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Making sense of mental health problems

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www.open.edu/openlearn/health-sports-psychology/making-sense-mental-ill-health/content-section-0.

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Introduction

This free course, *Making sense of mental health problems*, explores some of the key ways of naming and making sense of mental health problems, such as psychiatric diagnosis, psychological formulation and social need assessments. There are both theoretical and practical concerns about categorising mental health problems and you will explore these in relation to mental health practice.

This OpenLearn course is an adapted extract from the Open University course K314 *Approaches to mental health*.

Learning Outcomes

After studying this course, you should be able to:

- describe key theories and concepts that have informed debates about mental health diagnosis
- outline how diagnostic systems have been developed and implemented
- explain why diagnostic systems are challenged in the mental health field.

1 Assessing mental health problems

Figure 1 Ethan from the interactive 'A Support Net' which is associated with this OpenLearn course

In this course you will be introduced to the case study of Mandy, and you will be encouraged to start making sense of the challenges Mandy is facing. You will also see images of characters taken from the associated interactive 'A Support Net'.

1.1 An assessment of Mandy's situation

In this section you will focus on the case study of Mandy and carry out your own initial assessment of Mandy before finding out more about how different mental health practitioners might assess her. Read the case study summary below and then answer the questions that follow.

Case study: Mandy

Figure 2 'Mandy'

Mandy is a 25-year-old woman who lives alone in a small privately rented flat.

Mandy's birth mother had problems with drug addiction and led a rather chaotic lifestyle, which meant that her contact with support services was intermittent. She never revealed who Mandy's father was and had started to live with another man some months after Mandy's birth. After social services were called in to investigate suspected physical abuse within her mother's home, Mandy was taken into care at the age of two. She was fostered by a couple in a nearby town who went on to adopt her. The couple wished for Mandy to do well but rarely displayed warmth or love either towards her or towards each other.

Mandy found it difficult to settle at school, but at the age of 15 she began to take a keen interest in art. This new interest motivated her to work harder, and she left school with A Levels in art, English and geography. She went on to study art and design at a university located in a city more than 100 miles away from her family home, and maintained only minimal contact with her adopted parents. She enjoyed the course and the student lifestyle, throwing herself into the social scene associated with the Art Department and its students.

Mandy was in a relationship with a fellow male student while at university. After graduating they stayed in the same city and moved in together, but neither of them was able to find a job that used their degrees; thus they regularly grew despondent and rowed frequently over money. Mandy worked as a waitress for a few months but found it too stressful and tiring, so she went to work in a department store instead. Her

boyfriend decided to move to another city in the hope of finding better work there; the distance drove them apart and they eventually split up.

Meanwhile Mandy tried to distract herself by using her spare time to create abstract paintings and by socialising with some other graduates from her course who had also stayed on in the city. But she couldn't help comparing herself to the other graduates, who all seemed to be much more successful in their careers than she was. Over the next few years her contact with these other people gradually declined and she spent most of her free time in her flat, either painting or watching television. She often found that she was consumed with a deep sense of dissatisfaction with how her life had turned out and wondered at times if this was all life had to offer.

In the past year Mandy has started to hear a voice commenting on what she is doing. At first she thought it was someone outside the flat talking through the door, but each time she opened the door, there was nobody there. Sometimes the comments are negative, at other times, they merely describe what she is doing at that moment. She recently found out that her ex-boyfriend is getting married and has since been feeling particularly depressed. The voice has become increasingly distracting of late. During a recent shift at work, when she encountered a difficult customer who accused her of short-changing him, she found herself unable to stop herself from shouting at him the things which the voice had uttered. She woke up the next morning with a bad cold, which she used as an excuse to take time off work. She has not been to work for the past two weeks, only leaving the flat briefly to run small errands. She has not told anybody about hearing the voice and has told her work manager that she was down with 'the flu'. She is vaguely aware that she feels out of sorts but hopes it will pass.

Activity 1 Your assessment of Mandy
Allow about 45 minutes

Imagine that Mandy has asked you to help her make sense of her problems (and decipher the possible solutions) by writing these down on a piece of paper, so that she can take these notes with her when/if she goes to see her general practitioner (GP).

