

Use of Clinical Formulation by Social Workers in Mental Health:

A workshop model to enhance practice and an insight into factors supporting and limiting use of formulation.

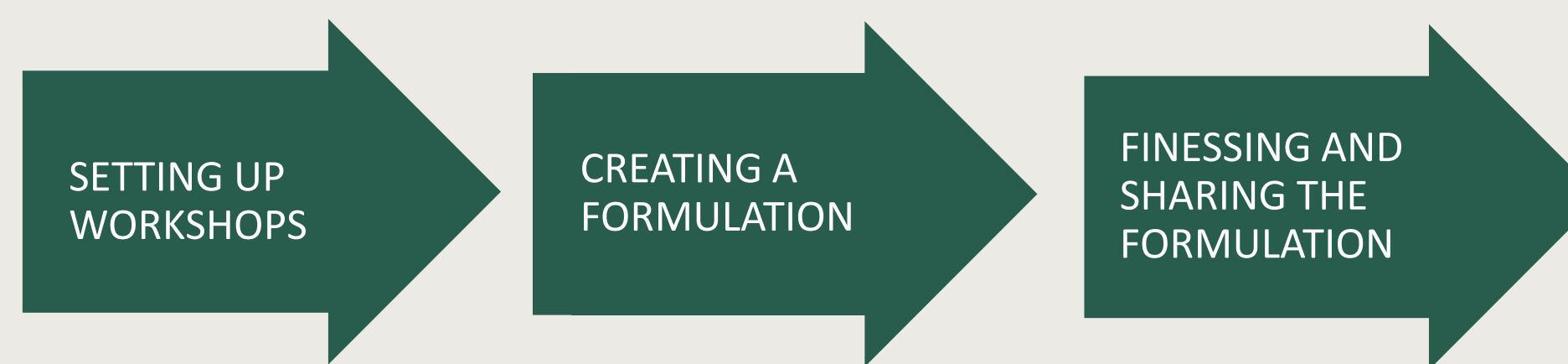
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1 Introduction

Clinical (Case) Formulation is a core component of mental health practice in South Australia's regional Local Health Networks (regional LHNs). Formulation aims to synthesise biopsychosocial assessments to inform interventions bespoke to the consumer. Working collaboratively with consumers, it can be a relational and empowering experience, exemplifying a recovery approach to mental health care. Following a review of adverse events in 2023, the use of formulation to ensure sound collaborative care planning formed part of the clinical recommendations for mental health services in the regional LHNs. Social Workers make up a significant number of staff across our 14 Community Mental Health Teams so to support these recommendations, the Advanced Clinical Lead (ACL) Social Worker set up workshops to increase social workers' knowledge and confidence in the use of Clinical Formulation. An online survey was used to assess the impact of these workshops and to interrogate the factors supporting and hindering use of formulation by social workers.

