

Using evidence for change

Social Worker Contribution to the Multidisciplinary Team in Preventative Approaches for Children and Young People at Risk of Mental Health Issues:

A summary of evidence

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August, 2017

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Introduction

This project brings together evidence from three linked reports from the NES Networked Evidence Search and Summary Service:

Social Worker Contribution to the Multi-disciplinary Team in Preventative Approaches for Children and Young People at Risk of Mental Health Issues

1. Summary of Research Evidence
2. Evidence from Practice : Perspectives of practitioners in East Dunbartonshire
3. Evidence from Improvement

Together, these reports combine evidence from research, practice and improvement to inform an action plan for East Dunbartonshire in developing the role of social workers, as part of the wider multidisciplinary team, in preventing intensification of mental health issues among children and young people.

Challenges

The evidence base points to three key challenge areas and potential actions to address these challenges.

Challenge 1: How can social workers, and other members of the multidisciplinary team, identify the most appropriate approach for children and young people presenting with indications of mental health problems?

Challenge 2: How to engage and collaborate with the multidisciplinary team in a way that recognises the unique contribution of social workers?

Challenge 3: How to build confidence and empower social workers to maximise their role in prevention and support for young people with indications of mental health problems?

Potential actions

Based on the evidence collated in this study, there are a number of actions which East Dunbartonshire could consider in their action planning to help address these challenges.

Information and knowledge

1. **Create a glossary** which defines common terms and concepts for use across the multidisciplinary team. This will help to build a common language as a basis for shared understanding and collaborative working.
2. **Spread awareness of preventative approaches with a sound evidence base** to show they can be effective – sometimes in specific contexts. Some of these interventions were highlighted in the review of published research in this study:
 - Applying attachment theory, including in non-home settings such as schools.
 - Specific evidence-based interventions to: reduce self-harm; anxiety and depression; and to manage the effects of trauma.
 - School and community-based interventions. Examples include stress, coping, social skills and conflict resolution programmes, and the Early Literacy and Learning Model to improve self-esteem.

- Positive psychology approaches and cognitive behavioural therapy.
 - Trauma-informed care practices.
3. **Adopt the common principles which apply across all these approaches** – systematic skills training; building trusting relationships; gaining support of parents and others in caring roles; building support from the wider community.
 4. **Use the evidence base on risk factors** to help target support at children at greatest risk of mental health issues – for example, experience of trauma, four or more adverse childhood incidents, experience of death or dying of a loved one.
 5. **Call upon the national Evidence Search and Summary Service** to source the evidence to validate proposed interventions.

Learning and development

6. **Provide training from mental health professionals** in these evidence-based approaches for social workers and other members of the multidisciplinary team.
7. Arrange support and follow-up for all members of the multidisciplinary team after training through **supervision**. Potentially this could be cross-professional supervision. This will enable individual reflection, self-awareness, and coming to terms with experiences in challenging cases.
8. Go beyond action-focused meetings to carve out time to facilitate **group reflection and collaborative learning** across the multi-disciplinary team. This will build deeper insights and understanding of the complex challenges the team faces, and how the different partners can work together most effectively.

9. Facilitate a **shared understanding within the multidisciplinary team of what it means for mental health to be a jointly owned challenge** and responsibility across the whole team – not solely or primarily the responsibility of NHS colleagues.

Service improvement

10. **Define the roles and responsibilities of the various partners in the multidisciplinary team**, including social workers. Highlighting how these roles interact and complement each other.
11. Enable **regular multidisciplinary team meetings** involving all members of the team, including social workers, to discuss specific cases and agree how best to work with some of the complexity.
12. Develop a **shared risk assessment framework and conceptual framework** which can be used across the whole multidisciplinary team. A starting point could be the three-tier risk assessment and management model designed for young people with complex psychological disturbances and high risk behaviour, from the Interventions for Vulnerable Youth (IVY) programme.