ROAD TO RECOVERY FOR DEPRESSIVE PATIENT: A SYSTEMATIC REVIEW ON DUAL PARTNERSHIP BETWEEN SOCIAL WORKER AND OTHER MENTAL HEALTH PROFESSIONALS

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Abstract

No systematic review on the role of medical social worker and other mental health professionals in recovering process for depression patient has been undertaken. The aim of this systematic review is to synthesize published descriptions and models for dual partnership between social worker and other mental health professionals. A systematic search of articles published between January 2008 and November 2018 was conducted in several databases (EBSCOhost, PubMed, PsycNET, Jstor and Google scholar). Search terms were identified from title or abstracts: (‘mental health’ OR ‘mental illness’ OR ‘mental problem’ OR ‘mental disorder’ OR ‘mental problem’ AND ‘depression’ OR ‘depressive’ AND ‘recover’ OR ‘recovery’ AND ‘role of social workers’ OR ‘social services’ OR ‘collaborative care’). Out of 2613 papers that were identified and 59 that were reviewed, only 8 studies met the inclusion criteria and were included in the review. Articles were rejected if it was determined from the title and the abstract that the study failed to meet the inclusion criteria. Evidence from outcome studies shows that psychosocial services play a vital role in the mix of services available to people living with a depression, as they undertake their individual journeys to recovery. The review acknowledged the important roles of social worker in the journey of recovering for depressive patient, apart from the role of psychiatrist and other mental health professionals. Since the early years of the profession, social work has had a commitment to work with people who have psychiatric disabilities by offering individual and group therapy sessions, provide crisis interventions, arranging the services from referral agencies and help patients send back to the community. Patient-survivor recovery movement are closely aligned with those of the profession, and that the movement offers social workers a more promising perspective from which to practice.

Keywords: depression, depressive, mental health, mental illness, recovery, social worker, collaborative care

1. Introduction

According to World Health Organization (WHO), more than 300 million people are affected by depression. Depression is known as a common illness worldwide, where it affect people by having a long-lasting emotional responses that challenged them in every single day. Depression can become a serious health condition if it is not treated early. Those who suffer with depression will suffer greatly and poorly function in their family, school or working environment. Depression may lead to suicide. Close to 800 000 people die due to suicide every
year. WHO has stated that suicide is the second leading cause of death in 15 to 29 years old. Depression is hard to recognize in patients as it may confused with other diagnosis such as delirium and grief (Lander et al 2000). Even though there are effective treatments for depression, fewer than 10% of affected person receive such treatments. These phenomenon is caused by several causes. It includes lack of resources, lack of trained health care providers, and social stigma that can lead to self-stigma associated with mental disorders. People with or at risk of depression will more likely to experience social withdrawal and other psychiatric disorders (Ruffolo & Fischer 2009).

Since the early 20\textsuperscript{th} century, the profession of social work has had a commitment to work with people who have psychiatric disabilities (Peterson et al 1998). Social work focus on the interaction and linkages between people and social systems and therefore has a dual focus-both the individuals and the society. In mental health setting, medical social worker were involved in mental health care through direct practice, state level advocacy and policy development (Carpenter 2002). However, the role of social worker has often being disregarded. People tend to seek for psychiatrist and other mental health professional in search for the treatment of their mental health problems. Thus, this paper aims to undertake the first systematic review of the available literature on the dual partnership between social worker and other mental health professionals in the journey of depressive recovery.

2. Method

The databases used to search for relevant articles from electronic-database searching were EBSCOhost, PubMed, PsycNET, and Jstor. Web-based resources were identified by internet searches using Google and Google scholar and finally by using hand-searched. The search terms used were: ‘mental health’ OR ‘mental illness’ OR ‘mental problem’ OR ‘mental disorder’ OR ‘mental problem’ AND ‘depression’ OR ‘depressive’ AND ‘recover’ OR ‘recovery’ AND ‘role of social workers’ OR ‘social services’ OR ‘collaborative care’ (Table 1). Primary parameters for the search were: English language, full text articles and published between 2008 to 2018. Articles including from other medical disorders and solely focusing on medical recovery were excluded from the review. The initial search for depressive recovery articles retrieved were 2613 publications. 2554 articles were excluded based on title, relevance and language. 59 abstracts were retrieved to review the aims and relevance. Based on the literature review aim, 5 full text articles were selected and 3 articles were obtained by hand-searching the reference list of the selected articles. Figure 1 describes the article search reduction.

