QUEEN'S UNIVERSITY BELFAST

The 'Social' can really work in Mental Health Social Work: A Critical Review of how the understanding of recovery has evolved and converged towards the skillset of Social Work

Swords, C., & Houston, S. (2021). The 'Social' can really work in Mental Health Social Work: A Critical Review of how the understanding of recovery has evolved and converged towards the skillset of Social Work. *Irish Social Worker*, 234-245.

Published in:
Irish Social Worker

Document Version:
Publisher's PDF, also known as Version of record

Queen's University Belfast - Research Portal:
Link to publication record in Queen's University Belfast Research Portal

Publisher rights
© IASW 2021.
This work is made available online in accordance with the publisher's policies. Please refer to any applicable terms of use of the publisher.

General rights
Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

Download date:01. Feb. 2023

THE 'SOCIAL' CAN REALLY WORK IN MENTAL HEALTH SOCIAL WORK: A CRITICAL REVIEW OF HOW THE UNDERSTANDING OF RECOVERY HAS EVOLVED AND CONVERGED TOWARDS THE SKILLSET OF SOCIAL WORK.

Authors Calvin Swords, Stan Houston

About the Authors

Calvin Swords is an Assistant Professor of Social Work in Maynooth University Ireland. He recently completed his PhD in Trinity College Dublin, exploring how the concept of Recovery is socially constructed in Irish mental health services. Prior to his academic appointment, he worked in several practice settings, most recently within a hospital setting, working with people from across the lifespan. Some of his research interests include recovery in mental health, critical social theory, and health-related social work. Email: calvin.swords@mu.ie

Stan Houston has spent 20 years in practice and 22 years as an academic in higher education. He is interested in the role of theory in shaping social work practice and has published widely on this theme. He is currently working in the School of Social Work and Social Policy, Trinity College Dublin. Email: s.houston@qub.ac.uk

Abstract

The idea of recovery within Irish mental health services has undergone dramatic changes. Historically, the person was considered the problem and in need of treatment. Many people using services experienced institutionalisation. Recovery is now seen as a personalised journey where people are influential in determining their treatment plan. However, these aspirations regarding recovery have continued to face challenges in service culture. One reason is the multiple perspectives involved in recovery-orientated services. This has resulted in different competing ideas in how recovery should be experienced and delivered in practice. Concurrently, the changing understanding of recovery has increasingly converged towards the perspective of the social worker. Now, there is a need for a philosophy which is not just a personalised journey, but also one which incorporates a social recovery perspective. Ultimately, the role of social work can lead to an increased focus on agency, empowerment, and a sense of belonging moving forward.

Keywords

Recovery; Subjective Experience; Personal Recovery; Social Recovery; Agency, Structure; Social Work; Social Constructionism.

Introduction

The current pandemic has provided opportunities for reflection across many areas of social work practice, research, and education. Currently, as a global profession, social work is faced with many systemic challenges to its identity and role within public and private services. The Irish Association of Social Work (IASW) has been particularly vocal in challenging the social injustice faced by both, those receiving and providing social work services. A recent publication in the British Journal of Social Work from Sen et al. (2021), focused on Social Work during the COVID-19 Pandemic in the UK. More specifically, there was a thematic analysis of an online magazine series during the first UK lockdown entitled, "SW2020 under COVID-19" (Sen et al, 2021:1). It included contributions from people with lived experience, practitioners, students, and academics.

The findings of the analysis highlighted that economic and social inequalities had become more evident due to the pandemic. The most obvious reflection of this was seen in the speed at which different groups in society contracted and died from the virus (Sen et al, 2021). Within the findings, there was a range of groups which experienced heightened levels of injustice. In Scotland, calls were made for social work input within prison settings. There was a need to advocate for the voices of those incarcerated, especially with the removal and lack of face-to-face visitation with family members (Jardine, 2020).

There was also the devastation seen in care homes which illustrated 'political, structural and societal ageism' (Sen et al, 2021:3). This was comparable to the experience within the Irish system, with the voice of residents, and more importantly, human beings being subordinated within the dominant discourses during the pandemic. An example of this disenfranchisement was vividly depicted in a recent RTE 'Prime Time Investigates' television programme, with the IASW contributing to a narrative which pointed to the social injustice issues faced by those people living within nursing homes.

