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Early Intervention and Information Use by Mental Health Social Workers

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Early Intervention and Information Use by Mental Health Social Workers – Issues for Information Literacy in Practice

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Abstract

Previous research into the use of information by social care workers has revealed low levels of information usage due to factors such as lack of time, high case loads and a history of limited information use. This study examines the role and level/types of information used by mental health social workers in Leeds and Wakefield with particular relation to the early intervention approach in psychosis.

A postal questionnaire was sent to mental health social workers in social services departments in Wakefield and Leeds to determine awareness of the early intervention approach, information use and attitudes towards mental health promotion and information literacy training. The results indicate a high level of awareness of mental health promotion, the early intervention approach and the importance of information as a support tool within this approach. However awareness is restricted by limited access to information sources due to time constraints, poor information and communication technology provision, and a lack of information culture in the parent organisations. The conclusions identify further areas for study and make recommendations for improving information literacy training in this professional area.

Key words Mental Health, Information needs, Early Intervention, Social Workers, Information literacy, Questionnaire survey.

Introduction

In recent years there has been a fundamental change in the role of information and the way it is used in working practice. These changes have been reflected within social care, and can be seen in the development of online resources, and the creation of electronic libraries such as the national electronic library for social care (NeLSC). In turn, these changes have influenced service provision on a more practical and user focused level, through the development of schemes such as prescription books (Wales Mental Health in Primary Care 2006), an idea developed in Cardiff in 2003 by which GPs and mental health professionals are provided with a list of self-help books relating to mental health that can be "prescribed" to service users. The original scheme resulted in 1600 book prescriptions in the first six months (Wales Mental Health in Primary Care 2006). Books for the scheme are managed by the local public library. The scheme has now been implemented by a number of authorities in the UK. It can be argued that information is viewed as something that is desired and considered a valuable asset in the work place. Social care workers now have access to far greater amounts of information to inform their working practice.

This research examined issues relating to these changes by looking at the centrality and importance of information in mental health practice. The use and sourcing of information by mental health social workers in relation to the early intervention approach to psychosis was chosen as the context for

the research. This decision was based upon the central role information can play within this approach. Early intervention is an approach to the treatment and support of individuals with mental health psychosis, and is based upon the principle that the earlier the intervention occurs in the first onset of psychosis the better the long-term prognosis for the individual. A basic principle underpinning the theory and practice behind early intervention is the use of information to help inform the client, social worker, and family members or carers. Emphasis is also placed on mental health promotion and, with the patient's consent, the inclusion of all those concerned in the treatment process.

The Use of Information by Mental Health Social Care Professionals

Central to this research project were issues regarding the sourcing and evaluation of information by mental health professionals. Previous research has shown that social care workers read a limited amount of literature (Streatfield 1991, Sinclair and Jacobs 1994, Sheldon 1998, Preston-Shoot 2002). Research in the 1980s (Wilson 1980, Wilson 1985) highlighted the emphasis social workers placed upon verbal communication and discussions with colleagues. Researchers again identified this emphasis nearly two decades later (Sheldon 1998, Booth et al 2003). Preston-Shoot (2002) and Booth et al (2003) believe that this failure to carry out any formal or informal research and literature searches stems from a culture in which little or no emphasis is placed on research, knowledge building or information skills. Sheldon (1998 p.17) states that social workers "inhabit work places which favour action over reflection". Trinder (2000) notes that only a limited amount of research work is undertaken on the Diploma in Social Work.

Attempts have been made to develop a more evidenced-based/ information and research based culture within social care. Booth et al (2003) note the creation of the Training Organisation for the Personal Social Services (TOPSS); Downey (2001) also highlights the redevelopment of social work training, the development of the Social Care Institute for Excellence, and the introduction of the compulsory membership of a professional body. The General Social Care Council (GSCC) can also be seen as a move to create a greater emphasis on research based practice and, as Preston-Shoot (2002) states, personal and professional development. Research also shows high workloads and lack of time as a compounding factor for the development of a non-literary/research culture amongst social care practitioners. Osmand and O'Connor (2004) also argue that changes need to be made by researchers when researching social work and social work practice. They state that the informal and "unscientific" way in which social workers communicate their experience and practice does not mean that they are failing to use information and experience to underpin their practice. Despite these changes, and attempts to address the lack of information use, gaps in practice still exist. Research has identified training as the primary means by which this lack of information use can be addressed. (Streatfield 1991, Sheldon 1998, Preston-shoot 2002, Booth et al 2003)