To do this, try to write a few paragraphs in response to each of the questions below as if you are preparing notes for Mandy. At this stage use your own judgement and experiences, recording your initial thoughts, without worrying about there being a 'right answer' to the questions posed.

Once you have recorded your initial ideas, you could look at the Comment section which enlists some brief points that you might like to consider. Having read these you could add any ideas that seem relevant to your notes.

(a)   What is the main problem, or are the main problems, affecting Mandy?

(b)   What are the likely causes of these problems?

(c)   What support (if any) does Mandy already have in place?

(d)   What services (if any) could Mandy be referred to for further assessment and care?

Provide your answer...

Comment

These comments are not intended as a 'model answer' but might help you to think of alternative answers to the questions posed.

(a)   The main problem Mandy is facing seems to be that she hears voices and finds this disturbing. This in turn is limiting her ability to lead the life she wants.

(b)   Depending on your viewpoint you could have identified one or more different factors that may have caused Mandy to hear voices. Below are some possible questions that could also be used in a real-life situation (some of which might be difficult to discuss with Mandy), but you may have come up with different questions and ideas.

- Did she inherit a genetic predisposition to experience hearing voices (auditory hallucinations) from one or both of her biological parents?
- Did she experience abuse as a young child that has left a legacy of ongoing trauma?
- Did the experience of being taken from her birth mother contribute to her later problems?
- Is the previous lack of emotional warmth from her adoptive parents a factor in her having difficulties now?
- Did she experiment with recreational drugs as a student, and did this trigger unusual (i.e. psychotic) experiences?
- Is she experiencing stress or dissatisfaction in her current life that is causing her to have these problems?
- Moving outside of conventional explanations, is Mandy sensitive to messages from 'spirits' or other forms of disembodied beings that most people are unable to communicate with? This might be something that, for instance, followers of Shamanism could consider to be a possibility.

(c)   It is not clear what support Mandy has in place. She does not have much contact with the couple who raised her (i.e. her adopted parents) and she has reduced the time spent with friends in favour of more solitary activities.

(d)   What suggestions did you come up with for sources of help for Mandy? Did these reflect what you saw as the cause of her problems? For instance if you saw her as being influenced by previous events in life, did you think she needed counselling to deal with these? If you thought she had some sort of brain disorder, did you think that she needed medication? Or did you think she had social problems that needed a more informal approach?

Having made your own initial assessment of Mandy's situation, you will now hear a group of mental health practitioners talking about how they would approach the task of assessing her need for support and treatment. In subsequent activities later in this course, you will have the opportunity to learn about their approaches in more depth.

Activity 2 Mental health team discussion about Mandy
Allow about 20 minutes

Now watch the video of a psychiatrist, a clinical psychologist and a social worker discussing their approaches to the case study of Mandy.

You will examine each practitioner's approach in subsequent activities in this course. At this stage just make a few brief notes about the similarities and differences in their approaches that emerge from the discussion.

Video content is not available in this format.
Video 1 Group discussion

Provide your answer...

Comment

Some features to consider when pondering over the similarities and differences in the practitioners' approaches could be:

● How did the language that was used in the group discussion differ according to the professional background of the practitioner (e.g. who used terms like 'diagnosis' and 'psychotic illness' and who used phrases like 'traumatic nature' or 'social networks')?

● What aspects of Mandy did each practitioner seem interested in assessing further (e.g. which of the practitioners seemed most focused on Mandy's distant past [or early life experiences] and why did they think this was important information)?

● The practitioners mentioned the value of mental health practitioners working together to support someone like Mandy. Why are varying perspectives thought to be useful?

● Mental health practitioners will be similar in that they would all say they want to assist someone like Mandy – what did the practitioners say that made you think they would want to help Mandy?

Having made your own informal assessment of Mandy's situation and having had an introduction to three different practitioner perspectives, you will find out more in the next three sections about how the different practitioners perceive the problems Mandy faces.

