



Social Work and Mental Health Position Paper

Position Statement:

Introduction: The Social Work Platform

The social work profession is committed to maximising the wellbeing of individuals and society. It considers that individual and societal wellbeing is underpinned by socially inclusive communities which emphasise principles of social justice and respect for human dignity and human rights, including the right to freedom from intimidation and terror in society. Minimum standards of human rights include also the right to adequate housing, income, employment, education, and mental health and health care. Social work practice seeks to enhance people's access to opportunities for full participation in social and economic life. Through action at individual, family, community and political levels, Social Workers seek to overcome the discrimination against, and disadvantage experienced by, people with mental illness, and to promote their rights as citizens.

Role of Social Workers

The AASW is the only national organisation for Social Workers in Australia, with over 6,000 members. The AASW acknowledges that Social Workers in all fields of practice have at least some clients with mental health problems (Bland, Renouf, & Tullgren 2009). By 2007-08, Social Workers made up a third of the allied health workforce for public mental health services and comprised the fourth largest professional group in the public mental health workforce (Department of Health & Ageing, 2010). By early 2012, there were around 1,300 AASW-accredited Mental Health Social Workers in private practice.

Social Workers:

- i) acknowledge 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);
- ii) focus on the interface between the individual and the environment and recognise the impact of social, economic, and cultural factors on individual and societal mental health and wellbeing (AASW, 2008; Tew, 2008);
- iii) seek to build on individual and community strengths to empower people to exercise more direction over their life and process of recovery (Rapp & Goscha, 2012);
- iv) are concerned with promoting recovery by, in part, enhancing people's power and control over their lives and advancing social justice principles (AASW, 2008);
- v) draw on a range of well researched approaches, which may include individual counselling and support, family psycho-education, group work and community development, research and policy development (Bland, Renouf & Tullgren, 2009);
- vi) undertake research into a range of areas related to mental health and wellbeing;
- vii) take particular account of the importance to consumers' mental health of fulfilling social relationships, adequate and stable housing, paid employment, and other forms of meaningful daily activity (Bland, Renouf & Tullgren, 2009; MHCA, 2007; Leff & Warner, 2006);
- viii) support the participation of consumers and their carers in all aspects of mental health care, including - but not limited to - involvement in treatment planning, service evaluation, and service and policy development (Bland, Renouf & Tullgren 2009);



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- ix) work in health and mental health settings, usually in multidisciplinary teams, often with a preventative focus in reducing harm and risk. They not only work with other allied health and medical practitioners, but may also liaise with lawyers, GPs, advocacy agencies, debt counsellors and so on; and
- x) seek to influence policies at all levels of government which directly or indirectly affect the lives of people with mental health problems (AASW, 2007; Lester & Glasby, 2006).

Policy Context

Since 2006, mental health policy has regained some of the momentum which followed the 1992 release of the National Mental Health Strategy. At the Federal level, mental health has been given relatively high priority in policy development and funding (see discussion below). However, the level of funding allocated to mental health still does not reflect the prevalence of mental health problems and associated disabilities in the community. Furthermore, mental health is not just a health matter, but spans policy domains. For example, changes to social security policy, such as a tightening of eligibility criteria for the disability support pension, can markedly affect the lives of people with a mental illness and their families.

Role of Government

Recently, the roles of Commonwealth and State and Territory governments have become increasingly blurred in relation to mental health. Traditionally, State and Territory governments have been primarily responsible for delivering public mental health care, including clinical treatment in inpatient and community settings, as well as rehabilitation and recovery support. Local government has played a role in providing access to home and community care services and neighbourhood centres, promoting community wellbeing and identifying local mental health concerns through neighbourhood nuisance issues, and homelessness.

Since 2006, the Commonwealth has directly funded a new suite of psychiatric disability support services. Previously Commonwealth disability support funding was allocated to states and territories for distribution. In 2006, the Commonwealth also increased the scope of Medicare-funded private sector mental health care to incorporate social work and other allied health professionals.

In 2006, the National Action Plan for Mental Health 2006-2011 was launched with cross-jurisdictional support, together with a Commonwealth commitment of \$1.9m to implement a range of initiatives (COAG, 2006). Some were short-term, such as funding to ensure graduating health professionals were better informed about mental health issues. Others were longer-term. For example, the Better Access to Mental Health Care program enabled allied health professionals in private practice to register as Medicare providers and provide claimable therapeutic sessions for people with mild to moderate mental health problems. To participate, Social Workers have to be AASW-accredited Mental Health Social Workers. The Commonwealth government also funds a set of disability support programs, such as the Personal Helpers and Mentors (PHaMS) scheme and the Day to Day (D2D) Living program.

Since the Federal Government changed in 2007, policy momentum has continued with new funding for social housing projects resulting in greater availability of low cost stable housing for people with psychiatric disabilities at continued risk of homelessness. In 2009, the Federal Government launched its National Mental Health and Disability Employment Strategy, which acknowledged the particularly



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low rates of employment of people with psychiatric disabilities in Australia (Australian Government, p.6). The Strategy outlined a range of practical support for people with psychiatric and other disabilities to obtain paid employment (Australian Government, pp.8-23).

