

**K113\_2   Foundations for social work practice**

**Mental health practice: Bonnyrigg**

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The Open University, Walton Hall, Milton Keynes, MK7 6AA

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## Introduction

This course explores a number of issues relating to mental health practice. It starts by helping you define and understand the difference between mental health and mental illness. It also explores the discrimination that can arise when people experience some form of mental distress. You will look at how professionals working within the community can counter some of the effects of discrimination and stigma and contribute to the well-being of the wider community, as well as those who use their services directly.

This OpenLearn course provides a sample of Level 1 study in [Health and Social Care](http://www.open.ac.uk/courses/find/health-and-social-care?utm_source=openlearn&utm_campaign=ol&utm_medium=ebook).

## Learning outcomes

After studying this course, you should be able to:

* distinguish between mental health and mental illness
* give examples of how community resource centres can benefit the well being of individuals and communities in terms of mental health.

## 1 Defining and understanding mental health and illness

## 1.1 Introduction

Like many subjects, mental health is complex. This is partly because the language used in discussions about mental health is diverse, can mean different things to different people, and can sometimes be misleading. For example, the term ‘mental health’ is usually used in discussions about just the opposite: ‘mental illness’! There are, however, good reasons for the confusion surrounding its language. One reason is that decisions about what constitutes ‘mental health’, ‘mental illness’, ‘mental disorder’ and so forth are difficult to make and so people often disagree about them. Another reason is that such decisions are also value-laden. For many people, being diagnosed with a mental illness such as schizophrenia or depression is a deeply stigmatising experience. In this section we explore some of the problems with defining mental health.

## 1.2 Boundaries between mental health and illness

Start of Activity

**Activity 1: What is mental ‘health’?**

0 hours 20 minutes

Start of Question

What do you think it means if someone is described as ‘mentally healthy’? Think of all the different ways of describing ‘mental health’ you can and write them out on one side of a sheet of paper. For example, you might think that ‘feeling happy’ is one of the characteristics of mental health. Next, on the other side of the paper, write down all the different ways of describing people when they are not mentally healthy. As you write this list, consider whether you think that not being ‘mentally healthy’ always means that a person is in some way ‘ill’. Where do you think the dividing line between ‘ill’ and ‘healthy’ is?

End of Question

[View discussion -](" \l "Session1_Discussion1) **[Activity 1: What is mental ‘health’?](" \l "Session1_Discussion1)**

End of Activity

It's important to recognise that mental health issues affect everyone in that we all experience a degree of mental distress at some point in our lives, not least through bereavement or other major losses. However, it is also important to acknowledge that there are groups of people who have specific mental health needs at various times, who experience severe distress, and for whom labels can serve an important purpose. Labels such as a diagnosis can be important because they can help to secure access to services, treatment and support when needed.

Start of Quote

Anyone who has experienced this illness (and it is an illness) will know what I mean when I say others have no idea how devastating it really is. Everyone suffers from some sort of ‘depression’ at one time or another, but to endure this lingering state for weeks or months on end is totally indescribable.

Read and Reynolds, 1996, p.35

End of Quote

Start of Quote

Frequently, I am told that the drugs I take only suppress the illness without curing it. There is, they say, no cure for schizophrenia. And yet the state I am in at present is, I am convinced, as good as a cure. I have a nice home, a good job, no sleepless nights, no disastrous mood swings, no hallucinations, no confused or disordered thoughts.

Jameson, in Read and Reynolds, 1996, p.54

End of Quote

For these reasons, some mental health service users and carers actively prefer the label of ‘illness’, or specific labels such as schizophrenia or depression. In this course, the use of the term mental illness is usually avoided because it implies that people can be categorised easily and their distress ‘treated’ in the same way as a physical illness, such as diabetes or heart disease. The notion of treatment in mental health is contentious because, while some service users have positive experiences, many others with serious needs have negative experiences of compulsory admission to hospital and treatments such as medication, particularly when they are forced to take them against their will. The issues of power and rights are therefore central to discussions about mental health and illness, as illustrated by this quote from one service user:

Start of Quote

I was on [an] intensive ward and I really had bad treatment there, although I was getting the medications on time. One time, one nurse came in the evening and, you know, we have our smoking area where I was smoking, and the nurse tells me to go to my room, you know … And I say ‘I'm not feeling sleepy, I don't wanna sleep – I wanna relax, sit down and smoke, or watch the telly.’ And they said the telly time – the telly have to be switched off by 12 o'clock. I said: ‘Fine, I just wanna sit, I don't wanna go to my room’. He said ‘Go to your room – I'm not gonna say it again – if I say it that last time you're gonna get [an] injection’ … Well I was struggling with them but – you know what I mean – they pulled me down and gave me [an] injection.

Keating et al., 2002

End of Quote

Because there is disagreement about how to define mental health and illness, the figures which attempt to measure the numbers of people who experience mental health problems at any given time vary considerably. One of the most frequently quoted states that one in four adults in the UK will experience some form of mental health problem at some point in their lives. The next information literacy activity focuses on finding out more about how many people experience distress and/or illness.

Start of Activity

**Activity 2: How many people experience mental health problems?**

1 hour 30 minutes

Start of Question

In this activity you will use the PROMPT criteria to find quality information about mental health from a number of websites. You will need to:

* examine the PROMPT criteria which can be used to evaluate information;
* find information about mental health and the number of people affected by mental health problems from a few organisations' websites;
* use the PROMPT criteria to evaluate two of these websites.

You will work through the PROMPT criteria, a useful tool for evaluating the quality of information, using the printable PROMPT table linked below. You will use these criteria to evaluate at least two websites for organisations which support people affected by mental health problems. In looking at the websites you will also have the opportunity to find out more about mental health and the number of people affected by mental health problems.

Click to open the [printable PROMPT criteria table](https://www.open.edu/openlearn/ocw/mod/resource/view.php?id=26343).

**Visit two websites**

* Visit two of the following websites:
  + Mental Health Specialist Library - National Library for Health
  + MIND
  + BBC Health: Mental Health
  + Mental Health Foundation
  + Rethink
* Whilst you are looking at your chosen websites, find out as much information as you can about mental health and the number of people affected by mental health problems. Jot down any statistics you come across in the printable PROMPT table, linked above.
* Note the different language used, with some organisations focusing on mental illness and others on the broader category of mental health problems.
* Evaluate the chosen websites using the PROMPT criteria and complete the table provided.

End of Question

[View discussion -](" \l "Session1_Discussion2) **[Activity 2: How many people experience mental health problems?](" \l "Session1_Discussion2)**

End of Activity

## 1.3 Models of understanding in mental health

Because mental health is such a complex area, it is important that the models of understanding which are applied to it are broader than the ‘biomedical’ one alone, which focuses simply on professional activity and on diagnoses and treatment. The box below provides a quick summary of the biomedical model.

Start of Box

**The biomedical model**

Health care is seen as medical care, and medical care is seen as:

* a quest to conquer and cure disease;
* focused on disease more than on the whole person;
* concerned with what is normal and what is pathological and making judgements about the boundary between them;
* a rational activity based on scientific knowledge that is secured through lengthy formal training.

End of Box

The biomedical model has been the dominant model in mental health services because the dominant profession in these services has been psychiatry. Psychiatrists are medically trained and therefore tend to see the main purpose behind their work as the diagnosis and treatment of illness or disorder. However, the work of more and more mental health professionals, including psychiatrists, is influenced by much broader models of understanding mental health, particularly social models such as the one described in the box below.

Start of Box

The modern social model in mental health has the following key characteristics:

Start of Quote

It is based on an understanding of the complexity of human health and well-being.

It emphasises the interaction of social factors with those of biology and microbiology in the construction of health and disease.

It addresses the inner and the outer worlds of individuals, groups and communities.

It embraces the experiences and supports the social networks of people who are vulnerable and frail.

It understands and works collaboratively within the institutions of civil society to promote the interests of individuals and communities and critique and challenge when these are detrimental to these interests.

It emphasises shared knowledge and shared territory with a range of disciplines and with service users and the general public.

It emphasises empowerment and capacity building at individual and community level and therefore tolerates and celebrates difference.

It places equal value on the expertise of service users, carers and the general public but will challenge attitudes and practices that are oppressive, judgemental and destructive.

It operationalises a critical understanding of the nature of power and hierarchy in the creation of health inequalities and social exclusion.

It is committed to the development of theory and practice and to the critical evaluation of process and outcome.