Further action was taken to highlight these issues including newspaper articles published in the Irish examiner by the Association. One article claimed that 'residents and families once again find themselves in the eye of a terrifying storm' (McGarry, 2021). This storm was constructed by a lack of strategic planning surrounding how to maintain communication, connection and support for families and their loved ones living in nursing homes. Consequently, many families' loved ones passed away without them being present, or there only for the final moments.

There were many groups who faced injustices and experienced further oppression during the pandemic. In essence, there was a widening, rather than a narrowing of health inequalities (Bambra et al., 2020, Banks et al., 2020, Blundell et al., 2020, Patel et al., 2020). One Irish study (McMahon et al, 2021) reflected on the perspectives of professionals supporting people living with disabilities during the pandemic. They expressed concerns for their own well-being with many experiencing burnouts. This was the result of experiences of widening inequalities related to independent living for the people they were supporting with disabilities (McMahon et al, 2021).

Another Irish study (Clarke et al., 2020) explored the experiences of increased gender inequalities faced by working mothers during the pandemic. This was particularly evident in the redefining of family dynamics, with working mothers having to adopt additional and disproportionate care burden in this period. A further study in Ireland (O'Sullivan et al, 2021) highlighted the increased disparities faced by children and their families in relation to the mental health difficulties they faced during the lockdown periods.

Not only in the findings from Sen et al. (2021), but in Ireland (McGarry, 2021) and other countries (Mendes, 2020, Pleyers, 2020, Grant & Smith, 2021), there has been a rise in activism during the current pandemic, especially from social work (Garcia et al, 2020, Miller & Lee, 2020, Walter-McCabe, 2020). It has led to questions of whether as a profession, social work could be heading towards a more radical and critical identity.

These developments have contributed to a developing discourse within recent social work discussions and debates regarding its identity and where the profession goes from here. Some notable and enduring challenges

to the profession have included neoliberalism, marketisation and managerialism (Moth, 2020, Rogowski, 2011, Spolander et al, 2014). This has led to questions regarding social justice, a key underpinning principle of social work globally and central to the Irish landscape – as embedded in the CORU domains of Proficiency (CORU, 2019). Given these considerations, this article focuses on the current, contemporary relevance of the social work role within Irish mental health service delivery.

Understandably, there are challenges and obstacles to social workers in their everyday interactions with services. Some of the notable current challenges to the role and identity of the profession is neoliberalism (Jorgensen, Docent & Holen, 2020) and biomedical residualism (Moth, 2020). However, there is an opportunity to establish a new type of social work, one which seeks to facilitate agency, active citizenship, and identity transformation for those who receive their services (Swords, 2019).

There is also a role for professional associations such as the IASW. Some examples could include funded-research, publications, seminars, and policies on how to develop this new identity. Collective action and knowledge sharing could be presented to other professional associations and key mental health stakeholders across Ireland. Finally, some excerpts from the first author's PhD reflective diary will be used to support the assertions made in this article. That study was entitled, "*An Exploration of how the Concept of Recovery in Mental Health is Socially Constructed and how it Impacts on the Delivery of Mental Health Services – an Irish Case Study".*

History of Recovery

Up until the middle of the 20th century, medication and the biomedical paradigm determined the everyday interactions and interventions which took place in mental health service delivery (Brennan, 2014, Swords, 2019, Swords and Houston, 2020). Recovery was viewed as a clinical, biological process, addressed, and solved through psychopharmacology. At this critical period in history, people who had used services had often been exposed to institutionalisation and overmedicalisation. More significantly at this juncture in the 20th century, people were beginning to recover beyond what services were providing for them, that is, essentially medication. Consequently, this led to individuals beginning to speak about their challenging experiences of services, providing memoirs and reflections of their accounts of their mental health challenges, and how they were living fulfilling lives beyond the interventions offered by services.