Following the 2010 Federal Election, the first Australian Minister for Mental Health was appointed and the ensuing federal budgets have allocated more funding to mental health. The 2011-12 budget had two particularly important initiatives:

- i) a commitment to produce a ten year roadmap for mental health reform;
- ii) the establishment of a National Mental Health Commission.

Additionally, following the release of a Productivity Commission Report (2011), the Federal Government has committed to introducing a National Disability Insurance Scheme. This will include people with the more disabling forms of mental illness. Finally, a new Commonwealth program called 'Partners in Recovery' was funded, which builds on the Access to Allied Psychological Services (ATAPS) infrastructure, and aims to provide individual care packages for people with major psychiatric disabilities. There is room for Social Workers to be employed in the key coordinating positions for this new program.

A National Mental Health Workforce Strategy and Plan was released in September 2011 (MHWAC 2011). It sets out strategies for five outcome areas, including:

- i) retaining the current workforce;
- ii) building capacity for workforce innovation;
- iii) increasing supply;
- iv) building the capacity of the general health and wellbeing workforce; and
- v) data monitoring and evaluation.

It suggests supplementing the professional workforce with VET-trained assistants, which could have problematic implications for Social Workers. However, it also proposes expanding the peer support workforce, including carer as well as consumer peer workers, a direction which Social Workers would strongly endorse.

The AASW calls for:

- implementation of the ten year National Roadmap for mental health reform, with specific targets to be achieved over the ten years. The roadmap should be based on a national blueprint for a comprehensive mental health service system;
- use of the National Service Blueprint by the Australian Government and State and Territory Governments to identify service gaps and target future initiatives;
- the National Mental Health Commission's provision of an annual 'report card' on the extent to which reform targets have been achieved;
- adjustments to the Better Access to Mental Health Care program to ensure equitable access to Medicare-funded private mental health care for people living in socio-economically disadvantaged outer suburbs of cities or in rural and remote areas, and for those on low incomes;
- provision of adequate Commonwealth funded places and scholarships for Social Workers, to meet the demand for social work positions in mental health services;



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- further development of initiatives in conjunction with Aboriginal and Torres Strait Islander peoples that reflect Indigenous approaches to health and wellbeing;
- the development of minimum practitioner standards in psychotherapeutic approaches; and
- a greater role and funding for local government to support mental health initiatives.

Strengthening the participation of people with mental illness to policy development, practice, and research:

- The AASW believes that the contribution of people with lived experience of mental health problems must be strengthened through fuller engagement in the development of policy, and the planning and delivery of services.
- Consumer consultant and peer support positions should be funded 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 acknowledges the essential role undertaken by families and carers in supporting people with mental illness, and acknowledges that this role has been under-valued and under-resourced by government and some healthcare practitioners.
- The AASW recognises the importance of assessing carer support needs, including carer capacity to undertake a caring role and of developing carer support plans.
- To support carers, 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.

Expand the number of people with a mental illness in paid employment:

- The AASW supports a broad definition of employment that includes voluntary as well as paid work, and both full and part-time work.
- 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 ensure the rate of workforce participation of people with a mental illness is comparable to other developed countries.
- The measures identified in the 2009 National Mental Health and Employment Strategy are welcomed, as they hold the promise of a more flexible and consumer-oriented approach to assisting people with psychiatric and other disabilities into paid employment (Australian Government, 2009, pp. 8-23).
- On-site employment specialists in clinical mental health services should be made available in all States and Territories.
- Australian Government employment of people with a psychiatric disability be increased to meet at least the 1986 target of 6.6 per cent by 2012 (MHCA 2007, p. 12).

Promote affordable housing and reduce homelessness:

Research has shown that over half of people with mental illness and substance abuse problems developed these issues *after* they became homeless (Chamberlain, Johnson & Theobald 2007). Consequently, the AASW advocates for:



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- An increased investment from Federal, State and Territory Governments in public and not for profit community housing.
- The Commonwealth Rent Assistance to meet the needs of low income people with mental health issues in private rental accommodation.
- Increased government investment in a range of safe and affordable housing models, particularly in rural and remote areas (MHCA 2009), that allow people to live close to their social support networks.
- National expansion of early intervention services for families at risk of homelessness.
- More flexible models of service delivery for people experiencing homelessness, with longer periods of support and greater inclusiveness in terms of age cohorts.

Promote mental health and wellbeing amongst asylum seekers and refugees

The AASW recognises that many asylum seekers and refugees experience feelings of loss, isolation, exclusion and difference, and high rates of mental illness. Consequently, the AASW calls for:

- An increase in the number of community placements for asylum seekers.
- A mandated time limit on immigration detention.
- Adequate support for asylum seekers and refugees living in the community.
- Mandated access to quality mental health care for all asylum seekers and refugees including those in immigration detention.
- An independent guardian for unaccompanied children seeking asylum.

