
Guest commentary

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In introducing the mental health and well-being articles I have a confession to make: I tend to miss reading the editorial, as often I am curious about the content of the articles and so I cut to the chase, to the main articles. In reflecting on this pattern, this seems like an analogy as to how as social workers we can tend to approach complex issues by plunging into the middle of things, partly due to time constraints. In this process we can risk losing our awareness of the bigger picture. This issue of *Aotearoa New Zealand Social Work* establishes a reflective space which refocuses attention on workers' own health and wellbeing as practitioners in order to best assist clients and our employing organisations. It also explores the theories for practice that support client and practitioner's health and well-being. In this way, this special issue reminds us of the importance of attending to our self care and identifies the range of factors that sustain us and our clients in our work.

The potential for vicarious traumatisation or the vicarious impact of engagement with trauma and traumatic disclosures that we encounter daily in our work is one aspect of practitioner self care that has been written about extensively in the research literature from the 1990s onwards. What follows is in the tradition of this literature and underlined by the notion of practice wisdom – that the person you are and the person you work with are equally important to any single technique or approach you might use in your work as a social worker.

The contributors to this issue have sought through reflection and innovation to address aspects of health and well-being – their own, their clients and their research participants' health and elucidate what sustains recovery, health and safe practice. To do this, they move beyond the purely verbal and cognitive responses towards a holistic vision of themselves and their practice to provide insights into how social work can respond and work with the whole person, which includes the mind, body and spirit.

The issue opens with a study of a much neglected area on quality of life and happiness scale or QOL measures and how they relate to mental health practice and the healing of service users from mental illness. Drawing from the published research and policy literature, the authors, Kathy Martindale and Ross Phillips argue for a greater synthesis between quality of life measures and social work practice in mental health contexts. A case is argued that QOL needs to be integrated into, and so guide, practice with service users in their journey towards recovery.

There are two articles reporting the findings of research into vicarious traumatisation amongst social workers and sexual abuse counsellors. The first of these articles by Claire Virtue and Christa Fouché, deals with the special needs and requirements of practitioners working as counsellors who are engaged with traumatic disclosures, in relation to what kind of clinical supervision is helpful to their well-being. The authors report that a supervisory model that enables a holistic and relational stance is more helpful from the clinical supervisees' perspectives to ameliorating the more negative effects of the work.

The second article on vicarious traumatisation is one I have written and which is drawn from a larger study on counsellor stress and trauma amongst those registered to provide ACC sexual abuse therapy. The focus of this article is to explore the theories of practice that the participants in the research have found sustaining in their work with sexual abuse survivors. The nature of the theoretical eclecticism discovered amongst the research participants reflects the lack of fit between theory encountered during training and practice early in the participants' careers when there was little theory specific to trauma recovery to refer to. The subsequent developments in the participants' theoretical frameworks for practice are described, revealing the importance of theory to understanding complex client presentations and psychodynamic issues in the therapeutic relationship.

Following this theme of the relevance of holistic models of care, Brent Cooper and Jane Parsons' article on dialectical behaviour therapy in mental health practice proposes that there is a synergy between social work principles and dialectical behaviour therapy or DBT. Specifically, the dialectical process in DBT theory aligns with social work's emphasis on holding the polarities of acceptance and change, acknowledging the validity of multiple viewpoints and creating an environment for personal awareness and growth. As described in the other articles presented in this issue, Cooper and Parsons discuss the importance of client and worker interacting to co-create a safe place in which to work, to transcend difficulties in the client's early attachment experiences.

Wenli Zhang and her co-authors present a pilot study using a qualitative research approach and methods to evaluate the role of the Wellness Recovery Action Plan (WRAP), a western model, in the recovery of Bo Ai She (BAS), a Chinese mental health users' organisation. Drawing from a holistic model of mental health established by Copeland (2003, 2004), the authors asked if there was evidence of the effectiveness of WRAP for Chinese service users. The feedback from Chinese mental health consumers was that the WRAP programme had assisted them in fostering a positive attitude towards their recovery, by instilling a greater sense of personal responsibility and self advocacy.

I trust that this introduction encourages you to further read what the authors have written and I hope that you will enjoy and benefit from what you read.

References

- Copeland, M. E. (2003). *Mental health recovery including wellness recovery action planning: Facilitator training manual*. VT: Peach Press.
- Copeland, M. E., & Mead, S. (2004). *Wellness recovery action plan and peer support – Personal, group and program development*. Dummerston, Vermont: Peach Press.