Expert by Experience: Approved Mental Health Professional study

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Abstract

The current paper presents auto-ethnographic reflection of my experience of teaching on the Approved Mental Health Professional (AMHP) programme. I begin by setting the context with some biographical information before going on to describe and reflect on my experiences teaching and assessing on this programme. I reflect on presenting myself to the students, and the process of developing trust with them. I further consider how my story seemed to impact on the students, but how being part of the process also impacted on me and my own experiences. Being mindful of the responsibility an AMHP carries, which can be life changing, is something all professionals will be aware of; the importance of Service Receivers being part of their training is critical so they can understand the impact their decisions can have on individual people.

Keywords: expert by experience, mental health, AMHPs, auto-ethnography

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Foreword

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The paper you are about to read has been written by Reuben Hares who began teaching on the Approved Mental Health Professional[1] (AMHP) training programme at the University of Cumbria as an 'Expert by Experience' four years ago, and quickly developed his role as a much valued member of the programme team.

Reuben's specialist input in the curriculum enhances empathy and insight into the lived experience of people who are often stigmatized by an unforgiving system; furthermore, Reuben sensitively challenges the status quo by welcoming and encouraging critical debate within his lectures.

The inclusion of people with experience of mental health services within AMHP training, creates an opportunity for learners to explore the reality of the impact of the professional role on individuals and their families. Moreover, it offers an opportunity for the learner to examine and critique the power differential between the 'Professional' and the 'Person/Service Receiver/Patient'. The Professional and the Person are not two separate and distinct concepts, and engagement with these debates firmly establishes humanity, ethics and human rights discourse within the curriculum.

Reuben's paper evidences the importance of his expert contribution, and will be of relevance to anyone interested in mental health, anti-oppressive practice, recovery and knowledge building, and to those who develop and deliver professional courses.

I am honoured to have met and worked with Reuben and appreciate his hard work and continued commitment to teaching. What follows is Reuben's auto-ethnographic reflection of his experience of teaching on the AMHP programme.

[1] Approved Mental Health Professionals are authorised to coordinate and conduct Mental Health Act Assessments, under the Mental Health Act (1983, as amended 2007)

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Biographical Introduction

When I was diagnosed with Paranoid Schizophrenia 15 years ago there was little hope of ever finding the person I knew before. Psychosis and an admission to hospital had stripped me back to the bare bones. I felt worthless and obsolete. I was referred into day services which consisted of a walking group and a social activity. I wanted to be as far away as possible from mental health services and anything that reminded me of my condition. There were no clear aims and I had no sense of purpose. I had not yet learned to manage my illness or use the services appropriately and on reflection, services had not developed far enough to encourage recovery and identify potential. I had not yet begun my recovery journey. Several years of intermittent illness ensued.

I recall feeling like I was draining the resources which were keeping me alive and sought to give something back. I spoke to student doctors when requested, and even made it onto local radio and TV. Challenging stigma and people's perception of mental illness was at the forefront of my mind.

The first time I came across the concept of involving people who receive mental health services in their development was when I was approached by a training officer for Carlisle and Eden MIND to participate in a group project called "Our Experience", with the aim of getting Service Users included in training packages. The group was made up of a mix of carers and those with first-hand experience of mental health. I found myself frustrated with the lack of direction, but it provided insight in to what may be possible. The training sessions we ran for other agencies were person centred and focused on improving understanding of mental health.

Having received support from Croftlands Mental Health Charity since 2005, I moved into a supporting role in 2009 and was voted on to the management committee as a trustee in 2012. The management committee consisted of staff, members of the public with relevant experience and service users. There were lots ideas about what needs to be achieved with regard to incorporating service receivers into service delivery, but how we achieve it remains elusive and is possibly only something we can learn in time.

The University of Cumbria invited me to talk to the social work students when they implemented their expert by experience policy 4 years ago. Since then I have done presentations for undergraduate and postgraduate social work students, I have been on the interview panel for course candidates and assessed the Assessed and Supported first Year in Employment (ASYE), MA and AMHP presentations.