Early Intervention in Psychosis

Early intervention can be defined as:

"Deciding if a psychotic disorder has commenced and then offering effective treatment at the earliest possible point and secondly ensuring that intervention constitutes best practice for this phase of illness, and is not just the translation of standard treatments developed for the later stages and more persistently ill subgroups of the disorder" (McGorry et al. 1996 p.305**)**

Early intervention aims to engage with individuals experiencing their first psychotic episode as quickly as possible, reducing the delay between onset of symptoms and first treatment referred to as Duration of Untreated Psychosis (DUP). This approach is based on the belief that the longer individuals remain untreated the greater the chances for serious long term harm, (Birchwood et al 1993, 1997, 1998, McGorry et al 1996, Falloon et al 1998). Birchwood and Macmillan (1993) refer to the first three years of the diagnosis as the "critical period". They believe that treatment within this period can help to prevent treatment resistance and the development of the relapse and hospitalisation "revolving door" situation. Research using the early intervention approach demonstrates an improvement in the long-term prognosis (Folloon and Fadden 1993, McGorry et al 1996, Johannessen 2000).

It is important to note that the early intervention approach is not without its critics. Some believe that it fails to consider the fact that not all people with prodromal symptoms will develop schizophrenia (Verdoux 2001 in Pelosi 2003 p.196). Pelosi also argues that the approach is too exclusive, only working with a particular age group and for an "arbitrary critical period" (Pelosi 2003 p.196). He believes that resources should be channelled back into successful and established services. These beliefs are echoed by McCulloch, Glover and St John (2003)

Early intervention therefore aims to engage with newly diagnosed patients as quickly as possible, reducing the DUP and the potentially detrimental effects of a delay in treatment. The aim is to engage with the patient, their family and social network, and provide them with clear information about the illness, treatment and possible outcomes. It is hoped that this will help to reduce the stress of the intervention and attempt to "normalise" the situation.

Central to the early intervention approach is the provision of information. Research has shown that education, and keeping both the patient and their support network fully informed, has helped to reduce relapse and enabled individuals to maintain the essential aspects of their lives, (Birchwood et al.1993, 1997, McGorry, 1997). Birchwood and Macmillan (1993) also believe that part of this education and information strategy has enabled people to recognise the prodromal symptoms which precede a relapse. They refer to this as a "relapse signature" (Beechwood and Macmillan 1993 p.376) and argue that further relapses can be minimised or avoided by educating the patient and their support network about these symptoms and informing them how to access services. The use of information and mental health promotion within early intervention has been used in a number of early intervention schemes in Britain and abroad (Falloon et al 1998, McGorry et al 1996, Johannessen et al 2000, IRIS project). All these projects have advocated the use of information and publicity to raise the

awareness of mental illness, its symptoms, treatment and ways of promoting positive mental health.

The role of information in the treatment of psychosis should therefore not be underestimated. Jorm (2000) suggests that if information seeking by those with mental health problems is to be improved, then mental health literacy must be greatly improved. Likewise it is necessary to consider the information literacy skills of all those involved in the use and provision of services. The work by the Government, and various voluntary and statutory organisations, to ensure the provision of mental health information can only be a success if people are aware of the existence of the information and how to access it.

