Emotion management and the Approved Mental Health Professional: "pull" the active use of dissonance

Conference or Workshop Item

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Emotion management and the Approved Mental Health Professional

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“Pull”: the active use of dissonance
Background To Research
Aim
Methodology
Method
Analysis
Emerging Thesis With Illustrations
Background

The Approved Mental Health Professional is a relatively newly reorganised legal role which encapsulates two major policy changes;
The reform of mental health legislation in England and Wales
The distribution of professional roles in mental health services
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
Aim

This research aims

- to explore the role and experience of AMHPs
- to examine any emotional aspects in undertaking the AMHP role from each research participant’s perspective
Requirement of AMHPs

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
Methodology IPA

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<tr>
<th>Phenomenology</th>
<th>Hermeneutics</th>
<th>Idiography</th>
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<td>• or, the focus on the lived experience</td>
<td>• or, the meaning and significance for the person and how this is interpreted</td>
<td>• or, the concern with the particular</td>
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<td>• to explore the experience of the Approved Mental Health Professional</td>
<td>• to explore what it means from their perspective</td>
<td>• focus on the particular designation of the Approved Mental Health Professional and analyses data in detail</td>
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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 is 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

Taken photographs of the produced rich pictures

Imported transcripts and photographs into a computer aided software package

Analysed through coding of transcripts, but also through a memo for each script and in turn a memo for each script memo; the double hermeneutic
Current view

Research to date suggests a negative experience:

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
Negative emotions: being left alone
Being time pressured
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 also contains illustrations of her 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)
Both; being nervous and its positive effect

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)
Anxiety- 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)
Positive effect of pressure

Yeah and like I say you know sometimes pressure’s good it gets you thinking (nurse 1)
Emerging thesis: “pull”; the active use of dissonance
At first, this analysis shows that participants, nurses, social workers and occupational therapists alike, both male and female, and irrespective of longevity, experience anxiety and fear and the potentially harmful impact of dealing with risk or conflict when undertaking approved mental health practice.
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 approved mental health practice as they ‘stand back’, or ‘hover over’.

The use of contrasting and sometimes conflicting emotion by the individual is a way of allowing not being in control but also, simultaneously, using their presence to be in control.
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
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. In this analysis this active use of dissonance is referred to as ‘pull’
Thesis

Both aspects constitute a significant and deliberate use of emotion during approved mental health practice 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 approved mental health practice.
References


Questions
Comments?