Synopsis

For the purposes of this paper I am going to look at the work I did with the AMHP students with an auto ethnographic approach. I will reflect and evaluate my teaching material to see how I might improve delivery. I will study the impact of the sessions on the students by exploring how they demonstrated an understanding of empathy and personal responsibility, and also how I projected its importance.

Despite there being common themes, the sessions I have led are organic in nature and depend on the interest and engagement of the class. The freedom I was allowed in constructing the teaching sessions has meant the responsibility for their effectiveness lies with me. It seems necessary to reflect on my teaching to gain a better understanding of what is required to help the students understand things from a service receiver's point of view. I will discuss the information I have presented to AMHP student's and evaluate its effectiveness or lack of. It is also important to me to understand where the AMHPs academic learning relates to my experience. I will analyse how my teaching is contributing to a unique understanding of the effect of being detained and what may have prevented my incarceration, with particular attention to my potential and the influence of mental health services. By combining my teaching practice and the reflective analysis I hope to draw conclusions about how best to move forward with my involvement as an Expert by Experience

Teaching

The first session was quite general, and I talked loosely about my experiences and the impact of services and intervention. On different occasions, I delivered two presentations; Psychosis, Trauma and Mental Distress, the content of which I designed specifically for the AMHP students.

In the first instance of meeting the AMHP students I would talk extensively about my hospital admissions and the implementation of services, my involvement with social workers and the path of my recovery. I found each time I delivered this session different facts came to light and no two sessions were the same. I tried to maintain relevance to the course and the module by talking about how I ended up in hospital, my mood and my behaviour in particular. I was asked what may have helped in the process for which I had no answer. I explained the basis of my recovery and maintaining my well-being was about accepting the past and reflecting on what has been rather than what might have been. I am comfortable about presenting myself and the experiences I have had although I have noticed sometimes a reluctance to engage with me and an attitude not productive in learning. The opportunity is always highlighted by my support, but often the fear of being wrong or upsetting me prevents someone asking a question.

When presenting my ideas about psychosis I refrained from talking solely about my experience and focused on a more clinical approach. I felt I was offering an alternative to the medical model in the style of academic theology. I gave my own definition in contrast to the Oxford English Dictionary and used diagrams to demonstrate my ideas. I started to understand the cathartic nature of being an expert by experience in the early stages of my involvement, and to present my ideas in a way that was taken on board by people who were going to directly affect the life course of another, was powerful. My ideas about psychosis have changed over time but the information I have provided is still relevant. The style in which I presented was very much about who I am and my aim was to challenge any preconceived ideas about what it is to have a diagnosis of paranoid schizophrenia. I learned that many people, even professionals have little comprehension of what it is like to go through an episode of psychosis and most only see the behaviours it causes.

The second presentation, “Trauma and Mental Distress”, was delivered later in the programme and more advanced in content. It is the most challenging presentation I have done so far. I began by giving a brief introduction to myself and what I had been through so as to add weight to my theory. I focused on an understanding of trauma and emphasised it can be a cause of mental distress as well as a result. I provided my own definition in contrast to existing ones. I also used a diagram to show the relationship between trauma and mental

distress, which took some explaining, but I was reassured by some positive feedback. I took some time to labour the point I am not academically qualified in mental health so the theories I presented were simply ideas, not facts.

On discussing the numerous admissions to hospital, I discovered the circumstances in which I was sectioned were very different, but I chose to focus on the first and most poignant. I noted the interest and hoped to inspire empathy as I told the group about my distress and confusion when being detained. They focused around how they could counteract the processes which make admissions to hospital so painful.

