

## CHAPTER 2

# SOCIAL WORK IN MENTAL HEALTH: THE SOUTH AFRICAN CONTEXT

### 2.1 INTRODUCTION

Poverty, political turmoil and violence in South Africa are an enormous additional burden to mental health and the social wellbeing of the South African citizen. Biological, psychological and developmental factors in the history of an individual as well as social and economic factors, affect mental health (Wilson et al., 2008:576). The system of apartheid with forced removals, migrant labour, the disintegration of families and interpersonal violence as consequences, was and remains a cause of psychosocial distress. The distress does not necessarily indicate psychiatric illness, but causes suffering and impairs functioning. Seedat, Williams, Herman, Moomal, Williams, Jackson, Myer and Stein (2009:346) clearly state their view on mental health in South Africa:

South Africa has a legacy of racially inequitable, fragmented and inadequately resourced mental health care services, characterised by provincial variability. No systematic data exist on the current use of health services for the mentally ill, or the nature and extent of unmet treatment needs.

The statement above could perhaps explain why the researcher found that more and more social workers deal with a client load that includes various mental health disorders, sometimes-overlapping disorders, and patients who are using prescribed psychotropic medication also noted as trends in the United States (Farmer, Bentley & Walsh, 2006:1). Some social workers therefore need to base their assessments of clients on mental health diagnostic criteria. In order to support and assist social workers to deal with their clientele even more efficiently, awareness of and training in the utilization of a mental health diagnostic system, such as the DSM-IV-TR, could empower not only the social worker but also the entire profession. However, it seems that various societies, groups and individuals have questioned the role of

social workers in mental health. It further seems that, on international level, social workers are divided in their opinions with regard to the DSM system. They either support DSM utilization or are against the DSM model with various arguments to substantiate their views. The researcher explains the reason for focussing on the DSM system in particular later in the introduction of Chapter 3.

In South Africa, as in many other countries, questions and controversial issues arise when the social work profession in mental health is examined. Are social workers adequately trained to intervene diagnostically? Is there any need for a social worker to know or use a diagnostic model? Are social workers recognized as mental health team members? What is the scope of practice for social workers in the mental health discipline? The answers to these questions are very important in order to assess the need and value of a training programme for social workers in a mental health diagnostic model. If all these controversial issues pertaining to the social worker in mental health could be explored, the profession would have better insight into the diversity of views when comparing the appraisals and criticisms of the DSM model.

In the light of all the conflicting perceptions pertaining to social work as a professional practice in mental health, it is important to address the concerns, in order to assess the need and relevance for social work training in a mental health diagnostic system. In this chapter, there will be a focus on clarifying the following:

- The role of social workers in mental health with regard to:
  - clinical social work as well as
  - the different social work roles within the private vs. public sector
- The role of the mental health team with specific reference to the psychiatrist, general practitioner, occupational therapist, psychiatric nurse, psychologist and social worker
- Social work qualifications in mental health
- Social work methods and approaches in mental health

## **2.2 THE ROLE OF SOCIAL WORK IN MENTAL HEALTH**

The question could be asked of where the role of social work links with mental health. The researcher is of the opinion that many psychiatric illnesses pass unrecognized by general practitioners, and a minority of cases are referred to psychiatric services. All social workers, whatever their speciality, will encounter the mentally ill among their general caseload. Aviram (1997:2) confirms this point of view and notes that the history of social work involvement in the field of mental health goes back to the early period of the profession, namely in the last years of the 19<sup>th</sup> century.

Thirty years ago, a child psychiatrist would see a problematic child individually and a social workers' role would be to intervene with the parents, with little attention to the family as a whole (Bower, 2010:171). The author emphasises that the social worker's role in mental health has changed over the years where the family perspective became more significant. Part of this change was also the development of clinical social work.

### **2.2.1 Clinical social work**

Cooper and Lesser (2002:1) and Simpson et al. (2007:4) concur with Sands (1991:2), that one of the particular changes in social work is where social workers for whom psychotherapy represents a significant method of intervention, are referred to as clinical social workers. Like psychotherapists of related disciplines, clinical social workers use the face-to-face professional relationship to promote awareness, change, growth, and improved psychological functioning in individuals, families, and groups.

Clinical social workers view clients and their problems in relation to the multiple contexts in which problems occur and pursue interventions that focus on clients' social and political environments as well as the psychological and interpersonal domains. Simpson et al. (2007:4) concur with Cooper and Lesser (2002:1) who state that clinical social work practice is the professional application of social work theory and methods to the treatment and prevention

of psychosocial dysfunction, disability, or impairment including emotional and mental disorders and is based on knowledge of one or more theories of human development within a psychosocial context.

From the literature review it seems that the role of clinical social work and social work have some overlapping areas; clinical social workers focus more on psychotherapy, while generically trained social workers make use of integrated methods and interventions. DuBois et al. (2009:10) mention that generalist social workers know the interconnectedness of personal and collective issues. Because of the interconnectedness, they work towards change that will benefit human system functioning within a variety of human systems, societies, communities, neighbourhoods, complex organisations, formal groups, families and individuals. The Clinical Social Work Interest Group (Rogers, 2008) believes that although generalist social workers should be allowed to use generalist diagnostic codes, clinically trained social workers should be the only social workers allowed to use the codes used by clinical psychologists, because of the specific diagnostic and therapeutic training. Rogers (2008) explains that part of their clinical social work training ironically results in avoiding using labelling and the resultant use of diagnostic codes.

However, it is clear that generically trained social workers play a role in mental health (Newman et al., 2007:1044; Stormall & Hurdle, 2003:209). Mental health is an integral part of health care, but there are important differences (Gunn & Blount, 2009:236) such as social workers that are employed in a variety of settings, such as mental hospitals, day treatment centres, child guidance clinics, community mental health centres, and residential treatment facilities (Northen, 1995:22; Sands, 1991:6). Ironically, Northen (1995:22), Sands (1991:6) and Starnino (2009:820) agree that social workers provide the bulk of mental health services and that the types and causes of mental disorders and treatment options (with special emphasis on the psychosocial factors) are all connected with a mental disorder. The question then remains, what is the role of social workers in the mental health sector? In order to clarify the social worker's role, the researcher first needs to focus on the mental health sector where a social worker must fulfil her/his role.

### 2.2.2 Role according to mental health sector

The researcher found that internationally, social work in mental health is divided into a public sector and private sector. The debate over the relationship between public services and the private sector is not a new one. In the case of health, it is one of the the biggest unresolved issues, not only in the United Kingdom (Hinchliffe, 2001:5), or in the United States of America (Block & Grosser, 1983:245) and Canada (*Canadian Association of Social Work*, 2009), but also in South Africa. In South Africa, Leon and Mabope (2005:33) indicate that over the last 10 years, significant attention has been given to the relationship between government and the private health sector. One of the main challenges in the South African context is that the health spending between private and public has widened, where the public sector serves 84% of the South African population, while the private sector serves less than 20% of the population. However, Leon and Mabope (2005:33) note that the private sector has almost seven times more spending per capita than the public sector.

In reality, it seems that due to financial and resource constraints, the majority of people must sometimes wait unconscionable lengths of time to see a consultant in the public sector. The minority who can afford services can visit the same consultant in private practice. Treatment for individuals, who can pay more than those with the greater clinical need, is an ethically debated issue that emphasises the reality of the distortion of priorities. Many countries have used the private sector to make up for alleged shortcomings in the public sector, with consequences (*Canadian Association of Social Work*, 2009; Hinchliffe, 2001:5; Simpson, Emmerson, Frost & Powell, 2005:88). These statements are also true for the South African context (Leon & Mabope, 2005:40).