Mental Health promotion in the UK

Mental Health promotion is defined as actions or information, which "involves any action to enhance the mental well-being of individuals, families, organisations and communities" (Mentality and Sainsbury Centre for Mental Health 2003 p.2). The National Service Framework for Mental Health (Department of Health 1999a) identifies mental health promotion as one of the seven standards for mental health, stating that services need to "ensure health and social services promote mental health and reduce the discrimination and social exclusion associated with mental health problems" (Department of health 1999a p.14). Literature on mental health promotion (Stewart-Brown 1998, McCulloch and Boxer 1997, Department of Health 1999b, Stansfield 2002, Mentality and Sainsbury Centre for Mental Health 2003) identifies the fact that mental health is intrinsically linked to other aspects within our lives, such as socio-economic status, physical health, relationships and life experience. The work around mental health promotion has aimed to involve all these aspects, and can be seen as an ongoing issue. Promotion in Britain is seen through such events as World Mental Health Day and the continuing work of organisations such as Mind, Rethink, Mentality, and other mental health charities. There has also been a concerted effort to target young people and encourage them to consider their mental health needs, (Mind 2004, Radio One 2003). This is consistent with the early intervention approach and the need to raise awareness of the symptoms of mental illness and try to encourage people to acknowledge that mental health is relevant to all, not just the few. The National Institute for Mental Health in England, NIMHE, (2003) has also provided further publicity.

Mental Health promotion in other countries

Promotion in other countries is generally on a much larger scale, such as Schizophrenia Day in Norway (Johannessen 2000). Promotion in New Zealand and Australia has consistently worked to highlight mental health, both with special projects (Stacey and Turner 1998, Bennett Coggan and Dickinson 2002, Rowling, Martin, Walker 2002), and through modern electronic mediums (Morrison and Sullivan 2002). It is also worth noting the difference in public spending on mental health promotion in the UK and New Zealand, 1.44 pence and 36 pence per head respectively, (Office of the Deputy Prime Minister 2004).

A major difference between promotion in Britain and abroad is the scale on which the publicity is carried out and the level at which the information is targeted. Emphasis abroad appears to be on getting into schools and services and advertising the importance of mental health. In Britain however, although the information is available and to some extent in the public domain, the mechanisms for raising awareness and publicising services appear to be failing. Funding is obviously a major factor in this and it is worth highlighting that the Government's mental health information strategy (Department of Health 2001) fails to address the issue of additional funding, nor does it place any real emphasis on the training of social care professionals in information literacy and the use of the electronic and general information resources available to them.

Research methodology

Information is central to early intervention. The objectives of this study were to examine the awareness of the early intervention approach amongst mental health social workers and to evaluate how information about mental health is accessed and used by community based mental health social workers. The study was limited to a local geographical area convenient to the researchers and carried out in two social services departments in Wakefield and Leeds. Formal authorisation was by given by the relevant departments prior to undertaking the survey.

A quota sampling approach was used which allows for the selection of a group based on a particular characteristic, in this case mental health social workers. Due to the limited number of mental health social workers actually working in the survey area all potential respondents were included. Two major issues influenced the decision to use a quantitative approach in the form of a postal questionnaire. Firstly, time constraints experienced by the respondents and secondly the anonymity and confidentiality of the method. Sheldon (1998) identifies time constraints as the primary factor affecting the information needs of social care workers. Other survey methods such as interviews and observation were discounted due to time constraints placed on practitioners in the social care field and issues of ethics and confidentiality.

The draft questionnaire was piloted by five social workers and their feedback enabled the final version to be refined by eliminating ambiguities and improving the layout. The respondents all noted that the questionnaire was easy to follow and that there were no questions about which they felt uncomfortable or unwilling to answer. Minor alterations were made regarding the wording of two questions. A definition of information literacy was also included in question 21 in order to clarify exactly what was meant by this term.

The survey aimed to identify the following key areas:-

- The level of Internet use and reasons for using/not using;
- Access to and use of a library/information service (not a public library);
- Use of journals, both electronic and hard copy;
- Attitude to information literacy training and factors that may influence an individual undertaking training;

- Opinions regarding mental health promotion;
- Awareness of the Early Intervention Approach;
- Frequency of information use and main sources of information;
- Awareness and use of information resources. (The majority of these were freely available on the internet).

Following formal approval for the data gathering, contact with the respondents was established through the Team Leaders in Wakefield and the Mental Health Services Manager in Leeds. These managers are responsible for all the mental health social workers employed in their geographical area. The managers confirmed numbers of social workers in the various teams and identified the best mode for distribution of the 60 questionnaires in Leeds and 33 questionnaires in Wakefield.

