

The Death of a Profession

By J. I. JANSEN

Psychiatric Social Work as a profession with its tradition, training and culture rooted in the Hospital Service, will in all probability soon cease to exist. It would appear that the imminent decease of this profession is not generally known or understood. This account, an expression of much personal regret, is also an attempt to give a background to the current situation. It pays tribute to the medical profession, without whom the Psychiatric Social Workers would never have acquired their specialization and expertise. It has been in hospitals and other allied settings that the Psychiatric Social Workers have practised their professional skills and had the opportunities to keep abreast of clinical progress and new approaches to mental health, so essential to teaching new generations.

The Psychiatric Social Worker is nearly 40 years old, in the prime of life, healthy enough until 1969 when his future, vis à vis the new Social Work Act, was first debated. It was only three years ago at the Mental Health Conference that an eminent doctor stood to deliver his paper at the Church House in Westminster and opened his speech with the following well-chosen words: 'A Psychiatric Social Worker is a rare bird, and it is a privilege if one should choose to alight beside you.'

Professor Lewis has made passing reference to Psychiatric Social Workers in a text-book on Psychiatry, describing 'some as second-rate, others mundane, but a good P.S.W. as of inestimable value to the Psychiatrist'. It was also remarked that, on the whole, Psychiatrists tended to get the P.S.W. they deserved! How did this species of social worker, psycho-analytically orientated, clinically experienced in mental illness, come into being? There is a widely held misconception that this branch of the profession is a mutation of the Hospital Almoner/Medical Social Worker. This is not historically correct. Hospital Almoners were introduced into voluntary hospitals to assess

financial needs, i.e. who could afford to pay for treatment, and to arrange with other charities for such things as convalescence and transport. The Almoners formed their own Institute in 1926 and have since added many services to their practical function. In 1954, professional training gave the status of Medical Social Worker, and she too has her casework skills.

It was in the 1930's that the Psychiatric Social Worker was born, the 'natural' child of Psychiatrist and Social Worker, having a mutual need to share some of their skills in treating the mentally ill and their relatives. Ten experienced social workers were invited to go to the United States to undertake a training which was later to form the basis of all future psychiatric social work in this country. It was the first, and for many years the only, training which allied the background knowledge of social work with psychoanalytical concepts. The first to include the involvement and exploration of 'self' in relation to one's clients and the clinical experience of working with mentally ill patients within the disturbing setting of a closed Mental Hospital (and in Child Guidance Clinics). It was an exhilarating experience to be one of the early members of this emerging profession, to be taught by Professor Aubrey Lewis (an education on its own), to acquire psychiatric skills which were themselves in the process of much growth and new concepts in the early post-war era, and to share these with Psychiatrists on terms of mutual understanding. This profession could hardly be called a career in its first years, as it held no structure for material advancement. In the '40's Psychiatric Social Workers were glad to accept posts with the London County Council for as little as £250 a year, albeit that they might have a good degree, L.S.E. Diploma and other professional experience behind them.

The nature of the Mental Health Course, the careful selection of candidates, the high standard of supervision and many other factors contri-

buted to a very slow pattern of development. The demand for Psychiatric Social Workers began to exceed the supply in the 1950's. New areas of work opened up in the Public Health Department of the London County Council, and later, the London County Council and Middlesex led the field in employing P.S.W.'s as Community Workers. Psychiatric Social Workers were also infiltrating into Prisons and Approved Schools. Their functions were extended to many allied spheres, as their skills became more widely recognized. These were often used in an advisory capacity to other professions, staff and institutions.

In the 50's and 60's new trainings, such as the Generic Course and the Advanced Case Work training began to use many of the concepts originally embodied within the P.S.W. training, thus giving greater depth to all kinds of casework. In the mid-50's, the Hospital Service in England suffered from other competitive areas of work. This was not the case in Scotland, as the Local Authority offered no senior posts and had no appointment for a Psychiatric Social Worker, or indeed, a Mental Health Officer, at an administrative level, right up to the time of the Social Work for Scotland Act, 1968. Consequently, a fairly consistent level of well-qualified Psychiatric Social Workers have manned Scottish Hospitals. The Crichton Royal has held an honourable name. The Royal Edinburgh Hospital Group, a hospital with an international teaching reputation, has to this date 21 social workers. These social workers are an essential part of the Hospital teams, but they serve the community no less than the hospital. Their work includes the after-care of discharged patients, and out-patients. There is neither the time nor the expertise in the Local Authority to cover this work. The scene in England and Wales, in spite of better career opportunities in Local Authority, also presents some well-staffed hospitals, the stronghold of teaching placements; and these retain teachers and clinical workers with their contribution of skills especially identified with the Hospital Service.

