

Personal Development Plan July 2016-2019

Identified training (development) needs	Plan to address training needs	How will this help the Registrant in their job?	Achievement timescale
Mandatory training	To go online and book onto available mandatory training	Meet mandatory training requirements as identified for an adult mental health social worker.	Ongoing 2016-2019
Peer support	Attend peer support groups	Gain practice knowledge from experienced members of staff / signposting for further information to inform my role.	Every 6 months
Suicide Training	Attend available training	Learn how to safely manage suicidal service users as this is a frequent requirement of the role.	Mid-2018
Relevant mental health training	Seek training opportunities relevant to role	Will support practice to learn about areas such as self-harm, mental illness, perinatal mental health treatment, recovery, early on-set dementia.	Ongoing 2017-
Further safeguarding training / assisting the team with IO rota.	Investigating Officer training	Join IO rota to support colleagues in this.	Jan 2018 - Nov 2019
Mental Capacity Act and Deprivation of Liberty	Attend training (level 3,4a and 4b)	Mandatory training for Band 6 Mental Health Social Worker. Understanding what it is, why DOL is being introduced in NI and how to use it.	Nov 2019

Managing Aggression	Attend MAPA level 3	Mandatory for community mental health social workers. Will assist in deescalating / managing potentially aggressive situations safely.	Nov 2018
	Attend 1 day MAPA update	To continue MAPA registration.	Nov 2019
Self Directed support training	Attend Trust workshop	Increase knowledge base re: support options to provide choice to service user and facilitate empowerment.	2018
Mental Health Care Pathway	Attend training	Learn the purpose and aims of the care pathway and where our service fits into this.	Nov 2017

Self-directed learning	Read books/ articles online / recommended by colleagues	Knowledge of mental health diagnosis and treatment using bio-psycho-social models	Nov 2017 - ongoing
Signed (Registrant xxxxx) Signed Line Manager/Mentor (if available)			

PRTL Submission Form

Full name: xxxx

Employer name (if in employment): Trust

Registration Number 123456

Summary of Work Role (maximum 500 words)

Total words:498

Since November 2017 I have worked as an Adult Mental Health Social Worker in a mental health team. My contact with service users can either be within the department, in their own home or in a supported living / residential home setting. The team specifically work with service users over the age of 18 years old that have a diagnosis of a severe and enduring mental health illness. I mainly work with service users who have a diagnosis of Bipolar Affective Disorder, Schizophrenia, Personality Disorders, Chronic Depression or Psychosis. I feel fairly new to adult mental health but feel I have cultivated a considerable interest in the field and therefore have committed to improving my learning by attending training, self-directed learning and learning from my experienced colleagues and Team Leader's knowledge. Our team works within a multi-disciplinary framework and so within my office I work alongside Community Psychiatric Nurses and Occupational Therapists. Once a week I attend a multidisciplinary meeting with a Consultant Psychiatrist and we also have input from a Cognitive Behavioural Therapist, a Consultant Psychologist and a Trauma Therapist as well as Community Addictions and various other statutory and voluntary networks of support depending on the needs of the service user. I work alongside peer support workers who have had lived experiences of mental health illness; this provides an interesting dimension to my work and offers an added perspective to working together to support service users.

We work from a recovery based model and so I learnt that we must focus on personal goals for recovery and encourage self-management as far as possible. My role is to manage a caseload and prioritise risks. I also carry out assessments including a mental health assessment and devise and agree a recovery care plan with each service user. This enables us to measure progress with an end goal and is reviewed on a regular basis to reflect any

Working with carers and families is also an integral part of my job, offering them support with their caring role and gathering information to best support the service user. This can involve identifying when a carers assessment is needed, emotional support, self-directed support or signposting to carers support networks.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

PRTL Submission

Personal Statement (page 1) (Maximum 1500 words):

This should demonstrate that you have evaluated your learning and describe how you met standards 3 and 4. Additional space is provided on pages 20 and 21.

Total words:1275

To provide context I held a social work post in a family and childcare team from 2011 to February 2017 when I took a career break to become a full time carer. After some reflection and reassessment I knew I wanted a new challenge with a different service user group and decided to research adult social work. I accepted a social work position in Adult Mental Health in November 2017 where I have remained.

One of the training programme's which has had the biggest impact on the direction I want to go in within mental health has been that of co-production. Co-production provides for 'equal relationships, where all voices count and have equal value', one of the driving factors within social work and underpinning values of NISCC (2005). We learnt about Edgar Cahn's (2000) co-production principles of recognising people as equal partners, growing people's capabilities and transferring the knowledge inside and outside of services. The Regional Mental Health Care Pathway (2014) is an example of 'experts with experience' working together. The Care Pathway provides guidance for steps of care and is designed to enhance the quality and experience of care for service users. Within my work I value openness and honesty as the basis of working relationships and strive to be part of a culture where people are valued and respected and so I was keen to see how this training worked when put into action.

