A hidden dynamic

A Hidden Dynamic: Examining the Impact of Fear on Mental Health Officers'
Decisions to use Powers of Compulsory Detention

Sophie Allen* and Pearse McCusker[b]

*a*Social Worker, Edinburgh, UK; *b*Senior Lecturer in Social Work, The University of
Edinburgh, UK

All correspondence to:

Sophie Allen, South East Health and Social Care Partnership, 40 Captains Road,
Edinburgh, EH17

Sophie Allen is a newly qualified social worker, having graduated with an MSW from
the University of Edinburgh in 2019. She is currently employed by the City of
Edinburgh Council within the Adult Health and Social Care Partnership. Sophie is a
member of the Mental Health Officer (MHO) Research Network which is a partnership
between the University of Edinburgh, MHOs and Social Workers in the East of
Scotland. In this, she is keen to further develop research that can inform and be
informed by practice.

Dr Pearse McCusker is a Senior Lecturer in Social Work at the University of Edinburgh
and is the Programme Director of the Post Grad Cert. Advanced Professional Practice –
MHO Award. His research and teaching activities are focused on mental health and
well-being, including developments in ethics, law and the use of compulsory measures.
He is also passionate about knowledge exchange and co-produced research and is
leading on the development of the MHO Research Network in Scotland.

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pearse.mccusker@ed.ac.uk

@pearsemac

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Abstract

Informed by literature identifying the role of fear in decision making processes, the study upon which this paper is based sought to explore Mental Health Officers' (MHOs) experiences of fear and whether this influences their decisions to use powers of compulsory detention under the Mental Health (Care and Treatment) (Scotland) Act (2003). Semi-structured interviews exploring the experience of fear in mental health assessments were undertaken with eight MHOs employed by a Scottish Local Authority and findings indicated that it had a marked impact on MHO decision making. Two central themes emerged: first, a fear of doing harm to service users, their families or the wider public though making the 'wrong' decision; second, fear of public and professional scrutiny, should any such harm arise. The findings raise a number of recommendations for policy and practice in the statutory mental health field, in particular, the importance of acknowledging fear and identifying strategies to manage it in training and post qualifying practice for MHOs and equivalent roles in the UK and other jurisdictions. The findings also add weight to calls for additional research exploring the MHO role.

Keywords: fear; mental health assessment; compulsory detention; mental health officers

Introduction

The importance of fear in human experience is reflected in the extent to which it informs frameworks that seek to explain behaviour. From a social work perspective this is evident in foundational disciplinary knowledge, in particular attachment theory and an expanding literature base on trauma (Joseph and Murphy, 2014). Alongside playing a key role in physiological and behavioural outcomes (Blanchard and Blanchard, 2008),

research has shown that fear can influence cognitive processes, including memory, judgement and decision making (Adolphs, 2013). In moments of fear, Adolphs (2013) states that humans are susceptible to decision making based on an understanding of reality distorted by fear due to our ability to consider multiple possibilities and outcomes.

Mental Health Officers (MHOs), like Approved Mental Health Practitioners (AMHPs) in England and Wales and Approved Social Workers (ASWs) in Northern Ireland, have statutory responsibilities under their respective jurisdictions' mental health and capacity legislation. In Scotland, as in Northern Ireland, the role is reserved for qualified social workers who undertake specific post-qualifying training. A core requirement of the role is to assess the necessity of restricting an individual's human rights to autonomy, liberty and choice (Scottish Executive, 2006; UK Government, 1998). This ethically complex task is generally undertaken in the presence of considerable and multi-layered risk posed to the safety and wellbeing of the individual being assessed, and potentially those close to them and the wider public. The significance and consequence of decision making is thus elevated and as with many decisions social workers must make, the actions arising from them have serious implications (Hall, 2017). This is further complicated by the dynamic nature of the process, as people's behaviour can be unpredictable in response to changing social and environmental conditions (Sicora, 2017) and consequently the outcome of any chosen intervention is not often foreseeable. As Peay (2003, 29-30) indicates, '…weighing the facts can be hard enough; weighing the future is an impossibility'. Uncertainty – when something is unknown or unpredictable - is noted to trigger the physiological, cognitive and behavioural responses to fear (Adolphs, 2013; Boswell et al, 2013; Carleton, 2016). Therefore, given

the nature of their role, it is reasonable to posit that MHOs may experience some form of fear when deciding whether to consent to compulsory measures. In addressing a research gap in this area, this study sought to explore the phenomenon of fear in MHO decision making and to identify the circumstances or factors which might precipitate or mitigate it.

