UNIVERSITY of York

This is a repository copy of *Multifaceted personas in context:mental health social worker perspectives on the intersection of mental health, social work and professional identity in England and Wales*.

White Rose Research Online URL for this paper:
https://eprints.whiterose.ac.uk/216318/

Version: Published Version

Article:
Tucker, Laura, Jobling, Hannah Joy Louise orcid.org/0000-0003-3749-0990 and Webber, Martin Paul orcid.org/0000-0003-3604-1376 (2024) Multifaceted personas in context:mental health social worker perspectives on the intersection of mental health, social work and professional identity in England and Wales. European Journal of Social Work. ISSN 1369-1457

https://doi.org/10.1332/27551768Y2024D000000019

Reuse
This article is distributed under the terms of the Creative Commons Attribution (CC BY) licence. This licence allows you to distribute, remix, tweak, and build upon the work, even commercially, as long as you credit the authors for the original work. More information and the full terms of the licence here: https://creativecommons.org/licenses/

Takedown
If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

White Rose university consortium
Universities of Leeds, Sheffield & York

eprints@whiterose.ac.uk
https://eprints.whiterose.ac.uk/

European Social Work Research • vol XX • no XX • 1–18 • © Authors 2024
Online ISSN 2755-1768 • https://doi.org/10.1332/27551768Y2024D000000019
Accepted for publication 28 June 2024 • First published online 16 August 2024
This article is distributed under the terms of the Creative Commons Attribution 4.0 International license (http://creativecommons.org/licenses/by/4.0/).

research article

Multifaceted personas in context: mental health social worker perspectives on the intersection of mental health, social work and professional identity in England and Wales

Laura Tucker, laura.tucker@york.ac.uk
Hannah Jobling, hannah.jobling@york.ac.uk
Martin Webber, martin.webber@york.ac.uk
University of York, UK

Mental health provision in England and Wales has fluctuated between promoting social work as a valued, distinct contributor and viewing it as an adjunct to a generic workforce. Perspectives are divided on whether the profession should emphasise social work, mental health work or a cross-disciplinary blend, and definitional attempts have proved challenging, with wide variation in practice. This article explores how mental health social workers view their professional identity across practice contexts. Using a mixed-methods approach, 248 mental health social workers completed an online survey, and 30 undertook a subsequent semi-structured interview. Survey data were statistically analysed using Kruskal–Wallis H-tests to explore differences across settings. Qualitative interview data were analysed using a framework thematic approach. Participants demonstrated a strong but flexible professional identity, adopting a multifaceted, fluid sense of self that prioritised the aspect of identity most relevant to the context. Contrary to narratives of poor articulation, this was framed within a specialist knowledge- and values-based perspective that influenced practice approaches and accommodated context without requiring external validation. This fluidity suggests a need to move away from restrictive task-based definitions of social work in order to actively engage the workforce in developing professional roles that embrace this flexibility to offer holistic services.

Keywords mental health • social work • professional identity

To cite this article: Tucker, L., Jobling, H. and Webber, M. (2024) Multifaceted personas in context: mental health social worker perspectives on the intersection of mental health, social work and professional identity in England and Wales, *European Social Work Research*, XX(XX): 1–18, DOI: 10.1332/27551768Y2024D000000019

Introduction

Social work is recognised globally as holding professional status (Weiss-Gal and Welbourne, 2008), but this has proven challenging to define. Broad acceptance of the global definition of social work is caveated by an awareness that it is neither exhaustive

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

nor definitive (Hare, 2004), with difficulties in relating it to diverse operational realities (Hutchings and Taylor, 2007; Staniforth et al, 2011). In addition, within UK contexts, although professionalism and professional leadership are seen as core social work competencies (BASW, 2023), perceptions of a 'semi-profession' persist. These position social work as caught between operational autonomy and organisational control (Sims, 2011), over-bureaucratised (King and Ross, 2004), and influenced by the state, with a statutory bias (Canavan, 2009; Wiles, 2017). Perhaps consequentially, social work as a profession has become closely linked to its practice contexts, locations and job roles as defined by employing organisations (Webb, 2017).

More broadly, professional identity across health and social care in mental health has been described as under-researched and poorly theorised, particularly regarding the overlap between nursing and social work, as well as service reforms connecting skills and interventions with roles rather than professions (Sims, 2011; Gent, 2017), increasingly linked to a sense of organisational belonging and an attachment to job role (Webb, 2017). Linking identity to the role makes professional identity both personal and relational, defined both individually and by how identities interact across organisations (Ashforth and Mael, 1989; Ashforth et al, 2008; Rasmussen et al, 2018). The professional identity derived from the self becomes synonymous with the job role, which is devised by the organisation as part of a network of roles that synergise to deliver the service. As a result, professional identity is not defined from within the profession; rather, other professional perspectives become influential in professional validation (Ashforth et al, 2008; Wolfensberger, 2011a), and professional identity becomes organisationally heterogeneous. Both the professionals' internal sense of self and the external expectations of employing organisations and professional colleagues influence how a professional role is perceived and what responsibilities professionals hold (Joynes, 2018), with the result that diversity occurs across organisations as well as across professions.

These coexisting aspects of professional identity as both nebulously defined and organisationally and externally driven are a critical consideration for mental health social work, which operates across Europe as a poorly understood profession within a spectrum of welfare approaches, legislative frameworks and social movements, with variable levels of resourcing available, resulting in diverse practice experiences (Stone et al, 2021). Within the UK's multidisciplinary but health-led context, mental health social work has a specified legislative role, but its practice role extends beyond this, operating across a diverse range of practice settings in both the National Health Service (NHS) (as the primary mental health provider) and local authorities (LAs) (as the primary social work provider). Social workers can be embedded within, work adjacent to or operate separately from health-led mental health provision and are employed by both health and social care organisations (Evans et al, 2012; Moriarty et al, 2015; Tucker et al, 2022). However, beyond its legislative role, social work has a broadly inclusive, social focus. It offers an alternative to health-driven perspectives, which are predominant in this area of practice, making it a 'guest in a host setting' (Beddoe, 2017: 122) and correspondingly at risk of disempowerment and de-identification (Bark et al, 2023). There is potential to be subsumed, with external validation from health 'outgroups' needed to justify the social contribution (Ashforth and Mael, 1989; Wolfensberger, 2011a), indicating the need for a robustly articulated professional identity.

