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‘TWO ARE BETTER THAN ONE’. SUPPORTING MENTAL HEALTH ACROSS PROFESSIONS.

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Abstract:

This paper critically analyses the notion of different professions working together, seeking to raise awareness, and to support those suffering with mental ill health, exploring the specific nuanced differences between each type of professional working. The importance of effective liaison is underlined, as recognition is made that practitioners do not always co-operate effectively, compromising the assessment and provision for service users. The conceptual links between ethical and professional codes of practice with regard to social work and related professions are made. Furthermore, this work explores how the critical synthesis of the use of ‘self’ within both reflective and reflexive practice can be employed to enhance interactions, deliberations and therefore outcomes for practitioners and their service users.

Keywords:

Relationships; Mental health; Leadership; Group work; Practice

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This paper works towards defining the nuanced differences between joint liaison and working together to critically examine the literature on inter-cross-multi-disciplinary working. The importance of collaborative liaison is emphasised as both a legal requirement and good practice in social work and other fields such as teaching, nursing, care work and so forth. Moreover, as this paper highlights the varying approaches to liaison it is hoped that these insights into this key area can challenge practice and enhance outcomes for service users and practitioners. Alongside the approaches to deliberating with colleagues, the use of critical reflection and reflexivity can benefit practice, sharpening focus of work and assisting with interventions and review processes. It is against this background that this work explores these things in turn.

Inter-professional working is the process by which several practitioners collaborate through information sharing, promotion of rights, and the empowerment of individuals (Great Britain Social Services Inspectorate, 1995; Thomas and Baron, 2012). Weinstein (2005) views collaboration as a triad of knowledge, skills and values used to develop partnership with a range of agencies for the benefit of effective practice. In multidisciplinary work, several agencies work together to deliver what might otherwise remain isolated services, each service operates a discipline-orientated activity within its own team (Melvin, 1989). Crawford (2013, p.180) explains: 'Multidisciplinary. Involving many different disciplines, but they may be working independently or in parallel and, whilst coordinated, may interact on a limited basis.'

Trans-disciplinary working, within research, describes the process through which researchers from different disciplines jointly create innovative conceptual and methodological ideas in order to address a specific issue. In this case, developing understanding and appropriate provision for mental ill health is imperative, particularly when dealing with patients or service users in distress. Within social work, various disciplines work together in the assessment and formation of care plans / packages, with a limited number of individuals actually implementing the service (Valk and Ponce, 2004). The benefits of such an approach are the enhancement of skills obtained from different disciplines collaborating. However, challenges occur when the way in which a discipline operates may differ from another. If this is overcome, when compared and contrasted to inter-disciplinary working, which is the process by which different disciplines collaborate by working alongside each other (Crawford, 2013), successful practice may occur. This practice involves taking ideas from both the service user/s and their families. An example of this is highlighted in The University of Nottingham's Centre for Research in Health and Health Care (2018) in which a range of professionals have worked together in analysing counselling approaches, reviewing ethnographic research, and evaluating the effectiveness of disability studies.

Against this backdrop, the importance of sharing expertise and information is perhaps most clearly evident within inter-professional working. This process has developed out of both legislation and serious case reviews, such as failings in the system - including lack of communication between agencies (Crawford, 2013). For example, The Children Act (1989) placed inter-agency communication at the centre of social work practice. Dunhill *et al.* (2010, p.21) explain: 'Keeping lines of communication open and engaging with children, young people, parents, carers and other professionals is critical.' However, the death of Victoria Climbiè has underscored an increased need for agencies to pool their intelligence and resources and work in a systematic and timely fashion, maximising resources in order to ensure the tragic loss of lives is avoided (The Laming Report, 2003). As a result of such incidents and further legislation, Working Together to Safeguard Children (2018) was introduced in order to emphasise the increased need for co-operation between professionals.