Existing Literature

Research focusing precisely on the impact of fear on decision making within mental health work, or even the existence of fear within social work practice itself, is limited. For this reason, literature addressing decision making in social work in general and research from spheres outside of social work, but which may inform practice, were also utilised to identify potential sources of fear for MHOs in relation to compulsory detention.

Fear of Risk

Stalker's (2003) systematic review of risk and uncertainty in social work argues that whilst risk was once a neutral term, it is now usually interpreted as foretelling of negative outcomes. This is perhaps an understandable consequence of the risk society in which we live (Beck, 1992), where in order to prevent adverse events, safety has been elevated to the highest order within the collective consciousness (Furedi, 2018) and risk avoidance is common practice. In social work, this is evident in a preoccupation with risk management and risk aversion (Stalker, 2003; Scottish Executive, 2006; Collins and Daly, 2011), reflecting a dominant paradigm, through which risk - rather than need - delineates the distribution of social support (Stanford, 2010; Warner et al, 2017). As social citizens, operating within social services and influenced by prevailing discourses,

it may be that MHOs are naturally drawn towards interventions of control in order to evade risk (Webb, 2006).

Fear of professional scrutiny

Enquiries into serious incidents, or 'adverse events' relating to individuals with mental ill health are motivated, ostensibly, by the intention to learn from mistakes (NHS Scotland, 2018). Practitioners' experiences of them can, however, be more shaming than educational, leading to fear of professional scrutiny. In Smith, McMahon and Nursten's (2003: 667) study, in which 60 employees of social services departments discussed a time they had experienced fear in their work, participants identified a fear of being '…found wanting', particularly by colleagues and managers. Moreover, one participant likened the feeling of having her decisions and actions questioned to a childlike fear of being told she was bad. Similarly, social workers in Stanford's (2010) study, which explored how participants managed fears with their interventions, cited a fear of being judged as a professional. These findings are also reflected in research relating to the mental health field. Vicary (2017) and Stone's (2018) studies into the experiences of AMPHs illustrated that fear of litigation and a general concern about how decisions might be viewed by others may attend the decision-making process. Though there is evidence that effective supervision with a skilled manager is essential for managing complex, high risk cases (O'Sullivan, 2011), social workers also acknowledge fear of being isolated from crucial peer support. They also highlight fears of challenging managers or organisations where lower thresholds for 'acceptable' risk have developed (Nolan and Quinn, 2012, Quirk et al, 2003; Whittaker and Havard, 2016).

Inter-professional Working

Inter-professional working would also appear to influence the dynamic around fear in decision making. Within Scottish law, a Mental Health Officer and an Approved Medical Practitioner must assess and agree that an individual requires a short-term detention and a medical practitioner must seek an MHO's consent to emergency detentions if practicable (Mental Health (Care and Treatment) (Scotland) Act (2003). Some commentators suggest that this legislative obligation can be constructive, providing opportunities to discuss the situation, share accountability and better tolerate risk (Quirk et al, 2003, Dwyer, 2007). However, both Peay (2003) and Hall (2017) identify that social workers and medical professionals have a different focus in their assessments and may interpret legislation differently. The historical prominence of the medical approach to mental health care still holds influence, as 'social data' is often considered 'soft data' (Peay, 2003: 28) against the strength of medical diagnoses. In cases where social workers do not wholly agree with a psychiatrist's opinion, they may have to take a stand against their colleagues' apparently 'superior' knowledge and bear the responsibility and any consequences alone (Bailey and Liyanage, 2012; Davidson and Campbell, 2010; Vicary, 2017).Whilst Nolan and Quinn (2012) found that social workers are often able to insist upon their opinion within a supportive and collaborative environment, a study by Collins and Daly (2011) suggested there are times when they may be persuaded to concede rather than take sole responsibility for decision making.

Subjectivity and stigma

Relatedly, research within the profession indicates that social workers have different thresholds for risk (Collins and Daly, 2011). Even within a risk society people are

believed to fear differently (Furedi, 2018), influenced by their specific cultures and the norms and values of the groups to which they belong. Although there have been attempts to reduce the impact of this subjective understanding of risk, such as Sheppard's (1993) standardised Compulsory Admissions Assessment Schedule (CASH), none have been widely adopted. Kemshall (2010) argues that such endeavours are inevitably unsuccessful, as professionals still give answers influenced by their own anxieties or biases. Bias and prejudice are especially important to consider within MHO work due to the long history of stigma against mental illness, which, despite improvements in understanding, still endures (Scheyett, 2005; NatCen, 2016). The longevity of prejudicial societal beliefs means they may have infiltrated the MHO mindset in some way, influencing their work with assumptions, albeit this has yet to be evidenced (Scheyett, 2005; Mental Welfare Commission, 2017).

