

Questioning one's mental health: confessions of an Information Scientist

Bernard Barrett
Information Scientist
Directorate of Mental Health
Health Service Executive West
Limerick
Republic of Ireland

First, I'd like to thank all of you, and the conference organisers, for inviting me to share with you some confessions and revelations about my current role.

Depending on what type of dictionary you are looking at, the word "confession" usually refers to the "formal acknowledgment of one's sins".

Additionally however, in a theological and religious context, it can also be a "joyful proclamation of one's faith", and in the context of the work I am asked to do, and this presentation, it is this latter definition that applies.

Since January 2002, I've been working as an Information Scientist for the state mental health services, and together with a colleague who works for the Irish Mental Health Commission, am one of only two professionally qualified Librarians to work within the mental health services. I'm currently based within the Directorate of Mental Health, part of the Health Service Executive, in the city of Limerick.

My post is one of a small number within Ireland, that are not based within a physical library, and function within a care group - in my case, I report to the Director of Mental Health.

I wondered if I might begin by looking with you at some of the areas of work in which I have been involved, and have collaborated with people on. These have included;

RESEARCHING AND AUTHORIZING CLINICAL POLICIES AND GUIDELINES

As most of you will probably be aware, these relate to just about every area of practice within the mental health services, be it Seclusion, Administration of Medication, Patient Observation etc. A key tenet of all this work is the need for whatever action is taken, to be based on the best available evidence, and equally as important, on the best international practice.

LOOKING FOR THE LACK OF EVIDENCE

Some of the work can involve looking at the Lack of Evidence for particular treatments.

A recent example was my being approached by the Research Officer in the Disabilities Directorate, who asked me to proof a literature search he had undertaken into the connection between schizophrenia and certain blood groups.

The Research Officer concerned was not a Librarian, but nonetheless a skilled searcher. I did manage to uncover marginally more references, but perhaps embarrassingly, very few overall, and those that were, mostly going back to the 1970's, and in one case 1959!

One of the reasons for searching was to determine the suitability of this subject for further research, and the paucity of references, was and is a very helpful indication of an area, which should be investigated further.

It's also an excellent example of how allied health information professionals can work together.

SERVICE DEVELOPMENT

Some of the most interesting work that I've been asked to undertake is research into Service Development, which has forced me as an information professional to reflect on how the traditional skills each of us has gained, need either to be extended, or in some cases, new skills gained altogether.

It has led to me needing to be "creative".

As far as service development is concerned, it's rarely the case that I'll find what I want in a printed or an electronic source of information. The first step is the need to deduce where or more likely who will be able to satisfy the knowledge need.

Assuming, that we've been successful with that, locating the knowledge is then just the beginning of the journey.

As many of us know, knowledge in an organisational context is often tailored to satisfy a particular set of requirements, and what is specific to one organisation, may not be always directly transferable to another.

Consequently, I'll need to perform further tasks of analysis and evaluation, perhaps also some synthesis, to be sure that whatever is found is relevant to the needs of the Mental Health Directorate. By the time I'm finished with all this, I'm usually in quite a good position to sit down and discuss some of the pros and cons relating to the knowledge set as well.

A few examples of some areas where I have been involved are;

1. The location, appraisal and selection of a suicide education and monitoring system for schools. We are now using one that was piloted in New Zealand, but as

Information Scientist, I was the one that located it and advocated it to the Suicide Resource Officer.

2. Another project, with all kinds of twists and turns, was locating policies developed by Universities in relation to students who have mental health difficulties.

In each of these, the time element runs into weeks and in some cases months.

One of the things that has been for me a hugely fulfilling, and in some ways challenging experience as well, is the reality of working within a team - knowing my contribution is valued, and knowing too that my contribution does make a difference.

But perhaps this can pose a question for all of us - namely, how do we see ourselves in relation to those we work with?

I find it a matter of concern, that we still see the words “use” and “support” being used within so much of our professional literature, and to describe so much of what we do.

Is this really the truth?

For my own part, I would not see those I work with as “Users” - they are colleagues, and if you like fellow team members. Similarly, it’s not a question of supporting the people I work with - it’s a question of working or collaborating with them towards a shared goal.