This clarity is critical. With both increasing mental health need (Pierce et al, 2020; Pieh et al, 2021) and static staffing provision across the UK (British Medical Association, 2020; Skills for Care, 2021), optimising the mental health workforce is essential. The

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

ongoing debate around the merits of genericism or distinct specialism has been discussed extensively (see, for example, Crawford et al, 2008; Beinecke and Huxley, 2009; Rummery, 2009; Nathan and Webber, 2010; Bailey and Liyanage, 2012; Wilberforce et al, 2016; Aiello and Mellor, 2019), and this debate has been reflected in mental health policy, contributing to a lack of role clarity. Attempts to articulate the social work role in policy have therefore been heavily task focused (Allen et al, 2016; HM Government, 2017) and have struggled to reflect diverse practice realities (Tucker and Webber, 2021).

It is perhaps not surprising that mental health social work has developed an eclectic epistemic identity rooted in practice over theory (Ekeland and Myklbust, 2022), which is highly tied to practice context. However, without an overarching professional framework, organisationally influenced identities risk becoming intrinsically tied to job roles. This can dilute and weaken professional identity, disregarding social work's distinctive mix of specialist skills and knowledge (Nathan and Webber, 2010). McCrae et al's (2004) work using a three-part typology for mental health social work suggests that such diffusion is already in place. Their study explored perspectives on three aspects of mental health social work identity:

- the social worker as genericist ('mental health worker'), emphasising shared mental health work regardless of professional discipline;
- the social worker as eclecticist ('mental health social worker'), emphasising a blended role that shares mental health work but retains professional distinctiveness within this; and
- the social worker as traditionalist ('social worker'), emphasising social work, with a separation from health-led mental health roles.

In interviews with service managers and academics, each of these positions received equal favour, highlighting different priorities, with no consensus emerging. This sharply reflected social work's inability to cohesively articulate its identity and suggested a need for further exploration of the interaction between social work and mental health identities in practice. However, acknowledging the inability of policy definitions to resonate with front-line practitioners (Tucker and Webber, 2021), externally imposed definitions risk triggering 'jurisdictional defensiveness' (Hannigan and Allen, 2011: 6) from social workers keen to preserve their professional autonomy. Front-line mental health social work input in understanding professional identity is therefore critical to articulate their professional position.

This article reports findings on mental health social workers' perspectives on their professional identity, using McCrae et al's (2004) typology as a starting position. As part of a wider study into mental health social work identity and roles across practice contexts within England and Wales, the findings here seek to explore how mental health social workers understand their professional identity and how this is influenced by organisational context.

Methods

Previous exploration of mental health social work has focused on small-scale qualitative approaches, which have nonetheless identified context as influential in understanding the professional role (Peck and Norman, 1999; Bailey and Liyanage, 2012; Abendstern et al, 2021; Tucker and Webber, 2021). The study reported on here

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

adopted a multi-site mixed-methods approach that aimed to transcend organisational and geographic contexts, using an online national survey of mental health social workers across England and Wales, followed by semi-structured remote interviews with a purposively selected sample of survey participants. This sought to capture both scope and detail to enable a clearer understanding of identity across contexts.

Sampling and recruitment

Eligibility was inclusively broad, recognising the diversity of practice roles. Eligible participants self-defined as registered and practising mental health social workers. Survey responses were gathered between April and October 2020, using convenience sampling. Adopting a 'least impact' approach in the context of the COVID-19 pandemic (House of Commons Health and Social Care Committee, 2020; 2021; Warner and Zaranko, 2021), LAs and NHS trusts across England and Wales were asked to share the opportunity to participate with practitioners through the most convenient means. The survey was also distributed through social media networks, acknowledging this as a practice and academic space (Hitchcock and Battista, 2013; Greeson et al, 2018), and through the research team's professional networks. Although the distribution of the survey within the population is unknown, 248 social workers self-selected to complete the survey from an estimated workforce of 6,500 practitioners (Tucker et al, 2022).

Interviews were undertaken with a subsample of 30 survey participants between November 2020 and April 2021. Purposive sampling sought to include participants who identified most strongly with each of the different identity types, as well as a further group who had scored equally highly on two or more of the identity options. From within these subgroups, participants were selected to represent a range of ages, genders, ethnic backgrounds, professional experiences and workplace contexts. This structured approach to sampling aimed to ensure a diversity of views (Peters, 2010) without sacrificing the analytic depth needed to explore complex ideas around identity.

Data collection

Recognising the limitations of a cross-sectional survey in establishing causal links, the survey aimed to identify correlations between perspectives on identity and contexts. Demographic and contextual data around employer, workplace and service structure were gathered and professional identity was measured using a single-item social identification (SISI) measure (Postmes et al, 2013), drawing on McCrae et al's (2004) typology. Participants were asked to rank on a seven-point scale how closely they identified with professional identities of 'social worker', 'mental health worker' and 'mental health social worker', focusing on the named aspect of identity for each question, with seven indicating strong identification. Due to the focus on self-identification, objective definitions of the terms were not offered, as the intention was to identify participants' perspectives of themselves in relation to the interaction of their social work and mental health identities rather than by measurement against an external standard. SISI measures use a single question ('I identify with …') to explore an aspect of identity and can be used in conjunction to explore different identities. They have demonstrated high validity, reliability and utility in relation to self-identity

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

(Postmes et al, 2013) and are deemed particularly suitable for use in questions relating to work-role centrality (Fisher et al, 2016). Participants' strength of professional identity was measured on a similar seven-point scale for direct comparison.

Interviews were audio-recorded to ensure fluid discussion and enable a focus on the participants (Noaks and Wincup, 2004) and transcribed in full. An interview topic guide enabled an inclusive structure and consistency without compromising depth and flexibility. As part of a wider exploration of mental health social work, this explored current roles and role expectations, the professional contribution of social work in mental health contexts and influences on identity, using preliminary findings from the survey and the wider literature to ensure relevance.