Mental health services are largely, socially constructed entities (Swords & Houston, 2021). In other words, the reality of services is constructed by the everyday social interactions which take place between people, leading to normative responses and actions within service delivery for those providing and receiving services. The most radical social constructionist will claim that there is nothing more than discourse in our world, that our reality of life comprises different constructions made from different forms and structures of language (Burr, 1995, Hjelm, 2014). From this stance, the theory of social constructionism claims that objectification can lead to discourses shaping the nature of services and being accepted as fact, and beyond human influence (Burr, 1995, O'Reilly & Lester, 2017). In other words, their experiences of services are viewed as fixed, immutable, and objective, with the risk of recovery becoming an unfulfilled journey for many; in other words - it becomes an empty,

meaningless prophecy (Swords & Houston, 2021).

Consequently, individuals enter these everyday interactions within services which lead to people being conditioned to respond in certain ways. The dominant discursive practices can potentially lead to little opportunity for agency and change. This can result in individuals becoming completely affected by to the pre-ordained service culture constructed through every day social relationships (Swords & Houston, 2021). However, in recent times, especially since the late twentieth century, glimpses of agency have begun to take place within the service culture of mental health services, most notably in relation to recovery.

The Many Epistemes of Recovery

Recovery has developed not only into a working misunderstanding (Pilgrim & McCranie, 2013) but an empty, unfulfilled concept (Swords and Houston, 2021). In essence, scientists continue to be unable to identify biomarkers associated with mental health diagnoses. This has resulted in no one knowledge base having epistemic superiority. In other words, each discipline's knowledge base cannot be categorical nor absolutist in claiming a privileged conception of recovery. This lack of essentialism in defining recovery has contributed to many interpretations of it competing for power and dominance in everyday interactions within services.

Consequently, a hierarchy of competing agendas has developed, where often the service user, or lived experience perspective (family/key supports) are not placed on the same footing as that of service providers and professionals (Rose, Thornicroft & Slade, 2006, Brett et al, 2014). This can lead to a service culture which becomes reified over time (Hjelm, 2014). In other words, it takes on a normative, taken-for-granted reality which is viewed as beyond the influence of stakeholder groups, and ultimately, accepted as fact.

This social process is the outcome of many different bodies of knowledge vying to explain and understand mental illness and recovery. Epistemes refer to the different positions on what is deemed acceptable knowledge with which to understand a particular phenomenon or phenomena (Sparkes, 2018). For example, a psychiatrist views recovery from a clinical model of understanding, an inherent biological deficit of the mind. On the contrary, a social worker will view recovery from a psycho-social perspective (Brosnan & Sapouna, 2015). A holistic approach to intervening in theory is welcome and well documented across literature, but its translation, and effectiveness in practice has often fallen short. One possible reason is due to the role and reality of language and discourse in everyday service culture.

Given that we live in a world which values science and objectivity more than philosophy and meaning (Benton & Craib, 2010), there is a unique contestation at the heart of the knowledge base seeking to understand and intervene in relation to mental illness. This is due to the lack of precision and certainty underpinning the biomedical paradigm and how it attempts to explain different diagnoses and predict life outcomes (Summerfield, 2002, Crepaz-Keay, 2016, Swerdfager, 2016). Most significantly, even the knowledge base, or episteme informing psychiatry is a socially constructed entity (Crepaz-Keay, 2016). In essence, it is not only within psychiatry that there is an emphasis placed on objectivity and measurement. This focus on measurement and certainty is also pre-determining and conditioning how all stakeholder groups are interacting in everyday service culture (Swords

& Houston, 2021). A reflection from one of the authors' reflective diary**,** lucidly describes the reality of recovery for those receiving services,

> The contradiction of our mental health service delivery is the focus on numbers and measurements, when the philosophy and policy outline**s** the need to focus on putting the individual at the centre of their recovery plan, hearing their story, and supporting their new journey in life. The longer we continue to focus on the positivist framework, the more disillusioned those who are experiencing mental health difficulties become. It is simply not about numbers, it is about living, experiences and interpretations, and our system has misconstrued the meaning of what a mental illness constitutes in reality. People are alone and isolated because we pick numbers, instead of human understanding and experience (Reflective Diary, 9th September 2019)

Personal Recovery

The survivor movement in the late twentieth century had a significant role to play in contributing a new episteme of understanding mental illness and recovery – that is, personal recovery. More significantly, recovery was about overcoming one's diagnosis and reclaiming the losses one had experienced due to this categorisation (Higgins & McGowan, 2014; Shah et al, 2016). For many living with a mental health diagnosis, it's impact on their identity led to stigma and social isolation. For example, the discursive practices of the media often attach schizophrenia to an individual's identity within a narrative which is 'scary' and 'crazy'. Consequently, often people living with a diagnosis will refrain from disclosing this information in everyday situations, seeking to be viewed as what is accepted to be 'normal' in our societies and cultures.

