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Social Work and Mental Health Position Statement

The social work profession has a strong commitment to improving individual and societal mental health and wellbeing. Social work promotes respect for the human rights of people with mental health problems, and seeks to enhance their access to opportunities for full participation in social and economic life.

Introduction: The Social Work Platform

1. The social work profession is committed to maximising the well being of individuals, families and the community in socially inclusive communities, which emphasise principles of social justice, respect for human dignity.
2. In carrying out their professional tasks and duties, social workers strive to act in ways that give equal priority to respect for human dignity and worth and the pursuit of social justice. This commitment is demonstrated through service to humanity, integrity and competence, which characterise professional social work practice.
3. The AASW is the only national organisation for social workers in Australia, who are involved in the delivery of a range of community services including health, family, child welfare, and income support, in the public, private and not for profit sectors. Many AASW members are involved in the delivery of mental health care in a range of fields of practice.

Role of Social Workers

4. Social workers in all fields of practice have at least some clients with mental health problems, often in combination with other difficulties. They work with clients across the age range. Depending on the service setting, their clients may be children, adolescents, adults or older people.
5. Social workers are also employed in specialist mental health services, and by 2004-05, made up a third of the allied health workforce for public mental health services (Dept of Health & Ageing, 2007, p.46). In that year, social workers comprised the fourth largest professional



group in the public mental health workforce after mental health nurses, medical staff and psychologists.. A small but increasing number provide mental health care in private practice.

6. According to the AASW Practice Standards for Mental Health Social Workers, social work's central concern is the social context and social consequences of mental health problems (AASW, 2008: p.9). Furthermore, 'The purpose of practice is to promote recovery, restore individual, family, and community wellbeing, to enhance development of each individual's power and control over their lives, and to advance principles of social justice. Social work practice occurs at the interface between the individual and the environment: social work activity begins with the individual, and extends to the contexts of family, social networks, community, and the broader society (AASW, 2008: p.9)'.

Key points

7. Social workers base their practice on a strong commitment to social justice, acknowledging the rights of people with mental health problems, as set out in the United Nations *Principles for the protection of persons with mental illness and the improvement of mental health care* (UN, 2001).
8. Social workers use a biopsychosocial model to aid their understanding of mental health and mental illness, and to guide their practice. Within this model, the special focus of social work is the impact of social, economic and cultural factors on individual and societal mental health and wellbeing (Tew, 2008).
9. In their practice, social workers seek to build on a client's strengths, including individual abilities, and assets such as a supportive social network, and to empower clients to exercise more direction over their life and process of recovery (Rapp & Goscha, 2006; Repper & Perkins, 2003). To achieve this, social workers draw on a range of evidence-based approaches, including individual, group and family interventions (Ryan & Morgan, 2004).
10. Social work in mental health takes particular account of the importance for clients' mental health of fulfilling social relationships, adequate housing with stable tenure, and paid employment or other forms of meaningful daily activity (Leff & Warner, 2006; Mental Health Council of Australia, 2007).
11. Social workers support the participation of consumers and their carers in all aspects of mental health care (Campbell, 2008). To this end,



social workers advocate for consumer and carer involvement in treatment planning, service evaluation, and service and policy development. Social workers also work in partnership with other health professionals as members of multidisciplinary teams (Renouf & Meadows, 2007).

12. Social workers understand that broad systemic factors influence the mental health and wellbeing of individuals and communities (Rogers & Pilgrim, 2003). Consequently, they seek to influence policies at all levels of government which directly or indirectly affect the lives of people with mental health problems (Lester & Glasby, 2006). In particular, social workers advocate for policies which enable people with mental health problems to achieve the quality of life expected by the rest of the community (Australian Association of Social Workers, 2007). This includes expanding their opportunities to obtain safe and stable housing, daily occupation and good health care.
13. The AASW has specific recommendations in relation to areas of national policy development which have direct relevance to people with mental health problems and their family carers.

National Mental Health Reform

The AASW supports further action on national mental health reform by the Australian Government in conjunction with State and Territory Governments. The AASW considers that the following should be part of the national reform agenda:

- Establishment of a national blueprint for a comprehensive mental health service system, focusing on the functions to be covered and the service designs found to be effective. The blueprint would encompass the non-government disability and rehabilitation support sector as well as clinical treatment services, and private and public sector provision. This is a critical first step to ensure that the best mix of services is available across Australia for people with mental health problems, their families and others carers, rather than the current unsatisfactory situation where access to services is overly dependent on where you live and your disposable income;
- Use of the national service blueprint by the Australian Government and State and Territory Governments to identify service gaps and target future initiatives;
- The Australian Government, together with State and Territory Governments, should provide an annual public report on the extent to



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which the required national blueprint is in place across Australia, and how gaps are to be filled in the future;

- Routine evaluation of new government-funded mental health initiatives as part of their implementation;
- Adjustments by the Australian Government to the Better Access to Mental Health program to ensure equitable access to Medicare-funded private mental health care by people living in outer suburbs or in rural and remote areas, and both those on low incomes;
- Promotion of consumer-delivered services through creation of a national learning network;
- Provision of incentives such as funded places and scholarships to ensure there are sufficient social workers in the mental health workforce, given social work expertise in provision of psychosocial interventions.