Since the first episode of psychosis, a feature of my wellness was finding humour in my situation and I have found using humour to teach can be appropriate in building a rapport. I challenged their perception of "normal" by demonstrating there may be circumstances which seem very obvious, but a person may not understand. What one senses in a crisis, with all the theory in the world, is not always understood at the time. Although I had not come into contact with an AMHP until teaching them, for the reason that they did not exist prior to my most recent admission in 2007, I conveyed the difference between studying to be an AMHP, and actually practicing as an AMHP. I spoke with honesty about how the admission to an intensive care ward for the first time changed my life path irrevocably. The power to section an individual is not to be taken lightly and one might be called to justify their decision. One way I thought my admissions could have been less provocative was to give a reason for my detention as I often felt it was a punishment rather than a treatment.
My recovery has been based on being responsible for my own actions. Although conditions of mental ill-health are varied and the effects are particular to the individual, a common theme when in a state of crisis; that is externalising what has been latent. I demonstrated a build-up of symptoms which was mistaken for a drug induced psychosis on my first admission. The development of my illness over a seven year period showed patterns, so those closest to an individual are a resource. I felt it important to involve as many people as possible when deciding whether a person should be sectioned.

It was important to me to explore all the alternatives to hospital. In my experience, the worst provocation of illness is dismissal and incarceration. I advocated asking the question of whether hospital will help this person and can it be avoided. I described how I was unaware

of what was happening to me and the consequences, when being assessed. My response to being sectioned without a reason caused reoccurring disdain for the mental health system and those who acted within it which worsened until I was able to think about the past rationally. Ironically, it was the ability to see the staff as individuals and to empathise with what is a difficult job that gave me humility when receiving care.

The AMHPs presented different ideas about the influence of an Expert by Experience. Moving away from the academia was challenging and it proved difficult when trying to relate my ideas to what they had learned previously. Empathy was discussed but not always demonstrated. It was seen as essential but not in the context of assessment. I fear a clinical approach is at the foundations of their practice. Despite this lack of conviction about my impact, it may be a seed that grows. I found it difficult to teach empathy and I hope it is something the students look for and develop in time.

In contrast, some creativity and sensitivity were employed and ideas about the role of an AMHP made a lot of sense. I was pleased to see a realistic portrayal of someone going through crisis and good understanding of the responsibility of an AMHP. The limitations about information and knowledge of an individual's circumstances were acknowledged and they clearly understood the implications of meeting someone for the first time and having to make a judgement about their needs. It was obvious they had taken on board the things I spoke about with regard to the trauma I experienced on my first admission, although they failed to analyse and explore the alternatives to hospitalisation. There were instances of appropriate reference to academia but they used it to justify their conclusions rather than form them.

Analysis: Teaching

I found the different teaching styles were appropriate to the development of the students. The improvised session about me and what I have been through was a good foundation for the students to find empathy. I think doing the session with only a few notes can be a positive and a negative, the important thing is to make sense and to keep reverting back to what is relevant to the AMHPs. When talking about the most traumatic event in my life to a group of strangers I have found it draining but thought provoking. By not repeating myself I make sure each session is fresh and new to each class. Part of my recovery has been centred on

reflection so my own understanding of what I have been through changes over time. In most cases the students are cautious and sensitive when questioning, but I have had instances where I felt I was being challenged. When talking about the impact of professionals on my admissions to hospital I demonstrated empathy which seemed to confuse some. I asserted any job involving mental ill-health is difficult and no one has all the answers. Fortunately, there are people who want to find them and I expressed this was a desirable attribute for a mental health professional.

With a focus on presenting some of my ideas about what mental illness is like, away from the text books, I revelled in the preparation and felt I was externalising something quite new. I realised the sessions were as beneficial to me as they were to the university. To stand in a room full of people and describe some very personal issues and to be accepted, listened to and respected gives me confidence and motivation. The question of whether mental distress causes, or is a result of trauma was profound. It may be possible to find an instance of trauma in childhood which later causes mental distress but equally it could be mental distress, a build-up of stress and anxiety which could cause trauma and a break down. It is important to me to make sure the students understand my academic knowledge is limited just as it is important to an AMHP to justify a decision using theory and experience.

I made a conscious effort not infuse any elements in my teaching which may have diluted the reality of what I was presenting. I chose to present myself as much as I did the information, and the information provided was based on my experience and personal insight not academic theory. The underlying emphasis was helping the students identify with someone who is in crisis and to understand behaviour which can often be dismissed as illness.