While I don’t deny the noble sentiments that lie behind the words “use” and “support” how much do they help us achieve recognition of the profession, in a landscape, where not only our identity, but perhaps our skills and roles are being assumed by others who also describe themselves as health care information professionals. If we look at health care informatics as an example, how often do we see the language of use and support there?

I’d like to put it to you that it is essential that we have faith in and cultivate a strong sense of self belief in ourselves as health information professionals - and it has to begin with us - either here or in the Republic of Ireland, we cannot and should not wait for our professional associations to do it for us, or simply lay the burden at their door.

So what I’d like to suggest to you, is that we pension off the terms “Use and Support” and instead actively embrace “Collaboration and Empowerment” - these should be the new keywords for our sector of the profession.

Empowerment can be a tricky word to define. A quick web search reveals that it has a considerable past history, that it has been used in a number of different contexts, and over the years may have been interpreted differently. These definitions below and where they come from illustrate some of the different meanings of the word.

How individuals/communities engage in learning processes in which they create, appropriate and share knowledge, tools and techniques in order to change and improve the quality of their own lives and societies.

Through empowerment, individuals not only manage and adapt to change but also contribute to/generate changes in their lives and environments

(UNESCO)

- Having decision-making power.
- Having access to information and resources.
- Having a range of options from which to make choices (not just yes/no, either/or.)
- Assertiveness.
- Learning to think critically; learning the conditioning; seeing things differently
- Learning to redefine who we are (speaking in our own voice).
- Learning to redefine what we can do.
- Learning to redefine our relationships to institutionalized power.
- Effecting change in one's life and one's community.
- Learning skills (e.g., communication) that the individual defines as important.
- Changing others' perceptions of one's competency and capacity to act.
- Coming out of the closet.
- Growth and change that is never ending and self-initiated.
- Increasing one's positive self-image and overcoming stigma

(Assembled from a variety of dictionaries)

To be empowered is to possess the freedom, ability and self belief to recognise and control the fear of the unknown, and based on reflection, actively seek continued opportunities for personal and professional development through collaboration.

(Anon 2006)

Words do matter. Words fashion how we think and behave. Even if they don't affect us, they can well affect others, and for the next few minutes, I'd like to explore with you just how this can be so.

The starting point for most of my work is a clearly focussed question - this goes beyond just receiving a request for information. It's about being able to articulate a question - having clear terms of reference and making sure that I, or we, fully understand what is required. This implies the need for reflection and analysis.

Some people may say “Huh, I wish” or “If only, I had the time” - but the truth is that it actually saves time in the end. It also helps us to have a clear idea of what the end product should look like - is it not the case with any journey, search or exploration that some attempt must usually be made to define the end point before the journey begins?

Personally, I've often wished I was born with the gift of telepathy. It would have made life so much easier, since I, perhaps along with some of you, can often spend a considerable amount of time attempting to arrive at a clear question with those with whom we work.

That's not meant to be a criticism of those we work with, as a request for information or knowledge is often born as the result of an idea, a suggestion or an intuition. But it's not always easy particularly when the person who asks the question is under pressure themselves. To borrow a phrase from “Future proofing the profession”, a report published by yourselves quite recently - “Content is no longer King - Context is”.

And basic to the articulation of a question, is the context to the information or knowledge need - and this itself can perhaps be summed up as a set of questions

- Why is the information or knowledge needed?
- How will it be used?
- Who needs it?
- How much or how little information is needed?
- When is it needed by?
- In what format is it helpful or necessary for the information to be presented or received?

And this, together with the points I made earlier about asking questions as well as analysis, means that it is really not such a large leap for any of us to have confidence in ourselves to begin to undertake critical appraisal.

But it's not just about technical or professional skills, as important as though these are.

Equally important are the formation of personal relationship skills. We are not formally trained in these, which possibly is a gap in the formal curriculum. The assumption seems to be, that we will somehow acquire these as part of the experience of life. I'm not saying that my personal relationship skills are anything like as developed as they ought to be, but using and developing them is now, absolutely fundamental to the way I do my work.