Essentially, personal recovery seeks to provide a possibility for agency, an opportunity to reclaim a new identity. However, the structural arrangements and discursive practices in our societies (Ramon, 2018, Swords & Houston, 2021) have contributed to a journey which often does not lead to the aspirations it lays out:

> To get to the 'being' involves deconstructing the world of recovery'. Reification leads to us as professionals, to a sense of certainty, a way of interacting which we accept and do not contest. It becomes objectified, beyond the grasp of human manipulation/control. It is only through deconstructing can one reach the person, and understanding their inherent traits, beliefs and wants. Here you go, here is recovery, yes! Support the person to live the best life they can. Do this with absolutely no supports or resources. Make sure your efficient, measuring, and focusing on time limited practice. Recovery masks the belief that people are being understood, beyond the socially constructed world of mental health services. The very word itself places an emphasis on achieving improvements, evidence-based approaches. Having a label or diagnosis for some reason, provides one with an identity construction. It provides professionals with an identity,

> a role. It gives governments a role and identity. If one starts without a body of knowledge, without an assumption, perhaps the assumptions would be better (Reflective Diary, 12th November 2020).

This excerpt reflects the reality of the intersubjective experiences between the first author and different participants in the PhD study. The intersubjective spaces are the co-constructed meanings which become normative in the daily everyday social interactions and social relationships within services and society (Walsh & Lehnert, 1967; Swords & Houston, 2021). For many, the characterisation of personal recovery has been objectified or made into a concrete understanding. On the back of this, there are claims that neoliberalism, marketisation and managerialism are eroding away the opportunities for meaningful relationships being co-constructed in the subjective experiences of recovery. Given these assertions regarding recovery, and reflecting on the current positioning of social work, where do we as a profession go from here? The following reflections provide one perspective on the possibilities for social workers to develop their identity as agents of change, and leaders in transforming service culture.

Challenging the Intersubjective Space through Social Recovery

> Recovery is empty essentially. It is empty for a lot of service users. Without the supports, tools, meanings, actions, discourse, language, recovery is never achievable. Maintaining the focus on recovery, rather than the focus being on social recovery, we are never going to provision policy appropriately for services (Reflective Diary, 11th July 2019)

A focus on personal recovery has resulted in an overwhelming expectation on the individual to succeed in their journey (Norton & Swords, 2020; Swords & Houston, 2021). It aligns with the views of neoliberal philosophy, with the responsibility for succeeding in life being held by each individual person (Moth, 2020). However, as illustrated by Sen et al. (2021), equity and equality are widening following the COVID-19 pandemic. At the outset of the recovery journey, a person-centred focus is important, especially when care planning and goal setting is discussed and formulated. However, let us reflect on what Anthony (1993) claims is the ethos of the recovery process:

> It is way of living a satisfying, hopeful and contributing life, even with limitations caused by illness (Anthony, 1993, p.15)

Considering the subjective experiences of satisfaction, hopefulness and contributing meaningfully to life, they are all experienced through co-constructed relationships with other individuals within society (Burr, 1995, Gergen, 2009, Andrews, 2012, O'Reilly & Lester, 2017). Often, people's stories, the language they use, are and is reflective of the outcomes of their experiences, of the normative, routinised intersubjective spaces in which they participate (Walsh & Lehnert, 1967). Consequently, a focus just on the philosophy of personal recovery in driving service delivery does not move beyond the individual, to consider the broader micro and macro level of systemic thinking (Ramon, 2018).

In both *A Vision for Change (2006)* and *Sharing the Vision (2020)* which are key Irish national policies, there has been significant focus placed on personal recovery. However, the language and discourse regarding social recovery is

absent. Social recovery is interlinked, and sometimes is confused with personal recovery (Ramon et al, 2018, Norton & Swords, 2020). One possible reason for this misinterpretation is due to the uncritical stance taken to deconstructing recovery within recovery-orientated services (O'Reilly & Lester, 2017). Also, the language and discursive practices taking place in service delivery have tended to focus on a stance on recovery which does not move beyond the individual (Norton & Swords, 2020, Swords & Houston, 2021).