Duggan, Cooper and Foster, 2002

End of Quote

End of Box

The social model of mental health places much greater emphasis on the role of networks and communities in maintaining the mental health of individuals. Social isolation is a common problem for people experiencing mental distress and some kinds of mental health services can make a vital contribution towards alleviating this isolation, thereby forming an essential part of the social networks of their service users. To highlight the importance of these issues, this course next introduces the work of a community resource centre in Scotland which makes a significant contribution to the welfare of local people.

Start of Activity

**Activity 3: Evaluating reflective writing**

1 hour 0 minutes

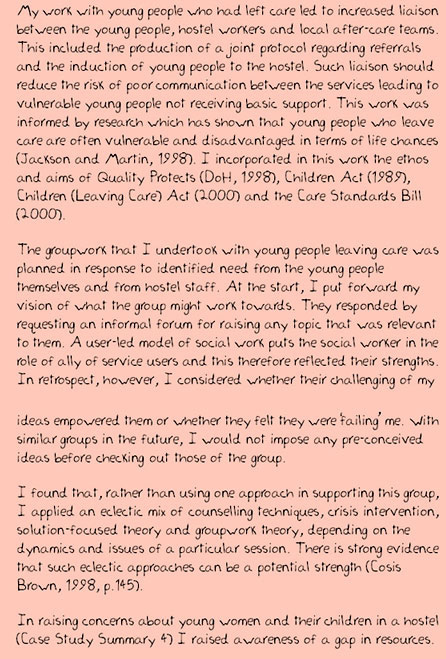
Start of Question

For this activity you need to evaluate a piece of reflective writing rather than complete any yourself. The five questions below should be used to complete this evaluation.

1. Have relevant areas of knowledge, skills, values or processes been selected and discussed?
2. Does the answer show an understanding of the issues and arguments discussed in the course materials?
3. Does the answer indicate an ability to reflect upon practice learning through the integration of learning from a range of sources?
4. Is the writing clearly expressed?
5. Is the organisation of the answer clear and logical, with a clearly expressed, well-evidenced discussion?

Now, use these criteria assess the following piece of writing. For the purpose of this exercise you should correct any mistakes that you find and note any parts which you think are effective. If there are sections which you feel could be written better, then you may wish to suggest a rewording.

Start of Figure



End of Figure

End of Question

[View discussion -](" \l "Session1_Discussion3) **[Activity 3: Evaluating reflective writing](" \l "Session1_Discussion3)**

End of Activity

## 1.4 A community resource centre in action

It is clear that the well-being of communities and the well-being of the individuals within them are intrinsically linked. The Orchard Centre is a community resource centre for people with mental health problems in Bonnyrigg in Midlothian, Scotland.

Start of Figure



Figure 1 Services provided by the Orchard Centre

End of Figure

Bonnyrigg is the second largest town in Midlothian and it has a population of approximately 14,500.

Start of Figure



Figure 2 Bonnyrigg

End of Figure

You can a see a list of the aims of the Orchard Centre in the box below.

Start of Box

**The Orchard Centre aims to:**

* Provide support for those with enduring mental health problems.
* Provide a secure, stimulating environment in which people can feel safe.
* Provide a preventative, holistic service which helps people to meet their emotional, social, physical and spiritual needs.
* Provide a range of creative and supportive services on an individual, group and community basis to assist people to meet their needs.
* Provide a flexible and easily accessed service which is responsive and readily available.
* Offer the opportunity to rebuild skills adversely affected by mental health problems.
* Support people to live as normal a life as possible.
* Promote positive mental health both within the centre and the wider community through education, participation, social interaction, inclusion and empowerment.
* Offer respite and support to families and carers.
* Contribute to the prevention of hospital admission.

End of Box

Start of Figure



(The Orchard Centre) The Orchard Centre

Figure 3 The Orchard Centre

End of Figure

As you can see from this information, the Orchard Centre explicitly aims to operate beyond the boundaries of the building itself in order to promote positive mental health in the surrounding communities.

Start of Activity

**Activity 4: Introducing the work of the Orchard Centre**

1 hour 0 minutes

Start of Question

Listen to the audio clip below, where Joan, project manager of the Orchard Centre and a qualified social worker, talks about the work of the centre and the values that underpin it. While you listen to the audio, make notes on the following questions. Use the pause button to stop the recording when you need to in order that you will have the necessary time to do this. You might find it helpful to listen to the recording through once before playing it again and making notes:

1. How do people get referred to the Orchard Centre?
2. What is one of the main anxieties for those who use the Orchard Centre?
3. You explored two ‘models’ of explanation for mental health in [Section 1.3](#sec001_003). Which of these models does the philosophy of the Orchard Centre most closely reflect, and why?
4. How does Joan explain the stigma that is sometimes associated with the Orchard Centre and its work?

Click play to listen to audio clip (6 minutes).

Start of Media Content

Audio content is not available in this format.

Track One - Joan

[View transcript - Track One - Joan](" \l "Session1_Transcript1)

End of Media Content

End of Question

End of Activity

So far, you have only read and heard about the aims of the Orchard Centre ‘in theory’ or from staff who work there. But what about the people who actually use the service? What do they think? In the next activity you will hear about how service users from the centre experience the work that goes on there, and what their views are on a range of issues.

Start of Activity

**Activity 5: The Orchard Centre: service user perspectives**

1 hour 0 minutes

Start of Question

Listen to the audio clips below, in which Loui, David, Linda and Willie discuss their experiences as users of the Orchard Centre. As in the last activity, try listening to the audio twice, the second time using the pause button to give you extra time to make notes as you listen.

There are five main topics discussed in the audio. To begin with, the four participants discuss their first impressions of the centre and the kinds of volunteer work they have become involved in. They then discuss how they feel the wider community in Bonnyrigg perceives the centre. Loui, David, Linda and Willie then discuss what is meant by a ‘crisis’ in mental health and what they think of crisis services. Following this, they talk about their experiences of the health professionals they have come into contact with, and how the Orchard Centre compares with being in hospital. Finally, there is a brief discussion about advocacy and the importance of having someone to speak up for you.

Click play to listen to audio clip (Part 1, 13 minutes).

Start of Media Content

Audio content is not available in this format.

Track Two - Orchard Centre - Part One

[View transcript - Track Two - Orchard Centre - Part One](" \l "Session1_Transcript2)

End of Media Content

Click play to listen to audio clip (Part 2, 14 minutes).

Start of Media Content

Audio content is not available in this format.

Track Two - Orchard Centre - Part Two

[View transcript - Track Two - Orchard Centre - Part Two](" \l "Session1_Transcript3)

End of Media Content

Once you have listened to the audio and made some notes, complete the following activity.

Look again at the aims of the Orchard Centre listed at the beginning of this section. Based on what you have heard from Loui, David, Linda and Willie, to what extent do you think the centre is meeting these aims? The best way of approaching this activity would be to take each of the aims of the centre in turn and provide an example from the audio to show how it is being met.

End of Question

[View discussion -](" \l "Session1_Discussion4) **[Activity 5: The Orchard Centre: service user perspectives](" \l "Session1_Discussion4)**

End of Activity

In some ways, the work of the Orchard Centre can be seen as a form of community work. This is because one of its aims is to ‘promote positive mental health both within the centre and the wider community through education, participation, social interaction, inclusion and empowerment’. We turn now to one of the key concepts within this aim, and that is the concept of ‘empowerment’. You will be exploring this concept alongside advocacy, which is a key social work skill.

## 2 Social work skills: empowerment and advocacy

Qualified social workers are expected to have the necessary skills to empower service users to participate in assessments and decision making and also to ensure that service users have access to advocacy services if they are unable to represent their own views. The requirement for these skills can be found in the key role ‘Support, representation and advocacy’. Both empowerment and advocacy are concerned with power and the ways in which it is distributed between people. Empowerment and advocacy are also concepts which can be difficult to define, as pointed out in the quotation below:

Start of Quote

Empowerment and advocacy are both concerned with a shift of power or emphasis towards meeting the needs and rights of people who otherwise would be marginalised or oppressed. Beyond this generalisation, the concepts of empowerment and advocacy are not simple and as such are almost impossible to define. Where the term ‘empowerment’ is used it often covers a whole range of activities from consulting with service users to involvement in service planning.

