

## *Dear Students of Social Work,*

As problems are viewed more holistically, interventions need to be provided by a wider range of services working closer together. In today's context, many professionals who work in an agency, work in a multidisciplinary way or at least there is an expectation to do so. What does such a team look like, how does it work and how does such a team bring about better results?

### **Need for Multidisciplinary Teams**

The need for multidisciplinary team (MDT) work is increasing as a result of a number of factors including:

- (a) An aging population with frail older people and larger numbers of patients with more co-morbidities and complex needs associated with chronic diseases;
- (b) The increasing complexity of skills and knowledge required to provide comprehensive care to patients or services to clients; and
- (c) No one-care professional being able to meet all the complex needs of their clients or patients.



### **What is a Multidisciplinary Team?**

Quite typically, an MDT is a group of specially-trained professionals who are brought together to attend to an individual who may be a patient in a healthcare setting or a client in the case of a social setting. Sometimes, it is a team that a doctor will bring together to treat the patient's medical symptoms, including the psycho-social and emotional, as well as the physical aspects. The doctor will draw upon the MDT's varied skill-set to manage the patient's condition as effectively as possible. Because the team has a wide range of expertise, this will enable them to advise on a number of aspects, from medication and mobility to drooling and diet. The aim is to reduce the number of separate nursing or social work assessments for patients.

The composition of the MDT is dynamic - professionals who are part of the team may vary depending on needs and availability. There is no standard template for who is to be included in the MDT. Professional titles may vary between agencies and the MDT members will vary depending on each client or patient's individual needs and will change as the condition or illness progresses.

Likewise, the MDT is formed in areas of special needs, protection and social care depending on the needs of the individual. In situations where protection is a concern, the involvement of the police, emergency workers and guardians entrusted with authoritative powers are necessary.

The team will work closely with and involve the person and the caregiver or family. The team is there to build a good relationship, agree on the intervention goal and support the individual and the family in whatever way care is required, so that everyone involved feels comfortable to discuss any problems that arise. The aim of the MDT is to minimise the impact the illness or special need has on daily activities. The team will work with the individual and the family to improve aspects of activities for living, coping and functioning. In essence, it is about care and support to help such individuals through everyday living.

As clients and their care givers have social and emotional concerns, it is especially necessary for social workers to provide inputs in these areas. This is to ensure that medical or therapeutic issues do not crowd out what will contribute to the social well being of the clients. It is also necessary for the leader of the MDT to facilitate the contribution of junior members in the team as they bring with them their specialist training. In the areas of disability and elder care, it is useful to pay attention to the social work interventions that will enable the client to be integrated into living in a home and family environment.

### What is meant by 'Multidisciplinary'?



There are several dictionary definitions of the term “multidisciplinary”. One particular definition states that it is ‘composed of or combining several usually separate branches of learning or field of expertise’. In the context of health care and medicines management, this refers to bringing together the knowledge and expertise of healthcare professionals and staff from different backgrounds.

However, there is much more to multidisciplinary team work than putting a group of people together. The idea is that different professional groups will do more than just perform their own professional activities *in a shared work space*; the emphasis is on *working together* to deliver a co-ordinated service to patients or the individuals and their families.

In good multidisciplinary work, there is leadership most of the time and decision making is usually derived through deliberation as a team and in the interest of the patient or client. There is respect for professional expertise which is applied in a plan. And there is clarity about each agency’s roles.

People with multiple and complex needs frequently have needs that transcend established professional and organisational boundaries. They benefit from an effective ‘whole-person’ approach even as they transit from adolescence to young adulthood and between adult social care and residential care.

Image courtesy of Vlado at FreeDigitalPhotos.net

### Examples of Multidisciplinary teams

#### **Community Mental Health Teams**

The community mental health team is widely regarded as the model for all multidisciplinary teams. The teams usually comprise social workers and community psychiatric nurses and other professionals such as occupational therapists, psychiatrists and psychologists.

#### **Youth Offending Teams**

These would usually comprise social workers, probation officers, employment and educational professionals.

### **Child and adolescent mental health services**

These are multidisciplinary teams working in a community mental health session or child psychiatry outpatient service. These provide a specialised service for children and young people with mental health disorders. Team members are likely to include child psychiatrists, social workers, clinical psychologists, occupational therapists, and art, music and drama therapists.

### **Adult protection team**

Professional disciplines that are typically represented on elder abuse teams include adult protective services, the civil and criminal justice systems, health and social services, and mental health services. Some teams include domestic violence advocates, substance abuse specialists and policy-makers.

