

# Care and Control in Mental Health Social Work: A Case Study

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**Abstract:** Whether to apply for involuntary treatment is challenging for social workers. The aim of this study is to explore the legal background of a mental health social work case in Scotland and at the same time pay attention to the ethical dilemmas during the intervention. The relationship-based practice was applied to develop trust between the social worker and the service user and to change negative behaviours, while some difficulties related to multi-agency work and self-determination of service users still existed.

**Keywords:** Mental Health Social Work; Relationship-based Practice; Care and Control.

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## 1. Introduction

In recent years, a variety of dilemmas arise for mental health social workers related to the administration of compulsory treatment and voluntary treatment[1]. Since the establishment of Scottish Parliament in 1999, mental health services in Scotland has pursued to be responsive to service users' needs and to provide the proper services in a continuing transition process[2]. Social workers play a critical role in the decision-making process that aims to select the most appropriate choice for service users and in the implementation of treatment that considers complexity under the context of the medical encounter[3]. Much research has focused on the field of mental health in social work and the ethical dilemmas facing social workers. The aim of this essay is to look critically at the situation of Ruth Webb and to explore a suitable strategy for her while discussing ethical issues in practice.

The paper will first introduce the case including the needs, strengths and potential risks to the service user, and then identify the legal provision relating to the involuntary and voluntary treatment in terms of decision-making in Scotland. Thirdly, it will present the strategy for Ruth based on the relationship-based model and some skills that could be used in the communication. Finally, potential ethical problems will be demonstrated and some benefits and challenges in a multi-agency working team will be discussed.

## 2. Overview of the Case

There are some key needs of Ruth in terms of a psychological side, social side and personal safety. Firstly, she needs to get psychological support as Dr Thompson suggested to improve her mental health. She has had insomnia for quite a long time which is harmful to both of her physical and mental health. Besides, she used to express the fear of going mad and experienced severe post-natal depression as her mother did, which can be regarded as an important early experience that might hurt her psychological state. Secondly, she needs to rebuild the social circle, in other words, to socialise as before. A good social life means a good social support network supporting her in many aspects. The friendship and different kinds of social activities would be positive to help her get out of bad emotions and to overcome

the sense of loneliness. Thirdly, she needs to have someone accompanied with her at home and outside to ensure her security as she almost killed herself. She cannot calm down when she interacts with others, and her aggressive behaviours need to be supervised.

Although she is facing some difficulties in life, the strengths of Ruth are obvious. For instance, she has proved that she has the ability to get on well with other people in the past years and been supported by her social circle. She also has a family support network because her children are worried about her and want to help her live a better life. Concerning work, she has her work as a teacher and can sell her works. The career could be an opportunity to enrich her life making her more energetic and positive. Apart from this, she has her interests such as gardening. Those activities in spare time can be helpful to engage in the community again in terms of building a sense of belonging as well as to make new friends.

However, potential risks in practice cannot be ignored. From the psycho-bio-social perspective, psychologically, one of the potential risks of Ruth is the depression that she might have. Mother's death and disputes with siblings could result in her sadness and internal repression which were externalized as insomnia, being uncommunicative and irritable. Socially, she does not live in a safe environment because her home is in a mess which is not good for her well-being. She lacks social interaction with other people. As a result, she is at risk to herself and the public. Her mental health issue and physical condition will be exacerbated if she continues to deny any medical treatment and suggestions from professionals.

## 3. The Legal Framework for Mental Health Social Work Practice

In Scotland, mental health social work is practised within the legal framework. The Mental Health (Care and Treatment) (Scotland) Act (2003) is the essential piece of legislation which applies to people who have a mental illness, learning disability, or related condition[4]. The MHCT Act was based on the report produced by the Millan Committee in 2001 which mainly extended the conception of treatment and established core principles[5]. The principles of the MHCT Act ensure that mentally disordered persons have their rights relating to decision-making if they are engaged in involuntary

treatment. For example, the principle of reciprocity, linking compulsory intervention with the provision of services. Also, the principle of participation ensures that service users should be involved in all aspect of their care, getting the information and support to help them make decisions[4].

Under the MHCT Act, three detention orders that can be applied, engaging people into compulsory treatment: Emergency Treatment Order, Short term Order and Compulsory Treatment Order[6]. Under section 33—duties of inquiries, a Mental Health Officer, as a specialist, must be involved as the person who clarifies whether voluntary treatment is possible or not. According to the Social Work Act 1968, local authorities also play an essential role in the engagement which has duties to provide care, support, respects and maintenance of residential or other establishments. The MHCT Act was amended by the Mental Health Act (2015).