Hinchliffe (2001:6) emphasises that the private sector has an obligation towards investors. Social obligation to customers is not the priority of the

private sector. However, the motivation of the public sector is for social responsibility and environmental awareness.

These two goals may explain the difference in the role of social work in these two sectors in mental health. Within the goals stated above, the social worker's role in the private sector is much smaller, although social workers are often on lower income scales compared to other health professionals, such as the general practitioner or psychiatrist. One of the main obligations in the private sector is towards investors, and not social responsibility. On the other hand, the researcher has observed how social workers in the public sector often fulfil the leading role in intervention with mental health patients (Starnino, 2009:820). The researcher is of the opinion that this may be due to the high volume of clientele, shortness of professional staff, and affordability of social workers within the public sector. The mental health sector in which a social worker operates often dictates the role of the social worker. Regardless, there are also some theoretical dictations towards the role of social work.

According to Allers (2008), the South African Society of Psychiatrists (SASOP) is not in a position to include the social work profession as a therapeutic service within their psychiatric guidelines for private mental health patients, due to a lack of a formal recognized scope of practice for social workers in South Africa. This would imply that in the South African health sector no medical aid would accept any claims from the mental health benefits for therapeutic services provided to a private mental health patient by a social worker, although the medical aids' day-to-day benefits may cover some social work services (Dittmer, 2011; Pridigeon, 2011). Allers (2008) states that SASOP approached the South African Council for Social Service Professions (SACSSP) on various occasions in a quest for the scope of practice for social workers, but had no results.

However, *the South African Mental Health Care Act* (17 of 2002 section 1:xvii) states that a mental health care practitioner is: "A psychiatrist or registered medical practitioner or a nurse, occupational therapist, psychologist or social worker who has been trained to provide prescribed mental health care,

treatment and rehabilitation services”. Duncan (2008), who represents the Clinical Social Work Interest Group, argues that “generically trained social workers are out of their depth” in mental health multi-disciplinary teams and that only clinical social workers are trained to operate in mental health institutions and with mental health issues.

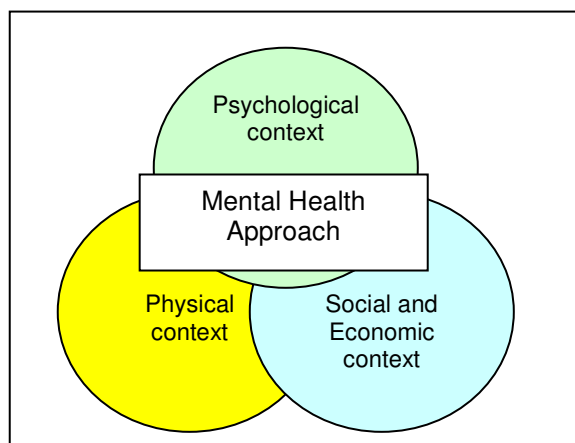
Rogers (2008) and Sartor (2008) agree that the South African Council for Social Service Professions and the South African Association of Social Workers in Private Practice (SAASWIPP) do not recognize clinical social work as a separate specialized form of social work. They rather acknowledge clinical social work academically as a speciality field for a postgraduate qualification in Social Work, similar to any other specialized Master’s degree. Sartor (2008), Executive Officer for the South African Association of Social Workers in Private Practice (SAASWIPP), states that they started to compile a scope of practice in order to address these issues, but have not formalized a final concept yet. The researcher is of opinion that such a scope of practice could change the role of social work in the private sector significantly, since the key role players, SASOP, requested it. However, Sartor (2008) emphasizes that changes in the scope of practice for social work (with regard to mental health) will be a lengthy process, since the changes have to be made in a legislative process, and should be noted in the Social Service Professions Act.

The researcher shares the concern of SAASWIPP about the disregard shown to the value-adding role and contribution of social workers, should there be no recognition for the role that social workers play in mental health (Sartor, 2008).

The Clinical Social Work Interest Group (Rogers, 2008) is of the opinion that mental health is a specialized field, wherein they, as Clinical Social Workers, have adequate training to intervene. According to this group, the role for social workers in mental health is mainly the speciality field of clinical social workers. Rogers (2008) admits that this opinion is their sole view, and that the South African Association of Social Workers in Private Practice (SAASWIPP) still

differs, stating that all social workers already have the required training to play a role in mental health and have diagnostic skills for using mental health diagnostic criteria. The researcher found this discrepancy in terms of the role concerning. Again, the experience of the researcher is that the public sector and government bodies are more in favour of the statement that all social workers are trained to intervene. The workload in the public sector requires as many social workers as possible to intervene; therefore, there is no room for a discrepancy in terms of the background and training of social workers. However, the private sector focusses more on the level of care, and therefore rather supports a more specialized field of social work to provide a service in mental health.

### Diagram 2: Mental health approach



As visualized in Diagram 2, Baumann (1998:5); Borrell-Carrió et al. (2004:577), Sands (1991:53) and The *South African Mental Health Care Act* (17 of 2002) suggest a comprehensive primary health care approach to the delivery of health care services that consists of three cycles that will encompass the presenting symptoms of an individual.

Fisher, Newton and Sainsbury (1984:4) explored the 'social and economic context' twenty-eight years ago in their own enquiries into the role of social work in mental health and based their definition on two concepts: 'mental state' and 'social functioning'. They looked at cases where the impairment of social functioning (due to the social and economic context) could not be



wholly attributed to circumstances other than impaired mental state or health. Karpelis (2010:157) agrees and states that clinical social workers particularly assess the bio-psychosocial dimensions of mental health disorders affecting the client and his/her social network. The researcher agrees with Karpelis (2010:157) who is also of opinion that all aspects of social functioning and 'mental state' are contextual, and depend on a wide range of factors such as age, gender, intelligence, and sub-cultural value system.

Impairment with regard to 'mental state' includes the following:

- Impaired perception of reality includes significant distortions of reality or persistent misinterpretations, feelings of persecution, fears and hallucinations.
- Inappropriate feelings include depression, anxiety, apathy, aggressiveness and euphoria, which are inappropriate due to their depth, duration and setting.

Impairment with regard to social functioning includes the following:

- Economic impairment includes difficulties in maintaining paid employment, housework and childcare; impaired capacity to carry out a social role consistently or at a previous level of responsibility or efficiency.
- Interpersonal impairment includes persistent difficulties in:
  - Immediate family relationships such as spouse, children and other co-resident relatives
  - Wider social relationships such as other relatives, neighbours, friends and workmates
- Impairment in personal care includes self-neglectful and self-destructive behaviour.

Regardless of the variety of opinions, the researcher acknowledges the reality that social workers are working in mental health daily, irrespective of whether they are adequately trained or not. It is therefore important to understand the

role of all the mental health team members, in order to position the social worker within this team.

## **2.3 THE MENTAL HEALTH TEAM**

### **2.3.1 Role of the mental health team**

Teamwork has always been an essential element of good practice in mental health, which meets the needs of the ill person (Tilbury, 2002:60; Wilson et al., 2008:586). No one profession has the expertise or the authority to undertake everything. Teamwork is not always easy; different organizational structures and finance, varying degrees of operational autonomy, different approaches and priorities all play a role.