In terms of a case example, I was keyworker for a 31 year old woman with a diagnosis of Bipolar Affective Disorder. She was referred to me by a Consultant Psychiatrist as her mood was low and she required extra support. Prior to our first meeting I tuned in by reading 'B's previous files and I implemented self-directed learning by reading about Bipolar from various sources recommended to me by colleagues. I found 'Strictly Bipolar' by Darian Leader (2013) to be particularly though-provoking. He emphasised that although Bipolar is complex, a bio-psycho-social approach is necessary for all treatment

and recovery. My experience thus far has informed me to be as prepared as possible for an initial meeting and I still consider Taylor and Devine's (1993) tuning-in framework to be invaluable at this stage. My general aims for this session are for service user's to feel confident that I am knowledgeable, respectful and reliable. I met with 'B' and carried out an assessment. It was clear family were an important factor in the service user's life, but also a source of stress and difficulty due to historical factors. As part of 'B's' care plan we completed a genogram together and at the side also listed her friends. We then drew a circle around those who she would call on in times of need and this provided a visual explanation that in times of need, family are not necessarily the only people who are there for us. I was keen to refer her to local mindfulness and relaxation classes however she was resistant and at this stage I reflected that I felt frustrated due to lack of movement or change. During one session she mentioned she would enjoy a crocheting class as this was something she had been good at but had lost interest when her mental health had deteriorated. We developed a tentative plan with the first stage to purchase the basic tools for crocheting. 'B's' skills for crocheting were apparent from the start and she quickly developed a passion for it at home. 'B' also described how she felt it was meditative and calming to do. With these benefits in mind I suggested to 'B' my idea of her assisting me with starting a class in a local voluntary group but 'B' was not keen. This quickly reminded me of the collaborative approach we had taken at the start and the need to help the person identify and prioritise their personal goals, not my professional goals (Shepherd et al, 2008). I also noted that Rose & Kalathil (2019) raise concerns about the approach of co-production in terms of power dynamics often being 'deeply unequal' between the 'experts' and service users. I therefore suggested we revisit the initial care plan which was aiming to expand 'B's' network. 'B' felt that with support, she could speak to two friends and see if they would be interested in joining her at a local café to crochet together regularly. The outcome has been a weekly meetup for 'B', her friend and another lady her friend knew who meet once a week in a café to share crocheting skills. Co-production has been a ground-breaking shift in the focus of my recovery oriented practice, with the principle of working in partnership being at the forefront (NISCC, 2005). It is not without challenges as I have shown but this example proved that working alongside the core principles meant that outcomes are service user focused.

A further example of my work was with 'C' and involved education and learning for both of us. 'C' had two children before her diagnosis of Bipolar Affective Disorder, but was hesitant about becoming pregnant again. She explained that if she became pregnant she would like to cease her medication due to research online she had read that the baby would be harmed, but was cautious to reduce her medication as this might result in a relapse. I had attended a perinatal mental health training which was helpful in guiding me in offering support to 'C'. I was confident in reassuring her that it was a positive and

assertive step to have raised this before pregnancy so we could have a plan in place for when she was pregnant and for the whole perinatal period until approximately 1 year after the birth. I also assured her that any decisions would be made in partnership with her and therefore it was important she was as well informed as possible. Additionally, using a family systems approach I was able to involve 'C's' partner who I believed would be vital as an integral part of the plan and who was able to offer some much needed support to 'C'. 'C' consented to me speaking to her Consultant Psychologist on her behalf to indicate her plans and seek guidance regarding her prescribed medication and potential pregnancy implications. I also referred to the Regional Perinatal Mental Health Care Pathway (Public Health Agency, 2017) and NICE Guidance online for antenatal and postnatal care (2018). I was mindful that I did not want to alarm or overwhelm 'C' with the information I had gathered so I ensured I was available to go through it and discuss any concerns or fears she had. She was satisfied to learn that any decision is individual to her needs and that she and a team of relevant healthcare professionals would develop an integrated care plan for her and her unborn baby.

After the change in focus in November 2017 to Adult Mental Health, my aim is to progress my career in this area. I am particularly interested in mental health diagnosis and treatment focusing on the psychosocial aspect of this. I hope to attend training on Personality Disorders and also to further my knowledge of Perinatal Mental Health. I have booked training in Wellness Recovery Action Plan as colleagues and service users have spoken about the benefits. This year I will also become trained as an Investigating Officer, furthering my knowledge of the safeguarding process and also Deprivation of Liberty training. Finally I have an interest in Dual Diagnosis (presenting with a mental health diagnosis as well as a drug or alcohol addiction) and would like to explore this further, perhaps with an academic focus.