I've wondered on the odd occasion if it might have been helpful to have had some experience of working with a telephone marketing agency. When I ring people for information, yes I need a clearly articulated question, but usually find that I only have about fifteen seconds at most to say what I need to say - make it concise and catchy, keep the persons attention, and hopefully engage them to help me, as unless I've managed to track down a person's direct dial number, chances are I'll be speaking to a secretary or personal assistant.

I have to confess that I've always preferred to use the phone - and the reason for this, is that when I hear the person's voice at the end of the line, I have a much better idea of how they are feeling, how that characterises what they are saying, and any argument they are putting forward.

So, the importance of words and listening - and as well respect for the other person.

Granted, when it becomes necessary to contact Australia and New Zealand, both from the point of view of time zone, as well as phone charges, e-mail is the only option in these cases.

And it's not as easy it seems. If e-mail is the only contact I have with that person, and given the many hundreds of e-mails, which they and we receive every week, it's important to take the time to write something, which will encourage and motivate them to help me. It needs to be an e-mail with a clearly articulated question, the context in which I may use the information they send me, as well as any timeframes I am bound by. Additionally, it should be an e-mail which could potentially be useful to the other person (i.e. offering yourself as a contact in your part of the world).

So once more, and directly in this case, how we use words is extremely important.

I was very interested to read in your report "Future proofing the profession", the question of how to transform generalists into specialists. I would agree wholeheartedly with this, but would like to suggest, that in addition, we need to become precisionists (as well as specialists) not just generalists.

We've become, both in the UK as well as in Ireland, all too familiar with words such as Evidence Based Medicine, as well as Knowledge Management, and the temptation can sometimes be to use these words too casually. If we seek to become precisionists, we have a way of avoiding falling into this trap. To take the phrase "Evidence Based" as an example, within the area of mental health, particularly when it comes to service development, "Evidence" is a phrase that needs to be used with considerable care.

Yes, as I'm sure we all appreciate Evidence is normally a concrete quality, which can be characterised as;

1. Logical
2. Proven
3. Objective and
4. Quantifiable or Quantitative

What do you do though when the research is qualitative, and when particularly in the area of mental health, you are dealing with subjective human beings, as well as a service area and a subject, which has been and still is under-funded?

In these circumstances

- The evidence base can in many respects be under developed, and just not there, or at the very best fragmented in many cases, and
- Because of its qualitative and subjective nature, how conclusive can the evidence always be? How do we evaluate and arrive at an evidence base in these circumstances.

The consequence of which is that many of the traditional information resources we have become accustomed to using would be extremely unlikely to be my first port of call - instead creativity, imagination, and in some measure, assertiveness, become the key information, knowledge and evidence seeking skills.

These are further underpinned by

- A very good knowledge of communications technology
- Some of the relationship skills described above
- Often a great deal of patience
- The ability to juggle with priorities
- Being able to feel comfortable talking to someone at the end of the phone about a subject area in which I have not been formally trained.
- The ability to quickly and continually learn and assimilate

These are skill-sets and qualities, which to a lesser or greater extent, many of us already possess, but are essential that we keep on developing and maintaining.

Information technology and communications technology, as with so many of us now, play a key part in the work I do, and one of the things that Librarians can be very successful at is thinking critically about how that technology should be applied.

In terms of working within a care group, a number of issues come to the fore.

First, is what might be termed “Inclusiveness”.

I’m not simply the Information Scientist. I’m a member of the Directorate of Mental Health, and all members of the Directorate, at some stage and even if only in a small capacity will need to locate, often speedily, relevant information. This might be the electronic copy of a journal article, or of a government report or strategy from anywhere in the world. Point is, the Director of Mental Health, is just as likely to search, source and use these as I am.

So any information technology we use has to be simple and appropriate, and not require extensive training and multiple access protocols.

One solution, which I know may not be exactly original, has been the creation of a number of what we have called shared folders / or technically, what are known as disconnected network drives.

These can be accessed and added to by everyone in the Directorate, and can store links to, as well as the full content electronically, of any type of Microsoft Office File, as well as PDF's and links to websites.