Mental and behavioural health problems can be viewed as an overlapping cluster of problems (Wilson et al., 2008:576). In the South African context, daily interactions take place between health related problems (e.g., heart diseases, depression and stress related conditions), social problems (e.g., child abuse, substance abuse and violence) and socio-economic problems (e.g. high unemployment, limited education and poverty). The *South African Mental Health Care Act* (17 of 2002 section 1:xvii) supports this explanation and defines mental health status as the level of mental well-being of an individual as affected by physical, social and psychological factors that may result in a psychiatric diagnosis. It is therefore acceptable that the mental health team will address all mental health problems in terms of psychological context, physical context and social/economic context, as seen in Diagram 2.

Borrell-Carrió, Suchman and Epstein (2004:577); Gunn and Blount (2009:236) and Wilson et al. (2008:576) are all of the opinion that mental health care forms part of overall health care, and therefore the physical context is as important as the psychological and social/economical context. The researcher agrees and emphasizes that the social worker is the specialist with regard to the social context within the mental health team and therefore will be able to

add valuable information to the social and economical contextual concerns and problems.

The way in which a patient becomes known to, or is referred to the mental health team, influences the role of the various team members. People with social problems often present in psychiatry for one of the following three reasons (Cockerham, 1996:1; Tilbury 2002:18). First, under pressure, they had made a suicidal gesture, or had threatened one, and were referred to psychiatrists because they were suffering from depression. They could just as well have expressed their distress by getting drunk, hitting someone, going shoplifting or turning up at casualty with some form of pain. These alternative expressions of distress would have landed them in different areas with different mental health team members and outcomes. The researcher regards this as an example of the symptoms rather than the problems determining which team member would be primarily involved, what would be deemed a mental health matter and a psychiatrist's concern.

Tilbury (2002:18) refers to a second group of people who had complained to their social worker or general practitioner (GP) that they were physically not feeling well because of their problematic circumstances that caused them not to feel well or in despair. Social workers and general practitioners may then make a referral when they are of the opinion that they cannot address the presented problems and seek the help of an alternative team member such as a psychiatrist.

The third type of referral, according to Tilbury (2002:18-19), is usually made due to the professionals' sheer frustration or irritation. The individual with the problem returned repeatedly and nothing tried by way of problem solving was successful. With all potential referral resources exhausted, the professional then requests a psychiatric report. It is clear that the referrers within the mental health team and health profession often have different reasons for referrals to team members in the field of mental health.

Simpson et al. (2005: 89) note that referral rates from general practitioners to psychiatrists remain low, due to the lack of psychiatric consultants. The researcher is of the opinion that this may be one of the reasons why mental health patients remain in one professional's care, and never receive treatment from a mental health team.

Le Page (2010) lists the following professionals as the mental health team:

- Initially the family doctor, but are then referred
- Psychiatrist
- Psychiatric nurse
- Social worker
- Clinical psychologist
- Occupational therapist
- Pharmacist
- Administration staff

The Community Care United Kingdom (2009) agree with the above and note that the training, ways of intervention and culture of multi-professional team members such as social workers, nurses, psychiatrists, and teachers will differ. The sectors of social care, health and education had major changes, restructuring and reorganization. The different roles, boundaries and ways of intervention will influence the working relationships of professionals. It is important that team members clearly know their own role and the roles of other team members (Fisher et al., 1984:45; Tilbury, 2002:19; Van Wyk, 2007).

Based on the researcher's experience, she concludes in agreement with Van Wyk (2007) that the psychiatrist usually leads, while each team member has a specific area of treatment. The ideal mental health team is a team that is actively involved with the patient/client and his or her family. Kerr et al. (2007:64) state that the mental health team delivers different kinds of services in different settings such as assessment, treatment and management of mental health patients. However, they also state that there has been very little

research on the quality or overall functioning of the various therapies provided by mental health teams.

### **2.3.2 Mental health team members**

The various mental health team members are discussed below:

#### **2.3.2.1 The psychiatrist**

In the United Kingdom, the psychiatrist, seen as the professional with a high formal training status and effective control over the major resource, will make a recommendation, while the social worker decides whether to accept or reject the recommendation (Fisher et al., 1984:45). The researcher agrees with Van Wyk (2007) that in South Africa, the psychiatrist is the leader of the mental health team. However, the researcher also witnessed that in the public sector, the psychiatrist are appointed as the head, while in the private sector, the psychiatrist is rather seen as just part of the team, and has no official leading role.

Fifty percent (50%) of the social workers in in the study of Fisher et al. (1984:45) considered psychiatrists as professionals that offered only medication and containment, but almost as many referred to them in terms that are more positive, such as as having therapeutic skills, being good at their work and understanding towards their patients.

Le Page (2010) and Tilbury (2002:19-20) agree that there are instances where it is vital to bring in a psychiatric assessment, such as:

- To establish whether or not there is an organic basis for the disturbances in behaviour;
- There may be a case for the selective, short-term use of psychotropic drugs, to help bring acute symptoms under control, and enable some restoration of social functioning; and

- Medical help is needed where physical factors become involved, for example, patients with attempted suicide or other life-threatening conditions such as anorexia.

Le Page (2010) and Wilson et al. (2008:588) emphasize that the psychiatrist should determine whether the person being assessed is indeed suffering from a recognised and treatable mental disorder. The researcher summarizes the role of psychiatrists similar to Dinitto and McNeece (1990:14) who state that the psychiatrists prescribe a treatment (which could include medication, rest, counselling) for people with disorders and undesirable functioning of the personality. The researcher strongly agrees with the statements above but also found that psychiatrists, with psychotherapy training, often become therapeutically involved with the patients.

### **2.3.2.2 The general practitioner**

Gunn and Blount (2009:237) mention in their research that other professionals referred to general practitioners' general lack of knowledge about mental health problems, and a few also suggested that general practitioners lack knowledge about the provisions of the Mental Health Act, sometimes to the extent of not fully recognizing their own role in the process of admission. About a third of their respondents made the point that a minority of general practitioners are very competent in mental health problems; they are knowledgeable, interested and prepared to take time to find out what is going on rather than immediately reaching for the prescription pad. Gunn and Blount (2009:236) and Wilson et al. (2008:568) note that in the United Kingdom, primary care providers such as general practitioners are now trained to become 'primary mental health care workers'. The researcher found that in South Africa the general practitioner often continues long term medical treatment with their private mental health patients, due to the good patient-doctor relationship and to maintain a patient base, although some general practitioners will assess a patient and refers to a more specialized professional (Le Page, 2010) when needed.

### **2.3.2.3 The occupational therapist**

Having an occupational therapist in a mental health team is not always possible, but is ideally a valuable inclusion in the team (Le Page, 2010). The occupational therapist assists the mental health care user to first enable and secondly maintain their work abilities in order to return to their original employment. Occupational therapy is an important component in the Mental Health care within South Africa, since the occupational therapist is accepted as the team member who conducts the majority of mental health group work, not only in the private sector *HASA* [sa] but also in the public sector (Petersen, 2009).

The Life Path Health Group (2009) states that the occupational therapists conduct assessments to evaluate the symptoms and level of functioning of all mental health patients. They provide life skills training in group therapy, focusing on stress management, self-image and personality development, communication and interpersonal relationships, relaxation, day programme planning and a healthy lifestyle, and coping with negative emotions. The researcher experienced that occupational therapists add essential value to the treatment of mental health patients.