Strengthening the Voice of People with Lived Experience

- The AASW believes that the voice of people with lived experience of mental health problems must be strengthened and more fully inform the development of policy, and the planning and delivery of services.
- To support the pursuit of these objectives, the AASW advocates for more funded consumer consultant and peer support positions in all public mental health services to ensure that consumer needs are an integral part of service responsiveness and individual care planning.

Better Support for Carers

- The AASW recognises the essential role undertaken by families and other carers in supporting people with a mental illness, and considers that this role has been under-valued and under-resourced by government at all levels.
- Carers have also made clear that their caring role would be made easier by better services for their relative, particularly increased availability of stable low-cost housing, with support as required, and timely access to quality treatment and rehabilitation.
- To support carers in pursuing these objectives, the AASW advocates for funded carer consultant positions in all public mental health services to ensure that carer needs are an integral part of service responsiveness and individual care planning.

Disability Employment Strategy

- The AASW supports a broad definition of employment that includes voluntary as well as paid work, and both full and part-time work.



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- Australia is well behind comparable developed countries in the workforce participation of people with a mental illness (MHCA 2007, p.13). The AASW endorses the strategies put forward in the Mental Health Council of Australia's National Mental Health Employment Strategy for Australia (MHCA, 2007, p.7-12) to change this situation.
- The AASW also endorses the position put forward by the Australian Council of Social Service (ACOSS) in its submission on disability employment (ACOSS 2008). The key areas for action are:
 - Skills development: Moving from an over-emphasis on quick job outcomes to sustained employment through skills development, job retention and advancement.
 - Employment assistance for disadvantaged jobseekers: Moving from a standard sequence of assistance driven by short term outcomes and benefit 'compliance' systems towards personalised help with barriers to work.
 - Income support: Moving from a complex and inequitable benefits structure which discourages participation towards a more streamlined system that smooths and supports transition to work.
 - Moving from a compliance system focussed on the use of penalties to enforce standard activity requirements towards engagement with jobseekers based on their personal circumstances within a fair legislated framework.
 - Making work pay: More encouragement of part-time work, and action to reduce the costs of working.
 - Furthermore, the AASW considers the success of on-site employment specialists in clinical mental health services warrants Australian Government financial support to enable replication in all States and Territories. In addition, not only the Australian Government (MHCA 2007, p.12), but also State and Territory Governments should be required to increase their level of employment of people with a disability, and meet at least the target specified of 6.6 per cent by 2012.

Housing and Homelessness

Access to stable low-cost housing by people with a mental illness has been markedly reduced by the lack of affordable private rental housing, declining public housing stock, and of the uneven distribution and inadequate supply of



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not for profit social housing models across Australia. There needs to be recognition that over half of people developing their mental illness and/or substance abuse problem did so after they became homeless (Chamberlain, Johnson & Theobald 2007).

The AASW acknowledges that the Federal Government's housing strategies will increase funding for Australians experiencing homelessness and provide some lower than market cost private rental housing. However, more needs to be done. Therefore, the AASW advocates:

- An increased investment from Federal State and Territory Governments in public and not for profit community housing through the National Affordable Housing Agreement;
- A review of Commonwealth Rent Assistance to ensure it meets the needs to low income people with mental health issues in private rental accommodation;
- Increased government investment in a range of safe and affordable housing models, including supported housing models already shown to be effective in meeting the particular needs of people with a mental illness;
- More flexible models of service delivery for people who are homeless, with longer periods of support and greater inclusiveness in terms of age cohorts;
- National expansion of early intervention services for families at risk of homelessness, particularly the HOME Advice program (Household Organisation Management Expenses).

Conclusion

14. Through action at the individual, community and broader system level, the social work profession seeks to overcome the discrimination and disadvantage by people with the lived experience of mental health problems, to promote their rights as citizens and to strengthen their voice. The profession also strives to improve general individual and societal mental health and wellbeing.

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Disclaimer: Position statements

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