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A concept mapping exploration of social workers' and mental health nurses' understanding of the role of the Approved Mental Health Professional

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SUMMARY

This study uses concept mapping and participant interviews to explore how differing professional viewpoints and levels of knowledge held by social workers and mental health nurses affect perceptions of the Approved Mental Health Professional (AMHP) role during an interprofessional training programme. The results suggest that social workers entering the programme had a greater understanding of the role in comparison to mental health nurses; however, on completion of the programme, both professional groups demonstrated similar levels of learning. The study challenges assumptions that nurses may be inherently disadvantaged by their professional background in terms of learning about a role that is traditionally associated with social work practice. Study participants valued the concept mapping process and felt that the approach may be a valuable tool for clinical supervision.

Introduction

The Approved Mental Health Professional (AMHP) is a statutory role under UK mental health legislation. AMHPs are responsible for determining the need to detain people with a mental disorder for assessment and treatment against their will under the Mental Health Act (MHA).

Under the MHA (1983) (DOH, 2008) this role was previously known as Approved Social Worker (ASW) and was carried out exclusively by specially qualified social workers. The Mental Health Act 2007 amendments came into effect in November 2008. One of the major changes includes extending the Approved Social Worker (ASW) role and responsibilities to other mental health professionals (including mental health nurses).

This new way of working for mental health nurses has stimulated significant debate amongst mental health professionals. Concerns relate to the possible role conflicts for mental health nurses (O'Brien and Kar, 2006) and loss of a social perspective during the process (Leason, 2004). These concerns may relate to generalisations that, due to their professional background, nurses could be more likely to agree with a medical perspective and less likely to challenge clinical decisions made by doctors. The UK Department of Health (2008) outlines the potential benefits of extending the role of the AMHP in terms of improving the delivery of modern services, but highlights possible risks as being a diminution of a social care perspective and a loss of independence from medical colleagues resulting from the close alignment of nursing to the medical professions. Historically, the strength of the ASW's role has predominantly been its clinical independence, reflected also in legal independence.

This study aims to explore how the differing professional viewpoints and levels of knowledge held by social workers and nurses may affect learning about the AMHP's role. Previous educational research has demonstrated that prior knowledge and experience can determine learning by affecting the sense that is made of newly acquired taught material (Hay, 2007).

The AMHP training programme that the participants completed is accredited at Masters Level. In addition to the 5 taught modules, students must complete a period of assessed supervised practice.

University learning is defined by changing understanding in disciplinary knowledge, and developing skills and experience (Jarvis, 2006). Traditional assessment methods do not generally measure changes in knowledge or understanding; they compare the student to academic and professional standards. Understanding is largely neglected due to its complex and intractable nature (Hay, 2007). However, empirical analyses of external representations of personal understanding are emerging through innovations in pedagogical research.

Concept mapping (Novak, 1990) is a method of diagrammatic representation, which is in the same family as mind mapping (Buzan, 1990) and spider diagramming (Trowbridge and Wandersee, 1998). Concept mapping has demonstrated the capacity to externalize understanding (Hay, 2008) and, used repeatedly, can facilitate learning through promoting self-reflection (Hay et al., 2008b) and dialogue (Kinchin, 2003). When students create concept maps repeatedly, their maps comprise a visual learning record (Hay et al., 2008b), and the quality of change in understanding can be measured empirically (Hay et al., 2008a). This methodology allows the process of understanding to be analysed over time (Hay, 2007).

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Although there are several quantitative methods for scoring concept maps (Novak and Gowin, 1984; Daley, 2002), these tend to neglect the meaning in structures and the richness of personal understanding. However, the qualitative approach advocated by Kinchin, Hay and Adams (2000) highlights changes in knowledge structures (Kinchin and Hay, 2006), which is useful because it draws particular attention to moments of knowledge transformation (Hay et al., 2008b), the integration of new information (Hay, 2007) and can be used in conjunction with 'expert' (lecturer) commentaries (Hay et al., 2008a). Furthermore, reflective accounts by learners viewing the visual record of learning held within their own maps allows for the addition of a personal narrative of learning (Hay, 2008). Used together, these various methods of analysis can comprise a rigorous approach to assessing personal understanding and personal learning.