Results of the questionnaire survey

A total of 93 questionnaires were sent to social workers in Leeds and Wakefield. 46 completed questionnaires were returned, a high response rate of 49.5% for a postal questionnaire. The responses represented a good overall sample of the mental health social workers surveyed, with a variation in the time they had been qualified, and a mix of social workers and approved social workers.

Access to the Internet

The majority of the social workers surveyed (82.6 %) stated that they used the Internet indicating a relatively high level of Internet use. However, analysis of the qualitative follow on question identified a number of factors which impacted on the level of Internet access. Lack of time and limited access to the Internet were indicated as the main factors that restricted Internet use:

> "No Internet access on our PCs"

> "We have no access to the Internet and no time to spend visiting libraries during work time, unlike our health colleagues who have smaller caseloads."

> "I don't have access via my social services system. I have to use my health colleagues' PCs"

> "Don't have time to use it significantly"

> "Could be available - too busy to sort it out"

Although over 80% of the social workers had access to the Internet at work, a considerable number had problems with access to it. This would appear to substantiate the research by Blackburn (2001) and Fakhoury and Wright (2004).

This also raises issues regarding reliable Internet access in relation to the community nature of the social work role within a Community Mental Health Team (CMHT). This highlights the impact that the dispersed nature of the teams may have on the ability to access a central information resource, a point also noted by Blackburn (2001). It can be argued that community

based social workers have an even greater need for comprehensive and reliable Internet access. It is also worth considering why the health professionals in the survey appear to have greater Internet access provision, and the role that this discrepancy in access plays in perpetuating the failure of social workers to regularly access current information. This would substantiate the belief that social workers fail to use information to underpin their practice.

A further important aspect of this lack of access to information and communication technology (ICT), relates to the implications of the integrated mental health electronic records proposed by the Government and highlighted in the Mental Health Information Strategy (Department of Health 2001). The Government plans to introduce a 40% level of electronic record keeping by 2005 and 100% by 2007. This cannot be implemented with the current levels of ICT amongst the social workers in the study and will require considerable resourcing. In addition to the lack of ICT, 17.4% of the social workers questioned failed to use the Internet, and felt unable to use ICT proficiently. Questions must therefore be raised regarding the ability of the Government to implement these changes, without a comprehensive IT literacy training programme.

Access to Library and Information Service

Despite the fact that all of the social workers questioned had access to a library and information service through their work, 31.4% of the respondents stated that they did not, or did not know if they had access to a service. Although 69.6% were aware that they did have access to the service, the use of the service was relatively limited.

Respondents were also asked about the benefits of having access to an information service. The fourteen social workers who were not aware of the library & information services available all felt that having access to such a service would be beneficial. Respondents already aware of the services were asked if they felt having access had aided their professional and working practice; 65.6% felt that it had, only 18.8% said that it had not.

Mental Health Promotion

89.1% of the respondents stated that they believed mental health promotion was very important, and no one stated that they felt it was fairly or very unimportant. This positive attitude altered when the respondents were asked how successful they felt mental health promotion was in Britain (see figure 1).

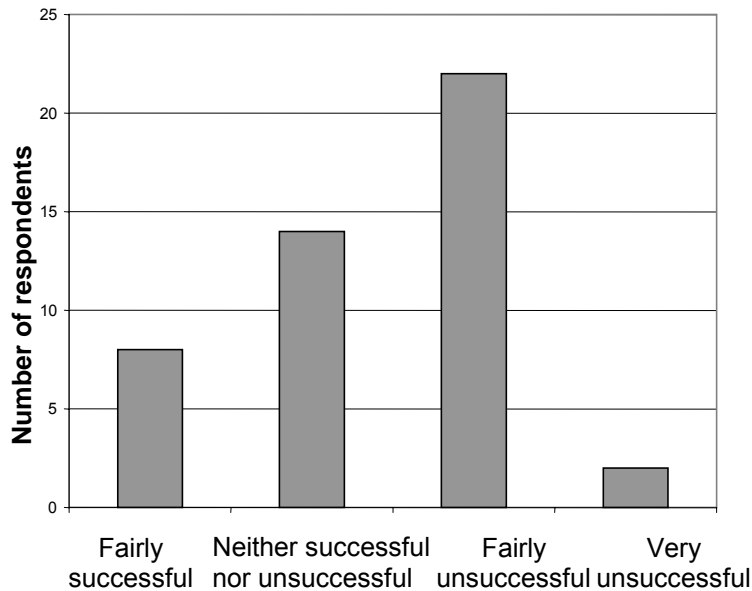> "It's all talk and no action. A few successes are mooted as success"

> "The Mind Out campaign was excellent, but not sustained by the government and then undermined by government ministers, MPs and the media in their choice of language."

