AMHP Practice and Decision-Making: Looking for the Evidence

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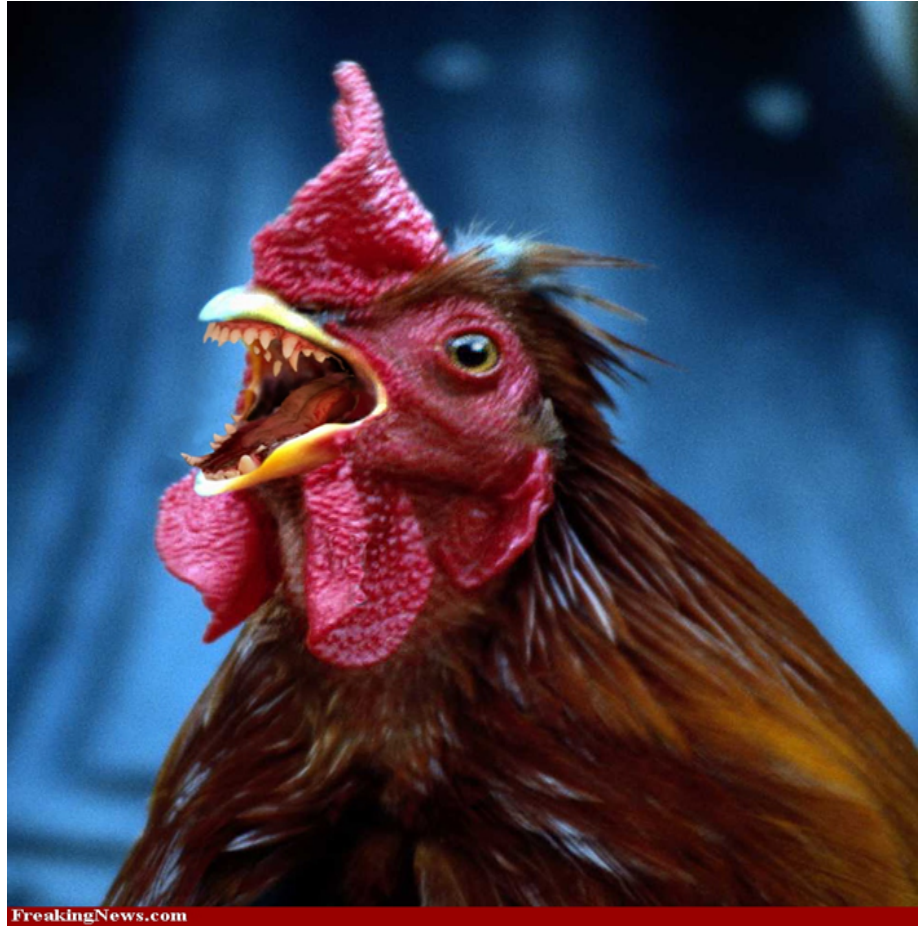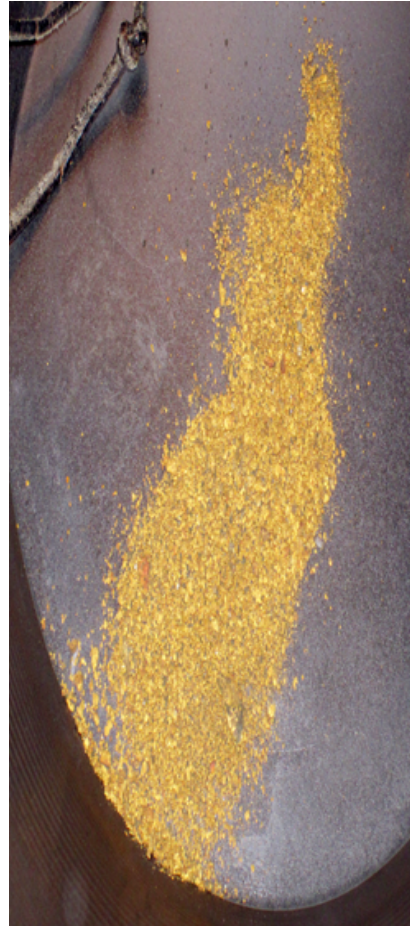
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AMHP: The Evidence-Base

Background

- Limited empirical understanding for those critical reflections!
- Statutory competencies lacking expansion:
    - (4g and 5f!   )
- Longstanding problems: disproportionate outcomes
- New problems e.g. NO BEDS
- Report writing and AMHP re-approval submissions?

Our Current Focus ...

- Wide angle

- Zoom

It's not all academic …

- Requests for evidence: AMHP Leads forum

- Creative CPD/Refresher: Evaluation-oriented?

- Outstanding AMHP portfolios – Share them?!

