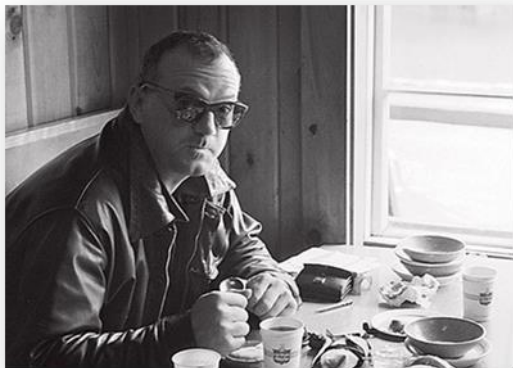


Developing a mental health equality imagination for social work

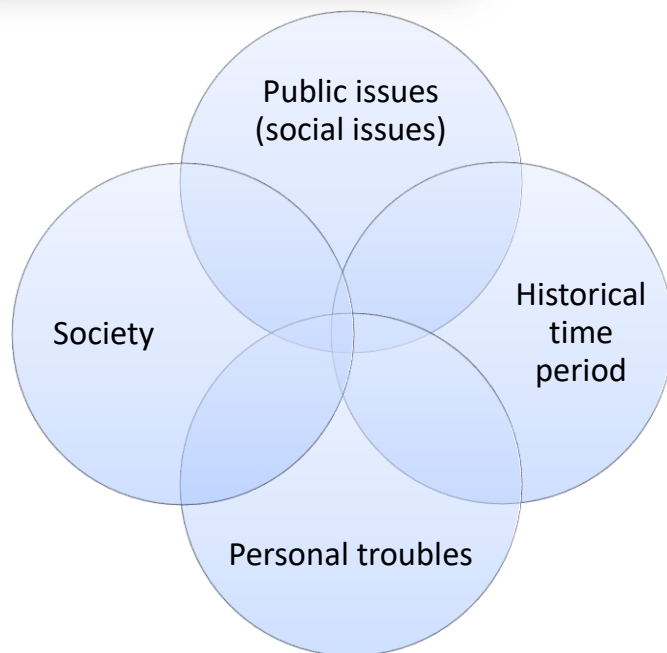
Robert Lomax

BSA social work study group, Feb 24

The Sociological Imagination – C. Wright Mills 1959



“You can never really understand an individual unless you also understand the society, the historical time-period in which they live, personal troubles, and social issues”



“The sociological imagination enables us to grasp history and biography and the relations between the two within society. That is its task and its promise”

Social work, mental health inequalities, and the sociological imagination

Overarching research question

How do mental health social workers articulate a sociological imagination when considering the social determinants of mental health?

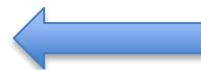
Can social workers develop a 'Mental Health Equality Imagination' to enhance their practice?



The **social determinants of health** are the 'conditions in which people are born, grow, live, work and age, and inequities in power, money, and resources' (Marmot, 2020, p1).



'social work can develop **a health equality imagination** in order that, in both direct practice and in education, social workers are continuing to promote the growth of equality in health and well-being and not further contributing to inequality' (Giles 2009, p530)



Social determinants in part give rise to **health inequalities**: the avoidable, unfair, unjust differences in health between different groups of people (Kings Fund, 2020).

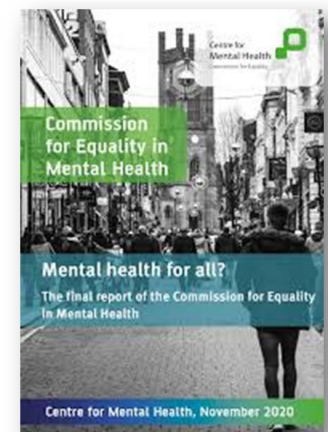
Research design

Methods

- Qualitative study of social workers within a UK NHS Mental Health Trust
- Semi structured interviews,
 - Part 1 using **textual vignettes** to explore SDMH and MHIs: Amira, Jack and Akiel.
 - Part 2 interview schedule to explore **MDT working and the recovery model**
- Online and in person interviews with twenty-one participants.
- Interview recordings transcribed and thematically analysed

Eligibility criteria

- A social worker registered with Social Work England, and
- Employed by the trust, or
- Employed by a local authority but work within the trust because of a partnership agreement with their employing local authority, and
- A proportion of their regular duties had to be direct practice with service users over eighteen years of age.



Participants' voices

Inter-connected nature of people's difficulties

Abbey, a social worker, takes account of events taking place at a particular point in a service users' life:

“Thinking about the wider group of people that would have experienced the Syrian civil war and having to flee that, there will be people with all sorts of different experiences and different symptoms of trauma.

So it's about taking that person as an individual and exploring their individual experiences and how that manifests”

Participants' voices

Professional knowledge and role.

Participant Jenny, uses her social work knowledge to make sense of service users' experiences:

“Sort of like, is it an individual mental health problem or is it connected to her broader context? I would say the latter, but I think my view as a social worker is that individual mental health is almost always only understood within the broader context.

So I think about, even if she was maybe predisposed to anxiety from childhood, the way that her experience of gender, of trauma, of immigration, of isolation, the way that those things have all influenced her opportunities, her social life, her context. I think they all play a much bigger role.”

Participants' voices

Life experiences

Social worker Alice powerfully describes her own experience as an asylum seeker in the UK to hypothesise and empathise about Amira, a vignette character:

“Yeah, you've got that feeling of not belonging, first of all, not belonging somewhere. When you come in you feel that judgement, you feel that rejection, you don't feel you belong, you are anxious to go out, because you don't know how you're going to be perceived.

There is that lack of confidence that is really, really driving your life. So you want to just stay somewhere you're safe, which is in the comfort of your home, and know you're safe, not out there to be hurt even more.”

Initial findings

Vignette data

- Assessment through talk, focused on interconnectedness and patterns of engagement with mental health services

MDT working

- Theme 1 Shared values, combined expertise: the positive value of MDT working,
- Theme 2 Sociological and legal knowledge: social work contributions to MDT working,
- Theme 3 The challenges of MDT working: identity and perspectives

Recovery approach

- *For some participants:*
 - Hope, choice and self-determination: shared values
 - Service users' goals in part achieved by addressing the SDMH
 - Recovery capital (Tew 2013) linked to the SDMH
- *For others*
 - Understanding of the Recovery Approach *less evident*.
 - Teams and organisations espoused the Recovery Approach, but practice took place in environments with a predominately *medical outlook*, focused on *policy and procedure*.

What would a Mental Health Equality Imagination mean for practice?

Social workers could

- Ensure broader understandings of mental health inequalities are represented in *core assessment processes*.
- Use knowledge of mental health inequalities and social determinants to ensure a *critical perspective is adopted in hypothesising and problematising* the experiences of service users.
- Support action to address common 'presenting problems' through engaging with *research, policy development and advocacy*.
- **Widen the lens:** use *multiple perspectives* to inform practice interventions -social models of disability, health inequalities, ethics, social justice, human rights.

After (Pockett & Beddoe, 2017)



Conclusion

Sociological imagination is a very broad concept.

It does provide a useful concept/lens with which to consider practice, beyond having 'just' a social perspective.

Practitioners appear to use a sociological imagination to understand the experiences of service users.

Practitioners promote an understanding of mental health that recognises the significance of social determinants and mental health inequalities.

'The capacity for astonishment is made lively again'

(Mills 1959, p. 14)



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