Leadbetter, 2002, p.201

End of Quote

Empowerment lies at the very heart of what social work is all about, as demonstrated not only by its place in the key roles for social work, but also by the term's appearance in the definition of social work, as agreed by the International Association of Schools of Social Work (IASSW) and the International Federation of Social Work in 2001:

Start of Quote

The social work profession promotes social change, problem solving in human relationships and the **empowerment** and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

IASSW, 2001 (emphasis added)

End of Quote

However, while the term ‘empowerment’ is used frequently in social care and social work, there is seldom any detailed explanation of what empowerment actually means and how it can be achieved. In fact, some social workers would argue that empowerment is simply a ‘buzz-word’ that has become popular but which means very little in practice. Others would argue that it is not really possible for people to become ‘empowered’ and that the concept belies the true relationship between professionals and service users, where professionals basically still hold most of the power and are only prepared to share it under certain conditions. How can you measure something like ‘power’ anyway? And is it always possible to tell if someone has more power than somebody else? A major feature of the focus on empowerment in mental health services is the emphasis on service user involvement in services. This involvement can happen at many different levels, as you have seen from the experiences of service users at the Orchard Centre.

A good attempt at a clear definition of empowerment is as follows:

Start of Quote

Empowerment aims to use specific strategies to reduce, eliminate, combat and reverse negative valuations by powerful groups in society affecting certain individuals and social groups.

Payne, 1997

End of Quote

Given the evidence of the discrimination experienced by many mental health service users – something you will be exploring in [Section 3](#sec003_001) – it is easy to see why empowerment should be an important goal for mental health practitioners. But what does good practice in relation to empowerment look like? Barnes and Walker identify one of the principles that should govern good practice as follows: ‘empowerment should enable personal development as well as increasing influence over services’ (1996, p.381). When service providers seek to involve service users, they often do so in order to gain feedback so that they can make changes and improvements to their services. What this principle asserts is that approaches to involvement should also be designed so that service users are personally empowered by the experience. In other words, there should be a two-way, rather than a one-way benefit. A good example of where things can go wrong in terms of involvement is when service users feel that their views have not been listened to or taken seriously, which can have the effect of making people feel disempowered rather than empowered.

Start of Figure



End of Figure

If you refer back to your notes from [Activity 5](#act001_005), you will see that advocacy was discussed by the service users from the Orchard Centre. One of the most powerful points about advocacy was made in the audio by Willie, who said:

Start of Quote

I am actually quite bewildered that it has taken so long for advocacy to take the profile that it has taken on now. I don't see it as being a good idea: it is crucial. How do you expect somebody with a serious mental health issue – where maybe your brain is pickling in cider at the time – to put across clearly what you need? You need somebody that speaks to you, for you, when you are like that. It is essential.

End of Quote

So the essence of advocacy is the notion of someone who speaks for service users and represents their views. Beyond this essentially simple way of seeing advocacy, there are a number of different forms that it can take, as shown in the box below.

Start of Box

Start of Quote

**Self-advocacy** seeks to empower service users to speak up for themselves by expressing their own needs and representing their own interests. This process can enable the service users to regain some control and power over their experience. Many advocacy projects have an explicit goal of consciousness-raising and power sharing for service users (Conlon and Lindow, 1994).

**Peer advocacy** is a process whereby one person advocates for another who has experienced, or is experiencing, similar difficulties or discrimination. Survivors of the mental health system may be more acceptable advocates for mental health users by being able to show empathy and understanding (Atkinson, 1999).

**Citizen advocacy** is usually a one-to-one and long-term partnership between a trained unpaid ‘citizen advocate’ and a service user (Brandon, 2001).

**Professional or paid advocacy** involves a trained paid worker responding to an identified problem, event or change in someone's life. The advocate's support is time-limited (Barnes, 2000).

Quoted in Rai-Atkins et al., 2002, p.5

End of Quote

End of Box

This list of different forms of advocacy illustrates that it will frequently not be the social worker themselves who can act as an advocate. In fact, although social workers are expected to have the skills required to advocate on behalf of service users, they are frequently in a position which makes it impossible for them to be truly independent and represent only the service users' wishes. This can occur for many reasons, such as when:

* They need to act on behalf of more than one family member who have conflicting wishes or interests.
* The service user's wishes conflict with the social worker's assessment of what is in the best interests of the service user.
* The wishes and needs of the service user are in conflict with the resources available to the social worker, who also has a responsibility to manage public funds and prioritise limited resources.

Consequently, although social workers need the skills of an advocate, they also need the knowledge of how to advise service users to find an independent advocate appropriate to their needs.

Given the discrimination experienced by many mental health service users and the racism experienced by many black mental health service users, advocacy has been seen as having a central role in ‘empowering’ people. The next section takes a closer look at stigma and discrimination and how these can be addressed.

## 3 Stigma and discrimination in mental health

## 3.1 Understanding stigma

In the first half of Section 3, the focus is on the nature of the stigmatisation and discrimination which can be experienced by people with mental health problems. The section then turns to consider racism in mental health services and the impact this has on black service users.

The ‘stigma’ of mental illness and distress refers to the idea that such experiences are a disgrace or an embarrassment, not only to the person concerned, but also to those around them. To be mentally distressed can sometimes be regarded as a sign of personal weakness or failing, something of a personal flaw. Mental illness is also often regarded as something from which people can never fully recover, and which therefore leaves them ‘tainted’, particularly when someone is diagnosed with an illness such as schizophrenia (Barham, 1997). The first activity in this section provides an opportunity to start thinking about how stigma might be defined by relating it to a media story surrounding the former world heavyweight champion boxer, Frank Bruno.

Start of Activity

**Activity 6: What's in a name?**

0 hours 30 minutes

Start of Question

Spend five minutes writing down all the different words you can think of that are used to describe people who are mentally ill or distressed. Include in your list words that might be considered offensive.

Next, read the two articles about Frank Bruno, linked below. Why do you think there was such an outcry about the original Sun newspaper article? What do you think this story tells us about attitudes towards mental health in the UK?

* Article 1: Public condems ‘[bonkers](https://www.open.edu/openlearn/ocw/mod/resource/view.php?id=19686)’ press coverage
* Article 2: The Sun[: no longer bonkers?](https://www.open.edu/openlearn/ocw/mod/resource/view.php?id=19687)

End of Question

[View discussion -](" \l "Session3_Discussion1) **[Activity 6: What's in a name?](" \l "Session3_Discussion1)**

End of Activity

A survey by See Me Scotland (2004) found that the stigma associated with mental health issues had prevented 43 per cent of people applying for jobs because of their fear that they would be perceived negatively. Fifty-seven per cent of people in the same survey had actually concealed their history of mental distress when applying for posts.

The decision to conceal such information is perhaps hardly surprising, given the evidence that disclosure of mental health issues does indeed create problems. One survey by the National Schizophrenia Fellowship Scotland found that, whilst 15 per cent of the general public living in Scottish communities had been subjected to some form of harassment, a much higher proportion – 41 per cent – of people with mental health problems had experienced such harassment (See Me Scotland, 2004). This suggests that the ‘care’ in ‘community care’ is not experienced by all groups equally.

Stigma results in many people feeling that they need to keep their difficulties secret from others. This affects all of us because of the evidence that so many people will experience some form of mental distress at some point in their lives. According to a major survey carried out by the Scottish Executive into public attitudes to mental health:

Start of Quote

* more than two thirds of the large sample interviewed said that someone close to them had been diagnosed with a mental health problem at some point – the most common diagnosis being depression;
* over a quarter had themselves been diagnosed with a mental health problem;
* a third of those who had been diagnosed with a mental health problem had experienced negative attitudes from other people;
* half of all the respondents said that if they developed a mental health problem they would not want anybody to know.

Scottish Executive Social Research, 2002

End of Quote

So, mental health issues and the stigma associated with them are relevant for everyone. In England, the Social Exclusion Unit of the government has conducted an investigation into the experiences of people with a mental illness (Social Exclusion Unit, 2004). The report produced by the unit outlines a sustained programme to improve public awareness of mental health issues and challenge discrimination. Ministers have also agreed that they should analyse complaints made against the media regarding their coverage of mental health issues, and also advise people as to how they can complain about programmes which stigmatise those with mental health problems. This is especially important because the media is by far the biggest source of information about mental health issues for the general public. These reports acknowledge the close link between the feelings of stigmatisation, which are often experienced by people with mental health problems, and discrimination.

Start of Activity

**Activity 7: Discrimination and mental health**

0 hours 20 minutes

Start of Question

Make a list of the different ways that people who experience mental distress might encounter discrimination. You might want to draw upon your own personal experience or that of those close to you, or you might consider your professional experience with people who have used mental health services. As you create your list, think about why you think this kind of discrimination occurs.

End of Question

[View discussion -](" \l "Session3_Discussion2) **[Activity 7: Discrimination and mental health](" \l "Session3_Discussion2)**

End of Activity

When you considered the possible reasons for this kind of discrimination, you may well have included the fear and misunderstanding that surrounds mental illness and the negative attitudes that are often associated with it.