Time and Resources

MHOs are often required to undertake assessments for unknown service users and decide on a course of action within short timeframes, complicating the feat of organising a package of care to prevent detention in hospital. Moreover, social workers, ASWs and AMPHs continue to report a dearth of community resources (Quirk et al, 2003; Davidson and Campbell, 2010; Stone, 2018) reflecting Prior's (1992: 106) earlier critique of community services having 'not expanded at the same rate as hospital services have contracted'. This situation has been significantly worsened by the global recession and austerity measures adopted in the UK (Mental Health Foundation, 2016). The increasing gap between demand and available resources has left some MHOs '…feeling that their priorities are over-ridden, and grief at having to withhold services from people who need them' (Foster and Roberts, 2005: 10). Rising instances of

compulsory measures including detention may indicate that under these circumstances, MHOs may be utilising the 'safe' option (Quirk et al, 2003; Stone, 2018; Campbell, et al. 2019).

Fear of Doing Harm

Perhaps surprisingly, mentioned least of all within the available literature is the fear of doing harm to service users themselves. An exception is Vicary's (2017: 158) study, in which one AMHP spoke of anxiety at the consequences of leaving a service user at home with her family, having been unable to access a hospital bed. Social work participants in Stanford's (2010) study also identified the risk they themselves posed through defensive practice and over-estimation of risk and spoke of fearing the harm they might cause by making wrong decisions for those in distress. However, these fears tended to be linked to how they themselves would be perceived by colleagues. Similarly, participants in Smith, McMahon and Nursten's (2003) research described fear for suicidal service users, but also for any investigation into their own practice.

This overview of the literature illustrates limited research into fear in decision making in social work. It also highlights little research specifically for decision making within the MHO role, which this study sought to address as follows.

Research Design

Methodology and sample

A qualitative phenomenological approach was used, consistent with the study's aim to understand factors influencing MHOs' decision making, including their emotional experiences of the process. Participants were accessed using convenience sampling

within one Scottish Local Authority. Ten MHOs expressed an interest in taking part, but issues related to participant availability led to a final total of eight. Participants consisted of five females and three males, of ages ranging from 33-60 and all were qualified for more than two years. Four worked as an MHO in their substantive role and four were 'satellite' MHOs, requiring them to undertake duty shifts on top of their main position.

Method

Each MHO participated in a semi-structured interview, answering a series of questions derived from themes identified within the literature review and designed to prompt exploration of their emotional and professional experiences (Richards, 2005: 176). A vignette detailing a fictional assessment scenario containing many uncertain elements was discussed at the beginning of the interviews as a 'snapshot' introductory device. This was aimed at establishing a comfortable distance between participants and the imaginary situation whilst exploiting its facility for exploring sensitive topics, in turn encouraging participants into a reflective mode. Ethical approval was granted by the relevant University and Local Authority's ethics committees.

Thematic analysis was used to discern patterns in the data, consistent with a small-scale qualitative study (Curtis and Curtis, 2011). The potential for researcher bias was addressed by keeping a detailed reflective diary during the interview stage (Finlay, 2002). The interviewer felt strongly about the way certain mental health diagnoses are perceived and by returning to this diary during the coding phase it was possible to locate assumptions and biases made about the data (Fook, 2002), thereby avoiding, as far as possible, misinterpretations or overemphasis of participants' views which corroborated the researchers (McLaughlin, 2012). All eight interviews were transcribed in full, with

memos of any significant non-verbal/symbolic communications incorporated within the text.

Limitations

The study acknowledges a number of limitations, including its small sample size, location in one geographical area and local authority, and consequently its inability to explore and compare experiences in a broader context. As such, it is recognised that the data and findings are not generalisable or representative. The study nevertheless provides valuable knowledge which supports and expands upon current research evidence and which attests to the significance of the relationship between fear and decision making in the mental health assessment process under the Mental Health (Care and Treatment) Scotland Act (2003).

Results

Data analysis identified that fear plays an important role in MHO decision making, as evidenced in the following key themes: fear of doing harm; fear of public, professional and personal scrutiny and blame; stigma and unconscious fear of mental illness; lack of alternative interventions, time and resources; relationships with healthcare professionals; support from management; and a social work culture which does not allow for open discussion of fear.

