Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.
Mental health crisis intervention: A discourse analysis involving service users, families, nurses and the police

A thesis presented in fulfilment of requirements for the degree of

Doctor of Philosophy

in

Nursing

at Massey University, Palmerston North,
New Zealand

Stacey Caroline Wilson
2014
Abstract

This research is a Foucault-influenced discourse analysis, which explores the field of Aotearoa New Zealand mental health crisis intervention, with the goal to challenge current practices. The study takes place in the context of changing access to mental health crisis services, following the implementation of the Mental Health Act (1992) and subsequent policy, regulation and practice development strategies.

Analysis is centered in converging and competing discourses, strategies and technologies in the field. In order to develop a position to discuss a range of converging and competing discourses, perspectives were sought from 9 people who have accessed crisis services, 8 family members who have supported service users, 9 mental health nurses working in crisis services and 2 senior members of the New Zealand police. Analysis of the published research and grey literature took place in between interviews, data analysis and during the writing process.

The overarching findings are that crisis intervention is affected by four predominant discursive constructions. These include mental disorder, risk management, expertise and uncertainty. The discursive constructs are influenced by three dominating biomedical, accountability and social development discourses, working together to produce power/knowledge of the people involved in crisis, whilst simultaneously subjugating a personal recovery discourse and the potential of uncertainty.

Consequently, participants bear disproportionate amounts of responsibility during a mental health crisis in which they are held accountable for much of what occurs in the clinical and community setting. They have limited control over the decisions that affect care, and largely, the way services are delivered. In order to disrupt structural and systemic inequities, I argue that self-reflection is required to attend to the ways that the experiences of people involved in a mental health crisis affect and contribute to maintaining the status quo. Attending to the possible stages of resistance surrounding the dominating discourses allows the potential for building authentic relationships within crisis intervention. Foucault’s framework of ethical practice is utilised to counter conditional citizenship and redefine responsibilities in the field.
Acknowledgements

I am grateful for the generous support, encouragement and practical assistance from friends, family and colleagues throughout this project. In particular there are some important people to thank.

Thank you to people in this study who shared their perspectives of personal recovery, their family perspectives or those of their professional practice. Your generous participation has built a platform for change.

To my daughters Julia and Tilly, who are beautiful and clever young people.

Thank you to my research supervisors Professor Jenny Carryer and Dr Tula Brannelly for their skill, wisdom and steadfast support throughout the project.

I would also like to acknowledge and am grateful to The Oakley Mental Health Foundation; Te Ao Maramatanga New Zealand College of Mental Health Nurses Inc; and Massey University for awarding scholarships to undertake and complete this project.

My husband Gerard convinced me to start this project and his much appreciated unconditional positive regard for me, despite his sudden absence, provided an incentive to complete the study.
# Table of Contents

Abstract 1
Acknowledgments 2
Table of contents 3

**Chapter one: Introduction – framing the study**

1.0 Introduction 7

1.1 Background to the study 7

1.2 The process of searching research and grey literature 11

1.3 Investigating the field of crisis intervention in New Zealand 13

1.4 Working out a way to explore the discourses 17

1.5 Problematising mental health crisis intervention 21
    1.5.1 Research question 23
    1.5.2 Aims of the study 23

1.6 How this thesis is structured 24

1.7 Summary 27

**Chapter two: Theoretical perspectives and methodology**

2.0 Introduction 28

2.1 Qualitative enquiry 29

2.2 Postmodern and poststructural epistemology 30
    2.21 Critique of foundationalism 30
    2.22 Postmodernism and Poststructuralism 32

2.3 Perspectives from Foucault used in this project 33
    2.31 Discourse and power 34
    2.32 Foucault and genealogy 36
    2.33 Foucault and governmentality 39
    2.34 Foucault and ethics 42
    2.35 Avoiding over-prescription 48

2.4 Summary 49

**Chapter three: Method**

3.0 Introduction 50
Chapter three: The approach in this research

3.1 The approach in this research
3.2 Selection of participants
   3.21 Nurse participants
   3.22 Service user participants
   3.23 Family participants
3.4 Selection of policy and documents informing mental health nursing practice
3.5 Text and discourse analysis informed by theory from Foucault
3.6 The process of analysis
   3.61 Analytical questions applied to the data
3.7 Reflexivity
3.8 Ethical issues
3.9 Location of interviews and participant characteristics
3.10 Justification of sample size
3.11 Summary

Chapter four: The historical context and formation of crisis intervention services in New Zealand

4.0 Introduction
4.1 What is not being said?
4.2 The search for knowledge/power about crisis intervention
4.3 Part one in the history of crisis intervention: the death of the psychiatric institutions (1950s-1980s)
4.4 Destabilising biological psychiatry
4.5 Part two in the history of crisis intervention: the object of mental disorder and the birth of crisis theory and practice
4.6 The colonisation of psychiatric medicine by legal processes
4.7 The birth of crisis intervention
4.8 Defining crisis
4.9 What constitutes being in crisis as a situation requiring professional intervention?
Chapter eight: Discussion and concluding comments

8.0  Introduction
8.1  Revisiting the aims of this research
8.2  Problematising structural and systemic inequities
8.3  Facilitating humanisation is a moral obligation of the nursing profession
8.4  Attending to the way one’s experiences affect and contribute to the maintenance of a status quo
8.5  Self reflection to counter the status quo
8.6  Building authentic relationships through working on the self in ethical practice
8.7  Reflections on the study and concluding comments

References

Appendix i: Invitation to nurses
Appendix ii: Information sheet nurses
Appendix iii: Semi-structured interview questions nurses
Appendix iv: Invitation to service users
Appendix v: Information sheet service users
Appendix vi: Semi-structured interview questions service users
Appendix vii: Invitation to families
Appendix viii: Information sheet families
Appendix ix: Semi-structured interview questions for families
Appendix x: Written informed consent
Appendix xi: Transcriber confidentiality agreement