

Advancing Care and Services for Mental Health and Substance Use Disorders: *Lessons Learned from Social Work*

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THE SOCIAL WORK PROFESSION
FINDINGS FROM THREE
YEARS OF SURVEYS OF
NEW SOCIAL WORKERS

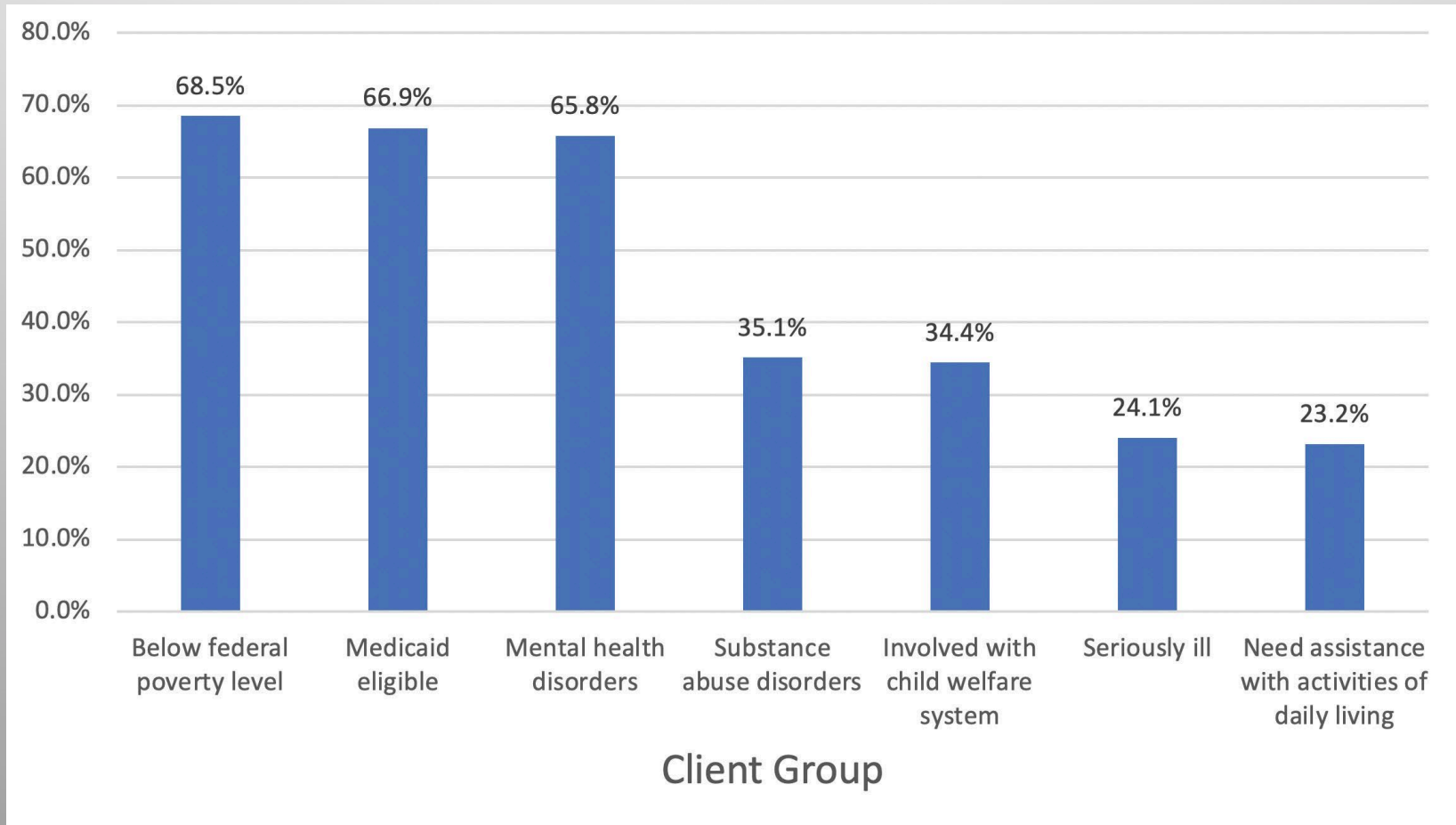


In terms of population served the second most common practice focus was people with mental health disorders, which was cited by more than a quarter of the respondents (25.9%).

The third most common practice focus was people receiving healthcare, cited by 11.3% of the respondents.

*Children and families were the most common practice focus (34.9%).

High Need Populations Served by Social Workers



Percentage of Direct Service Respondents with More than Half of Their Clients in Category

Source: Social Work Workforce Study, 2020

Social Workers Matter

Shylah is a 57-year-old single mother who has been juggling two part-time jobs to make ends meet. Lack of insurance has made her hesitate to seek medical care, but following several months of worsening abdominal discomfort, she has learned that she has ovarian cancer. During her initial hospitalization, she was referred to the oncology social worker who assisted Shylah in applying for medical insurance and linked her to additional resources. In collaboration with the interdisciplinary team, the social worker helped Shylah to understand her treatment options. Throughout her treatment, the social worker continued to meet with Shylah and her family as they coped with the myriad of physical, social, emotional, financial, and spiritual concerns associated with her illness. When Shylah's cancer recurred, the social worker organized her referral to hospice, and supported her family through their grief.