Study aims

To compare and contrast differing professional expectations of the role of the AMHP before, during and after AMHP training.

1. To ascertain the views and understanding of the role of the AMHP held by mental health nurses (RNs) and social workers (SWs) prior to training.
2. To evaluate the impact of the taught programme on participants' understanding of the role of the AMHP.
3. To evaluate how the practice learning element of the programme further impacts on participants' understanding of the role of the AMHP.

Method

This study used a convenience design where data in the form of concept maps was gathered at three time points between February and September 2009 (before training, after the taught component and after the practice learning component).

The study was approved by the university's Faculty Research Ethics Committee. Potential participants were approached on the first day of class by a researcher independent of the teaching team to minimise the potential risk of students perceiving coercion to take part. The researcher is not a member of the host university and does not contribute to any aspect of the education or practice elements of the programme. The concept maps and follow-up interviews were all conducted by the independent researcher. Data was anonymised prior to the reviews by the tutors.

The students were given an overview of the study and the optional participation in the study. The participant information sheet and accompanying paperwork reinforced that agreement to take part was entirely voluntary and refusal would not have any impact on academic progression.

A convenience sampling method was employed where all eligible potential participants were invited to take part. Any student enrolled on the AMHP programme was eligible for inclusion.

The primary approach used to collect data was concept mapping. The process of concept mapping was taught to all participants by a researcher who is skilled in using the approach. Participants concept-mapped "the role of the AMHP" at three time points: before training, after the taught component and after the practice learning component.

In addition to the concept maps, individual qualitative interviews were conducted by a researcher with the study participants after the practice-based element of the AMHP programme. The researcher conducting the interviews asked the participants to talk through their own map series and reflect on the process in order to provide personal narratives on learning. Themes that emerged from the interview data were independently identified by three researchers and coded.

The concept maps constructed by participants were analysed by the project team using the two approaches detailed by Kinchin et al. (2000) and Hay (2007). The first approach detailed by Kinchin et al. (2000) aims to typify an individuals' map structure. Identifying the typical structures of a series of concept maps has been shown to offer a concise measure of students' propensity for learning and how understanding may have changed over time (Kinchin et al., 2000; Kinchin and Hay, 2006). Concept map structures can be classified under three typical conceptual structures; chains, networks and spokes.

Chains consist of linear sequences of information that are temporally sequenced with no opportunity for complex interactions. Chain structures suggest a narrow conceptual understanding, where the loss of a single link can disrupt the whole sequence (Kinchin et al., 2000). Fig. 1, below shows an example of a chain structure, where each concept is linked sequentially. A lesson sequence is an example of a chain structure.

Spoke structures consist of concepts organised around a central theme. This represents a simple association with no understanding of processes or interactions (Kinchin et al., 2000). However, spoke structures are suggestive of being 'learning-ready' (Kinchin and Hay, 2007; Hay et al., 2008a). Fig. 2 shows an example of a spoke structure.

Networks can be described as complex interactions (Kinchin et al., 2000), as they show a variety of various routes and links between knowledge components. Network structures are robust and are indicative of expertise (Kinchin et al., 2000). Fig. 3 shows an example of a network.

Fig. 1. Chain structure (Kinchin et al., 2000).

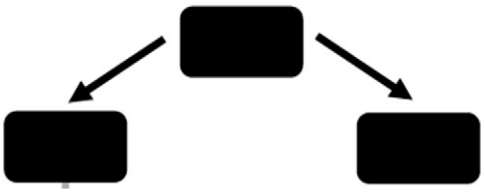

Fig. 2. Spoke structure (Kinchin et al., 2000).

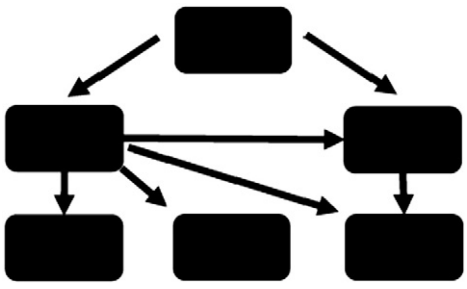

Fig. 3. Network structure (Kinchin et al., 2000).