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Role Identity in Mental Health

The needs of Band 5 occupational therapists: can professional theory help?

Authors: Clare Goodenough, Jackie Harrison, Helen Power, Tracy Power, Sofia Rex, Sonia Slater, Victoria Smith and Dr Katherine Wimpenny

Presenters: Sofia Rex, Victoria Smith and Dr Katherine Wimpenny

Setting Scene

- Group of seven band 5 occupational therapists in Worcestershire Mental Health NHS Partnership Trust.
- Exploring the contribution of theory.
- Model of Human Occupation (MOHO) (Kielhofner 2008) as a means of addressing professional role identity.
- Partnership with colleagues in education.
- Recovering Ordinary Lives (COT 2006).



Role Identity: Professional Context

- The transition process (Quick et al 2007).
- Levels of support during transition (Edwards & Burnard 2003).
- Inadequate levels of supervision and support (Craik et al 1999).
- Preceptorship (COT 2009).



Role Identity: Professional Context

- Contemporary mental health practice (Higgs et al 2004).
- Practitioners specific contribution (Richardson et al 2004, Pettican & Bryant 2007).
- Permeable boundaries between disciplines (Cook 2003).
- Role definition (Hughes 2001).



Role Identity: Policy Context

- 10 Essential Shared capabilities (DH 2004).
- Mental Capacity Act (2005).
- Recovering Ordinary Lives (COT 2006).
- New ways of working (2007).
- Mental Health Act (2007).
- New Horizons: a shared vision for mental health (2009).



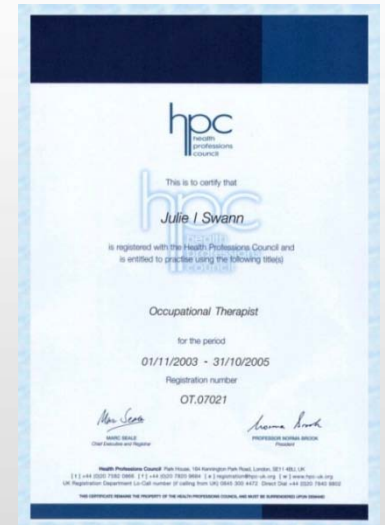
Partnership & Practice Development

- Partnership (ROL COT 2006).
- Rethinking knowledge generation (Forsyth et al 2005).
- Reciprocal learning
- Investigating issues regarding theory and practice (Wimpenny et al 2006; Boniface et al 2008; Wimpenny et al 2010 *forthcoming*)



The role of Professional Theory

- Theory keeps practice anchored in professional domains (Melton et al 2009).
- Theory enables recognition of what we do (Nixon & Creek 2006).
- Theory enables us to take stock of our own and others actions and thus help us explain ourselves.
- Integrating theory is a professional responsibility (HPC 2004).



Methods to generate interim findings

Abstract generated

Devised questionnaire

Shared our personal experiences of the professional role with peers

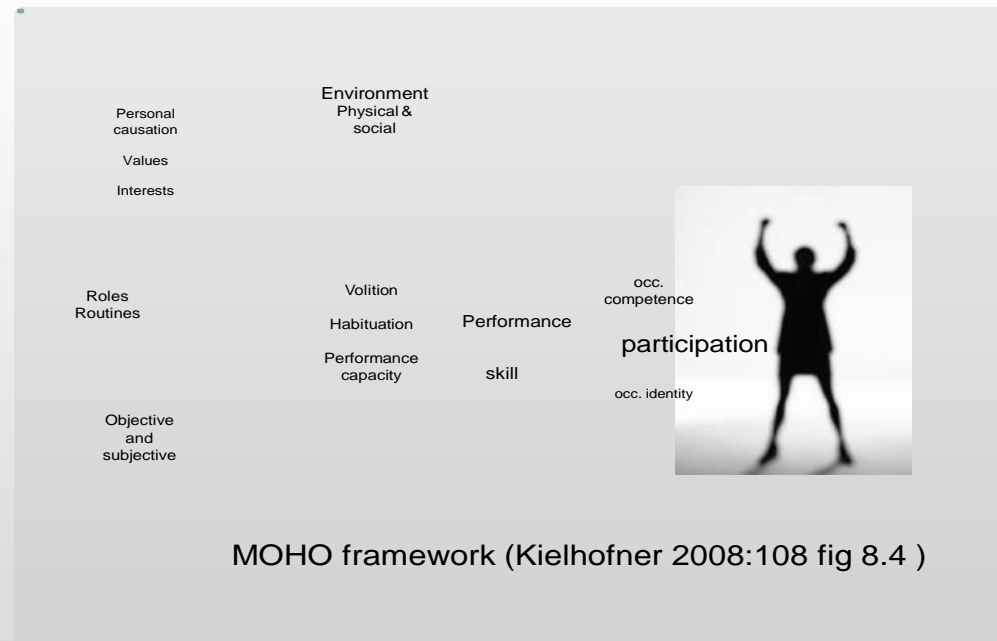
Evaluated responses and emerging themes

Debated issues

Recorded our shared experiences

Jointly prepared the presentation

Utilising MOHO as a professional anchor point



Interim findings: experience of our role in context









Interim findings: perceived value / contribution of MOHO within our professional role









Interim findings: key barriers









Interim findings: key enablers









Discussion



Band 5 occupational therapists working within mental health need to feel adequately supported about what they are doing.

Is MOHO theory providing a valued means of exploring professional identity?

Is thinking with theory providing a clear and consistent means of communicating?

Is it encouraging occupation focused and needs led services?



Discussion



How is this work feeding into government agenda for mental health practice?

Can academic/practice partnership of this nature reduce potential burnout and stress for graduates?

What has this experience given us?

Do our findings reveal anything else pertinent, which literature to date is not accounting for?



Summary & Conclusion

Professional theory is supporting the ongoing role identity of band 5 OT's.

Key areas for ongoing focus/ consideration.

Relation to the wider political and professional context.

Involvement of other parties.

Further development.

Influence of this work on the Trust's Preceptorship (COT 2009) programme.



Questions



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