Source: Coalition for Social Work & Health
<https://www.socialworkandhealth.org/>

Social Workers are a
KEY part of the
health care team.



SOCIAL WORKERS YOUR KEY TO BETTER HEALTH

Too many people face preventable barriers to health and to quality healthcare. Social workers make an impact by skillfully supporting people today while working to build stronger systems for tomorrow.



Social workers **promote** health

- ▮ For over 125 years, social workers have contributed to improved health for individuals, families, communities, and the nation.
- ▮ They are expert communicators who guide people through complex systems.
- ▮ Social workers advocate for people to get the care they need so they can focus on what matters most.
- ▮ Supported by a code of ethics, social workers challenge barriers so that people have access to what they need for improved quality of life.



Social workers **enhance** hope

- ▮ As skilled clinicians, social workers use evidence-informed approaches to attend to the whole person – mind, body, and spirit.
- ▮ They work to ensure that care is tailored to each person's specific goals and needs, enhancing hope and wellbeing.



Social workers **improve** healthcare outcomes

- ▮ With social workers as part of the team, healthcare providers can focus on what they do best knowing that every effort is made to help people get what they need.
- ▮ They save resources for over-burdened care systems, supporting healthcare to be as effective and efficient as possible.

As essential members of your care team, social workers...

- | | | |
|--|---|--|
| ▮ Address concerns and priorities of people they serve | ▮ Provide counseling, support, psychotherapy, and education | ▮ Navigate care transitions |
| ▮ Link people with needed resources and services | ▮ Improve coping and enhance wellbeing | ▮ Provide emotional support to healthcare teams |
| ▮ Build therapeutic relationships that promote health | ▮ Address trauma, grief, and loss | ▮ Create policies and programs to better serve diverse communities |
| ▮ Coordinate care | ▮ Evaluate practices and programs | ▮ Enhancing resilience for patients, families, colleagues, and communities |
| ▮ Lead teams, departments, and organizations | ▮ Streamline collaboration and communication | ▮ Advocate for health equity |
| | ▮ Help manage complex situations | |

PALLIATIVE SOCIAL WORK

YOUR KEY TO BETTER HEALTH



Palliative care addresses the suffering and stress associated with a serious medical condition. These services are generally covered by insurance and available in hospitals, clinics, and community settings to people of any age, and any stage of illness. Palliative care teams are specially trained professionals who support the whole person – mind, body, and spirit. This collaborative approach is essential for the provision of person- and family-centered, culturally congruent, quality care, and is **key to better health**.

Palliative social workers **promote health** and **enhance hope** by providing individualized support, education, and counseling to patients and families by:

- **Completing** biopsychosocial-spiritual assessments to identify strengths and resource needs
- **Providing** evidence-informed interventions to enhance coping and well-being
- **Navigating** complex healthcare systems
- **Facilitating** family meetings to aid in understanding illness and treatment decisions
- **Leading** advance care planning conversations
- **Coordinating** care across settings
- **Advocating** for policies that improve services
- **Addressing** social drivers of health and other barriers to care

Palliative social workers enable healthcare providers to focus on what they do best, while working to ensure that people get what is needed to manage their health. Committed to social justice, social workers **improve healthcare outcomes** by aligning treatments to patient needs and preferences which can reduce unnecessary expenditures and overtreatment, increase patient satisfaction, and minimize healthcare disparities.

Palliative Social Work in Action:

Maria (age 6) is a cancer patient. Her family is devastated by Maria's diagnosis and hospitalizations, and strains to balance appointments with work. While other healthcare team members manage Maria's pain and medical treatments, the social worker assists her family with concrete needs and offers support as they cope. The social worker plans seamless care transitions with Maria's medical team and links the family to resources for improved access to care. Throughout treatment, the social worker continues to aid Maria's family with physical, social, emotional, financial, and spiritual concerns. After several years, Maria's cancer recurs, and the social worker organizes her referral to hospice. Upon Maria's passing, the social worker supports Maria's medical team as they, too, express grief.

References:

- Altizio, T., Otis-Green, S., & Cagle, J. G. (2022). *Oxford textbook of palliative social work, second edition*. Oxford University Press. <https://doi.org/10.1093/med/9780197537835.001.0001>
- National Consensus Project for Quality Palliative Care (2018). *Clinical practice guidelines for quality palliative care, 4th edition*. National Coalition for Hospice and Palliative Care. <https://www.nationalcoalitionhpc.org/nhcp/>