Fear of doing harm

The fear which participants most prolifically and clearly articulated was fear of doing harm to the individuals they work with, either inadvertently through the use of compulsory measures or conversely, by deciding to opt for informal approaches. One

participant described being *"damned if you do, damned if you don't"* in this scenario. Many spoke about the damage which detention in hospital can cause and expressed regret at consenting to an infringement on an individual's rights: *"It's the anti-thesis of what you want to be doing"*. On the other hand, refusing to consent to compulsory measures often left MHOs in fear for their clients' safety, because of potential risk to their health and wellbeing. Potential harms were thus seen in both consenting and refusing to grant detention, articulated clearly by one participant:

> *"We've got things that can sometimes help, but often the things that we've got can also harm and that is essentially where you're always operating as an MHO"*.

Fear of public and professional scrutiny

Also mentioned frequently was a fear of being publicly and professionally scrutinised. Participants' unprompted references to the news media were characterised in one comment about a fear of being *"named and shamed"* following an adverse event. Conversely, one participant indicated that it caused them no concern. For this reason, the degree of influence of media exposure on decision making was hard to determine, with only one participant describing how the collective awareness of the press impacts risk assessment and understanding:

> *"...it's [media coverage] much more high profile with the low probability but*
> *high-risk ones, so that's if it's unlikely that somebody's going to do something*
> *but if they do it's drastic and that's the headline and that tends to get over*
> *valued"*.

Similarly, participants acknowledged that blame is a feature within the social work profession but there were differing views about the impact it was felt to have. Some believed it was more of a fear than a reality and consequently it did not hold a strong

influence in statutory mental health decision making. However, others described a concern that they could be 'hung out to dry' and struck off. They felt that the government, employers and the social work regulatory body contributed to social workers' fear of this in a number of incremental ways, such as subjecting practitioners to years long investigations and a perceived persecutory wording of corporate emails. When participants raised a fear of public and professional scrutiny, they were prompted to clarify their thoughts on the reasons and subsequently identified a range of practical, financial and social difficulties a loss of livelihood would bring, as well as fears for their "sense of self". For example, one participant felt their identity may be undermined, emphasising the vocation's importance to their personal history. Similarly, another participant stated they feared the emotional consequences of realising they had undermined their own personal standards and values:

> *"…it's linked into how you see yourself… you like to feel you practice to a certain standard…if you're held to scrutiny and you haven't…it's going to feel a bit devastating".*

Fear of Mental Illness (Stigma)

The stigma which remains attached to mental illness was also frequently raised as impacting MHOs feelings of fear in a multitude of ways. Participants identified that self-stigma by service users can mean they are reluctant to engage in the assessment process, increasing unknown and uncertain elements and therefore heightening MHO fear regarding outcomes. Additionally, whilst there was consistent acknowledgement of the hard work and dedication of colleagues, nearly all participants agreed that the way certain diagnoses are understood by health and social care workers encourages stigma and can deny individuals access to the safeguards of compulsory admission.

Specifically, several MHOs felt that personality disorders "raise so many anxieties" amongst health professionals because they either do not know how to treat them or believe them to be untreatable and therefore do not see the benefit or legality of compulsory detention. This was supported by a view that mental health treatment continues to be dominated by medication and a disease paradigm, limiting alternative treatments for diagnoses with a recognised link to trauma and social experiences. This was felt to reflect medication as a comforting prospect, a simple resolution to the experience of 'abnormal' or perplexing behaviours of distress, something which participants reflected society has little tolerance for:

"...we don't like to see those extremes of human behaviour as part of ourselves...and so you 'monster' people or you put them out of mind".

Almost all participants spoke of the lack of availability of other kinds of treatment for mental illness, such as psychotherapeutic, holistic and social methods, and that this absence may leave them with little option but to consent to compulsory admission:

"...there is a lack of alternative resources out there to support people and we are scared about what will happen...we have statutory duties to protect...and this is now the only way we can do it".

They also noted a lack of time, resources and the chance to reflect on their work and attendant emotional responses, and recognised the same for their healthcare colleagues. As such, decisions to use compulsory measures may be linked to insufficient time and a lack of alternatives to consider.

Multi-disciplinary working

When asked about their experience of working closely with healthcare professionals, all participants described it as mostly collaborative, respectful and helpful

for sharing responsibility and alleviating fear in carrying out statutory assessments.

However, several participants questioned the extent to which psychiatrists respect MHO

opinion and spoke of feeling as though they are called in to 'rubber stamp' a decision

which has already been made. Some stated this is appropriate at times, but others felt

the structure of the duty system - in which MHOs are often the last to be called and

know the least about the service user - creates an imbalance of power between

themselves and doctors. One participant, however, highlighted the difficulty of

differentiating between actual and perceived differences in professional status and

hierarchy:

> *"...there isn't a hierarchical structure between yourself and the consultants, it's*
> *a flat structure....it exists in your mind...but often it really does not feel like a*
> *flat structure".*

That said, several participants acknowledged that it can be difficult to challenge

psychiatrists, especially when they are committed to a certain course of action or

reluctant to share responsibility for the decision, raising MHO fear when disagreements

do arise.