<table>
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<th>Table 1 Literature review parameters</th>
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<td><strong>Databases searched</strong></td>
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<td><strong>Search terms</strong></td>
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<td><strong>Primary Parameters</strong></td>
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<td><strong>Excluded articles</strong></td>
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3. Results

Eight studies that were selected for the review had discussed the role of medical social workers in the collaborative care of treating depressive patients. Table 2 provides a summary of the selected studies.

3.1 Role of social workers in treating depressive patients

Three studies (3/8) discussed the role of social worker in implementing cognitive behavioural therapy (CBT) towards patient with depressive disorders. Studies proved that depression can be treated well by applying CBT in conjunction with medications (Sheikh & Cassidy 2000). Depression is a combination of biological, psychological and social processes that is affected at all levels by successful treatment (Rinfrette 2014). CBT may then work to decrease depressive symptoms because changes in behavior are associated with changes in the underlying biological processes. CBT also helpful in addressing psychosocial concerns because these issues cannot be changed by medications (Rinfette 2014).

Therapeutic community (TC) also was discussed as part of the role of social workers in helping depressive patient. This intervention encourage patients (participants) to examine their personal behavior to help them become more pro-social and to engage in "right living"-considered to be based on honesty, taking responsibility, hard work, and willingness to learn. As program participants progress through the stages of recovery, they assume greater personal and social responsibilities in the community. It is not uncommon for program participants to progress in their recovery to take on leadership and staff roles within the TC. Following the concept of "community as method," TCs use active participation in group living and activities to drive individual change and the attainment of therapeutic goals.

The role of social worker has not only started in the middle process of recovery, but it is their role to do the early screening of depressive symptoms before directed the patients to the psychiatrist or other mental health professionals. Then, it is their role to facilitate related interventions when necessary until the patients are fully recover (as summarize in the Table 2). Social worker provide individual, family, and couples therapy that related with depression and other mental health or behavioral issues to improve their patient’s live. Recovery from depression and other mental illness is the main goal of a social work. Social worker will try to ensure that their client’s need are met while they are coping with their mental illnesses.
Table 2 Summary of the selected studies that highlighted the role of social worker in the recovery of depressive patient

<table>
<thead>
<tr>
<th>Study</th>
<th>Early screening</th>
<th>Home-based intervention</th>
<th>Socio-therapeutic</th>
<th>Therapeutic-community</th>
<th>Day Hospital</th>
<th>Therapy in home-family &amp; hetero-family</th>
<th>Work-occupational therapy</th>
<th>Socio-therapeutic clubs</th>
<th>Cognitive-behavioral therapy</th>
<th>Safety counseling</th>
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4. Discussion

The World Health Organization (WHO) has recently recommended all national plans for mental health should take a lifespan, intergenerational and family approach, rooted in public and primary mental health improvements (Allen et al 2016). Here, it is the role of social worker, particularly medical/psychiatric social worker to take the responsibilities to empower individuals with mental illness and their families, carers and communities to lead a fulfilling, independent lives. These roles are not restricted to certain group of people. People using mental health services can be of any age, and at varying stages of recovery.

The need of involving social workers in mental health setting was first voiced in England, where the vocation of the psychiatric social worker was “associated with the work of the first therapeutic community founded by Maxwell Jones” (Decevic et al 2015). As a result of this, there is a growing tendency in medicine to observe health issues as a problem that concerns not just the individual, but also the social community (Decevic 2015).

