SOCIAL INTERVENTIONS

The Social Model of Intervention in Mental Health and Substance Misuse Services rests upon a number of broad principles.

- It is based on an understanding of the complexity of human health and well-being.
- It emphasises the interaction of social factors with those in biology and microbiology in the construction of health and disease.
- It addresses the inner and outer worlds of individuals, groups and communities in which they live.
- It embraces the experiences and supports the social networks of people who are vulnerable and frail.
- It understands and works collaboratively within institutions of civil society to promote the interests of individuals and communities and to teach and challenge when these are detrimental to those interests.
- It emphasises shared knowledge and shared territory with a range of disciplines and with service users and the general public.
- It emphasises the empowerment and capacity building at individual and community level and therefore tolerates and celebrates difference.
- It places equal value on the expertise of service users, carers and the general public as on that of professionals but will challenge attitudes from practices which are oppressive, judgemental and destructive.
- Its operation allows us a critical understanding of the nature of power and hierarchy in the creation of health and equalities in social exclusion.
- It is committed to the development of theory and practice skills and to the critical evaluation of process and outcome.

The Social Model engages both the inner world of the individual and the linked experience of individuals and networks and communities in which they live.

PARTNERSHIP

The Social Model emphasises the role of the worker as an empowering partner with the Service User, supporting them in developing strategies to cope with specific problems and difficulties. This differs subtly from a teaching (or didactic) model which creates a sometimes artificial imbalance of power between Worker and Service User.

SYSTEMS APPROACHES

The Social Model recognises the interaction of social factors with those of biology and psychology in the way we perceive health and illness. Thus helping an individual with housing and welfare benefits issues may directly influence the individual's ability to address their substance misuse difficulty. This occurs sometimes by removing the distress or despair which homelessness and severe poverty bring about in individuals. It may also, however, enhance the individual's self esteem and thereby help them become more motivated to address their specific substance misuse difficulty.

THE USER'S PERSPECTIVE

The Social Care Model seeks to view the world from the perspective of Service Users, recognising that well-intentioned therapeutic models at times reinforce the sense of powerlessness which people with substance misuse difficulties experience. Whilst objectivity and meta-positioning on the part of the professional worker give helpful perspectives on the difficulties of the Service User, the only perspective which will actually facilitate change is the Service User's own. Conversely, objective analysis which does not embrace the client's perspective is unlikely to promote change.

EMPOWERMENT AS THERAPY

The Social Model recognises the importance of meeting basic needs not only for their direct benefits but also because of the positive motivational and psychological reinforcement which such achievement conveys. Success may empower the individual to deal with the specific substance related difficulty without further professional intervention, or may reduce the need for therapeutic intervention.

DIRECT HELP

People with very serious drug or alcohol difficulties may lose control of the day-to-day aspects of their lives. The Social Model recognises that direct help with specific tasks e.g. securing housing, making childcare arrangements, physical cleaning of the home, not only provide immediate and tangible relief, but also create a framework of trust within which other therapeutic work may then take place. It is a common mistake by therapeutic workers to avoid addressing primary needs under the misapprehension that this may somehow create dependence. There is little evidence to support such a view, and substantial evidence supporting the effectiveness and validity of direct help as a means to longer term gain.

PURPOSEFUL ACTIVITY

Research among Service Users shows that substance misuse is a dominating feature in peoples' lives which offers many social and personal rewards. In the early stages of rehabilitation from substance misuse, Service Users have strongly advocated the provision of constructive and purposeful activities to substitute for the social activity offered through substance use. This may be sport, general social activity, or educational and learning activities aimed at assisting return to work. Drug Treatment and Testing Orders and Structured Day Care rely heavily upon the provision of purposeful activity to help individuals move towards or achieve controlled use and abstinence.

SUPPORTED ACCOMMODATION

Some individuals may not immediately have the personal psychological strength or family and other support networks to maintain a satisfactory lifestyle. The provision of housing with 24-hour availability of housing support workers can be of particular assistance in the transition from residential rehabilitation programmes to fully independent living.

OTHER INTERVENTIONS

Workers using the Social Model will from time to time make use of the range of interventions described as Psychosocial Interventions in Section E5, but mediated according to the principles stated above.