

Title: An era of mental health transformation: Implications of recovery-oriented mental health care for social work practice in South Africa

By

Nontembeko Bila

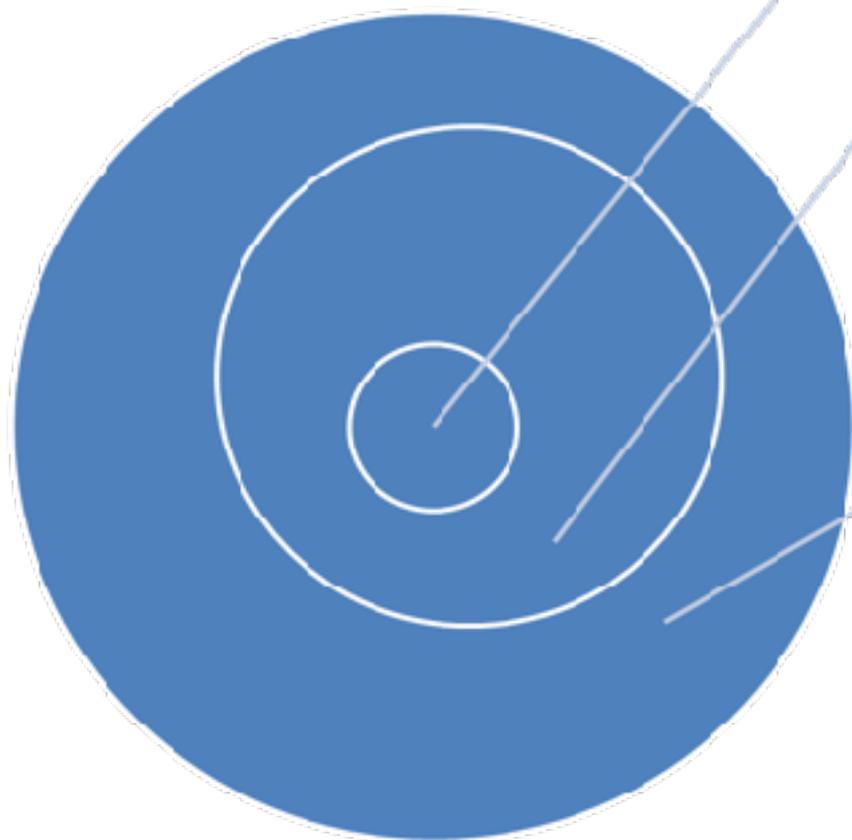
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University of Pretoria



SOCIAL WORKERS



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Introduction



- ❖ In recent years, the global context of mental health care has undergone significant transformation to recovery-oriented services (Harrow, Grossman, Jobe & Herbener, 2005).
- ❖ In order to advance mental health care services, there has been a shift from the biomedical model to recovery-oriented care.
- ❖ Recovery relates to achieving a meaningful life in the midst or absence of mental illness.
- ❖ Recovery has been steadily gaining ground as a guiding principle for mental health services, and has progressed from the lived experiences of people who use such services (Care Services Improvement Partnership [CSIP], 2007:iv).
- ❖ Recovery represents a radically new paradigm in mental health and ushered in a new ethos in mental health care.



Recovery-oriented mental health practice



- ❁ A recovery-orientation refers to a systematic approach one that is embraced by clinicians, agencies, legislatures and mental health care users(MHCUs).
- ❁ It demands a close relationship to empower MHCUs towards goals of wellness and personal recovery beyond symptoms.
- ❁ Acknowledging the possibility of the person living a satisfying life beyond the disability” (Farkas, Gagne, Anthony & Chamberlin, 2005; Smith & Bartholomew, 2006).
- ❁ The incorporation of peer specialists, i.e, individuals who are identified as persons in recovery from mental health issues and are trained to work with fellow MHCUs by providing education, advocacy and support, empowers consumers of mental health services and is a crucial component of a recovery orientation (Hebert et al. 2008).
- ❁ Several themes such as empowerment, hope, choice, self-defined goals, healing wellbeing and control of symptoms have emerged and offer clarity and insight into this phenomena (Osborn, 2012).