2 Medical perspectives

A medical approach to mental health, as represented by the work of GPs and psychiatrists, does not rule out the impact of social and psychological factors in causing mental health problems. However, this approach does tend to take biological factors into account, and medical practitioners can use pharmaceutical drugs as part of their toolkit when treating someone with mental health problems. Scientific research in this field often looks at the structures and the physical processes going on within the brain. So this approach is often referred to as being based on a 'bio-medical' model of mental health.

2.1 Diagnostic handbooks

Figure 3 Maggie from the interactive 'A Support Net' which is associated with this OpenLearn course

Two handbooks or manuals are particularly significant in the process of psychiatric diagnosis; both are commonly known by their abbreviations: the DSM-V and the ICD-10. Both the books provide a comprehensive list of 'mental disorders' and are used by clinicians and researchers in the United Kingdom (UK) and many other countries.

- The DSM-5 (or DSM-V) is the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, produced by the American Psychiatric Association.
- The ICD-10 is the tenth edition of the handbook for International Classification of Diseases, produced by the World Health Organization (2004) and covers mental

disorders in Chapter V. You will see how this handbook describes schizophrenia later in this course.

Both manuals take a fairly similar approach and describe many of the same conditions, mainly differing in how they group various disorders together in subsections of chapters. In both handbooks, sets of symptoms are listed (such as low mood, social withdrawal, problems sleeping and having auditory hallucinations) and, if enough of them can be attributed to the person presenting with problems, that person's experiences are then assigned to a diagnostic category (for instance depression or schizophrenia).

Author and psychological therapist James Davies has interviewed some of the psychiatrists involved in drawing up the diagnostic categories for the *Diagnostic and Statistical Manual of Mental Disorders* and what he found was quite surprising. He first quotes Dr Robert Spitzer, who led the team developing the third edition of the manual:

> There are very few disorders whose definition was a result of specific research data ... For borderline personality disorder there was some research that looked at different ways of defining the disorder. And we chose the definition that seemed most valid. But for the other categories rarely could you say that there was research literature supporting the definition's validity.

> (Spitzer, quoted in Davies, 2013, p. 29)

If the definitions could not be determined by research evidence, Davies wondered how they were agreed upon. The answer was that the team were forced to rely on finding a consensus of opinion. Another team member, Professor Donald Klein, described how they came to a conclusion without the benefit of reliable data:

> We thrashed it out basically. We had a three-hour argument. There would be about twelve people sitting down at the table, usually there was a chairperson and there was somebody taking notes. And at the end of the meeting there would be a distribution of events. And at the next meeting some would agree with the inclusion, and the others would continue arguing. If people were still divided, the matter would eventually be decided by a vote.

> (Klein, quoted in Davies, 2013, p. 30)

Although reaching a consensus or voting might appear to be a practical way forward in determining the classification of mental health problems, it is not scientific and is highly dependent on the opinions of the people in the room at the time. It would be surprising if conditions such as diabetes, asthma or stroke were decided in this way rather than being based on careful physical examination of the patient or by the results of post-mortem investigations. As you will find out in the later discussion of psychological approaches, the lack of physical evidence for the majority of mental health problems leads to problems of subjectivity and interpretation.

2.2 Scientific advances in understanding mental health problems

In the next activity you will hear about how biomedical research can help us to understand and therefore treat mental health problems.

Activity 3 A medical perspective
Allow about 30 minutes

Now watch the video of Dr Thomas Insel talking about biomedical research. Below is a text box for you to record any notes you might wish to make while watching or after watching the talk. One thing you might like to think about is the ethical dilemmas posed by identifying individuals as having a possible psychotic disorder before they display any signs of having a problem.

Once you have watched the video, answer the questions that follow.

Video content is not available in this format.
Video 2 Thomas Insel

Provide your answer...

Question 1

What percentage of mental health conditions have become established by the age of 24?

○ 75%

○ 65%

○ 55%

○ 45%

Answer

According to Insel's figures, 75% of mental disorders have become established by the age of 24.

Question 2

What is the main reason for Thomas Insel drawing attention to psychiatric disorders?