### **What makes a Multidisciplinary Team work well?**



An MDT with a diverse range of skills and expertise seems obvious. Teams that discuss cases are likely to identify systemic problems that can be addressed through advocacy, training, or coordination. And yet past research on this arrangement has been inconsistent, with some studies suggesting that a team's diversity can have a negative effect. One apparent drawback is that team members with shared backgrounds tend to organise themselves into opposing cliques.

So what makes MDT beneficial is dependent on *whether certain group processes are working well*.

Studies have shown that teams that were more multidisciplinary tended to have introduced more innovations regardless of whether effective group processes were in place. However, the quality of the innovations (e.g. as measured by their benefit to patients) was dependent on group processes. Teams with more professions on board only introduced innovations of greater quality when effective group processes were in place – e.g. including all team members being committed to the same cause; everyone in the team being listened to; the team reflecting on its own effectiveness; and there being plenty of contact between team members.

Studies<sup>1</sup> have therefore concluded that “From a practical perspective, the most eminent question is how to establish team processes that help capitalize on multi disciplinarity.”

Teams also vary in their level of formality. Some have handbooks, "job descriptions" for members, funding agreements, and guidelines for presenting cases. Many find it helpful to distribute minutes summarizing case discussions and clarifying what has been decided. Some make it a point to follow up on all cases that are discussed so that team members receive feedback on outcomes.

So how does a social worker in a multidisciplinary team have an identity? How do social workers recognise and maintain the core social work tasks in a multidisciplinary team alongside doctors, nurses, psychiatrists and psychologists? How does a social worker contribute to the overall functioning of the team?

*Image courtesy of Vlado at FreeDigitalPhotos.net*

Several factors are critical to good MDT teamwork. These are:

- ✚ a clear vision of how agencies and practitioners will work together with agreed and achievable aims and objectives;
- ✚ a good understanding of each professional's role;
- ✚ an agreement on the lead professional's role;
- ✚ communication that is current among all practitioners;
- ✚ sharing of information among practitioners;
- ✚ collective decision making whenever it is appropriate;
- ✚ effective leadership while understanding that this is a demanding role; and
- ✚ familiarity with the term 'shared culture' amongst practitioners, something that is currently lacking and needs effort to build.

So what are the characteristics of a MDT?

1. Identifies *a leader* who establishes a clear direction for the team, while listening and providing support and supervision to the team members.
2. Incorporates *a set of values* that clearly provides direction for the team's service provision; these values should be visible and consistently portrayed.
3. Demonstrates *a team culture* and interdisciplinary atmosphere of trust where contributions are valued and consensus is fostered.
4. Ensures *appropriate processes* and infrastructures are in place to uphold the vision of the service.
5. Promotes role *interdependence* while respecting individual roles and autonomy.



### How a Multidisciplinary Team delivers better experience for clients

For patients and clients with complex needs or needs that require the services of more than one agency, department or professional, the experience of a coordinated response, advice and guidance from the team will enable them to make more informed decisions. The patient or client will have a more seamless experience in that the care, support and relationship with the professionals are holistically connected as one piece and not as multiple transactions. Now that we know that multidisciplinary work works, we should make effort to make it a more regular approach despite the hard work. It is a choice that agencies adopt and it is a commitment of time and expertise on the part of professionals.

Image courtesy of Stuart Miles at FreeDigitalPhotos.net

Ang Bee Lian  
Director of Social Welfare, MSF  
15<sup>th</sup> October 2014

Other References:

Drinkwater, M. (2008). *Multidisciplinary Teams*. Community Care. Retrieved from: <http://www.communitycare.co.uk/2008/06/19/multidisciplinary-teams/>

Fay, D., Borrill, C., Amir, Z., Haward, R. & West, M.A. (2006). Getting the most out of multidisciplinary teams: A multi-sample study of team innovation in health care. *Journal of Occupational and Organizational Psychology*, 79, 553–567. Retrieved from: <https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-11-19>

Nancarrow, S. A., Booth, A., Ariss, S., Smith, T., Enderby, P., and Roots, A. (2013). *Ten Principles of Good Interdisciplinary Team Work*. doi: 10.1186/1478-4491-11-19

National Committee for the Prevention of Elder Abuse. (n.d.). *Multidisciplinary Team*. Retrieved from the website <http://preventelderabuse.org>