Features of recovery-oriented mental health practice



- Person-centred- this entails services considering a person's preferences, choices, life goals, and roles in balance with their rights and responsibilities (Farkas et al., 2005; Walker, 2006).
- Promote a person's self-determination and individual responsibility (Farkas et al., 2005; Kelly & Gamble, 2005; O'Connell et al., 2005).
- Treat the person with mental illness as an equal (Mead & Copeland, 2000).
- Understand the person's whole-life context (Mead & Copeland, 2000; Young et al., 2008),
- Consider and respect a person's culture (Jacobson & Greenley, 2001).
- Emphasise a person's strengths and capacity for growth, foster hope and empowerment, and use empowering and encouraging language (Farkas et al., 2005).
- Recognise that the lived experiences of mentally ill individuals are essential in informing service delivery (Glover, 2005).
- Protect a person's human rights (Jacobson & Greenley, 2001).



Recovery-orientation questions



Recovery-orientation questions that can be asked and also be used for evaluation including:

- Did I promote the person's involvement in their care planning?
- Did I promote their sense of personal control (negotiate over treatment and medication options)?
- Did I promote "hope" (maintain high expectations, a sense that key life goals can be achieved, despite the reality of severe mental health difficulties)?
- Did I help the person develop methods of self-management (for example, give links to useful information sites about mental health problems, treatment, medication and its side effects, self-help materials, local self-help and support groups, and explore and support personal coping strategies)?
- Did I help the person toward employment options? Did I demonstrate a belief that they can work if they want to? Did I show a willingness to listen to the problems they perceive in getting back to work and advise them as to how these can be solved?
- Did I ensure that they have stable and safe accommodation of a reasonable standard that they are happy with?
- Did I help them access mainstream community activities (education, leisure, sports, church)?
- Am I aware of their existing social networks and want to build on them?
- Did I talk to them about how to best deal with problems of stigma and social inclusion (Shepherd, 2007:6)?



Implementation of recovery-oriented practice



- ❁ Countries such as the USA, Australia, New Zealand, Canada, the United Kingdom and Ireland have implemented the recovery-oriented mental health practices (Shera & Ramon, 2013).
- ❁ These deemed effective, however, a number of challenges were identified:
- ❁ Definitional clarity, stigma, availability of resources, policy and programme implementation, professional and consumer difference and political will (Shera & Ramon, 2013).
- ❁ By contrast countries like SA have not yet implemented this practice.



Implementation of recovery-oriented mental health practice



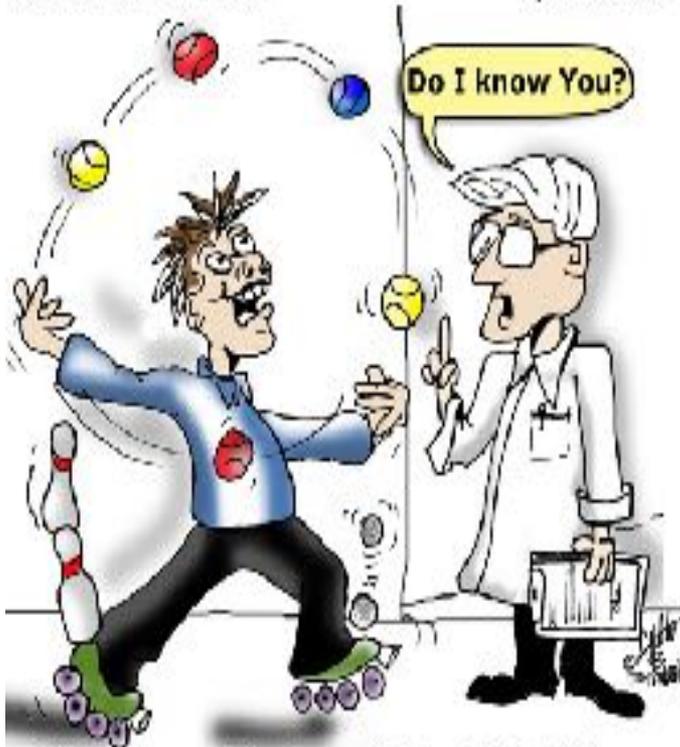
- SA has been involved in the number of legislation and is signatory to international treaties aimed at upholding and ensuring the human rights of people with mental health problems
- SA continues to fall short of meeting the need of its citizens affected by mental illness (Burns, 2011).
- Mental health is not given priority it deserves
- For example Randfontein Life Esidemeni Psychiatric Hospital closure in 2016.