2 Methods

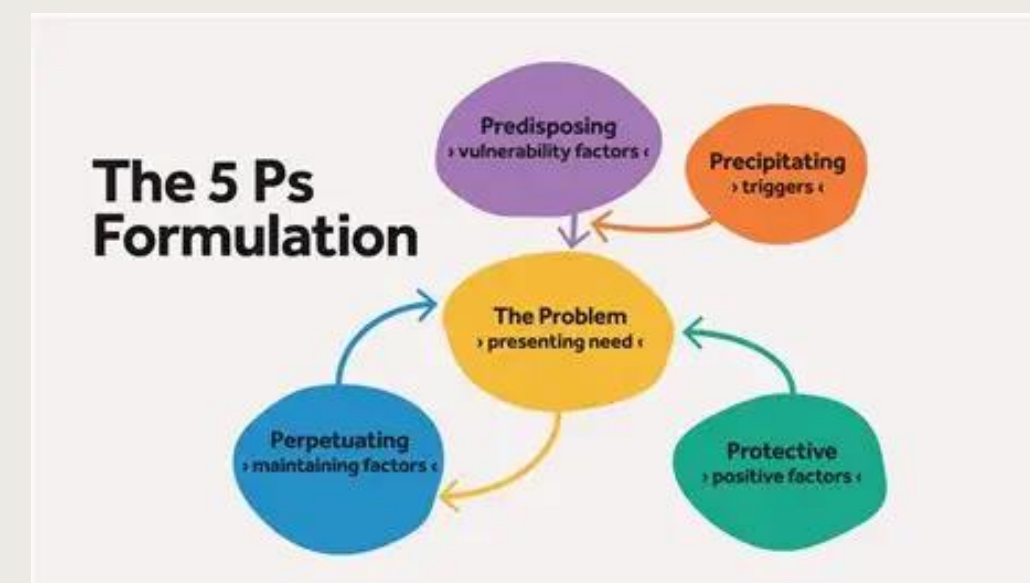


In 2024, the ACL began offering 6-weekly workshops to provide social workers in regional LHNs an opportunity to practice Clinical Formulation in a supportive and interactive online setting.

Social Workers with limited experience working in mental health were encouraged to attend, however it was open to all 58 mental health social workers employed over the 6 regional LHNs. More senior clinicians were invited to support the workshops.

At each workshop, a case study was brought and presented by a social worker, participants were then invited to ask questions to better inform their formulation.

Using the 5 Ps Model of Clinical Formulation, across biological, psychological, social and cultural domains, workshop participants arranged the information provided into the 'best fit' categories.

