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Ghelani A. (2021). *Knowledge and Skills for Social Workers on Mobile Crisis Intervention Teams*. “Clinical Social Work Journal”: 1–12

Author and context

Amar Ghelani, author of the text, social worker and psychotherapist with fifteen years of experience in community mental health, is currently a doctoral student at the Faculty of Social Work at Wilfrid Laurier University (Ontario, Canada), where he conducts research focused on the effects of cannabis use in young people with mental illnesses, where treatment options for psychotic episodes induced by the use of this substance are discussed. He is a Coordinator of Mental Health Care at the University of Toronto and is interested in clinical and research aspects, including addiction and substance abuse treatment.

Main ideas of the text

Mobile Crisis Intervention Teams (MCIT) are currently experiencing growth as a result of a social demand caused by the need to deal with crisis situations of people with mental health problems that require rapid assistance, not only at the Police as in the past, but by multidisciplinary teams where the social worker, as a member of these teams, acquires more and more prominence.

The Mobile Crisis Intervention Teams (MCIT) are multidisciplinary teams designed to act in extreme interventions in which people experiencing a mental health crisis are involved, offering evaluation and support. They are teams in which health and police personnel collaborate, whose experience is demonstrating the need for the integration of social workers, a figure that is acquiring great relevance.

The actions of social workers in this area require specialized training appropriate for this type of intervention. Ghelani (2021) reviews the aspects, skills, and practical knowledge that a social worker must have as a member of these teams. It is a general description as a practical guide that includes the basic training aspects summarised in

a series of points such as participation, tension reduction, risk assessment and safety planning, conflict resolution, knowledge about addictions, community resources and housing, advocacy, challenging systemic racism, relationship building, and legislative literacy. These training guidelines included in the response programs of MCIT teams contribute to improving the prevention and damage reduction lines, increasing the success of interventions.

Reflection and comments

The need to use force, sometimes excessive, by police interventions is currently decreasing thanks to the interventions of the MCIT, where it is shown that collaborative work between social workers and the police is responding to a problem accentuated in marginal areas where there is a significant interracial population nucleus and substance use problems, intervening in a more peaceful way, obtaining better results, significantly helping to resolve these crises.

Based on the experience gained in the interventions, it is verified that the answers that obtain the best results are those that opt for a support posture, making it easier for the person to regain control. It is important to establish a trusting relationship, which is favored if the members of the team know about the health and the problems suffered by the person in crisis. Minimizing the number of participants avoids overwhelming the person served, while establishing a calm mode of communication, where options should be offered, such as hospitalization, avoiding, as far as possible, that the people served feel criminalized (Lamanna *et al.* 2015).

Given the changing aspect of the environment, continuous training is necessary where the professionals of these teams, in particular social workers, are constantly updated so that their action guidelines are in accordance with the reality of the moment, as we have seen after reading de Ghelani (2021) which details the basic training areas suitable for a social worker to be well trained.

A high number of interventions faced by MCITs are related to scenarios where the person in crisis suffers the effects of substance abuse, showing disruptive behaviors that require intervention (Lamanna *et al.* 2015). In these situations, it is convenient for the social worker to have knowledge of the effects of drugs, interactions with other medications, withdrawal syndrome, and everything related to behaviors related to acute intoxication.

The efficacy of motivational interviewing-based interventions, a tool currently considered very useful to help people in crisis, has been demonstrated. Its objective is to get the person to recognise their problem through a dialogue in which the person feels the freedom of choice, as well as the collaboration of the intervening professional, where self-motivation statements are highlighted, providing the professional with intervention options that meet the requirements of the intervened person, thus favoring the recovery of control. The motivational approach promotes behavioral changes, where each person

starts from motivational levels that will change during the process and where each stage will require choosing the appropriate motivational strategies (Barcelata *et al.* 2007).

The Transtheoretical Model of Change (Prochaska *et al.* 1994), which explains the evolutionary changes in the subject's behavior as a function of the level of motivation, is the model on which motivational interviewing is based. It starts from the premise that behavioral change is a process that goes through a series of stages, in which people have levels of motivation to change: these stages are stable and open to change. Under this premise, interventions are proposed in response to the specific requirements of the person who belong to a social group or a natural community context.

Most people in crisis are not prepared to act: the implementation of the Transactional Model and the Motivational Interview requires planned interventions and oriented to the motivational stage in which the person is (Cabrera 2000).

There are every time cases of people suffering from what is called "dual pathology". It is a profile in which the person suffers from concurrent psychological disorders, one of which is due to substance abuse. Treatment is complicated and requires specialised follow-up. Currently, there is a separation between care services for disorders caused by substance abuse or addictions and other types of disorders, where these people, which we could call "dual" do not receive centralised care (Marín Navarrete, Szerman 2015). It would be desirable to work on the formation of multidisciplinary teams that are geared toward providing coverage for this type of disorder, so as not to be referred from one place to another. Social workers would be members of these teams along with psychologists, educators, monitors, lawyers, etc.

One of the issues to be addressed is training in plans where the antisuicide protocol is established. This preparation should be aimed to detect the symptoms of possible suicidal intent of the person in crisis and the protocol to be followed by the intervention team.

An important issue to deal with is the issue of stereotypes, cognitive frameworks that have a great influence on the way we process the information that reaches us and that cause the association of preconceived ideas about certain characteristics or traits that cause the appearance of prejudices and the discrimination of people belonging to the social groups referred to by them, in this case those with some type of mental disorder, or, for example, people of color or other races. Given that the social problem we are dealing with is accentuated in marginal areas, in which there is usually a significant interracial population nucleus, specific awareness and training work is necessary toward this problem, where adequate measures are established for the prevention and opposition to racist episodes.

Regarding people in crisis who suffer from mental health disorders, functional diversity also generates stereotypes in our society that socially provoke the existence of prejudice and discrimination. To give an example, schizophrenia (a disorder that can generate psychotic episodes that require assistance) is a mental illness that over the years has been forming a stereotype, like many other pathologies or disabilities, generating beliefs or associations towards certain characteristics, such as violent traits, "crazy" behaviors, the need for internment in psychiatric centers. These stereotypes cause social

discrimination that must be fought against, fundamentally against misinformation that generates fear and misunderstanding.

People who suffer from some type of disorder go through different stages in which their self-concept and self-esteem are affected. Their social environment from which they receive signs of misunderstanding and support will significantly mark their evolution. For this reason, I consider that, although the article does not explicitly include training in a generic way, in terms of the symptomatology of mental disorders, it would be interesting to include some training module for social workers in this regard.

Knowledge of legal regulations and the offer of community services are tools that allow the social worker to establish communication with the person served, giving them the possibility of offering him different options that help him feel supported, favoring the establishment of a trust relationship.

Conclusions

After studying and reflecting on the content provided by Ghelani (2021), we highlight the growing importance of the professional profile of the social worker, where increasingly complex social demands require highly specialized teams trained to provide adequate responses, where the social worker plays a relevant role as a member of these teams.

This social problem accentuated in marginal areas, where there is a significant inter-racial population nucleus and substance use problems, makes it necessary to work to raise awareness and training on these problems. We have been able to appreciate how the content of the training guidelines belonging to different disciplines, psychological, social, and legal, among others, results in an open training profile where the professional is provided with tools for his intervention, also facilitating communication and relations with the rest of the team professionals. On the other hand, continuous training adapted to the changing environment in which we are immersed is essential, not only for social workers, but for all professionals linked to responding to social demands.

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