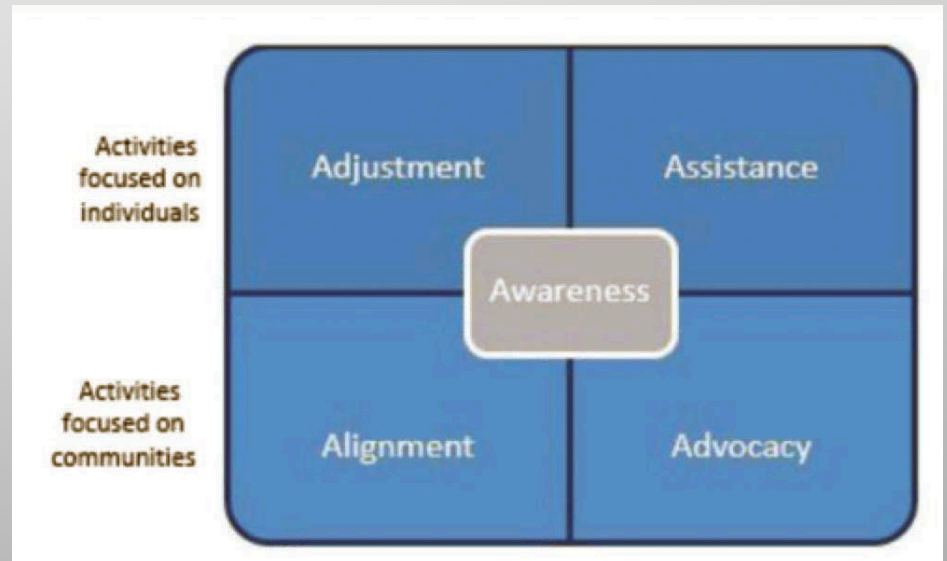
Join the movement to elevate and expand social work's impact
in improving our nation's health: www.chusci.org/cswb

#socialworkisKEY

“Committed to social justice, social workers improve healthcare outcomes by aligning treatments to patient needs and preferences which can reduce unnecessary expenditures and overtreatment, increase patient satisfaction, and minimize healthcare disparities.”

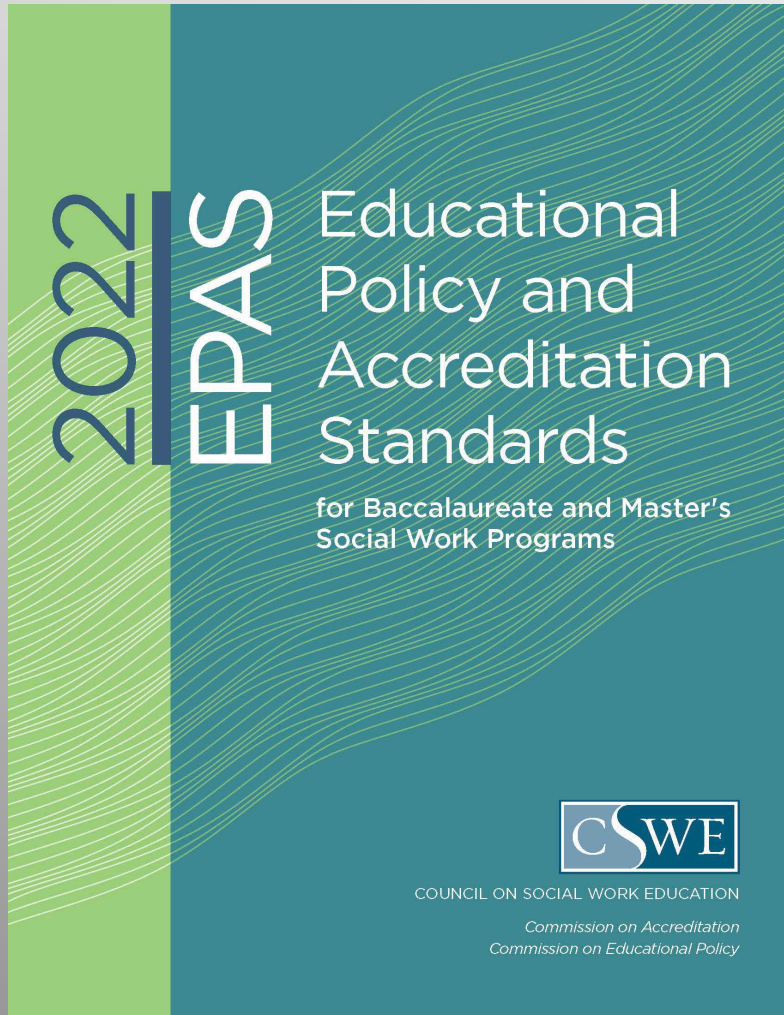


NASEM Framework for Action (2019)



Health care system activities that strengthen social care integration.

Social Work EPAS (CSWE)



The CSWE Board of Accreditation is “responsible for formulating, promulgating, and implementing the accreditation standards for baccalaureate and master’s degree programs in social work, for ensuring that the standards define competent preparation, and for confirming that accredited social work programs meet the standards.”

Social Work Competency-Based Education

- Competency-based education is an outcome-oriented approach to curriculum design.
- The goal of the outcome-oriented approach is to ensure that students are able to demonstrate the integration and application of the competencies in practice.
- In the EPAS, social work practice competence consists of nine interrelated competencies and component behaviors that consist of knowledge, values, skills, and cognitive and affective processes.