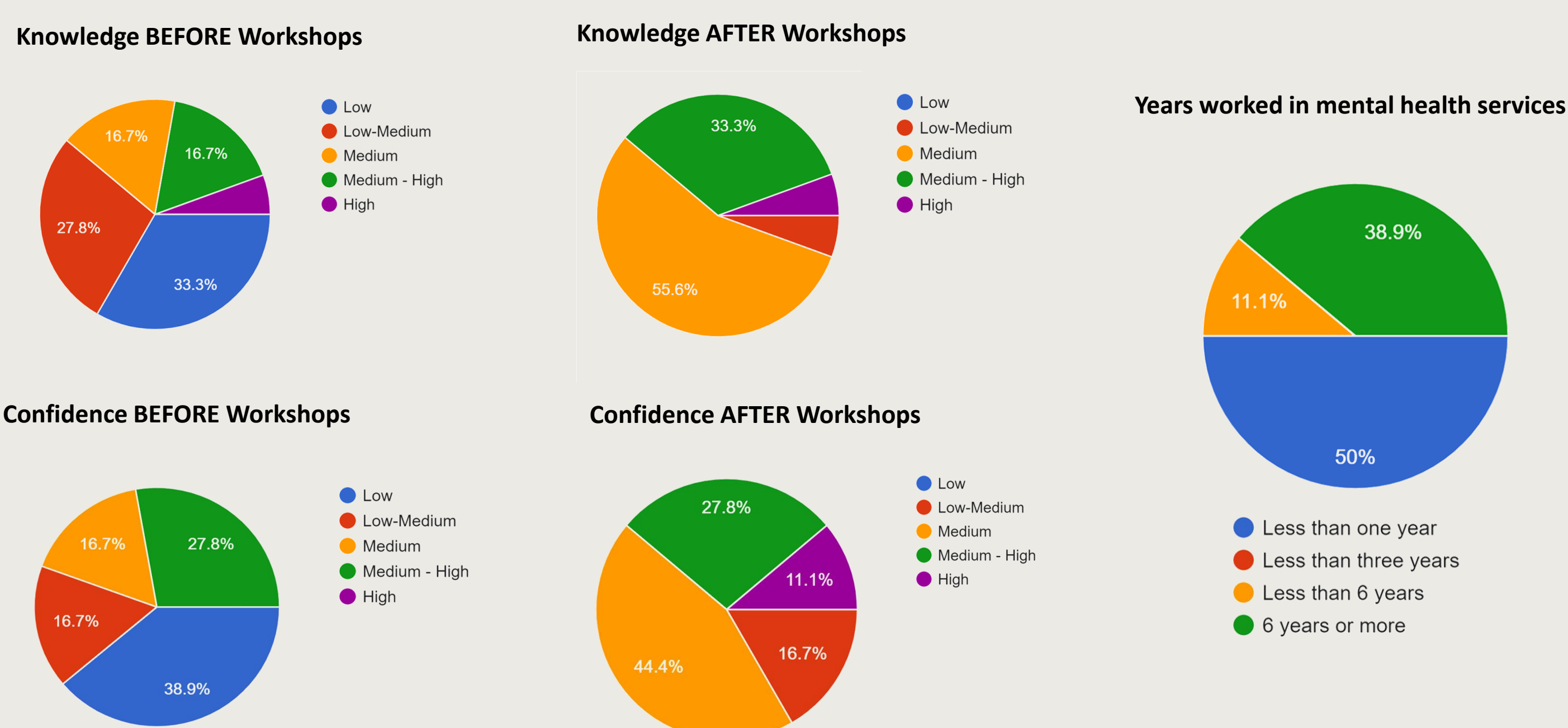


Ultimately the participants would summarise a formulation suitable to share in the clinical environments in which they work.

The participants would also consider adapting the formulation for the consumer, being mindful of language and leaving opportunities for consumer input.

3 Results section 1

The following data was drawn from a survey completed by social workers in the Clinical Formulation Workshops, of which there were 18 respondents. Feedback was sought as to the change in knowledge and confidence regarding Clinical Formulation and factors limiting or encouraging the use of Formulation in practice.



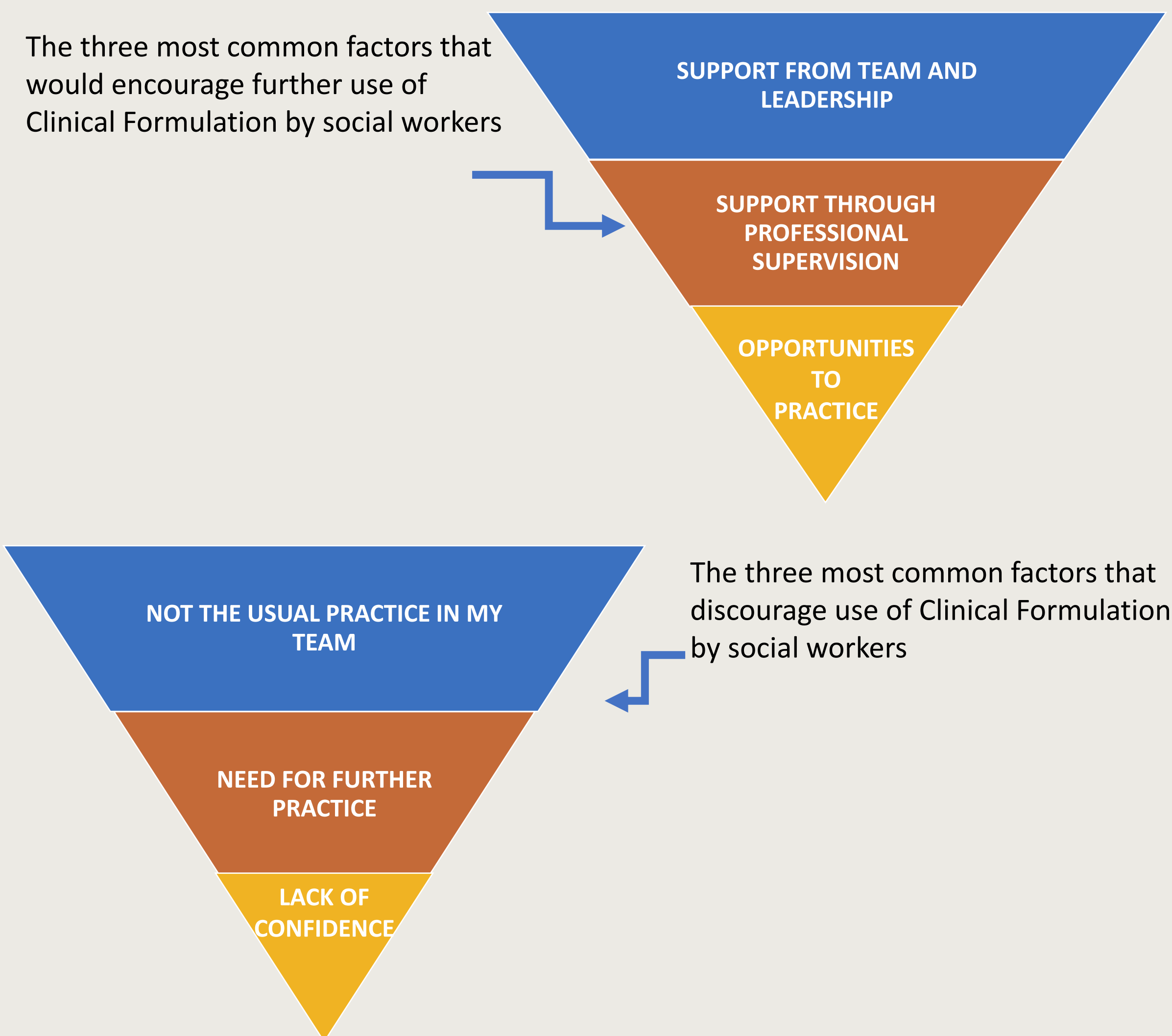
Of the respondents, 50% were in their first year of working in mental health, with the more experienced cohort representing, in part, more senior clinicians invited to support the ACL.

