Psychological distress, power and leaving care: a social justice approach.

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Abstract

Social work aims to promote human wellbeing through "social change, problem solving in human relationships and the empowerment and liberation of people" (AASW, 2010, p. 7). To achieve these aims, it is important to consider the various power dynamics within society. Much of the current research in the mental health field is examining the link between power imbalances and psychological distress (Johnstone et al., 2018; Morley, 2003). Understanding power, however, is fraught with complexities, and understanding power within a social work and social justice context is further complicated. The intersectionality of mental health, biomedical discourse, power dynamics and issues arising from transitioning from care (whilst acknowledging the young person's experiences in care and prior to care) is similarly complex, and confusion around the social workers' role understandably reflects this. This paper argues that if we acknowledge and work with the positive power that exists, we can challenge current discourses that utilise negative power, and together we can create better outcomes for care leavers.

Introduction

Social work aims to promote human wellbeing through "social change, problem solving in human relationships and the empowerment and liberation of people" (AASW, 2010, p.7). To achieve these aims, it is important to consider the various power dynamics within society. Much of the current research in the mental health field is examining the link between power imbalances and psychological distress (Johnstone et al., 2018; Morley, 2003).

Before social work as a profession can begin to work on redressing social injustices in the mental health system, it is important to understand contemporary, dominant discourses. Currently, psychological distress is seen as a health condition, and the majority of health professionals subscribe to the biomedical model, wherein mental illness is treated as a deficit within an individual (Malla et al., 2015).

By pathologising psychological distress and attributing the causes to the individual, attention is drawn away from systemic and societal oppressors whose impact on

mental health is, arguably, the root cause. A view that is more aligned to social work's social justice values is that mental illness is a societal issue, not an individual one (Morley, 2003). Therefore, an analysis of power in society is vital to social work practitioners; this understanding needs to inform all strategies for working towards alleviating distress.

Understanding power, however, is fraught with complexities, and understanding power within a social work and social justice context is further complicated.

Power: what does it look like?

The aims of social work are clearly articulated and becoming a member of the Australian Association of Social Workers (AASW) requires commitment to their Code of Ethics, which incorporates well defined aims and values. Language, such as "working to address and redress inequity and injustice" and "working to achieve human rights and social justice" (AASW, 2010, p. 7), point to issues of power being considered and challenged. However, within social work the concept of what power is remains unclear, with much debate, yet no consensus (Lukes, 2005, cited in Tew, 2006, p. 34).

Many models of power have been critiqued, with much discourse around negative views of power including, but not limited to, patriarchy, financial power, political power, pressure groups and oppression based on race, gender and identity. Looking at the mental health field with its biomedical focus, many, if not all, of these power types are present. Particularly noticeable is the power of Big Pharma. Its influence over content within the Diagnostic and Statistical Manual of Mental Disorders (DSM) is "especially strong in those diagnostic areas where drugs are the first line of treatment for mental disorders" (Cosgrove et al., 2006, p. 154). This further medicalises psychological distress, leading to financial gain and more power.

Also acknowledged is the power of the practitioner (Cameron & McGowan, 2013; Daya, 2018; Tew, 2006). In mental health, the dominant paradigm sees doctors, nurses, psychologists and social workers as 'experts' exerting their professional power over service users. Rather than recognising survivor knowledge and acknowledging lived experience, this model serves to further oppress those experiencing distress. For example, there is evidence that people who hear voices can find meaning in the voices (Corsten & Longden, 2013). Suppressing these voices through medication is a direct roadblock to healing, achieved through exerting power.

A prominent mad activist, Eleanor Longden, advocates for an alternative to the biomedical approach:

> I argued, and continue to do so, the relevance of the following concept: that an important question in psychiatry shouldn't be what's wrong with you but rather what's happened to you. (Longden, 2013).

This approach is important in terms of discourse around both mental health and power. It not only removes the blame from the service user, but also allows space to examine the power relations that may have caused the 'what's happened' to have occurred, as well as the ensuing distress. By understanding causes, strategies can be put in place to address or redress power imbalances.

Another mad activist, Indigo Daya, discusses the concept of 'referent power'. Originally one of five bases of power outlined by French and Raven (1959), Daya suggests a simplified understanding of this – 'being likeable' – and discusses how mental health service users have negative referent power. With the biomedical model explaining mental 'illness' as a problem in the person experiencing it, this negative view transfers to public perceptions of people experiencing distress. Viewing a person as broken or dangerous contributes directly to their lack of referent power. Media and political power also reinforces this notion. Murder and acts of violence are routinely blamed on mental illness (Being, 2019), and incarceration and other punitive measures are undertaken as a political act of 'protection' (Blagg, H et al., 2017; Daya, 2019).