Social Recovery leads to a focus in assessment and intervention on the collective culture within society, considering an individual's opportunities for connectedness beyond services. It also encourages practitioners to consider the recovery and social capital resources available or in use by a person. Underpinning this notion, according to Ramon (2018) and developed further by Norton and Swords (2020), it considers the political system's role, which in turn determines the economic and social landscape. Essentially, the core tenets of social recovery focus on how an individual can be supported to become a more active citizen, resulting in an increased sense of belonging (Ramon, 2018).

Taking the social recovery conceptualisation from Ramon (2018), Norton and Swords (2020) build on this by developing a framework for supporting the process of moving beyond the individual as the agent of change. This is considered under 6 pillars – health, economics, social connection/interaction, housing, personal relationships, and support. These areas of inquiry during the assessment process can facilitate opportunities for agency and empowerment by moving away from the overwhelming expectation on the individual to succeed in their journey. Ultimately, it provides an opportunity for professionals, especially social workers, to challenge the normative social interactions taking place between those providing and receiving recovery-orientated services – namely, the intersubjective space.

Adopting a Social Constructionist Lens

Within the intersubjective spaces of service delivery, there are opportunities to construct new possibilities in the routinised social interactions which take place (Swords & Houston, 2021). The underpinning mandate is to focus on connecting both personal and social recovery when engaging stakeholder groups (that is, service users, family, professionals, policy, society) and how they experience the social processes of recovery-orientated services (Ramon, 2018, Norton & Swords, 2020). However, it is also about deconstructing the experiences of these normative social processes. This presents possibilities for social work to construct a new role and identity for not only its own role within service culture, but also for those with lived experience – service users and their families:

> The central premise of social constructionism is that professional practices are not based on objective or disinterested implementation of scientific practices; rather, they are contextually, and discursively bound constructions made possible by institutional and everyday discourses and practices. (O'Reilly & Lester, 2017:15)

Referring to the key writers on social constructionism (Berger & Luckmann, 1966; Burr, 1995, Gergen, 2009; Hjelm, 2014) can provide social workers with an opportunity to challenge the dominant discourses which continue to undermine the possibilities for agency and

human flourishing. Social constructionism was introduced as a new episteme in our human world (that is, our social world) by Berger and Luckmann in 1966. Essentially, people's understanding of reality is determined not only by their interactions with other individuals, and their social experiences, but also how that social reality shapes their understandings (Swords & Houston, 2021). The first author's PhD adopted a meta-theory approach to exploring to what extent recovery was a social construct. This involved applying the key ideas of social constructionism, which are illustrated below (Table 1). The table provides some examples of how it can be applied to everyday social interactions in services.

Table 1: Applying a Social Constructionist lens to Recovery Culture in Services

Core Ideas	Some Examples
Critical Stance Towards Knowledge	In assessments, multidisciplinary meetings, and other situations where language is used and shared - all accounts or interpretations of recovery, and how to intervene, should be critically questioned.
Historical and Cultural Specificity of Social Reality	Understanding an individual's recovery journey should be contextualised within the historical and culture factors which have shaped that experience of reality.
Symbolic Interactionism	An individual's identity is constructed and maintained through the social interactions which take place – care planning meetings/multidisciplinary meetings/interdisciplinary work.
Essentialism/Anti-Essentialism	When we consider an individual's mental illness, to what extent can we say it is a property of the person (essentialist), or the result of the socially constructed world (Anti-essentialist) they live in?
Personality	Is an individual's personality inherent and stable, or does it exist between individuals and fluid? A focus on identity rather than personality can support the process of considering recovery as a social construct.
Language	When writing, speaking, reporting, policymaking, we must strongly consider the influence and power of language in reaffirming dominant epistemes and positions within service culture. For example, recovery as a concept signifies recovering to full health – aligning with the position of psychiatry and the biomedical paradigm.
Discourse	"Set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events" (Burr, 1995, p.48) – Exploring these different discursive practices can lead to a better understanding of recovery within service culture. Beyond discourse, is there an opportunity for agency?
Power	When considering recovery, the language and discourse, where does power situate, what story is being told?
Contingency	Thinking and communicating about a potentially new way of understanding the role of mental health service users, policymakers, professionals, and family members, we can change things. (This is contingency).