○ Because he has a personal interest

○ Because they are easy to treat

○ Because their treatment lags behind physical disorders

○ Because their existence is contested

Answer

Insel points to the successes that medical science has had in tackling conditions such as leukaemia, heart disease, stroke and AIDS. By contrast it has, so far, had little impact on preventing the development of mental health disorders.

Question 3

What is Insel's preferred term for the mental health problems he is talking about?

○ Mental disorders

○ Brain disorders

○ Behavioural disorders

○ Psychiatric disorders

Answer

Insel sees these problems as disorders of the brain.

Question 4

What does Insel see as being the root cause of mental health problems such as depression, obsessive compulsive disorder and post-traumatic stress disorder in the brain?

○ Disruption to synaptic pathways

○ Areas of dead tissue

○ Chemical imbalances

○ Impact of external factors

Answer

Insel believes that it is possible to find differences in the brains of people with disorders that indicate disruption to the synapses, which allow communication between different parts of the brain.

Question 5

What does Insel see as being the root cause of schizophrenia in the brain?

○ Disruption to synaptic pathways

○ Loss of cortical grey matter

○ Chemical imbalances

○ Impact of external factors

Answer

Insel says that '... you can think about normal development as a loss of cortical mass, loss of cortical grey matter, and what's happening in schizophrenia is that you overshoot that mark, and at some point, when you overshoot, you cross a threshold'.

Comment

Scientific advances such as those outlined by Dr Thomas Insel offer the possibility of a better understanding of the workings of the brain and of what can go wrong in certain circumstances. However, these advances also raise questions about how to best use the information obtained. For instance, if brain imaging did reveal the likelihood of someone having a psychotic disorder, how sure could the clinician be that the person would go on to develop the disorder and what would be the effect on the person's life of being told that they were at risk? Medical approaches, in common with other approaches to mental health problems, have to take ethical and practical factors into account when introducing innovations into practice.

2.3 A psychiatrist's perspective

There will be an opportunity to explore a psychiatric definition of schizophrenia later in this course, and you will also look at some of the challenges with Insel's approach. In the next activity, however, you will consider how a medical practitioner might first identify the possibility that an individual may need treatment for their mental health problem. GPs are often the first professional to be consulted when someone has an emerging mental health issue. A majority of these problems are termed 'common mental disorders', which include depression, anxiety and phobias. Another smaller category is that of 'psychotic disorders', which includes schizophrenia and bipolar disorder. Although GPs may treat conditions such as depression and anxiety at the primary care level, they are extremely likely to refer those thought to have conditions such as schizophrenia, bipolar disorder and other 'psychotic disorders' on to a psychiatrist for assessment and diagnosis.

Activity 4 Guidance on diagnosing psychosis
Allow about 45 minutes

Read the Royal College of Psychiatrists and GPs'
'GP Guidance: Early Detection of Emerging Psychosis – What You Need to Know' so that you have some understanding of the context in which GPs operate.

As you read, make a note of the possible signs of psychosis, bearing in mind the description of Mandy's situation.

Next imagine you are preparing initial ideas for a noticeboard about why it is important to detect possible psychosis early (and provide appropriate help) in order to assist in educating a group of people new to working in the mental health field. Use the sticky notes tool to list the key points you would want to highlight from the GP guidance document. Place the top three or four points in prominent positions on the noticeboard, so that these stand out.

Interactive content is not available in this format.

Comment

You may have picked up a number of points from the guidance document. We, as course authors, would want to reinforce that early detection is important (and that suitable help should be sought). Three points (to highlight the need for urgency and appropriate care in this area of mental health) could be:

- 'There is a 10% lifetime risk of suicide, usually within the first 5 years...'
- '88% of people with psychosis end up without a job, which is a path to social exclusion'
- 'In the longer term, people with psychosis die 15–20 years prematurely on average, mainly from cardiovascular disorders'

Having now looked at the Royal College of Psychiatrists and GPs' guidance for GPs, you next have the opportunity to hear from a psychiatrist on what they would be looking for when meeting up with someone like Mandy who is having unusual experiences. In the next two sections you will hear the perspectives of a psychological practitioner (in particular a clinical psychologist) and a social worker, and you will be able to compare their distinct approaches to Mandy's situation.

