

'In a crisis, we are there'

To mark World Social Work Day, a mental health social worker shares how she helps those experiencing psychosis

WHO would you go to if your world turned upside down, you could hear voices in your head or suddenly felt you couldn't trust anyone?

Many of us have probably never heard of a mental health social worker.

But if you, a family member or a friend experiences a mental health crisis, you will be thankful, and relieved, to know that they exist.

A mental health social worker is not only someone to talk to and to trust, they are professionals uniquely able to support you and help you address social issues – finance, housing and relationships – which have profound effects on mental health.

They can arrange treatment, support and care, provide guidance and therapy. They can ensure your safety if you are at risk. They can also stand up for your rights – that could be by writing up a report for a tribunal if you want to appeal a decision to detain you under the Mental Health Act, or by visiting your workplace with you to talk to your employer about your needs when you return to work.

However, at its heart, the role

is about building relationships – and that is what attracted Sonya to join Think Ahead, a graduate fast-track programme for mental health social workers. Sonya studied psychology and neuroscience at university and went on to work in mental health research, but says: 'I wanted to work more directly with people.'

Think Ahead is funded by the Department of Health and Social Care and the programme is

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delivered in partnership with the University of York and the University of Central Lancashire.

It aims to strengthen social work through attracting talented people into mental health social work, providing them with excellent training, and supporting mental health services to unlock the potential of social work. The paid, two-year graduate programme combines on-the-job learning, a Master's degree and leadership

training to enable talented people to make an impact right away and throughout their careers. It attracts remarkable graduates and career-changers, like Sonya, who want to make a real difference to people with mental health issues.

More than 300,000 people in England are living with a psychotic disorder.

With symptoms ranging from hallucinations, unusual beliefs or delusions such as hearing voices, the onset of psychosis can be a distressing and frightening time. And it can be equally upsetting for friends and family who may not understand what is happening.

To mark World Social Work Day today, in the story below Sonya talks about her role as a mental health social worker in an Early Intervention in Psychosis team, in a community mental health service in London, and we find out how her life-changing support makes such a difference.

FEELING INSPIRED?

If Sonya's account of her working life has given you food for thought, you can find out more about the work the Think Ahead programme is doing to strengthen social work at thinkahead.org.

CASE STUDY: A WEEK IN THE LIFE OF A MENTAL HEALTH SOCIAL WORKER

'I love the feeling I get when I know I've helped someone'

TO GIVE us an insight into what her job is really like – including the ups and downs – Sonya tells us about some of the people she helped in one week...

In the first team meeting of the week, we discussed Michael – a man on my caseload whose mental health has deteriorated rapidly.

His parents called me in the morning to say they were worried about him and, as he has harmed himself in the past when experiencing psychosis, I made it my priority to visit him straight after the meeting.

As soon as I saw Michael, I could tell that he wasn't himself. One of the most important pieces



of work we do with service users is relapse prevention work, which involves several therapeutic sessions to work out together what their triggers are, and to identify early warning and crisis signs. I could recognise Michael's crisis signs straight away.

After talking to him, he and his parents decided hospital was the best option. Reaching a shared decision so that someone can be admitted informally is always better than forcing someone to come to hospital against their will.

I was also on rota to deal with emergency calls that come in and to 'screen' new referrals – people who have been referred to us by their GP, social services, the

police or other agencies – along with a psychiatrist or a psychologist.

I'm often the first person a service user and their family will turn to and that's what I enjoy about mental health social work. It is so practical and holistic and we support people in all areas of their lives.

On Tuesday, I had my monthly reflective supervision with my line manager. Having that one-to-one support from my manager and the benefit of her knowledge is invaluable. I told her about the work I've been doing with a young woman and her father who had both separately complained to me about each other's behaviour.

Once a month we have supervision in a technique called Open Dialogue, delivered by trained staff in our team, that champions open and honest dialogue. I decided to use this technique so they could air their grievances openly in front of each

other in a safe place. It was quite emotional. At first they spoke angrily, but by the end of the session they were much more conciliatory and understanding. It felt good to have been able to help.

One of the most enjoyable aspects of being a mental health social worker is seeing people begin to recover and grow from their experiences.

Our team can work with people for up to three years so you can develop strong relationships with them over that time. I've been working with Rachel since she experienced a stress-induced psychotic episode and was admitted to hospital.

After a traumatic incident, she stopped eating and sleeping. She heard voices and this made her feel paranoid. Our team was brought in to help. She has responded well to treatment, so I accompanied her to a meeting at her office about her plan to return to work. She was anxious, but

her colleagues were very welcoming. After the meeting, Rachel said she had really appreciated me being by her side.

I directed her to a well-being group that offers art therapy as part of the relapse prevention work – it is just as important as medical or psychological intervention as it teaches people how to manage their emotions and to avoid the levels of stress that could bring on another psychotic episode.

My week ended with a meeting in hospital about Michael – with a consultant psychiatrist, a nurse and Michael's family – to monitor his progress and plan for his discharge.

All in all, a challenging week. As well as seeing around three people a day, I've had to keep up with admin. But I love the work I do, and the feeling I get when I know I've helped someone to recover.

■ Some personal details and names have been changed