Supported decision-making is a new popular concept that has been formally recognised by some laws. For instance, the United Nations Convention on the Rights of People with Disabilities states that “shall take appropriate actions to provide access by persons with disabilities to the support they may require in exercising their legal capacity”[7]. Supported decision making means that an individual should be provided with as much support as they need to ensure that they can be able to make decisions for themselves and/or express their will and preferences within the context of substitute decision-making[5]. Someone other than the individual can appoint a substitute decision-maker, and this can be done against the person’s will.

There are three main pieces of legislation in Scotland that authorise substitute decision-making. The Adult with Incapacity Act 2000 provides for guardians and attorneys and set up procedures to authorise medical treatment for people who lack the capacity to make decisions. The Mental Health Act (2015) allows for detention and compulsory treatment linked to significantly impaired decision-making ability. The Adult Support and Protection Act 2007 allows for short-term intervention for adults at risks[8].

Besides, there are some other relevant social work legislation: the European Convention on Human Rights which underpins the principles for human rights in mental health practice in Scotland, and the Community Care and Health (Scotland) Act 2002.

#### **4. Strategy: Relationship-based Practice**

The relationship between service users and social workers is regarded as the heart of social work[9]. As social workers work with, talk to and engage with service users, their professional lives might be formed of a series of relationships of one kind or another[10]. Ruch argued that professional relationship or practitioner-client relationship plays a role as the medium in which practitioners engage with the complexity of the client’s internal and external factors[11]. He points out that relationship-based practice can help social workers to know how best to help and how to develop and to sustain a supportive relationship in unique and challenging situations[11]. Thus, in this case, we would like to use this practice model.

The helping relationship between a social worker and Ruth can be built on two levels. First, the social worker should explore the internal factors related to the psychological

context of Ruth, in order to have a deep understanding of her behaviours. Ruch thinks that focusing on the psychological factors of the individual is one of the fundamental tenets of the relationship-based approach[12]. Having discussed in the first section, Ruth is aware of her behaviours and is scared of being mad. She might want to talk to someone about her fear of depression, so a social worker could be her listener. Through one-to-one meetings, the social worker could find out her family history and childhood experience, to understand how those internal factors had an impact on her personality and behaviours. Therefore, the social worker can set up a unique plan for her.

In addition, developing trust is the first step to build a sound relationship[13]. It is true that it is challenging to build trust with uncooperative clients like Ruth, but there are some skills that social workers can use to in practice such as responsiveness, recognition, respect and reciprocity[14]. For instance, the practitioner should accept and response to Ruth’s feelings even if her feelings are distressing and negative. In other words, her feelings and thoughts about her life should be recognised, understood and valued because the relationship is a place where we help her feel safe[15]. Through effective dialogues, Ruth is expected to gradually accept and trust the social worker, sharing more useful information and experience as an effective way to release her grief and sadness.

Another useful method for practitioners to build trust with service users is self-disclosure. Tantillo believed that self-disclosure is a part of a therapeutic relationship in a relationship-based approach[16]. Aron even thinks that self-revelation is not an option but an inevitability[17]. In Ruth’s case, the social worker could share the experiences with her which aims to tell her that her behaviours are common after a long-time care, disputes about property and experiencing the death of family members. Her behaviours could be seen as adaptations to the situation. It is true that self-disclosure can provide validation, promote empathy, convey flexibility and openness to change and difference [16]. However, social workers should be cautious about disclosing because excessive disclosure would blur the boundaries between practitioners and clients, burden or confuse clients and overstimulate clients[18].

The second level of engaging with Ruth is to improve her social connection. Due to the psychosocial tradition in relationship-based practice, the social worker is also concerned about social context that influences Ruth’s life. In relation to her social, familial and cultural context, we plan to establish a support network covered her neighbours, friends and the local community, helping her rebuild the relationship with them. Before starting a one-to-one meeting with Ruth, we would talk to her children and her GP to collect more detailed information that helps us to build a relationship with her more effectively. Given that Ruth’s children are worried about her and willing to support her in this hard time, we could also organise a family conference for her if her children have free time. As Rogers argued that the helping relationship is more functional use of the potential resources of the individual, Ruth’s family and social circle are her important resources[19]. The social worker will play the role of a resource seeker for Ruth to make her more confident and positive in the process of building a relationship.

However, if Ruth still shows a reluctant attitude and refuses to do an assessment in GP’s, or she is at risk to herself and other people under her more severe depression, practitioners

will apply for a warrant.

