Dear Social Service Practitioners,

As practitioners, we play a key role in managing risks and complexities that occur in the lives of our clients who are often those who have profound health and social needs, and are usually the most socially excluded and at risk of harm. Crisis situations are often the galvanising point when the complexities or risk, especially in cases with mental health issues, call for emergency services to be activated. It is in such moments of crisis that practitioners are called in to support these people. While this is often the sad reality, it is necessary to work towards greater integration of health and social care with a focus on prevention and wellbeing in order to reduce the demand for more intensive services.

Early Intervention and Prevention

When working with individuals with severe mental health issues, we all acknowledge the need for multi-disciplinary and multi-agency work. The work often involves professionals from the health, social care, housing, employment and other settings. This, however, is resource intensive and is a drain on agencies who are already trying to cope with a diverse range of cases and unsustainable demands.

This reinforces the urgency in identifying and facilitating access to services which meet people's needs at an early stage. As with most social problems, the system should aim for the following: prevention, early intervention, building resilience, reducing and delaying dependency, and helping to stem avoidable demand on care and health services. In doing so, the risk of crises and more costly demands on acute health services are reduced.

Contrary to what is intuitive, which is to do more to protect an individual, the goal of prevention and help should be to maximise the strengths and capacities of people who would otherwise be highly dependent. As in other fields, some traditional approaches to social care and mental health have fostered dependency.

Good early intervention acknowledges the practitioner's role in working alongside the individuals as a resource and collaborator and in minimising the discrimination, alienation and stigma that people with mental health problems often face. A practical aspect of the practitioner's role is to work alongside service users, carers and communities to promote avenues to employment and self-support. Helping people to keep their accommodation and work, manage their finances, and deal with debt will continue to be key practical challenges. Furthermore, having the relevant knowledge and skills to understand and intervene where mental health issues and low income problems co-exist are also important for effective and safe practice with individuals and families. This is especially so given what is known about the relationships between low income, domestic violence and child safeguarding risks.

Unspoken Dilemma

Working with cases with mental health issues is often fraught with dilemmas, from the gatekeeping of intensive and limited resources to the determining of roles and responsibilities among professionals, agencies, families and the community. As social service practitioners, we often work to balance the protection of human rights, the promotion of self-determination and the enabling of people to make change. The challenge then is to take action while balancing competing views and rights. As practitioners, we should strive to do so from a humanising perspective, one that hopes for improvement and always aims for the least restriction and interference in liberty that is possible in any given circumstance.

One Common Goal in Multi-Agency Work

When working across agencies, it is helpful to have a shared goal in order to better support the high risk cases or to address mental health issues as there is often a long tail to such partnerships. One such goal may be to build professional relationships that can empower people as individuals in their families and in the community. Another goal may be to work through conflict and support people in managing their own risks. Other goals may be to help the individual or family to access practical support and services and to prevent the escalation of risks or to reduce harm and meet basic needs. Setting a realistic goal and communicating it to partners who are supporting the individual or family is central to having clear outcomes.

Value of Social Perspective

Social service practitioners bring with them a distinctive social perspective when dealing with cases with mental health issues. They can help to recognize social antecedents and determinants of mental distress that may have occurred through the course of the client's life. These include trauma, loss and abuse, and experiences in childhood and adolescence.

The need to have family focused practice is well acknowledged as we often salvage and reinstate family relationships torn by the challenges and dynamics of family life. The social perspective acknowledges the importance of the service users' own expertise about their experiences and needs. It involves working closely alongside people, as well as, using empathy and relationship-building skills to hear and see through the eyes of service users, their families and friends in their non-crisis state. It is also necessary to focus on the contribution and needs of carers in mental health, including young carers who take on roles because the adults are either absent or unable to fulfil the responsibility.

Individuals and families often open up when they experience the following qualities in those who are helping them: warmth, respect, trust, reliability, being non-judgmental, being quick to listen, being treated with equality and having good information about how they could be helped.

Building Community Capacity

One of the better social inclusion strategies includes working with groups and networks of citizens to foster mutual support in order to develop greater acceptance of mental health issues. It is also important to develop knowledge of diverse communities and their networks, and to engage people from young about the subject of mental health and wellbeing.

To achieve this, social service practitioners need to use advanced relationship-based skills, and work in partnership with service users, carers and the wider community. They should tap on social networks and community dynamics to reach out to those who need support. It is good to help agencies and people to contribute to better coordination of the delivery of services and value-add to solving problems. To do this, the community at the regional level may be best able to bring agencies together to solve problems, form their own networks, provide peer support and learning, re-organise processes and service delivery, and deal with stigma and discrimination as they surface.

Almost every community has its constituents of diverse needs and challenges. Mental health issues are among the categories that tend to have an ambiguous goal, outcome and ownership. Crisis situations tend to dictate the public, agency and professional response for intervention. There is often weak follow through post-crisis which implies a less than optimal investment of resources. The aim of the work on mental health issues must therefore focus on enabling a stronger commitment to supporting individuals and families to learn from each crisis. In doing so, they will be able to bounce back with a clearer understanding of their collective strength and assurance of community support.

Ang Bee Lian
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