Support

The quality, frequency and type of support received by MHOs was also described as of

key importance in mitigating the impact of fear in their decision making. Participants

spoke of utilising peer support to debrief on the stresses of the day, enabling them to

reflect on and manage emotions. All but one participant emphasised the indispensability

of supervision for reflecting and scrutinising their own practice, gaining reassurance and

feeling challenged to develop and grow. All recognised that MHOs must retain a certain

level of independence, but that the autonomy of the role can also leave them without

support, feedback or challenge and in turn exacerbate fear. This was evident in one comment, in which the participant reflected on the potential for covering up and holding onto stress related to the role:

"...if I was feeling stressed and anxious and was determined not to show that, I think I could probably get away with that for quite a while".

Fear in the social work culture

Lastly, despite participants' recognition of the impact of fear on decision making, the culture and structures of social work were found to obstruct the openness that many identified would be beneficial. There was a perception amongst participants that admitting fear damages one's professional integrity and increases vulnerability to blame. Many felt that senior management could lead by example but may see admitting to fear as undermining their authority and knowledge. Instead, management were perceived as often denying the difficulties in the role, with the onus for maintaining working standards and emotional health placed on the worker. Overall, there was a consensus amongst participants that fear for MHOs is simply an unavoidable aspect of the role and there was recognition of a need for greater acknowledgement and support, as illustrated by one participant:

> *"I think actually sometimes it doesn't matter how good you are as a person at processing things. There's a limit".*

Discussion

These findings confirm that fear plays an instrumental role in MHOs' decision making in relation to the use of powers of compulsory detention, correlating strongly with the limited existing knowledge, whilst also offering some new insight.

Perhaps the greatest disparity with the existing literature was that MHOs most often expressed a fear of doing harm to those they are endeavouring to support, whereas participants in some existing studies have placed emphasis on fears for their own and public safety (Bowers et al, 2003; Vicary, 2017), as well as their professional reputation (Smith, McMahon and Nursten, 2003). MHOs reflected minimally on times when they felt unsafe themselves and mentioned the wider public in terms of the potential for service users' relationships to be damaged at times of impaired decision making. However, that potential harms were seen in any decision regarding detention aligned with wider findings. This includes, Stanford's (2010) study, in which practitioners feared being unhelpful through overly controlling or lax interventions and also broader literature which acknowledges that some form of harm is always likely; for instance, to the person being detained or their relationship with the practitioner due to the unequal power dynamics in mental health social work (Campbell, 2010; Szmukler and Applebaum, 2009).

Other adverse events identified in the literature, include fear of making mistakes undermining worker courage and the principles of autonomy and self-determination (Titterton, 2006; Stanford, 2010). Scrutiny is also feared due to the potential for litigious consequences (Vicary, 2017) as well as damage to the professional's sense of self (Peay, 2003: 41; Stanford, 2010; Smith, McMahon and Nursten, 2003). Diverging slightly from the perspectives of participants in existing studies, MHOs did not feel their decisions are dominated by this fear of public and professional scrutiny but acknowledged that it probably does have some influence, impressing that the reactions of society through the press, the regulatory body through investigation of workers, and management through lack of support, have created an aversion to positive risk taking.

Almost all felt any fear of mistakes would be reduced through greater managerial support.

Participants were also unanimous in linking a lack of alternatives to hospital admission to greater fear and increased likelihood of detention. This was, in part, felt to be a result of stigma towards mental illness, chiming with the existing literature which identifies that stigmatising attitudes lead to increased detentions and '…paternalistic, overprotective…exclusionary and unethical risk avoidance' (Tilbury, 2002 in Nolan and Quinn, 2012: 176). In this study, however, MHOs also felt that stigma can impede detention at times when it may be necessary. Participants also recognised that despite their best intentions, they may unconsciously hold their own stigmatising beliefs and fears (Furedi, 2018; Trevithick, 2011) and placed importance on having space and time to reflective honestly on these (Collins and Daly, 2011; Sicora, 2017).

