

Guest editorial

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The intersection of social work, substance use and mental health – where are we now?

Social work is a global profession. The International Federation of Social Workers (IFSW) definition of social work includes that it “promotes social change and development, social cohesion, and the empowerment and liberation of people” furthermore, “using principles of social justice, human rights, collective responsibility and respect for diversities [...] social work engages people and structures to address life challenges and enhance wellbeing” (IFSW, 2023). In practical terms, social work is concerned with the contexts of people’s lives, looking outward to environments, relationships and social conditions rather than inward to individual thoughts and behaviors. This sets social work apart in the multidisciplinary environments of mental health and substance use treatment as other professional disciplines are more likely to be underpinned by a biomedical understanding of health and ill-health and a focus on treating the individual disorder or disease (Pockett and Beddoe, 2016; Hogan, 2019). While treatment is critical for people with dual diagnoses, it is more likely the social worker advocating for the person who does not turn up for their appointment or is experiencing the impacts of a family breakdown.

Dual diagnosis is an important practice arena for social work. The influence of the recovery movement in mental health and substance use settings has encouraged all practitioners to value lived experience, include families and carers, and use strengths-based approaches. This is core social work practice. We have a history of seeing the person in their environment and prioritizing people’s own explanations of their circumstances, their personal goals and their experiences of health and community services (Germain and Hartman, 1980). These things are core to the recovery movement and consistent with the values and ethics of social work (Glover, 2012). This includes understanding people as active agents within their environments who can make choices, drive change and challenge structural oppression (Kondrat, 2002). People who are active agents who can use support and advocacy, not passive recipients of care and control.

Many social workers practice in mental health and substance use settings. Workforce surveys in the USA and Australia identified a third to nearly half of the qualified social workers practicing in these areas (Kurti *et al.*, 2018; Salsberg *et al.*, 2020). For the remaining social workers, mental health conditions and substance use are confounding factors in their work with people experiencing or perpetrating domestic violence (Nguyen *et al.*, 2023), homelessness (Zufferey and Horsell, 2017) and child protection (O’Leary *et al.*, 2018; Baidawi, 2020), for example. There is a clear need for social workers to understand and respond effectively to people with dual diagnosis regardless of the area they practice in.

In a recent editorial, Rao (2022) suggested we need a “call to action” to improve research and practice in under-researched areas including the interface with primary care, pharmacological approaches and psychoactive substance. We argue that a “call to action” for social workers is also required to ensure that we are working toward services that involve

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integrated care, advocacy and harm reduction approaches for the populations who continue to experience stigma and “wrong door” entry to both services (Lubman, 2020).

Given the reach of the profession across sectors and around the globe and the values underpinning practice, social workers should be well-equipped to work in dual diagnosis. The papers in this special issue demonstrate that social work has much to contribute toward the field of dual diagnosis – this includes service navigation, advocacy and harm reduction. However, the call to action remains because, as all the papers note, the need for systems reform and the provision of integrated care has a long way to go.

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