Change - What's Involved

MentalHealthHumor.com

By Chris B. Szwed



"Doc, if I were Manic, could I do this for 12 hours and still keep my appointment?"

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- Recovery Environment:
 - True partnership with person and family
 - Believing that people will choose services they need to achieve a satisfying life
 - Overcoming provider resistance
- Commitment and Leadership by All - Everyone Must be There:
 - All must be committed - clients, families, staff, traditional healers, spiritual leaders and politicians
 - Change must be implemented in total - not piecemeal



Change - What's Involved

MentalHealthHumor.com

By Chris B. Stewart



"Doc, if I were Manic, could I do this for 12 hours and still keep my appointment?"

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- Long term process - will not take hold overnight
- There are frequent changes in leadership - Processes must be put in place that will continue when leaders change
- Continual staff training
- Allocation of sufficient resources
- Appropriate & comprehensive services
- Research- Data collection, evaluation, feedback, revision



CHALLENGES AHEAD



Challenges of implementing Recovery-oriented Mental Health Practice



- Some of the challenges include:
 - Convincing staff to change their long held beliefs and practices.
 - Providers tend to resist change
 - Lack of willingness to change attitudes, biases and beliefs about individuals with SMI (Serious Mental Illness)
 - Inability to adapt to new way of providing services
 - Re-allocating available resources
 - Helping administrators and providers understand and support proposed changes
 - Ensuring a comprehensive plan for evaluation of changes



Social Work and recovery-oriented mental health practice

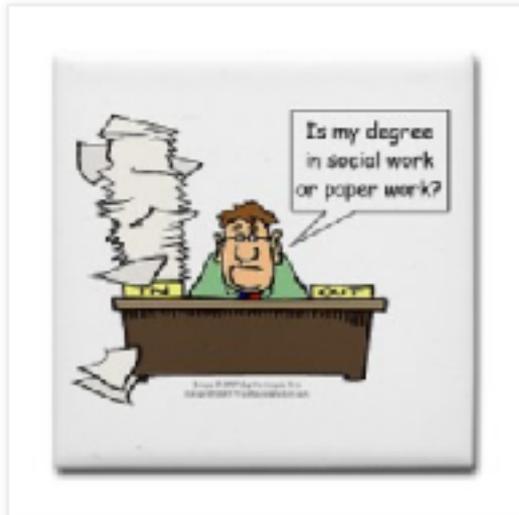


- ❁ Social work is centered on the principles of social justice, self-determination and empowerment.
- ❁ Historically and currently in the global context social work has been a major provider of mental health services (CSWE, 2012).
- ❁ However, this was not the case in the study that I have conducted for my doctorate.
- ❁ The findings of the study revealed that some social workers were not involved in rendering services to MHCUs.
- ❁ In some instances, social workers reported that they were not capacitated to deal with cases of this nature.



Social Work and recovery-oriented mental health practice

Verizon 8:41 PM



and we...



- Despite the strong alignment between recovery principles and those of social work profession social work voices have been noticeably absent from international literature (Hyde, Bowles & Pawar, 2014).
- Studies in the USA (Peebles, Mabe, Fenley, Buckley, Bruce, Narasimhan, Finks and Williams, 2009) and
- Australia (Salgado, Dean, Crowe and Oades, 2010) provide some evidence that structured training in the critical components of recovery can increased both knowledge and pro-recovery attitudes.
- Hence, I have developed a training programme for social workers called CROCMEHC (Collaborative Recovery-Oriented Mental Health Care).
- The programme was piloted at Mopani and Vhembe districts with two groups of social workers from DSD & DOH



Social Work and recovery-oriented mental health practice



- There is a concern that social workers are not adequately trained to meet the needs of people with mental health problems (Sheehan & Ryan, 2001).
- Not all social work schools provide a mandatory mental health course and education in mental health is often integrated in courses such as psychology (Bland & Renouf, 2001).
- Mental health social work has struggled to clearly articulate its contribution to the field of practice (O'Brien & Calderwood, 2010).
- This lack of clarity also contributes to the uncertainty by health professionals and the general public about how social workers can contribute to the care of people with mental health problems.
- Moreover, mental health social work has been described as being concerned with social context, the social consequences of mental illness and social justice.
- These values are aligned to the principles of recovery-oriented mental health practice.