Evidence from surveys conducted in Scotland and elsewhere in the UK confirms that discrimination against people with mental health problems is indeed a serious problem. At the most extreme end of the scale, a survey by See Me Scotland (2004) found that 16 per cent of people with direct experience of mental health problems had been physically abused or intimidated at work, and 21 per cent had been verbally abused. In the vast majority of these cases, it was managers who were responsible. Thirty per cent of people in the survey felt that they had been turned down for employment because of their mental health problem. People who already experience discrimination on grounds such as race face an even greater risk that they will not receive equal rights when they experience mental illness, not only in terms of employment opportunities but also within mental health services themselves. Not only do these findings have important moral and ethical implications in terms of the rights of the individuals concerned, there are also important social and economic implications arising from them.

The ‘see me’ research shows that many people who have experienced mental ill-health do not enjoy equal rights in the workplace. People's attitudes and lack of awareness are at the root of the problem. Losing skilled and experienced individuals from the workforce is the last thing most employers want at a time when organisations across Scotland are struggling to recruit and retain staff.

Start of Quote

My bosses spent 12 months trying to force me to leave and the only contact they made with me was to tell me my absence was costing money, it was too far to come and see me face to face and that I shouldn't have applied for the promotion to manager.

See Me Scotland, 2004

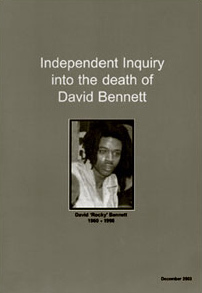
End of Quote

Evidence on discrimination against people with mental health needs, particularly in the workplace, has not gone unchallenged. See Me Scotland is running a series of publicity campaigns together with employer organisations to publish the results of its findings and to raise awareness of the problem. Also of great concern are the particular kinds of discrimination faced by black service users, who experience racism as well as discrimination because of their mental health needs.

## 3.2 Racism in mental health services

Research has shown that people from particular minority ethnic groups are over-represented in some psychiatric diagnostic categories compared with others. One of the most hotly debated issues concerns what appears to be the relatively high number of African-Caribbean men who receive a diagnosis of schizophrenia, compared with white or other minority ethnic groups. Given what you have seen about the difficulties in defining mental health and illness, it will be no surprise to learn that the diagnosis of schizophrenia is problematic in general. However, just as worrying is the over-representation of African-Caribbean men in terms of the kinds of services they are likely to receive once they become mentally distressed. They are more likely than other groups to be forced into services against their wishes, for example through compulsory admissions to hospital. Once in hospital, they are more likely to be physically restrained by staff and to receive particularly high doses of powerful medication. A tragic example of such experiences was the death of David ‘Rocky’ Bennett whilst under restraint in hospital in 1998.

Start of Figure



(Recommendations, The Independent Inquiry into the Death of David Bennett, Norfolk, Suffolk and Cambridgeshire Strategic Health Authority) Recommendations, The Independent Inquiry into the Death of David Bennett, Norfolk, Suffolk and Cambridgeshire Strategic Health Authority

Figure 4 Inquiry report into Rocky Bennett

End of Figure

The following quote is an extract from the strongly critical statement made by the official panel of inquiry into Rocky's death.

Start of Box

Start of Quote

There have been many conferences, consultations and papers written during the last twenty years about the problems that the mental health services face. Some of these have dealt with the problems experienced by the Black and Minority Ethnic communities. Time and again regrets at the existing state of affairs have been expressed. Time and again promises of improvement have been made. While it would be unfair to say that nothing has happened, it is true to say that not very much and certainly not enough has happened. Unless there are sufficient resources and sustained management, which is both dedicated and committed, these problems cannot be solved. At present people from the Black and Minority Ethnic communities, who are involved in the mental health services, are not getting the service they are entitled to. Putting it bluntly, this is a disgrace. The NHS is national. Final responsibility lies fairly and squarely with the Department of Health. Other institutions may advise and may contribute to what should be done. But, individually or collectively, they have little power to require that changes be made. We are told that the Department of Health is determined to carry out the necessary improvements. We very much hope that this time they will. But, in view of the history we reserve judgment about whether this time these good intentions will be translated into action and that that action will be sufficient to cure this festering abscess, which is at present a blot upon the good name of the NHS.

(Blofeld, 2003)

End of Quote

End of Box

The fact that black and minority ethnic people generally have a much poorer experience of mental health services than their White counterparts has been endorsed in a report from the National Institute for Mental Health in England (NIMHE) called Inside Out: Improving Mental Health Services for Black and Minority Ethnic Communities in England. In its statement of underlying values and principles, NIMHE highlighted the following:

Start of Quote

We must begin by acknowledging the problems of mental health care as it is experienced by Black and Minority Ethnic groups:

* that there is an over-emphasis on institutional and coercive models of care;
* that professional and organisational requirements are given priority over individual needs and rights;
* that institutional racism exists within mental health care.

To change this it is essential to place progressive community based mental health at the centre of service development and delivery. Those who use mental health services are identified, first and foremost, as citizens with mental health needs, which are understood as located in a social and cultural context.

Department of Health, 2002, p.7

End of Quote

In terms of explaining some of the negative patterns in the way services operate, one powerful argument presented in some studies is that black people are less likely than their white counterparts to seek support voluntarily from services. Because many black people have such poor experiences of mainstream services, they are less likely to seek and benefit from support during the early stages of their experience of mental distress, for example, through their GP. When they do eventually come into contact with mental health services, they are therefore more likely to do so because they have become very distressed. Consequently, there are ‘circles of fear’ in operation, where mutual distrust has built up between many black and minority ethnic service users and the mainstream services that are supposed to meet their needs (Keating et al., 2002).

As you can see from the statement from NIMHE above, community-based mental health now occupies a central place in terms of achieving change. An indepth analysis of the general role of communities and social networks is outside the scope of this course. Instead we are going to look more closely at the role of social workers in multidisciplinary teams in community-based mental health services.

## 4 The social work role in mental health services

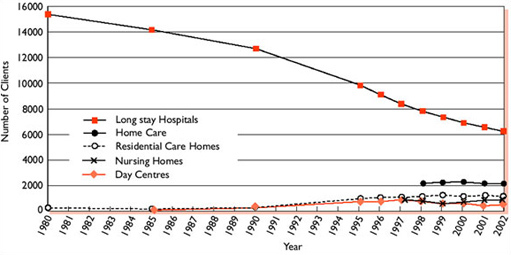
## 4.1 Mental health specialists

Social workers are often regarded as the chief proponents of the social model of mental health. Because of the value-base of social work, they are also often seen as being in a strong position to challenge inequality and address the consequences of stigma and discrimination in mental health. In this section you will see how other professionals are increasingly expected to emphasise similar goals in The Ten Essential Shared Capabilities for mental health professionals.

As well as the need for all social workers to have knowledge and skills in mental health, some social workers choose to specialise further so that they acquire a more in-depth level of knowledge about mental health/illness and can take on more specialised roles within mental health services. One good example of a specialised role is that of Mental Health Officer in Scotland (known as Approved Social Worker in England and Wales at the time of writing). Mental Health Officers are qualified professionals employed by a local authority who have undertaken specialist training under appropriate legislation. This training enables them to have substantial powers alongside other professionals, for example to assess someone with a view to making an application for admission to hospital. While these statutory powers are clearly a very important part of the role undertaken by many social workers who specialise in mental health, they make up only a tiny part of what these social workers do on a day-to-day basis.

The roles that mental health social workers undertake have changed considerably over the past twenty years, particularly since the implementation of the NHS and Community Care Act 1990. This Act resulted in an increase in the range of settings in which people with mental health problems are to be found. In simple terms, Community Care legislation resulted in a rapid shift from an emphasis on hospital-based care to care in community-based services such as day hospitals and day centres, supported accommodation, and user-led drop-in services. The graph below provides a graphic illustration of these trends in Scotland and gives you a good idea of the speed and extent of the changes.

Start of Figure



(The balance of care for people with mental heath problems, 1980–2002; Scottish Community Care Statistics (2002). Scottish Executive. Crown copyright material is reproduced under Class Licence Number C01W0000065 with the permission of the Controller of HMSO and the Queen’s Printer for Scotland) The balance of care for people with mental heath problems, 1980–2002; Scottish Community Care Statistics (2002). Scottish Executive. Crown copyright material is reproduced under Class Licence Number C01W0000065 with the permission of the Controller of HMSO and the Queen’s Printer for Scotland.