Data analysis

Survey responses were analysed statistically to explore associations between demographic and contextual characteristics and perspectives on identity and to identify significant differences linked to practice context. Chi-square tests of independence, using the Fisher–Freeman–Halton Exact Test, were used to investigate associations (Franke et al, 2011). Kruskel–Wallis H-tests were undertaken to explore group differences between responses. These establish significant differences between groups but cannot be used to identify which differences have occurred (Corder and Foreman, 2009), which was addressed using a post hoc pairwise comparison. These were undertaken using Dunn's (1964) procedure with a Bonferroni correction (Dinno, 2015) to protect against Type I statistical errors arising from multiple tests.

Interview analysis was undertaken inductively using the framework thematic model (Ritchie et al, 2003). This provided a systematic and structured approach that facilitated rigorous data management through the use of a matrix structure to manage large amounts of data (Gale et al, 2013). In line with the wider aims of the study, this matrix was thematically structured around emerging roles, which were categorised as task based, knowledge based and values based, with findings on identity subsequently extracted from within this. Critically, the matrix approach maintained the link between raw data and interpretation, enabling the researcher to compare both within and across cases within different practice contexts, maintaining the centrality of context to understanding professional identity (Hackett and Strickland, 2019).

Ethics

Ethical approval was obtained from the University of York Social Policy and Social Work Departmental Ethics Committee (SPSW/P/2020/1).

Results

Participants

A total of 248 participants completed the online survey. Participants were aged between 23 and 69, with approximately 75 per cent identifying as female and 92 per cent identifying as white. Full demographic details are reported in Table 1.

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

Table 1: Survey participant demographic information

	Demographic category	*n* (%)
Participant age group	20–29	31 (12.5%)
	30–39	62 (25.0%)
	40–49	69 (27.8%)
	50–59	60 (24.2%)
	60–69	22 (8.9%)
	Not answered	4 (1.6%)
Participant gender	Male	56 (22.6%)
	Female	187 (75.4%)
	Prefer to self-describe	2 (0.8%)
	Not answered	3 (1.2%)
Participant ethnicity	White British	213 (85.9%)
	White Irish	5 (2.0%)
	White Other	10 (4.0%)
	Mixed White and Black Caribbean	1 (0.4%)
	Mixed White and Asian	3 (1.2%)
	Mixed Other	2 (0.8%)
	Asian Indian	2 (0.8%)
	Asian Pakistani	2 (0.8%)
	Black African	2 (0.8%)
	Black Caribbean	5 (2.0%)
	Black Other	1 (0.4%)
	Not answered	2 (0.8%)

Participants' experience in social work and mental health was diverse: 52.5 per cent had over ten years of social work experience, and 43.1 per cent had over ten years of mental health experience. Participants were most commonly employed by LAs, followed by the NHS, but most commonly worked in the NHS, followed by LAs (see Table 2). Management responsibility was more evenly split, with 51.6 per cent (n = 128) managed within LAs and 42.3 per cent (n = 105) within the NHS.

A total of 30 participants completed an interview. These participants were aged between 24 and 65, with 21 identifying as female and nine as male. A total of 19 self-defined as White British, six as from White Other backgrounds, three as Black and two as South Asian. Participants had between four months and 40 years of qualified experience and one to 30 years of mental health experience. A total of 21 participants had current or previous approved mental health professional (AMHP) status, qualifying them to assess and detain individuals under the Mental Health Act 1983.

Interview participants came from across England and Wales, apart from the East of England region. Five worked in rural settings, ten in urban settings and the remainder in mixed settings. Two were employed within the third sector, though both provided commissioned statutory services, with the remaining 28 employed within LA and NHS settings (see Table 3).

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

Table 2: Survey participant employer and workplace comparison

Organisation type	*n* employed (%)	*n* workplace (%)
NHS	60 (24.2%)	178 (71.7%)
LA	173 (69.8%)	55 (22.2%)
Private sector	1 (0.4%)	1 (0.4%)
Third sector	1 (0.4%)	1 (0.4%)
Other	11 (4.4%)	11 (4.4%)
Not answered	2 (0.8%)	2 (0.8%)

Table 3: Interview participant breakdown by employer and workplace

Workplace	Employer	Number of participants
LA	LA	4
	NHS	1
NHS	LA	9
	NHS	12
	Dual agency	2
Third sector	Third sector	2

LA-based participants worked exclusively within LA-staffed teams. Of the NHS-based participants, four worked within co-located but independent LA teams, ten worked within formally integrated teams and eight worked within exclusively NHS teams. One participant worked without an associated team.

Findings

Participant responses illustrated two key findings in relation to social work identity in mental health: first, the inclusive nature and strength of mental health social work identity; and, second, the consistency of identity across contexts.

The inclusive nature and strength of mental health social work identity

Participants held an inclusive professional identity that incorporated both their mental health and social work specialisms. Survey responses indicated strong identification across all three scales of professional identity, with the combined 'mental health social worker' scoring most highly (see Table 4).

Professional identity was seen as important and different from personal identity to at least some extent (76.6 per cent, $n = 190$). Only one in 20 (5.2 per cent, $n = 13$) viewed professional and personal identities as indistinct.

Survey participants also did not view the three identity categories as mutually exclusive: 14.9 per cent ($n = 36$) scored all three categories at the maximum 7, with a further 6.5 per cent ($n = 15$) scoring two categories at 7 and one at 6. A converse rejection of the identities was not observed: there were no participants who scored all three categories at the minimum 1, while only 0.4 per cent ($n = 1$) scored two categories at 1 and one at 2.

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

Table 4: Survey participant views of social identity using SISI

Identity scale		Mean	Standard deviation	Median
I identify with …	… social workers	5.65	1.39	6
	… mental health workers	5.32	1.40	5
	… mental health social workers	6.13	1.30	7
My professional identity is important to me		6.27	1.16	7

This strength of professional identity was reinforced through the interviews, where participants framed their professional selves through their contribution to the multidisciplinary mental health setting. While these accounts focused most heavily on tangible definitions of the role, social work identity was demonstrated within two key aspects: their unique knowledge and their underpinning values.