They were attentive and genuinely interested in what I had to say. The detail in which I described my first admission to hospital obviously had an impact. The sense of loss I experienced and the destruction caused was poignant. On reflection, I was able to understand why things happened the way they did which I was able to articulate. I admitted to having lost control and being a danger to myself and others. I found the session to be cathartic and emotional when I revisited the most traumatic event in my life. What I was describing was deeply personal and the AMHPs appreciated the contrast between then and now, although possibly not to the extent those closest to me do.

I made a decision which I vocalised which was to not disclose all of the stages of my illness leading to psychosis although I did use an example which was at the crest of my admission. My reasoning for improvising this disclosure was to demonstrate trust and also generate some confidence. I still see the admission as my fault. Had I not acted in the way I did, it would have never happened and I believe this was apparent whilst talking. The contrast between what is within and what is reality is difficult to establish. When I asserted the power someone has in making the decision whether someone should be detained or not I referred to the potential of an individual with the right guidance, particularly in the first instance. I used the term mental health career to illustrate how someone who falls into the mental health system and can find it very difficult to get away from. I made the comparison between the mental health and criminal justice systems. I emphasised the need to validate one's actions. If you know what you did and why you did it will help to constantly re-evaluate and learn from experience.

I explained how important it is to approach every case with a fresh perspective and the worst kind of mental health professional in my opinion, is one who thinks they know it all. Recovery is no longer an elusive myth and it is not unheard of that someone will become something better than they knew, in time. The key point is that detention can impair an individual as well as help. The impact of being in hospital can leave a person without hope and it took me five admissions to understand I had to challenge my instincts if waned to change my circumstances. I hope my experience can ensure others do not suffer in the same ways I did. I witnessed a degree of apathy in some of the students during assessment and wondered whether it had come from me. There was a stark contrast between the quality of information and understanding. It seemed in some cases they were struggling to understand why they had done the module. On reflection, I may need to highlight or assert a level of seriousness appropriate to the content of the module.

A portrayal of what someone with schizophrenia may experience in a state of crisis demonstrated by some students showed empathy for me and what I had been through. The cohesiveness in some cases and the creativity they found is testament to their confidence and assertiveness. Despite making autonomous decisions one must be part of a team in study and practice. I find myself curious about why someone would want to become an AMHP and is a

question I may pose in future sessions. I feel it would reveal something about their personal motivation and attitude which would enable me to gain insight.

The application of academic theory was read and not learned. When preparing the teaching session, I was given a lot of freedom and by contrast everything I taught was based on ideas and theory I have learned through experience. I was looking for personal development, self-evaluation and evidence of this. The organic nature of the expert by experience module seems to have confused some whilst inspiring others

Conclusions

The experience I have in mental health services and my insight into mental illness is valuable. The first contact with my GP in 1997 when symptoms became unmanageable began my mental health career. I have been in a state of recovery for seven years. In those 18 years, I have seen massive changes to mental health services. From being told it was like a broken leg to open acknowledgement that professionals have a lot to learn and they can only do this incorporating service receivers into the mental health system. There are opportunities opening up within well founded nationwide charity organisations such as the Richmond fellowship, MIND and Time to Change. These range from volunteering for and contributing to local projects to speaking at meetings and being involved in operations. Feedback from service receivers is the key at this stage of implementation.

The teaching always lifts my self-esteem and the cathartic nature of what I do as an expert by experience is as valuable to me as it is to the University of Cumbria. I am naturally analytical and a perfectionist deep down, so personal development and self-evaluation is something I practice frequently in many aspects of my life. The unique nature of what I present to the AMHP students is appreciated by the students and colleagues alike. I am well supported in my role as an Expert by Experience although I have never received formal training.

The students were interested in me and what I had to say, and the power of teaching in this way lies in honesty and when safe and appropriate, disclosure. However, I believe to some extent, it is not the isolated actions I undertook but the journey I was on and the destination others foresaw that was more significant. I encouraged the students to consider how they might prevent hospitalisation rather than impose it. I emphasised the trauma and distress I

experienced on my first admission and how devastating it was. They were receptive and enthusiastic and most seemed to think I should have had better treatment. I asserted the reality of psychosis which confuses and frightens even the best of us. I hope they learned about hope wherever they might find it.

