Performatve ethnography and the ugly hidden discourse called CAMHS Equity

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Abstract

In this article the author will suggest that ethnography allows researchers to explore institutions, professional cultures and re-think the traditional emphasis many healthcare professionals have about appreciating individual social agency. This article challenges common assumptions about the fairness and equity of Child and Adolescent Mental Health Services (CAMHS) and introduces a number of speculative, ill founded, yet purposeful semiotic themes about how discourse impacts on the representation of equity. In this sense, the article is an introductory debate which questions and struggles with the idea of there being hidden systemic conditions (something more than just group pressure), which somehow maintain and constitute the social meanings associated with equity. Using a semiotic analysis of the everyday with a synthesis of metaphor about broad interactionist theory it is possible to explore some specific ideas about how society view mad children and how the professionals who care for them are caught up in some of the same subjugating systems.

Key words: ethnography, discourse

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Background

This article focuses on proposing that individual healthcare professionals (in particular those working in Child and Adolescent Mental Health Services CAMHS) are not totally free autonomous practitioners who stand up for a naturally occurring equity. This is because the notion of equity and all things being equal is a myth. Using the development of an ethnographic theme: Equity is a way to do CAMHS a space has been created to argue people are mostly constituted by larger and often hidden social forces. These forces or discourses are well theorised in mainstream philosophical and cultural studies, but often conveniently forgotten when applied to healthcare settings. However, there is a case to argue that such powerful forces have a big, big impact on the nature on care services per se and that an understanding and recognition of them offers a chance to progress future care systems. Many doctors, nurses and allied social care professionals remark that some ‘systems prevent them from doing their job properly’, but what if some of these systems, patterns and institutional cultures were illuminated, would we be able or want to change them?

This article has 3 aims, as follows; (1) to introduce briefly the nature of CAMHS, (2) to explore some of the issues related to performative ethnography and discourse, and (3) to offer up the structural ethnographic domain: Equity is a way to do CAMHS
and its related themes such as: ‘Cinderella Services, Mini Adults and One Model Fits All’ as the starting point for further future exploration and reflection about what we think of CAMHS.

CAMHS ‘the process’ and Framework (see Appendix 1)

What happens if over a period of a few weeks you see your son or daughter is beginning to behave ‘oddly’? What do you do when you receive a phone call from a teacher at your child’s school reporting unusual outbursts or unexpected withdrawal? Perhaps, you notice that your child is spending too much time alone in their room. All sorts of things may be going through your head. Is he on drugs? Is she hanging around with the wrong crowd? Is it the pressure of school? Is it some type of attention deficit disorder? Lest some of us may even begin to consider that possibility that the child has an acute or enduring mental illness. It is not until this point in time that people begin to realize and experience what this actually means in practical terms.

It should be that you take your child to the GP’s, who would prescribe a course of action. This would and should almost certainly include a referral to see a specialist in Tier 3 CAMHS (Tier 3 refers to a level of specialist service which includes a Multi-Disciplinary Team usually comprising of A Consultant Psychiatrist, Educational Psychologists, Specialist Nurses, Social Workers, Teachers, Therapists). In an ideal world you would not expect to wait longer than a week or so for an appointment to take place and a standardised consultation with a specialist who would assess and make recommendations for further treatment and or access to further services and support (it can be seen in Figure 1, there are many healthcare ideals related to notions of equity). We know that the systems have resourcing issues, but not all of these resource issues were purely about the resources themselves per se, but rather, about how resources are organized and distributed within a system. However, the author of this paper believes that CAMHS is more about ‘fitting in’, ‘learning the ropes’, ‘not stepping out of line’, ‘accepting the tradition’ and accommodating the ‘way things are done round here’.

Systems and Discourse

The idea of systems and discourse is well discussed (Foucault, 1961; Foucault, 1971; Derrida, 1978; Connolly, 1993). For the past 40 years the existence of powerful structures have influenced ideas about institutionalization (Howarth, 2000), constructionism (Burr, 2003) and a general questioning of identity and personhood as a reasonable topic (Goffman, 1959, 1961, 1963; Parker, 1992; Hunter, 2006; du Gay, 2007). Therefore, the application of established ideas about systems and discourse (regardless of how radical) into the realm of CAMHS is a challenge and risk, because the world of CAMHS is one where professionals and strategists have during the past 15 years been attempting to remove all uncertainty with the aim of ensuring equity and illuminating the potential for things to go wrong (this in itself is a believable discourse of progress). The connotations offered in Figure 1 go to show just some of the many competing ideas that go to make up the discourse of CAMHS equity.