- Many interested AMHPs out there …

- MHA Review and practitioner engagement

- MHA reforms and how we 'do' the work, e.g. *apply* Guiding Principles
    - (Empowerment and Involvement   )

Example: My Research

- AMHPs should make independent, autonomous decisions, use discretion and little is known about this

- Outcomes of MHA assessments are variable and influenced by many factors, disproportionately affecting some groups, or indirectly discriminating (DOH, 2015a)

- Empowerment and Involvement Guiding Principle: service users should be 'fully involved in decisions' –Shared Decision Making techniques? (e.g. NICE, 2011)

Research Project: Qualitative Methodology

- Ethnography in various settings (more than interview schedule)

- Observing/recording 10-15 MHA assessments
  - ➢ (Ethics ?!)

- In-depth interviews with AMHPs and service users

- Conversation Analysis: content, style of communication and power relations

Influential variables – What do we know?

- Organisational:
  - Team settings – 'hubs' and localities?
  - Other services and resources – out of hours

- Atmospheric and Environmental
  - Hot-desking, open plans and leafy barns!

- Communication, Power and Interpersonal Dynamics

Psychiatry and Power

- Explicit, structural methods of power and control

- Foucault: Power as set of ever-present possibilities, linked with everyday communication and activity

- Subtle, individual forms of influence/manipulation?

Empowerment and Involvement Principle

- Patients should be **fully involved** in decisions about care, support and treatment

  - So … how do we do "full involvement" and evidence it?

Empowerment and Involvement

- A patient's views, past and present wishes and feelings ... should be considered so far as they are **_reasonably ascertainable_** (Code, 1.8)

  - So ... what's reasonably ascertainable and how do we measure it?

Empowerment and Involvement

- Patients should be enabled to *participate in decision-making as far as they are capable*

- Consideration should be given to what *assistance or support* a patient may need … and [this] should be provided, to ensure *maximum involvement*

(Code, 1.10)

Literature-informed research

- Professionals have difficulty understanding and predicting service users' priorities

- We understand autonomy and 'decision-sharing' differently

- Service users prioritise the **relationship and affective components** of decision-making

- Professionals' preferences tend to dominate and decisions are often made without negotiation (Matthias et al, 2012)

Literature-informed research

- We don't automatically enable participation but **intuitively 'feel'** if a service user wants to be involved or not (Goossensen et al, 2007)

- Service users report that they are 'seen but not heard' (Johansson & Lundmann, 2002)

- Underlying threat of compulsion influences or distorts decision-making (Quirk 2008)

Evidence from Conversation Analysis

- The way questions are asked influences challenge or 'push-back'

- What's *actually* going on - not what people say from interview

- Observable patterns of conduct – not interpretations

- Practitioners can 'see' their own practices and what works

Patterns: Opening a Conversation

- Doctors' consultations:
    - Open form enquiries (e.g. 'What can I do for you today?)
    - Closed form enquiries (e.g. 'So it's your left leg …?')

- Former associated with patient satisfaction (Heritage and Robinson, 2006)

Patterns: Ending a conversation …

- "Is there *anything* else?" – projects that there won't be problems and leads to a 'no'

- "Is there *something* else?" - invitation to a yes and sharing new symptoms

- Whether or not patients revealed additional concerns is strongly associated with how doctor asks the question

Conversation Analysis: Choices and Decisions

- What communication practices give service users choice?

- How do they respond?

- **Patient View Elicitor**: things that operate as offers: 'what do you want' versus 'this is what I think you should do'

- Responses have a structure: they forward the action or they block it

- Option lists and recommendations: look at each decision-making moment for what response is being created

Conversation Analysis

- Signs of 'trouble' and push back: unconventional silences and overlap patterns

- Delivery of bad news talk: I hesitate to … I am sorry that …

- Embodied actions expressing regret or upset

- Examples of medical authority – the doctor says …

- 'Right': Indicates that I am going to take over the talk

Option Lists

- **Offers:** I can give you up to three injections

- **Proposals:** 'Why don't we try this …' (negatively constructed: puts pressure on person to accept)

- **Suggestions:** You know you could try …

- **Instructions:** You need to do this …

- **Pronouncements:** This is what I'll do … I'll start you on …

Implications: MHA Review and beyond

- New principles will be 'on the face' of the new MHA: within, and at the front of, the Act

- They will govern everything within it

- They would provide the statutory basis for all actions taken under the Act, setting standards for services, and providing patients with clear expectations (p.63)

Empowerment and Involvement:
To become Choice and Autonomy?

- Choice and Autonomy should include the need to enable and support the person to express their will and preferences, and to ensure that their **will and preferences are given proper weight in decision-making** (p.64)

Implications: MHA Review and beyond - Further Research

- How statute is used and how practice can address differential outcomes

- Models of 'good' communication (particularly with psychosis) are underdeveloped

- Need more work around decision-making variables

- Awareness, reflection and training around Shared Decision-Making?

Let's Start a Movement!

Approved Mental Health Professional

National Conference 2019

14th May

Research-Informed Practice   The Priory Rooms
Practice-Informed Research   Birmingham, B4 6AF