Limited treatment options, linked to both austerity measures (Stone, 2018) and also a persistent medication focused approach to mental health treatment (Mental Health Foundation, 2016; Stalker, 2003; Smith, 2005), was found to influence decision making through fear of harm occurring without appropriate provision. Correspondingly, participants recommended major adjustments to current dominant treatment models in order to provide a broader base of interventions and greater investment in alternative mental health services. They also felt this would begin to level a perceived power-imbalance between themselves and medical colleagues in the assessment process. Their experiences of at times feeling like they were 'rubber-stamping' psychiatrists' decisions and differences in perceived status mirrors those of AMHPs in a recent studies in England (Vicary et al, 2019; Vicary 2017). In response, MHOs emphasised the need for greater social focus within the assessment process. Encouragingly, the Scottish Government has committed to several improvements reflecting these arguments within

its Mental Health Strategy 2017-2027 (Scottish Government, 2017), however, to have impact this will require considerable systemic and cultural change alongside financial investment.

Although participants acknowledged the presence of fear in their work, they also identified many barriers to openly discussing this within the profession. The limited research into how MHOs and their equivalents across the UK experience fear would indicate this is a systemic issue. Dwyer (2007: 50) highlighted that the emotional aspects of social work are not often discussed but rather turned about in the 'inner psychological world of the individual practitioner'. Almost all participants felt that remaining emotionally connected to their work helped them to utilise intuition, to make creative and risk-positive choices and to listen to service users. Supervision was identified as essential for this, as was organisational recognition of the need to provide emotional support. This resonates with the existing literature, which suggests regular, challenging supervision is crucial for enabling MHOs to understand when, how and why emotions - including fear - impact decision making (Collins and Daly, 2011; Smith, 2005).

Conclusion

This research has explored the impact of fear on MHO decision making in the use of compulsory measures and has established its influence through a web of internal and structural factors. It has furthered current understanding of the types of fears that attend the mental health assessment process, including fear of doing harm to service users and to personal and professional reputations and livelihoods. In addition, it has underlined the role of other contributory factors, including stigma, multi-disciplinary working and significant resource constraints related to economic austerity and a mental health system

lacking in meaningful alternatives to hospital admission for people in crisis. While the study attests to the inevitability of some degree of fear in making decisions that must ultimately balance protection from harm and protection of human rights, it highlights an irony in MHOs feeling that this is largely an unspoken aspect of the role. Moreover, its findings, regarding the importance of effective supervision in managing fear in MHO decision making, signal a need for a professional cultural change away from risk aversion to open discussion of the potential for harm to happen and honest acknowledgement of fear in a less than ideal system. The study is small in scale but addresses a scarcity of research into the MHO role, highlighting the need to further understand their experiences in order to enhance the knowledge, strategies and support required to navigate these challenges. It also offers a promising basis for further enquiry into the challenges it has identified that could help inform responses in practice and professional learning contexts.

References

Adolphs, R. 2013. The Biology of Fear. *Current Biology*. 23(2): 79-93. https://doi.org/10.1016/j.cub.2012.11.055.Bailey, D. and Liyanage, L 2012. The Role of the Mental Health Social Worker: Political Pawns in the Reconfiguration of Adult Health and Social Care. *The British Journal of Social Work*. 42(6): 1113-1131. https://doi.org/10.1093/bjsw/bcs069.

Beck, U. 1992. *Risk Society: Towards a New Modernity*. London: Sage

Word Count: 5928

Blanchard, C. D. and Blanchard, R. J. 2008. Chapter 2.4: Defensive Behaviours, Fears and Anxiety. In Blanchard R. G., Blanchard, D. C., Griebel, G. Nutt, D. (eds). V. 17. *Handbook of Anxiety and Fear: Handbook of Behavioural Neuroscience*. Oxford: Academic Press: 63-78

Boswell, J. F., Thompson-Hollands, J., Farchione, T. J., and Barlow, D. H. 2013. Intolerance of uncertainty: a common factor in the treatment of emotional disorders. *Journal of Clinical Psychology*. 69:630–645. https://doi.org/10.1002/jclp.21965

Bowers, L., Clarke, N. and Callaghan, P. 2003. Multidisciplinary reflections on assessment for compulsory admission: The views of Approved Social Workers, General Practitioners, Ambulance Crews, Police, Community Psychiatric Nurses and Psychiatrists. British Journal of Social Work. 33(7) pp. 961-968. https://doi.org/10.1093/bjsw/33.7.961

Campbell, J. 2010. Deciding to Detain: The Use of Compulsory Mental Health Law by UK Social Workers. *The British Journal of Social Work*. 40(1): pp. 328-334. https://doi.org/10.1093/bjsw/bcp121.

