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## **The social worker's view: Sonji Mitchel**

*Sonji Mitchel*

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# The social worker's view: Sonji Mitchel

## Context

The main title that I go by is social worker. I'm also an AMHP, so that means that I'm an approved mental health professional. The distinction between the two, is that as a social worker, I'm registered under the HCPC which is the Health Care Professional Council. Also the same with the AMHP but as an AMHP I have the added authority of being able to section people. Under the Care Act I would also come under the umbrella of the healthcare professional and care co-ordinator.

Social workers always had a pivotal role in helping service users. We're trained to understand the medical side of someone's mental illness, but we also focus on the social side and offer holistic support. So we're looking at all the systems around a person with mental illness. That's their social systems, their environment, past history, assessing risk. Those are things that a social worker will do, and their focus will be the wellbeing and the recovery of service users. You need to have a wide range of knowledge about theories, methods, approaches and interventions, and skills, so that all forms part of social work training. But you also have to develop that as you're working in the practice. No two people are the same. It's very challenging. There's lots of challenging scenarios that we have to manage, so you have to have a wide range of knowledge and skills.

We have people sometimes that suffer from great anxiety. Mandy seems like, if it's her first onset she will be feeling stigmatised probably, maybe in denial about her voices, maybe frightened. So having that support from someone who's reassuring, who's experienced, who's been working with people like that, can help. So that would be our role, kind of easing her through to recovery.

We do have a thing where we say the patient is the expert, so we're looking to the service user to tell us what's going on for them, but then we're the professionals to give that support, and supposed to have that expertise in giving someone support in terms of maybe ideas around coping mechanisms. So for Mandy, I would be looking at how to take away some of that distress for her.

Once the initial assessment is completed, you have an idea about the sort of the framework that we work to. It would be looking at about where to link her into. That might be with the psychologist, for some form of therapy. She maybe has had a medical review with the consultant, and maybe given some form of treatment, but then for me it's about how to enhance her quality of life. So with a lot of clients that I work with, their medication might just take the edge of the voices, which then allows a person to function a bit more. With the reduction of the voices she may be accessible now to maybe linking back in to her art.

So I would be thinking about linking her in with services like Mind, or voluntary organisations, employment agencies, art therapy, those sorts of things, and it's up to her really. It's what she would like to do as well, so it would be personalised. We call it person centred care. So it's about her saying what she would like, and trying to help her with that. So it could be just advocacy, it could be linking in a support worker to assist her, to you know go to these places. Those are the kind of things we could advance onto, once her mental health is stabilised.

## Assessment

With Mandy, a social worker would first identify the need. So we're working at the moment under the Care Act. So the Care Act came in 2014 and it's about assessing the need of vulnerable people and people at risk. So Mandy would come under that, once she's referred to us from whatever source. So that could come from the GP, that could be from a friend, a neighbour. So we'd get the referral, so with someone like Mandy, the first thing would be to assess her need, and see what the risks are and see what her needs are.

As a social worker, I work under a statutory organisation, so basically where I work I'm based with psychiatrists, psychologists, psychiatric nurses. So it's a statutory organisation that has to work within legislation, so once the need is identified for Mandy, it would be probably signposting her to various practitioners. So I would think for Mandy, the first thing would be to get a medical assessment done with the doctor. So that would be for the doctor to make a diagnosis. Has she got a mental illness? From the case, it seems like it's the first onset of some kind of psychosis; so it would be looking at that, finding out when that started, what are the triggers? What are the symptoms?

But if the voices are distressing, would we not be trying to treat that? So then we'd have to be thinking 'is it going to be anti-psychotic or is it going to be an anti-depressant'. If it is new to her, I don't know how much understanding she'd have of the voices anyway, to make those kind of real thoughts about it because she's just discovering them in a way. She's become a vulnerable person because of these voices, so those are the things that are quite concerning

There is research that if you catch mental illness early enough then you've got a better chance of recovery, so I would be thinking about that with Mandy, being this is her first episode. It may be stress, it may be just intense stress from things that have happened. Losing her boyfriend, not realising her potential, stresses at university, those sorts of things. So it would be our role to kind of look at everything, not just outrightly say she's got you know a mental illness, but look at all the things, the patterns, the triggers and see through an assessment with the doctor. It might be the psychologists, it might be depression, so if it's depression, psychologists might be able to do some work with her. So from my point of view as a social worker, I would be sort of signposting and bringing those people in, for Mandy to do further assessments.

I would like, with her consent, to be able to speak to a family member, somebody who knows her best. So that would be parent, brother, sibling, sister, just to get some information about what's happened in her life cycle. So that's something that I would be very interested to find out.

And from the social work perspective, I wouldn't be focusing as much on the diagnosis but on the effects of the symptoms itself, so her being socially isolated, withdrawing, those are things we'd be focusing on, and minimising risk to her, so trying to prevent self-neglect, measuring the risk. Those are the things that we would be doing in the first instance, so it's not so much about the diagnosis, but it's about how it's impacting on her life and her functioning.

## Contributing factors

Well the causes, I don't know if we've got to the bottom of the causes, and we wouldn't find that out until we'd assessed her. The challenges we know at the moment are that she's becoming isolated, she's hearing voices. If it's her first episode it might be quite distressing to her, so she would need some form of support, but in terms of the causes, I don't think we are completely aware of the whole facts at the moment.

I think what's lacking really is that we want to find out a bit more about what's happened in the present. So usually we might go back the last two weeks, or what was the last significant event for Mandy? So it might have been losing her job, what happened in that? Getting a bit of an idea of her networks, does she go out? Did she used to go out? Has she got a circle of friends? Does she see family? So, those kind of things a bit more, so you get an idea of what type of lifestyle she has. Does she drink? Does she party? She's a young person. What are the things that she likes to do? Has she got any plans for the future? That's a good indication of where someone's mind is at, in terms of are they making plans for the future, or do they feel everything's hopeless.

So, yeah, I think a bit more about that, a bit more about her family, her mother, father. Are they still alive? Has she got siblings? Does she have hopes to have children in the future? Those kinds of things you can find out and get a better picture about what her strengths are and what her hopes are.

It's about the people closest to her who she lives with, to get a real flavour of what her baseline is, what she's normally like, what changes people have noticed, and, you know, get a sort of a timeline of what's been happening. I mean we know a bit about the university, we know she was affected by the boyfriend. Is she still grieving for the loss of this boyfriend? It's a bit of an adjustment for her. I work with quite a lot of creative types of service users, who actually feel that they haven't reached their potential in life, and do become unwell, especially if they see their peers moving on, getting jobs, progressing, being creative. And people who are quite creative, really get quite distressed when they're not meeting their potential, or feel like their creative juices aren't flowing. That's my experience of working with people

like that. They are quite high functioning, but then can become quite disturbed.

Because I've actually worked with quite a few people who are creative, artistic, do wonderful paintings, carvings, those sorts of things. And I find these people they are very, they can become very distressed if they don't feel they've reached their potential, so these are people that have got masters degrees, have got to a certain point in their life where they don't think they're achieving, and then feel more pressure, especially if their peers or their siblings are doing in their mind, better than them. So, Mandy could be one of those kind of people, that hasn't reached her potential, and feels hopeless about the future, so maybe it's enabling her to reach that potential.