Social Work Competencies | 2022 EPAS

Competency 1: Demonstrate Ethical and Professional Behavior	Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities
Competency 2: Advance Human Rights and Social, Racial, Economic, and Environmental Justice	Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities
Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice	Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities
Competency 4: Engage in Practice-Informed Research and Research-Informed Practice	Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities
Competency 5: Engage in Policy Practice	

Source: CSWE Pre-Candidacy Workshops, 2022

Anatomy of a Competency

Competency title

Dimensions (knowledge, values, skills, cognitive/affective processes infused in paragraph, which shape curriculum content

Competency 1: Demonstrate Ethical and Professional Behavior

Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social Workers also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice. Social workers:

- make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;
- use reflection and self-regulation to manage personal values and maintain professionalism in practice situations;
- demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;
- use technology ethically and appropriately to facilitate practice outcomes; and
- use supervision and consultation to guide professional judgment and behavior.

Behaviors (observable components of competency demonstrated in real or simulated practice settings)

Source: CSWE Pre-Candidacy Workshops, 2022

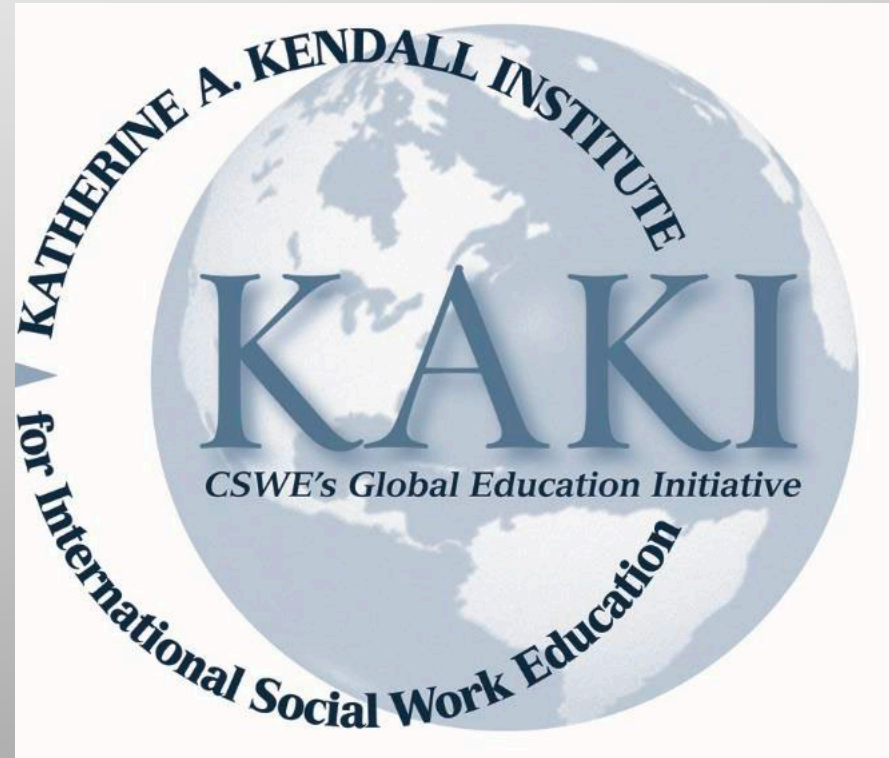
Field as Signature Pedagogy

- In social work education, field education is designated as the signature pedagogy.
- This practical, hands-on experience in a social work setting, is considered the core and most defining element of social work education, shaping how future practitioners learn to "think, perform, and act.”
- It's where students integrate theoretical knowledge with real-world application and develop professional identities.
- BSW students must meet a minimum requirement of 400 field practicum hours and MSW students 900 field practicum hours.

ICF Curriculum and SDOH

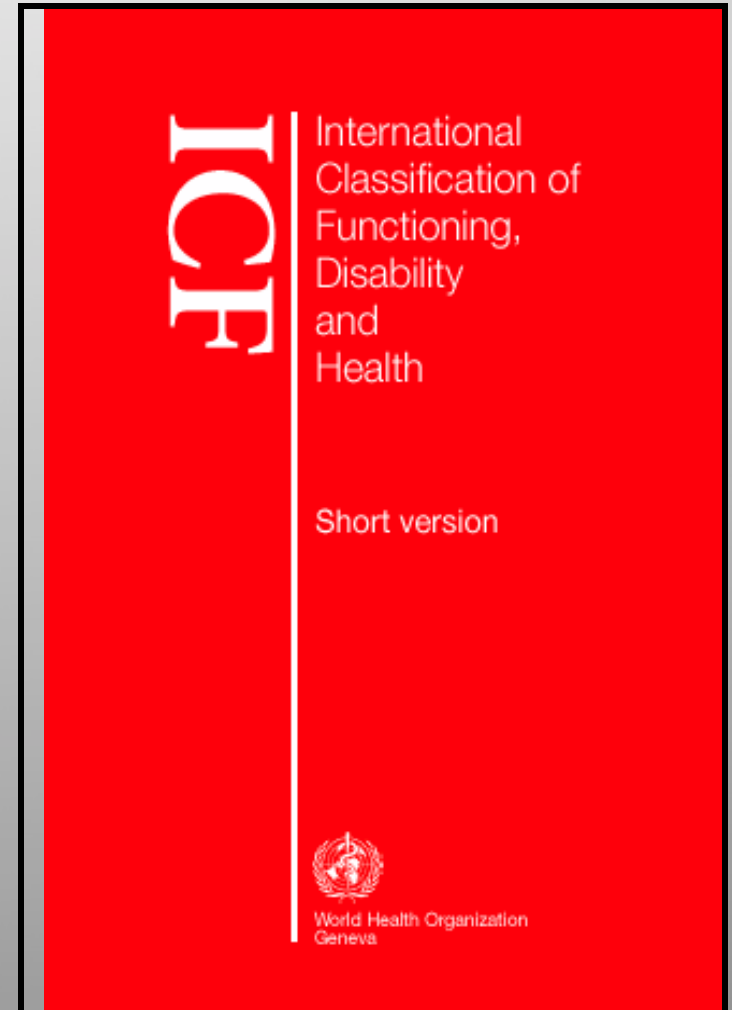
“Developing an ICF Curriculum to Educate Social Workers on Addressing Social Determinants of Health”