### **2.3.2.4 The psychiatric nurse**

In the study conducted by Fisher et al. (1984:45), nurses are seen as providing valuable after-care services, having a partly monitoring and supportive role, and bringing some paramedical skills to the job - a sort of psychiatric 'barefoot doctor' service. Le Page (2010) and Petersen (2009) state that the psychiatric nurse tends to have the most frequent interaction with the patients and therefore are responsible to facilitate the treatment or care plan, and to monitor the levels of progress.

Life Path Health (2009) agrees that the monitoring and supportive role takes place 24 hours per day. The psychiatric nurse's role is not only to address physical concerns, but also to monitor patients and support them during the

entire treatment process. Nursing staff is also responsible for the distribution and monitoring of all prescribed medication while a patient is in the hospital. Petersen (2009) and Wilson et al. (2008:586) refer to psychiatric nurses as trained specialists in not only paramedical identity but specialists with particular mental health training that assists them to define their contributions. The researcher found that psychiatric nurses' input and observation could dictate treatment that is more effective and ensure correct care while providing treatment.

### **2.3.2.5 The psychologist**

Social workers and psychologists, especially clinical psychologists, often work together as team members and there is a great deal of overlap in what they do (Dinitto & McNeece, 1990:14; Wilson et al., 2008:586). Both are interested in the behaviour of people and in their patterns of interaction. Both deal with the thinking processes of people. The psychologist, however, is interested primarily in understanding individual behaviour. While the psychologist focuses on individual behaviour, the social worker is interested in the social functioning of the individual. Le Page (2010) states the the clinical psychologist will provide therapy such as Cognitive Analytical Therapy (CAT), Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Interpersonal Psychotherapy (IPT) or Family Therapy.

A clinical psychologist is usually trained in formal, systematic and quantitative methods of assessment, and is skilled in providing Cognitive Behavioural Therapy treatment programmes (Wilson et al., 2008:586). The researcher agrees that the psychologist, especially the clinical psychologist, may intervene with individuals on an intensive basis in an attempt to change their behaviour, but the social worker is just as often interested in changing the individual's environment as in changing the individual's behaviour. Social workers therefore focus more on the social role of the client and on the utilization of community resources in order to meet a client's needs. Gunn and Blount (2009:236) express surprise to find that less than 33% of their patients diagnosed with a mental health disorder, has never received a consultation by



a psychologist or any other mental health professional. Petersen (2009) noted that she has seen in the South African private sector, that more and more non-clinical trained psychologists become part of the mental health team, due to the high population need for psychologist, and limited trained clinical psychologists.

### **2.3.2.6 The social worker**

Social workers are often part of a mental health multidisciplinary system of care, working alongside colleagues who seem to have a much stronger knowledge base of mental health (Wilson et al., 2008:586). Le Page (2010) explains that social workers could even take on a similar role to that of a psychiatric nurse in terms of assisting the patient to understand the additional services or benefits that are available to support him/her. Munson (2002:8) and Rieman (1992:15) are of the opinion that there is a rapid growth of social work practice, and more specifically medical social work, stimulated by the need for interdisciplinary collaboration in multi-disciplinary settings and for teaching allied disciplines.

Social workers often do not involve other professionals but rather experience that other professionals involve them (Fisher et al., 1984:46). They admit that they only involve psychiatrists if there is a marked deterioration in the mental health of a client; but most of these social workers stressed that a referral is usually the last resort when the social work intervention proved ineffective or when they felt they lacked understanding of the nature of the problem.

Dinitto and McNeece (1990:14) emphasise the same experience and state that social workers will rather focus on coping tools for the clients' situations, than on the presence of mental health disorders. Wilson et al. (2008:589) state that social workers need to have a good working knowledge of psychiatric classifications of mental distress, but also need to retain their distinctive perspective on mental health work, which is about the total system of care, and how to work effectively with this.

Starnino (2009:836) and Wakefield, Kirk, Pottick, Hsieh and Tian (2006:213) observe that many social workers address poverty, administration, social policy, and other non-mental health concerns and are not clinically trained to use the DSM system. Non-clinical social workers and mental health professionals have vast differences regarding knowledge about mental disorders and their treatment. The researcher agrees with these statements, and understands that social workers often find it hard to sustain their professional identity in mental health, since they tend to see other professions as having more expertise.

Clinical training and experience however increase the ability to distinguish disorder from non-disorder (Wakefield et al., 2006:215). Starnino (2009:853-854) summarizes these views by stating that social workers have not only played a significant role in providing care for mentally ill patients, but fulfil a variety of roles such as:

- case manager
- therapist
- crisis counsellor
- program evaluator
- administrator
- policy analyst

Fisher et al. (1984:5), Sands (1991:53) and Straining (2009:836) state that the social worker's role in mental health is to assess the client's impairment in his or her social environment bearing in mind the individual's previous mental state and social functioning. Baumann (1998:31) supports this statement stating that the majority of people who experience psychological or social stresses do not suffer from psychiatric illness. Only a proportion of people may become ill because of extreme stress, but the majority cope due to a number of protecting biological, psychological and social factors.

The researcher summarizes the role of social work in mental health in Table 3 according to Dinitto and McNeece (1990:6); Sands (1991:17); Starnino

(2009:836) and the *University of South Africa* (2008); as a professional activity of helping individuals, groups or communities to enhance or restore their capacity for social functioning and creating societal conditions favourable to this goal. Starnino (2009:820) is of the opinion that social workers are the largest group of practitioners in the mental health field. Social work practice consists of the professional application of social work values, principles, and techniques to one or more of the following ends:

**Table 3: The role of social work in mental health**

<b>Social Work Role in Mental Health</b>
1. Helping people to obtain tangible services
2. Counselling and psychotherapy with individuals, families, and groups
3. Helping communities or groups provide social and health services
4. Participating in relevant legislative processes
5. Maintaining, restoring and improving psychosocial functioning (creative activities, problem-solving skills, initiative, relationships, vocational activities, recreational activities, social activities and self-sufficiency skills).
6. Helping people enhance and more effectively utilize their own problem-solving and coping capacities
7. Facilitating interaction, and modifying and strengthening relationships between people within the resource system
8. Facilitating interaction, and modifying and building new relationships between people and society's resource systems
9. Establishing initial linkages between people and resource systems

Although various resources clearly indicate the presence and need for the role of social work in mental health, the researcher found that there are currently important debates and controversial statements with regard to the role of social work in mental health in South Africa.

Concerning the question regarding the role of social work in mental health, the researcher concludes that the social worker has a definite role to play in mental health. It would therefore be applicable that a training programme for social workers in mental health could be of value. The role of a social worker varies slightly according to the different mental health settings. The researcher

is of the opinion that it was important to identify and discuss the role of each mental health team member, since that would also clarify the role of social work.

### **2.3.2.7 Conclusions on the mental health team**

Although not a recent reference, the researcher acknowledges Fisher et al. (1984:61) due to valuable information. In the mental health team, many general practitioners and psychiatrists share uncertainty about the role of social work, thus undermining the basis for co-operation that good liaison and joint rationale might provide. Neither general practitioners nor psychiatrists were generally prepared to ascribe to social workers a supportive role in medical intervention, in which they could act to promote the effectiveness of measures taken because of a primarily medical assessment. Both general practitioners and psychiatrists agree on the need for better-trained social workers, who would be more capable in skilled assessment and intervention, and whose role would expand as social aspects of mental health problems received wider recognition (Wilson et al., 2008:589).

