

Guest editorial

Current trends in mental health services

I have just retired from working as a clinical psychologist in the British National Health Service. It is an interesting time therefore to be editing a Special Issue of *Social Work and Social Sciences Review* on 'Current Trends in Mental Health Services.' I started working in the Health Service in 1979, straight after graduating in Psychology from Reading University. My ambition was to train as a clinical psychologist, and the favoured route of entry then, as now, was to gain experience as an assistant psychologist. Paradoxically, it is as difficult now to get this sort of experience as it was then, although clinical psychology training itself has changed dramatically over this 30 year period, with many more funded training places available now.

Psychiatry in 1979, was still mainly focussed in the large mental hospital (Jones, 1999), with community services being poorly developed. The next decade was to see the closure of many asylums and the establishment of community mental health services (Nolan, 1999). My own personal career mirrored many of these structural changes. In 1984, I worked in Kidderminster General Hospital, which was a district general hospital unit, set up as part of the closure of Powick Mental Hospital in Worcestershire. From there I moved back to London in 1985 to work in Claybury Hospital in Essex. I then spent seven years at Claybury, partly working in the hospital's rehabilitation service, but was also involved in developing the new community services that would replace asylum care (Carson et al, 1989). In 1992, I moved to South London to work in new community services set up as part of the reprovision of the Cane Hill Asylum. Dr Frank Holloway, who I was working with in this service, also set up a randomised controlled study of case management, which was another of the new approaches that was being 'imported' from America (Holloway et al, 1995; Holloway and Carson, 1998). In 1995, we moved to working in generic community mental health teams. In 1999, these were changed into two specialised teams, assessment and treatment and case management. In 2006, the teams were changed again, with case management becoming recovery and support. In 2011, the service is changing once more to Clinical Academic Groups and the two teams will be mood and anxiety disorders and a psychosis team.

In brief, the main changes in psychiatric services have been a move from largely asylum based care, to more localised largely community based services, with smaller

numbers of inpatient beds (Holloway, 2006; Holloway, 2010). Psychological therapies are much more important, especially cognitive behavioural approaches (Haddock and Slade, 1996; Roth and Fonagy, (1996). There have been moves to make the different mental health professionals into generic workers. Nurses are expected to complete Fair Access to Care Assessments (FACS assessments) and social workers are expected to deliver medications when needed. Occupational therapists have also been forced to take on generic roles, though with more recent emphasis towards a specific role with respect to employment. Perhaps the biggest change has been in the increasing involvement of service users in psychiatric services, largely, but not exclusively brought about through the adoption of a recovery based approach (Perkins, 2006). Whereas once professionals wrote case studies on their patients, we now have a rich source of service user narratives. Attending a first line management course in 1985, I was told that the NHS's greatest resource was its staff. If that statement is still correct, I would say its greatest untapped resource is its service users, especially in psychiatry. Of course many psychiatrists would point to the development of new drugs, especially atypical antipsychotics (Fleischhacker and DeLisi, 2010) and new types of antidepressants, that are not as dangerous in overdose as many of the old drugs (Olfson and Marcus, 2009). Given the above, my choice of articles to reflect Current Trends in Mental Health Services, covers some of these issues, but not all. The choice reflects the fact that I have been working for the last 20 years in South London, as these are many of the services I know best.

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The first paper in the Special Issue reflects the increasingly important role of the service user in recovery. 'Whose recovery is it anyway?' It is of course the service user's. It is fitting that the first paper should be co-authored by Joanna Fox, who has used psychiatric services herself, along with Shula Ramon, who has written extensively on services in this country and abroad. British governments are increasingly targeting 'the benefits culture' and once more are keen to import ideas from America, such as 'welfare to work.' Joanna and Shula give a comprehensive overview of employment and mental health and the difficulties of simplistic solutions and arguments.

Lucy Smith and Sarah Corlett talk about the work they have been pioneering in Lambeth around improving public wellbeing. Lambeth is one of the most deprived Inner City Boroughs in London. The focus on wellbeing is now official government policy in Britain, following a number of major scientific reports on the subject. Lucy and Sarah have helped set up a range of projects within schools and local neighbourhoods and have brought together people and professionals across both agencies and the life span, into a wellbeing network.

The third paper from Sarah Josefsberg and Mark Bertram, both occupational therapists, describes two projects they have been involved with in Lambeth. The first Vocation Matters, is only one of a number of vocational projects that Mark Bertram has

set up. The second, the Social Inclusion Hope and Recovery Project (SHARP), is where Sarah works. While SHARP provides a range of services, such as CBT for psychosis, it is the social inclusion work that they do that Sarah focuses on. Both projects are heavily influenced by the recovery approach.

Given the organisational changes I mentioned above, Pamela Jacobsen, along with Patrick Hopkinson, Ronan McIvor and myself, set out to discover how service users are affected by the departure of their consultant, in this case either a consultant psychiatrist or consultant psychologist. Pamela interviewed a number of service users to ascertain what they felt about this 'loss.' Surprisingly, it is one of the first studies of its kind in the context of wider organisational change.

Nick Hervey describes the approaches that he and a number of colleagues have adopted over more than 15 years to promote service user involvement. Nick suggests social workers are uniquely qualified to lead on this work, given their links to local authorities and the voluntary sector. He also describes several pioneering local services which he helped establish in the London Borough of Southwark, as well as the strategy that they have followed.

Our penultimate paper is from Edward White and Julie Winstanley. They look at the evidence base for clinical supervision in mental health professions. They have developed a specific tool, the Manchester Clinical Supervision Scale™, to evaluate clinical supervision. They then summarise a multicentre study they did in the State of Queensland in Australia to assess the effectiveness of clinical supervision in a range of clinical settings. This is a very impressive major research project, which built on earlier work both had been involved with in Britain.

The final paper looks at the use of digital technologies in a community mental health team. The Internet is leading to major changes in how we deliver mental health services. Aisling Treanor, Eric Morris and myself worked with Adil Abrar, Katie Harris, both designers, and other colleagues from Sidekick Studios, on a project funded by NHS London. Initially, service users were asked to broadcast their moods using an adapted radio. Service users and professionals found this hard to interpret. Following consultations with service users, it was decided to switch to using a text messaging based service, backed up by a web based wellbeing programme. The authors report on the findings from a small pilot study of this 'Buddy' system.

Seven papers that feature the five core mental health professions of social work, occupational therapy, mental health nursing, psychiatry and clinical psychology, but also covering public health, statistics, design, and the service user perspective. Social workers will I hope welcome this range of papers covering service user involvement, social inclusion and the role of social care. The issue of wellbeing is one that we are all now being expected to address in contemporary services and can be seen as complementary to recovery and social inclusion. The other three papers raise interesting questions for social workers. First, how do clients manage after their social worker leaves? What can we do to mitigate the effects of this separation? Second, can we improve the effectiveness of social casework with better evidence based supervision.

While White and Winstanley's work has been with mental health nurses, the issue is of equal value to social workers. Lastly, the use of digital technologies is set to expand dramatically in services. How are social workers preparing for this and can they use these technologies to their advantage to deliver the care which service users may expect in future. I hope you find the papers in this Special Issue of the journal both informative and inspiring.

Dr Jerome Carson
Clinical Psychologist in independent practice
London, UK
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