Any discussion of power needs to recognise that it is not always an oppressor; it can be used in ways that can be either helpful or destructive. One of social work's challenges is to understand how well-intentioned use of power can still lead to oppressive outcomes. Similarly, we need to be aware of the role that context plays: the same strategy can be either empowering or disempowering, depending on various factors.

Tew's (2006) Framework for Emancipatory Practice in Social Work includes a matrix of power relations that highlight both the 'productive' and 'limiting' modes of power, the various different types of power, and the overlaps that frequently ensue. The framework explores the concepts of 'power over' and 'power together', demonstrating that these can simultaneously be both positive and negative sources.

Power and the child protection system

Young people transitioning out of foster care have particularly poor mental health outcomes compared with the general population (Baidawi et al., 2014; Home Stretch Campaign, 2018). Looking at the experience of living in foster or residential care through the lens of 'what's happened to me' can incorporate several layers of disadvantage, including: neglect, abuse, poverty, educational disadvantage, housing and food instability, discrimination and stigma. Also, having had almost every

aspect of their life managed by outside agencies, this group is arguably one of the most powerless – and disempowered – in society.

When it comes to leaving care, many support systems, however inadequate, are cut off and transitions are not always planned or well executed. The result can be "re-traumatising, representing a final experience of rejection and abandonment from a system upon which care leavers are dependant" (Baidawi et al., 2014, p. 202).

Children in care or coming from a background of being in care are also significantly overrepresented within the juvenile and adult justice systems (Baldry et al., 2018; CREATE, 2018; Australian Child Rights Taskforce, 2018). In terms of power relations, it can mean that a young person may go from being a member of one powerless group to one that has even less power. Some young people are referred to as 'dual order' (Walsh & Jaggers, 2017, as cited in CREATE, 2018, p. 10), wherein they are under child protection and juvenile justice orders simultaneously. This includes 19.2% of young people transitioning from care (McDowall, 2008, as cited in CREATE, 2018, p. 10). Indigenous children and young people are also overrepresented in both the child protection and youth justice systems (Baldry et al., 2018; Sawyer et al., 2010) and have additional trauma resulting from colonisation, with power a huge component (Blagg et al., 2017). Unsurprisingly, these young people have high reported rates of mental distress, significantly exceeding their peers in the general population (CREATE, 2018; Karatekin et al., 2018).

When examining the intersections between mental health, power within society and young people transitioning from out of home care, we need to consider the backdrop of neoliberalism in Australia. Neoliberal policy emphasises the role of the individual in society with success being measured by "contribution to economic rather than social well-being" (Bottrell, 2009 p. 334). This neoliberal mindset permeates government policy; campaigns such as Home Stretch seek to influence governmental decision makers by highlighting economic rationales, rather than altruistic reasoning.

The Home Stretch Report (2018) estimates that care leavers' higher rate of service usage will cost the government $222m over the next 10 years in NSW alone. Ironically, these areas of cost –including housing, hospitalisation and crime – are all linked to power, and, arguably, governmental power. While 'other mental health' issues only account for 4% of services, all the other domains listed in the report have proven links to contributing to mental distress. Ironically, Recovery in the Bin's (2016) model of 'Unrecovery' has many parallels to the government services utilised by care leavers, particularly regarding housing, trauma and economic inequality. This model – designed as a rejection of the co-opting of the term

'recovery' by a neoliberal government – is a political illustration of the social and economic factors that contribute to mental distress.

A social justice approach

The intersectionality of mental health, biomedical discourse, power dynamics and issues arising from transitioning from care (whilst acknowledging the young person's experiences in care and prior to care) is fraught with complexities. Confusion around the social workers' role understandably reflects this. A sound starting point is to reflect upon the AASW Code of Ethics which states: "In all contexts, social workers maintain a dual focus on both assisting human functioning and identifying the system issues that create inequity and injustice" (AASW, 2010, p. 9). This directive to address both the micro and macro means that both individual and collective power can be supported and developed alongside work to challenge various oppressors.

There are many opportunities for social work responses and advocacy. Using Tew's (2006) framework, we can approach the issue of psychological distress for care leavers from many different angles, with awareness and utilisation of different types of power.

Many social work responses, such as trauma-informed, narrative and strengths-based approaches, have been critiqued for being inherently individualistic (Bottrell, 2009; Johnstone et al., 2018; Tseris, 2019). Burchell cautions that without "the context of relations and resources and disconnected from societal contexts, individual interventions for resilience building may intercept the social critiques that are constructed out of collective experience, as processes of social control" (Burchell, 1996, cited in Bottrell, 2009, p. 334). However, if implemented with caution and awareness of both overt and covert power dynamics, these approaches still have potential to alleviate mental distress.