4.1 Expectation roles versus reality of the social worker roles

It is a vital role of a social workers to execute in improving mental health services and mental health outcomes for citizens. A positive and self-directed change of a patient can be achieved by a distinctive social and relationship-based skills focused on personalisation and recovery from psychiatric social workers. Psychiatric social workers has been taught to work in a collaborative care with people using services, their families and carers to optimize involvement and collaboration solutions. Allen et al (2016) states that a social worker also manage some of the most challenging and complex risks for individuals and society, and take the decisions with and on behalf of people within complicated legal framework, balancing and protecting rights of different parties. However, the role of social workers in mental health have often been unnoticed. Their status and authority within the collaboration care has sometimes been undermined. Thus, how can psychiatric social work play an even greater part in mental health recovery of a patient and also to achieve better service user, family and community outcomes?

In implementing intervention for depression and other type of mental illness recovery, research by Cesare and King (2015) regarding social worker’s belief about the interventions for Schizophrenia and Depression: A Comparison with the public and other Health professional- An Australian Analysis found that, social workers placed much higher value on counselling and psychotherapeutic interventions than did other professionals, where only 30 per cent of psychiatrist taking the same view. Social workers tremendously thought social work interventions would be helpful in treating depressive patient. Their views contrasted sharply with the views of other professionals which tended to see social work interventions as neither helpful nor harmful (Cesare & King 2015). Yet, from the consumer’s point of view, apart from having medical treatment, their recovery is also highly depended on the roles of psychiatric social workers. The top five recovery competencies ranked by consumers that included psychiatric social worker are (Lakeman 2010):

1. Ability to recognises and supports the personal resourcefulness of people with mental illness
2. Needs to reflect a belief that recovery is possible
3. Able to listen to what service users are actually saying and respect their views
4. Needs to reflect respect for the expertise and unique knowledge gained as a result of having experienced mental health problems
5. Helps the person develop self-belief, therefore promoting their ability to help themselves
The role of social worker in mental health setting also been disregarded by some part of the community. In other word, community awareness of medical social worker’s role are also prone to be overlooked. In Malaysia, for example, anything related to mental health problems, community will always refer to psychiatrist and assume that the recovery are fully depending on the medical treatment. This view should be change. In order to achieve a successful recovery, and to decrease social problems related to depression, more programs related to psychiatric social worker should be implemented. Community have to recognize and acknowledge the existence of psychiatric social worker and their roles in mental health recovery. By this, social work may play an even greater part in mental health recovery of a patient and also to achieve better service user, family and community outcomes.

5. Conclusion

The World Health Organization or WHO estimates 1 in 4 individuals experience mental disorders at any one time in their lives. Meanwhile, depression contributes about 4.3% of the total global disease burden which is one of the largest causes of morbidity. Depression can begin at any age and it can affect people of all races and across all socioeconomic statuses. Left untreated, depression can lead to serious health complications, including putting the patient’s life at risk. Fortunately, there are effective treatments for depression. Psychosocial intervention is like two sides of coins. Dual partnership between psychiatric social worker and psychiatrist with other mental health professionals are vital to patient’s recovery. The main goal of a psychiatric social worker is to stabilize and support people experiencing psychological distress or behavioural issues that are threatening their own and other’s safety and well-being. This goal can be accomplished through a combination of diagnostic assessments (e.g psychosocial assessment-recognising the social antecedents and determinants of mental distress throughout the life course), individual and group therapy, and care coordination/case management services which are often missed in purely medical approaches. The dual partnership in treating depressive patients will acknowledge how illness-based and medical models can actually get in the way of recovery and change through focus on the illness rather than the person as a whole- their fundamental human potential and the opportunities they could access to bring about change.

Conflicting interests
The authors declare that they have no conflicting interests pertaining to this study.

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Authors’ contributions
Afifah Idris had the primary responsibility of analysis and interpretation of the data, and paper drafting. All authors read and approved the final manuscript.
REFERENCES


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