Workforce Issues

The new National Mental Health Workforce Strategy and Plan (MHWAC 2011) indicates a readiness by the Commonwealth Government to tackle pressing workforce issues.

Specifically, the AASW recognises that:

- People with mental illness often experience stigma from healthcare professionals when seeking treatment and information and knowledge dissemination remains poor (MHCA, 2010). Consequently, training and supervision must be provided to all practitioners, irrespective of their discipline, working with people with mental illness.
- Many carers are ageing and they feel isolated in responding to the complex issues of living with a relative with mental illness (MHCA 2009). Carers need adequate supports, including respite, and to be engaged in long term planning for their unwell family member.
- Referrals to allied health professionals through the Access to Allied Psychological Services (ATAPS) program need to make better use of social work expertise. This may change as Social Workers in private practice will have to be AASW-accredited as Mental Health Social Workers to take referrals.
- Work needs to be continued to include Social Workers in the National Registration Scheme.
- Greater incentives are needed to recruit and retain Social Workers in rural/remote areas.
- It is important that online and other technologies are developed to improve access for those living in rural and remote areas to mental health care and support.
- More coordinated, collaborative, and reliable recovery-oriented services are required.
- Alternative, non-stigmatising models of service delivery need to be developed, which may include, amongst other things, locating Social Workers in local community facilities, using social



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media, and providing advice to town planners and commercial developers to design infrastructure that promotes social inclusion.

Talking Points

Talking points important to the field of social work in mental health include:

- The unique attributes, skills and knowledge that Social Workers bring to generic and specific mental health services; for example, understanding the consumer's social situation and relevant strengths and stresses, engaging with family carers, and connecting with local services and resources.
- The importance of drawing on consumer vignettes that illustrate the work of Social Workers and experiences of consumers and carers.
- The positive contribution of Social Workers in all practice settings to the improvement in personal and social circumstances that support and foster mental health.

References

- Australian Association of Social Workers (2008). *Practice Standards for Mental Health Social Workers*, Canberra: AASW.
- Australian Association of Social Workers (2007). *Submission by the Australian Association of Social Workers to the Inquiry by the Senate Community Affairs Committee into Mental Health Services in Australia*. Canberra: AASW.
- Australian Government (2009). *National Mental Health and Disability Employment Strategy*. Canberra: Commonwealth of Australia.
- Bland, R., Renouf, N., & Tullgren, A (2009). *Social Work Practice in Mental Health: An Introduction*. Crows Nest, NSW: Allen & Unwin.
- Department of Health & Ageing (2010). *National Mental Health Report 2010: Summary of Fifteen Years of Reform in Australia's Mental Health Services under the National Mental Health Strategy 1993-2008*. Canberra: Commonwealth of Australia.
- Chamberlain ,G. Johnson, G., & Theobold, J. (2007). *Homelessness in Melbourne: Confronting the Challenge*, Melbourne: Centre for Applied Social Research, RMIT University.
- Council of Australian Governments (COAG) (2006). *National Action Plan on Mental Health 2006-2011*. Canberra: Commonwealth of Australia.
- Leff, J. & Warner, R. (2006). *Social Inclusion of People with Mental Illness*. Cambridge, Cambridge University Press.
- Lester, H. & Glasby, J. (2006). *Mental Health Policy and Practice*. Basingstoke, Palgrave Macmillan.
- Mental Health Council of Australia (2011). *Consumer and Carer Experiences of Stigma from Mental Health and Other Health Professionals*. Canberra: MHCA.
- Mental Health Council of Australia (2010). *Mental Health Carers Report*. Canberra: MHCA.
- Mental Health Council of Australia (2009). *Adversity to Advocacy: the Lives and Hopes of Mental Health Carers*. Canberra: MHCA.
- Mental Health Council of Australia (2009). *Home Truths: Mental Health, Housing and Homelessness in Australia*. Canberra: MHCA.
- Mental Health Council of Australia (2007). *Let's get to work: A National Mental Health Employment Strategy for Australia*. Canberra: MHCA.
- Mental Health Workforce Advisory Committee (MHWAC) (2011). *National Mental Health Workforce Strategy and Plan*. Melbourne: Victorian Department of Health.



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- Productivity Commission (2011). *Disability Care and Support, Inquiry Report No. 54*. Canberra: Commonwealth of Australia.
- Rapp, C. A. & Goscha, R. J. (2012). *The Strengths Model: A Recovery-Oriented Approach to Mental Health Services*. New York: Oxford University Press, 3rd Edition.
- Tew, J. (2008). Social perspectives on mental distress. in T. Stickley & T. Basset (Eds) (2008) *Learning about Mental Health Practice* (pp.235-252). Chichester: John Wiley & Sons Ltd.
- United Nations (2001). *Principles for the protection of persons with mental illness and the improvement of mental health care: General Assembly Resolution 46/119*. New York: United Nations.
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Disclaimer: Position statements

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