In most clinical settings, it is with the development of systems that cultures evolve into routine and then ritual. The totality of these processes and occurrences which have a naturalizing tendency and valourisation of acceptable cultural meaning (often summed up in terms of representation, performance, symbolism and depending on the model of analysis semiotics) is what we might know as discourse. The key ethnographic themes shown in Figure 2 go someway to illustrate how these discourses are possible and perhaps even probable, but hidden, unexplained but identifiable by the people who share a culture. It is not the intention of the author to go into detail as to the types of systems and cultural hiatus, rather, focus on what this has meant for CAMHS. Or at least suggest some possible and questionable risky ethnographic themes which get (thanks to discourse) hidden in the drama. A drama which begins at the big structural framework end of CAMHS and thus, permeates throughout into the marrow of the personal and mundane everyday lives.
of the cultural performance. These are the bookends in the spectrum of analysis when considering the slippery nature of semiotics and cultural analysis. The idea of starting broad (e.g. an analysis of the larger structures) and then focusing in on the more specific (e.g. the personal and performative) is in itself a traditional sociological discourse, and possibly one which performative ethnographers might instinctively reject as being prescriptively anti-emic. However, for this introductory phase, the model provides a simple framework to aid thinking. It also reflects the focusing in nature of this article from the idea of ‘mini-adults and Cinderella Service as a statement of Tier Service provision down to the idea of Medical Cartels which have a direct impact on the experience at the personal end of the spectrum.

Figure 2: The domain: Equity is a way to do CAMHS (including the developing ethnographic themes – when taking the drivers from Figure 1 into context it is possible to see how the ethnographic themes have seemingly more relevance). (Click image to enlarge)

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In 1995 the universal framework for CAMHS was launched and offered a 4 tier model (HAS, 1995, 2005). It is founded on ‘a utopian wish to provide the right services using a seamless framework for all users’ (Holyoake, 2005, p28). The Tier model hinges on the notion of Working Together (1999) and allowing a flexible and seamless interface between services, disciplines and at a more personal level multidisciplinary professionals. The structure sits on a foundation of significant legislation such as The Children Act (1989, 2004), Every Child Matters (2004), and The National Service Framework for Children (2004). All of these complete a jigsaw of legal, procedural and theoretical ideals to overcome traditional difficulties brought to the fore by institutional care in the past (there is plentiful headline making evidence that institutional care for children in the past is anything but satisfactory, it is not the aim of the author to go into detail about this here). The following introductory ethnographic themes can be seen to just be simply supporting the idea that individualized care is alive and kicking in CAMHS. However, from the performative ethnographic stance it is not about individualized care, but rather, a critique of how even modern legislative systems in institutions still hide particular ways of ‘seeing’ representation for what it could come to mean as a performance.

No longer mini adults but rather a Cinderella specialty

CAMHS is increasingly finding itself at the hub of an inter agency and interdisciplinary framework with which it has never been embedded or able to cope. Those allied professionals who work in children's wards, accident and emergency departments, GP surgeries and adult mental health settings can all bear witness to the fact that there is little joined up working at present and a serious lack of resources for the substantial care, notion of remit and treatment of many young people requiring help. Thus this first ethnographic theme is one which highlights the ‘youngness’ per se of CAMHS which is itself just a teenager (HAS, 1995). However, it also offers a critique of the over-ridding (and probable over-reaching) idea that the young people who use CAMHS are anything more or less than ‘mini adults’. By this, the author is referring to the fact that before the birth of CAMHS most mentally ill young people were cared for in adult settings as a matter of course. Therefore against the back drop of progressive legislative developments it can be seen that CAMHS has ‘moved on’. But, the systems and institutional discourse is one which hides deeper and worrying ideas about the multiple meanings this has now-a-days.