The Convergence of the Social Work Role and Recovery

The process of applying a social constructionist lens to service delivery aligns with the skill set and role of social work. Advocating for change, connecting the personal with the political and social, are key processes associated with the core competencies of social workers (CORU, 2019). Recovery as a concept and philosophy is at a crossroads where neoliberalism, marketisation, and managerialism will continue to erode the aspirations laid out by Anthony in 1993. Within an Irish context, social work is at a juncture within mental health service delivery where a new identity can be constructed: one which can change the reality of recovery from blaming the individual, to one which places emphasis on the need for political, economic, and social change. Centrally, personal recovery is only possible through social recovery, something which begins in the deconstruction of the intersubjective spaces within services to allow new meanings to emerge:

> There is a strong theme of the pressures to conform to the normalised culture. I have sensed through my interactions with members of mental health services, especially policy, that the meaning that was attached to my actions was shaped by the co-constructed meaning between myself and those I have been speaking too - "you must measure", "efficiency", "outcomes". I began the journey very focused on staying true to social recovery and the social work perspective of mental health challenges. In ways, I regret the routes I took in the first 12 months, seeking to quantify the different ways recovery is socially constructed. It is not possible, it is relativist. Shaped by our subjectivity meaning of reality. The social world is not the natural world. It is shaped by human influence. I have seen it with my own bloody eyes… (Reflective Diary, 10 September 2020)

The above quote reiterates the opportunity for social work in mental health to construct a new identity within the culture of recovery-orientated services: one that challenges the status-quo of current, dominant discursive practices seen above during the first author's PhD journey. Recovery is a subjective experience, which needs practitioners to consider and advocate for both, personal and social recovery in practice. These considerations can provide an opportunity for an individual's agency to be viewed through the shortcomings of structural arrangements in society – social, economic, and political. Ultimately, shifting from success being determined solely by an individual's actions, provides an opportunity for a connection between the micro and macro level approaches to social work practice moving forward.

Conclusion

Social work in mental health is at a critical juncture where there is an opportunity to establish a new identity within service culture. This article focused on the ever-expanding interpretations held regarding the philosophy of recovery. It has become a concept which can often lead to experiences of unfulfillment and frustration for those providing and receiving services. Moving forward, there is a focus on the need to consider both personal and social recovery within assessment and discourse. Essentially, recovery has multiple realities with a need for a critical stance towards the knowledge and experiences integral to the normative intersubjective spaces between stakeholder groups (service users, family, professionals,

policy). Part of this process can be supported by deconstructing the concept of recovery through applying a social constructionist lens to practice. Moving forward, these possibilities align with the skillset and expertise held by social work, with an opportunity for the profession to embrace a transformative identity, one promoting organisational change-aimed at a new configuration of recovery in mental health.

Acknowledgements

I would like to thank my academic supervisor, Stan Houston, Assistant Professor of Social Work and Social Policy in Trinity College Dublin for his support throughout my PhD journey.

Bibliography

Andrews, T. (2012) 'What is Social Constructionism?', *Grounded Theory Review*, 11(1), p. 9.

Anthony WA (1993) 'Recovery from mental illness: the guiding vision of the mental health service system in the 1990s', *Psychosocial Rehabilitation Journal*, 16(4), pp. 11–23.

Bambra, C. *et al.* (2020) 'The COVID-19 pandemic and health inequalities', *Journal of Epidemiology and Community Health*, 74(11), pp. 964–968. doi:10.1136/jech-2020-214401.

Banks, S. *et al.* (2020) 'Practising ethically during COVID-19: Social work challenges and responses', *International Social Work*, 63(5), pp. 569–583. doi:10.1177/0020872820949614.

Benton, T. and Craib, I. (2010) *Philosophy of Social Science: The Philosophical Foundations of Social Thought*. 2nd Edition. Houndsmill, Basingstoke, Hampshire; New York: Red Globe Press.

