Good mental health has been defined as 'a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (WHO (2010)[1]). Social work aims to promote 'social change, problem solving in human relationships and the empowerment and liberation of people to enhance wellbeing' (www.ifsw.org). This guide is intended for social work educators tasked with delivering teaching on mental health, for those teaching other areas to think how issues of mental health and distress intersect, and for course directors.

Notes on terminology

This guide is about what students need to learn about mental health and distress in order to become capable practitioners [1] (*numbers refer to Key Resources listed at end*)*.* Language reflects our understanding of mental health and will influence what students learn and take into practice. Here, the term 'mental distress' is used to refer to a significant departure from a state of wellbeing. This term reflects the experience without denoting causation as would be the case with 'illness' or 'disorder'. The term 'expert by experience' is used, rather than 'client' or 'service user', which defines people in relation to services rather than their lived experience.

Key curriculum issues

Mental health is an interdisciplinary field of study which draws on psychology, sociology, anthropology, social policy, philosophy, ethics and medical sciences. Mental health practice is an interdisciplinary activity that involves experts by experience and profession, or both.

- Educators can help students develop confidence in social approaches which, in the social work role, they are most likely to draw on. They will need to understand how these differ fundamentally from biomedical approaches (Tew (2011)[2]). Students also need to understand how social approaches may work constructively alongside some biomedical interventions.

- Students need help to tolerate ambiguity and uncertainty. Whilst an issue for much of the curriculum, this is particularly acute in mental health where the biomedical approach underpinning most service delivery is contested.

- Educators can help students to orientate themselves within the wider landscape of knowledge and to engage critically with other approaches through:
  - o enabling students to understand the limits of knowledge claims and their construction
  - o drawing on the literature in the fields of critical clinical psychology (Bentall (2009)[3]; Read *et al.* (2008)[4]), critical (Moncrieff (2008)[5]) and social psychiatry (Romme and Escher (2000)[6]) in addition to the wide variety of literature on social work and mental health
  - o drawing on first-hand accounts of mental distress and madness [2], using arts-based approaches, literature, cinema and digital resources

- 'There can be a tendency amongst those not attuned to the subject of mental health to marginalise it, failing to take into account at least some aspects of mental health which are more or less universal to us all, let alone to those vulnerable people in need of services' (Maas Lowit (2011)[7]). Educators can counter this by ensuring that mental health is acknowledged as an issue of personal, as well as professional, relevance. Opportunities to develop emotional intelligence and resilience should be provided [3]. Student wellbeing should be considered in both the design and delivery of curricula [4]. Students should be encouraged to identify and address mental health issues in all social work practice.

- Learning about mental health takes place not only in the university and on placement, but within the context of our personal lives. Experts by experience should be involved across the social work curriculum [5] and can play a role in helping students connect these different sources of learning.

Topic guide: key content areas

- Understanding health, illness and distress, e.g.
    a) Lay, experiential and professional constructions of knowledge
    b) Differing paradigms of mental health
    c) Cultural, political and policy contexts
    d) The sorts of experiences people may be going through, e.g. hearing voices, misery, paranoia, suicidal thoughts
    e) Ways of coping with distressing experiences, e.g. self harm; substance use, voice dialogue
    f) Mental health and distress across the lifecycle [6,7]
    g) Ambiguity and uncertainty
- Vulnerability and resilience factors, e.g.
    a) Inequalities: wealth/poverty, culture and ethnicity, gender, age, sexuality, health and disability
    b) Life/loss experiences, e.g. trauma; oppression and discrimination; education, occupation and retirement; friendships; partnerships, parenthood and family breakdown; bereavement; custody; substance use; migration; chronic illness
    c) Interaction between social, psychological and biological factors
    d) Social capital, social exclusion and differing access to services
    e) Life course: infancy; childhood; adolescence; early, middle and late adulthood; death and dying
- Professional responses, e.g.
    a) Mental health promotion and the prevention of mental distress
    b) Assessment and engagement
    c) Current contexts and models, e.g. recovery, personalisation, CPA
    d) Positive risk taking, safeguarding and creativity
    e) Professional interfaces within and between disciplines
    f) Working with individuals, groups and communities
    g) Social support – housing, benefits, education, employment, access to public services
    h) Psychological therapies
    i) Inpatient services, pharmacological treatments and effects
    j) Wellbeing and support for self and colleagues

- Societal responses to mental distress across time and space, e.g.
  a) Stigma and discrimination
  b) Dangerousness, control and incarceration
  c) Identity politics – self definition; spirituality
  d) Service user led approaches, recovery, advocacy and peer support
- Rights, coercion and professional ethics, e.g.
  a) Mental Health and Mental Capacity legislation
  b) UN Conventions (e.g. Rights of Persons with Disabilities; Against Torture)
  c) European Convention on Human Rights and national Human Rights legislation
  d) Advocacy and empowerment

Links to other curriculum areas (including other curriculum guides ⊗)

Whatever the design of the curriculum, educators should build the key issues into each curriculum area, both within the educational institution and in practice learning contexts, e.g.

- Children and families – understanding links between childhood trauma and adult mental health; appreciating the impact of parental mental distress[8]; working together across service boundaries (Diggins, (2009)[8]). ⊗
- Disability – debates around the relevance of the social model of disability to mental health; learning disability and mental health; psycho emotional disablism.
- Drug use – links between substance use and mental health; substance use as a trigger for mental distress; substance use as self-medication. ⊗
- Criminal justice – offending and custody as causes and results of mental distress. ⊗

Educators should also consider how students are helped to safeguard their own mental health and support that of their colleagues. Learning about mental health can be fostered within placements with other service user groups.

Ten key resources

1. Ten essential shared capabilities for mental health practice
2. Bibliography of first-person narratives of madness in English
3. Resilience resource sheet – SWAP/mhhe publication
4. Promoting wellbeing in the curriculum - Higher Education Academy guide
5. Learning from experience: involving service users in mental health education and training
6. Everybody's business – National CAMHS support service e-learning materials
7. SCIE Guide 3: Assessing the mental health needs of older people
8. Mental health in higher education website and SWAPBox Mental health curriculum resources
9. The Centre of Excellence in Interdisciplinary Mental Health
10. Critical Psychiatry Network

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[1] WHO (2010) *Mental health: strengthening our response.* Fact sheet 220, [www.who.int].

[2] Tew, J. (2011) *Social Approaches to Mental Distress.* Basingstoke, Palgrave Macmillan.

[3] Bentall, R. (2009) *Doctoring the Mind. Why Psychiatric Treatment Fails.* London, Allen Lane.

[4] Read, J., Fink, P., Rudegeair, T., Felitti, V. and Whitfield, C. (2008) Child maltreatment and psychosis: A return to a genuinely integrated bio-psycho-social model, *Clinical Schizophrenia and Related Psychoses*, 2, 235–254.

[5] Moncrieff, J. (2008) *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment.* Basingstoke, Palgrave Macmillan.

[6] Romme, M. and Escher, S. (2000) *Making Sense of Voices.* London: MIND.

[7] Maas-Lowit, M. (2011) Addressing questions of definition in J. Anderson and B. Penson (eds) (2011) *Burning Issues in Mental Health.* London: Higher Education Academy.

[8] Diggins, M. (2009) SCIE Guide 30: Parental mental health and child welfare: A guide for adult and children's health and social care services. www.scie.org.uk