Activity 5 A psychiatrist's approach

Allow about 40 minutes

In Activity 2 you heard a group of professionals discussing Mandy's situation. You will now read more about the views of Dr Elizabeth Venables, the psychiatrist who featured in that discussion.

The psychiatrist's view: Dr Elizabeth Venables
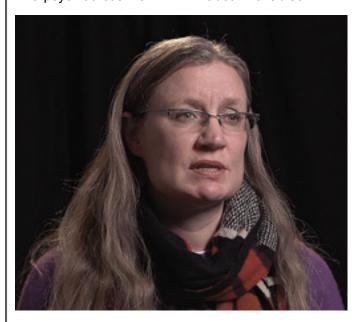

Figure 4 Dr Elizabeth Venables

Pay attention to Dr Venables's analysis of Mandy's problem. Keep in mind what you have written about Mandy in Activity 1 (revisiting your notes if necessary) and view this not as a passive learning exercise, but as an active experience in which someone else in the room is giving their view on a situation for which you have already formed some

opinions. As you read what they have to say, think about and note down ideas covering the following points:

1   Where does the psychiatrist's approach agree with yours?

2   What has she introduced that had not occurred to you?

3   What aspects of her approach would you like to challenge?

Provide your answer...

In the next section you will consider a different perspective on assessing mental health problems, that of psychological practitioners such as clinical psychologists.

3 Psychological perspectives

This section looks at understanding and naming mental health problems from a psychological perspective. A a number of different psychological approaches focus on different factors in peoples' lives which may cause them distress. However, there are also certain common features in the work of psychological practitioners (such as clinical psychologists), and this section is more concerned with what unites the psychological perspective rather than what divides it. Within mental health services, psychological practitioners can be further classified by their roles; three of the most common types of practitioners in this field are:

●   counselling or clinical psychologists

●   psychotherapists

●   counsellors.

3.1 Psychological formulation

Figure 5 Lilly from the interactive 'A Support Net' which is associated with this OpenLearn course

Although practitioners such as clinical psychologists, psychotherapists and counsellors may use terms such as 'anxious', 'depressed' or 'psychotic' to describe the experiences of their clients or service users, they tend not to use the formal diagnostic categories developed within psychiatry (or from the medical perspective).

By contrast, a psychological formulation would attach greater meaning to the nature of the problems faced by the individual. According to guidance provided by the National Institute for Health and Care Excellence (NICE – the organisation which provides national guidance and advice to improve health and social care, particularly within the National Health Service [NHS]):

> Assessments are carried out for a number of reasons primarily to establish a diagnosis, as a means of screening (for example, for risk), to measure severity and change and as the basis for a psychological formulation. Psychological formulations provide an explanation of why a problem has occurred and what is maintaining it; they also guide the intervention and predict potential difficulties that might arise. The significant factors within the formulation will be underpinned by the theoretical persuasion of the practitioner, including cognitive behavioural, systemic or psychodynamic. A formulation is a hypothesis, based on the information that is available at the time and will often be developed or change during the course of the intervention. Although set in the context of a theoretical model, the formulation is individualised based on the unique life experiences of each person. The individual with psychosis or schizophrenia may not share professionals' view of what the main problem is. Seeking out and assisting with what the individual regards as the main problem can provide a route towards establishing common ground, which may help to

establish trust and collaboration and allow collaborative care planning over time.

(NICE, 2014, p. 26)

Activity 6 Psychological formulation
Allow about 45 minutes

Using an internet search engine (e.g. Google), find a description of 'psychological formulation' in relation to mental health and note down the key features of the process. This will help you understand a key feature in psychological practice and will be useful in completing the activities that follow.

> *Provide your answer...*

Comment

The Clinical Psychology Division of the British Psychological Society (2011) has produced *Good Practice Guidelines on the Use of Psychological Formulation*. Section 9 of the document provides a useful overview of what is involved; part of this section is reproduced below.