Figure 5 The balance of care for people with mental heath problems, 1980–2002

End of Figure

For most social workers who specialise in mental health, their work now centres on assessing the needs of service users, formulating care plans to meet these needs, and either directly providing appropriate help and support or ensuring that it is provided by others. These tasks are normally carried out within the context of a multidisciplinary team, in which social workers work closely alongside other professionals. Known in mental health services as the Community Mental Health Team (CMHT), these groups of professionals are at the forefront of the delivery of services in the community for people who have been diagnosed with a mental illness and/or assessed as having specific mental health needs. CMHTs are expected to perform the following main functions:

Start of Quote

* advise other professionals such as GPs on the management of mental health problems;
* provide care and treatment for those with mental health problems which are likely to be resolved within a certain timescale (‘time-limited’ disorders);
* provide care and treatment for those with more complex and enduring mental health needs.

Department of Health, 2002

End of Quote

The exact way that CMHTs are organised and managed, and the kinds of professionals that work in them, vary quite widely. However, generally speaking, you could expect a CMHT to include the following kinds of professionals or some combination of them:

* social workers
* support workers (including ‘STR’ workers: Support, Time and Recovery)
* community psychiatric nurses
* psychiatrists
* mental health officers / approved social workers
* occupational therapists
* clinical psychologists
* team manager
* students.

Start of Activity

**Activity 8: Understanding professional roles**

0 hours 45 minutes

Start of Question

Do you know what each of the professionals listed above actually does and the qualifications or background they have? This activity helps to ensure you fill any gaps in your knowledge or refresh the knowledge you already have. Spend some time looking up definitions of the occupations above, either in books by setting aside some time in a library, or via the internet if you prefer. You may well have come across relevant information for this activity from [Activity 2](#act001_002). In any event, make sure you have basic knowledge about each of these occupations.

End of Question

[View discussion -](" \l "Session4_Discussion1) **[Activity 8: Understanding professional roles](" \l "Session4_Discussion1)**

End of Activity

## 4.2 Essential shared capabilities for mental health

While professional groups will be expected to retain their distinctive roles to some extent, the demand for change is increasingly strong. Professionals are increasingly expected to focus on the range of elements of good practice which they share, many of which have been historically associated with social work. One important example of the demand for change in this direction can be found in the introduction in England of The Ten Essential Shared Capabilities: A Framework for the Whole of the Mental Health Workforce (National Institute for Mental Health in England and Sainsbury Centre for Mental Health, 2004). You can see a summary of the ten capabilities in the following box.

Start of Box

**The ten essential shared capabilities for mental health practice**

**Working in Partnership**. Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspiration that may arise between the partners in care.

**Respecting Diversity**. Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.

**Practising Ethically**. Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.

**Challenging Inequality**. Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.

**Promoting Recovery**. Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued lifestyle within and beyond the limits of any mental health problem.

**Identifying People's Needs and Strengths**. Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users, their families, carers and friends.

**Providing Service User Centred Care**. Negotiating achievable and meaningful goals; primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

**Making a Difference**. Facilitating access to and delivering the best quality, evidence-based, value-based health and social care interventions to meet the needs and aspirations of service users and their families and carers.

**Promoting Safety and Positive Risk Taking**. Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.

**Personal Development and Learning**. Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice.

National Institute for Mental Health in England and Sainsbury Centre for Mental Health, 2004, p.3 Department of Health (2004), The Ten Essential Shared Capabilities: A Framework for the Whole of the Mental Health Workforce. Crown copyright material is reproduced under Class Licence Number C01W0000065 with the permission of the Controller of HMSO and the Queen’s Printer for Scotland.

End of Box

The ten shared capabilities now form the basis for the education and training for all mental health professionals in England and Wales, regardless of their occupational group or discipline. Such a trend towards an emphasis on shared capabilities between professions is to be found throughout the UK. Therefore, they form the foundations for practice in relation to mental health for your training as a social worker. Notice how similar these capabilities are to what is regarded as good practice in social work. For some commentators, this kind of development represents a threat to the very survival of social work in mental health services because it begs the question, if all professionals are practising in ways which have traditionally been associated with social work, why do we still need social workers? As two social work academics have put it:

Start of Quote

If it is to survive, mental health social work will need to define and communicate what is unique and valuable in its contribution to mental health services […]

Stanley and Manthorpe, 2001, p.96

End of Quote

The changes in policy and legislation that are taking place in the twenty-first century mean that the contribution made by social work as a profession, and by individual social workers within CMHTs and other settings, is as important now as it has ever been. Most importantly though, social workers will need to find ways to articulate to others what is valuable about what we do, something we have not been very good at in the past, as the quotation above suggests.

## 5 Conclusion

This course has picked up on a number of key themes relating to mental health practice. For example, you have considered the effects of discrimination that can arise when people experience some form of mental distress. It has also highlighted the stigma that is frequently experienced by mental health service users and the way this stigma can act as a barrier to receiving appropriate support, resulting in people becoming increasingly isolated and even more disadvantaged. The course has also explored how community-based resources and the professionals working within them can counter some of the effects of discrimination and stigma and contribute to the well-being of the wider community, as well as those who use their services directly.

## Keep on learning

Start of Figure

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End of Figure

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Start of Box

For reference, full URLs to pages listed above:

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End of Box

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Figure 3 The Orchard Centre;

Figure 4 Recommendations, The Independent Inquiry into the Death of David Bennett, Norfolk, Suffolk and Cambridgeshire Strategic Health Authority;

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The Orchard Centre

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## Solutions

## ****Activity 1: What is mental ‘health’?****

#### Discussion

Like our testers, your first list may have included some of the positive feelings people associate with mental health, such as feeling happy, content, calm or ‘stable’. Your second list might have included negative feelings, such as unhappiness, depression, confusion, distress, fear and anxiety, as well as some of the ‘symptoms’ associated with mental illness, such as ‘hearing voices’. However, you may also have noted that just having negative feelings does not in itself mean that someone can be described as ‘mentally ill’. Equally, you may have considered the idea that someone might feel perfectly well, but be considered mentally ill by those around them because of their behaviour. Furthermore, some of the so-called symptoms of mental illness are, in certain contexts, considered appropriate and ‘normal’. Hearing voices in a religious ceremony, for example, or during a seance, would not necessarily be regarded as out of place. This is what one of our testers said:

Start of Quote

The cut-off point between being mentally ill and healthy is somewhat arbitrary as there is a continuum between, for example, being healthy and happy, and unhealthy and unhappy. Illness suggests treatment may or may not be required. I have a health condition which is treatable so I do not see that I am ‘ill’. I am indeed happy and cheerful so consider I am mentally healthy.

End of Quote

[Back to - Activity 1: What is mental ‘health’?](" \l "Session1_Activity1)

## ****Activity 2: How many people experience mental health problems?****

#### Discussion

This activity has introduced you to the PROMPT criteria, a tool you can use for evaluating all types of information, whether print or electronic. Having worked through this exercise, you may have found it time consuming and complicated. We are not suggesting that you will need to work through it all in detail each time you have a piece of information to evaluate. As you become increasingly familiar with the questions in the checklist, you will find that you can scan things very quickly and identify their strengths and weaknesses. It is about developing a critical approach which just takes a bit of practice. Poor presentation of a website can have serious consequences, particularly if as a result you can't find the information you want. Did you use the search facilities on the websites you tried? Did you find any of the websites particularly relevant? As you surfed some of the sites you may have noticed the different language used, with some organisations focusing on mental illness and others on the broader category of mental health problems.

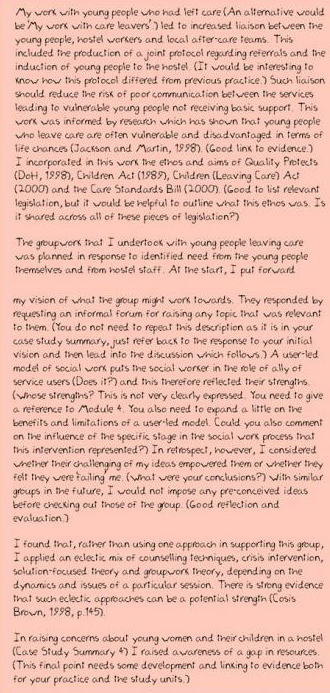
Objectivity is a very important evaluation criterion when you are looking at websites. Many websites are owned by people who are selling products or services or who are trying to influence public opinion. The provenance criteria will help you identify whether the owner of the site is likely to have a vested interest in what they are communicating. The method criterion is only for use with research reports and data collection. As you were looking for information on the number of people affected by mental health problems, could you tell how the statistics you found were gathered and how up to date they were? It is easy to assume that all information on the web will be up to date. However, this is often not the case, but it can be quite difficult to find out how often websites are updated. Hopefully, having bookmarked the sites you found particularly helpful, you will use these as an excellent way to keep up-to-date with developments in the mental health field.