Knowledge contribution was frequently tied to awareness of legislative frameworks, not only as statutory enactors but also as statutory experts. This incorporated conceptual understanding of and practical expertise in undertaking statutory duties, which was often positioned as the core of their tangible professional distinctiveness. As one participant explained:

> It's about using legislation, isn't it? And that's, sort of, that can be our, sort of, go-to. Like, you know, the CPNs [community psychiatric nurses] have their medication, the OTs [occupational therapists] have their OT assessments and plans they put in place. I don't think we have anything uniquely like that – ours – apart from using legislation and how that's interpreted. (NHS participant, NHS team)

Although acknowledging this distinctiveness, participants frequently positioned this identity as externally imposed. In this, there was a sense of expectation from health practitioners with complex statutory work where, 'when a complex case comes up, particularly if it's around funding … there's a tendency to give that to a social worker' (LA participant, integrated NHS team). By contrast, self-defined notions of knowledge-based identity were rooted within a socially informed orientation. Participants positioned social perspectives not in contradiction or subservience to medical perspectives but as equally important in addressing mental health concerns:

> To me, the care coordinator's role should be again multifaceted and more in terms of the social, the social-economic and health, sort of, sides of someone's illness, looking at the bigger picture…. If you're very health, health driven and you're only used to maybe giving someone a depot [injection of antipsychotic medication], really, really difficult structurally and culturally to break that barrier down, to say to one of your health colleagues, 'Well, sorry, but you've got a responsibility to the social role as well as the medical role'. (LA participant, co-located NHS team)

This approach emphasised holistic and person-centred perspectives. Participants consciously spoke about their clients in ways that were humanising and respectful, acknowledging them as autonomous and 'trying to see people in terms of their vulnerabilities rather than diagnostics' (NHS participant, NHS team). Responding

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

to individual mental health experiences was seen to require more than symptom management, with a keen recognition of the 'certain context we're finding them in' (LA participant, co-located NHS team). As one participant explained, this did not always fit easily within medically focused services:

> I do think some of those conflicts about it, in meetings and conversations that I've been in about, 'Oh, right, okay, medication, medication, medication, medication'. And someone's going, 'I don't want to take medication that means that I'm not sleeping as well at night. It means I'm drowsy during the day, it means that's why I'm not getting up to do my personal care'…. So, I think often thinking about alternative ways of people's support and people's recovery, we come in with that slightly different tactic, and that can be a real big challenge when you're in a meeting. (LA participant, co-located NHS team)

Participants were aware of this potential conflict with other professionals. However, while there was an acknowledged need to preserve working relationships and not 'go burning all your bridges because you'll need people again' (LA participant, integrated NHS team), participants were willing to 'wreck relationships with health colleagues' (LA participant, integrated NHS team) to defend their professional position and, in turn, the clients they worked with. Compromise risked a loss of social work identity, with a corresponding risk of social work priorities being overridden by other agendas. The professional contribution was therefore prioritised, as one participant, who positioned challenging unfair hospital procedures as more critical than maintaining relationships with hospital staff, illustrated:

> It's just, like, 'How dare you question us? Because all we want to do is care and love people, or make people better', but those sorts of intricacies they miss. And that's why you have to have a social worker, and if you have a nurse, they wouldn't be thinking like that. So, you know, we kicked up a big stink about it … we fight because that is our role, but they still think we're being difficult. (LA participant, LA team)

Contextual variation in mental health social work identity

Professional identity appeared consistent across contexts and characteristics. Demographic factors, including workplace contextual factors (employer, management structure and workplace), showed few significant associations with identity scores or the strength of professional identity (see Table 5). There was a small to moderate association between the length of time qualified as a social worker and the social worker identity, as well as a moderate association between the length of time working within mental health and the mental health worker identity.

Cross-group comparisons across employment contexts similarly showed few differences (see Table 6). The 'social worker' scale showed statistically significant differences based on current workplace ($x^2 = 6.540$, $df = 2$, $p = .038$). Post hoc analysis identified this as between the NHS (115.67) and LA (141.37) groups ($p = .043$), indicating that LA-based participants scored more highly on the 'social worker' scale than NHS-based participants.

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

Table 5: Chi-square tests of independence for survey participant identity scores against demographic and contextual factors

	Social worker				Mental health worker			
	X^2	*Df*	*P*	*V*	X^2	*Df*	*P*	*V*
Age	2.731	8	.950	.075	14.039	8	.081	.170
Gender	1.035	2	.596	.065	5.694	2	.058	.154
Ethnicity	2.766	2	.251	.106	.140	2	.932	.024
Time qualified	1.308	8	.995	.052	12.190	8	.143	.158
Time in mental health	9.323	8	.316	.138	25.458	8	.001**	.229
Employer	.304	4	.990	.025	4.908	4	.297	.100
Management	3.901	4	.420	.089	4.497	4	.343	.096
Workplace	2.556	4	.635	.072	2.559	4	.634	.073
	Mental health social worker				Importance of identity			
	X^2	*Df*	*P*	*V*	X^2	*Df*	*P*	*V*
Age	11.197	8	.191	.151	8.805	8	.359	.135
Gender	2.427	2	.215	.100	1.921	2	.383	.089
Ethnicity	4.645	2	.098	.137	1.548	2	.461	.080
Time qualified	17.302	8	.027*	.188	10.672	8	.221	.148
Time in mental health	11.747	8	.163	.155	8.241	8	.410	.130
Employer	2.216	4	.713	.066	5.734	4	.220	.108
Management	1.423	4	.840	.054	6.919	4	.140	.119
Workplace	2.558	4	.634	.072	1.339	4	.855	.872

Note: * p <0.05; ** p < 0.01; *** p < 0.001.