Trauma theory is acknowledged for its role in challenging the biomedical model. Yet in practice it can still result in the individual needing medical treatment. Even though it aims to understand 'what happened to you', it still focuses on the resultant 'symptoms'. These, in turn, become reintroduced as medicalised terms. For example, research by Gilbert et al. showing that "significant evidence linking adverse childhood events (including experiences of abuse and neglect) to specific mental health conditions, such as depression, post-traumatic stress disorder and personality disorder" (Gilbert et al., 2009, cited in Baidawi et al., 2014, p. 201) could easily lead to medical treatment.

Trauma theory is also critiqued by feminist and critical scholars for its focus on individuals, rather than the broader power inequalities in society (Tseris, 2019).

However, if we acknowledge trauma as part of the collective experience of care leavers, as well as their individual experiences, then harnessing co-operative power could certainly bring about change on a macro level. A current campaign that exemplifies this is the Home Stretch campaign, which aims to extend foster care for young people until they reach 21 years of age, rather than 18.

Another alternative to the biomedical model is the Power Threat Meaning Framework (PTM framework), which has a strong narrative element to it:

> Our shared stories create communities of intentional healing and hope... When people share their stories without others imposing meanings on them, this creates social change. (Mead & Filson, 2016, cited in Johnstone et al., 2018, p. 74)

As social workers, we can help these shared stories be heard. Using Tew's (2006) productive modes of power, we can draw on co-operative power through collective action and sharing and deploy our professional power (protective) to amplify quieter voices. While protective power – which Tew classifies as 'power over' – must be used with caution, it is important to note that the population of young care leavers experiencing psychological distress are more likely to lack the skills, confidence and, indeed, power to articulate their own story in a manner to influence societal change, certainly at the beginning of their pathway to recovery. Deficits in referent power will also be apparent in this population. Many young people from out of home care or backgrounds of abuse have adopted 'antisocial' traits as a repellent against further abuse. These acts of resistance, alongside the manifestations of their psychological distress, can result in the lack of likeability discussed by Daya (2019).

The narrative approach allows the social worker to build on the notion of hope; an important empowerment tool. It seeks to "… engage the client in evaluating emerging narratives by inviting them to stand back from dominant stories and to make choices about whether they enhance and enrich their lives or else limit and diminish them" (Johnstone et al., 2018, p. 120). A strong narrative technique within the PTM framework is the reframing of 'symptoms' as 'survival strategies'. By changing the dominant language, the power focus shifts to one of strength. This can "increas[e] the options available to them in their lives" (Johnstone et al., 2018, p. 120), and must be considered a significant capacity building tool.

The strengths-based approach has also been critiqued for being individualistic, wherein the notion of 'strength' can only exist by acknowledging 'weakness' (Johnstone et al., 2018). However, the PTM framework equates strengths to power resources. Looking at the available power resources through the lens of Tew's (2006) matrix, we can see that these resources, too, can be utilised within both micro and macro level strategies. Co-operative power, for example, can be used to

empower young care leavers to make changes on both an individual and societal level.

There are many ways a social worker can contribute, regardless of which theory informs their approach. Cameron and McGowan (2013, p. 21) discuss the role of a mental health social worker as a 'transitional participant', who is:

> … strategically placed to bridge and integrate the disparate but interrelated internal and external worlds of the psychiatric client living in the community. Managing and validating the totality of their experience to establish a radical, collaborative and life sustaining relationship which promotes real and meaningful recovery.

By understanding our role as transitional we may be able to avoid some power shifts that could be harmful for our clients. Tew (2006) states that "any tendency to rescue rather than to work in partnership may stifle or further undermine the abilities of those who may already find it hard to mobilize power on their own behalf" (p. 41). This is a particular challenge when exercising protective power, especially when protection is a key component of a social workers' role.

Social workers' professional skills in areas such as social research are much needed to gain further understanding of this population that can then be utilised by others in their professional capacity. Baidawi et al. (2014) identify a "dearth of research employing standardised instruments to examine the mental health of representative samples of Australian care leavers" (p. 202) and this lack of research is cited in other studies (Home Stretch, 2018). This invisibility leads to further oppression and a continuity of current standards; it is impossible to develop effective therapeutic recommendations without a clear understanding of needs (Baidawi et al., 2014).

This lack of knowledge provides an excellent research opportunity for social workers. If undertaken collaboratively, social workers can use their skills to give voice to this population in a way that both supports social justice values and does not exert power over the consumer, but rather harnesses the productive modes of power.

Conclusion

The link between psychological distress and societal power is strong, so both must be considered when working collaboratively within the mental health field. If we acknowledge and work with the positive power that exists, we can challenge current discourses that utilise negative power, and together we can create better outcomes for care leavers.

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