> "Media portrayal of mental health is generally negative"

Figure 1

**In your opinion how successful is
Mental health promotion in Britain?**

Awareness of the Early Intervention Approach

A simple nominal question was asked regarding awareness of the early intervention approach. All of the respondents (100%) were aware of the early intervention approach in psychosis. Respondents were then asked to rank the following approaches and methods that could be used when working with a client with a psychosis.

- Team Approach
- Continuity of care
- Medication
- Providing the client with information
- The use of information to enhance your practice
- Alternative therapies
- Early Intervention Teams
- Involvement of carers and families
- Mental Health Promotion

The ranking identified the use of information and keeping the client and family informed as two high areas of concern with 56.5% placing "providing the client with information" in the top three ranking position and 65.2% placing "Involvement of family and carers" in the top four ranking. This commitment to the use and provision of information echoes the theories and approach advocated by early intervention.

One area in which the results highlight a difference to the methods advocated by the early intervention approach related to the use of mental health promotion. The social workers in the survey indicated a highly

positive result, identifying a strong commitment to the importance of mental health promotion. However when the respondents were asked to rank the use of mental health promotion this commitment appeared to decline. Mental health promotion was ranked in the bottom three categories by over 65% of the respondents and less than 10% of the social workers questioned placed this factor in the top two rankings. Although the social workers in the survey had a comprehensive understanding of the role and benefits of positive mental health promotion, they still failed to see a formal connection between the role they play supporting users with a psychosis and the implementation of a mental health promotion strategy.

This apparent failure of the social workers to prioritise mental health promotion may result from a general belief that this is not a primary factor in the social work role. This is despite an acknowledgement by some respondents that mental health social workers have a duty to consider mental health promotion as part of their practice.

> "If we work in the professional field it is unprofessional not to consider mental health promotion important"

Many respondents highlighted the role that the Government and mental health charities such as Mind should and do play in promoting mental health. None of the respondents identified a formal recognised role for health and social services, despite the clear indication in the National Service Framework (Department of Health 1999a).

## Sources of information by social workers in the study

Respondents were questioned about the frequency with which they accessed information for themselves, for a client and for both themselves and a client (see figure 2). Relatively high levels of information access were identified. When accessing information for self-use 37% of the respondents reported accessing information on a daily basis. Accessing information for clients and for joint use was less frequent with just over 59% of the respondents accessing information 1 or 2 times a week. The fact that respondents identified such a high level of information seeking raises additional questions about the sources used to locate information.

The survey looked at the sources used and 95.7% of the social workers identified colleagues as a key source of information, with over 56% indicating this as their most important source. This would appear to support previous research (Streatfield 1991, Sinclair and Jacobs 1994, Sheldon 1998, Preston-Shoot 2002) and (Wilson 1980, Wilson 1985, Sheldon 1998 and Booth et al 2003). Pamphlets from other organisations were also widely used, with 87% use, and journals the third most popular with 80% use. Textbooks and the national press were less widely used at 54% and 39% respectively. Interestingly, the Internet was identified as a source of information by 67.4% of the respondents, with just under 20% identifying it as their most important source of information. The Internet as an information resource was further analysed by asking the respondents about their use and awareness of the range of information resources identified below.