Table 6: Mean identity scores showing differences based on employment context characteristics

		Social worker	Mental health worker	Mental health social worker	Importance of identity
Overall		**5.65**	**5.32**	**6.13**	**6.27**
Current employer	NHS	5.50 (–0.15)	5.60 (+0.28)	6.05 (–0.08)	6.00 (–0.27)
	LA	5.68 (+0.03)	5.23 (–0.09)	6.17 (+0.04)	6.36 (+0.09)
	Other	5.85 (+0.20)	5.46 (+0.14)	6.31 (+0.18)	6.31 (+0.04)
Current manager	NHS	5.37 (–0.28)	5.49 (+0.17)	6.10 (–0.03)	6.09 (–0.18)
	LA	5.83 (+0.18)	5.20 (–0.12)	6.19 (+0.06)	6.41 (+0.14)
	Other	5.92 (+0.27)	5.25 (–0.07)	6.08 (–0.05)	6.25 (–0.02)
Current base	NHS	5.51 (–0.14)*	5.35 (+0.03)	6.17 (+0.04)	6.23 (–0.04)
	LA	6.00 (+0.35)*	5.25 (–0.07)	6.05 (–0.08)	6.38 (+0.11)
	Other	5.92 (+0.27)	5.25 (–0.07)	6.08 (+0.05)	6.25 (–0.02)

Note: * p < 0.05.

Context-based distinctions in the interviews were similarly subtle and nuanced, with context influencing aspects of how professional identity was enacted. Expertise in legislative frameworks, for example, was seen to 'follow us wherever we go' (NHS participant, NHS team). However, the nature of this expertise varied by setting.

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

For participants who held general statutory assessment responsibilities, social care legislation (the Care Act 2014) was their leading contribution, while AMHPs and NHS-led participants considered mental health legislation (the Mental Health Act 1983) as primary. In this, knowledge specialism was not only multifaceted but also contingent upon positioning. While the combination of knowledge specialisms was universal, the prominence of any given aspect was contextual: knowledge of social care legislation and processes dominated interactions with other mental health professionals who lacked expertise in this area, whereas when faced with social work professionals, participants centralised their specialism in mental health.

A similar distinction was seen regarding socially informed approaches. While these were apparent across participants' accounts, in NHS contexts, these were conflict driven and frequently resisted. Challenges to medical dominance were framed as unique to social workers, though there was hope that 'other professions are becoming more social focused and gaining more of a social perspective' (LA participant, integrated NHS team) and caution against assuming that 'the police or nurses or OTs or anyone else don't have a values base' (third sector participant). Nonetheless, there was a recurring narrative that saw 'an essential difference in orientation that comes from the professional training' (NHS participant, NHS team), where if the social perspective had not been built into an NHS service, then attempts to introduce this became an 'ongoing battle' (LA participant, integrated NHS team) not mirrored in LA settings.

For NHS-based participants, this conflict narrative ran alongside a need for explicit acknowledgement of their social work identity. This manifested in challenges around job titles and the promotion of social work priorities and activities. As non-health professionals, NHS-employed participants were similarly cognisant of the potential clash between their professional expectations and their employers' priorities, as one participant explained:

> So, there was a real mismatch in what I was, kind of, I guess, what's, kind of, embedded in social work and what I was there to do, or what I felt I was there to do, I suppose, compared to what the trust as a big organisation thought I was there to do. (NHS participant, NHS team)

For NHS participants who lacked the 'buffer' of an LA social work focus, challenges to identity were particularly acute. Correspondingly, the constant risk within the medical hierarchy to 'just fall into it' (LA participant, integrated NHS team) and lose their social work distinctiveness was an additional driver in their willingness to adopt challenging positions.

Discussion

Theoretical understandings of professional identity are rooted in the interaction between self and space (Rasmussen et al, 2018), eliciting susceptibility to external authentication (Ashforth et al, 2008; Wolfensberger, 2011a). Within diverse, transdisciplinary mental health services, a poorly articulated social work identity appeared plausible. However, contrary to long-standing narratives of social work as a semi-profession (Queen, 1922; Toren, 1972; Sims, 2011; Bailey and Liyanage, 2012) vulnerable to the influence of external professionals (Wolfensberger, 2011a;

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

Emprechtinger and Voll, 2017; Bark et al, 2023) and organisational contexts (Ashforth and Mael, 1989; McCrae et al, 2007; Ashforth et al, 2008; Webb, 2017), participants in this study consistently demonstrated a strong professional identity across practice contexts.

The perspective split on professional position using McCrae et al's (2004) genericist–eclecticist–traditionalist typology was not replicated here. Instead, participants adopted a hybridised identity, which embraced both mental health and social work within a specialist knowledge- and values-based framework. This emphasised legislative knowledge and social perspectives on mental health within a person-centred, holistic approach, viewing the client through a rights-based lens both as a whole person and within their wider context. At times, this approach required a challenging attitude to dominant perspectives within medically informed mental health services, which were more diagnostically and treatment driven. Associations between the 'social worker' identity and time qualified, as well as the 'mental health' identity and time in mental health settings, suggested some contextual influences, but, equally, professional identity was fluid in response to context, with participants emphasising the most relevant aspect of identity in any given situation. This resonates with Woodbridge-Dodd's (2017) conceptualisation of the discourse positions adopted by AMHPs. Critically, in that study, AMHPs were not fixed to one presentation of professional self; instead, movement between positions was informed by the nature of the work undertaken. That sense of fluidity as a feature rather than a flaw may help to explain why, in contradiction to the existing literature (Ashforth et al, 2008; Webb, 2015; Rasmussen et al, 2018), aspects of identity appeared only tenuously linked to the practice context. Where a professional identity is fluid, adaptive to context but evading definition by it, links become more challenging to identify.

By contrast to conceptualisations of professional identity requiring external validation (King and Ross, 2004; Wolfensberger, 2011a; Elvey et al, 2013; Best and Williams, 2019), participants positioned external criticism as validating. Deviating from dominant health narratives reinforced rather than devalued their professional role, with external influences posing as a risk to rather than a reinforcement of professional identity. Drawing on Evetts's (2013) conceptualisation of the professional organisation may help to explain this. This model explains the bureaucratisation of professional roles by positioning organisations as holding similar professional status to individuals. This professionalising of the organisation makes it equally vulnerable to the external gaze (Ashforth and Mael, 1989), in this case, social work. Where organisations are divorced from social work priorities and aims, from a social work perspective, it is those organisations that become devalued. Correspondingly, their professional status is minimised and excluded (Osburn, 2006; Wolfensberger, 2011b), and the value of authentication from this spoiled source is arguably diminished.

