



Introducing Professional Practice

Relationships between professionals in the mental health team

Tony Partridge

I'm Tony Partridge, I'm an ASW, which is an Approved Social Worker, under the Mental Health Act. I work in the Community Mental Health Team, I carry a caseload of round about twenty five to thirty service users, who all suffer with a severe and enduring mental illness. I think, being in the same room, as nurses, OTs, social workers, we share their troubles and their worries and their concerns about service users and, and I have service users that, perhaps the nurses have been seeing for years, before we came together in the CMHT, and they have a lot more information stored where ever, about my service users that I'm working with at the moment. So I can, I depend on them for that. And I find that useful.

I spend a lot of my time, trying to empower the service user. Everything we're doing today, we're trying to empower the individual, to make choices for their self, to make their own decisions, to help their selves, which, it's in turn improves their own self esteem, their feelings of self worth. People find it disempowering to be sat there amongst all the professionals, service users. And they struggle with that, and so I have to speak for them, or help them speak, or to help them get their point across. Help them in trying to impress on professionals, who in the past, and I'm not saying they are now but, certainly in the past they've been unapproachable, unmoveable, and, I don't think I'd be far off the mark if I said most consultants, years ago were like that. Some of them have changed, not all, but some of them have changed. We in Worcestershire, involve service users now, in job interviews for staff. There's a user forum in the county that has a voice in what goes on, in service delivery. So, there's a great shift towards empowering people, to help their selves.

Other than the manager, I'm the only male member of the team. All the nurses, OTs, Social Workers are all female. So, I get certain service users, that they wouldn't dream of asking one of the females to see on their own. I don't get to see many female service users. If I looked at my caseload, I've got about three or four out of thirty. And it has its disadvantages because, I find it hard to relate to them, because I don't deal with them. There are obviously a lot of people coming into the service now who have been abused. A lot of women have been abused in the past, and, that has brought on their mental health problems and issues, which could be seen as an advantage for the service user, but a disadvantage for me. Because I don't get to experience that sort of work. So when we discuss someone in the team meeting, I have no experience, so I just have to sit and listen. Sometimes I can contribute on general issues and general pieces of stuff, but not the in depth stuff. And I find that a bit frustrating.