- National electronic Library for Health (NeLH)

- National electronic Library for Social Care (NeLSC)
- Electronic journals
- Hard copy journals
- Be evidenced based.com
- Voluntary sector websites e.g. Mind
- General Social Care Council website
- National Institute for Clinical Excellence (NICE) Website
- Social Care Institute for Excellence (SCIE) Website
- Training Organisation for Personal Social Services (TOPPS) Website
- British Association for Social Workers (website)
- Social Science Gateway (SOSIG)
- Care Data
- Campbell Collaboration
- Email Discussion lists
- The National Service Framework for Mental Health

Figure 2

How often do you use the library / information service?
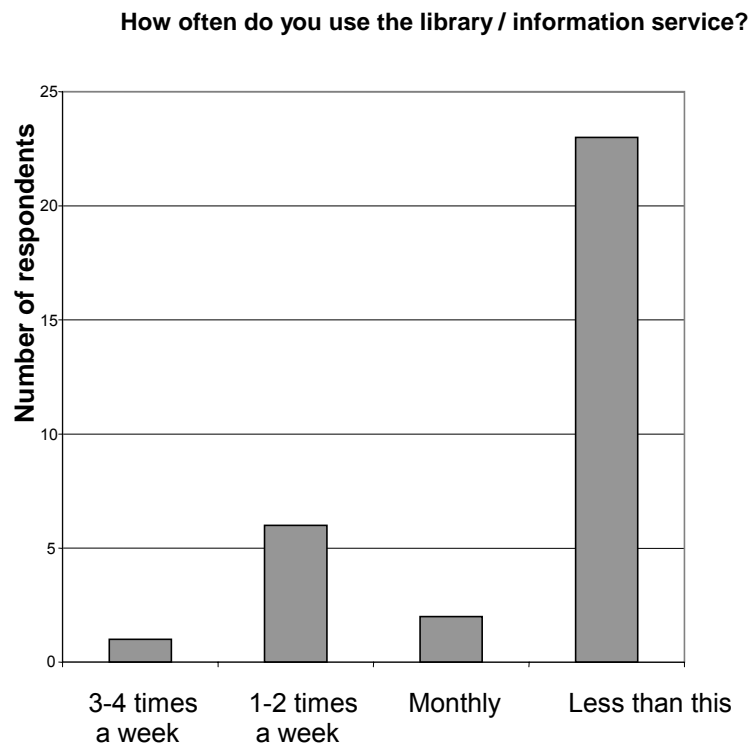
Please note that 14 respondents were not required to answer this question.

Key resources the respondents identified awareness of were hard copy journals, voluntary sector websites, National Institute for Clinical Excellence, British Association of Social Workers and the National Service Framework for Mental Health. However this awareness did not necessarily mean that the respondent had accessed the resource. The only resources regularly used by the respondents were hard copy journals, the national Service Framework for Mental Health and voluntary sector websites. The fact that the majority of the participants identified voluntary sector websites as a useful resource is interesting. This may be linked back to the

importance of practical information, for example information about diagnosis, treatment and services advocated by the early intervention approach. The use of information resources in this way, as a practical information source, would also appear to substantiate previous research (Sheldon 1998 and Streatfield 1991). It would also substantiate the results relating to the social worker's attitudes towards mental health promotion; that the role is to carry out localised information provision and promotion and that additional organisations carry out widespread comprehensive promotion.

Training

The participants were asked about their willingness to engage in some form of information literacy training. The responses to this were very positive and can be seen in Figure 3.

Figure 3

If you were offered information literacy training would you participate in the training?
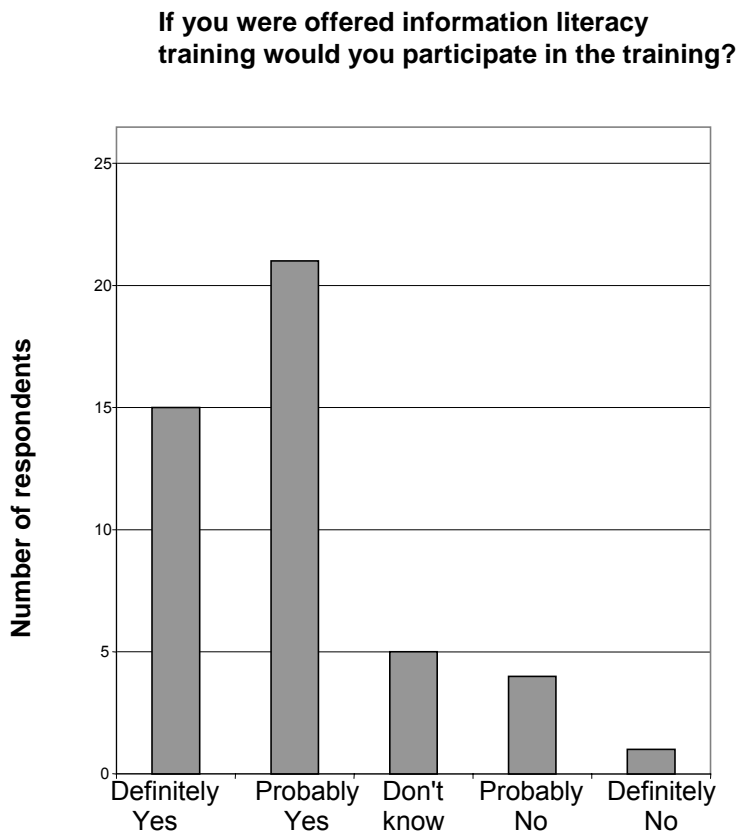
One respondent's additional answer to this question again highlighted the issues relating to adequate Internet access.