Principal Investigators –
Patricia Saleeby & LaCinda Jones



Overview of the ICF

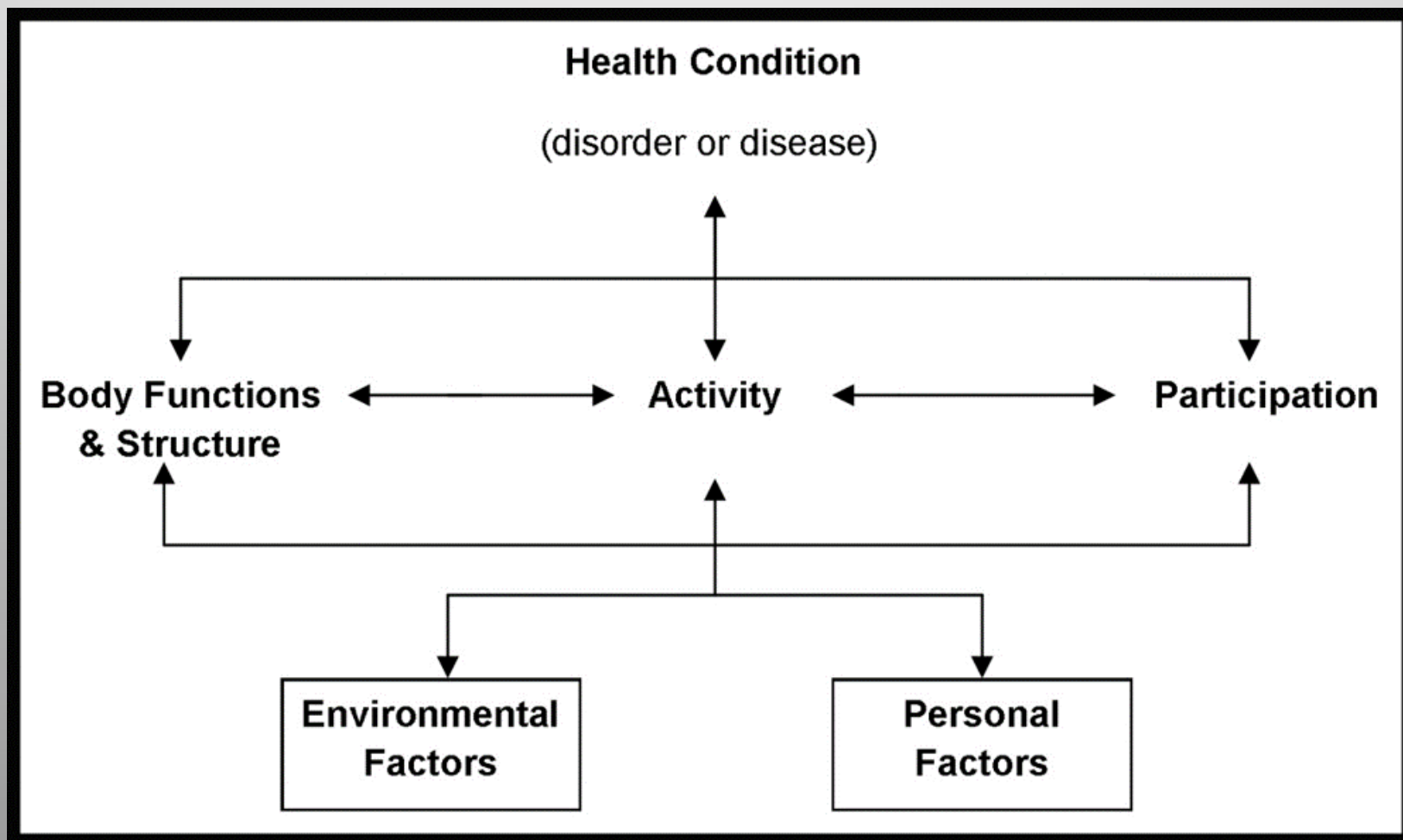
- The ICF is a classification of health and functioning.
- It is designed to capture information about one's lived experience.
- It is more versatile than a diagnostic system like the ICD-11, or DSM-V.