Berger, P. and Luckmann, T. (1966) *The Social Construction of Reality: A Treatise in the Sociology of Knowledge.* USA: Penguin Group.

Blundell, R. *et al.* (2020) 'COVID-19 and Inequalities*', *Fiscal Studies*, 41(2), pp. 291–319. doi:10.1111/1475-5890.12232.

Brennan, D. (no date) 'Mental hospital institutionalisation and deinstitutionalisation in Ireland', in *Mental Health in Ireland, Policy, Practice & Law*. 1st Edition. Dublin: Gill & MacMillan, pp. 11–24.

Brett, J. *et al.* (2014) 'A systematic review of the impact of patient and public involvement on service users, researchers and communities', *The Patient*, 7(4), pp. 387–395. doi:10.1007/s40271-014-0065-0.

Brosnan, L. and Sapouna, L. (2015) 'Opportunities for Social Workers' Critical Engagement in Mental Health Care. In Christie, A., Featherstone, B., Quin, S., Walsh, T.', in *Social Work In Ireland Changes and Continuities*. London: Palgrave, pp. 159–178.

Burr, V. (1995) *Introduction to Social Constructionism.* London: Routledge.

Clark, S. *et al.* (2021) '"You're a teacher you're a mother, you're a worker": Gender inequality during COVID-19 in Ireland', *Gender, Work & Organization*, 28(4), pp. 1352–1362. doi:10.1111/gwao.12611.

CORU (2019) 'Social Workers Registration Board Standards of Proficiency for Social Workers'. CORU.

Crepaz-Keay, D. (2016) 'Improving mental health in later life: the role of service user involvement', *Quality in Ageing and Older Adults*, 17(3), pp. 179–188.

Department of Health (2006) *A Vision for Change: Report of the Expert Group on Mental Health Policy.* Dublin: Department of Health.

Department of Health (2020) *Sharing the Vision: A Mental Health Policy for Everyone*. Dublin: Stationary Office.

Garcia, M.L.T. *et al.* (2021) 'The COVID-19 pandemic, emergency aid and social work in Brazil', *Qualitative Social Work*, 20(1–2), pp. 356–365. doi:10.1177/1473325020981753.

Gergen, K.J. (2009) *An invitation to Social Constructionism*. 2nd edn. London: Sage Publications.

Grant, P.R. and Smith, H.J. (2021) 'Activism in the time of COVID-19', *Group Processes & Intergroup Relations*, 24(2), pp. 297–305. doi:10.1177/1368430220985208.

Higgins, A. and McGowan, P. (2014) 'Recovery and the recovery ethos: challenges and possibilities. In McDaid, S., Higgins, A (Ed.) Mental Health in Ireland, Policy, Practice & Law', in *Mental Health in Ireland, Policy, Practice & Law*. Dublin: Gill & MacMillan, pp. 61–79.

Hjelm, T. (2014) *Social Constructionisms: Approaches to the Study of the Human World*. 2014th edition. Red Globe Press.

Jaradine, C. (2020) 'Why we need social workers to avert a prisons crisis: beginning a critical conversation', *Social Work 2020-21 under Covid-19*, 1.

Jørgensen, K., Praestegaard, J. and Holen, M. (2020) 'The conditions of possibilities for recovery: A critical discourse analysis in a Danish psychiatric context', *Journal of Clinical Nursing*, 29(15–16), pp. 3012–3024. doi:10.1111/jocn.15311.

McGarry, S. (2021) 'Nursing home residents are in the eye of a terrifying storm with no real plan'. *Irish Examiner*. 1st February 2021.

McMahon, M. *et al.* (2020) 'An audit of the well-being of staff working in intellectual disability settings in Ireland during the COVID-19 pandemic', *Tizard Learning Disability Review*, 25(4), pp. 237–246. doi:10.1108/TLDR-09-2020-0027.

Miller, V.J. and Lee, H. (2020) 'Social Work Values in Action during COVID-19', *Journal of Gerontological Social Work*, 63(6–7), pp. 565–569. doi:10.1080/01634372.2020.1769792.

Milne, A. (2020) 'Notes on a Scandal: Coronavirus & Care Homes for Older People', *Social Work 2020-21 under Covid-19*, 4.