'The following principles of psychological formulation in clinical psychology are widely accepted:

- it is grounded in psychological theory and evidence;
- it is constructed collaboratively, using accessible language;
- it is constructed reflectively;
- it is centrally concerned with personal meaning;
- it is best understood in terms of usefulness than 'truth'.

In addition, it will be argued that best practice clinical psychology formulation and formulating has the following characteristics:

- it is person-specific not problem-specific;
- it draws from a range of models and causal factors;
- it integrates, not just lists, the various possible causal factors through an understanding of their personal meaning to the service user;
- it is not premised on functional psychiatric diagnoses such as schizophrenia or personality disorder. Rather, the experiences that may have led to a psychiatric diagnosis (e.g. low mood, hearing voices) are themselves formulated;
- it includes a cultural perspective and understanding of the service user's presentation and distress;
- it is clear about who is the service user and who are the stakeholders in any given situation;
- it starts from a critical awareness of the wider societal context of formulation, even if these factors are not explicitly included in every formulation.'

(BPS, 2011, p. 12)

Psychological formulation can address the same concerns about an individual's mental state, for instance anxiety, depression, unusual thoughts and perceptions, as psychiatric diagnosis. However, the way it goes about investigating these issues can be quite different. You'll find out more about this in the next section.

3.2 A psychologist's perspective

In the activities that follow, you will be encouraged to read about psychological formulation and will also be asked to think about what a clinical psychologist had to say about the case study of Mandy.

Activity 7 A psychological perspective
Allow about 45 minutes

How the principles of psychological formulation work in practice is illustrated in this short online article by Lucy Johnstone (2012)
'Formulation – The psychological alternative to diagnosis'.

Read the article and think about how the approach described compares with the medical perspective to investigating mental health problems that you considered in Section 2. Make notes on how formulation differs from diagnosis.

Provide your answer...

Comment

Johnstone says: 'Formulation is the process of making sense of a person's difficulties in the context of their relationships, social circumstances, life events, and the sense that they have made of them. It is a bit like a personal story or narrative that a psychologist or other professional draws up with an individual and, in some cases, their family and carers.'.

Many medical practitioners are likely to use a similar approach to formulation but some may place less emphasis on the importance of the narrative and to be more concerned with detecting clusters of symptoms that have been categorised as typical of certain disorders.

In the article Johnstone suggests that in the case of formulation: 'Unlike diagnosis, it is not about making an expert judgement, but about working closely with the client to develop a shared understanding which is likely to evolve over the course of the therapeutic work. And, again unlike diagnosis, it is not based on deficits, but draws attention to talents and strengths in surviving what are nearly always very challenging life situations.'.

Johnstone gives an example formulation for Jane, who, like Mandy, has started to hear voices. You may have noticed that the formulation resists labelling Jane as 'schizophrenic' or 'psychotic' but rather describes what she is experiencing and takes note of some of the difficulties she has experienced in her life.

If the process of psychological formulation were to be applied to Mandy, it would require someone to spend time talking to her about her situation and her perceptions of it. In the next activity you will hear from a psychological practitioner (specifically a clinical psychologist) about how they would work with Mandy in order to understand what her problems are and what can be done to address them.

Activity 8 A clinical psychologist's approach
Allow about 40 minutes

In the group discussion in Activity 2, you heard the clinical psychologist speak about her views. In this activity you will read more about her views.

The clinical psychologist's view: Dr Marion Bates

Figure 6 Dr Marion Bates

Pay attention to Dr Bates's analysis of Mandy's problem. Again keep in mind what you have written about Mandy in Activity 1 and view this not as a passive learning exercise but as an active experience in which someone else in the room is giving their view on a situation for which you have already formed some opinions. As you read what they have to say, think about and note down ideas covering the following points:

1   Where does the practitioner's approach agree with yours?

2   What has she introduced that had not occurred to you?

3   What aspects of her approach would you like to challenge?

Provide your answer...

In the next section you will explore how a social worker might approach Mandy's situation, from a social need perspective.