Bibliography

Rose D and Kalathil J (2019) Power, Privilege and Knowledge: the Untenable Promise of Co-production in Mental 'Health'. *Frontiers in Sociology*. 4:57. doi: 10.3389/fcos.2019.00057

Regional Mental Health Care Pathway

http://www.northerntrust.hscni.net/pdf/Care_pathway_for_people_who_require_mental_health_care_and_support.pdf [Accessed 05.09.19]

NISCC (2005) Standards of Conduct and Practice <http://www.niscc.info/registration-standards/standards-of-conduct-and-practice>

Regional Perinatal Mental Health Care Pathway (July 2017). Public Health Agency, Northern Ireland

Antenatal and postnatal mental health: clinical management and service guidance (2018) NICE. <https://www.nice.org.uk/guidance/cg192> [Accessed 18.10.19]

Shepherd, G; Boardman, J; Slade, M (2008) <https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/Making%20recovery%20a%20reality%20policy%20paper.pdf> [Accessed 05.11.19]

Leader, D (2013) *Strictly Bipolar*. London: Penguin Books

Cahn, E (2000) *No more Throwaway people: The co-production Imperative*. London: Essential Books Ltd

Taylor, B and Devine, T (1993). *Assessing Needs and Planning Care in Social Work*. London: Routledge

PRTL Submission

Summary of PRTL Activities

Date	Duration (hours)	Brief description of activity
07.11.17-13.11.17	6	Reading in preparation for new post in Adult Mental Health. (Promoting Quality Care, Guidelines for the mental health order, Regional mental health care pathway, Safeguarding Adults).
27.11.17	3	Mental Health Care Pathway training and workshop. Purpose and aims of care pathway, stepped care, role of family, wellbeing plan.
20.11.17	1.5	'Welcome to the Trust mandatory training. Intro to HR, confidentiality policy, whistleblowing policy.
11-12.01.18	15	Induction Core Training. Governance, Core Principles, Professional Development, Social Work Strategy 2012-2022, Co-production.
22.05.18	1	Fire safety training.
20.12.17	0.5	Infection control; HSC training online.
23.01.18	0.5	Safeguarding adults and children; HSC training online.
23.01.18	0.5	Equality and good relations / human rights; HSC training online.
20.02.18	1	Infection control Tier 2A. Mandatory due to hospital setting.
16-17.04.18	15	ASIST training. Provided skills to use if someone at immediate risk of suicide. Roleplays and use of language, body language allowed for practice in different scenarios.
30.04.18	1	Manual handling awareness training – mandatory.
23.07.18	1	Basic 1 st aid training. Practice in CPR adults / children. Choking, stemming blood flow and getting medical assistance.
07-08.11.18	15	MAPA. Managing aggression Level 3. Verbal and practical skills to deescalate a potentially aggressive situation.
10.10.18	2	Update of changes in Regional child protection policies and procedures.
17.12.18	3	Self Directed Support training. Providing an understanding of options available; direct payments, managed budget, arranged by

		HSC Trust or a mixture of the 3.
19.01.19	3	Financial Capacity Law and Practice In NI
13.02.19	1.5	Social work peer group. Discussion of case examples, exploration of different approaches / views.
04.03.19	3	Meet the Directors workshop. Opportunity to meet with social workers to identify what matters to social workers in NI and explore opportunities for development.
21-22.03.19	15	Perinatal mental health training. Presentations on how to manage existing mental illness in the context of pregnancy, childbirth and the first postnatal year. Safeguarding children. Perinatal pathway.
05.06.19	1.5	Death and Bereavement training. Understanding the impact of loss, death and bereavement, learning what is important. Meeting standards for bereavement care and signposting.
26.06.19	7.5	Equality and Diversity in the 21 st Century. Tutor Neil Thompson. Appreciate importance of equality and diversity. Using PCS analysis explore complexities of discrimination. Diversity approach.
16.04.19	4	Co-production – an awareness. Empowering those with 'lived experiences' to influence decisions, design services, working together as partners.
10.06.19	7.5	Reflections on mental health – QUB. Appreciation of the unique role of a mental health social worker in NI. Case studies demonstrating good practice within mental health.
29.05.19	1	Fire Training – classroom based mandatory training.
19.06.19	1	Dementia online training (SCIE). Short training on identifying types of dementia and how this affects services users on an individual basis.
11.06.19	1.5	Social work peer meeting. Discussion of recent changes in policy, case examples and peer support.

Total training and learning for period of registration



Hours: 112.5

Registrant Declaration

I confirm that I have undertaken the activities recorded on this form and that the details I have provided are accurate. I understand that failure to meet Post Registration Training and Learning Requirements, or the provision of false information in relation to meeting these requirements, may be considered by the Northern Ireland Social Care Council as misconduct.

Signed (Registrant): xxx