Indeed, participants fully rejected ideas of their professional identity as devalued. While there was an acknowledgement of a disadvantage in interprofessional relationships, which corresponds with existing literature around a lack of professional distinctiveness and resultant professional power imbalances (Weiss-Gal and Welbourne, 2008; Dent, 2017; Emprechtinger and Voll, 2017), this did not translate to conformity. Rather, participants' consistent challenging of dominant discourses both acknowledged and rejected their outsider position (Beddoe, 2017). Outgroup professionals with conflicting narratives were presented as misinformed or unaware, minimising the influence of their external authentication. This self-validation of identity suggests that

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

a wider cross-jurisdictional definition of mental health social work is possible, framed around shared knowledge and values within the social work profession, which can transcend local legislative, political and societal frameworks (Stone et al, 2021) and are not beholden to specific job roles.

Strengths and limitations

The study relied upon a convenience-based sample within a poorly monitored portion of the mental health workforce (Tucker et al, 2022), making representativeness difficult to gauge. Participant characteristics indicated that social work experience corresponded with national averages for the adult social care sector (Skills for Care, 2020), but male participants (Turner, 2016; Skills for Care, 2017) and white participants (Skills for Care, 2017; NHS Benchmarking, 2020) were over-represented against the workforce as a whole, though not necessarily for male social workers within the mental health social work specialism. While the study aimed to be exploratory rather than representative, broader perspectives in mental health social work remain unclear. In the context of demanding and pressured work environments, those with less strong views may not have prioritised participation. Further research drawing on a representative sample would be beneficial to extend understanding. In addition, this research could be extended to other jurisdictions to explore cross-national patterns in order to inform understandings of a shared mental health social work identity.

Unprecedented social circumstances influence social research. The impact of the COVID-19 pandemic on data quality and generalisability has been extensively discussed (see, for example, Nieto et al, 2020; Alsiri et al, 2021; Ramos, 2021). To mitigate this, the study explored both contemporary and pre-pandemic practice. However, the findings should be considered in light of their particular temporal and social context.

Implications for practice

This study has highlighted strong consensus among English and Welsh social workers about their professional positioning and contribution, which transcends theoretical thinking and adapts to context rather than being defined by it. Critically, this has focused not on what mental health social workers do but on how they do it, with a strong willingness to defend their professional distinctiveness against external influence. Service and workforce development should therefore actively engage front-line social workers in conceptualising an agreed contribution that embraces the fluidity of the alternative perspective that social work can offer to provide more holistic and adaptive responses to need. This is needed to update the mental health social work roles as adopted into national policy (Allen, 2014), which are now ten years old. The findings reported here suggest that revisions to this policy should move away from a more restrictive consideration of the tasks and roles of mental health social work, which can be contextually dependent and organisationally driven, and instead emphasise the contribution of the underpinning knowledge and values framework that has the flexibility to be applied across a range of practice settings.

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

Funding
This work was supported by a PhD scholarship awarded by the White Rose Doctoral Training Partnership and the Economic and Social Research Council.

Acknowledgements
The authors would like to thank the local authorities, NHS trusts and local health boards for their assistance in facilitating this study. Special thanks to those who participated in the study for contributing their time and knowledge during the challenging practice circumstances of the COVID-19 pandemic.

Conflict of interest
The authors declare that there is no conflict of interest.

References
Abendstern, M., et al (2021) Perceptions of the social worker role in adult community mental health teams in England, *Qualitative Social Work*, 20(3): 773–91. doi: 10.1177/1473325020924085

Aiello, M. and Mellor, J. (2019) Integrating health and care in the 21st century workforce, *Journal of Integrated Care*, 27(2): 100–10. doi: 10.1108/JICA-09-2018-0061

Allen, R. (2014) *The Role of the Social Worker in Adult Mental Health Services*, London: The College of Social Work.

Allen, R., Carr, S., Linde, K. and Sewell, H. (2016) *Social Work for Better Mental Health: A Strategic Statement*, London: Department of Health.

Alsiri, N., Alhadhoud, M. and Palmer, S. (2021) The impact of the COVID-19 on research, *Journal of Clinical Epidemiology*, 129: 124–5. doi: 10.1016/j.jclinepi.2020.09.040

Ashforth, B. and Mael, F. (1989) Social identity theory and the organization, *The Academy of Management Review*, 14(1): 30–9.

Ashforth, B., Harrison, S. and Corley, K. (2008) Identification in organizations: an examination of four fundamental questions, *Journal of Management*, 34: 325–74. doi: 10.1177/0149206308316059

Bailey, D. and Liyanage, L. (2012) The role of the mental health social worker: political pawns in the reconfiguration of adult health and social care, *British Journal of Social Work*, 42(6): 1113–31. doi: 10.1093/bjsw/bcs069

Bark, H., Dixon, J. and Laing, J. (2023) The professional identity of social workers in mental health services: a scoping review, *International Journal of Environmental Research and Public Health*, 20(11): 5947. doi: 10.3390/ijerph20115947

BASW (British Association of Social Workers) (2023) The Professional Capability Framework (PCF), www.basw.co.uk/professional-development/professional-capabilities-framework-pcf/the-pcf, (Accessed: 30 Mar 2023).

Beddoe, L. (2017) Field, capital and professional identity: social work in health care, in S. Webb (ed) *Professional Identity and Social Work*, Abingdon: Routledge, pp 122–35.

Beinecke, R. and Huxley, P. (2009) Mental health social work and nursing in the USA and the UK: divergent paths coming together?, *International Journal of Social Psychiatry*, 55(3): 214–25. doi: 10.1177/0020764008090793

Best, S. and Williams, S. (2019) Professional identity in interprofessional teams: findings from a scoping review, *Journal of Interprofessional Care*, 33(2): 170–81. doi: 10.1080/13561820.2018.1536040

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

British Medical Association (2020) *Measuring Progress: Commitments to Support and Expand the Mental Health Workforce in England*, London: British Medical Association.

Canavan, M. (2009) Professional identity formation and voluntary sector social work: messages from an evaluation of a 'flexible learning' programme in Northern Ireland, *Journal of Practice Teaching & Learning*, 9(3): 47–71. doi: 10.1921/146066910x541638

Corder, G. and Foreman, D. (2009) *Nonparametric Statistics for Non-statisticians: A Step-by-Step Approach*, New Jersey, NJ: Wiley.