Granted it's not a very sophisticated solution, the categories may not always to our trained minds seem very precise. It does not, by itself, permit of indexing or complex searching. But it is simple, quite intuitive, is easy to use and to show how to use.

I mentioned early on in this presentation, the fact that I don't work in a physical library. I do have an office to myself, but equipment wise, all I have is a PC, a phone and a printer, and in many ways, that's all I need.

There can sometimes be a reluctance to question the need for the existence of physical libraries, or to concede the point that Librarians can and should work outside of these libraries.

I've not forgotten my first job in Ireland, where although employed as a Systems Librarian, as luck would have it - or perhaps it was a premonition of things to come, my first ever inquiry was from a mental health services manager. I can't remember exactly what I did, but it must have been successful as the Head Librarian remarked "Good, we need to attract more from the mental health services into the Library"

I'm hoping you won't throw me off the end of Eastbourne Pier, but I have to admit that I rarely use libraries as physical places anymore. Being based within a library would seriously impair my ability to respond to and have daily contact with the Director of Mental Health, and to be able to develop relationships and knowledge of the work of the wider care group. A lot of the resources I need are available electronically, and as stated earlier, much of the work can involve locating and cultivating people who have the knowledge I require.

I'm not suggesting that libraries as physical places should not exist, but I'm extremely interested in seeing fresh thinking about how the library as a physical place is designed.

As many of us know, increasing and perhaps competing demands are being made on library space, for our evolving role as teachers, collaborators, as well as needing to respond to the emerging subject of Information Literacy, and I'd be interested in hearing how, many of you have attempted to respond and innovate to these and other challenges.

Challenges come from all directions, and one which will probably strike a chord with many of you is that posed by reform

Since 2004, the Health Service in the Republic of Ireland has been undergoing a substantial period of reform, which is likely to continue for some years. As part of this, a number of steps have recently been taken to locate HSE Libraries within the new structures.

There's not really the time to describe it in detail, but what is happening offers an interesting case study, against which to assess whether these steps arise as a result of seeking to neutralise a threat, or of having a vision of how to move forward.

I was recently reading the newly developed Research Strategy of the Irish Mental Health Commission, which quotes an article from a 2002 edition of a psychiatric journal, dealing with clinical and research governance. The opinion of this author is that,

"We can no longer make the distinction between those who are researchers and those who are practitioners. If we practice in mental health, part of our mind should always be attuned to research; to abandon it will lead to stagnation"

In Ireland, as indeed elsewhere, this is increasingly becoming the case, and in a number of ways. To what extent though have Health Care and Health Science Librarians caught onto this, designed systems accordingly, or attempted to enter into dialogue to do so?

As uncomfortable and as hard to face as it is, only one thing is certain. If we refuse to be open to change, change is unlikely to be kind with us either. We must at least attempt to meet it halfway. And given the variety of roles we now perform, the multi-faceted skills we have the capability to learn and deploy, there is no need to be afraid and react purely defensively - it comes back to whether we really believe in ourselves or not

Provided we seize the opportunities, there really has never been a more exciting and challenging time to be a Health Care or a Health Science Librarian, and I hope the table below, offered as ten confessions of faith, can serve as both a summary of what I've had the privilege to share with you this morning, as well as an affirmation of the journey ahead - if we have courage to really set out and empower each other, on the journey together.

Thank you for listening and for your invitation.

Possess much greater self belief in ourselves and our capabilities.	Acquire and develop proactive personal relationship skills.
Reject Support and Use . Embrace Empowerment and Collaboration .	Focus on the <i>Librarian</i> and not just on the <i>Library</i> .
Ask clearly framed and focused questions and understand the context.	Don't be afraid to use simple and inclusive applications of IT.
Become precisionists.	Maintain a record/audit trail of sources/contacts/ knowledge located.
Think <i>creatively, analytically</i> and <i>deductively</i> and acquire skills in <i>evaluation</i> and <i>synthesis</i> .	Learn to think <i>Inductively</i> and <i>Reflectively</i> .