According to the *South African Depression and Anxiety Group* (2009), South Africa has approximately 320 psychiatrists, giving a general ratio of about 150 000 people per psychiatrist. An estimated seven million people of the South African population belong to private health care with a remaining 41 million people in state health, while 200 of the 320 psychiatrists in South Africa work in the private sector (*Anxiety Group*, 2009; Bateman, 2010:352 and *South African Depression*). Gunn and Blount (2009: 236) and Baumann (1998:33) agree that about one third of patients attending a health care facility will require some form of psychiatric or psychological treatment. Given the ratios described above, the psychiatrist alone cannot provide such treatment. For this reason, the entire mental health team should possess basic psychiatric knowledge and should be able to apply this knowledge to local situations.

The researcher concurs with the information regarding the mental health team, and believes that any training for social workers in mental health related

issues would be valuable, due to the shortage of other mental health professionals, such as psychiatrists. The researcher deems it necessary to explore the qualifications of a generic trained social worker and a clinical social worker regarding their skills and training field.

## **2.4 SOCIAL WORK QUALIFICATIONS IN MENTAL HEALTH**

The social work qualification in South Africa is an internationally recognized professional degree with an internationally accepted definition by the International Federation for Social Workers and the International Association of Schools of Social Work (*South African Council for Social Service Professions*, 2008a). Countries across the world recognize social work as an essential profession, and offer learning programmes at undergraduate and postgraduate levels, including specialized fields of practice (Addinall, 2011).

### **2.4.1 Graduate social work qualification**

A South African social work professional refers to an individual with a four-year graduate qualification in social work. The social worker will then be a full professional in the field of social work (*South African Council for Social Service Professions*, 2008a).

The *SACSSP* (2008a) provides the following internationally accepted definition for the core purposes of a trained social worker:

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 the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

This definition provides clarity that social workers are trained in methods and skills to utilize theories of human behaviour and social systems to conduct social interventions. However, the question remains as to whether social

workers receive any specific training in mental health. Stromwall and Hurdle (2003:211) raise their concern by stating that many social workers remain unfamiliar of the perspectives and language used in mental health, and they suggest that the social work education programmes include content that is more specific.

Van Breda (2008), professor at the Department of Social Work, University of Johannesburg, states that their social work students receive one lecture in their first year on mental health as a field of social work practice. However, the students receive no training in mental health diagnosis or the use of any classification system. Van Breda (2008) presumes that the students learn about psychopathology in psychology, for those who enrol for psychology as a third year subject.

Addinall (2011), lecturer at the Department of Social Development, University of Cape Town, states that the department teaches mental health to their undergraduate students pertaining to the impact of mental health on the micro, mezzo and macro levels of society and the Mental Health Care Act. Addinall (2011) is of the opinion that mental health disorders and diagnosis are deemed to fit within the scope of practice of Clinical Social Work. Their social work students are introduced to diagnostic classification systems such as the DSM and ICD-10 with regard to the clinical role and organising, but not to the utilization or application thereof.

Addinall (2011) states that training in mental health is an international recognised field of speciality that requires specialised training. He further notes that there is definitely a need that social work programmes on undergraduate level should include:

- systemic perspective of the field of mental health,
- the impact of mental health on society from the following levels:
  - Individual
  - Family
  - Community

- Societal level
  - Legislation and policy governing mental health
  - Recognising mental illnesses
  - Knowledge of resources to refer to when needed

Addinall (2011) suggests that training on a more advanced level will have to focus on knowledge and skills to diagnose and treat mental illness, which he regards as being beyond the scope of practice of graduated social workers. Motloug (2011), lecturer at the University of Kwazulu Natal states that their department trains their undergraduate students in mental health care, mental health diagnosis and the DSM-IV utilization. However, they do not offer any training on postgraduate level in the field of mental health.

Carbonatto (2007), senior lecturer at the Department of Social Work and Criminology, University of Pretoria, mentions that undergraduate students in social work receive an introductory module in health and some mental health aspects, including psychiatric conditions and information on the DSM. Social workers, who continue with a postgraduate qualification in Play Therapy or Employee Assistance Programmes (EAP) in the department, will spend only one day on DSM training.

The four-year degree does not prepare social workers to be mental health workers, but the academic institutions merely introduce the concept of mental health to the students. The researcher is concerned that social workers without specific training in the DSM system will have limited knowledge, although they are expected to know of and utilize this system.

Reyneke (2008), Departmental Chairperson for the Social Work Department at the University of the Free State, says that the department invites a guest speaker to provide an introduction on the complexity of psychiatry and highlights the Mental Health Care Act. He is of the opinion that psychiatry is a much-specialized field, and suggests induction training in the DSM system for those who enter the field, since their department does not provide any training

in diagnostic systems. The undergraduate social work training at the University of the Free State refers to the DSM system in a module on loss and trauma. However, they plan to add Obsessive Compulsive Disorder and Attention-Deficit and Disruptive Behaviour Disorders as documented in the DSM-IV-TR to the curriculum content. The researcher regards this as positive since these two disorders are client behaviours known to every social worker.

In conclusion, the researcher agrees with Rwomie (2011) who has found that social workers are well equipped with knowledge and understanding of human behaviour and social systems. They learn the skills to intervene where people interact with their environments in order to promote social well-being. Social workers can assist and empower individuals, families, groups, organizations and communities to enhance their social functioning and their problem-solving capacities. Social workers are able to promote, restore, maintain and enhance the functioning of individuals, families, groups and communities by enabling them to accomplish tasks, prevent and alleviate distress and use resources effectively.

From the information above, it seems that social workers will only receive specialised training in mental health, if they enrol for a post-graduate qualification. Social workers have the ability to address the needs of mental health patients, and could contribute to the treatment plan of any mental health team. The researcher is convinced that social workers should have more knowledge regarding mental health disorders, since that knowledge will empower them not to diagnose, but to assess more comprehensively and to make more appropriate referrals and recommendations.

#### **2.4.2 Post-graduate social work qualifications**

Following a first degree, the social worker will have the choice to continue with studies in order to obtain a Magister Artium (MA) Degree in Social Work. In South Africa, the qualification is offered as a Research Masters Degree or as a Coursework Masters Degree with various fields of specialization. It is generally a minimum two-year study programme. The coursework Masters



degree that specialises in mental health varies between universities and universities have their own curricula for a social work postgraduate qualification in mental health.

The *South African Council for Social Service Professions* (2008b) provides a document, *Masters Degree in Social Work*, with their views and interpretation of the social work qualifications. According to the document, the Masters qualification compares to similar international qualifications for Social Work, verified through the South African structures affiliated with the International Association of Schools of Social Work (IASSW). The IASSW formulated a draft document on Global Qualifying Standards for Social Work Education and Training and continues to promote global standards. The chairperson of the Global Qualifying Standards Committee is a South African citizen and has served on the SGB for Social Work since its inception (*South African Qualifications Authority*, 2008).

Table 4 indicates the variety of Masters Degrees for social work in the field of mental health at the following ten traditional universities in South Africa. The table includes a comparison *North-West University* (2010); *University of Kwa-Zulu Natal* (Motlounge, 2011); *University of Cape Town* (2010); *University of Johannesburg* (2009); *University of Limpopo* (2011); *University of Pretoria* (2009); *University of Stellenbosch* (2009); *University of the Free State* (2009); *University of Western Cape* (2010) and *University of Witwatersrand* (2009).