Campbell, J., Davidson, G., McCusker, P., Jobling, H. & Slater, T. 2019. Community Treatment Orders and Mental Health Social Work: Issues for policy and practice in the UK and Ireland. *International Journal of Law and Psychiatry*. 64; pp.230-237. https://doi.org/10.1016/j.ijlp.2019.04.003.

Carleton, N. R. 2016. Into the Unknown: a review and synthesis of contemporary models involving uncertainty. *Journal of Anxiety Disorders*. 39:30–43. https://doi.org/10.1016/j.janxdis.2016.02.007.

Collins, E. and Daly, E. 2011. *Decision making and social work in Scotland: The role of evidence and practice wisdom*. Available at:

Word Count: 5928

https://www.iriss.org.uk/resources/reports/decision making-and-social-work-scotland?utm_campaign=58dc713cf0-EvidenceReport_IRISS&utm_medium=email&utm_source=IRISS%20News%20Mailing%20List

Curtis, B. and Curtis, C. 2011. *Social Research: A Practical Introduction*. London: SAGE

Davidson, G. and Campbell, J. (2010). An Audit of Assessment and Reporting by Approved Social Workers (ASWs). *The British Journal of Social Work*. 40(5): 1609-1627, https://doi.org/10.1093/bjsw/bcp060

Dwyer, S. 2007. The Emotional Impact of Social Work Practice. *Journal of Social Work Practice*. 21(1): 49-60, https://doi.org/10.1080/02650530601173607.

Finlay, L. 2002. Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research*. 2(2):209-230, https://doi.org/10.1177%2F146879410200200205.

Fook, J. 2002. Theorizing from Practice: Towards an Inclusive Approach for Social Work Research. *Qualitative Social Work*. 1(1):79–95. https://doi.org/10.1177%2F147332500200100106.

Foster, A. and Roberts, V. Z. 2005. *Managing Mental Health in the Community: Chaos and Containment*. London: Routledge

Furedi, F. 2018. *How Fear Works: Culture of Fear in the Twenty-First Century*. London: Bloomsbury

Word Count: 5928

Hall, P. 2017. Mental Health Act Assessments: Professional Narrative on Alternatives to Hospital Admission. *Journal of Social Work Practice*. 31(4):445-459.https://doi.org/10.1080/02650533.2017.1394825.

Joseph, S. and Murphy, D. 2014. Trauma: A Unifying Concept. *The British Journal of Social Work*. 44(5):1094-1109. https://doi.org/10.1093/bjsw/bcs207.

Kemshall, H. 2010. Risk Rationalities in Contemporary Social Work Policy and Practice. *The British Journal of Social Work*. 40(4): 1347-1262. https://doi.org/10.1093/bjsw/bcp157.

McLaughlin, H. 2012. *Understanding Social Work Research*. London: SAGE

Mental Health Foundation. 2016. *A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, Carers and Professionals*. Available at: https://www.mwcscot.org.uk/publications/statistical-monitoring-reports/

Mental Welfare Commission for Scotland. 2017. *Scotland's Mental Health and Capacity Law: The Case for Reform*. Available at: https://www.mwcscot.org.uk/media/371023/scotland_s_mental_health_and_capacity_law.pdf

Moskowitz, A. 2011. Schizophrenia, Trauma, Dissociation and Scientific Revolutions. *Journal of Trauma and Dissociation*. 12:347-257. https://doi.org/10.1080/15299732.2011.573770.

NatCen. 2016. Attitudes to mental health problems and mental wellbeing. *British Social Attitudes,* 33. Available at: https://bsa.natcen.ac.uk/media/39109/phe-bsa-2015-attitudes-to-mental-health.pdf

Word Count: 5928

NHS Scotland. 2018. *Learning from adverse events through reporting and review: A national framework for Scotland*. Available at: http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/learning_from_adverse_events/national_framework.aspx

Nolan, D. and Quinn, N. 2012. The Context of Risk Management in Mental Health Social Work. *Practice: Social Work in Action*. 24(3):175-188. https://doi.org/10.1080/09503153.2012.679257.

O'Sullivan, T. 2011. *Decision Making in Social Work* (2nd ed). Basingstoke: Macmillan

Peay, J. 2003. *Decisions and Dilemmas: Working with Mental Health Law*. Oxford: Hart Publishing

Prior. P. M. 1992. The Approved Social Worker – Reflections on Origins. (1992*). The British Journal of Social Work*. 22 (2): 105-119. https://doi.org/10.1093/oxfordjournals.bjsw.a055842

Quirk, A., Lelliot, P., Audini, B. and Buston, K. 2003. Non-Clinical and Extra-Legal Influences on Decisions about Compulsory Admission to Psychiatric Hospital. *Journal of Mental Health*. 12(2):119-130. https://doi.org/10.1080/0963823031000103434

Richards, L. 2005. *Handling Qualitative Data: A Practical Guide*. London: SAGE

Sauer, C., Arens, E. A., Stopsack, M., Spitzer, C. and Barnow, S. 2014. Emotional hyper-reactivity in borderline personality disorder is related to trauma and interpersonal themes. *Psychiatry Research*. 220(1-2):469-476. https://doi.org/10.1016/j.psychres.2014.06.041.