[Back to - Activity 2: How many people experience mental health problems?](" \l "Session1_Activity2)

## ****Activity 3: Evaluating reflective writing****

#### Discussion

I have written my comments in parentheses in the box below.



Looking back at my five questions:

1. **Have relevant areas of knowledge, skills, values or processes been selected and discussed?**

There is some good evidence of knowledge, but skills, values and processes need to be more explicit.

1. **Does the answer show an understanding of the issues and arguments discussed in the course materials?**

Yes – there are some good links.

1. **Does the answer indicate an ability to reflect upon practice learning through the integration of learning from a range of sources?**

There is some good reflection and evaluation, but some issues need further discussion.

1. **Is the writing clearly expressed?**

Yes.

1. **Is the organisation of the answer clear and logical, with a clearly expressed, well-evidenced discussion?**

Some improvements in evidence would be helpful, and a more explicit structure. An introductory paragraph outlining the areas of practice to be evaluated would be useful.

[Back to - Activity 3: Evaluating reflective writing](" \l "Session1_Activity3)

## ****Activity 5: The Orchard Centre: service user perspectives****

#### Discussion

You may have found the evidence on the audio was clearer for some of the aims than others. In any event, it should have become clear even from this brief insight into the experiences of those attending the Orchard Centre that it is meeting its aims to a very great extent.

[Back to - Activity 5: The Orchard Centre: service user perspectives](" \l "Session1_Activity5)

## ****Activity 6: What's in a name?****

#### Discussion

A comment from one tester was:

This article gave a negative view, the use of language was insensitive and portrayed a false image of [mental health service users]; it reinforced the misconceptions around mental health.

[Back to - Activity 6: What's in a name?](" \l "Session3_Activity1)

## ****Activity 7: Discrimination and mental health****

#### Discussion

Your list is likely to have included some or all of the following areas, and you may well have thought of others:

* People who have experienced mental distress may be less likely to have the same access as other people to employment opportunities.
* They may be less likely to get promoted at work.
* They might be considered unsuitable tenants when seeking housing.
* People with a history of mental illness or distress may receive less favourable treatment in terms of accessing resources and services, such as insurance, mortgages and other financial arrangements.
* They can experience difficulty when seeking treatment for physical health problems.
* Young people with mental health problems can be discriminated against in terms of educational opportunities, such as gaining a place at university.
* People with mental health problems can be wrongly assumed to pose a risk of violence to others.

[Back to - Activity 7: Discrimination and mental health](" \l "Session3_Activity2)

## ****Activity 8: Understanding professional roles****

#### Discussion

One of the distinctions that can be made between the different professionals listed above is between those who have received medical training and those who have not. This is particularly important when bearing in mind the discussion about models of understanding in mental health in [Section 1.3](#sec001_003). Traditionally, the biomedical model of understanding mental health is associated with psychiatry and nursing, while social models have been linked with social work and other social care workers. This distinction has been used to explain much of the conflict which takes place between members of inter-disciplinary teams, particularly social workers and psychiatrists (Miller, Freeman and Ross, 2001).

[Back to - Activity 8: Understanding professional roles](" \l "Session4_Activity1)

# Track One - Joan

## Transcript

JOAN JOHNSON

I’m Joan Johnson, project manager of the Orchard Centre in Midlothian. About a year ago we transferred from being managed by Midlothian Council to the former Edinburgh Association for Mental Health, now called ‘Health in Mind’. The core funding we have largely comes from the Scottish Executive, called ‘Mental Illness Specific Grant’ and we also have a substantial amount of new funding, which is resource transfer money which comes from hospital closures, and that’s allowed us to extend our service into evenings and weekend. The third main part of our funding is from the big lottery, or formerly known as the Community Fund, which funds a development project that does outreach work in Midlothian. Referrals to all parts of our project are really accepted from anybody. People can self refer. We get referrals from GP’s, psychiatric nurses, health visitors. Really you know we are very very open in terms of where the referrals come from but the important part is that people can refer themselves to any part of the service. We try and make it as accessible as possible. We have no time bar on people using the service. What we are very clear on is that it's important to get the balance right between helping people to become motivated which for many, many people with mental health difficulties is a huge issue. And not pushing people at a pace that is not the pace that works for them.

Within the Orchard Centre itself we try to encourage everybody to participate in at least one thing and with the exception of a handful of people that’s possible to do. And many times over the years that I have worked in the service I have had people say that they are very anxious about the fact that if they become well, which for different people means different things, then they’ll no longer be able to use the service. And that’s a huge source of anxiety and very much the line that we take is that people will move on when they are ready to move on, and that that’s a decision that we can support them to arrive at but it's to be their decision.

I think we all in our lives rely on our networks of support and many of the people using our services have limited, if any, networks of support, and so therefore it would be unhelpful to discriminate against them by saying “out the door”. So it's not something we do and we do take great care to ensure that people don’t become inappropriately dependent on us. It's an interdependency that we are trying to come to because we believe that we are all interdependent as people.

I think many of the things that service users would ask for as being of critical importance to them, for example listening to people, trying to understand where they are at, rather than imposing our views and perceptions on them. And all the kind of em…things that we would all look for if we were to go to any service when we’re feeling vulnerable and asking for support. And I think the ethos is based on those core skills. And on really accepting that mental health is not something about those people that we work with. Mental health is an issue that we all have to keep at the forefront. It's thankfully a limited number of people who become very unwell and have to go into hospital, but positive mental health, and being mentally well, is something that we all need to address, and so it's really not seeing the people that we work with as fundamentally different from ourselves. They may have had different life experiences. They may have different current life experiences but essentially we are all, you know we are all in the business of living together. I certainly wouldn’t want to say there is no place for medical treatment. That, you know, that would be unhelpful I think for everybody with mental health difficulties. There may be a point, certainly for some people; there may be a point at which point medical interventions are beneficial. That’s not our area of expertise and therefore, you know, we would refer people on. But we also believe that there are a lot more things required in a community basis, and in a social context to support people.

Our experience tells us that very often people have had very difficult life experiences and that possibly the coping strategies that they have developed to cope in these situations have become a bit protracted and they are no longer serving them well. Some people feel that that, you know it depends upon your view of mental illness, that medical interventions help. We believe that many, many other ways of working with people can be equally as beneficial, and it's giving people choice. At the end of the day it's for some people one thing is what they would wish, and for somebody else it might be something completely different.

There’s an interesting debate in trying to raise awareness of the services that we offer. How to raise awareness without drawing unnecessary and unwelcome attention on to the services, erm because undoubtedly within Midlothian, as with any community, there is a lot of anxiety, there is a lot of concern from many people about mental health. A lot of people do not want to take ownership of this. It's something that’s of concern to us all and we are clear that you know people are stigmatised, and there is still word comes back to us that, within the community that our centre is based, that there is various descriptions as to what this place is. And yet the people that are immediately adjacent to us are fine. You know we are just there. We are just going about our business. We are not bothering anybody, erm so sometimes I think a lot of the stigma is based on fear and lack of knowledge, lack of understanding, and it's trying to find a way of educating people that I think is of crucial importance.

[Back to - Track One - Joan](" \l "Session1_MediaContent1)

# Track Two - Orchard Centre - Part One

## Transcript

ACADEMIC (MALE)

Willie, can you tell me about the Orchard Centre and how you got referred to it?

WILLIE

I have been at the Orchard Centre for about twelve years now. Been going regularly and in the twelve years most of that time I have been a volunteer at the centre. I work in the café. I was originally referred through Rosalind Lee Hospital where I was detoxing. Well I am originally a chef to the trade. I am basically left to my own devices about what food I prepare for the clients so I can get on with it. To me it's my work [INDISTINCT]. I feel comfortable with work as opposed to a four hour a week thing, which I would find just far too much.

ACADEMIC

Louie, can you tell me about when you first heard about the Orchard Centre and how you got there?

LOUIE

I heard about it from a friend. I went to the Common Centre and they spoke about it, but they didn’t advise me to go or anything, so it was through a friend.

ACADEMIC

What was it like the first day you went into the Orchard Centre?

LOUIE

I think I was so stressed I can't remember. I think I just sat or I think I went to have therapy to start with. So it was just coming in and sitting, and going up, instead of sort of going into anything else

ACADEMIC

So how long have you been going?

LOUIE

About five years I think.

ACADEMIC

So what is it that keeps you going?

