Emotion management and the Approved Mental Health Professional

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Emotion management and the Approved Mental Health Professional

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Staff profile

“Pull”: the active use of dissonance
Just a bit about me

- Senior lecturer at Open University managing the social work qualifying degree(s) in 2 regions: Yorkshire and North West England
- Qualified, registered social worker
- Mental health social work, including as an Approved Social Worker and manager of crisis team
- Mental Health Act Commissioner
- PhD University of Manchester supervised by Professor Alys Young and Dr Stephen Hicks
What I shall cover today

- Background to the research and the aim of it
- Methodology and methods
- Analysis
- Thesis that has emerged, with Illustrations
- Implications
Background

The Approved Mental Health Professional is a relatively newly reorganised legal role which encapsulates two major policy changes in England and Wales:
The distribution of professional roles in mental health services
a growing trend towards integration of the workforce and the belief that most tasks can be undertaken by any worker irrespective of professional background, education or training
The reform of mental health legislation
In England and Wales the role of those eligible to undertake compulsory mental health assessments no longer exclusive to social work

Introduces other professions (nursing, psychology and occupational therapy) and renames the role as approved mental health professionals

Or AMHPs
Mental Health Act 2007
New Roles
Guidance for approving authorities and employers on Approved Mental Health Professionals and Approved Clinicians
Not just policy…….

Two early studies:

- The Approved Social Worker role might be opened-up to other non-medical professionals (Huxley and Kerfoot 1994)

- The Approved Social Worker workforce in England and Wales was declining at the same time as the workload was increasing (Huxley et al., 2005).
• Underpinned the reformed Mental Health Act in England and Wales

• Persists today
Research view

Research to date suggests that AMHPs experience the work in a negative way and that it has a negative impact on them:

Mental health social work and AMHP work is emotionally exhausting, stressful, increases risk of burnout and that this will be the same for any professional undertaking this work

Evans et al. 2005,
Evans et al., 2006,
Huxley et al. 2005
Hudson and Webber 2012
Aim

My research took place over a period of four years (2012 to 2016). It aimed:

• to explore the role and experience of AMHPs
• to explore the influence, if any, of professional identity on the AMHP role
• to examine any emotional aspects in undertaking the AMHP role, from each research participant’s perspective
Emotional aspects focus today
Methodology: IPA (Smith et al., 2009)

Phenomenology
• or, the focus on the lived experience
• to explore the experience of the Approved Mental Health Professional

Hermeneutics
• or, the meaning and significance for the person and how this is interpreted
• to explore what it means from their perspective

Idiography
• or, the concern with the particular
• focus on the particular designation of the Approved Mental Health Professional and analyses data in detail
Method

- Purposive and snowball sample
  - 5 Social workers
  - 5 Nurse
  - 2 Occupational Therapists

- Ethical Approval
  - University
  - Association of Directors of Adult Social Services
  - National Research Ethics

- Access
  - Local Authorities
  - National Health Service Trusts
Method

Semi-structured interviews including the drawing and description of a rich picture

Specifically, the rich picture was to depict their experience of undertaking the AMHP role
What is a rich picture?

Developed in the early 1980s as part of a Soft Systems Methodology for gathering information.

Two purposes:
- **Evoke** a no holds barred representation
- **Record** this representation

A rich picture is the first step in a diagramming method to portray organisational structures and to enable communication about their complexity.
The cognitive process required to draw leads to a more succinct presentation of the key elements of participants’ experiences (Kearney and Hyle 2004:376)

Use of both visual and word based research methods offers a way of exploring both the multiplicity and complexity that is the base of much social research interested in human experience (Guillemin 2004:273)
Analysis

- Audio taped and transcribed interviews
- Took photographs of the rich pictures
- Imported both the transcripts and photographs into a computer software package
Analysis