Why Functioning is Relevant

- Individuals with the same diagnosis (*ICD or DSM code*) usually exhibit different functioning levels.
- Consequently, their needs are not the same and their life situations require different types of interventions (not only health/medical but also social work and other interventions).
- A functioning based system is able to account for these differences identifying relevant risk factors, social determinants of health, and support factors.

ICF Framework (WHO, 2001)



ICF Activities and Participation

1. Learning & Applying Knowledge
2. General Tasks and Demands
3. Communication
4. Movement
5. Self Care
6. Domestic Life Areas
7. Interpersonal Interactions
8. Major Life Areas
9. Community, Social & Civic Life

ICF Environmental Factors

1. Products and technology
2. Natural environment and human-made changes to the environment
3. Support and relationships
4. Attitudes
5. Services, systems and policies

Personal Factors

- It's important to note that while personal factors are recognized in the ICF framework, they are not coded in the classification.
- Personal factors include variables such as age, race, gender, education, social background, psychological assets, lifestyle habits, upbringing.
- Personal and environmental factors facilitate the recognition of social determinants of health when addressing functioning of clients/patients.

Interdisciplinary Care

- Clinicians usually practice in diverse settings with other professionals as part of a care team.
- Therefore, the use of a common language and system like the ICF is beneficial for information sharing and for promoting collaboration.
- Clinicians regularly conduct assessment, intervention, and evaluation in practice.
 - There are ICF-based assessment tools available (such as the WHODAS) and existing assessments can be cross-walked to the ICF.

The Post-Acute Care InterOperability (PACIO) Project: Advancing Interoperability to Empower Global Healthcare



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Summary:

- The Centers for Medicare & Medicaid Services (CMS) sponsored the Post-Acute Care Interoperability (PACIO) Project which is providing a standardized method to change health information between Post-Acute Care (PAC) and other settings
- Concepts included in PACIO-developed EHR resources include mental/cognitive status, functional status (including speech-language-cognitive communication-swallowing-hearing), advance care planning, standardized medication lists, and identification of reassessment timepoints

Background

Post Acute Care (PAC) Needs

- 45% of Medicare beneficiaries require PAC services after hospitalization
- Home Health Agencies (HHAs) and Skilled Nursing Facilities (SNFs) were the most utilized services
- Thus, there is a need to be able to transmit information to/from PAC setting – however, few PAC systems can do this exchange.

PACIO Project

- Established February 2019 and supported by CMS
- A collaborative effort between industry, government, and others
- Goal: Establish a framework for the development HL7® FHIR® implementation guides (IGs) that electronic health record (EHR) vendors will use to build their systems, ultimately facilitating health information exchange

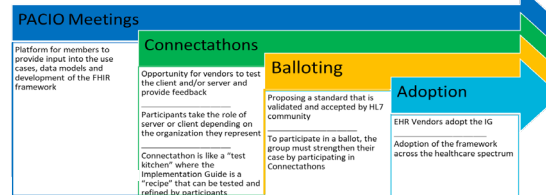
F – Fast (to design & implement)
H – Healthcare
I – Interoperability
R – Resources (building blocks)

Provides a standardized method of exchanging health information across healthcare settings



PACIO's Approach

Overall Process



Use Existing Standards & Terminologies

CMS PAC Assessments

- LCDS, RAI-MDS, OASIS, IRF-PAI, HIS, FASI
- Use as a starting point for data content to be exchanged

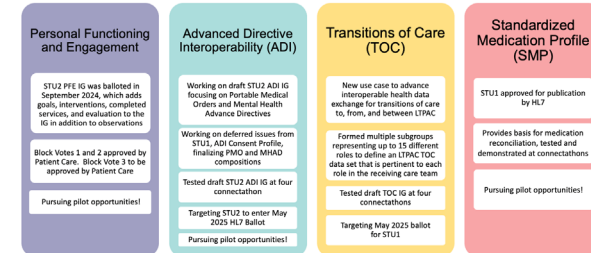
CMS Data Element Library (DEL)

- A centralized resource for CMS assessment data elements (e.g., questions and response options)
- Mapped to nationally accepted health IT standards
- Used to identify PAC-related data elements that can be more easily integrated into and EHR system

Determine Framework to Ground Content Domains

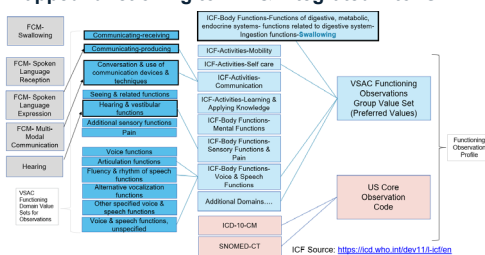
- Leverage the approach used by an HL7 FHIR project (Gravity; hl7.org/gravity) to identify specific domains to organize information exchange in PACIO's FHIR IGs
- Domains grounded in the International Classification of Functioning, Disability and Health (ICF; <https://apps.who.int/classifications/icfbrowser/>)

Define Use Cases



Findings

Mapped functioning to ICF & Integrated into IG



Successfully demonstrated use of IGs to exchange data

Example: January 2025 HL7 Connectathon

- 13 participants representing PAC, acute care, and a state health department created, exchanged, and queried information between disparate health IT systems
- Demonstrated 12 PACIO and other FHIR® IGs working together across 12 system roles and 100+ system interactions to allow data to follow a patient and be available for use at all points of care



See the demo recording

What's Next?