CAMHS provision finds itself the ‘poor relation’ in a high technological space. It is under resourced, poorly promoted by today’s standards and therefore misunderstood. These issues of resourcing leaves CAMHS in a position where some (not all) children and young people are expected to endure services that would create outcry in any other types of children’s service. CAMHS are the Cinderella healthcare services, but because they are mostly hidden, subconsciously forgotten they cannot be the reminder that UK society is still trying to come to terms with what we think of children and young people, who have mental health issues. Ethnography allows the researcher to speculate and hypothesize about how the many hundreds and thousands of meaningful cultural utterances slot and fit together to
create a cultural landscape and performance backdrop. It could be that the idea of a Cinderella Service and the end of the mini-adult are terms which bear no resemblance or usefulness for the CAMHS agenda, but as we begin to uncover more performances it is noticeable just how difficult it becomes to separate symbolic connotations between themes, no matter how much we would like them not to exist.

It is now increasingly popular to simplify and examine single phenomena. That is, to make everything in the world simple, easily accessible and disposable. However, it is the author’s assertion that now-a-days we could do with a more authentic and dumbed-up or complex analysis of the relationships which occur in CAMHS culture. The seemingly absurd themes which can be given credence and validity by ethnographic study are usually those on the fringe of powerful groups who have a determined interest in maintain status quo. Therefore, the possibility that CAMHS is a Cinderella children’s service and ill equipped is not welcome news. Because discourse has a naturalizing tendency and political agenda it operates to maintain itself through the subjects who act as types of nodes in the webs of cultural meaning. The unwitting relationships and networks work to maintain order and privilege agreed representations like the way professionals agree to follow protocol. In short, the ethnographic theme: Cinderella is a result of CAMHS (and all closely related domains) has meaning because somewhere in the system it suits the discourse. Like a hybrid Darwinian fantasy, discourse like nature is brutal. Nothing survives that doesn’t adapt, adopt or deserve to.

Figure 3: Examples of rationale, connotation and primary domain analysis in the development of the Domain: Equity is a way to do CAMHS. (Click image to enlarge)

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2. Realising we are all ‘multiples’

It used to be the case that there was one way of living, one way of seeing, one way of knowing, just one way, which was the right way. Today, we live in an era which is fast, seemingly more chaotic where information is king, yet disposable and inauthentic. This has and is challenging the way we think about things and what constitutes knowledge. Institutions like psychiatric hospitals constitute, create and sustain patterns of knowledge. The discourses are not neutral and responding to naturally occurring phenomena known as mental illness. Instead there is nothing more than representational behaviour. Behaviour which is sanctioned and permitted by ‘the culture’ as opposed to it being ‘naturally good’. The idea that CAMHS professionals are not as free and autonomous as they believe because, much of the behaviour they exhibited in nothing more than that sanctioned unwittingly within the culture. The representation of what aspires to be ‘good’ and ‘useful’ also has a moral, political and economic priority. These in turn impact on the nature of performance and the idea of ‘multiples’.

At the wider edge, CAMHS discourse(s) show themselves in the rush to provide protectionist agenda (as noted with the previous legislative references) for a group in society who some regard as nothing more than hoody wearing chavs. This precarious tension of the ‘out of control’ type stereotyping and need for ‘better parenting’ blazer wearing brigade combined with the prevailing medical and modernist psychology agenda (which has persistently informed us that the old traditional values and cultural meanings associated with the innocence of childhood) are no longer the prevailing consensus. We are now in the space of the ‘multi’. The multiple meaning, the multiple sense of self, the multiple identity, the multiple agenda and of course the multi-buy. From now on, in this desert where there is everything in multiples it is no longer possible to have just one right way, or right reason, or one right result. Some examples of this ethos are listed in Figure 4 below and show how equity discourse develops and thus shapes our perception and views about young people and CAMHS equity*

Figure 4: ‘multiples’ is a sequence in CAMHS equity. (Click image to enlarge).

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The wider perspective includes issues such as increasing yob and gang culture, drug use, vandalism, hoodies, ladettes, happy slapping, a general decline in family values, balanced against a rise in individualistic and hedonist postmodern ethics, big brother high pixilated imagery and a world dominated by multi-media, world wide webs, textability, textuality and immediacy. In short, the question is whether the world of CAMHS can reflect that things are no longer simple or standardized? Both services and the young people who use them no longer fit into nice little boxes perceived so right for so long by so few. And it is with these issues of systems, the few and the subtle abuse these hidden service users (including the staff group) endure on a regular basis that this article struggles.

