolutely don't want and don't like and, aren't willing to go along with. So, there's a huge amount of variation, and often we're working with people in a kind of helping and, partnership sort of relationship, but then every now and again, have to kind of shift that role and shift the balance and, perhaps go into a phase where we're being quite controlling and, exerting power over them. Which feels very odd, you know you've had this kind of equal relationship, as far as possible, and then it suddenly becomes very unequal for a while, and it can feel quite uncomfortable. But what's interesting I think is that, once people get over these acute phases, usually the relationship settles back down again and, you're not often left with kind of resentment and mistrust and whatever. You can, you know you can retrieve that balance again which is good.

I share a room with two other social workers and CPNs, and an occupational therapist. So, inevitably, you know we're talking to each other all the time, and we're often doing joint work with clients. I might often be working with somebody with one of the CPNs or perhaps the OT, or whatever. So there's a dialogue that goes on, you know all day really. We work very closely together. Then we've got the medical staff, and the psychologist also based in this building, so again there, there's a lot of conversation on a day to day basis with both of them, and we'd often stop and have a chat about this person or that person. It makes a big difference being physically together because, you can have the conversation informally at an early stage, rather than, you know spending ages trying to get through, receptionists and what have you, and turning it into a big deal. You can nip things in the bud. Everybody's got their own personality, everybody's got a different approach. Sometimes there's a clash, you know we don't all approach our work or our service users in the same way, and we try and be grown up about how we resolve those sorts of, differences. And that works reasonably well, but even in this team there's still a certain amount of hierarchy, and there's still a certain amount of power imbalance between some staff and other staff groups, particularly the medics. I mean it's much better than it ever used to be, but it's still there to a certain extent. If the consultant psychiatrist feels that something should be done this particular way, and I feel it should be done a different way, it's not always easy to resolve that. We usually get there, but it's not necessarily that comfortable. Although things have probably evened out an awful lot over the years, inevitably the medical profession still does have a higher status than for instance community psychiatric nurses or social workers or whatever.