CROCMEHC Programme



Some Baggage You Just Can't Lose At The Airport

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Programme contents are as follows:
Part A: Module 1: Mental Health and
Mental illness

Module 2: Mental Health Care
Users (MHCUs)

and caregivers

Module 3: Social Work in
Mental Health

Module 4: Intervention
Methods used by

social workers

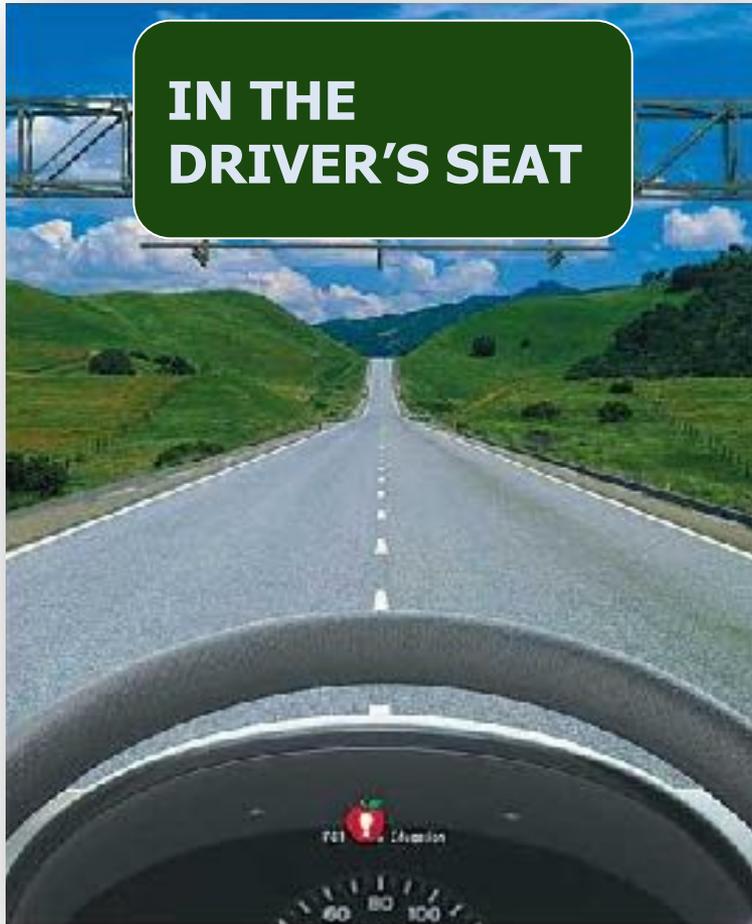
PART B: Module 5: Recovery

Module 6: Recovery
Oriented Mental Health

Module 7: Implementation of
CROCMEHC



CROCMEHC Programme

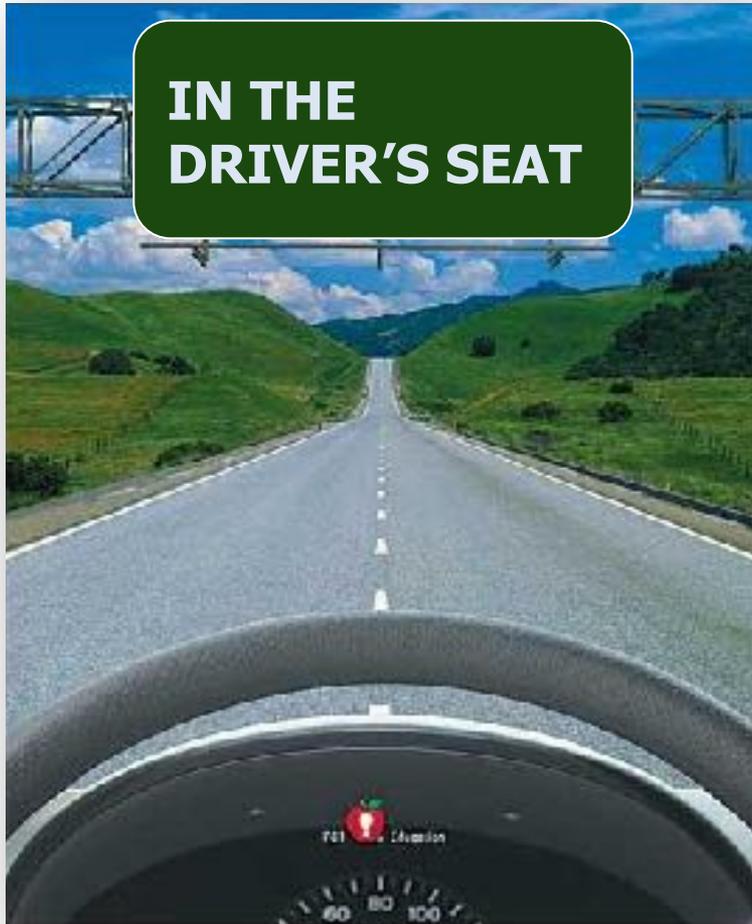


Important issues in CROCMEHC programme

- ❖ The programme's pillars were based on the five developmental approach elements namely: rights-based, harmonising social and economic policies, participation and democracy, collaborative partnership and bridging the micro-macro divide (Department of Social Development (DSD), 2013).
- ❖ The individual with lived experience is in the driver's seat



CROCMEHC Programme



Important issues in CROCMEHC programme

- Collaborate/ partnership with the individual with lived experience (Micro level), family (Mezzo level), traditional healers, community at large(Macro level).
- Balance of power is shifted and decision making is shared
- Individuals are fully integrated into the communities of their choice
- Requires a shift in thinking - it's not business as usual anymore!



Implication of Recovery- Oriented Mental Health in SA social work practice



Undiagnosed Bipolar? This Means no symptoms, right?

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- Social work practice is constructed and contextually specific and mental health social work approaches have sometimes been a factor in supporting the status quo and fostering relations of dominance (Colonialisation).
- Thus, it is relevant to consider the paradoxes (contradictions) inherent in social work practice and how these contribute to the vision of mental health recovery espoused by social work professionals.
- There should be a paradigm shift, with a recovery perspective social workers create a dialogue with MHCUs, caregivers and other community stakeholders such as traditional healers, community members in how services should be delivered.
- Promoting mental health recovery and developing recovery-oriented services is a requisite for social work practice in South Africa, if we want to be par with social work practice globally. Training of social workers and student social workers is critical.