LOUIE

I think if I hadn’t had the Orchard Centre I would not be here because you are able to talk to people and they are able to sort of ground you and keep you from doing anything that you shouldn’t. Erm, just…you get the chance to volunteer and you get your own wee bit, and it's like a safety bit so that when you come in you have your own bit, and you just go in and you do whatever you have to do. I volunteer in the office. I answer the phones, typing, filing if I have to, and photocopying if I have to. [LAUGHS] They are the only two things I hate doing. But erm yeah…I do the newsletter as well. It's just a sort of wee newsletter for the centre, about the centre, and what goes on. On the front page you normally have everything that’s going on in it like a diary-type thing and just anything that I think might be interesting. Sometimes you get stuff put in you know by staff. I try and get somebody, a staff member, to put something in. I actually [INDISTINCT] so I have got this sort of thing about pets going on and asking the staff if they would say a bit about their animals and having a photograph in as well. So it's been nice to read up and type up what they’ve given. And we’ve got the welfare fund as well, so it helps the Orchard Centre to help themselves. We… we have fund-raisers to get money for the centre, and then we spend it and we are trying…well we are trying to work out what to spend this lot on, that we are going to get, hopefully. But we have done different rooms up in the building since I have been involved in it. We have changed the Art room from the quiet room to the Art room, and the quiet room…and the Art room to the quiet room. So it was quite a big thing.

ACADEMIC

Linda, can you tell me about how you heard about the Orchard Centre?

LINDA

Through the doctor and Sylvia – oh I can't pronounce her name. It's like an Italian name. She advised me to come. As Willie said I’m a volunteer in the café too. And the people are friendly. If I hadn't heard about the Orchard Centre I would never have trusted people again. Erm I have got one person in particular, Fenella, who is my art therapist, one to one, and she was very good with me. I could do anything what I wanted and with the staff I am getting quite a lot of support. And I am very proud that I go to the Orchard Centre.

ACADEMIC

Last time we had this kind of conversation I remember asking you about qualifications that you’d actually achieved at the early Orchard Centre. Would you mind telling me again about the ones that you have done?

LINDA

My first one was Volunteering First – no, Food and Hygiene. Second one was Volunteering First. One from the Orchard Centre. And my Emergency First Aid.

ACADEMIC

And you studied all of those whilst you were at the Orchard Centre?

LINDA

Yes. And I am proud of it because it was help from the Orchard Centre as well.

ACADEMIC

David – could you tell me about how you heard about the Orchard Centre?

DAVID

Well, like Willie I was detoxing. My own GP had recommended me to go to hospital, which was the Royal Edinburgh hospital, and I went there for a period of time. The chap who was looking after me there, I don’t know how he heard about it, probably just through his usual connections in his job, had heard of the Orchard Centre in Bonnyrig. Since I came from Midlothian he took me down in his car to the centre. I remember that day. It was a Tuesday afternoon of all days. First person I met when I was going through the door I think was Joan but Joan had just started I think at that…hadn't been going…hadn’t been in operation for…just started. And I must admit I wasn’t terribly impressed with the centre. I thought ‘no, no I don’t think this is going to be my cup of tea’. And then one day I got a letter from Joan I believe and inviting me to come back and see what's happening. So I thought ‘oh well fair enough, nothing to lose’. So I went back, but this time my period of detoxation, if that’s the right way to pronounce it, in the Royal Edinburgh, had come to an end for a period anyway, so I started to come on and off to the Orchard Centre, and then gradually I began to go there more or less on a full time basis. I got to know people and you know things just sort of swung along. As I say it just took a little bit of time and a little perseverance on my part, and…so that I more or less go after…got to know…after seeing people and that, I’ve just been going there everyday you know.

ACADEMIC

Louie, how does the…you talked about the Common Centre earlier on. How does the Orchard Centre compare with that – if at all?

LOUIE

It's totally different from the Common Centre because Common Centre you go maybe once a week, something like that and talk to a sort of one to one, but there is no socialising at all, whereas the centre – it's all socialising. Learning to be with other people. And learning to…like for me, that you are not the only person, that there are people around. Anyway it's quite nice to know that you are not the only one that has problems, that there are other people that might be worse or on the same par. But it is nice to know that you can come out and there are other people and that they can help you to get to where they are, or you can help them to get to where you are.

ACADEMIC

Linda, have you been to other places like the Orchard Centre?

LINDA

No. The Orchard Centre was the first place I had been to. Um, it's good. You are meeting a lot of nice people, friendly. Um, staff are marvellous.

ACADEMIC

Midlothian is an awfully small place and the Orchard Centre I can imagine that at sometimes people will be going; “Oh what do they go there for? What, what's that about?” So that…I suppose I am asking a question about how you feel the community – if I can use that word – sort of like has perceived yourselves as people who use the Orchard Centre and whether that’s…or whether you feel that you have been supported or understood or not?

DAVID

I have been quite mystified and in a certain sense disappointed. “Where are you going this morning David?” “Ah so I am going down to the Centre.” Well my neighbours know that. I say: “It's just round the corner. The Orchard Centre – the old Council building”. “What do you do there?” “Well”, I say, “people go there because they have particular problems. It's now been taken over by what…very, very good name – ‘Health in Mind’. And I think in this day and age their health…our health in mind is actually…is really very important. I mean, we just need to look at daily newspapers and see why. We should try and take a wee bit more responsible attitude to how we think and how we conduct ourselves each day and each week and each month for that matter. So I am really quite mystified as to why the Orchard Centre doesn’t seem to, or has not made an impact. Oh it has made an impact obviously but I would have expected a wee bit more local people especially, more knowledgeable.

WILLIE

I would say unfortunately there is still a huge amount of the population don’t want to know. You mention mental health – don’t want to know. It's somewhere I don’t want to go. It's never going to happen to me so why should I worry about it? Also mental health is very often linked with criminal behaviour so ‘Joe Public’ might think they dinna deserve any help anyway; they are nothing but thugs; they should be locked up. It will be a continuing task to try and get the message across that it doesn’t have to be like that. Not everybody with a mental health problem is a thug or a criminal and sometimes you just need a bit of support to get you through a rough patch. People who know me, accept me going to the doctors, and they say they know what it is but I will say “well I’m going to work so that’s my way round it”. And they are OK. Oh that’s fine. I think it will be an ongoing problem – a stigma thing.

ACADEMIC

Louie, Linda, how do you feel about what David and Willie have said? Does that ring bells for you? Does that sound right?

LOUIE

Yeah, but um on a sort of positive thing I still go to the clinic to get my [INDISTINCT] done and one of the receptionists actually asked me for stuff from the Orchard Centre for…to help her husband or partner. So the fact that she knew that I came was quite scary but you know it was quite nice to be asked.

ACADEMIC

Linda?

LINDA

My neighbours think, when you say you are going to the Orchard Centre, they think “oh there is something personally wrong.” So I just say “well I am a volunteer in the café and I go out to work”. And I help people with disabilities, do my best for everybody and just look after the people in the – that come and use the café. And be pleasant, have a nice smile on your face. And it really is something that people should know about.

[Back to - Track Two - Orchard Centre - Part One](" \l "Session1_MediaContent2)

# Track Two - Orchard Centre - Part Two

## Transcript

ACADEMIC

I want to ask a question now about something called ‘Crisis Services’ - it’s the people who devise services for folk who have problems. I think it's quite important to provide kind of out of hour’s services. Can you tell me about your experience if any, of using an out of hours service or what you think about that as an idea – an out of hours service or a crises service – having someone to phone when things are not great?

WILLIE

I have never used the Orchard Centre out of hour’s crisis line – phone line – hopefully I will never need to, but I am aware it’s there. For somebody who says they wouldn’t use the extended hours, because I am there often enough. Lets turn that completely around. I am there every night that they are open late – Tuesday, Wednesday, Thursday. I am also there Saturdays and Sunday. This is completely different from what I had planned to do in the first place, basically because they need volunteers for the café like and I am always available. So I see a lot more of the Orchard Centre, than I see of my own house. I am probably not as clued up as to what the crisis line is actually all about. The definition of crisis varies from one person to another. Some people’s idea of a crisis I would say you couldn’t…I would not call that a crisis. I think the difficulty for some people might be that sometimes they feel terrible and they might wonder should I be phoning the Orchard Centre crises line. That is a social crisis thing. It's not a medical thing. I don’t…I don’t have any idea how often it's being used, how regularly it gets used, how many times a week, what sorts of phone calls are coming in? I have no idea what's happening there. I would imagine that what people are phoning up probably because they were actually sitting at home bored.