So, in three decades, Psychiatric Social Workers were born and prospered and shared their skills and many remained in hospitals and

clinics, the original place of their conception. They were rewarded poorly financially, but recognized by their colleagues for their specialist knowledge.

Now the profession has received its death sentence as surely as if the Judge had donned his black cap, or a lethal dose of radiation had penetrated its ranks, for the malady will only slowly become apparent. No one likes to talk of terminal illness and many pretend there is still a choice, but is there?

The Social Work Act for Scotland, 1968, did not include Psychiatric Social Workers in the Local Authority Departments of Social Work. The Act passed more recently in England and Wales has included the Hospital Social Workers. The integration of Hospital P.S.W.'s with Local Authority is still supposed to be under review but already changes have begun to take place and the whole question has strong political overtones. The P.S.W. in Hospital is in a minority among his colleagues, even among P.S.W.'s themselves. There are many who have long ago left the Hospital Service to teach in Universities, who have much interest in seeing all social workers under the Director of Social Work.

All qualified social workers are now represented by the British Association of Social Workers. In their publication *Social Work Today* the Editor quotes an unnamed Hospital Working Party as advising the end of an independent Hospital Social Work Service. The Editor infers that all Hospital Social Workers agree with the Party Whips in this matter. Some Hospital Social Workers are well known to disagree completely with this viewpoint, but they are very much in the minority. Hospital Social Workers with long experience of the Hospital Service know that they have a unique area of specialism in their work. It is a medical clinical background with its direct treatment implications which sets them apart and makes the continuation of a separate service a 'must' if the profession is to survive.

There seems an indecent haste to make a start on the proposed realignment of psychiatric social work. In Scotland on 13 November, the very day the British Association of Social Workers' representatives were sitting in deliberation in Perth, to consider the views of their

colleagues in hospitals, the first Local Authority appointment was advertised in Dundee. This post was for a Hospital Group Head Social Worker who would be appointed on a Principal Social Worker salary under the Director of Social Work; would be paid by the hospital and have some loyalties to the University. This is certainly a mixed marriage. Perhaps it will be a happy alliance, but one can predict that many others will be as reluctant as that of the *Express* cartoon depicting Britannia being pushed reluctantly to the altar with Heath to be joined in wedlock to the Common Market.

An alternative fate in some of these arranged alliances may not be 'marriage' but merely permission to serve the Director as a mistress and bound to fulfil many of the Department's basic chores. This would seem inevitable if the Director is to adhere as many do, to the principle that 'one social worker should meet the needs of one family'. The prospect of absorption in Departments of Social Work is not attractive, even with a Local Authority Salary replacing the Whitley Scale and possible secondment back to the hospital pro tem.

Three years ago Psychiatrists in Edinburgh expressed concern to the Rowntree Committee on behalf of Hospital Social Workers, and received some reassurance. Sadly, this has been short-lived! Can the Psychiatrist do very much to save the Hospital Psychiatric Social Worker? The coming restructuring of the Health Service has complicated the issue. He has fathered two other offspring, who as yet are young; the Social Therapist and the Community Nurse. There is jealousy and rivalry from these new siblings, and some doctors could feel it to be a solution if the children met outside in Area Health Boards or Health Centres, and the older children left home altogether?

The Medical Profession may be lulled into a state of false security, superficially there could seem to be no change in well-staffed hospitals, as Psychiatric Social Workers may well be allowed to remain for a time. In areas where hospitals have never had P.S.W.'s, they may even feel they have gained by having a closer liaison of some kind with a Local Authority Social Worker. But the eventual seeds of self-destruction will have been sown. How can one stress the dangers? It must be repeated that to plant a specialist in a Local Authority which does not recognize specialism (many Directors loudly proclaim this policy) is a kind of *genocide*, as a start. To expect the training of Psychiatric Social Workers to continue without the cross-fertilization on which it has been raised in the past, is impossible; one culture alone is inevitably barren and sterile. The Psychiatric Social Worker will now be totally transplanted to foreign soil from which he will not be able to return to regenerate himself, or recreate successive generations. He will have lost his fundamental identity with the Hospital Service and be condemned forever to voyage from the Local Authority to the Health Centre in a kind of limbo. One can easily imagine that as time progresses this will be one of the least attractive areas of work, with its split loyalties. Therefore it must be stated that if this profession leaves the Hospital Service, the Psychiatric Social Worker, as he has been known in his short life-time, is doomed. His standards of work will be gradually extinguished and the profession as a whole faces extinction.

There is, of course, always the hope of a last minute stay of execution? The Medical Profession may suggest new principles for employing those who wish to use their psychiatric experience in Hospitals and the coming Health Centres.

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