- The question remains whether a recovery perspective can challenge and critique the dominant model in psychiatry that subscribes to a deficit-based understanding of mental health problems. Can this perspective promote indigenisation?

Ethical Issues



Ethical issues

- We have an ethical responsibility to change mental health systems especially social work practice to ensure people receive the full range of services they want and need.
- Requires a fundamental shift in thinking - a paradigm shift/changing the organisational culture.
- Community mental health care to be established with MDT involved.
- As we are rethinking the social work in Africa, social work mental health services should transform
- Social work practice in mental health should align with the global trends as well as national trends like decoloniality and indigenisation.
- Therefore, we have to incorporate mental health recovery-oriented practice in social work curriculum.
- Continued Professional development (short course) should be developed for social workers in practice.
- Recovery-oriented mental health should be relevant to the African context taking into cognisance the indigenous knowledge and cultural practices.



Concluding remarks



- ❖ The construction of new indigenous recovery -oriented practice models and interventions are mandatory in social work practice in South Africa as well as in Africa.
- ❖ Let us revise the social work curriculum and include mental health recovery-oriented practice in order to bridge the divide of people with mental health problems.
- ❖ This is also in line with the Conference theme viz “Rethinking Social work in Africa: Decoloniality and indigenous knowledge in education and practice”



Home work



-  In our practice are we promoting:
- Social transformation- How do we promote social transformation of people with mental illness?
 - Human emancipation- How do we promote human emancipation?
 - Reconciliation and healing- How can we promote recovery-oriented mental practice?
 - Reconstruction and development of our society- How do we address the integration of MHCUs, destigmatizing of mental illness and promotion of economic development?



Details of the presenter

Nontembeko Bila
Lecturer : University of
Pretoria, South Africa
Nontembeko.Bila@up.ac.za

Thank You



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