Share PACIO experience and promote adoption of FHIR® standard

Explore impact of consolidation of meaning across LOINC codes (in DEL) for similar clinical concepts

Demonstrate through Proof of Concepts (POC) working with implementers through real data/real patient pilots

Address challenges and opportunities:

- Healthcare ecosystem will need workflows and support for reconciling data from various contributors to determine the "source of truth"
- Cross-collaboration and cross-pollination across the health eco-system

Resources

pacioproject.org

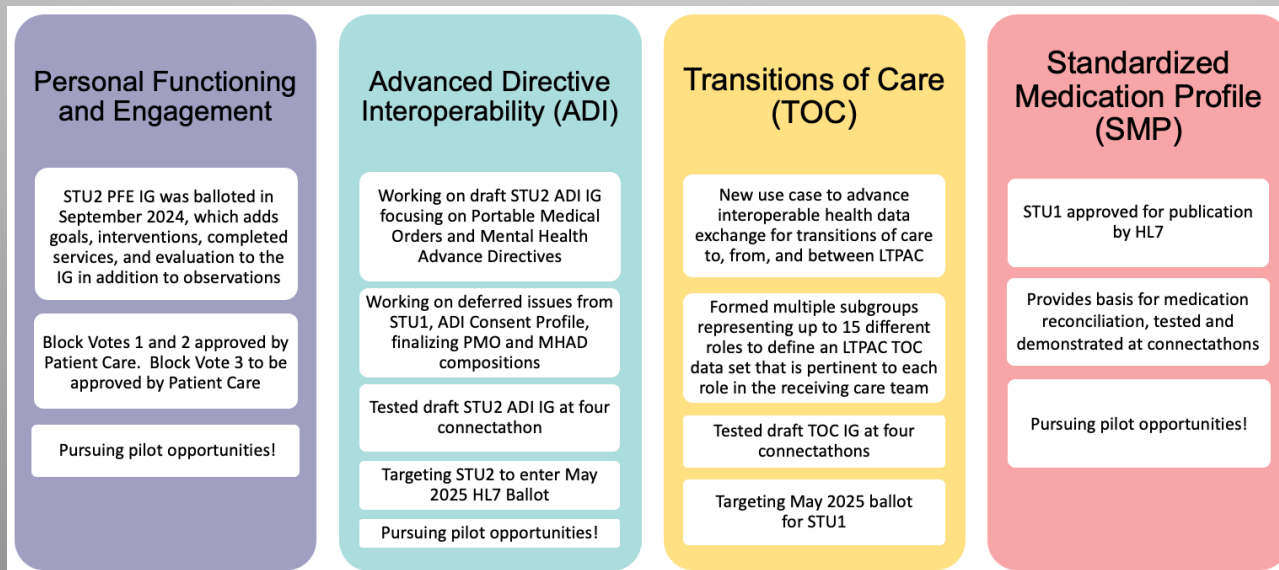
info@pacioproject.org

- <https://confluence.hl7.org/display/PC/PACIO+Project>
- github.com/paciowg
- youtube.com/@pacioproject

