The Impact of Neoliberalism on Social Justice Based Social Work Scope of Practice with Mental Health and Addictions Summary of Findings and Recommendations

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BACKGROUND

The study "Interrogating the Impact of Neoliberalism on Social Justice Approaches to Mental Health in Social Work" provides a critical profile of the landscape of social workers' mental health service provision in Canada which expands on a Nova Scotia study reported in *Repositioning Social Work Practice in Mental Health and Health Equity in Nova Scotia* (2021). The current study investigated three distinct yet related issues: 1) The social discourses informing social workers' beliefs about mental health problems and how these beliefs affect their choice of treatment paradigm, 2) How organizational ideologies and practices influence mental health treatment options and, 3) The extent to which mental health services delivered by social workers' challenge or reinforce neoliberal discourse on mental health.

METHODS

Data for this study was collected through an online survey and in-depth, semi-structured narrative interviews (funded by SSHRC and approved by the Dalhousie Research Ethics Board). In total, 357 participants completed the national survey and 119 social workers from 4 provinces participated in interviews. Social workers from New Brunswick, Manitoba, Ontario, and British Colombia were conveniently and purposively recruited through national and provincial social work professional associations membership listservs and social media accounts.

Thematic data analysis explored participants' accounts of social work mental health care through identifying and analyzing participants' narratives of social work services in addition to discourse analysis for the exploration of the meaning of narratives contextualized within the broader social discourse of neoliberalism and bio-medicalism on mental health.

FINDINGS

Findings support existing international research which highlights the moral distress increasingly faced by social workers as they grapple to practice within the constraining conflation of neoliberal managerialism and bio-medicalism. Almost all respondents (98%) believed there needed to be changes in the provision of mental health services.

This study demonstrates how social work practice is constrained under neoliberalism, social workers report they often feel devalued in the hierarchy and fragmentation of mental health care provision where they are often supervised by non-social workers and have very little voice in shaping mental health practice. Managerial policies emphasize fiscal constraint, limited supports and resources, efficiency based one size fits all short-term care and the responsibilization of the individual client. 91% of those surveyed felt they experience some barriers in offering mental health services in their workplace.

Participants noted that as these policies do not address the social context of clients' lives, they fail to address the impact of social inequities such as systemic racism, colonization, poverty, affordable housing, food insecurity and intergenerational trauma on mental health and addictions. Despite the influence of the social determinants of mental health, and a growing need for mental health services, there is little attention to diversity and equity issues within social work practice settings. This study demonstrates how neoliberal regimes impact both social work training and practice. Alongside neoliberal constraints, participants highlighted the limited effect of the often-unquestioned dominance of the medical model in mental health care. 81% of survey respondents did not feel that social workers' training and perspectives had enough recognition in the current delivery system.

Many research participants noted a significant tension between their social justice based social work education and the expectations that they practice from limited individualistic and medicalized paradigms. 78% of survey respondents were never, rarely, or only sometimes, satisfied with the role of social work in their province.

A further tension identified was a gap between their mental health and trauma social work training and critical theoretical frameworks.

RECOMMENDATIONS

We suggest the following recommendations for a path forward.

1.Prioritizing Mental Wellness as a Social Justice Issue

- Increase public funding of mental health and addiction services to represent 10 percent of the total Department of Health and Wellness budgets as recommended by the World Health Organization.
- Consistent with the position of CMHA, the federal government needs to 1) establish long-term and stable federal funding for key programs, services and supports delivered by the community mental health sector, 2) invest in

mental health promotion and mental illness prevention programs and strategies, 3) publicly fund community-based counselling and psychotherapy and 4) invest in housing, income supports and food security.

2.Shift Approaches to Training, Supervision, and Management

- Social workers need to be supervised by social workers, need to have direct clinical supervision, ongoing paid training should be provided by employers.
- Provide greater opportunity for social work input on policy and practices.
- Schools of Social Work need to do a better job of connecting critical theory and critical practice so that social workers feel more prepared for practice when they graduate while holding onto the social justice lens.
- Social workers need more autonomy to practice from within a social work scope, not be required to adopt paradigms, and approaches inconsistent with social work and have a voice at policy tables.

3.Address Social Inequities in Mental Health and Addiction Services Through Consultation and Program Development

- Ensure the hiring of more diverse social work supervisors and social work service providers (gender, race, sexual orientation, age, etc.)
- Develop and offer community and culturally appropriate and specific services based on extensive consultation with front line service providers and supervisors, service users, community organizations that represent diverse groups and municipalities to ensure that strategic needs are met.
- Offer gender-specific services, with attention to the needs of trans and gender diverse populations, that address co-existing issues of mental health, substance use, and trauma.

4.Shift Policies to Broaden Services for Mental Health Wellness

- Challenge the dominance of the bio-medical model and expand services to provide greater choice including a variety of community-based programs art/ music/dance/animal-assisted interventions for children, youth, adults, and diverse communities.
- Social work positions should provide an opportunity to link critical clinical social work practice with community-based work, advocacy, programming, and policy to ensure service delivery is collaborative and contextual.
- Where there are co-existing or concurrent relational injury, trauma, mental health and/or substance use issues, sessions of counselling should be provided across a wide range of mental health issues.
- Remove current policies that predetermines the number of sessions a client can receive. This will likely require increased budgets and increased resources.

5.Explore the Benefit of Unionizing the Profession of Social Work

- Social work should explore whether the profession would benefit from unionization as one mechanism to challenge the structural and discursive obstacles which constrain social workers from practicing in a manner consistent with their professional identity, ethics, and training.
- We need to work toward repositioning social work in mental health and addiction services and in general in relation to other professions.

6.Develop a Social Campaign to Educate the Public on Social Work

- A public health and education program needs to be developed to increase public knowledge and awareness about mental health, trauma, and substance use, with attention to issues of prevention, stigma, and discrimination. This campaign would elaborate on the role of social work, help to strengthen the identity, and develop a stronger collective social work voice and to reposition and empower social work within the helping professions.

CONCLUSION

Findings highlight that social workers lack professional practice autonomy and freedom, professional disempowerment and devaluation, a lack of decision making and influence on policy in the workplace, an unclear institutional and public identity, and a fear of replacement by other professionals among social workers.

Under the institutional and social climate of neoliberalism and its emphasis on fiscal constraint and the rationalization of all practices, we have begun to risk our social justice based professional identities when the workplace requires social work practitioners to adopt the knowledge and practices of other disciplines rather than our own- these are also bio-medical.

Social workers struggle to reconcile the tensions between their own professional training and values with the demands of the workplace (the social work profession's focus on social justice, and care, versus individual pathology, deficit, efficiency, and management). We need to ensure that social workers can provide mental health care that addresses struggles, that often arise in tandem from the combination of adverse life experiences such as trauma and relational injury and marginalization, oppression, and inequity.