Crawford, P., Brown, B. and Majomi, P. (2008) Professional identity in community mental health nursing: a thematic analysis, *International Journal of Nursing Studies*, 45: 1055–63. doi: 10.1016/j.ijnurstu.2007.05.005

Dent, M. (2017) Perspectives on professional identity: the changing world of the social worker, in S. Webb (ed) *Professional Identity and Social Work*, Abingdon: Routledge, pp 21–34.

Dinno, A. (2015) Nonparametric pairwise multiple comparisons in independent groups using Dunn's test, *The Stata Journal*, 15(1): 292–300. doi: 10.1177/1536867x1501500117

Dunn, O. (1964) Multiple comparisons using rank sums, *Technometrics*, 6: 241–52. doi: 10.1080/00401706.1964.10490181

Ekeland, T. and Myklbust, E. (2022) Social workers in mental health. Epistemological identities and preferences among social workers, *Social Work in Mental Health*, 20(2): 159–73. doi: 10.1080/15332985.2021.1993421

Elvey, R., Hassell, K. and Hall, J. (2013) Who do you think you are? Pharmacists' perceptions of their professional identity, *International Journal of Pharmacy Practice*, 21: 322–32. doi: 10.1111/ijpp.12019

Emprechtinger, J. and Voll, P. (2017) Inter-professional collaboration: strengthening or weakening social work identity?, in S. Webb (ed) *Professional Identity and Social Work*, Abingdon: Routledge, pp 136–50.

Evans, S., Huxley, P., Baker, C., White, J., Madge, S., Onyett, S. and Gould, N. (2012) The social care component of multidisciplinary mental health teams: a review and national survey, *Journal of Health Services Research & Policy*, 17(2): 23–9. doi: 10.1258/jhsrp.2012.011117

Evetts, J. (2013) Professionalism: value and ideology, *Current Sociology Review*, 61(5–6): 778–96. doi: 10.1177/0011392113479316

Fisher, G., Matthews, R. and Mitchell Gibbons, A. (2016) Developing and investigating the use of single-item measures in organizational research, *Journal of Occupational Health Psychology*, 21(1): 3–23.

Franke, T., Ho, T. and Christie, C. (2011) The chi-square test: often used and more often misinterpreted, *American Journal of Evaluation*, 33(3): 448–58. doi: 10.1177/1098214011426594

Gale, N., Heath, G., Cameron, E., Rashid, S. and Redwood, S. (2013) Using the framework method for the analysis of data in multi-disciplinary health research, *BMC Medical Research Methodology*, 13: 117–25. doi: 10.1186/1471-2288-13-117

Gent, N. (2017) How are recent changes to primary care mental health provision within the NHS affecting psychodynamic counsellors' construction and management of their professional identities? A Foucauldian perspective, *Psychodynamic Practice: Individuals, Groups and Organisations*, 23(1): 45–57. doi: 10.1080/14753634.2016.1273792

Greeson, J., An, S., Xue, J., Thompson, A. and Guo, C. (2018) Tweeting social justice: how social work faculty use Twitter, *British Journal of Social Work*, 48(7): 2038–57. doi: 10.1093/bjsw/bcx146

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

Hackett, A. and Strickland, K. (2019) Using the framework approach to analyse qualitative data: a worked example, *Nurse Researcher*, 26(2): 8–13. doi:10.7748/nr.2018.e1580

Hannigan, B. and Allen, D. (2011) Giving a fig about roles: policy, context and work in community mental health care, *Journal of Psychiatric and Mental Health Nursing*, 18(1): 1–8. doi: 10.1111/j.1365-2850.2010.01631.x

Hare, I. (2004) Defining social work for the 21st century, *International Social Work*, 47(3): 407–24. doi: 10.1177/0020872804043973

Hitchcock, L. and Battista, A. (2013) Social media for professional practice: integrating Twitter with social work pedagogy, *Journal of Baccalaureate Social Work*, 15(1): 33–45. doi: 10.18084/basw.18.suppl-1.3751j3g390xx3g56

HM Government (2017) *The Government's Response to the Five Year Forward View for Mental Health*, London: The Stationery Office.

House of Commons Health and Social Care Committee (2020) *Social Care: Funding and Workforce: Third Report of Session 2019–21*, London: The Stationery Office.

House of Commons Health and Social Care Committee (2021) *Workforce Burnout and Resilience in the NHS and Social Care: Second Report of Session 2021–22*, London: The Stationery Office.

Hutchings, A. and Taylor, I. (2007) Defining the profession? Exploring an international definition of social work in the China context, *International Journal of Social Welfare*, 16(4): 382–90. doi: 10.1111/j.1468-2397.2007.00494.x

Joynes, V. (2018) Defining and understanding the relationship between professional identity and interprofessional responsibility: implications for educating health and social care students, *Advances in Health Science Education*, 23: 133–49. doi: 10.1007/s10459-017-9778-x

King, N. and Ross, A. (2004) Professional identities and interprofessional relations, *Social Work in Health Care*, 38(2): 51–72. doi: 10.1300/j010v38n02_03

McCrae, N., Murray, J., Huxley, P. and Evans, S. (2004) Prospects for mental health social work: a qualitative study of attitudes of service managers and academic staff, *Journal of Mental Health*, 13(3): 305–17. doi: 10.1080/09638230410001700934

McCrae, N., Prior, S., Silverman, N. and Banerjee, S. (2007) Workplace satisfaction in a mental health service for older adults: an analysis of the effects of setting and professional status, *Archives of Psychiatric Nursing*, 21(1): 17–24. doi: 10.1016/j.apnu.2006.09.002

Moriarty, J., Baginsky, M. and Manthorpe, J. (2015) *Literature Review of Roles and Issues within the Social Work Profession in England*, London: Social Care Workforce Research Unit.

Nathan, J. and Webber, M. (2010) Mental health social work and the bureau-medicalisation of mental health care: identity in a changing world, *Journal of Social Work Practice*, 24(1): 15–28. doi: 10.1080/02650530903415672

NHS Benchmarking (2020) *National Workforce Stocktake of Mental Health Social Workers in NHS Trusts*, Cambridge: Health Education England.