**Table 4: Social Work Masters degrees at South African Universities**

Academic Institution	Social Work Masters degrees
North-West University	<ul style="list-style-type: none"> <li>• Master of Social Work – M(SW)</li> </ul>
University of Cape Town	<ul style="list-style-type: none"> <li>• Coursework Masters (MSocSc)               <ul style="list-style-type: none"> <li>○ <b>Clinical Practice in Social Work (MsocSc)</b></li> <li>○ Probation and Correctional Practice</li> <li>○ Social Development</li> <li>○ Social Policy and Management</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Research Masters <ul style="list-style-type: none"> <li>○ Social Work</li> <li>○ Social Planning and Administration</li> </ul> </li> </ul>
University of Johannesburg	<ul style="list-style-type: none"> <li>▪ Masters (Soc Sc) Community Development</li> <li>▪ <b>Masters (Soc Sc) (Clinical)</b></li> <li>▪ Research MA in Social Work</li> </ul>
University of KwaZulu-Natal	<ul style="list-style-type: none"> <li>• Masters in Welfare Policy and Development</li> <li>• Research Masters</li> <li>• Masters in Child Care and Protection</li> <li>• <b>Masters in Health Promotion</b></li> </ul>
University of Limpopo	<ul style="list-style-type: none"> <li>• No post graduate programmes</li> </ul>
University of Stellenbosch	<ul style="list-style-type: none"> <li>▪ Research Masters in Social Work</li> <li>▪ Welfare Programme Management</li> </ul>
University of the Free State	<ul style="list-style-type: none"> <li>▪ Research Masters in Social Work</li> <li>▪ Coursework Masters: <ul style="list-style-type: none"> <li>○ <b>Clinical MA</b></li> <li>○ Case Work MA</li> <li>○ Research methodology and report</li> </ul> </li> </ul>
University of Pretoria	<ul style="list-style-type: none"> <li>▪ Coursework Masters Programme in Social Work <ul style="list-style-type: none"> <li>○ MSW Social Development &amp; Policy</li> <li>○ MSW Play Therapy</li> <li>○ MSW/MSocSci Employee Assistance Programmes</li> <li>○ <b>MSW Social Health Care</b></li> </ul> </li> <li>▪ Research-based MA</li> </ul>
University of Western Cape	<ul style="list-style-type: none"> <li>• Coursework Masters</li> <li>• Masters in Child and Family studies</li> <li>• Masters in Social Work by thesis</li> </ul>
University of Witwatersrand	<ul style="list-style-type: none"> <li>• Masters in Social Development by coursework</li> <li>• Research Masters in Social Work</li> <li>• Occupational Social Work</li> </ul>

The variety of Masters Degrees in Social Work in South Africa is evident from the table above. Various courses overlap, but there is no national standardized social work training field in South Africa for mental health as such.

The *University of Stellenbosch* (2009) states that the Welfare Programme Management course includes perspectives, theories and models for social work intervention, but the department has no alternative course specifically in mental health. Green (2008), a professor at the Department of Social Work, University of Stellenbosch states that training for social workers in the DSM-IV is the responsibility of the Psychology department, presumably if the student is interested in psychology and carries it as an elective to the third year during the pre-graduate training. However, the researcher questions the relevance, since a mental health approach consists of a psychological, physical and social economic context. The psychology department will focus on the psychological context within mental health, but the social work department needs to address the social economic context pertaining to a mental health patient and this can only be done with adequate knowledge of mental health.

Addinall (2011) from the Department of Social Development, University of Cape Town, notes that the postgraduate qualification in Clinical Social Work is a two-year Masters degree and involves in-depth specialised knowledge and skills training in psychiatric illness from appropriate clinical theoretical models.

The training focuses on:

... child psychiatric disorders, adolescent psychiatric disorders, adult psychiatric disorders (all inclusive of the DSM-IVTR diagnostic criteria), to clinical assessment and diagnosis of psychiatric disorders to advanced psychotherapeutic interventions with children, adolescents and adults impacted by psychiatric illness including individual psychotherapy, couple therapy, family therapy and psychotherapeutic group therapy.

Reyneke (2008) mentions that the Department of Social Work at the University of the Free State informs their Masters Degree students of mental health diagnostic systems, more specifically the DSM-IV-TR, since various

disorders such as posttraumatic stress disorders and anxiety disorders are part of their “loss and trauma” module. However, he states that they do not teach students to diagnose, but rather to understand and know the diagnostic language. According to Van Breda (2008), the clinical social work module at the University of Johannesburg focuses on psychopathology, psychiatric assessment, mental health care, mental health diagnosis and the DSM.

Reyneke (2008) references Dr Ferreira, also a lecturer at the University of the Free State, who informed him that the DSM system has a definite place in the training of social workers, but without the necessary cultural sensitivity. Van Breda (2008) supports this statement as well but notes that he is more concerned about the social workers’ ability to write psychosocial reports than their ability to diagnose. He is of the opinion that ‘diagnosis’ or the competent use of DSM is a post-graduate competency.

Based on the above, it is clear that only a limited number of academic institutions offer a specialized Masters degree in mental health work, including clinical social work. The majority of social workers will have to use their skills as acquired in their undergraduate training when they deal with mental health care users.

In the next section, the researcher will discuss the definition and role of clinical social work compared briefly with other social work masters qualifications, due to the controversial issues raised by various stakeholders in the South African health sector.

### **2.4.3 Mental Health Social Work Qualification**

Dinitto and McNeece (1990:39) ask the following question: “Do social workers know enough about professional competencies at different levels of practice to make adequate distinctions, or would broader categories better serve their purpose?” The United States developed and implemented the following four professional levels of qualifications in social work in 1973, which they are still using:

- Certified social work: requiring a professional credential or similar recognition by a state certification or licensure board
- Social worker: this requires a four-year baccalaureate degree from an accredited social work programme
- Graduate social work: requiring a masters degree from an accredited social work programme
- Social work fellow: requiring a doctorate or substantial experience beyond the national minimum standards

Organizations can assign workloads to social workers according to their levels of qualifications and expertise. However, Simpson et al. (2007:4) agree with Dinitto and McNeece (1990:39) who state that the work of social workers with different qualifications overlaps considerably. For example, social workers with both Bachelor and Masters Qualifications provide counselling, and their ability to counsel effectively may depend on their personal characteristics, such as the empathy they convey to clients, in addition to their professional training and experience. Dinitto and McNeece (1990:39) have found that the inability to differentiate the social work tasks and responsibilities according to qualifications as described above causes confusion amongst social workers. The researcher acknowledges this statement, and found in her social work experience that a social work Masters Degree qualification has enabled her to be appointed on a higher salary level based on her postgraduate qualification, but the qualification had no impact on the tasks or duties assigned to the social worker.

Social workers are Mental Health Practitioners according to the *South African Mental Health Care Act* (2002 section 1:xvii). However, Duncan (2008) argues on behalf of the Clinical Social Work Interest Group that not all social work qualifications equip social workers to be skilful enough in the field of mental health, and that only Clinical Social Workers are trained to operate in mental health institutions. Munson (2002:8) states that the term “Clinical social work” is a relatively new term within the South African context, but the practice of clinical work has been around for decades. The researcher agrees with this

author and found that professionals in the mental health sector and the academic sector did not have a clear scope of practice for social workers known as 'Clinical Social Workers'.