4 Social need perspectives

In this section you will find out about some of the ways that practitioners, specifically social workers, engage in understanding and describing mental health problems from a social need perspective. This perspective views a person's problems as often resulting

from their social conditions and believes that addressing these social factors or issues will improve the person's health condition.

There are two main activities. In the first you will explore aspects of the role of the social worker in mental health. This exploration will include a very brief overview of the approved mental health professional's (AMHP) role (a role mostly carried out by social workers). The contributions of Dr Sarah Matthews from The Open University will be mentioned, as her work in the field is of such prominence in the UK (e.g. her book with colleagues entitled *Approved Mental Health Practice: Essential Themes for Students and Practitioners* [2014] is a key text in the area). In the second activity you will continue to consider different perspectives on Mandy's situation. This time you will hear from a social worker on what they would need to know about Mandy and her life in order to provide support.

4.1 A social worker's perspective

Figure 7 Owain from the interactive 'A Support Net' which is associated with this OpenLearn course

Social workers tend not to play a key role in psychiatric diagnosis and are likely to start working with service users after they have been assessed by a medical professional (most likely a psychiatrist). However, some social workers are appointed as AMHPs (a role that can also be filled by some mental health nurses, occupational therapists and practitioner psychologists). An AMHP (as they are commonly referred to) takes part in assessments where the likely outcome is detention or compulsory treatment under the conditions laid out by mental health legislation. As highlighted by Dr Sarah Matthews and colleagues, social workers are thought to be well suited to the work of an AMHP, as their professional skills include the assessment of the effect of social factors, skills which are acquired via their social work education, and it is upon this educational foundation that the AMHP training is based (Matthews et al., 2014). Although most AMHPs are social workers, they do not tend to undertake AMHP duties full-time once qualified. Their role as

an AMHP is to provide a balance to that of the medical practitioner who is also involved as a 'responsible clinician'.

Social workers who are AMHPs (as well as social workers who are not AMHPs) will undertake a range of other professional duties. For example, social workers will work with a range of vulnerable people, many of whom may have mental health problems, but not at the level that would require rather intensive support (e.g. a hospital admission). In carrying out this work they will assess their client's or service user's situation and their needs, such that social workers in community mental health teams can be involved in producing a care plan based on an assessment of the service user's needs (e.g. by conducting a Camberwell Assessment of Need – a type of need assessment).

Activity 9 A social work perspective
Allow about 1 hour

Spend some time looking at the websites cited below in order to explore the social work approach to mental health, so that you have a clear understanding of the context in which this practitioner operates. As you read, make notes on what you see as the key features of what a social worker might offer to someone with a mental health problem. Whether or not you already know much about the role of a social worker, it would be useful to think of the notes as an aid that could be used to inform a group of people who are unfamiliar with social workers' involvement in the mental health field.

- Information on the AMHP role can be found on the [Lancashire Care NHS Foundation Trust](#) website.
- This fairly brief account illustrates the social worker's role: [What does a Mental Health Social worker do?](#)

> *Provide your answer...*

Comment

As your notes may reflect, social workers have the opportunity to take a holistic view of their client's or service user's situation. They may share an interest in the psychological formulation approach in which the 'story' or narrative of the person experiencing mental health problems is felt to be a valuable tool in working out what to do next. Social workers can also help with practical aspects of a person's life, such as their housing and financial needs.

Social workers who are qualified as AMHPs have a particular role to play when assessing whether someone should be detained and treated against their will under the terms set out in mental health legislation. However, social workers (many who are not AMHPs) also provide support to people who are not being treated compulsorily. In the next activity you will have the opportunity to hear from a social worker about how they would work with someone like Mandy.