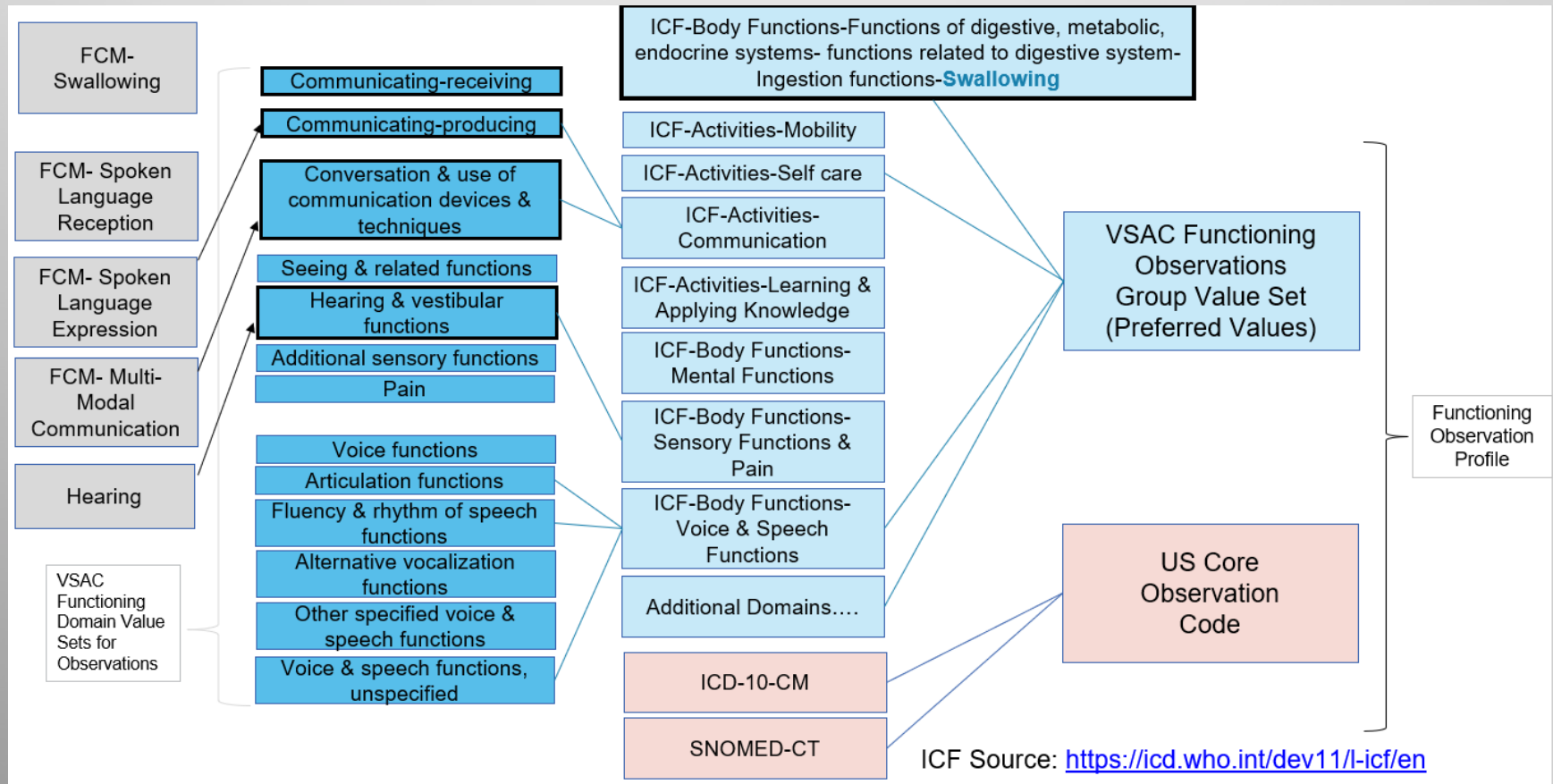


PACIO (Post-Acute Care InterOperability) Project

- There is a need to be able to transmit information to/from PAC setting – however, few PAC systems can do this exchange.
- FHIR (Fast Healthcare Interoperability Resources) provides a standardized method of exchanging information across healthcare settings.
- Leveraged the approach used by an HL7 FHIR project (Gravity) to identify specific domains to organize information exchange in PACIO's FHIR IGs.
- Domains are grounded in the International Classification of Functioning, Disability and Health (WHO, 2001)



Functioning Mapping to ICF





Clinical descriptions and
diagnostic requirements for
ICD-11 mental, behavioural and
neurodevelopmental disorders

- For implementation in global clinical settings, the WHO Department of Mental Health and Substance Use has developed the **Clinical Descriptions and Diagnostic Requirements (CDDR)** for ICD-11 mental, behavioural and neurodevelopmental disorders
- Provides a detailed guide for clinical application of the ICD-11 by global mental health professionals.
- Available for free download:
<https://www.who.int/publications/i/item/9789240077263>

Flexible Interview for ICD-11 (FLII-11)

- Need among WHO Member States for **open-access instruments** based on the ICD-11 to support national epidemiological studies of mental disorders and other population-based and clinical studies.
- Work on diagnostic tools began in 2014.
- The **FLII-11** is a structured diagnostic interview that **can be administered by trained lay interviewers**; provides a diagnostic evaluation of mental health conditions responsible for most of the global disease burden related to mental health and substance use.
- The FLII-11 is **modular and can be customized**; can assess current and/or lifetime diagnostic status.
- Versions for adults and adolescents have been developed.

Global Mental Health Academ


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Global Mental Health Academy

The Global Mental Health Academy offers state-of-the-art training on the identification, diagnosis and assessment of mental, behavioural and neurodevelopmental disorders based on the Eleventh Revision of the World Health Organization's International Classification of Diseases (ICD-11). We work with governments, health systems, scientific and professional societies and other educational institutions to design customized professional development opportunities. We provide both introductory and advanced courses of varying lengths and formats. Our courses prepare health professionals to implement the new ICD-11 Clinical Descriptions and Diagnostic Requirements (CDDR) in their clinical settings.

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Current training opportunities and past course offerings

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Training Topics

We provide training on a range of areas from the ICD-11 Mental, Behavioural and Neurodevelopmental Disorders

MORE

Faculty

Renowned global experts serving as Global Mental Health Academy faculty

MORE



“If medicine is to fulfill her great task, then she must enter the political and social life. Do we not always find the diseases of the populace traceable to defects in society?”

- Rudolf Virchow, 19th century German physician