Cooper and Lesser (2002:1) and Simpson et al. (2007:4) both refer to a clinical social worker as a social worker that aims to enhance and maintain the psychosocial functioning of individuals, families, and small groups. A clinical social worker applies social work theory and methods to treat and prevent psychosocial dysfunction, disability, or impairment that include emotional and mental disorders.

Simpson et al. (2007:4) agree with Dziegielewski et al. (2002:37–38) who declare that knowledge of diagnostic categories and criteria can assist the clinical social worker to enhance the individual's overall level of functioning. Social workers often have regular and subsequent contacts with their clients and therefore can assist the multi-professional team to re-examine and/or re-formulate previous diagnoses. Treating an individual is a team effort and social workers are qualified and trained to be aware of the importance of building and maintaining a therapeutic rapport with the individual. The researcher believes that if the social work qualification includes training on the mental health therapeutic language regarding diagnostic terminology, social workers could make an essential contribution to intervention effectiveness within the multi-professional team.

In the United States of America, the qualification as a 'licensed clinical social worker' implies a social worker legally accredited by a state government to practice clinical social work in that state. Qualifications for the licence vary from state to state, but typically include an accredited school of social work, several years of supervised professional experience and successful completion of a social work licensing exam (Gibelman, 1995: xxvi). Simpson et al. (2007:3) mention that in the United States, 41% of all outpatient mental health services delivered by clinical social workers.

The researcher experiences that in South African social work practice, social workers regard themselves as an accredited qualified “clinical social worker” when the social worker has completed a Clinical Masters Degree in Social Work. However, Duncan (2008) states that there is no accredited Clinical Social Work category in South Africa, although the Clinical Social Work Interest Group is in discussion with the national regulators requesting an addendum to the act to make such an accreditation available. The researcher is concerned about isolating ‘clinical social work’ since Table 4 indicated that South Africa does not have a nationally standardised clinical social work qualification. The researcher is of the opinion that such an accredited qualification in mental health should be based on similar criteria as in the USA, as noted by Gibelman (1995: xxvi) above.

It is clear to the researcher that there is tension in the practice of social work and Cooper and Lesser (2002:8) emphasize that this tension is also present in the USA. First, there has been on-going disagreement over the term clinical social work, since this tension reflects the conflicting views within the profession about its mission. Who has the right to entitle himself or herself as a ‘clinical social worker’? Van Breda (2008) states that even though he is trained as a Clinical Social Worker, and teaches a module in ‘Clinical Practice in Diverse Environments’, he is of the opinion that there are large gaps in many programmes regarding ‘clinical’. His definition for clinical social work is a combination of work with mental health problems or psychopathology and secondly, intensive or advanced therapeutic interventions at micro and meso levels. He is of the opinion that there is a tendency to equate ‘clinical’ with ‘therapy’, and although this is central, one cannot be ‘clinical’ without a thorough grounding in psychopathology and psychiatry. The researcher agrees, and suggests that the definition and training of ‘clinical’ social work should rather primarily focus on in-depth training in psychiatry, psychopathology and psychotherapy for the psychiatric patient. Currently, this seems to be a field of study not offered by the majority of universities, and therefore a licensing system, similar to that of the USA would be a more sustainable way of accrediting ‘clinical social workers’.

A second tension mentioned by Cooper and Lesser (2002:9) and Duncan (2008) and is whether social work practitioners should be using the DSM system or diagnosing clients at all. Some social workers oppose labelling clients according to symptoms. However, in some cases, a diagnosis can actually empower clients who struggle with emotional problems, and present a name, and hopefully, a treatment, to alleviate their distress. The researcher agrees with Cooper and Lesser (2002:9) who state that the insensitive and misinformed use of diagnostic classifications is harmful to clients. Clients should never be referred to as 'borderlines' or 'schizophrenics'. For example, Cooper and Lesser (2002:9) note that social workers should rather maintain a powerful voice in ensuring that the DSM (or any other diagnostic classification) continues to improve. This would include cultural sensitivity since culture-bound syndromes are not incorporated into the multi-axial structure of the DSM-IV.

The researcher is of the opinion that the Clinical Social Work Interest Group primarily has concerns pertaining to social workers who diagnose mental health patients without adequate training. The researcher emphasizes that the training for social workers, as referred to in this study, is not intended to train social workers to diagnose, but rather to train social workers in the use of a diagnostic system in order to understand the mental health language and the disorders that their clientele could present with. Simpson et al. (2007:12) conclude:

Moving forward into the twenty-first century with its promises of accelerated global and technological changes, the (social work) profession must remain vigilant about the fact that education is not just about the present. It is also fundamentally about the future.

However, the researcher believes that social workers (generically or clinically trained) have a huge challenge ahead, to improve and demand the valuable role they could play in mental health. The researcher is of the opinion that the methods and approaches used in social work mental health will assist in finding the scope of practice for social work in mental health.



## 2.5 SOCIAL WORK METHODS AND APPROACHES IN MENTAL HEALTH

It is important to clarify the meaning of mental health in order to understand the social work methods used in mental health. Dinitto and McNeece (1990:107) and Smit (2012) explain that one possible reason why so many social workers practise in the mental health field is that such a large number of people experience mental health problems.

Simpson et al. (2007:7) note that social work is about understanding the clients' subjective realities and responding to their difficulties, pain, strengths and humanity. However, the definitions of 'mental disorders', 'mental illness' and 'mental health' vary according to cultural norms and values. These definitions are discussed in the next chapter. Sands (1991:16) defines mental health in the following way:

A state of psychosocial functioning that ranges from dysfunctional (mental illness) to functional to optimal. Optimal captures qualities of positive mental health as defined by the individuals own culture. Mental health is a phenomenon of the individual, family, group, community, culture, and nation. What affects one of these systems affects others. Physical, psychological, and social dimensions are connected.

Sands (1991:17) provides a mental health functioning continuum which indicates that an individual is more or less functional with respect to different activities. The researcher agrees that people may function at a relatively higher level in some areas (such as managing rent, use of transport), while functioning at a dysfunctional level in other areas (interpersonal relationships, employment). Simpson et al. (2007:4) and Sands (1991:17) agree that the goal of social work mental health intervention is to help the person to maintain, restore, or improve psychosocial functioning, such as the person's creative activities, problem-solving skills, initiative, relationships, vocational activities, recreational activities, social activities and self-sufficiency skills.

The researcher presumes that social work intervention within South Africa is generally regarded as a social work service to families and/or individuals, and

therefore has been termed 'social casework' from the early beginnings of professional social work. McKendrick (1993:47) embraced social casework as:

A philosophy and value system centred on the worth and dignity of the individual. A willingness to provide a wide and comprehensive range of services, dealing with a broad continuum of human, personal and social functioning: a commitment to serving the most stigmatized groups in society, a recognition that without primary attention to and concern with individuals, the entire society suffers.

The University of South Africa refers to three primary methods of intervention in social work, namely intervention with individuals and families, group work and community work (University of South Africa, 2008). For the purpose of this study, the researcher will only focus on the first method of intervention, namely direct social work or intervention with individuals and families.

