

Chapter 47

More than Pills and Beds: Contemporary Challenges in Social Work Practice and Mental Healthcare

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ABSTRACT

Contemporary models of mental healthcare emphasise the importance of multi-disciplinary approaches in supporting recovery for consumers. There is growing evidence of the key role to be played by social workers derived from both the principles of recovery and those underpinning social work theory and practice, particularly a focus on person-in-environment. However, pressures on the way mental healthcare is provided in Australia are threatening this confluence. These pressures are much more concerned with the needs of funders than professionals, consumers, and their families. The aim of this chapter is to explore the evidence to support social work as an integral element in mental health recovery and to better understand these emerging challenges. The role of social work in good mental healthcare is too important to become marginalized; yet this prospect is real. Better understanding of the contemporary landscape of social work can help ensure this does not occur.

INTRODUCTION

Promising evidence regarding the benefits of multi-disciplinary collaborative approaches to mental healthcare continues to accrue. The role of social workers as part of such collaborations is clear. This is particularly the case when applying largely consumer-driven concepts like recovery to such collaborative processes. This is because there is a strong accord between the emergent concepts of recovery and the social work perspective. Both centre on a need to move away from a limited focus on bio-medical issues in mental health.

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Many consumers are seeking more than stabilisation of symptoms and medication – more than pills and beds. Instead, many consumers see the keys to proper mental healthcare and their recovery being in better consideration of broader psychosocial concerns, such as housing, employment, social inclusion, and friendship. This broader perspective regarding recovery fits well with social work practice.

However, new and emerging pressures on the way mental healthcare is provided in Australia are threatening this confluence. Flat fee for service payment arrangements are administratively simple but fail to engender the desired multi-disciplinary approach. These payment systems are driving unwanted outcomes, picking professional winners and losers. At this stage, it is hard not to see social work as losing out under existing payment systems. Other important issues include the advent of new, personalised packages of care, with individual fundholding, such as to be established under Australia's National Disability Insurance Scheme (NDIS). These will place new pressures on consumers to find services that meet their needs. The advent of Activity Based Funding also threatens to reward hospital-focused approaches to service delivery over community-based approaches. Finally, there is a fundamental weakness in relation to the overall mental health workforce, including social workers, particularly in relation to community mental health.

Together these challenges suggest a paradox. While evidence for the effectiveness of social work as part of recovery-based models of care has never been stronger, the infrastructure to support such models appears weak or obscure. This chapter aims to explore this paradox, to inform contemporary thinking about policy and service design, and to highlight opportunities for closer and greater engagement of social work in mental health.

SEARCH STRATEGY

There were two key approaches to the search strategy used in the preparation of this chapter. First, multiple searches were conducted using library catalogues and journal and statistical databases (Australian Institute of Health and Welfare, Australian Bureau of Statistics). All identified documents were examined and those that were relevant were retrieved for inclusion. Other documents were searched and included where appropriate, such as technical reports and working papers. Internet searches were also carried out, using the key words *recovery*, *“collaborative mental healthcare”*, *“community mental health”*, *“social work”*, and *“peer support”*. Second, references were traced in literature already known to the authors. The scope of the searches was broad to ensure maximum retrieval and minimise the exclusion of items of interest.

BACKGROUND

It is worth providing a brief context in relation to Australia's current mental health system. Mental illness is common. One in five people will experience a mental illness in any year and almost half the population will experience a mental illness in their lifetime (Australian Bureau of Statistics [ABS], 2008).

Australia's mental health system has a very limited penetration of services with only 35% of people with a mental illness receiving care (ABS, 2008). Depressingly, this rate of access is largely unchanged over the past decade (ABS, 1998). This may have improved since the advent of the Better Access Program in 2006, to be discussed later in this chapter, though this is not verifiable.

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