Moth, R. (2020) '"The business end": Neoliberal policy reforms and biomedical residualism in frontline community mental health practice in England', *Competition & Change*, 24(2), pp. 133–153. doi:10.1177/1024529418813833.

O'Reilly, M. and Lester, J.N. (2017) *Examining Mental Health through Social Constructionism the Language of Mental Health*. Cham, Switzerland: Palgrave Macmillan.

O'Sullivan, K. *et al.* (2021) 'A Qualitative Study of Child and Adolescent Mental Health during the COVID-19 Pandemic in Ireland', *International Journal of Environmental Research and Public Health*, 18(3), p. 1062. doi:10.3390/ijerph18031062.

Patel, J.A. *et al.* (2020) 'Poverty, inequality and COVID-19: the forgotten vulnerable', *Public Health*, 183, pp. 110–111. doi:10.1016/j.puhe.2020.05.006.

Pleyers, G. (2020) 'The Pandemic is a battlefield. Social movements in the COVID-19 lockdown', *Journal of Civil Society*, 16(4), pp. 295–312. doi:10.1080/17448689.2020.1794398.

Ramon, S. (2018) 'The Place of Social Recovery in Mental Health and Related Services', *International Journal of Environmental Research and Public Health*, 15(6), p. 1052. doi:10.3390/ijerph15061052.

Rogowski, S. (2011) 'Managers, Managerialism and Social Work with Children and Families: The Deformation of a Profession?', *Practice*, 23(3), pp. 157–167. doi:10.1080/09503153.2011.569970.

Rose, D., Thornicroft, G. and Slade, M. (2006) 'Who decides what evidence is? Developing a multiple perspectives paradigm in mental health', *Acta Psychiatrica Scandinavica*, 113(s429), pp. 109–114. doi:https://doi.org/10.1111/j.1600-0447.2005.00727.x.

Sen, R. *et al.* (2021) 'Social Work under COVID-19: A Thematic Analysis of Articles in "SW2020 under COVID-19 Magazine"', *The British Journal of Social Work*, p. bcab094. doi:10.1093/bjsw/bcab094.

Shah, S.A. *et al.* (2016) 'Delivering recovery focused mental health care in Ireland: implications for services and practice development.', *Irish Journal of Psychological Medicine*, 33, pp. 121–128.

Sparkes, T. (2018) '"I Don't Think It Should Make a Huge Difference if You Haven't Got the 'R' Word in It": Practitioner Accounts of Mental Health Recovery', *British Journal of Social Work; Oxford*, 48(6), pp. 1736–1753. doi:http://dx.doi.org.elib.tcd.ie/10.1093/bjsw/bcx114.

Spolander, G. *et al.* (2014) 'The implications of neoliberalism for social work: Reflections from a six-country international research collaboration', *International Social Work*, 57(4), pp. 301–312. doi:10.1177/0020872814524964.

Summerfield, D. (2002) 'ICD and DSM are contemporary cultural documents', *BMJ: British Medical Journal*, 324(7342), p. 914.

Swords, C. (2019) 'Recovery and Co-Production: Understanding the Diverging Paradigms and Potential Implications for Social Workers, Irish Social Worker.', *Irish Social Worker* [Preprint].

Swords, C. and Houston, S. (2020) 'Exploring the Concept of Recovery in Irish Mental Health Services: A Case Study of Perspectives within an Inter-Professional Team', *Irish Journal of Applied Social Studies*, 20(1). Available at: https://arrow.tudublin.ie/ijass/vol20/iss1/4.

Swords, C. and Houston, S. (2021) 'Using Social Constructionism to Research the Recovery Movement in Mental Health in Ireland: A Critical Reflection on Meta-theory Shaping the Inquiry', *Irish Journal of Applied Social Studies*, 21(1). Available at: https://arrow.tudublin.ie/ijass/vol21/iss1/5.

Walsh, G. and Lehnert, F. (1967) *The Phenomenology of the Social World*. USA: Northwestern University Press.

Walter-McCabe, H.A. (2020) 'Coronavirus Pandemic Calls for an Immediate Social Work Response', *Social Work in Public Health*, 35(3), pp. 69–72. doi:10.1080/19371918.2020.1751533.