Knowledge: Initially 61.1% of participants rated their knowledge as Low/Low-Medium; following attendance at one or more workshops, 94% of participants rated their knowledge as Medium-High.

Confidence: Initially 55.6% of participants rated their confidence as Low/Low-Medium, following attendance at one or more workshops, 83.3% of participants rated their confidence as Medium-High.

4 Results section 2

Factors that encourage and limit use of Clinical Formulation by Social Workers in South Australian Regional Mental Health Teams



The three most common factors that would encourage further use of Clinical Formulation by social workers

The three most common factors that discourage use of Clinical Formulation by social workers

5 Discussion



Social workers are an integral part of mental health services in regional and remote South Australia. They complement the mix of medical, nursing, lived experience and other allied health workforce, to ensure consumers benefit from a biopsychosocial, recovery approach to care.

Elemental to evidence-informed practice in mental health is the use of Clinical Formulation. If used thoughtfully and informed by contemporary theories and frameworks, assessments are elevated to thoughtful hypotheses about the factors impacting consumers' presenting problems. Social workers, using a strengths-based approach and co-collaboration, can use formulation to empower consumers to understand their presenting problem and to take an active role in their care plan and recovery. The hope too is that this practice empowers social workers to cement their place as mental health clinicians in a way that is true to their training, knowledge and values.

By delivering these workshops, the author hopes to address some of the barriers social workers experience using Case Formulation in clinical settings. The survey completed provides evidence that both knowledge and confidence improved over the 8 months for those social workers attending and practicing their formulation skills in a workshop setting. The feedback provided also identified other factors central to the confident use of formulation; namely support from, and modelling within, teams and use in clinical supervision. It highlights the importance of team culture and leadership as an enabler of using clinical knowledge and skills and refining them with support.

6 Conclusion

This survey of social work participants working in regional LHNs in South Australia who have been attending 6 weekly workshops on Clinical Formulation provides some evidence of their efficacy in improving both knowledge and confidence. Participants identified in their feedback that more can be done at a local level to facilitate this evidence-informed approach to mental health care. With support from leadership, good modelling in teams and integration into social work clinical supervision, Clinical Formulation can be applied more commonly and confidently by social workers for the benefit of consumers. Furthermore, it is hoped that this will further legitimise the essential part social workers play in delivering multidisciplinary mental health care.

References

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