DAVID

I remember one time when I was…I hadn't actually been going to the Orchard Centre at the time but I was still in contact with the Royal Edinburgh and a crisis developed one night at one o’clock in the morning. I wanted a plumber. So I phoned up the Royal Edinburgh. There is a nurse up there on duty…

WILLIE

…Oh dear!

DAVID

…and…No. I was very well treated I tell you, she…

WILLIE

…Really?

DAVID

…Yes. I explained to her, and she was very, very nice, but it was just some place just on the spur of the moment. I couldn’t even think. I wanted…I needed somebody for some advice. And give the lassie her due she was very, very helpful. But I got on well with all the staff. No – joking aside about the question of crisis. I, like Willie here, have not had any cause to phone up the Orchard Centre. I would agree with what he said though and the question of what do you call a crisis? I don’t know. I have never really have had to face anything where I have felt that I wanted to talk to somebody, but the fact that it's there is… that’s enough to make me think “well that’s good. I know that if I need any help.” But I would probably find it…or maybe if it was coming to a crisis it wouldn’t be after nine o’clock at night. It would probably be in the early hours of the morning because I…and that would be something because the Orchard Centre crisis has only got – actually if I am right, but I could be wrong here – to mid-evening. So if I needed any help then it would need to be before then. But then I am going down practically every day to the Centre and in a certain sense that’s a good thing. But in another sense it's a bad thing because you become too reliant on it and I feel that you know that if – I mean I had the experience of becoming too reliant on a certain situation before.

Nothing to do with the Orchard Centre. I felt very badly let down. So that I always have that little bit in my mind. I had to alter my entire lifestyle and believe me it wasn't very…it was something I had to get over myself. So that when I started going regularly to the Orchard Centre that filled that gap in, but if I hadn’t had that Centre to…the Centre to go to, I could have been in queer street as it were. But, no – a crisis well obviously you don’t phone up for a plumber or anything like that.

LINDA

I have never had a crisis with the Orchard Centre. But I have had problems late at night. People coming to my door - straightaway ring the police; the police come to get rid of them. Because it's so unfair when you think about it. You are on your own, two dogs start to bark. It's neighbours I am thinking about. I do not want people coming to my door at that time in the morning.

LOUIE

We’ve just started doing an evaluation – no is that…about the crisis Cent…about the Crisis Line, um what it's about and who uses it. So trying to get some figures together about it. I think it's good. It's a shame it doesn’t go on all night when a lot of the problems happen but it's a start to it.

ACADEMIC

Can I ask some questions now about your general experiences of people who call themselves professionals?

WILLIE

Can we target GP’s?

ACADEMIC

You can target anybody you like

WILLIE

Colebridge where I come from has a group practice. There are eight GP’s there. Anyone I can see if I want, although I have a designated GP of my own. From a recovering alcoholic’s point of view the range of response you can get is completely across the spectrum from very negative to very positive. That probably applies to all walks of life. It's not just GP’s like. It all depends on a great deal of trial and error, until you find somebody you feel is understanding what you are trying to tell them. And you certainly don’t like them saying, “There’s a prescription. Away you go and phone AA. It's all your own fault.” But it happens unfortunately.

ACADEMIC

What's the good extreme? What's the good end of the spectrum? And have you had that?

WILLIE

Yes. I have got one where I felt needed – I felt I had to go into hospital for a detox. I went into hospital for a detox. The swing now is for home detox that some are in favour of – you can get the same medication and support at home more or less as you can get in hospital without tying up a bed that could otherwise be better employed. So I am generally in favour of community detox, although there are occasions - I have got other health risks. I have a condition. If I really need to go into hospital, as long as that facility is still going to be there I think that’s important to me. I don’t think anybody would choose to be in hospital. Ah well, I didn’t have a problem with it because I knew that’s where I needed to be at the time. I find sometimes the Centre can be very much like being in hospital because there are so many people in the Centre, who have just recently or still in the process of recovering from a severe bout of mental illness. So I am very aware of that and I have to say to myself this is just like being in hospital. That’s something I don’t think is going to change. Only I can cope with, or deal with that. If it's getting too heavy I will then go somewhere else.

DAVID

Funnily enough I was just talking about this with somebody yesterday about the question of taking up hospital beds. I would prefer now, after having been away from the Royal Edinburgh for a number of years, to… if anything happened, to do it at home. At one time I would totally disagree with that. But since I came to the Centre – and I have to keep on coming back to this – since I came to the Orchard Centre, I mean I don’t think I would be here today quite frankly if it hadn’t been that they were able to fill up the space I was spending rather than sitting in a club. I mean all my friends knew that I had a problem. But I didn’t get quite the same specialist point of view as I have…you know, as I did in the Orchard Centre. So that, I think rather than take up a bed, although I have to say the treatment and that, and expertise I got was very, very good in the Royal Edinburgh, the alcoholic problem clinic. I have never actually gone back to see them, although I think they did point out it would be nice to hear from some people to see how things are going. I go now to a counsellor in Dalkeith – a consultant – I see him every four weeks. And between the five…the two or three minutes I see him, Brendan, very, very helpful to me, and going to the Centre, I mean that does me. But I would agree, I think that if you can get out of it on your own, because basically that is what you are talking about here. You know nobody can help you but yourself. But without the help of the Centre, as I keep on saying, I wouldn’t have had that. And in fact I can even go further than that. The group that I used to meet with in the Royal Edinburgh, tragically there are one or two who are no longer here today. So that has been, from that point of view I certainly owe my life to them I suppose in a way to the…to the Centre you know.

LOUIE

The doctor that I was at before had no idea of eating disorders and on this occasion she turned around and said “you know, you should pick cherry tomatoes and binge on them”. And that’s not something you want to hear when you are struggling. But the doctor that I am with now understands. I had to change over doctors because I had an operation and it went wrong and the clinic that I was at wouldn’t come out and see me so I had to move doctors. But the doctor I have got now is fantastic. She…she’s totally different. She listens to…I mean I get into such a state going in just for a normal appointment, but she just…she is nice and she is friendly and she listens, and you can tell just by her actions that she is listening. And I can't say that I trust her yet because I haven't seen her that much, but you know I think I trust her more than I trusted the other one in all the years that I knew her. So I think trust is a big thing.

ACADEMIC

And a lot of the new laws, in terms of people with disabilities or problems, makes reference to the fact that they will occasionally need an advocate, an advocacy, somebody to speak for them. Have you had, any of you, the experience of somebody speaking for you when you couldn’t speak for yourself? And if you haven't, what do you think about that as a notion?

LINDA

Well I go to a lot of CAPS meetings

ACADEMIC

Can you say what CAPS is?

LINDA

Consultancy, advocacy, promotion service.

DAVID

I think attending - CAPS is certainly superb for that - putting you in the picture with regard to keeping you up to date with regard to you know things such as drugs, etc, etc. So from that point of view I think the advocacy is a…is a good thing. I really can't say that I have got any more experience than that actually John…

ACADEMIC

…that’s fine. That’s great. Louie, anything you want to say on that?

LOUIE

I think…I don’t have much to do with the CAPS thing, but I have somebody who comes with me to doctors and stuff like that, and we talk about it beforehand and if I forget something, because I tend to just – use David’s favourite word – and gabble, I open my mouth and – but they are there to help me to talk, sort of calm down and talk properly. And John has helped in the Centre, as has some of the other staff as well. They either come with me or talk with somebody – so I suppose it's an advocacy in a different way.

ACADEMIC

Willie?

WILLIE

I haven't had the need to use an advocate myself. Actually I am quite bewildered that it's taken so long for advocacy to take the profile that it has taken on now. I don’t see it as being a good idea. It's crucial. How can you expect somebody with a serious mental health or maybe you have been pickling in cider at the time – to put across clearly what you need? You need somebody to speak for you when you are like that. It's essential.

ACADEMIC

If you could just give one piece of advice to somebody that was training to be a social worker or somebody who was training to work with people with personal problems, what would that be? Willie?

WILLIE

Learn to be a good listener.

ACADEMIC

Louie?

LOUIE

Ditto.

ACADEMIC

Linda?

LINDA

Yes.

DAVID

Yes. I think that really sums up the whole situation. Learn to be a good listener and at least be sympathetic. I think sympathy and understanding and realising it's not going to be a cakewalk. You are dealing with other people’s problems. You are dealing with human beings and when you get yourself into a pickle just try and put yourself in their shoes. As Willie says, be a good listener is as good an answer as any.

[Back to - Track Two - Orchard Centre - Part Two](" \l "Session1_MediaContent3)