CAMHS is increasingly struggling to compete and maintain its authority in this very specialized (remember the previous theme) arena over which it has always enjoyed control. As society is confronted with a plethora of competing representations about what childhood and madness come to represent it will also be apparent that the notion of CAMHS as an all encompassing answer is nothing more than a myth. This is not because the notion is poorly thought through or righteous, but rather, because the utilitarian principal of equity cannot account for specialties (theme 1) and the post-modern reality of multiples. The latter challenges the notion of significant authority and as the basis for further explorative analysis provides an ethnographic theme which even undermines the very framework (the 4 Tiers) which is the skeleton of CAMHS. Thus demonstrating that discourse scurries to hide itself in the very marrow of the bones in which it resides. Bones which persist in insisting that equity is a real reality in CAMHS as can be seen in the next theme.

3. One model fits All is still best

If we chose to look at the world through rose tinted glass, we see a rose tinted world. Similarly if we close our eyes and choose to ignore the fact that young people in the UK suffer from a range of mental illness, then it too may go away. For those professionals who work in CAMHS it is widely recognized that there are bugs in the ‘system’. These start with the very Tier framework itself. First there are the glitches that mean young people can’t be transferred between Tiers or in most cases not enough inter agency working between professional disciplines. The notion of simple frameworks being able to provide complex care packages across a range of diagnosis at cost is an impossible dream. The aspiration of CAMHS and most systems attempt to be the simplest it can be and it is rationalized as being utilitarian and fair. A type of McStandardising. But there is one issue which is fundamental to all systems which is anything but simple or fair and that is humans. Systems like CAMHS are made up of professionals who are guided by humanist principles of goodwill and a notion of freewill.

Whether we like it or not, the theme of one model fits all suggests that CAMHS is set up to fit all square pegs into square holes, but every now and then a round peg comes along. We tend to blame the round peg for not being square. Institutions such as CAMHS are not set up or able to cope with the degrees of difference even though we really want to be. The people in the systems disguise the trade with concepts such as ‘individualised care’ and their accompanying paraphernalia such as personalized care plans, IPR’s, CPA’s and such like, but the system creaks under the difference. And as we try and ignore the real failure which is our ability to be honest with ourselves about prioritizing care, we continue to misconstrue the concept of ‘multiple’ as nothing more than choice and in consumer terminology a ‘good’ thing. But as an outcome of ethnographic research, these cultural folk terms provide a different way of looking, because these 2 themes are joined at the middle. To date, professionals have been persuaded that a true universal individualism is the living reality. But the performance of such representation for many is far from the truth. The notion of ‘multiple’ is not about choice. It is about the extraordinary difficulty services have at providing care for variety and the ‘degrees of difference’. Therefore, it shows that nothing is simple, reductionist or universally explainable anymore. The utopian dream is heading for the alarm. Therefore, the third theme of one model fits all (which has value added connotations to do with utilitarian principals of equity and equality for all no matter what) is also a difficult concept to actualise, implement and hold on to. In fact, at some levels it contradicts the principal of individualized care. An in-depth analysis of the
theme would almost certainly lead us into the typical structural critique of how groups of professionals make decisions about which child gets what resources. Such is the ugliness of such ethical consideration in today’s modern health service that the CAMHS framework attempts to iron out any such unsightly creases. Yet as introduced in the ethnographic theme of CAMHS equity there is some meaningful sentiment in the idea of different professional groups are more powerful than others (as introduced in the fourth and last ethnographic theme).

Figure 5: One Model Fits All is a way to do CAMHS equity: some hidden connotations. (Click image to enlarge).