Nieto, I., Navas, J. and Vázquez, J. (2020) The quality of research on mental health related to the COVID-19 pandemic: a note of caution after a systematic review, *Brain, Behaviour & Immunity – Health*, 7: 100123. doi: 10.1016/j.bbih.2020.100123

Noaks, L. and Wincup, E. (2004) *Criminological Research: Understanding Qualitative Methods*, London: Sage.

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

Osburn, J. (2006) An overview of social role valorization theory, *The Social Role Valorization Journal*, 1(1): 4–13.

Peck, E. and Norman, I. (1999) Working together in adult community mental health services: exploring inter-professional role relations, *Journal of Mental Health*, 8(3): 231–43. doi: 10.1080/09638239917391

Peters, S. (2010) Qualitative research methods in mental health, *Evidence Based Mental Health*, 13(2): 35–40. doi: 10.1136/ebmh.13.2.35

Pieh, C., Budimir, S., Delgadillo, J., Barkham, M., Fontaine, J. and Probst, T. (2021) Mental health during COVID-19 lockdown in the United Kingdom, *Psychosomatic Medicine*, 83(4): 328–37. doi: 10.1097/PSY.0000000000000871

Pierce, M., et al (2020) Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population, *Lancet Psychiatry*, 7(10): 883–92. doi: 10.1016/S2215-0366(20)30308-4

Postmes, T., Haslam, S. and Jans, L. (2013) A single-item measure of social identification: reliability, validity and utility, *British Journal of Social Psychology*, 52: 597–617. doi: 10.1111/bjso.12006

Queen, S. (1922) *Social Work in the Light of History*, London: J.B. Lippincott.

Ramos, S. (2021) COVID-19's impact felt by researchers, *American Psychological Association*, 1 March, www.apa.org/science/leadership/students/covid-19-impact-researchers, (Accessed: 10 Aug 2022).

Rasmussen, P., Henderson, A., Andrew, N. and Conroy, T. (2018) Factors influencing registered nurses' perceptions of their professional identity: an integrative literature review, *The Journal of Continuing Education in Nursing*, 49(5): 225–32. doi: 10.3928/00220124-20180417-08

Ritchie, J., Spencer, L. and O'Connor, W. (2003) Carrying out qualitative analysis, in j. Ritchie and J. Lewis (eds) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*, London: Sage, pp 219–62.

Rummery, K. (2009) Healthy partnerships, healthy citizens? An international review of partnerships in health and social care and patient/user outcomes, *Social Science and Medicine*, 69: 1797–804. doi: 10.1016/j.socscimed.2009.09.004

Sims, D. (2011) Reconstructing professional identity for professional and interprofessional practice: a mixed methods study of joint training programmes in learning disability nursing and social work, *Journal of Interprofessional Care*, 25(4): 265–71. doi: 10.3109/13561820.2011.571352

Skills for Care (2017) Headline social worker statistics: NMDS-SC February 2017.

Skills for Care (2020) The state of the adult social care sector and workforce in England 2021.

Skills for Care (2021) Social work education 2021 Skills for Care analysis of Higher Education Statistics Agency (HESA) data.

Staniforth, B., Fouché, C. and O'Brien, M. (2011) Still doing what we do: defining social work in the 21st century, *Journal of Social Work*, 11(2): 191–208. doi: 10.1177/1468017310386697

Stone, K., McCusker, P., Davidson, G. and Vicary, S. (2021) An exploratory survey of mental health social work in Europe, *International Journal of Environmental Research and Public Health*, 18: 10462. doi: 10.3390/ijerph181910462

Toren, N. (1972) *Social Work: The Case of a Semi-Profession*, Beverley Hills, CA: Sage.

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC

Tucker, L. and Webber, M. (2021) 'Maybe a maverick, maybe a parent, but definitely *not* an honorary nurse': social worker perspectives on the role and nature of social work in mental health care, *British Journal of Social Work*, 51(2): 545–63. doi: 10.1093/bjsw/bcaa202

Tucker, L., Webber, M. and Jobling, H. (2022) Mapping the matrix: understanding the structure and position of social work in mental health services in England and Wales, *British Journal of Social Work*, 52(6): 3210–29. doi: 10.1093/bjsw/bcab235

Turner, A. (2016) The great divide, *Professional Social Work*, (July/August): 18–9.

Warner, M. and Zaranko, B. (2021) *IFS Green Budget Chapter 6: Pressures on the NHS*, London: Institute for Fiscal Studies.

Webb, S. (2015) Professional identity and social work, paper presented at 'New Directions in Critical Sociology and Social Work: Identity, Narratives and Praxis', 5th International Conference on Sociology and Social Work.

Webb, S. (2017) Matters of professional identity and social work, in S. Webb (ed) *Professional Identity and Social Work*, Abingdon: Routledge, pp 1–18.

Weiss-Gal, I. and Welbourne, P. (2008) The professionalisation of social work: a cross-national exploration, *International Journal of Social Welfare*, 17: 281–90. doi: 10.1111/j.1468-2397.2008.00574.x

Wilberforce, M., Tucker, S., Brand, C., Abendstern, M., Jasper, R. and Challis, D. (2016) Is integrated care associated with service costs and admission rates to institutional settings? An observational study of community mental health teams for older people in England, *International Journal of Geriatric Psychiatry*, 31: 1208–16. doi: 10.1002/gps.4424.

Wiles, F. (2017) Developing social work students' professional identity: the role of England's Professional Capabilities Framework, *European Journal of Social Work*, 20(3): 349–60. doi: 10.1080/13691457.2017.1314935

Wolfensberger, W. (2011a) Social role valorization and, or versus, 'empowerment', *Intellectual and Developmental Disabilities*, 49(6): 469–76. doi: 10.1352/1934-9556-49.6.469

Wolfensberger, W. (2011b) Social role valorization: a proposed new term for the principle of normalization, *Intellectual and Developmental Disabilities*, 49(6): 435–40. doi: 10.1352/1934-9556-49.6.435.

Woodbridge-Dodd, K. (2017) *A Discursive Study of How Mental Health Social Workers Constructed Their Professional Selves Within The Context of National Health Service Mental Health Services*, *PhD dissertation*, UK: University of Northampton.

Unauthenticated | Downloaded 08/21/24 08:18 AM UTC