Schools play a critical role in supporting children and young people with mental health needs. It is estimated that one in ten has a diagnosable mental health need (DfE /DoH, 2017). The problem is not unique to England, or even the UK and the causes of mental ill health are multi-faceted: A growing body of evidence, mainly from high-income countries, has shown that there is a strong socioeconomic gradient in mental health, with people of lower socioeconomic status having a higher likelihood of developing and experiencing mental health problems. In other words, social inequalities in society are strongly linked to mental health inequalities (Mental Health Foundation, 2016: 57). Thus, socio-economic disadvantage acts as a psychosocial stressor and can have a detrimental impact young people's mental health and wellbeing. It reduces the ability of young people to participate in activities with their peers. It is also associated with worse parental mental, which is, in turn, a strong risk factor for poor child mental health and wellbeing (Education Policy Institute, 2018). Additionally, adverse childhood experiences, have a known and significant effect on children and young people's mental health. These include trauma, poor attachment, parental alcohol and drug abuse, domestic violence, neglect and abuse (House of Commons, 2018).

Child and Adolescent Mental Health Services (CAMHS) in England provide specialist health support for children with mental health needs external to the school. Local CAMHS services are multi-professional teams which include a range of professionals. These include psychiatrists, psychologists, social workers, nurses, support workers, occupational therapists, psychological therapists (child psychotherapists, family psychotherapists, play therapists and creative art therapists), primary mental health link workers and specialist substance misuse workers. Schools can make referrals to CAMHS, but this provision is usually reserved for young people who have severe, complex and enduring difficulties. Schools must check referral criteria before contacting CAMHS and any decision to refer children for support must be done with full agreement from the child's parents. Waiting times to access CAMHS services can be lengthy and this can result in young people receiving help far too late. CAMHS does not provide support for children solely with learning difficulties or for behavioural problems which are evident in school but not at home. It is a specialist service for children and young people with severe, complex and enduring mental health needs.

It has been stated that:

There is clear evidence that schools and colleges can, and do, play a vital role in identifying mental health needs at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems.

(DfE/DoH, 2017:4)

However, it is important to emphasise that teachers are not trained health professionals and cannot be expected to deliver therapeutic interventions. They can however be supported to more effectively identify the signs of mental ill health and schools can reasonably be expected to develop whole-school approaches which foster a mentally healthy culture. According to the Green Paper, the two departments '...want to put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating' (DfE/DoH, 2017:3). To help them do this they have committed £1.4 billion over the next five years to young people's mental health. The Green Paper proposes that every school and college should have a Designated Senior Lead who is responsible for leading and managing mental health provision, although the scope and remit of this role is still being decided at the time of writing this paper. Within the Green Paper, there are proposals to introduce Mental Health Support Teams into schools to provide support with identifying needs and providing targeted intervention. This proposal is an effective example of multi-agency working. These teams will be able to offer a range of in-school therapeutic

interventions, including counselling, grief therapy and cognitive behaviour therapy. They will be staffed by individuals who have undertaken programmes of professional training. It should ensure that children and young people receive timely support, thus reducing pressure on external health services which are under-funded and over-stretched.

Supporting the mental health needs of children and young people in schools is challenging but greatly aided through a multi-professional approach within the school. The needs of children and young people are best met in the context of schools rather than in clinics. One way of supporting young people is through school counselling. According to the DfE (2016) 'counselling is an intervention that children or young people can voluntarily enter into if they want to explore, understand and overcome issues in their lives which may be causing them difficulty, distress and/or confusion' (p. 6). School-based counsellors help children and young people to gain a better understanding of themselves and gain greater awareness of the personal resources they have at their disposal for managing specific situations. Providing access to a school-based counsellor provides more immediate support for a young person because there is no need to obtain a clinical diagnosis before a child can start to access school-based counselling.

Cases of mental health needs which arise from abuse, neglect and other adverse situations in the home will need to be referred to social care services. Social care practitioners can then work with families to ascertain the level of risk to the child and they can support both the child and the family in working towards solutions. Teachers have a duty of care to ensure the safety of children and young people and to refer cases on to external services where the child or young person is at risk. The child's adverse experiences in the home are likely to affect their academic development and by developing an understanding of the child's family circumstances teachers can then provide appropriate emotional support to the child.

Although work may be situated within adult services, the ramifications of Working Together to Safeguard Children (2018), whereby practitioners are required to exchange information, have impact for all practitioners. This includes all parties taking responsibility for the welfare of individuals and eliciting the parents' and children's views (section 1:39), putting the child at the centre of the work; all this has had meaningful implications for my own practice. Moreover, Wallace and Davies (2009) write about the importance of sharing assessments in health care in order to ensure optimum care across services. Moreover, Davey and Bigmore (2009, p.76) write:

Regular meetings with other agencies ... proved conducive in enabling me to share knowledge and experience and, equally importantly, to listen to the experiences of other agencies regarding service delivery....