"If we have no access to the Internet at work, what is the point?"

Conclusions and recommendations for practice

This study highlighted a number of important implications regarding the use of information within social work practice. We have identified serious

resource implications regarding the use of information by the social workers in the survey, highlighting limited access to the Internet, limited ICT resources, time constraints and limited awareness of the library and information resources already available.

The research identified a high level of awareness of the early intervention approach. The social workers surveyed appear to have a strong commitment to the use of information as a central aspect within their professional role. However, issues can be raised regarding the localised nature of the mental health provision and mental health promotion. This is contrasted by a positive attitude towards the use of information, and a general interest in the development of further information literacy skills. The survey highlighted a strong staff commitment to undertaking information literacy training. Frequent comments by participants highlighted their frustration at knowing the information was available on the Internet but being unable to access it.

> "I know we have access to the mental health act online, but I don't know how to get to it"

A basic programme of information literacy training would be beneficial to all the social workers involved in the survey and we recommend this would include:

- accessing and retrieving information;
- searching techniques, including the use of Boolean operatives;
- the identification and evaluation of information sources, including databases, electronic journals and peer reviewed journals; linking with the evaluation tool already developed by The Social Care Institute for Excellence (2003);
- raising awareness of the free high quality resources available for practitioners on the Internet.

Any information literacy training would need to coincide with comprehensive investment in ICT, to ensure full access to the Internet and other electronic resources. The Government's commitment to integrated mental health electronic record keeping, and the deadline for this implementation in 2007, provides an ideal foundation for this. The library and information services currently available to social workers in the study require additional promotion that could be achieved during induction and staff development opportunities, easily achieved by providing a leaflet and information pack about the service. This promotion is currently in place for workers employed by the health service, but is not automatically available to social workers employed by the Local Authority who only have access to the NHS libraries through their multidisciplinary teams.

One solution to this issue of a comprehensive information resource would be the development of a combined health and social care information resource, with a comprehensive mix of literature relevant to both disciplines. An opinion also supported by Rose (1999), Blackburn (2001) and Fakhoury and Wright (2004). Practitioners now have free access to the extensive resources of the National Library for Health and the Mental Health Specialist Library. Such electronic resources can only be used effectively if Internet access is readily available and the user has the

appropriate awareness and search skills to exploit the material. A comprehensive information policy and the adoption of a co-ordinated information literacy training programme would also help highlight the importance of mental health promotion and enable the retrieval of accurate information by mental health professionals. Any far reaching programme of mental health promotion can only be successful if supported by comprehensive funding and an acknowledgement that this is not an additional role for social workers to adopt into their already hectic schedules and heavy workloads. It requires the full input of all concerned including the Government, service providers, mental health charities, and most importantly the users of the services.

In this study we investigated the frequency of information use and the type of sources used by practitioners. There is scope for a further qualitative research project to examine how the information is subsequently used by the social workers and the impact it has on their professional practice. Undertaking a full information audit would enable us to examine the information needs of mental health social workers and a comprehensive evaluation of how they use the information to inform practice. Additional research should also be undertaken to evaluate the role and benefits of information literacy training among mental health social workers.

* Prior to retraining as a librarian, Jenny Morgan worked for ten years in mental health services.

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