- Coded transcripts
- A memo for each script and in turn a memo for each script memo; the double hermeneutic
- Journal *housed within* software package
- Journal initially records the mechanics
- Increasingly records the thought and reflections as I did the analysis alongside the stages of IPA analysis also housed within the software package
My findings?
Requirement of AMHPs: emotional aspects

The ability to manage difficult situations of anxiety, risk and conflict, reflecting on how this affects themselves and others

Her Majesty’s Government, 2008 paragraph 4.6
Negative emotions
Being left alone
Being time pressured
“yanking my chain”

“I really felt on Wednesday that I was somebody else’s bitch. That is not a great way to describe it but I just felt like there were all these people yanking my chain and I was there to do a job but I was being stopped from doing that because all of these other people wanted a piece of me and wanted their views known and their needs met and their targets.” (Social Worker 3)
But, also positive emotions
Satisfaction

While the picture contains illustrations of frustration here in having to wait for an ambulance, she described the heart in her picture as meaning a best outcome for person and their family. She felt she had done a good job and that a hospital admission was needed in order to provide the appropriate treatment.

(Nurse 5)
Nice atmosphere

“The senior practitioner who was backup that day she said she really enjoyed it you know the environment she was in she said it was you know it was very busy and it was hectic and there was a lot of stuff going on and we were throwing a lot of things around it was a really nice atmosphere to work in.”

(Nurse 2)
Positive effect of pressure

“Yeah and like I say you know sometimes pressure’s good it gets you thinking.”

(Nurse 1)
Both
“Because the day that you are not nervous then you could be making a mistake you could be too casual so it’s ok to be nervous In fact it’s good. Not so nervous that you can’t do things properly, but it’s to have that bit of anxiety because it’s something that has big implications.” (Occupational Therapist 1)
Being anxious and being in control

“I think it’s healthy to have that anxiety but it makes you, well it makes sure that you are checking, double checking that things are in place and you are covering for all eventualities and the minute you get, yeah I know him I know he could possibly be aggressive, he could possibly be violent but he knows me I know him you know I'm sure I can manage this situation.”

(Nurse 1)
Discussion

At first, this analysis shows that participants: nurses, social workers and occupational therapists, both male and female, irrespective of longevity, experience anxiety and fear and the potentially harmful impact of dealing with risk or conflict as AMHPs.
However, they also at the same time experience a range of positive emotions, sometimes in direct contradiction.
In reflecting on their role, these seemingly contrasting emotions co-exist for participants who also use them to control their practice as they ‘stand back’, or ‘hover over’.
"I think it was the bit about yeah actually being pulled in every direction is hard but actually sometimes not being pulled in any direction you can’t you can’t escape you kind of you have to let yourself be pulled in a way which is why I put the hole in it because you kind of you can’t run away from it." (Social Worker 1)
The use of contrasting and sometimes conflicting emotion by the individual is a way of allowing not being in control but also, *simultaneously*, using the presence of these emotions to be in control.
Conclusion

These data indicate that a range of seemingly paradoxical emotions, those which on the one hand could be damaging to confidence and those which on the other suggest poise, are present, but also that participants experience them as *co-existing* in their reflections on practice.
In addition participants also, on occasion, experience not being in control while, *crucially*, simultaneously using a contradictory emotion to achieve this.
Both aspects constitute a significant and deliberate use of emotion involving, not just the existence of contrasting emotions, but the use of them.
Referred to as “pull” in this analysis, the active use of dissonance is a fundamental aspect of how participants experience being an AMHP.
Implications

• Training and development of AMHPs

• Attributes of AMHPs. Does any profession have an exclusive ability to carry out the AMHP role and in particular is this specific to social work?

• Review of mental health act: based on overuse and especially for certain groups

• The use of IPA fits well with exploring the experiential and it is suggested can be more actively used as a methodology in social work research.
References


Further reading

Vicary, Sarah; Young, Alys and Hicks, Stephen (2016)

A reflective journal as learning process and contribution to quality and validity in interpretative phenomenological analysis. 
Questions
Comments?