Collaboration involves reflection and continuous organised efforts to explore and work with people's personal needs whilst seeking to maximise client participation (Morrison, 2007). However, sometimes difficulties in effective communication between practitioners can occur. Recently, whilst teaching in a school, differences in approaches to effective teaching and learning occurred. This was due to both practitioners looking at a lesson 'judgement' from a nebulous, subjective and somewhat arbitrary perspective. However, the additional perspective, although on the surface may have seemed challenging, it refined thinking and honed practice. A further example, from social work training, was where I was involved in a mental health assessment, differences of opinion occurred. This was due to the positionality of the individuals involved and upon the professional judgement being made. Again, although challenges to perspectives can be seen as difficult to manage at the time, in the wake of the action benefit is given to practice by criticality. Moreover, Loxley (1997, p.1) writes about the 'deep rooted social

differences in the division of labour' as boundaries and conflicts that can occur when working in partnership with other practitioners. However, the use of critical reflection and reflexive practice can help to reduce tensions and optimise effectiveness ensuring the most beneficial outcomes are generated.

Anning (2010, p.25) writes: 'we ourselves are an example of what we were studying.' This was underpinned by use of Schon's (1991) model, which identified both strands of reflection; reflection-on-action and reflection-in-action. Schon (1991) explained that, through reflection-on-action, practitioners manage the difficulties of working in varied contexts by reflecting 'in the action' through which they interact with the context. Reflection-on-action allows practitioners the tools to critically evaluate and analyse events and experiences through a range of factors, such as underlying theories, clinical experiences, and existing knowledge. Autoethnography, reflection-in-action occurs when existing knowledge and skills are utilised in order to adjust practice in response to a situation, with a view to managing the situation more effectively and efficiently. In practice this reflection is an integral tool to development of work across professions.

Furthermore, emphasising the links that exist within different professions can help individuals work towards a common purpose in awareness of mental illness. The inter-locking nature are embodied within ethical and professional codes of practice span social work and other professions, such as teaching and medicine. Morris (2008) writes of the interlocking nature of ethical and professional codes of practice which govern social work and other professions. Social work and other professions are obliged to act with regard for the dignity of human life and with respect, integrity, and justice. For example, in teaching, the General Teaching Council (GTC) stipulates that relationships with colleagues, pupils and parents should be professional and that no conduct should bring the professional into disrepute. The standards for social workers also underline the importance of upholding these principles. The British Association of Social Workers (BASW) and Nursing and midwifery also seek to demonstrate professionalism (section 3:1) and confidentiality (section 3:10). In nursing: 'Make the care of people your first concern, treating them as individuals and respecting their dignity' and, in social work, practitioners are to be involved in 'Upholding and promoting human dignity and well-being' (section 2:1).

Conclusion

In summary, developing effective deliberations between professions is of significant importance in enhancing awareness and provision for mental illness. Fragmented services may mean service users experience further distress, having to repeat their story multiple times to different practitioners. The need to emphasise this is why this paper is justified.

Inter-professional working involves different professionals pooling their resources and deliberating over their (often very different) ideas. Trans-disciplinary working involves combined efforts during the assessment and often a singular point of access for the service user in the aftermath of providing the services. Multi-disciplinary working includes different disciplines working in a co-ordinated manner, with a level of contact between them. However, tensions may exist such as the dissonance, in for example, the assessment of an individual, by someone medically qualified and someone who knows the history of the person or has daily contact with them. We have also explored the need for both reflection at different times during practice and an effective evaluative process in the wake of action, with a view to enhancing the quality of future practice on a professional level; designed to benefit the practitioner and their clients. Critical reflexive practice, held as a state of mind rather than as a singular act, is vital in postmodernity (Fook, 2012). It includes reviewing one's paradigm and social work values and

analysing how these could have impacted on one's professional work. This cyclical, iterative process allows for research- informed practice, led by a sound value base across professions. These matters are of specific worth in managing the changing nature and complexities of teaching, social work and inter-linked professions, as each holds an important role in forming and developing reflective relationships (Hood, 2018).

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