The role in facilitating collaboration and networking possibilities among social workers and allied mental health professionals

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Abstract:
This article briefly looks at the collaboration between allied mental health professionals and social workers and their perceived relationships with respect to services provided to clients, by examining perceptions of their corresponding relationships.

Key words: *Allied mental health professionals, collaboration, collaborative relationship, inter-professional relationships, managed care, mental health professionals, non-hierarchical relationship, service consumers, service providers, social work model of intervention, social worker*

The social work model of intervention is often seen as an effective means at either improving the condition of many of the clients that we serve (Dixon & Lehman, 1995; Pharoah, Rathbone, Mari, & Streiner, 2003), and is often more effective when in collaboration with other allied mental health professionals (Falloon & Pederson, 1985; Xiong et al., 1994; Zastowny, Lehman, Cole, & Kane, 1992). There is a prevailing notion among social workers who maintain that any quality of services provided should also be in collaboration with other mental health professions (Biegel, Song, & Milligan, 1995; Hatfield, 1994). Research has indicated that relationships that are characterized as collaborative in nature, are very much worth preserving, not only by social work advocates (Bernheim, 1990b; Hatfield, 1994; Johnson, 1987; Spaniol, Zipple, & Fitzgerald, 1984), but also by other allied mental health professionals (Falloon & The Optimal Treatment Project Collaborators, 1999).

It is widely assumed that a collaborative relationship is beneficial and should be encouraged, but little is actually known about the extent to which collaborative relationships are really being implemented within the mental health systems, and whether they actually improve the outcomes for the clients we serve. The concept of collaboration appears to often have been largely taken for granted, without reference to a clear conceptual framework in place. DeChillo et al. (1994) research regarding collaboration among mental health professionals indicated that essential dimensions with respect to collaboration necessitated essentially four key factors that were necessary in facilitating such a relationship with other allied mental health professionals, specifically : (a) supportive understanding of a relationship component with other mental health professionals, (b) practical service arrangements, (c) provision of information reference service options, and (d) flexibility of the professional in changing services when deemed necessary. Despite DeChillo's findings, the framework used to develop this measure was deemed limited by Gardner, 2005; Peternelj-Taylor & Hartley, 1993, who indicated in their research study that

facets of collaboration such as mutual goals in general (Gardner, 2005; Peternelj-Taylor & Hartley, 1993), mutual respect (Bernheim, 1990b; Hatfield, 1994), and reciprocity (Abramson & Rosenthal, 1995; Watson & McDaniel, 2000), were often absent when collaboration measures were employed among a diversity of disciplines.

The concept of collaboration has some currency within most professional mental health disciplines (Graham & Barter, 1999); and as such, has been applied to a wide-range of interpersonal relationships, including the social workers role as a clinician (Tyron & Winograd, 2002) and inter-professional relationships in general (Abramson & Mizrahi, 1996; Keenan, Cooke, & Hillis, 1998). Recognizing that collaboration has tended in the past to lack a clear and consistent definition within the literature review that is available, Henneman, Lee and Cohen (1995) conducted a comprehensive concept analysis of inter-professional collaboration, and; after examining the range of definitions and descriptions of collaboration in general, identified the following; a collaborative model cannot be said to be present when commitment to a joint venture is absent; willing participation; a team approach; shared planning and decision making; shared responsibility for outcomes; shared contribution of expertise; and a non-hierarchical relationship in which power is shared and based on knowledge rather than on role or title. Additionally, their research study also identified that before any collaboration can occur, a number of personal antecedents must be in place, including readiness to engage, confidence in one's ability, a clear understanding of one's own role and level of expertise, a recognition of the boundaries of one's own professional discipline with respect to other allied mental health professionals, effective communication skills, respect, and trust. An environmental antecedent such as an organization that supports a collaborative approach is also necessary. A further characteristic recognized as crucial to any collaborative endeavor is that there be some type of reciprocity: the defining attributes and antecedents must apply to all parties involved, that is to say, it is simply not enough for one to work jointly with another for collaboration to occur, there needs to be a reciprocal level of recognition and trust within the allied mental health disciplines as well (Henneman et al., p.106).

Despite the importance of establishing a collaborative venture between mental health professionals and social workers, conceptual models of collaboration such as this necessitates that further research is needed. Hence, there is much more work that is needed in exploring the nature of professional collaboration by applying the Henneman et al. framework, specifically asking: (a) what key dimensions are evident in the perceptions of collaboration by both mental health professionals and social workers in general; and (b) which collaboration dimensions best predict professionals and caregivers perceptions of the overall collaboration specifically. Professional collaborative practices in general necessitates that mental health professionals give consideration to the behaviors and attitudes of other allied mental health professionals to be more central to collaboration than their own. Henneman et al. suggest that while key components often make for a unique contribution to the extent of collaboration, it was the dimension of encapsulating attitudes and behaviors of other mental health professional or lack of, which made for the strongest contribution to collaboration in general.

Overall, social workers and, to a lesser extent other allied mental health professionals, tend to attribute responsibility for collaboration to the other, furthering the implications for our understanding of one's respective sense of influence in providing service to clients. This

influence is widely contended to be biased in favor of the mental health professional (Johnson, 1987; MacGillivary & Nelson, 1998; Spaniol et al., 1984). Not only do mental health professionals in general have greater access to resources, knowledge, information and the benefits of social status, but their sense of influence and authority may be diminished by what is seen as complicated relationship dynamics that often lead to ambiguity within the professional relationship with other allied mental health professionals in general (Bernheim & Lehman, 1985).

What has not been so widely recognized, but is often implied, is that allied mental health professionals may lack a sense of influence in their relationship with social workers in general. One reason may be the ambiguous position of social workers in relation to the dominant mental health system and its affiliated relationship with managed care and how clients are viewed and subsequently provided with clinical services. In some respects clients are ''service consumers'' and in others ''service providers'' (Furlong & Leggatt, 1996), and mental health professionals often have conflictual issues with respect to treating client versus treating clients from the perspective of a systemic orientation that includes social support systems in conjunction to traditional therapeutic services provided (Kaas & Lee, 2003, p. 747) as one of the impediments to working collaboratively with other allied mental health professionals (Kaas & Lee, 2003).

Although the development and application of a model-based collaborative measure is what is desired, one cannot ignore the fact that there are some inherent limitations with this model. Henneman et al. framework provides for a conceptual analysis of collaboration that may not be readily applicable to the mental health professional; and as such, caution should be applied regarding any preliminary findings, in light of the fact that additional research is needed to test the reliability and validity of such a collaborative framework in general.

The emergence of what constitutes collaborative measures suggests that social workers be aware that their relationship with other allied mental health professionals is taking place within a broader system. This is supported by the research conducted by McFarlane, Dixon, Lukens, & Luckstead, (2003), who advocated that the needs of a client are more likely to be satisfied if pursued in collaborative measure with allied mental health professionals, rather than separately.
A broader perspective accommodating a triadic interaction between social workers, marriage and family therapist and mental health counselors would accommodate a more responsive and greater participatory collaboration and partnerships for the clients we serve. The implication is that mental health systems in general may benefit from initiatives aimed at understanding and addressing barriers to collaboration. As such, an attitudinal change is deemed necessary.

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