## 5. Potential Ethical Issues

In this case, as a mental health social worker, deciding on whether or not an involuntary treatment is necessary is a central dilemma[20]. Since the antipsychiatry movement in the 70s century, autonomy and respect have been the dominant values in the field of mental health which requires social workers to have careful consideration to grant for involuntary treatment[21]. Regarding Ruth's will, she is unwilling to engage in the treatment, continuing to refuse to change her mental health state. The choices that social workers face in the realms of protection and care proceedings lead to such ethical dilemmas where a pathway between competing rights, interests and needs must be considered in the context of the Human Rights legislation [22]. Ruth's ability to make a rational decision for herself has been impaired, which requires professionals to help her and get her into involuntary treatment. However, according to ECHR (1950), Ruth has the rights to refuse to make any medication or to go to the hospital[23].

The right of self-determination, for instance, could be damaged while participating in the involuntary treatment [24]. Self-determination, which often refers to the client's autonomy, can be defined as freedom of choices in acting [25]. In the code of ethics of the NASW (National Association of Social Workers), principle 1.02 of self-determination states as following: Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals[26]. This principle was reemphasised and developed in SSSC codes of practice (2009) which states that "Promote the independence of people who use services while protecting them, as far as possible, from danger and harm." and "Respect the rights of people who use services, while striving to make sure that their behaviours do not harm themselves or other people[27]."

How to balance the autonomy of clients and the protection of safety is another dilemma. It is clear that the autonomy of service users has been highlighted in which way they have more independence in decision-making. But those ethical principles also mentioned that social workers' actions should be premised on safeguarding the health and safety of clients and other people, which means that social workers have to consider the needs of an immediate treatment and negative consequences that may be caused by Ruth's rejection on medication. In order to protect her safety and other people's safety, involuntary treatment could be taken while it would limit the autonomy of her. Moreover, this dilemma should be dealt with within the legal framework. Campbell believed that it is a big challenge for mental health social workers to resolve the tension between the requirement to coerce, legally, whilst also struggling to protect human rights[28]. Social workers need to use their power properly to ensure the efficiency of treatment and the safety of service users while they have obligations to empower service users improving their autonomy. Some pieces of legislation might bring conflicts in the practice of social work. But the use of power must be legal.

Multi-agency working, which is also called interdisciplinary working or multidisciplinary working, can be defined as personnel from different professions and agencies working together[29]. In the field of mental health practice, it is common for a social worker to work within a working group including a nurse, a GP, a named person, a mental health officer, a psychiatrist and even a lawyer. The

benefits of this collaboration and co-ordination lie in two ways: shared intelligence and improved services[30]. In order to build a support system for service users, professionals from different backgrounds would share their knowledge, skills, principles and philosophical position. Compared with individual's or single agency's efforts on one case, shared information makes teamwork more effective and open, therefore, providing improved services for clients. For instance, a multi-agency team can offer direct services after a shared planning process and shared strategic goals[31].

However, there are some challenges of multi-agency working. According to Devaney, firstly, it lacks clarity about own role and that of other professionals. In a working team, the tasks for the different person could be overlapped which confuses professionals[32]. As a result, some people are unclear about what to do and unwilling to undertake their tasks. Moreover, communication is a big challenge facing social workers. A social worker has not only to cope with communication problems with service users but also has to face communication problems with other professionals. That unsuccessful communication includes the failure to share information, a misinterpretation or understanding of the information which has been shared and the delay in transferring or accessing files. More efforts such as regular meeting should be made to deal with the lack of clarity, to improve the collaborating services and effective communication[33].

## 6. Conclusion

The purpose of this study was to explore the legal context of mental health social work in Scotland, an appropriate strategy for the service user based on the relationship-based practice and some potential ethical issues that might arise. The MHCT Act not only provides principles related to the treatment but also provides the entire remit of care and control for mentally disordered people in managing their needs. It introduces three detentions in compulsory intervention while emphasising on the rights of clients and decision-making that is a central part of the legislation.

The professional relationship between Ruth and the social worker can be developed on two levels: psychological level and social level. The social worker could pay attention to her psychological context such as the loss and her family history of depression through one-to-one meetings. The social connection should also be improved by getting a connection with her GP, the local community and friends. However, ethical dilemmas and tensions are inevitable. Deciding on whether to choose an involuntary treatment or not is the central dilemma, and the tensions between the autonomy and the protection of safety are tricky. Finally, regarding multi-agency work, it is characterised by shared intelligence and improved services, but lacks clarity and has some communication problems.

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