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4. Medical Cartels & Child Trade Domains

It is at this point that the author gets even more controversial and suggests his structural analysis makes it necessary to bear a few ugly truths. Truths which are disputable, controversial and risky, but there all the same. The simple premise is one that there are groups of individuals in all systems who have access due to their ‘objectification’ (that is the specified and important roles within organisations such as Team Leader, Manager and so on) to maintaining guardianship and status quo in cultures (Foucault, 1982, p208). The theory is that the system has power and subjects within the system have access to various amounts not because of who they are, but rather due to the position they occupy (their subject position). In Marxist terms, ‘the haves’ in this case are professionals such as Consultant Psychiatrists who head up most of the clinical teams in CAMHS. The domain of ‘Medical Cartels’ and the ‘Child Trade’ make use of folk-terms which parody and hook into connotations of ‘behind closed door dealings’. This is no accident. Many CAMHS professionals (from Commissioners to Nurses) will know that access, discharge, care approach and the like are all governed by medicine. As noted in the Audit Commission (1999) consultants in CAMHS primarily only refer to one another. In short, the system(s) has and still is (even after the introduction of new initiative in the NSF (2004)) dominated by medicine / psychiatry. More cure than care.

As controversial as this may appear, it points to the idea that ‘people with agendas’ (like in most things people get involved in) grease the big wheels which determine not only issues to do with funding, but also policy, agenda and wider program for CAMHS. This is the domain of the ‘Child Trade’ and ‘Medical Cartels’ in CAMHS. Once again, part of the role of CAMHS equity here is to disguise and hide the idea that there could possibly be inequity! In demonstrating there is more equity, it is assumed that there is no inequity in a system which favors some young people over and above others. The next step in this analysis would lead to the types and nature of these divisions for further exploration. However, for now, those professionals working in CAMHS and allied care settings will recognize that equity is not necessarily about personhood, but about society and culture. And no matter how often we try to divorce the two, we keep coming back to the fact that systems constitute inequality over and above equity every time.

Summary:

The main thrust of the article illustrates that by using a semiotic and ethnographic analysis it is possible to argue that CAMHS has hidden powerful discourses. These can be understood in many different ways, but it is possible to re-examine and thus re-think what we think equity in CAMHS is and thus open up a space for further debate and exploration. This article has explored a number of issues. It has started to highlight the idea that the nature of equity can be subtle. It doesn’t have to be about fairness as in the opening quote, but rather about hiding and covering up how institutions, organizational processes and subject positioning of professionals allows inequality to circulate as a norm. In/equality happens at many levels in many ways. Sometimes it is institutional, sometimes it is very personal and sometimes it is both. This article has started an exploration into the idea that big hidden systems have tend to hide the bad ugly stuff about children’s mental health away. This means it is always an insurmountable shock when services have to be accessed for the first time. It is not true that all young people and their families experience poor quality services, but it does mean we ignore the impact systems have on our personal ability to exercise choice, freewill and substantiate how equity impinges rather than liberates.
References:


Appendix 1.

The research process in simple:

In relation to this article, the author is quick to emphasise that his work is speculative and experimental. But, experimental only in so much that the application of ill tested and controversial philosophy challenges established thinking and offers a different perspective, a space to re-think, a fringe from which to snipe at accepted cultural norms.

The ethnographic themes in this article form part of a number of large ethnographies conducted by the author over a number of years whilst working in CAMHS. Here, you have a preliminary discussion as opposed to the methodological detail. But those readers who have a good understanding of ethnographic principles will recognise that the work prizes highly the semiotic, visual and symbolic. Those readers with less understanding remain advised that performative ethnography is about the representative, the textual, the inseparability of performance and performer. In the words of Denzin (2003, pxi) ‘... a good performance text must be more than cathartic – it must be political, moving people to action, reflection, or both.’

Therefore one of the primary methodological concerns of this article (although not one on which the author dwells) concerns the way performative ethnography simultaneously creates and enacts moral texts that move from the personal to the political, ‘from the local to the historical and the cultural’ (Denzin, 2003, px). The ethnographic themes in this article were developed with Spradley’s (1979) structural methodology in mind. This means attempting to capture lived experience without translating and ordering folk-terms as language might to provide maps of how cultural meaning circulates within cultures. The author of this article has gone post-structural (probably to the horror of Spradley and other traditional structural ethnographers) and points up how performing culture is dialogic and creates space and objects for analysis which are in the words of Conquergood (1985) ‘the object of a voyeuristic, fetishistic, custodial, or [and] paternalistic gaze’.