Scheyett, A. 2005. The Mark of Madness. *Social Work in Mental Health*. 3(4): 79-97. https://doi.org/10.1300/J200v03n04_05.

Word Count: 5928

Scottish Executive. 2006. *Changing Lives: Report of the 21st Century Social Work Review*. Available at: http://www.gov.scot/resource/doc/91931/0021949.pdf

Scottish Government. 2003. *Mental Health (Care and Treatment) (Scotland) Act*. Available at: https://www.legislation.gov.uk/asp/2003/13/contents

Scottish Government. 2017. *Mental Health Strategy 2017-2027*. Available at: https://www.gov.scot/publications/mental-health-strategy-2017-2027

Sheppard, M. 1993. Theory for Approved Social Work: the use of Compulsory Assessment Schedule. *The British Journal of Social Work*. 23 (3): 231-257. https://doi.org/10.1093/oxfordjournals.bjsw.a055973

Sicora, A. 2017. Reflective Practice, Risks and Mistakes in Social Work. *Journal of Social Work Practice*. 31(4): 491-502. https://doi.org/10.1080/02650533.2017.1394823.

Smith, M. 2005. *Surviving Fears in Health and Social Care: The Terrors of Night and the Arrows of Day*. London: Jessica Kingsley Publishers

Smith, M., McMahon. L. and Nursten, J. 2003. Social Workers Experiences of Fear. *British Journal of Social Work*. 33(5):659-67. https://doi.org/10.1093/bjsw/33.5.659.

Stalker, K. 2003. Managing Risk and Uncertainty in Social Work: A Literature Review. *Journal of Social*. 3(2):211-233. https://doi.org/10.1177%2F14680173030032006.

Stanford, S. 2010. 'Speaking Back' to Fear: Responding to the Moral Dilemmas of Risk in Social Work Practice. *The British Journal of Social Work*. 40(4):1065-1080. https://doi.org/10.1093/bjsw/bcp156.

Szmukler, G. and Applebaum, P. 2009. Treatment Pressures, Leverage, Coercion and Compulsion in Mental Health Care. Journal of Mental Health. 17(3): 233-244. https://doi.org/10.1080/09638230802052203

Word Count: 5928

Titterton, M. 2006. *Risk and Risk Taking in Health and Social Welfare* (3rd edition). London: Jessica Kingsley Publishers

Trevithick, P. 2011. Understanding Defences and Defensiveness in Social Work. *Journal of Social Work Practice*. 25(4):389-412. https://doi.org/10.1080/02650533.2011.626642.

UK Government. 1998. *Human Rights Act*. Available at: https://www.legislation.gov.uk/ukpga/1998/42/contents

Vicary, S. 2017. "*An Interpretative Phenomenological Analysis of the impact of professional background on role fulfilment: a study of approved mental health practice*". PhD diss., University of Manchester

Vicary, S., Young, A. and Hicks, S. 2019. 'Role Over' or Roll Over? Dirty Work, Shift and Mental Health Act Assessments, *The British Journal of Social Work*. 49 (8):2187–2206. https://doi.org/10.1093/bjsw/bcz014.

Warner, J., Rovinelli Heller, N., Sharland, E. and Stanford, S. 2017. The Historical Context of the Risk Paradigm in Mental Health Policy and Practice: How Did We Get Here? In Stanford, S., Sharland, E., Rovinelli Heller, N. and Warner, J. (eds). *Beyond the Risk Paradigm in Mental Health Policy and Practice*. London: Palgrave:1-16.

Stone, K. 2018. Approved Mental Health Professionals and Detention: An Exploration of Professional Differences and Similarities. *Practice*. 31(2): 83-96. https://doi.org/10.1080/09503153.2018.1445709

Webb, S. A 2006. *Social Work in a Risk Society: Social and Political Perspectives*. London: Palgrave Macmillan

Word Count: 5928

Whittaker, A. and Havard, T. 2016. Defensive Practice and 'Fear-Based' Practice: Social Work's Open Secret? *The British Journal of Social Work*. 46(5):1158-1174. https://doi.org/10.1093/bjsw/bcv048.