I made the distinction between the person you hope to find, and the illness which responds. I found most understood the probability of fear being a driving factor. I felt myself preparing the students for the worst-case scenario without divulging what I believed that to be. Sometimes food for thought is as valuable as factual information. As an AMHP you are expected to make a judgement in a short space of time with limited information and this can be an advantage. A sense of responsibility is enhanced by the powers an AMHP can carry.

Sometimes I felt myself stating the obvious and other times I felt misunderstood. When you move in mental health circles things can often be implicit and go unsaid. I don't think any amount of teaching can properly prepare someone for what it is like and I suspect the early stages of being a practicing AMHP is probably a steep learning curve, I emphasised the need for constant evaluation. When I spoke of my behaviour in the process of admission I don't think I managed convey the contrast of what I was like and what I am like. I almost felt disbelieved and it was obvious I had confidence and issues with my self-esteem which was discussed openly. I think this helped me to connect with the students and I stood firm with my current mind-set.

I did demonstrate trust in the sessions, usually by divulging some personal information although the risks are not always about disclosure. There were instances where I felt I was being unfairly challenged about the ideas I expressed. I am sensitive to criticism and I dismissed it as me being over sensitive. I decided these experiences are character building and unavoidable. I stood my ground allowed my resilience to move on. Challenging myself as well as the students is important in keeping me sharp and engaged in what I am aiming to achieve. I hope to lessen the gap between study and practice. I delivered with emphasis on humility and empathy. It could happen to anyone and when you break it down we all experience crisis at times and most of us have been confronted by a traumatic event. The point is exploration and looking for the best possible outcome for the service receiver. When deciding whether an individual needs hospitalisation I invited the students to consider, what

harm are they doing? If their behaviour is non-destructive and they are not a danger to themselves or anyone else, why should they be detained? I may be over simplifying the issue but the skill of sensitively exploring the "what if" is something I may advocate in future sessions.

I found an element of improvisation when the students demonstrated their learning which I took to show a good understanding of the teaching. On the flip side, those who relied too heavily on notes left me doubting their commitment. I think all the students struggled to find the right balance between academic application and the theory I presented, it seems to be an issue of placement and how I fit into the systems in place. My status as an Expert by Experience is relatively new and the effectiveness of an individual in teaching relies on performance and content without status or position. I have felt I have had something to prove which I do so in every session.

The more of us who put ourselves forward as someone of value the greater the understanding of mental health will become. I believe we need to be less selective in who we cultivate to contribute in this way. The understanding of an individual relies not on the responsibility of the service receiver, but on those who are providing care. Change has occurred but it is more in attitude rather than practice. Until this understanding improves service receivers will feel exasperated and frustrated by services and support staff. I have found participation on the Expert by Experience module to be very worthwhile for myself and the university, and hopefully this practice can extend to all social services.

The module runs at the beginning of the programme, this makes sense and I hope there is a long-term effect where the students can think back and see how far they have come. Four to six hours of involvement over the entire AMHP programme is limited. I will not see any AMHPs again in a teaching role until next year. My teaching may be improved and the quality of my content extended by another session towards the end of the programme to refresh an individual's perspective prior to going into practice.

Being mindful of the responsibility an AMHP carries, which can be life changing, is something all professionals will be aware of and I would expect in some instances there may be confrontation. Justifying a decision may be something quite personal and will ultimately

aid with personal development. The ability to treat every case as new will help the service receiver feel like they are respected and listened to without judgement. Sometimes people consider mental illness to be contagious and fear empathy because it can mean feeling what another feels. This is something I need to address. Empathy is not taking on another's emotional un-wellness, doing that does not help in the long term. I think empathy coupled with understanding can give an individual acceptance and a foundation for change which is fundamental to the process of going into hospital.

References

Health and Care Professions Council (2013) Approval Criteria For Approved Mental Health Professional (AMHP) programmes. Available at: http://www.hpcuk.org/assets/documents/1000414DApprovalcriteriaforapprovedmentalhealthprofessional(AMHP)programmes.pdf Retrieved on: 1st Dec 2017