Activity 10 A social worker's approach
Allow about 40 minutes

Following on from the group discussion in Activity 2, you will now discover more about a social worker's analysis of Mandy's problem.
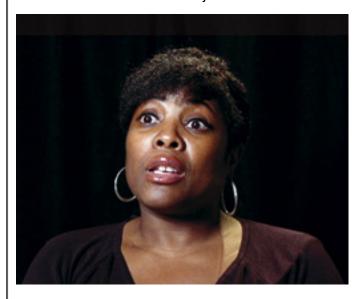

The social worker's view: Sonji Mitchel

Figure 8 Sonji Mitchell

As you read Sonji Mitchel's comments, keep in mind what you have written about Mandy in Activity 1, revisiting your notes if necessary, and view this not as a passive learning exercise but as an active experience in which someone else in the room is giving their view on a situation for which you have already formed some opinions. As you read what she has to say, think about and note down key ideas covering the following points:

1   Where does the social worker's approach agree with yours?

2   What has she introduced that had not occurred to you?

3   What aspects of her approach would you like to challenge?

Provide your answer...

In the next section you will look again at what could be argued is the dominant mode of assessing mental health problems – psychiatric diagnosis. You will also consider some alternatives to diagnosis.

5 Diagnosis and its alternatives

In this section you return to the case study of Mandy and explore an alternative approach to supporting people who hear voices. Finally you will reflect on the three professional or conceptual perspectives on Mandy's situation that you have considered in this course.

5.1 Alternative approaches

The views presented so far in this course have been concerned with trying to understand unusual or disturbing experiences from a formal treatment point of view, whether that comes from a medical, psychological or a social need perspective. However, these perspectives tend to take a practitioner viewpoint, and there are other ways of approaching experiences such as hearing voices. You will find out more about some alternative approaches to supporting service users if you select to complete The Open University course K314 *Approaches to mental health*, but for now you can look at one possibility for helping Mandy that comes directly from the experiences of people who hear voices themselves.

Activity 11 The Hearing Voices Network
Allow about 30 minutes

The Hearing Voices Network takes a different approach to that in mainstream mental health services or psychiatric practice. In the Network, people who hear voices share their experiences and develop strategies for dealing with them. Have a look at the Getting Help & Support page on the Hearing Voices Network website. Consider the advice and information provided and note down anything that might be helpful to Mandy or someone else who is having a similar experience of hearing a voice or voices.

Provide your answer...

Comment

The Hearing Voices Network website's advice could be reassuring to Mandy, because the website highlights that hearing voices or seeing visions is relatively commonplace for people, with approximately 3% of people hearing voices at some point in their lives. But it can be hard to discuss this sort of experience with another person, because hearing voices is stigmatised in the UK and elsewhere. For those hearing voices, the advice offered on the website does not rule out the value of speaking to a GP, but also advises the reader to consider options beyond medication. The website reinforces the message that a person's GP/doctor should respect the wishes of a person who hears voices, unless the GP believes they are at immediate risk of harming themselves or someone else.

Activity 12
Allow about 20 minutes

Having completed this course, how well do you think the medical, psychological and social perspectives can work together to support Mandy? Do they complement or sometimes contradict each other? Is there one perspective you favour more than the others and, if so, why? Write a few paragraphs to sum up your thoughts about this topic.

Provide your answer...

Conclusion

The subject of psychiatric diagnosis highlights some key debates in the world of mental health, which also apply to how to treat people with mental health problems. At the heart of these debates are questions that have helped inform this course about the nature of mental health problems, such as:

● In relation to the medical perspective – what is the role of physiological, biological or neurological factors in causing mental health problems?

● In relation to the psychological and social need perspectives – how important are psychological and/or social factors in causing or triggering mental health problems?

In this free course, *Making sense of mental health problems*, you have also been encouraged to start exploring the extent to which practitioners take account of all the different possible causes of mental health problems. For instance, when the psychiatrist, clinical psychologist and social worker discussed Mandy's case, they tried to make sense of the challenges that Mandy is facing.

If you have previously studied courses about mental health, you will have already started to explore questions related to the various perspectives in the field; however, this is something you will think about in more depth if you study
K314 *Approaches to mental health* at The Open University. If you are interested in Level 2 studies (instead of level 3), K240 *Mental health and community* may be of interest to you.

This OpenLearn course is an adapted extract from the Open University course
K314 *Approaches to mental health*.

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