### **2.5.1 Direct social work as a method of intervention on micro level**

Dinitto and McNeece (1990:73) remark that twenty years ago, casework in social work had two persistent themes, namely the need to individualize people and secondly the need to understand (diagnose) situations. The term social 'diagnosis' fits well into a medical framework for practice, since it was suggestive of the idea that cases (people) could be viewed as either sick or well. Literature that is more recent refers to casework in social work as 'direct work' (Coady & Lehmann, 2008:3; Simpson et al., 2007:3).

The researcher's experience is that casework or direct work may be regarded as a method of the social work profession, with its defining characteristic being the provision of individualized service. Coady and Lehmann (2008:3) describe 'direct social work practice' as clinical or micro social work, working with individuals, families or even groups. McKendrick (1993:48) confirms that social work professionals no longer regard themselves as dispensers of charity, but rather as 'social physicians' concerned with social maladjustment rather than with material need. Simpson et al. (2007:3) agree and note that in the United States 70% of social workers on Master's level and 40% of social workers on Doctoral level describe their primary function as direct services.

McKendrick (1993:46) argues that in South Africa, graduated social workers draw deliberately and specifically upon a wide knowledge and skill base to respond relevantly to a particular unique client situation. The intervention method could be through social group work, social casework, family therapy or community work, or any combination of these. Dinitto and McNeece (1990:107) are of the opinion that social workers in public mental health settings work primarily with those who have a serious mental illness (SMI). The population with SMI such as schizophrenia or bipolar illness have chronic or persistent conditions with no known cure.

The researcher observed that social workers often serve as broker between this population and mental health providers, and provide therapy for clients and their families. Dinitto and McNeece (1990:110) and Smit (2012) state that social workers work in many capacities with various approaches in the mental health field to ensure that clients receive the services they need.

### **2.5.2 Social work approaches in mental health**

Brubeck (1999:126) clearly states that the concern regarding social workers who diagnose or assess, has a long history dating back to at least 1917. She is also of the opinion that social work individual assessments have traditionally focused on the individual's interaction with the environment as well as the individual's interaction with these systems. Dinitto and McNeece (1990:73-74), McKendrick (1993:47) and Simpson et al. (2007:7-11) state that social workers use many different approaches and direct work is based on many theoretical orientations. Coady and Lehmann (2008:5) state that generalist social workers could adopt the generalist-eclectic approaches when they practice direct social work.

Dinitto and McNeece (1990:75) and McKendrick (1993:53) agree that there is a definite thrust towards developing a generalist approach to social work practice. The goal of intervention with a generalist-eclectic approach is to bring about positive change in the client's functioning or in environmental

factors immediately impinging on the client’s functioning (Coady & Lehmann, 2008:5). The roles of a social worker range from behaviour changer/clinician to consultant/educator to broker/advocate. The following approaches are provided by Coady and Lehmann (2008:5-8) and Simpson et al. (2007:5-7).

### 2.5.2.1 The psychosocial approach

The systems theory approach originated from the person-in-environment configuration, which developed into the psychosocial approach (Coady & Lehmann, 2008:5; Simpson et al., 2007:5). The person is seen in the context of his/her interactions or transactions with the external world such as family, work place or school system. Treatment must be individualized, recognizing systems within which the individual exists or which impinge on his/her existence. The intervention is either direct, or indirect or environmental treatment. The following table indicates what the treatment includes (Dinitto & McNeece, 1990:73-74; McKendrick, 1993:47; Simpson et al., 2007:5).

**Table 5: Psychosocial treatment**

Direct Treatment	Indirect Treatment	Environmental Treatment
Sustaining procedures		
Procedures of direct influence		
Catharsis or ventilation		
Reflective discussion (of current situation, client responses to it and interaction)		
Reflective discussion (of dynamics of response patterns or tendencies)		
Reflective discussion (of genetic development of response patterns or tendencies)		
		Procedures involving provision of environmental services, i.e. financial assistance

The researcher often adopts this treatment approach in practice, since the individualized treatment puts the client at ease and ready for change.

### **2.5.2.2 The cognitive behavioural approach**

The cognitive behavioural approach refers to behaviour modification that has techniques that have a wide range of applicability in terms of social work clients and problems (Dinitto & McNeece, 1990:74 McKendrick, 1993:51; Simpson et al., 2007:8). The cognitive behavioural approach aims to assist the client to understand the cognitive processes that guide the interpretation of incoming information, as well as the accompanying behaviour.

Dinitto and McNeece (1990:74), McKendrick (1993:50) and Simpson et al. (2007:8) define this approach as a process that is a forward moving course of transactions between active agents. The active agents are the social worker, the client and the people in the client's environment. Simpson et al. (2007:8) clearly state that this approach uses cognitive restructuring in order to have guided imagery, behaviour modification, self-regulation and problem solving. Coady and Lehmann (2008:6) refer to this approach as the problem-solving approach. However, Simpson et al. (2007:8) state that problem solving does not differentiate between psychological and environmental problems and procedures. The emphasis is rather on the person in need of help to become his or her own problem-solver.

The researcher found this approach as a process that involves identification of the problem by the person and exploration of his subjective experience of the problem and problematic areas. Part of this approach could also be to find alternative solutions by discussing and reaching conclusions, which will lead to action to test out the solution. The researcher found this approach to be very concrete with clear measurable changes in behaviour.

### **2.5.2.3 Family systems approach**

The family systems approach refers to working with families as a system and is an integral part of the social work profession (Greene & Cohen, 2005:368; Simpson et al., 2007:8). The family systems approach accepts the family as a psychosocial unit where all members of a family can affect and influence one

another (Wilson et al., 2008:373). Family cohesion can change at any time; whatever occurs to one member could affect the entire family. Changes in one part of a family will bring about change in other subsystems. Simpson et al. (2007:8) agree that the family is a living, active system, embedded in the larger population, but with its own developmental line.

The researcher is of opinion that all these approaches add value and that social workers should use the approach most applicable to the context, the problematic situation and the approach that they feel comfortable using.

The researcher will discuss the rationale for utilising the DSM system in Chapter 3, refer to various important definitions, provide information on the history of the DSM system, explain the multi-axial systems and conclude the chapter with the limitation and advantages of the DSM system.

## **2.6 SUMMARY**

From the available literature regarding the use of the DSM system in practice, it is obvious that more attention and investigation in this area is needed, since knowledge of the disorders, as defined in the DSM system, can benefit the social work profession. Social workers are expected to use the DSM system although many have no official training in this field. The researcher is concerned that social workers without specific training in the DSM system will have limited knowledge, although they are expected to know of and utilize this system.

Any social worker may come across mental health work emphasising the importance of including information about mental illness as an integral part of the basic training in social work. The researcher accepts that social work practice in mental health takes place in a number of different settings. Among these are mental health centres, outpatient clinics (general or psychiatric hospitals), partial hospitalization, day treatment programmes, emergency and crisis intervention services, inpatient hospital treatment, employee assistance programmes and private practice. Within all these programmes, alternative

services such as psychotherapy (individual, family and group), social skills development, and vocational rehabilitation should be offered.

Social work adopts a breadth of theoretical approaches and treatment modalities, a commitment to diversity and social justice, and a trend towards empirical evaluation of social work practice. Social work developed into profession of comprehensive processes of assessment, diagnosis and treatment within the social environment.

The role social workers could play in the field of mental health could increase more. The development of adequately operationalized and empirically tested contextual systems of assessment remains a principal challenge for contemporary social work. The value and benefit of intensive group training in the DSM system for social workers in South Africa needs to be assessed and researched since no data is available to verify this problematic area.